

# The Family Permanent Supportive Housing Initiative: Preliminary Findings Report

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This report was prepared by The Urban Institute and Harder+Company Community Research for Charles and Helen Schwab Foundation. The report was written by Clare Nolan, Michelle Magee and Martha R. Burt.

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## EXECUTIVE SUMMARY

Permanent supportive housing for families (FPSH) is a relatively new undertaking throughout the country. FPSH grew from the recognition that some adults have both disabilities that render them unable to maintain stable housing on their own and also children they are trying to raise. Without substantial help, these parents have not been able to provide themselves or their children with a stable residence. FPSH addresses these difficulties by providing families in affordable housing with access to programming that has proven effective at helping disabled single homeless people achieve housing stability.

In March 2003, the Charles and Helen Schwab Foundation, the Urban Institute and Harder+Company launched an evaluation of the Family Permanent Supportive Housing Initiative (FPSHI). This evaluation is designed to assist the foundation in understanding the impact of its innovative approach to meeting the long-term needs of formerly homeless families in permanent supportive housing. While the multi-year evaluation consists of many information-gathering components, this report presents baseline findings from initial interviews with 60 families that were conducted between November 2003 and January 2004, as well as descriptions of four FPSH sites included in the study sample. Subsequent evaluation reports will include baseline and follow-up information for a larger pool of families, as well as findings from additional qualitative data collection.

## FINDINGS FROM INTERVIEWS WITH MOTHERS

The original criteria chosen for the family interview sample was that the family be headed by a single female parent and have at least one child under 18 living in the household. The data suggest that while many of these families are still struggling with economic issues and coping with the long-term effects of earlier homelessness and addiction issues, the majority of mothers appear to be maintaining residential stability in the FPSH programs. The findings also imply that families' generally high satisfaction with their current living situations and their ability to access an array of health and social service supports are helping them provide stable home environments for their children.

### Demographics

About half of the women in the study sample are African American (53 percent) and in their late 30s and early 40s (38 percent). Fifteen percent of the women were White and 15 percent were Latina, followed by mixed ethnicity (10 percent), Asian or Pacific Islander (3 percent) and Native American (3 percent).

## History of Homelessness

The average age at which mothers first became homeless was 24.

However, one-third of the mothers reported becoming homeless for the first time as a minor. On average, mothers experienced four homeless episodes and were homeless for a total of approximately four years over the course of their lifetime.

During the two years before moving into supportive housing, mothers reported living in an average of 3.4 different living situations, which suggests that their living situations were quite unstable. However, 15 percent of FPSH mothers reported living either in their own house or apartment or that of a friend or relative for the whole two years before FPSH move-in, suggesting some possible issues with FPSH selection processes. In light of the residential instability of most mothers before FPSH, it is important to note that mothers in the sample have been living stably at their current residence for an average of two and a half years.

Characteristics of Mothers Living in FPSH		
Characteristic (n=60)	n	%
<b>Ethnicity</b>		
African-American	32	53%
White	9	15%
Latino	9	15%
Mixed	6	10%
Other	4	7%
<b>Age</b>		
17 to 24	11	18%
25 to 34	17	28%
35 to 44	23	38%
45 and older	9	15%
<b>Average Age First Homeless:</b>		24
<b>Average # Homeless Episodes</b>		4
<b>Average Length of Time Homeless</b>		4 yrs

## Education, Income and Employment

The education levels reported by mothers were high – nearly three-quarters (73 percent) reported completing a GED or having a higher education level. Despite this, employment and income data reveal that women struggle to meet their families’ economic needs.

- ★ Almost two-thirds of the mothers are currently unemployed. Disabilities and illnesses account for the low proportion of mothers with jobs.
- ★ Only 38 percent of working mothers are working full-time and they are generally working in low-wage sectors. While most (90 percent) make more than the California minimum wage of \$6.75 an hour, nearly two-thirds (64 percent) earn less than \$11 per hour.
- ★ Mothers’ monthly income varied from a meager \$200 to \$2,600, with an average of \$929 a month or \$11,148 per year. This annual income is less than one-fifth of

Education and Income		
Characteristic (n=60)	n	%
<b>Educational Attainment</b>		
Attended college	19	32%
High school diploma / GED	25	41%
Some high school or less	16	27%
<b>Mothers Employed</b>	20	33%
<b>Mean Hourly Wage:</b>		\$10.24
<b>Average Monthly Income:</b>		\$929
<b>Average # Sources of Cash Income:</b>		2.7

the median household income in San Francisco (\$58,621). Mothers rely on several sources of cash income to make ends meet, and most also rely on noncash public benefits – particularly on Medi-Cal and food stamps.

- ★ Getting enough food to eat was a problem for many FPSH households (66 percent). More than half of the mothers also reported difficulty paying for rent and/or bills during the past 12 months, despite having a housing subsidy that kept their rent at 30 percent of household income. FPSH mothers reported rates of economic hardship (difficulties meeting food and housing costs) that are 12-13 percentage points higher than rates for poor single-parent households in the United States.
- ★ The implications are that FPSH households are likely to need significant housing and service supports for long periods of time. Of course, that is the premise of family permanent supportive housing; the situations reported by FPSH mothers confirm that most need the FPSH investment and the investment serves them well.

### Children of Mothers Living in Permanent Supportive Housing

Mothers in the sample had an average of 2.7 minor children. The majority (82 percent) reported living with all of their children. Only 23 minor children did not live with their mothers at the time of the interview. According to the mothers, these children were primarily living with other relatives. Almost half of the children currently living in FPSH (42 percent) were five years of age or younger.

Children Living in FPSH		
Characteristic (n=60)	n	%
<b>Average Number of Children</b>		2.7
<b>Age of Children in FPSH</b>		
Less than 5 years	47	42%
6 to 10 years	36	32%
11 to 15 years	21	19%
16 to 17 years	8	17%

A majority of mothers reported that their children attend school regularly (95 percent), do their homework on a regular basis (79 percent), and care about doing well in school (75 percent). Mothers also reported that they enjoy parenting (81 percent) and that they give their children encouragement on a daily basis (92 percent). More than half (53 percent) indicated that at least one of their children is experiencing a health problem. The majority of these mothers (93 percent) indicated that they are getting help for these problems.

### Health, Mental Health and Substance Use

More than half of FPSH mothers (55 percent) who were interviewed rated their current health as being “good,” “very good” or “excellent.” These results compare unfavorably to poor single parents nationally, among whom 70 percent gave similar responses. With regard to mental health, a majority of mothers (80 percent) reported low levels of symptom distress during the seven days before their interview.

Most mothers said they had had problems with alcohol or drug use in the past. However, the majority reported that they have not had these problems during the past 12 months. While more than two-thirds (68 percent) used illegal drugs three or more times a week in the

past, 75 percent said they had no problems related to drug use during the past 12 months. Similarly, while 40 percent of mothers reported drinking to get drunk more than three times a week in the past, 78 percent said they had no problems related to alcohol use in the past 12 months. While these findings are positive, 10 percent of mothers described problems related to drug use and 6 percent described problems related to alcohol consumption.

## Living Environment

Mothers consistently expressed feeling satisfied or very satisfied with regard to various features of their current homes, including affordability, control over visitors, privacy and amount of living space. They also reported feeling respected by supportive housing providers and having autonomy regarding the services in which they choose to participate. The services that FPSH families used most frequently in the past six months included health care (82 percent), free food or groceries (75 percent), mental health services (48 percent) and employment services (48 percent). Mothers also reported feeling confident and optimistic about their future.

## CROSS-CUTTING THEMES FROM SITE INTERVIEWS

Detailed descriptions of four permanent supportive housing sites were developed based on interviews with providers and managers of Tenant Services at Canon Barcus, Cecil Williams House, Community Housing Partnership and supportive housing programs on Treasure Island. Some major cross-program themes emerging from these interviews include the following:

- ★ Each San Francisco FPSH program has crafted a unique blend of services and supports for tenants. No single program model appears to be significantly better than any other at helping tenants achieve the primary goal of housing stability, as long as the model succeeds in creating an environment of respect and trust among tenants and staff and is able to provide the resources that tenants need.
- ★ Constant and open communication between Property Management and Tenant Services is crucial to maintaining an effective working relationship and is essential to maintaining stable housing for residents.
- ★ Supportive services offered by the FPSH providers are based on best practices identified by affordable housing policy bodies.
- ★ Being receptive to tenants' desires influences tenant satisfaction. FPSH staff are deliberate in developing and planning activities and events aimed at community building. At the same time, providers report that engaging residents in services can be challenging. Program staff must strike a delicate balance when attempting to involve tenants in services and activities.
- ★ Programs have found that tenants and their families do better when the children are involved in activities and have some services available specifically for them. Programs therefore continue to develop and integrate children's services into their supportive housing models, creating the principle difference in program models between FPSH and PSH for single individuals.

In summary, interview findings provide rich information about the lives of mothers and children living in FPSH in San Francisco, as well as the FPSH sites themselves. While the findings presented at this time are preliminary, they do provide the retrospective testimony of tenants and FPSH program staff about the differences that FPSH can make in the lives of families. They tentatively answer several important policy questions:

- ★ FPSH targeting – A majority of tenants (85 percent) in the study sample meet a criterion of long-term or repeated homelessness before moving to FPSH. However, about 7 percent of mothers said they had never been homeless and 15 percent reported living in their own house or apartment or that of a relative or friend during the entire two-year period prior to moving into FPSH. Targeting of FPSH may need improvement in order to maximize the value of investments in this housing model.
- ★ Long-term need for FPSH – Indicators of economic hardship suggest that FPSH mothers’ relatively high levels of education, work history and vocational training have not translated into economic well-being. Many are still unemployed, and many still struggle to meet their family’s economic needs. Given the lack of employment and the fact that most of those who are working earn very little money, it seems that the majority of these families will continue to require cash assistance, housing subsidies and supportive services for the foreseeable future.
- ★ Tenant satisfaction and stable residency – The menu of services provided by FPSH programs, both on and off site through collaborations and referrals, are designed to be voluntary – helping residents address issues as they arise, and supporting residents in creating a sense of community and optimism about their future. Overall, baseline findings from interviews reveal satisfied tenants who access an array of services and who are able to think about a better future for themselves and their children. This may be a key aspect of families’ stable residency at FPSH.

Future evaluation reports will provide more in-depth information and longitudinal data that will help us understand the impact of FPSH as an approach to meeting the long-term needs of formerly homeless families.

## CHAPTER 1: INTRODUCTION

In March 2003, the Charles and Helen Schwab Foundation (“the foundation”), the Urban Institute and Harder+Company launched an evaluation of the San Francisco Family Permanent Supportive Housing Initiative (FPSHI). Permanent supportive housing for families (FPSH) is a relatively new undertaking throughout the country. FPSH grew from the recognition that some adults have both disabilities that render them unable to maintain stable housing on their own and also children they are trying to raise. Without substantial help, these parents have not been able to provide themselves or their children with a stable residence. FPSH addresses these difficulties by working with families in the types of programming that have proven so effective at helping disabled single homeless people achieve housing stability.

The evaluation is being conducted by the Urban Institute, one of the nation’s leading centers for applied research on homelessness, and Harder+Company Community Research, a San Francisco-based firm with 17 years of experience in assessing the effectiveness of local programs for low-income individuals and families. Under the direction of Dr. Martha Burt, director of the Urban Institute’s Social Services Research Program, and Michelle Magee, vice president of Harder+Company, the evaluation is designed to assist the foundation in understanding the impact of FPSH’s innovative approach to meeting the long-term needs of formerly homeless families in permanent supportive housing.

### FPSH IN SAN FRANCISCO

FPSH presents the unique challenge of simultaneously meeting the complicated and varied housing and service needs of adults, their children and, ultimately, the family unit. While the San Francisco Bay Area continues to be an innovator in testing and adapting adult permanent supportive housing models, the same housing and service providers have until recently had little experience with children and youth services. FPSH in San Francisco, as well as nationally, is an emerging component of the homeless service system. Currently, gaps exist in both public policy focused on the unique needs of families who are homeless and available studies on best practice service models.

The recognition of families as a growing segment of people experiencing homelessness has drawn a correspondingly rapid response from San Francisco adult housing and service providers. Between May 2002 and the March 2003 launch of this evaluation, the number of family permanent supportive housing units doubled. In May 2002, only 210 such units existed in San Francisco County. By March 2003, an additional 285 units opened on Treasure Island, bringing the total to 504 units in 15 FPSH programs at the beginning of the evaluation period. In the year since this evaluation began, an additional 213 units became available through two new programs on Treasure Island and in the South of Market area of San Francisco, and more are still scheduled for completion.

Two other things make the San Francisco Bay Area an important place to evaluate FPSH. First is its tested and well-documented success as an innovator in developing and providing permanent supportive housing. The second is the presence of an established and effective Family Supportive Housing Network, which has helped the evaluators link with FPSH providers and has worked with us to develop the best possible evaluation design.

In addition to these long-standing characteristics of the homeless services environment for families in San Francisco, homelessness became a highly charged public issue in the recent mayoral campaign, and ending homelessness of all types is a cornerstone of new mayor Gavin Newsom's commitments for city action. As a recent (February 1, 2004) *San Francisco Chronicle* article began, "After years of frustration and despair, San Francisco has its best opportunity in a decade to solve its long-festering homeless crisis." The opportunity lies not only in the Mayor's commitments, but also in a convergence of opinion among most stakeholders that supportive housing is a key to solving the problem. The city is in the process of developing a 10-year plan to end chronic homelessness, and the Mayor's transition team has pinpointed important areas of intervention to address both chronic and shorter-term homelessness. This concatenation of events highlights the relevance of the foundation's FPSHI investment in both services and evaluation. The results of this evaluation, even at this preliminary stage, will make an important contribution to the discussion of what to do to end homelessness and how to do it.

### THE EVALUATION'S PROVIDER-ORIENTED APPROACH

From the beginning, the evaluation team has been committed to fitting in as smoothly as possible with the FPSH programs, and reflecting as much as possible the programs' own views of what they are doing, how they are doing it and what they hope to achieve. To this end, the evaluation team spent considerable time getting to know the FPSH providers. At the launch meeting, we met staff from all nine FPSH programs connected to foundation funding through Children's Health Network services, and conducted informational interviews with three of them during that same week. Our goal in these activities was to exchange information with providers about the study and our intentions, and about their activities and goals. During the evaluation's first two months, we extended our contacts with the FPSH providers, developing an initial sense of what would be possible with the FPSH sites, explaining the foundation's interest in a comprehensive evaluation of FPSH even though the foundation was funding primarily children's programs, and beginning to design the instruments for collecting data from families.

We spent considerable time developing relationships with FPSH providers, assuring that they had significant input and developing a sense of shared ownership of the evaluation and its potential to show the effects of their programs. Evaluation team members met with FPSH providers and foundation staff at Homeless Children's Network to discuss the evaluation design changes and gather advice from providers about interviewing families. This meeting and several that followed stimulated significant changes in the design we originally proposed to the foundation. Specifically, we reduced the expected sample size from 300 to 120, in part because of tenant availability and in part because the FPSH providers proved less able than expected to conduct some of the data collection themselves. Meetings also helped us to identify criteria for selecting housing programs and possible sites, and cleared the way for talking with all providers about their activities.

We also gathered together all the providers, the evaluation team and foundation representatives to develop a FPSHI logic model to guide the evaluation. The meeting's lively discussion produced a fully elaborated logic model that included the elements providers feel are important about their programs, as well as the outcomes they feel they are working toward. This logic model helped guide subsequent development of data collection instruments. We also discussed and decided on the criteria for selecting parents for the

family sample. At first, the criteria were that the family be headed by a single female parent and have at least one child under 18 living in the household. When fewer than expected households met the single mother criterion, we expanded the selection to include two-parent families, but still interviewed the mother.

We also created an Evaluation Working Group and identified volunteers from several FPSH programs to serve on it. The Evaluation Working Group met and reviewed several drafts of the family interview survey, giving valuable feedback to make the interviews with FPSH mothers go as smoothly as possible. Feedback included question selection (whether to include or exclude certain questions and issues), wording (for understandability and potential negative connotations), order (which questions it would be easier or better to ask early in the interview and which should wait until later) and content (what to ask about).

The Evaluation Working Group was also invaluable in helping us develop feasible strategies for recruiting tenants and gaining their consent for interviews. The group suggested incentives (which turned out to be vouchers to popular stores), best recruitment times and places, and interviewing venues (most programs supplied us with one or more interviewing rooms). During recruitment and interviewing, Harder+Company staff became well-known visitors to FPSH sites, developing rapport with clients and provider staff alike. Their experiences have allowed us to write fairly detailed FPSH program descriptions to give the reader a good idea of the FPSH context in which these families live, and the types of supports available to them (Chapter 2).

## **SAMPLING AND DATA COLLECTION**

In this section we briefly describe how we selected FPSH programs at which to seek tenants to interview, the formal interviews we conducted with FPSH providers, and the sampling and interview strategies we pursued for tenants (including issues related to sample size, recruitment strategies and approaches to data analysis). We end with a brief discussion of limitations of data and interpretation at this point in the evaluation.

This evaluation uses both quantitative and qualitative data collection methods. For this preliminary report we conducted five key informant interviews with program providers (qualitative data) and 60 family interviews with single mothers living in four different FPSH programs (quantitative data).

### **Provider Interviews**

We gathered program implementation data from FPSH providers through formal interviews with program staff, as well as from informal interactions with program staff and other interested parties. These interactions gave us contextual knowledge and information about ongoing FPSH program operations, issues and challenges. Interviews with two key program staff at Cecil Williams House and one each at Treasure Island Supportive Housing Programs/Catholic Charities, Community Housing Partnership and Canon Barcus helped us develop an understanding of the different program structures and service delivery models. We used information from these interviews to describe each FPSH site, its service delivery model, staffing configuration and tenant service use, including barriers to services, issues in working with families, collaborative partnerships, and challenges and successes of the program.

## Family Survey

The original criteria chosen for the family interview sample were that it be headed by a single female parent and have at least one child under 18 living in the household. At the start of the evaluation, there were 112 households headed by single mothers in four permanent supportive housing sites. Of the 112, findings for 60 single mothers interviewed between November 2003 and January 2004 are included in this report. Interviews were conducted in both English (n=58) and Spanish (n=2).

## Recruitment Strategies

Interview participants whose data are included in this report were recruited at the following permanent supportive housing sites: Cecil Williams House (GLIDE), The Senator (Community Housing Partnership), Canon Barcus (Episcopal Community Services) and Treasure Island Supportive Housing Programs (Catholic Charities). Service providers at each site gave valuable input on what recruitment strategies they thought would be most effective for families. Program staff were also instrumental in providing appropriate spaces in which to conduct the interviews, as well as getting the word out to families about the opportunity to participate.

In addition to posting information about the interviews at each site (e.g., bulletin boards, tenant services offices), information was mailed directly to families. In an effort to put a face to the research, the evaluation team also took opportunities to participate at community events and social gatherings where we met families and talked to them about the evaluation. Recruiting families living on Treasure Island required more intense outreach efforts primarily because of the neighborhood's suburban layout. While residents at other sites are housed in one building, residents in the Treasure Island FPSH programs are scattered throughout unidentified multiplex apartments on the northern residential part of the island. In addition to posting information throughout the Family Service Space, the evaluation team also accompanied the providers during their outreach work with families. Outreach efforts by the evaluation team at the weekly food pantry on Treasure Island were also successful.

Finally, interview participants were offered a \$50 gift card to Safeway, Old Navy or Target stores in appreciation for their time.

## Expansion of Interview Sample and Sites

Because fewer households met the single mother criterion than initially expected, the evaluation team expanded the interview sample to include two-parent families. Recruitment of interview participants meeting these new criteria – mothers with at least one child living with them in single-parent or dual-parent households – started at the end of January 2004 and continued through April 2004. Participants were recruited at all previously mentioned permanent supportive housing sites, and interviews already scheduled with tenants at The Iroquois (Community Housing Partnership) were completed. In addition, the evaluation team expanded the sample sites to include the Dudley Apartments (Hamilton Family Center), which opened for occupancy in November 2003. The 40 interviews conducted after January 31, 2004 were not completed in time to be included in this report. Consequently, data analyzed in this report refers to single mothers only.

## Limitations

The findings we present in this report are preliminary. First, they offer only baseline data. We cannot at this time say anything prospectively about FPSH impact, although we do have the retrospective testimony of tenants and providers about the differences in tenant lives that they attribute to FPSH. Second, the sample for this preliminary analysis is small – even smaller than our eventual sample will be. We had interviewed only 60 single mothers by the time we had to begin analysis, so the results in this report cover only these 60 tenant families rather than the larger complete sample.<sup>1</sup> Our ultimate sample of 100 families will improve our confidence in the findings; but even with them, the sample will be small. Further, it will be split in some important ways (two types of families, different lengths of tenancy in FPSH, different program configurations). These variations offer us the opportunity to explore the effects of family type and program configuration, but the results will likely be suggestive rather than definitive as the small sample will constrain statistical measures of significance.

## ORGANIZATION OF THE REPORT

Remaining chapters of this report describe FPSH programs and their single parent tenant families, concluding with some interpretations of the FPSH initiative at this stage of its implementation. Chapter 2 presents descriptions of the four FPSH sites included in this study. Chapter 3 provides baseline findings from interviews with 60 single mothers, including their basic demographic characteristics; housing history and prior homelessness; employment and earnings; children’s living situation and well-being; parental health, mental health and substance use; and parents’ perceptions of the FPSH living environment. Findings sections pose one or more important policy questions with respect to FPSH, briefly describing their origins in previous homelessness research and relationship to the goal of ending homelessness for families. Data to answer these questions as best we can at this preliminary stage are presented in narrative form and in tables, as appropriate. Where available and sufficiently parallel, we compare the results from FPSH tenant interviews with information about currently homeless family heads and nonhomeless poor single-parent households. In Chapter 4 we summarize significant cross-program themes with respect to FPSH program configurations and staff perceptions, some important implications of our preliminary findings on FPSH tenants, and some interpretations of the FPSH initiative at this stage of implementation.

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<sup>1</sup> Several factors account for the smaller-than-expected sample: 1) we initially decided to limit the sample to single mothers on the advice of FPSH providers, who told us that such families comprised 85 to 90 percent of their tenants. In fact, it turned out that only about half of tenant families were headed by single mothers; 2) some FPSH providers did not open their doors until early 2004 – we interviewed their tenants as they moved in, but they were not available in time to be included in this report; 3) recruitment into the sample has proved time-consuming and difficult, resulting in our having only about half of the eligible families in the sample.

## CHAPTER 2: WHAT DO FAMILY PERMANENT SUPPORTIVE HOUSING PROGRAMS LOOK LIKE?

To describe as well as capture the similarities and differences between the various supportive housing programs participating in the Family Permanent Supportive Housing Initiative (FPSHI) evaluation, the evaluation team interviewed five service providers from four different supportive housing programs: Canon Barcus, Cecil Williams House, Community Housing Partnership and supportive housing programs on Treasure Island. In addition to telephone interviews, the evaluation team also conducted several visits to each of these sites throughout the course of the evaluation and spoke with various staff members. The following project site descriptions combine findings from the interviews and site visits, as well as information obtained from a review of the participating agencies' annual reports, marketing materials, Web sites and other secondary documents. Future evaluation reports will include information on other sites that will be included in this study, such as Community Housing Partnership's Island Bay Homes and Hamilton Family Center's Dudley Apartments.

In addition to presenting information about service delivery models, property management, collaborative partnerships, achievements and challenges, these site descriptions also tell the story about the innovations of family permanent supportive housing programs at work. A summary of cross-cutting themes from all sites is included in the final chapter of this report.

### CANON BARCUS COMMUNITY HOUSE

Canon Barcus Community House, a newly-constructed building sponsored by Episcopal Community Services (ECS), opened in March 2002. Formerly homeless families occupy 47 of its 48 units, with a resident manager occupying the last unit. It is located on 8<sup>th</sup> and Howard Streets, a busy intersection in San Francisco's South of Market neighborhood. The entrance to the dedicated family housing, however, is on a quiet, tree-lined alley named Natoma Street. Other supportive housing sites surround Canon Barcus Community House – Canon Kip Community House, another ECS supportive housing program that provides housing for formerly homeless single adults, and 1180 Howard, a mixed single adult and family supportive housing program developed by Tenderloin Neighborhood Development Corporation and Citizens Housing Corporation. Canon Barcus is located near various modes of public transportation and is walking distance from Market Street, a main downtown thoroughfare that is steeped with retail shops and businesses.

ECS, in partnership with numerous community organizations such as Baker Places and Homeless Children's Network (HCN), provides on-site supportive services to families, while Mercy Services Corporation provides the building's property management. This strategic alliance between ECS and Mercy Housing was one of the first of its kind in the realm of supportive housing devoted solely to formerly homeless families, and serves as a model to other programs. Currently, the building is at nearly 100 percent occupancy, with 44 families and 122 children. Of the 44 family households, single mothers head 23, single fathers head 2, and 19 are two-parent households.

Homelessness is an eligibility criterion at Canon Barcus; all tenant families in the program

have been homeless. Three different sources subsidize rents for these families: Shelter Plus Care (15 families), Housing Opportunities for People with AIDS (5 families), and project-based homeless Section 8 (32 families). With a subsidy, each family pays 30 percent of its total household income in rent. Families live in units of two to four bedrooms. Some units overlook a small plaza and children's play area. The sense of community among the residents is most evident when families gather in this area for joint activities and events.

## Snapshot

In the late afternoon on October 31<sup>st</sup>, close to 50 children and parents gather in the community room to attend a Halloween Party for residents. The children, ranging in age from five to 12, wear various costumes; princesses seem to be the most popular costume choice this year. Various stations around the room offer different activities such as making skeleton jewelry or create-your-own-mummy using rolls of toilet paper. The mood is upbeat and parents and kids are equally enjoying the pre-Trick or Treat festivities. It is evident that most of the residents know each other and the children. These parties are just one of the many kinds of programs and services Canon Barcus offers to support its residents.

## Supportive Services

Canon Barcus is committed to providing residents with a menu of supportive services to help residents settle in and maintain housing stability. Tenants may choose whether or not to participate in any of the available services, and do not have to sign consent forms in order to receive services or participate in programs. Nevertheless, case managers encourage residents to form a service plan identifying goals and to think about how they want to pursue those goals. Case managers will then help residents work toward accomplishing their goals.

Canon Barcus follows an approach of helping to support every member of a family using a collaborative approach involving all staff. For example, if a family member has a problem, that person might work with the family's case manager. However, other family members may experience fallout from the initial problem. To help all family members, everyone on staff involved with the particular family (from young kids, to teenagers, to the parent[s]) participates in discussing how each family member might be affected and how to prevent fallout or deal with it should it arise. The staff develop a supportive program and can bring in outside medical attention from St. Luke's Medical System (their on-site clinic) if necessary. For example, if a parent in substance use treatment were to have a relapse, the staff would contact each other and someone on staff would arrange to meet any children in the family at school to make sure s/he has support. The staff tries to mitigate the negative effects that such situations might have on children by having a support network for them.

In addition to working collaboratively among in-house staff, ECS has an elaborate collaborative network of organizations that extend the variety of services offered to its residents. The provider explained the significance of these relationships as follows:

*Collaborative relationships are extremely important because you can't do everything in-house. We have an excellent staff, but we can't have a YMCA in our building. We are not a treatment facility. We can't do substance abuse or mental health treatment. Our partners can.*

Overall, services provided through Canon Barcus include:

- ★ Mental health services for children and families, offered on site by HCN;
- ★ A family literacy program that involves parents in reading with their children so they can follow their children’s school progress;
- ★ Parenting skills trainings to help residents deal with various family issues and find resources that will help their families on a day-to-day basis;
- ★ An on-site medical clinic managed by St. Luke’s Medical Center;
- ★ Partnerships with the YMCA for youth recreational activities; and
- ★ Collaborations with other service providers to offer residents additional critical services such as substance use treatment programs, mental health support and job skills training.

Of course, working with other organizations can bring challenges; ECS then has to “surrender control over certain things.” To ensure quality services, ECS has developed certain monitoring systems to make sure “things don’t happen that you don’t want happening.” One added consideration is the vulnerability of some collaborative partners to funding losses that might mean a partner could no longer offer the services on which ECS has come to rely to help its residents.



### **Collaborating on Property Management**

Besides collaborating on service provision, ECS collaborates with Mercy Services Corporation to manage the Canon Barcus property. The two organizations work together on virtually everything. Tenants must have entry interviews with both property management and

tenant services staff. The property management staff determines if a candidate meets the criteria to live in the building; tenant services staff meets a potential resident to determine what kind of services the family might need in order to achieve housing stability. Case managers work with the incoming families to get them connected to service providers or to make necessary linkages such as getting their children vaccinated so they can begin attending school quickly after moving in.

Communications between ECS and Mercy Services happen frequently. The property manager and support services manager hold formal weekly meetings, as do members of the property management and tenant services teams. In addition, monthly operations meetings with the senior supervisors of property management and support services staff focus on

global issues regarding the building. Mercy Services and the staff at Canon Barcus each play a different role and each has a common goal to make sure that tenants are able to pay their rent.

The property management arrangement seems to work well for both parties involved. Mercy Services Corporation brings a national perspective and tremendous experience to the process of property management. This leaves the staff at Canon Barcus free to advocate on behalf of the residents should a difficulty arise with property management.

### **Staff Commitment to Quality**

The client services staff are very committed to the goals of Canon Barcus. Currently, seven staff members work with families and/or their children – a director of services for primary school-age children, a case manager who works with teenage kids, four case managers who work with families, and a case coordinator who manages community outreach and engagement with the residents. Canon Barcus seeks staff with both case management experience and experience with primary school-age children, as well as candidates who have substance abuse and mental health treatment backgrounds.

The program maintains a strong commitment to cultural competency. A service provider for Canon Barcus explained their philosophy of providing culturally competent services:

*Cultural competency for us has to do with understanding family dynamics and how homelessness is woven into and through family dynamics. We make sure our case managers understand how homelessness affects families intellectually and emotionally, and how it manifests itself in difficulties remaining consistent with household responsibilities (e.g., paying bills may not be in a resident's history).*

In addition, half of the Canon Barcus staff were once homeless themselves, so they understand the adjustment process that residents experience upon moving into Canon Barcus.

### **Tenant Participation**

Without prompting from Canon Barcus staff, the tenants began a tenant council. After acclimating to the building and living arrangement, families began to take pride in the space and wanted to take an active role in helping guide the direction of the programs and services offered to residents. As a result, the tenant council now works collaboratively with the staff in making recommendations about proposed program changes and offerings. Now staff and residents maintain an ongoing dialogue through various channels, including a weekly coffee hour where staff and residents informally interact. The staff is committed to making the building reflect the residents' desires.

### **Working with Children**

Canon Barcus is working toward a variety of goals for the children in tenant families, including academic stability and success, emotional stability, successful emotional and psychological development, and creating healthy families. According to staff, one of the

program's greatest successes has been in working with children. The provider described how receptive the children have been to the programs offered at Canon Barcus:

*The children were so open to receive the kind of care and attention that we have offered; we have served every one of the children at some point. We are helping them work through their family situations. We take them on overnights, field trips, to the movies and on trips.*

While the program has made great strides with children, it is challenging to prevent parents' issues from becoming detrimental to their children. One provider added, "If a parent has a substance use problem, it is impossible to prevent that from affecting the child." On the other hand, knowing that their children will suffer if they relapse may keep a parent working on recovery.

### **Achievements and Challenges**

When asked about Canon Barcus' most important achievements, a service provider shared:

*The baseline biggest achievement has been family stability in housing. We had a question mark of how stable a family could become. How well could we [Canon Barcus staff] do? What we have been able to see is that we have done an incredible job of getting families stabilized in housing. As the family structure changes, where Child Protective Services reunification is in play, our assistance in linking parents to their children has been a great success. They [the reunification processes] are happening the way they should happen in a healthy way. The core things have been a great success. We have seen tremendous school participation and consistency – before a lot of kids bounced around; now they are attending school in a stable way. We know this because we get feedback from the school district, and see the kids' report cards. A lot of the stability factors that we hoped would manifest have happened.*

In terms of challenges, although Canon Barcus offers its residents a variety of supportive services, residents are not always eager to take advantage of them. A service provider explained the challenges around engaging residents in services:

*Sometimes they have a little ambivalence. I think [parents] can recognize that having a doctor on site is a good thing, but if they haven't monitored their own health as a priority, it is hard to go there...They lack the experience to understand the value of even counseling services for their children, or tutoring for their children...Sometimes parents don't know how to interpret these opportunities and it requires education.*

Additional barriers include substance use and mental health problems: "One of the barriers, in stark terms, is parental substance use. This drives people into behavior patterns that don't allow them to be the best parents they could be or the best people they could be."

### **What Tenants Like Most and Least about Canon Barcus**

Through a confidential survey conducted by Harder+Company, tenants were invited to share aspects about living at Canon Barcus that they liked the most and the least. For the 13 respondents, the most popular aspects include having tenant services (n=7), security

(n=4), and having a space of one's own (n=3). Additional well-liked aspects of the program are the children's program, privacy, the location, the nice landlord and the amount paid for rent. Lack of places for children to play (n=4) and lack of supervision over children in the building (n=4) were the least liked aspects by tenants who participated in the survey.

## Conclusion

During its short existence, Canon Barcus seems to be helping its residents make strides in transitioning to permanent supportive housing. Children are responding well to its supportive services and educational opportunities. Teenagers have a vibrant teen program to tap into, which helps them envision a brighter future. Parents have access to literacy programs, job skills development, mental health and substance use treatment support, and primary health care services, all on-site, to help them achieve housing stability.

One service provider shared reflections on Canon Barcus' supportive housing model:

*Canon Barcus has exceeded most of the expectations surrounding supportive housing for formerly homeless families. It would be a real shame if funders began to minimize the importance of the supportive networks that make supportive housing what it is.*

## CECIL WILLIAMS HOUSE

Opened in 1999 and sponsored by GLIDE Memorial Foundation, the Cecil Williams House is a 52-unit newly constructed building located in the heart of the Tenderloin neighborhood. Although it is a project of GLIDE Memorial Foundation, it has its own board of directors and conducts fundraising activities and submits grant proposals independent of the umbrella agency. Its residents include 12 families and 18 children, as well as a number of single adults.

Cecil Williams House was originally built as a dedicated permanent supportive housing building specifically for families. However upon opening, the building experienced a high vacancy rate, so eligibility was extended to formerly homeless single adults with Housing Opportunities for People with AIDS (HOPWA) or Shelter Plus Care benefits. The rental structure is set up so that all residents pay 30 percent of their total household income for rent. Rent subsidies usually come from three sources: Shelter Plus Care, Section 8 and HOPWA.

Cecil Williams House staff work directly with families to provide support services. In addition, staff coordinate an array of services through the GLIDE family of services, as well as through additional nonprofit and service organizations such as the Homeless Children's Network (HCN) and the Harm Reduction Therapy Center. The John Stewart Company provides the building's property management.

Upon entering Cecil Williams House, one immediately notices the lobby's glass walls, etched with important historical figures and inspiring quotes. In addition to the housing units, the impressive facility contains a community room, a solarium, an outdoor communal area, access to a rooftop garden, offices for supportive services and private counseling rooms. There is security provided 24 hours a day.

## Snapshot

It is six o'clock on a Tuesday morning and two mothers gather in the community kitchen. They are quietly preparing breakfast for the kids in the building. The Breakfast Club, as it is affectionately called, began in the fall of 2003. Some parents were concerned about kids not getting fed in the mornings. One of the mothers figured she was already up cooking for her child, what would be the difference to feed a few more kids? So, the parents solicited some help from the staff at Cecil Williams House. As a result, staff has been providing some of the food, the space and the utensils. Parents carefully prepare the food, taking turns with cooking duty. The Breakfast Club has quickly become a popular event for the children at Cecil Williams House. In addition to a hearty warm breakfast, kids have an opportunity to eat a meal together, building a sense of community and family they might not otherwise experience.



## Supportive Services

When new residents move into Cecil Williams House, they are invited to an orientation about all the programs and services provided through the House. Participation in tenant services is purely voluntary, with no mandates for attendance. Residents only sign Release of Confidentiality forms if the staff anticipate speaking to another organization on behalf of an individual resident.

Residents receive monthly calendars informing them about the myriad activities offered at Cecil Williams House – from birthday celebrations to community forums and board meetings. In addition, flyers are circulated and posted on bulletin boards, and staff talk up events – word of mouth is a particularly effective means of communicating upcoming events.

Staff at Cecil Williams House do not have assigned caseloads but work closely with residents, who tend to gravitate toward those staff members in whom they feel most comfortable confiding. The staff have also established a note-taking system that helps keep them updated on residents' life situations. If an incident comes up and a particular staff person is not available, other staff can read the chart and know what is happening in the resident's life. Everything is carefully documented.

A variety of services are available to residents on site, including:

- ★ Medical/mental health – drop-in medical clinic, access to a family nurse practitioner, women's support group;
- ★ Food – weekly produce drops, farmers' market food bank, food voucher program, breakfast club for children;

- ★ Community building – different activities such as game nights, book club, spiritual empowerment evenings, weekly film festivals;
- ★ Children and youth – after-school tutoring program, youth services, summer youth intern program, HCN therapists, teen rap group, monthly game nights;
- ★ Substance use – family nurse practitioner, smoking cessation classes;
- ★ Eviction prevention – money management classes; and
- ★ Employment and training – adult tutoring, GED/literacy guidance, work entry/re-entry programs.

In addition, the GLIDE family of services makes other resources available to residents at Cecil Williams House.

### **Collaborating on Property Management**

The John Stewart Company handles the property management for Cecil Williams House. Cecil Williams House and property management staff work closely together on many issues including consistent payment of rent and establishing “good neighbor rules” that provide safety within the building for all residents. Since staff from both tenant services and property management have offices in the same building, not a day goes by that the two do not talk. In fact, tenant services providers often pull property management staff into meetings to discuss important issues. The property manager also attends staff meetings.

Cecil Williams House has a variety of forms that residents can complete to communicate with property management about a host of issues. These forms include:

- ★ Work Order forms – requests for repairs in a unit;
- ★ Incident Report forms – to report an incident in the building; and
- ★ Grievance forms – for tenants to express their dissatisfaction with decisions made by property management. Copies of these forms are distributed both to property management and tenant services.

Providers shared opinions on the advantages and disadvantages of having the property management handled by a separate agency from tenant services:

*One disadvantage is that property management is worried about collecting the rent. Tenant services are more worried about the person – his or her mental well-being, and sometimes the two don’t mix. It would be nice if property management could become more sensitive to a person’s issues before it makes harsh decisions on eviction or other decisions. We have been fortunate because our property management is on site. We can inform them about some things, which can convince them to slow down actions before making any punitive decisions.*

Another service provider described an advantage of having property management handled by a separate agency than tenant services in supportive housing:

*The advantage of having it separate is that the service elements can stay more pure without there being any leverage. Property obviously has leverage over the residents. It would seem it would be difficult if they were one and the same.*

This staff person was also quick to acknowledge a lack of experience with alternative arrangements, so s/he couldn't comment on what it is like when the same organization handles property management and tenant services.

### Staff Commitment to Quality

Four dedicated staff members are the main service providers for residents; three focus primarily on families. There is a family nurse practitioner, a family service provider, a youth services coordinator and a service provider who works with individuals. The staff come from a variety of backgrounds.

Staff participate in a number of trainings, including in-house trainings and trainings provided by GLIDE's other programs. An LCSW professional comes once a week to facilitate case conference discussions. In addition, cultural competency is a big training issue for the staff at Cecil Williams House. All staff attend an annual African-American mental health conference. Cultural competency is infused in all of their trainings and they try to maintain a culturally diverse staff. In addition, the program staff celebrate a different culture each month where the activities, lectures, workshops and celebrations focus on that theme.

### Tenant Participation

While in the past there were some opportunities for active tenant leadership roles, formal opportunities have declined. One service provider explained that at one time Cecil Williams House had a tenant ambassador and a tenant board, but those no longer exist. However, the service provider was quick to add that if parents approach staff about wanting to start a new program, the staff will usually find a way to help make it a reality. The Breakfast

Club was entirely parent-driven, and staff helped them get it off the ground. The service provider shared another example of how tenant interest is prompting a new program:

*A resident saw a squash in a pile of items that we get from the farmers market and asked, 'How do you cook it and eat it?' There seemed to be interest by a number of residents for a class on cooking vegetables. We have a resident in the building in culinary school, and we are negotiating with him to do a cooking class for the building.*

In addition, the women's support group used to be facilitated by different female residents but when people's schedules got too complicated, the women in the support group asked Cecil Williams House staff to take over facilitating the group.



## Working with Children

Cecil Williams House works on providing mentoring services for kids and helping kids with socialization skills. Many of the children in the House need help facing the issues going on in their homes, such as substance use and domestic violence, as well as building resistance skills. The activities offered through Cecil Williams House provide opportunities for children to get positive feedback that they might not be getting at home. A service provider described some of the mental health services offered to children at Cecil Williams House (a program funded by HCN via Schwab funds),

*It is a challenge to find and provide services that help children deal with their mental health problems and the trauma they see every day. Parents need to be involved to get their consent. Helping kids grow emotionally with what they see everyday is our biggest challenge.*

The Cecil Williams House staff continue to change and shift their services as needs evolve. One service provider explained, “We are always looking for new services to bring on site. We bring in new professionals who can provide the needed services.”

## Achievements and Challenges

Service providers shared their ideas on Cecil Williams House’s greatest achievements. One provider commented,

*One of our biggest achievements is that the community is taking responsibility for the community. They are concerned and care about one another and the children. The communication is rocky but there. There are not a lot of violent episodes here because we offer so many services that support a sense of community and a sense of pride.*

While supportive housing is succeeding in helping to build the community, some challenges remain. While Cecil Williams House, and by extension the GLIDE family, offer a wide menu of supportive services to its residents, there are still challenges to encouraging residents to take advantage of all that is available to them. One service provider elaborated on some of the barriers families encounter in getting the services they need:

*I think a lot of it is perception of being reported to somebody, especially with parenting. They think they will be reported to Child Protective Services or other legal involvement... Many residents operate in a crisis mode and feel they are going to get evicted if they ask for help. It’s hard to engage people in a process (of getting treatment or help) between crisis episodes.*

In other cases the barriers for families are more straightforward, as one service provider explained:

*One barrier to employment is having a criminal record – a huge barrier to becoming employed. Many tenants’ reading level is at a minimum and some sign papers they don’t understand.*

Another issue service providers acknowledged is the challenge in helping educate parents around money management. While many parents need some assistance in this area since

they have to manage their budgets to pay rent and other household expenses, residents are reluctant to take advantage of course offerings. One service provider said:

*Few residents take advantage of the money management training. It's very personal and parents associate needing it with failure on their part. To get a group of people to come to a room to talk about their failures is not an easy thing to do. It's looked upon as being irresponsible.*

Finally, some residents struggle with seemingly intractable substance use problems, yet do not seek help from service providers.

### **What Tenants Like Most and Least about Cecil Williams House**

Through an anonymous survey conducted by Harder+Company, tenants were invited to share aspects about living at Cecil Williams House that they liked the most and least. The 10 respondents said that what they like most are the support services (n=8), security (n=7), and having an apartment (n=3). Additional well-liked aspects of living in supportive housing that respondents mentioned were the staff, the convenient location of the building, that everyone looks out for everyone else, and privacy. The presence of drug users inside and outside the building (n=3) and the policy limiting overnight visitors (n=3) were two of the least-liked aspects mentioned by tenants.

### **Conclusion**

Provider interviews and the tenant survey results show that Cecil Williams House is helping the families who live there. Children receive warm breakfasts thanks to the industrious spirit of the mothers. Families can attend money management training on site. The HCN provides mental health services to both children and families. Many services that can help individuals and families maintain their housing are available either on site or a short walk away at GLIDE's other programs.

A service provider shared a contemplative thought about supportive housing:

*Having supportive services on site in low-income housing will only help more and only empower the families to want to provide more or want to advance more – without the guidance, and trust in the system, it doesn't happen.*

## COMMUNITY HOUSING PARTNERSHIP

Community Housing Partnership (CHP) is a nonprofit corporation established to own or lease and manage permanently affordable, safe and well-maintained housing for homeless persons in San Francisco. The nonprofit was formed in the early 1990s after a group of homeless advocates, social services providers and housing developers came together to design alternative approaches to ending homelessness in San Francisco. CHP now manages four different supportive housing residences. Only two of these, The Senator and the Iroquois Hotels, are currently participating in this evaluation. The Senator Hotel (519 Ellis St.) and Iroquois Hotel (on O'Farrell St.) are located within a few blocks of each other in the Tenderloin neighborhood. Both are surrounded by small businesses and mixed residential single room occupancy (SRO) housing. An attendant greets everyone entering either building from a desk located in the hotel lobby.

**The Iroquois** – CHP acquired the Iroquois Hotel in 1994. The Iroquois, originally built in the 1920s, is a brick building that once housed merchant seamen. CHP refurbished and rehabilitated the building and re-opened it in 1996 for its current purpose. In addition to apartments, it contains a community lounge, and an office space for supportive services and employment services. Sixty-three formerly homeless adults and 10 formerly homeless families live at the Iroquois Hotel.



**The Senator** – Built in the 1920s, CHP acquired the Senator Hotel in 1991 and re-opened it in 1992. Apart from the units, it houses a playroom for children, a computer room, a tenant lounge, a conference room, and an historic lobby. It also has offices for on-site supportive services and employment services. The Senator has 69 units for single adults and 17 for families.

Both the Iroquois and the Senator are refurbished SRO buildings. CHP provides both property management and on-site supportive services for tenants. Residents pay no more than 30 percent of their income in rent. Applicants must be homeless to qualify for housing. It takes anywhere from one to three years for people on the waiting list to obtain an apartment in these CHP buildings.

### Snapshot

In a meeting room, tenants from the Senator gather around for a Tenant Summit. This summit gives tenants an opportunity to hear directly from the Executive Director of CHP about the Senator's property management and learn explicit details regarding the budget.

The summit gives tenants a chance to learn more about the agency and to help set priorities for services in the coming months. Tenants initiated the Tenant Summit, and the staff obliged. The summit includes training for the tenants, which occurs in four breakout groups where tenants set goals for themselves and set next steps. Staff are committed to helping tenants make their goals a reality.

## Supportive Services

CHP provides eight core types of services for residents at the Senator and the Iroquois. All services operate on a philosophy of harm reduction, with participation being completely voluntary. Staff agree that services are a partnership with residents and the residents are the ones who drive the services provided. These core services include:

- ★ Housing retention – intervention to help tenants maintain housing;
- ★ Crisis intervention – psychiatric, CPS or juvenile justice intervention if necessary;
- ★ Information and referral – referrals to additional services when applicable;
- ★ Counseling and case management – helping residents manage their life challenges;
- ★ Community advocacy – advocacy for residents related to both CHP and external services and opportunities;
- ★ Community building – opportunities through tenant councils and resident participation on the CHP board to help meet residents’ needs;
- ★ Vocational services – pre-employment work and vocational work to help tenants identify desirable and accessible job paths; and
- ★ Youth and family services – after-school programs, parent groups and field trips.

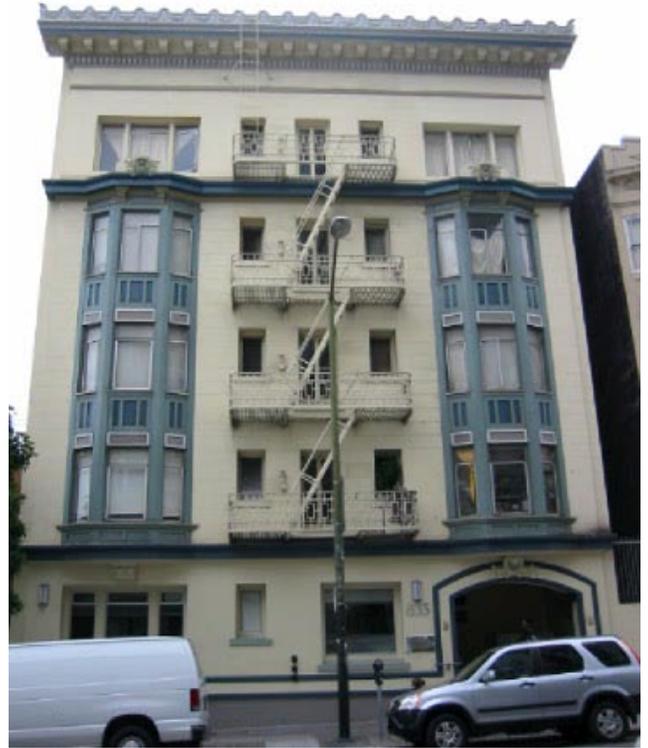
In addition, children and families may receive mental health services as part of CHP’s membership in the Children’s Mental Health Collaborative.

CHP recognizes that families who are just moving into permanent housing from homelessness have different needs than families who have been in housing for a while. For those just making the move, move-in costs are a huge issue. Purchasing furniture and household goods is frequently out of reach, especially for chronically homeless families. A lot of families do not know the ins and outs of setting up a household. It is also critical to connect families to services so they become aware of the resources connected with their new home. Learning money management skills is also essential if they are to maintain their new household.

In contrast, families who have been in supportive housing for some time, as is true for most Senator and Iroquois tenants, tend to have different needs. They frequently need help in learning how to move beyond their current economic status. It is very challenging for low-income families who may need to be able to afford larger spaces in market-rate homes that can accommodate a growing family. It is also a struggle to be able to keep their children connected to supportive environments when supportive housing or low-income housing tends to be located in poverty-ridden neighborhoods.

## Property Management

Community Housing Partnership is unique among the supportive housing programs participating in this evaluation in that CHP does both the property management and the tenant supportive services. (In the other FPSH programs, two different agencies supply these functions.) CHP feels strongly that this all-in-one model is a huge advantage for the residents: “By doing our own property management and tenant services, we can use the same approach providing all those services. We can work in a collaborative approach to make sure the tenants get what they need.” According to staff, this relationship has a strong impact on tenancy: “We have close to a 90 percent retention rate because each department in the agency has the same philosophy and we can be realistic around what services we can and do provide.”



As one might expect, this model fosters communications between property management and tenant services. The site supervisor for tenant services and the property manager meet once a week using a very structured meeting format to discuss lease violations, upcoming events and wider site issues. There are discussions around residents at risk for eviction and challenges with “life retention” (people whose health condition is deteriorating). In addition, once a month the director of property management and the director of tenant services meet and review the situations of all tenants who are at risk for eviction, and make joint decisions about next steps. Besides these formal meetings, tenant services and the property management staff hold forums and community meetings at which tenants may give feedback and hear new ideas for programs and services.

## Staffing and Client Participation in Service Delivery

The staff at the Senator and the Iroquois come from diverse backgrounds; 40 percent were once homeless themselves. In recruiting a diverse staff, the directors do not require particular educational experience. Frequently, they hire people who have been through CHP’s own vocational training programs. Each site has two counselors, and two vocational counselors float across the different sites. The number of counselors is based on the number of units in the residence. As part of CHP’s membership in the Children’s Mental Health Collaborative, the Homeless Children’s Network (HCN) provides family therapy.

CHP faces some challenges retaining staff, because nonprofits cannot offer as competitive salaries as for profit companies. In addition, tenant services work can often cause burnout. One service provider explained:

*In tenant services it's a day-to-day kind of work, it's hard for counselors to recognize change in tenant behaviors – there is a high level of burnout. A lot of times families repeat patterns and behaviors. It's hard for counselors to work with people day in and day out.*

## Tenant Participation

CHP has a strong commitment to engaging tenants in the process of service delivery. They conduct focus groups and survey residents at least twice a year. They often hold follow-up focus groups after an initial focus group to help clarify findings. In addition, CHP goes through a strategic planning process every 18 months where tenants are asked to help set priorities for the agency. As already noted, each site has a tenant council that brings program ideas and concerns forward to staff. Most importantly, a representative from each site's tenant council sits on CHP's Board of Directors. Resident voices help the Board of Directors stay grounded in their purpose of providing supportive housing and meeting residents' needs.

## Working with Children

CHP aims to help create family stability through its children's programs. The agency also strives to help with increasing socialization skills and participation in the community. The biggest challenge, however, has been engaging children, since the area has many other services and after-school programs. For example, five other youth programs are offered within a 10-block radius of the Senator.

## Achievements and Challenges

Overall, CHP seems to be succeeding in helping families achieve housing stability. One service provider noted the agency's greatest achievement: "Our crowning achievement is our housing retention numbers. Families stay housed." While CHP is making inroads in helping families maintain housing, challenges remain. A service provider commented, "The greatest challenge is the lack of general resources in the community – substance abuse and mental health treatments, lack of family focus, and outpatient drug and alcohol treatment."

The service provider also described a number of variables that prevent residents from accessing potentially useful services. Some of these barriers include lack of adequate childcare and scarce funds for transportation. Additional factors that can act as barriers for residents tend to be internal, such as learning to trust service providers. As one staff person explained:

*Families in supportive housing are savvy about what they want to reveal and services they want to access. Some of the barriers they create themselves. Past interactions with systems, such as domestic violence situations, [may make them] assume Child Protective Services will be called or they will lose housing. These fears stop them from accessing services.*

Aside from the internal and external barriers to accessing services, there is the reality of families facing an end to Temporary Assistance for Needy Families (TANF) support. Many of the families living in the Iroquois and the Senator have lived there for many years. Many are starting to lose TANF benefits and are facing challenges reaching a level of economic self-sufficiency that is adequate to allow them to remain in their present housing.

### **What Tenants Like Most and Least about the Senator and the Iroquois**

In a confidential survey, Harder+Company asked residents of the Senator and Iroquois to share the three aspects they like most and least about living there. Of the six respondents, the three things tenants liked the most include: support services (n=4), children’s activities (n=3), and the new manager (n=2). Additionally, tenants acknowledged liking the convenient location, quick maintenance on things that need fixing, the cleanliness, the fact that the tenants support each other, and the friendly desk clerks. The limited availability of supportive services (n=4) and dissatisfaction with the desk clerk services (n=4) were among the least-liked aspects.

### **Conclusion**

CHP provides a variety of helpful tenant services. Through a collaborative approach between property management and tenant services, the staff provide a united front in working with residents to support them in their everyday lives. Whether it is through crisis intervention, housing retention, counseling, vocational services or family and youth programs, staff are committed to a harm reduction approach for the tenants living at the various CHP sites. One service provider expressed a hope to see more foundations embrace supportive housing: “I would hope that more foundations would come to the table to fund homelessness issues. We are really excited to see this evolve.”

### **TREASURE ISLAND SUPPORTIVE HOUSING PROGRAMS - CATHOLIC CHARITIES**

Treasure Island, located in San Francisco Bay, is a former military naval base selected for closure in 1993. The federal act that decommissioned the base, “Base Closure Community Redevelopment and Homeless Assistance Act of 1994,” required San Francisco to propose a Reuse Plan for Treasure Island that included a component to assist homeless persons. In response, a collaboration of 20 organizations formed to develop this homeless component, which became known as the Treasure Island Homeless Development Initiative or TIHDI (pronounced “tie-dye”). TIHDI’s plan, approved by HUD, established a legally binding agreement to use 375 multi-bedroom housing units as permanent housing for homeless families and to create economic development opportunities on the island. In addition, the plan called for reserving at least 25 percent of all permanent jobs on Treasure Island for homeless and low-income San Franciscans.



TIHDI facilitates and advocates for community development opportunities on the island, in collaboration with partner agencies such as Catholic Charities, Community Housing Partnership and Boys & Girls Club of San Francisco. TIHDI focuses its activities on four major areas: housing, support services, employment and economic development. In an effort to create a sense of community on the island and help with developing San Francisco's newest neighborhood, TIHDI initiates various community-building opportunities for partner agencies and residents, such as island-wide community meetings and social events. It also develops or coordinates access to support services for residents, such as a food pantry, recreational activities, health services and children and youth programs. TIHDI also plays a role in community integration efforts

among Treasure Island's formerly homeless families and the broader community of residents that includes students, families and individuals living in market-rate housing.

Over the past few years, TIHDI has coordinated the development of 218 units of affordable supportive housing throughout six to eight multiplexes on the Island. One of TIHDI's partner agencies, Catholic Charities, has helped develop some of this housing and has served formerly homeless families on Treasure Island for the last four years.

## Background

Catholic Charities provides support services for the supportive housing programs on Treasure Island, including two dedicated family housing developments with two to four bedroom apartments interspersed throughout Treasure Island's multiplex buildings. Catholic Charities and Rubicon Programs, Inc., a nonprofit organization serving homeless and economically disadvantaged persons in the Bay Area since 1973, renovated the units. Catholic Charities renovated 66 housing units for formerly homeless families and provides a subsidy to families through the Shelter Plus Care program. Rubicon Programs, Inc. renovated 44 units, collectively known as Rubicon Villages, and also provides subsidized housing to formerly homeless families through project-based Section 8 vouchers. All residents pay 30 percent of their total household income in rent.

Rubicon Villages opened in November 2002, while Catholic Charities' Shelter Plus Care Program first opened its newly renovated units to families in December 1999. A second round of renovation was completed in December 2000. All families living in the Catholic Charities Shelter Plus Care Program have one family member with a special need in addition to being formerly homeless (e.g., mental health, substance use, HIV/AIDS). Currently, the Treasure Island supportive housing programs are at 90 percent occupancy, with 99 families and 137 children ages zero to 18. Of these families, single mothers head 74, single fathers head 10, and 15 are two-parent households.

John Stewart Company provides property management for these renovated housing units scattered around Treasure Island and works closely with Catholic Charities to help residents remain in housing. In addition to its existing partnership with TIHDI, Catholic Charities also coordinates a wide range of services for families through several partnerships with nonprofit service organizations such as the Homeless Children’s Network (HCN) and other supportive housing programs on the island including Community Housing Partnership (CHP).

### Snapshot

Surrounded by the bay and exceptional views of the city, Treasure Island is a mix of residential and abandoned buildings, open fields, a private marina and some industrial areas, creating a unique environment. The residential area of Treasure Island is clustered on the northern end of the island. Here, children can be seen walking their dogs or riding their bikes, and neighbors chat with each other at the entrance of their homes.



One late afternoon, a case manager and a peer advocate take the white Catholic Charities van to the residential area of Treasure Island, driving through small cul-de-sacs and quiet streets along the neighborhood’s suburban layout. These staff are doing outreach to families to inform and remind them of the array of services available to their families and children. They also distribute flyers

to each apartment with information about the upcoming events. The residential units are indistinguishable by program (i.e., no signs identify which units are affiliated with certain housing programs and which are market rate). As the van turns onto Sturgeon Street, the peer advocate steps out to talk with a young girl whom he recalls has been absent from school for the past two days. He talks with her and also makes a plan to check in with the girl’s mother. On Exposition Street, two women spending time outside in their small front yard area recognize the grey van and one of them signals for the case manager to meet with her. After meeting for about 15 minutes, the woman agrees to attend an appointment with the case manager at the Family Service Space the next day.

As the case manager and peer advocate complete the day’s outreach efforts and return to the Family Service Space, a young boy pleads with the peer advocate to give him a ride. They encourage him to keep going – “We’ll race you there!” – and the young boy runs excitedly through the grass and in between the apartment units to the Club House, a program of the Boys & Girls Club of San Francisco, where he and other youth participate in a variety of after-school activities. Interactions such as these are one of the most important ways that Catholic Charities engages families in the Treasure Island supportive housing programs. The relationships that staff forge with residents help create a sense of community that is sometimes

elusive in the frequently isolated environment of the island.

## Supportive Services

When families move into one of Treasure Island’s supportive housing programs, they are invited to attend an orientation meeting with an assigned case manager. They are immediately informed of the array of services and activities available to families living on Treasure Island. Aside from the case manager, families also have an intake meeting with the substance use treatment provider and job skills counselor, as needed. In addition, all families receive a binder listing all of the services available to residents on the island. While all tenant support services are voluntary, families are assigned a case manager and at a minimum are required to meet with their case manager or peer advocate once a month. Language needs as well as individual and family needs are taken into consideration when families are assigned a case manager or peer advocate. Families do not have to sign a formal client agreement in order to obtain services or participate in activities. However, they do have to sign a form acknowledging that although services are voluntary, they know they are encouraged to access supportive services as needed.

Both Catholic Charities and Community Housing Partnership share a designated space on the island that houses tenant support services staff. The same space also contains a community room as well as Catholic Charities’ children’s activity program. Officially referred to as the “Family Service Space,” some families have also come to know it as the “bungalows.” While the Family Service Space is open and serves families on the island, the most important way to engage families has been through intensive outreach.



Case managers and peer advocates conduct intensive outreach to families by cruising the neighborhoods four or five times a week, distributing flyers on doorknockers to announce available services and upcoming activities. In addition to the services offered through Catholic Charities, case managers and peer advocates also inform families of island-wide activities and programs such as the weekly food pantry.

Services available to families through Catholic Charities include:

- ★ Substance use and mental health counseling;
- ★ Employment services;
- ★ Peer advocacy and case management;
- ★ Health support groups;

- ★ Children’s activities such as an after-school program, youth/teen job program; and
- ★ Social events and community-building opportunities such as monthly life skills workshops, summer family field trips and holiday parties.

Services and activities available to families through Catholic Charities’ collaborative partners (e.g., TIHDI, Community Housing Partnership, Boys and Girls Club of San Francisco and others) include:

- ★ Food pantry;
- ★ Mental health services for children and families, offered on site by the HCN;
- ★ After-school, summer programs, summer camp and a teen program offered by Boys and Girls Club of San Francisco;
- ★ TIHDI Community School Coordinator;
- ★ Youth leadership training offered by CHP;
- ★ Alcoholics Anonymous and Narcotics Anonymous meetings on the island;
- ★ Community Leadership Training Program and Recreational Task Force organized by TIHDI;
- ★ Job training and life skills workshops offered by CHP; and
- ★ Community-building events organized by TIHDI such as island-wide picnics and monthly community meetings.

A provider summarizes the importance of the support that families may receive through supportive housing:

*Providing families with assistance that helps them adjust to housing [is key]. There is a misconception that by putting a family in housing, everything will fall into place. That is just not true.*

Both the isolation of Treasure Island and its lack of established resources and services have made collaborations among organizations and community agencies an integral part of Catholic Charities’ service model on Treasure Island. One provider commented:

*The collaborative relationships we’ve formed are extremely important. We wouldn’t be as far along as we are if we hadn’t collaborated. Everything we do – even the space we use – is a collaboration.*

Catholic Charities creates formal partnerships with organizations and community agencies through formal memoranda of understanding to create clear program expectations and goals. One of the most important collaborations Catholic Charities has established is with other permanent supportive housing programs on the island, including Community Housing Partnership (CHP). Catholic Charities collaborates with CHP on a number of services and activities including running a life skills workshop for tenants, organizing joint community events, and even sharing staff to provide support services to families. Through the two programs, tenants can access and use the many life skills workshops available through both programs.

A recent collaboration with HCN has also proved to be an essential part of Catholic Charities' menu of services. One of the most effective aspects of the mental health services provided through HCN is that services are provided on the island so residents do not have to venture far from their homes. In addition, residents can access the program anonymously. A service provider observed:

*We have four therapists and they are busy. We provide families with a service and they are getting the treatment they need here on the island. They can go to the offices on the island, where services are free and admitting to problems doesn't jeopardize their housing. Families are keeping their appointments. Not every family follows through, but about 60-70 percent actually follow through for an initial meeting with HCN.*

While formal partnerships have been essential to providing the families with needed services, informal linkages with other organizations and community agencies on the island have also been important in bringing the limited resources and services directly to the families. A service provider explained that some major benefits of such linkages and collaboration include avoiding duplication of services and being able to access services and resources when needed. This provider gave an example of a situation when having a linkage with another community agency on the island proved to be valuable for the stability of some families:

*My program focuses on housing. And, for drug treatment, we've worked with Haight Ashbury Free Medical Clinic, which has a detox program on the island. I have a couple of mothers who have gotten into their program. The women can stay on the island and remain close to their kids. There is a small window of opportunity to get someone into treatment when someone wants treatment, so the proximity of the island clinic is great.*

## **COLLABORATING ON PROPERTY MANAGEMENT**

The John Stewart Company does the property management for Treasure Island supportive housing programs. Tenant services staff and the property manager have weekly meetings to discuss any lease violations and other issues, including timely and consistent payment of rent. The director of tenant services generally speaks with the property manager every day.

When a lease violation is identified, either the case manager or peer advocate assigned to the family will contact the head of household immediately to discuss the issues of concern and develop a plan for addressing them. The case manager or peer advocate will often act as an advocate for the client, assisting him or her in addressing the immediate issue at hand, such as the need for rental assistance, as well as addressing the root cause of the issue that may have led to the lease violation. A provider explains:

*In an instance of domestic violence where the police are called, getting written up by the police is a lease violation and violence is a program violation. We work with the family to figure out what they need – counseling or a temporary restraining order.*

A provider discussed the advantages and disadvantages of having a separate agency handle the property management responsibilities:

*We did our own property management initially, [but] it blurred the lines between services and property management. [Tenants] were afraid to approach the case manager*

*[or peer advocate] and it blurs the lines for the families and staff. Another disadvantage is that, naturally, it puts you in an adversarial relationship with the tenants.*

Due to the challenges that arose with providing both tenant services and property management, Catholic Charities decided to hire a property manager. In hiring a separate agency to handle property management, Catholic Charities had to create a system that clearly defines the two roles as well as develop a working relationship that is collaborative and understanding of the needs of the families. Also important was the training that Catholic Charities provided to property management staff, emphasizing the significant differences between managing a supportive housing program and a market-rate property.

The effort taken to provide training and the close working relationship that now exists between Treasure Island supportive housing programs and John Stewart Company seems to be succeeding. In the past three years, they have maintained a high housing retention rate, with only two or three evictions and a single instance of a family abandoning a unit. In addition, through a confidential survey conducted by Harder+Company, tenants shared their thoughts about the property manager, indicating that the manager was one of the aspects of living in the program that they liked most. One commented, “The new manager puts tenant needs first.” Another remarked, “The building manager has compassion for serious situations involving families.”

### **Staff Commitment to Quality**

Case managers and peer advocates have a caseload of 11 to 15 families. Peer advocates work with families in Catholic Charities’ Shelter Plus Care program while case managers work with families in Rubicon Village’s Section 8 housing program. When fully staffed, Catholic Charities has 15 people working directly with families, including one substance use and mental health specialist, one employment specialist and a coordinator for Catholic Charities’ Children’s Activity Program, which provides a variety of after-school and summer activities for children and youth living in Treasure Island’s supportive housing programs.

Catholic Charities maintains a staff with diverse backgrounds who understand how homelessness affects families and know about substance use and mental health issues. To provide support for staff, Catholic Charities trains them in a variety of issues relevant to the work they do with formerly homeless families. Staff representatives also go to trainings and conferences offered by other agencies. In addition, the director of tenant services supports the staff with supervision and guidance in the many issues and needs that may arise for families and children living in the program.

### **Tenant Participation**

One of the most important approaches that Catholic Charities staff take in engaging tenants is offering events that recognize the diverse cultural backgrounds of TIHDI families:

*One of the things we know is that we need to meet clients where they are, including the family’s ethnic background. We celebrated Christmas, Kwanza, winter solstice and other events. The staff put together a display board and encouraged parents and children to participate.*

To increase tenant participation, Catholic Charities also makes a great effort to determine what type of activities families and their children would like most, by conducting annual surveys for both parents and children. At a Mother’s Day event, for example, a survey conducted with mothers in the program found that they would enjoy a “pampering” event. The staff then provided a massage therapist to give all the mothers in the program a ten-minute massage. In addition, the program invites tenants to complete a satisfaction survey after each event to help the program improve activities and address the needs and interests of the tenants.

While engaging tenants in the activities and services that Catholic Charities offers is important, it is also important to provide opportunities for tenants to help deliver tenant support services. For example, Catholic Charities has developed part-time paid positions in the children’s activity program specifically for parents. Currently, the children’s program has one parent staff person, and one or two part-time parent positions will be added in the future. A provider spoke highly of the parent staff member:

*She has become a leader; the word of mouth outreach that she did was great. People felt safe dropping off their kids there [at the children’s program]. I am looking forward to adding more part-time parent positions.*

In addition to the paid parent positions, parents also have the opportunity to volunteer their time with the children’s program. Parent volunteers help with planning activities such as cooking classes, and they chaperone field trips. As an incentive, parents receive a \$250 Target gift card after volunteering for three months. According to a provider, parents enjoyed the opportunity both to volunteer and to spend time with their children.

Catholic Charities has also been able to offer similar opportunities to youth living in the program. For instance, the program has hired youth to assist in distributing event flyers to families on the island. In the future, Catholic Charities is hoping to hire a junior staff person for the children’s activity program that would offer stipends for the youth.

## Working with Children

One of the biggest achievements of Catholic Charities has been the addition of the children’s program as part of the array of services available to families. Providing activities for children and a safe and fun environment on the island has been one of the program’s primary goals. In the past summer, 100 of the 137 children who live in Treasure Island’s supportive housing programs participated in the



children’s program. A provider notes:

*In the after-school program, kids are now spending an hour doing homework. We are excited to see how that affects their school performance. It has been a real big achievement... Many of the kids have special needs. We work with them to make sure they are getting the services they need. Many of these kids were living in the Tenderloin, and when they move to Treasure Island, they are shocked there is all this open space. It’s empty here and they perceive it as there is nothing to do.*

The limited resources and activities for children on the island has been a challenge. As one provider states, “We are a new community, we don’t have much here, it is not sufficient. The city has established clubs, activities and community centers where kids can go and have something to do on the weekend.” Despite this challenge, the program is constantly seeking creative ways to enhance and enrich the services available for children and youth on Treasure Island.

Catholic Charities also has a partnership with the Treasure Island K-8 School. Sixty-nine of the 500 children attending the school also live in Treasure Island’s supportive housing programs. Catholic Charities has identified a need for specific training for teachers around the issues of homelessness and children’s experience with homelessness. The challenge, however, has been the lack of resources available to schools to provide teachers with such training.

## **Achievements and Challenges**

In addition to developing a children’s component within tenant services, a provider noted two other significant achievements of the program – securing space on the island to build and create the Family Service Space in collaboration with Community Housing Partnership, TIHDI and other community agencies on the island; and achieving a 97 percent housing retention rate through the past year. The provider commented, “We have a reputation for having some of the most difficult families. These families are struggling but they are staying housed.”

In terms of challenges, providers reported that although many supportive services are available for families to help them remain in stable housing, staff often lack leverage with families because participation in services such as case management is voluntary. Getting families to use services has been the biggest challenge:

*The program is voluntary. The only way families leave here is by violating their lease. One can do a lot of damage to him or herself before problems are addressed. For example, one mom still uses drugs, is in a violent domestic situation and has lost her kids to CPS three times. I can say she has to address her issues, but there is nothing I can do to make her.*

Despite this challenge, Catholic Charities continues its consistent outreach efforts and a constant presence at the Family Service Space. The provider continues:

*We are here, we are ready. In the beginning, we were building trust and putting out fires. With the development of the children’s activity program, job counseling and mental*

*health services, we offer more ways for families to have contact with us so they are starting to see us in a different light.*

Another barrier to delivering and coordinating services for families is the difficulty in creating linkages with off-island organizations and community agencies. Because community agencies off the island are generally less accessible to residents on Treasure Island, these linkages are less effective. One provider explained the importance of bringing resources and services near where families live, saying “I think that having services here is essential. Putting folks here without services would make it much more difficult for them to maintain their housing.”

### **What Tenants Like Most and Least about Treasure Island**

Harder+Company asked residents to describe the three aspects they liked least and most about living in Treasure Island’s supportive housing programs. Among 31 respondents, the most frequently cited positive aspects included the island’s open space and beautiful views (n=13); peace and quiet (n=12), and safety and security (n=12). Some tenants noted that having police on the island helps with feeling safe. Additionally, tenants said they liked the children’s activities, support services available to tenants, quick maintenance available for units, and the availability of convenient 24-hour public bus transportation. The most frequently cited negative aspects of living included the lack of grocery stores and other retail amenities (n=24), the presence of drug users and dealers on the island (n=5); the lack of programs and play areas for children (n=5); and dissatisfaction with neighbors’ behavior (n=5).

### **Conclusion**

Treasure Island’s supportive housing programs are working hard to support the people living on the island. Despite the lack of social services infrastructure other neighborhoods in the city enjoy, Treasure Island’s supportive housing programs are making great strides in providing supportive services. Through a variety of collaborative relationships, Catholic Charities is now able to provide a children’s program, life skills, education, job retention skills, and a substance use and mental health component. Its impressive housing retention rate seems to indicate that Treasure Island’s supportive housing programs are succeeding in helping families transition to more stable living arrangements.

A provider shared some thoughts on the effectiveness of permanent supportive housing:

*To sum it up, permanent supportive housing is beautiful. Your success rate is going to go down if you don’t provide them with supportive services. People need support that teaches them how to pay bills or how to get a higher paid job. Without support and just housing, it’s like giving people fish but not teaching them how to fish. I think supportive housing works. It’s the city’s and the country’s best bet in getting people off the streets.*

## CHAPTER 3: WHAT HAVE WE LEARNED ABOUT FAMILIES IN FPSH PROGRAMS?

This chapter presents findings from interviews with 60 single mothers conducted between November 2003 and January 2004. Findings from these interviews are organized into six major sections and several subsections, each addressing one or more policy questions about FPSH tenants and their FPSH experiences. The first section describes respondents' basic demographic characteristics, beginning to answer the question, "Who lives in FPSH?" The second section provides information on residents' housing history and prior homelessness, continuing the description of FPSH tenants but also examining the question of how well these FPSH programs have succeeded in targeting families with histories of long or repeated homelessness that the programs are intended to reach. The third section presents detailed data on employment and earnings – including current income and employment status, sources of income and ability to meet daily needs. It provides preliminary answers to questions of tenant capacity for self-sufficiency and the likely need for long-term FPSH support.

### Interview Participants by FPSH Site

- 31 mothers from supportive housing programs on Treasure Island
  - 18 from Catholic Charities CYO
  - 13 from Rubicon
- 13 mothers from Canon Barcus
- 10 mothers from Cecil Williams House
- 6 mothers from Community Housing Partnership's Senator Hotel

Children's well-being is a major motivation for FPSH – an important assumption for investing in these programs is that they may be instrumental in saving another generation from homelessness by providing a stable environment in which to grow up. The fourth findings section provides information on the children of mothers participating in the study, for both children who currently live with their mothers and those who live outside their mother's home. In addition to children's living situation and current stability, this section describes the mothers' perceptions of how their children are doing since moving into FPSH.

Findings related to health, mental health and substance use are presented in the fifth section, shedding light on questions about appropriate FPSH targeting (toward parents with disabilities that contribute to their homelessness) and about ongoing service needs. The last section explores satisfaction with their FPSH environment and characteristics, service use and sources of support among tenants participating in the study. These findings may help FPSH providers fine-tune their program offerings and ways of relating to tenants, and give funders some guidance in determining the most important aspects of FPSH to support.

## BASIC CHARACTERISTICS OF STUDY PARTICIPANTS

The first questions people ask about any population relate to who they are; they want descriptions on some very basic characteristics, including gender, ethnicity, age and marital status. By design this study’s sample is 100 percent female. Exhibit 1 displays the basic demographic characteristics of the FPSH sample, and provides similar information for the homeless families included in the 1996 National Survey of Homeless Assistance Provider and Clients (NSHAPC).<sup>2</sup> Significant differences in the characteristics of FPSH and NSHAPC families may reflect some aspects of FPSH targeting.

### 1. Women in the study sample were primarily African American, which was less true for NSHAPC families.

The majority of the FPSH women interviewed self-identified as African American (53 percent), followed by White (15 percent), Latina (15 percent), mixed ethnicity (10 percent), Native American (3 percent) and Asian or Pacific Islander (3 percent). The FPSH women are less likely than NSHAPC female family heads to be White, and more likely to report themselves as African American or of mixed ethnicity. These differences reflect the characteristics of San Francisco’s poor families, from which its homeless families come, compared to poor families in the nation as a whole as represented by NSHAPC.<sup>2</sup>

<b>Exhibit 1: Gender and Ethnicity (n=60)</b>		
	<i>FPSH Families (n=60)</i>	<i>NSHAPC Families*</i>
	<i>%</i>	<i>%</i>
<b>Gender</b>		
% female	100%	84%
<b>Ethnicity</b>		
African American	53%	43%
White	15%	38%
Latina	15%	15%
Native American	3%	3%
Asian/Pacific Islander	3%	--
Mixed ethnicity	10%	--
Other	--	1%
<b>*Source of NSHAPC data: Burt et al., 1999, Technical Report, table 3.A1</b>		

<sup>2</sup>Martha R. Burt, Laudan Aron, Toby Douglas, Jesse Valente, Edgar Lee, and Britta Iwen. 1999. *Homelessness: Programs and the People They Serve, Technical Report*. Washington, DC: Departments of Housing and Urban Development and Health and Human Services. Hereafter, citations of specific data from this report will be accompanied by table references, in parentheses (e.g., Table 10.A1) rather than giving the complete citation each time.

**2. Women in the FPSH sample were generally older than those in the NSHAPC.**

Women in the FPSH sample ranged in age from 19 to 55, with a mean age of 35 years old. The FPSH sample contained a greater proportion of older women than the NSHAPC sample. For example, 53 percent of women in the study sample were 35 years of age or older, compared to 32 percent of NSHAPC female family heads.

<b>Exhibit 2: Age (n=60)</b>		
	<i>FPSH Families (n=60)</i>	<i>NSHAPC Families*</i>
	<i>%</i>	<i>%</i>
<b>Age</b>		
17-24	18%	26%
25-34	28%	43%
35-44	38%	28%
45 and older	15%	4%
<small>*Source of NSHAPC data: Burt et al., 1999, Technical Report, table 3.A1</small>		

**3. Fifty-seven percent of FPSH mothers self-identified as being single mothers.**

While more than half of mothers in the sample self-identified as being single (57 percent), more than one-third (34 percent) were either separated (24 percent), divorced (7 percent), or widowed (3 percent), indicating that they had been married at one time. The actual proportion of mothers who have been married in the past may be even higher, given that those who self-identified as single may include both women who have never married and women who have.

<b>Exhibit 3: Self-Defined Marital Status (n=60)</b>		
<b>Marital Status</b>	<i>%</i>	<i>n</i>
Single	57%	34
Currently married	7%	4
Separated	23%	14
Divorced	7%	4
Widowed	3%	2

## HOUSING HISTORY AND PRIOR HOMELESSNESS

FPSH is intended to serve families who have been homeless for a long time or experienced repeated episodes of homelessness. The rationale for investing FPSH in these families is that they have demonstrated their inability to become or remain housed on their own, and they and their children have experienced the negative consequences of prolonged or repeated homelessness. So one important policy question that this evaluation's findings can address is whether San Francisco's FPSH programs are well targeted on their intended populations.

All the FPSH programs in this evaluation accept families who once were homeless or at risk of becoming homeless. In addition, many of the parents in these families struggle with chronic health, mental health or substance use issues that may have contributed to their past homelessness or may jeopardize their ability to maintain their current housing. A primary intent of FPSH is to help families cope with the barriers they face in maintaining stable housing by providing an array of supportive services in combination with affordable living situations. To establish a baseline against which to assess whether living in FPSH helps families achieve more stable housing, this section presents information on housing history and prior homelessness.

### 1. Ninety-three percent of the mothers reported being homeless in the past.

Ninety-three percent of interview participants said they had been homeless at some time in their lives prior to moving into FPSH. For the purposes of this question, homelessness was defined as “when you did not have a fixed, regular and adequate place to stay at night, including times when you stayed in a shelter, transitional housing, a place not designed for people to sleep in (e.g., park, car, abandoned building, underneath the freeway, empty lot), temporarily stayed with family/friends or in a hotel/motel, etc.” There were four women in the sample (7 percent) who reported that they had never been homeless.

### 2. One-third of the mothers reported becoming homeless for the first time as a minor.

While more than two-thirds of the sample (67 percent) reported being an adult the first time they experiencing homelessness, one-third said that they first experienced homelessness as a minor. Of these 18 women, more than half (56 percent) reported being homeless as a minor on their own, while one-third reported being with their parents at the time. One woman reported being with a boyfriend, while another reported that she was homeless while in foster care.

#### History of Homelessness among Study Participants

- 93 percent reported being homeless in the past
- 33 percent first homeless as a minor
- Women reported an average of four episodes of homelessness during their lifetime

The age when participants became homeless for the first time varied greatly, from 5 to 52 years of age. On average, women in this study first became homeless at age 24. Thirty-three percent of FPSH mothers' first homelessness occurred when they were still children or adolescents. This makes them only slightly more likely to have experienced homelessness as a minor than NSHAPC family heads, among whom this was true for 28 percent (NSHAPC Table 10.A1).

<b>Exhibit 4. Age When First Homeless</b>		
<i>Age Category (n=56)*</i>	<i>%</i>	<i>n</i>
16 or younger	27%	15
17-24	25%	14
25-34	29%	16
35-44	11%	6
45-54	5%	3
55 and older	4%	2

\*Total n is fewer than 60 due to missing and “don’t remember” responses.

**3. Mothers reported experiencing an average of four episodes of homelessness during their lifetime.**

Participants were asked to recall how many times they had been homeless, either as a minor or as an adult. Women reported being homeless four times during their lifetime, on average. However, the median number of times women were homeless was much lower (median=2), because three women who reported a high number of episodes (ranging from 21 to 30) raised the average considerably. Two-thirds (67 percent) of the women who responded to this question reported being homeless on more than one occasion (Exhibit 5), compared to only 50 percent of heads of NSHAPC’s homeless families. Further, 40 percent of FPSH mothers had been homeless 3 or more times, compared with only 23 percent of NSHAPC family heads (NSHAPC, Table 4.A3 – 11 percent 3 times, 12 percent 4 or more times). The FPSH mothers’ homeless histories reveal their greater vulnerability compared to the larger universe of all homeless families, and suggest appropriate targeting of FPSH resources.

FPSH women experienced an average of 3.4 homeless incidents as adults and 1.9 incidents as minors. Almost one-third (31 percent) of those who were homeless as minors (n=18) indicated that they were homeless more than once before their 18<sup>th</sup> birthday. Among those who experienced homelessness as adults (n=49), nearly half (49 percent) stated they had been homeless more than once since reaching age 18.

<b>Exhibit 5. Number of Times Homeless</b>		
<i>Number of Times (n=51)*</i>	<i>%</i>	<i>n</i>
One	33%	17
Two	27%	14
Three	20%	10
Four or More	20%	10

\*Total n is fewer than 56 due to missing and “don’t remember” responses.

**4. The average number of months of homelessness experienced by mothers during their lifetime was 47, or nearly four years. The median length of time mothers were homeless was 24 months, or two years.**

Many of the FPSH mothers reported a long cumulative experience of homelessness. The median length of time mothers were homeless was two years, and the average time homeless was nearly four years. Nearly one-fourth of mothers in the study sample (23 percent) reported being homeless for less than one year over the course of their lifetime.

Among those who reported being homeless as minors (n=18), the total time they were homeless during this stage of their life varied from 2 months to as long as 9 years. The average total time homeless as a minor was 27 months; the median was 24 months. Ten of these women (63 percent) recalled being homeless for more than one year before they turned 18.

Homeless time as an adult exceeded homeless time as a minor. Total adult homeless time ranged from 2 months to as long as 23 years, with an average of 42 months and a median of 21 months. Two-thirds (66 percent, n=31) said they were homeless as an adult for more than one year, while six women reported adult homelessness lasting more than ten years.

**5. Twenty-nine percent of FPSH mothers reported never having had a home or place to stay for six months or more with a lease in their own name or that of a spouse, partner or roommate.**

FPSH mothers' disconnection from stable housing is reflected in the way they describe their experiences with leases. Holding a lease is a reflection of a landlord's assessment that the renter will be able to fulfill the lease obligations to pay rent regularly and otherwise maintain the housing. Never having had a lease in one's own name was one of the factors differentiating homeless from never-homeless welfare recipients in a longitudinal study of family homelessness done in New York City.<sup>3</sup>

More than one in four FPSH mothers had never lived for six or more consecutive months in a dwelling leased by themselves and/or a spouse, partner or roommate. Further, among those who did report this experience at least once in their lifetime, 54 percent had not done so for at least a year before moving into FPSH and 7 percent had not done so for at least five years before move-in.

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<sup>3</sup> Marybeth Shinn, Beth C. Weitzman, Daniela Stojanovic, James R. Knickman, Lucila Jimenez, Lisa Duchon, Susan James, and David H. Krantz. 1998. Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88(11), 1651-1657.

**6. A majority of mothers (85 percent) did not have a stable, adequate place to live during the two years before moving into supportive housing,**

Even if they may have had stable housing at some time in their life, this experience eluded most FPSH mothers during the two years before they moved into FPSH. Mothers were asked to identify the different types of places they had lived in during the two years before moving into permanent supportive housing. The mean number of place types reported is 3.4, suggesting that their living situation was quite unstable. It may be even more unstable than these figures depict, as the interview did not ascertain whether moves occurred within type, such as moving from one relative’s couch to that of another, but having all moves within that one housing type – a friend or relative’s home.

The most common places FPSH mothers lived during the two years before moving into supportive housing included a friend or relative’s house or apartment (58 percent); their own house or apartment (45 percent); an emergency shelter (42 percent); and a hotel or motel paid for by the respondent (42 percent). Exhibit 6 provides further detail on the previous housing situations.

Housing History Two Years Prior to Program Entry	
•	85 percent of mothers did not have a stable, adequate place to live during the two years before moving into FPSH
•	During this period respondents stayed in 3.4 places, on average.
•	58 percent said they stayed with friends or relatives during this period

Exhibit 6. Where Respondents Stayed During the Two Years Before Moving to Current Residence		
Residence (n=59)*	%**	n
A friend or relative’s house or apartment	58%	34
Your own house or apartment	45%	26
An emergency shelter	42%	25
A hotel or motel you paid for yourself	42%	25
In overcrowded housing (with more than one family)	35%	20
A transitional housing program	29%	17
A voucher hotel or motel	26%	15
A domestic violence shelter	19%	11
A permanent housing program	12%	7
Anywhere outside (streets, parks, etc.)	9%	5
A residential drug or alcohol treatment program	7%	4
Jail or prison	7%	4
A car or other vehicle	7%	4
In substandard housing (no water, toilet, electricity, heat)	7%	4
An abandoned building	3%	2

\*Total n is fewer than 56 due to missing and “don’t remember” responses.

\*\*Percentages do not total to 100 since participants could mark more than one response.

To obtain a sense of the number of mothers who were homeless and/or living in unstable or inadequate living situations, the analysis examined the number of mothers who reported living in situations other than their own home or the home of a relative or friend for the duration of the two-year period prior to moving into permanent supportive housing. A majority of mothers (85%) reported living in these other situations. However, there were seven mothers who reported living in their own house or apartment and two mothers who reported living at a friend or relative’s house or apartment for the duration of these two years. Without further probing, it is difficult to tell whether this finding is the result of poor program targeting, or with the way that mothers define their own living situations, or the interview’s failure to probe living situations in greater depth.

**7. The FPSH mothers have maintained stable tenancy for an average of two and a half years.**

The majority of interview participants have maintained stable tenancy in family permanent supportive housing, with an average tenancy of 2.5 years. More than half (53 percent) of all mothers have remained at their current residence for one to three years and more than one-third (36 percent, n=21) have lived at their current residence for more than three years. Considering that most of these FPSH programs opened quite recently, these tenure lengths suggest that the programs have indeed created housing stability and have very low turnover. For instance, the first tenant moved into Canon Barcus in March 2002, 22 months before our interviews. Canon Barcus was not fully rented up until the fall of that year. Thus the average housing tenure of 18 months among FPSH mothers suggests close to the maximum level of stability possible in this program. Cecil Williams House and Catholic Charities/Treasure Island opened in 1999, about four years before our interviews, and FPSH mothers have lived there, on average, for 3 and 3.5 years, respectively. Again, stability is the norm.

Average Tenancy by Site with Date Site Opened	
•	Canon Barcus (March 2002) – 1.6 years
•	Cecil Williams House (1999) – 3.0 years
•	CHP - The Senator (1992) – 3.2 years
•	Treasure Island
○	Catholic Charities (1999) – 3.4 years

**EDUCATION, EMPLOYMENT AND INCOME**

A common expectation for FPSH tenants is that they will have little employment experience, and that deficiencies in employment and potential for earned income are among the reasons they have experienced prolonged or repeated homelessness. Interview findings shed light on FPSH mothers’ education and employment histories and current activities, as well as on sources of income and ability to meet daily needs. They also have implications for any expectation that many FPSH mothers are likely to become self-supporting through employment.

**1. Mothers reported high levels of education – nearly three-quarters (73 percent) reported completing a GED or a higher level of educational attainment.**

Forty-one percent of FPSH mothers have their high school diploma or General Equivalency Diploma (GED), and an additional 32 percent have attended or completed college (Exhibit 7). FPSH mothers thus have significantly higher levels of education than expected, based on the education reported by the average parent in a homeless family (less than high school

completion – 53 percent, high school graduate or GED – 21 percent, at least some college – 24 percent). Further, many have vocational or technical training or are currently furthering their education – 65 percent have completed a vocational, trade or business program, and 27 percent were in school or taking some type of class at the time of their interview, compared to 3 and 20 percent of NSHAPC family heads, respectively (NSHAPC Table 3.A3). Participation in or completion of education and training courses probably reflects the influence of FPSH programs in offering their tenants housing stability and the support of case management to pursue skill-building opportunities.

<b>Exhibit 7. Educational Attainment</b>		
<i>Educational Attainment (n=60)</i>	<b>%</b>	<b>n</b>
Finished 4-year college	2%	1
Some college or a 2-year degree	30%	18
High school diploma	23%	14
Completed GED	18%	11
Some high school	25%	15
8 <sup>th</sup> grade or less	2%	1

**2. All but two FPSH mothers have worked at some time in their lives. Of those who have held jobs, 85 percent began working at age 18 or younger.**

Nearly every FPSH tenant has been employed at some time (97 percent), though two women never held a job. This is very similar to the 4 percent of NSHAPC family heads who had never held a job (NSHAPC, Table 5.A3). The majority of mothers in this study sample started working at a very young age, with 38 percent of mothers holding their first jobs at age 15 or younger and an additional 47 percent first being employed between age 16 and 18 (Exhibit 8). The average age at first job was 17. On other hand, a few women said that they started working for the first time after their mid-20s.

Study participants differed in the proportion of their lifetime in which they worked. One-fourth (26 percent) of women reported working for five or fewer years over the course of their lifetime, while another 33 percent said they have worked for six to ten years. Years of work generally parallel women’s ages – older women reported working more years over the course of their lifetime than did younger women.

<b>Exhibit 8. Participants' Employment History</b>		
<i>Employment History</i>	<i>%</i>	<i>n</i>
<b>First age of employment (n=58)</b>		
15 or younger	38%	22
16-18	47%	27
19-25	10%	6
26+	5%	3
<b>Total number of years employed during lifetime (n=58)</b>		
Less than 5 years	26%	15
6-10 years	33%	19
11-15 years	12%	7
Greater than 15 years	29%	17

**3. Only about one in three FPSH mothers are currently employed, and only one-third of these women (11 percent of all FPSH mothers) work full time.**

Thirty-five percent of FPSH mothers currently hold jobs (Exhibit 9). Their employment level is slightly higher than the 29 percent of NSHAPC family heads who do any paid work, and significantly higher than the 19 percent who held a job that had lasted or could be expected to last for at least three months (NSHAPC, Table 5.A3). Among the working FPSH mothers, only 38 percent (8 women) work full time. More than half are working part time (57 percent), one mother participates in a paid internship/training, and two women hold more than one job.

<b>Exhibit 9. Current Employment</b>		
	<i>%</i>	<i>n</i>
<b>Currently employed (n=60)</b>		
Yes	35%	21
No	65%	39
<b>Type of Job (n=21)</b>		
Part-time	57%	12
Full-time	38%	8
Paid training/internship	5%	1

**4. FPSH mothers work primarily in service jobs, with the consequence that most earn less than \$11 an hour.**

FPSH mothers described jobs primarily in the service sector, including clerical, adult/child care, house cleaning and food services jobs (Exhibit 10). However, a few reported holding professional jobs. Even though most hold service jobs, the vast majority of FPSH mothers (90 percent) earn more than the \$6.75/hour California minimum wage in effect at the time interviews occurred.<sup>4</sup> Interview participants reported hourly pay ranging from \$5.70 to \$18.41, with a mean of \$10.24.

<sup>4</sup> California sets a statewide minimum wage of \$6.75; San Francisco just passed a referendum setting its citywide minimum wage at \$8.50, but this was set to start February 23, 2004, after the interviews reported in this study were completed.

<b>Exhibit 10. Employment Description and Hourly Wages</b>		
	<b>%</b>	<b><i>n</i></b>
<b>Employment Description (n=21)</b>		
Clerical	19%	4
Adult care	14%	3
Professional	14%	3
Sales	10%	2
Cleaning/Housework	10%	2
Food services	10%	2
Child care	5%	1
Other*	19%	4
<b>Hourly Wage (n=19)**</b>		
Less than \$6.75	11%	2
\$6.76 to \$11.00	53%	10
More than \$11.00	37%	7
*Other include landscaper, community advocate and security.		
** The total number of participants who reported their hourly wage is less than 21 because two participants declined to state their hourly income.		

**5. Among those currently working, nearly half have been working at their current job for more than three years.**

Despite the low hourly wages, almost half of the working mothers (48 percent) had been working at their current job for at least three years (Exhibit 11). The same number of women worked in jobs they had held for less than one year. The average length of employment among those currently working was approximately three years.

<b>Exhibit 11. Length of Current Employment*</b>		
<i>Length of Employment (n=21)</i>	<b>%</b>	<b><i>n</i></b>
0-12 months	47%	10
13-36 months (1-3 years)	5%	1
37-60 months (3-5 years)	24%	5
61+ months (5+ years)	24%	5

**6. Nearly 70 percent of FPSH mothers receive \$1,000 or less per month from all sources of personal income.**

Mothers’ reported monthly income varied from the meager sum of \$200 to \$2,600 (Exhibit 12). Nearly 70 percent of the women in this study reported their monthly income as \$1,000 or less, with only two women reporting more than \$2,000 per month. On average, FPSH mothers received \$929 per month from all sources, or \$11,148 per year.<sup>5</sup> This annual income is less than one-fifth of the median income of \$58,621 for San Francisco households,<sup>6</sup> although it is still about twice the average total household income of \$476 a month (\$5,712 a year) reported by currently homeless NSHAPC family heads (NSHAPC, Table 5.A1).

<b>Exhibit 12. Income from Past Month</b>		
<i>Income from past month (n=59)</i>	<i>%</i>	<i>n</i>
\$0 – \$500	10%	6
\$501 – \$1,000	59%	35
\$1,001 – \$1,500	17%	10
\$1,501 – \$2,000	10%	6
\$2000+	3%	2

**7. Disabilities and illnesses account for much unemployment.**

Almost two-thirds of FPSH mothers (65 percent) were not working, among whom 24 women (62 percent) were not currently looking for employment. When asked why they were not working, women cited ill health including their own illness (32 percent), physical disability (21 percent), injury (15 percent) and/or mental health issues (9 percent). A total of 18 mothers were not working due to one or more physical or mental health-related reasons, representing 53 percent of all the mothers not working. Exhibit 13 provides additional detail.

<sup>5</sup> Monthly income refers to the study participants’ personal income, not household income. Median monthly income was \$757.

<sup>6</sup> 2002 American Community Survey Profile: Population and Housing Profile for San Francisco County, CA. US Census Bureau. Retrieved from <http://www.census.gov.acs/www/Products/Profiles/Single/2002/ACS/Narrative/050/NP05000US06075.htm> March 2, 2004.

<b>Exhibit 13. Reasons for Not Working</b>		
<i>Reasons for Not Working (n=34)*</i>	<i>%**</i>	<i>n</i>
Physical or mental health-related reasons	53%	18
<i>Illness (self)</i>	32%	11
<i>Physical disability</i>	21%	7
<i>Injury</i>	15%	5
<i>Mental health issue</i>	9%	3
Other reasons	47%	16
<i>Family responsibilities</i>	21%	7
<i>In school or other training</i>	15%	5
<i>Lack necessary skills</i>	12%	4
<i>Can't arrange child care</i>	12%	4
<i>Have enough income from other sources</i>	6%	2
<i>No jobs in my line of work</i>	6%	2
<i>Jobs don't pay enough</i>	6%	2
<i>Not interested in working</i>	3%	1
<i>Other reasons***</i>	18%	6

\* Total number of participants is less than 39 due to 5 missing responses  
\*\* Percentages do not total to 100 since participants could mark more than one response.  
\*\*\*Other reasons included recent birth, transportation problems, uncomfortable with work and difficulty finding work outside of school hours.

Among those who were not currently working, the average length of time that had elapsed since employment was 3.5 years (median = two years). Nearly 60 percent of these mothers reported being unemployed for 24 months or less (Exhibit 14), compared to 70 percent for unemployed currently homeless NSHAPC family heads. An additional 22 percent of FPSH mothers indicated not working for 25 to 48 months, while 3 percent had not held a job for 49 or more months. The proportion of FPSH mothers reporting long-term unemployment (49+ months) is significantly lower than for unemployed NSHAPC family heads, among whom close to one-third (30 percent) had not worked for four or more years (NSHAPC, Table 5.A4).

<b>Exhibit 14. Participants' Employment History</b>		
<i>Length of Time Since Last Employed (n=37)</i>	<i>%</i>	<i>n</i>
0-12 months	32%	12
12-24 months (1-2 years)	27%	10
25-36 months (2-3 years)	11%	4
37-48 months (3-4 years)	11%	4
49-60 months (4-5 years)	3%	1
61+ months (more than 5 years)	16%	6

**8. Families are dependent upon several sources of cash income to make ends meet. More than three-quarters of the mothers in the sample (78 percent) relied on public assistance for cash income during the past 12 months.**

A substantial majority of FPSH mothers (78 percent) depended on more than one income source during the past 12 months (M = 2.7; Exhibit 15). Seventy-eight percent received benefits from means-tested public cash assistance programs.<sup>7</sup> Primary income sources included CalWorks / TANF (70 percent), earned income from paid work (45 percent) and money from family and friends (31 percent). Exhibit 15 provides additional detail.

<b>Exhibit 15. Number and Sources of Cash Income in Past 12 Months</b>		
	<b>%</b>	<b>n</b>
<b>Number of sources of cash income (n=59)*</b>		
1	22%	13
2-3	51%	30
4-5	22%	13
6	5%	3
<b>Sources of cash income</b>		
CalWorks / Temporary Assistance for Needy Families (n=59)*	70%	41
Earned income (paid work) (n=60)	45%	27
Money from family or friends (n=59)*	31%	18
Child support (n=59)*	20%	12
Supplemental Security Income (SSI) (n=59)*	15%	9
Financial aid grants for school (n=58)*	10%	6
Social Security Disability Income (SSDI) (n=59)*	10%	6
General Assistance (GA) (n=59)*	10%	6
Vocational or training program (n=58)*	7%	4
Social Security benefits (SSA) (n=59)*	7%	4
Unemployment compensation (n=59)*	7%	4
Retirement, investment or savings income (n=59)*	2%	1
Alimony (n=59)*	2%	1
Veterans benefits (n=58)*	2%	1
* Total is lower due to missing and “declined to answer” responses.		

Study participants have also earned cash through informal economic activity. More than one-third (37 percent) did such work to earn cash during the past 12 months, including child care, adult/elder care, hair styling, house cleaning, laundry, providing transportation, moving, shopping and cooking. Currently employed FPSH mothers (n=21) were more likely to do such work for cash than were unemployed mothers (n=37) – 43 percent versus 32 percent, respectively – suggesting that ability to work at all was a more important determinant than free time for all types of economic activity.

<sup>7</sup> This includes CalWorks/Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI) and General Assistance.

**9. Medi-Cal and food stamps were the two primary sources of noncash income for over 80 percent of FPSH mothers.**

Most FPSH mothers (93 percent) relied on noncash sources of financial support, reporting participation in 2.7 sources, on average, of noncash assistance during the past 12 months. The most frequently reported sources included Medi-Cal (Medicaid) (83 percent), food stamps (81 percent) and transportation assistance (42 percent) (Exhibit 16).

<b>Exhibit 16. Sources of Noncash Income during the Past 12 Months</b>		
<i>Sources of Noncash income</i>	<i>%</i>	<i>n</i>
Medi-Cal (Medicaid) (n=59)*	83%	49
Food stamps (n=59)*	81%	48
Transportation assistance (n=59)*	42%	25
Other food vouchers/program (n=58)*	28%	16
Child care subsidies (n=58)*	19%	11
Healthy Families (n=59)*	17%	10
Other** (n=60)	12%	7

\* Total is lower due to missing and “declined to answer” responses.  
 \*\*Other includes government waiver for school tuition, toys, child care from family.

In addition, 23 percent of FPSH mothers bartered with friends and neighbors, exchanging one service or item for another to make ends meet. Things bartered include many of the same things that FPSH mothers do informally for cash, including caring for children, giving away furniture, styling hair, cleaning house, doing laundry and other errands, providing transportation, helping people in recovery and shopping. What these mothers get in return included groceries, transportation, food, clothes, baby clothes and house cleaning.

**Ability to Meet Daily Needs**

Anticipating FPSH mothers’ low income levels, the interview asked about their ability to meet their family’s basic needs and the possibility of economic hardship. Specific questions related to families’ food security, their ability to pay rent and bills, and their ability to pay for typical household items such as clothing, furniture, transportation or items for children.

**10. Getting enough food to eat was a problem for a majority of households in the sample.**

Being “food secure” means that all people in the household have access at all times to enough food for an active, healthy life. At a minimum, nutritionally adequate and safe foods should be readily available, and the family should be able to acquire acceptable foods without resorting to emergency food supplies, scavenging, stealing or other coping strategies. To assess food security for families, mothers were asked three questions taken from a nationally validated scale used to measure food security on the Current Population Survey and other national surveys. Mothers rated their responses as “1” = “never true,” “2” = “sometimes true” or “3” = “often true.”

Two-thirds of FPSH mothers (66 percent) said they sometimes or often worried that “their food would run out before they got money to buy more,” while three in five (61 percent) said the food they bought sometimes or often “just didn’t last, and they didn’t have money to buy more” (Exhibit 17). Fewer (25 percent) said they sometimes or often had to cut portions or skip meals because there wasn’t enough food. All together, 71 percent of FPSH mothers experienced at least one of these problems sometimes or often in the previous 12 months. The mean scale value of 1.7 indicates that most mothers experienced food insecurity “sometimes.” This puts these mothers and their households in good company with other poor households across the nation, although the FPSH figures are a bit higher. The National Survey of American Families (NSAF) reports that 59 percent of single parents with household incomes below 100 percent of poverty experienced food hardship in the 12 months before they were interviewed in 2002.<sup>8</sup>

<b>Exhibit 17. Participants’ Food Security During the Past 12 Months, (n=59)*</b>				
<i>Statement</i>	<i>Never True % (n)</i>	<i>Sometimes True % (n)</i>	<i>Often True % (n)</i>	<i>Mean**</i>
I worried whether our food would run out before we got money to buy more.	34% (20)	42% (25)	24% (14)	1.9
The food that we bought just didn't last, and we didn't have money to get any more.	39% (23)	46% (27)	15% (9)	1.8
We had to cut the size of our meals or skip meals because there wasn't enough money for food.	75% (44)	20% (12)	5% (3)	1.3

\* Total is lower due to missing and “declined to answer” responses.  
 \*\*The mean is based on a scale of 1 to 3 where 1= Never true, 2= sometimes true, and 3= Often true.

**11. More than half of the mothers (52 percent) reported difficulty paying rent and/or bills during the past 12 months.**

Despite the fact that all of the study participants are living in subsidized housing, 24 percent of women reported difficulty paying both rent and bills during the past 12 months and 7 percent reported difficulty paying their rent only during this time period (Exhibit 18). Twenty-two percent reported difficulty paying household bills only. Comparing this level of difficulty to the 33 percent of poor single parent NSAF households that had difficulties paying rent or household bills in the year before their 2002 interview<sup>9</sup> indicates that despite the housing subsidies that FPSH mothers receive, their very low incomes often leave more of them in difficult economic straits than the average poor single-parent household in the United States.

<sup>8</sup> Sandi Nelson. 2004. *Trends in Parents’ Economic Hardship*. No. 21 in series, *Snapshots of America’s Families III*. Retrieved from [www.urban.org/url.cfm?ID=210970](http://www.urban.org/url.cfm?ID=210970) on May 1, 2004. An answer of “sometimes” or “often” to one or more of the three food security questions was enough to classify a NSAF household as experiencing food hardship.

<sup>9</sup> Nelson, *op. cit.*

<b>Exhibit 18. Ability to Pay Rent and Bills during the Past 12 Months</b>		
<i>Had Difficulty Paying Rent and Bills (n=59)*</i>	<i>%</i>	<i>n</i>
No	47%	28
Yes, difficulty paying rent and bills	24%	14
Yes, difficulty paying bills only	22%	13
Yes, difficulty paying rent only	7%	4
* Total is lower due to missing and “declined to answer” responses.		

**12. More than half of mothers reported difficulty paying for things such as furniture and appliances, social activities and entertainment, clothing, items for their children and transportation.**

FPSH mothers indicated their ability to pay for typical household items during the past 12 months on a three-point scale where “1” represents “hardly ever or never,” “2” represents “sometimes” and “3” represents “usually or always.” Many FPSH families “hardly ever or never” had enough money to pay for social activities (50 percent), furniture/appliances (61 percent), and clothing (32 percent) (Exhibit 19). These and the preceding indicators of economic hardship suggest that FPSH mothers’ relatively high levels of education, work history and vocational training have not translated into economic well-being. Many are still unemployed, and many are still struggling to meet their family’s economic needs.

<b>Exhibit 19. Tenants’ Ability to Pay for Certain Items</b>				
<i>During the past 12 months, did you generally have enough money to pay for:</i>	<i>Usually or always % (n)</i>	<i>Sometimes % (n)</i>	<i>Hardly ever or never % (n)</i>	<i>Mean**</i>
Social activities and entertainment like movies or eating at restaurants (n=58)*	12% (7)	38% (22)	50% (29)	1.6
Furniture, appliances, etc. (n=57)*	16% (9)	23% (13)	61% (35)	1.5
Clothing (n=59)*	25% (15)	42% (25)	32% (19)	1.9
Items for your children, including school clothes, school supplies, toys, etc. (n=59)*	37% (22)	44% (26)	19% (11)	2.2
Transportation for things like shopping, medical appointments, visiting friends or a job (n=59)*	42% (25)	37% (22)	20% (12)	2.2
Household cleaners and supplies (detergent, cleaners, sponges) (n=59)*	53% (31)	39% (23)	9% (5)	2.4
* Total is lower due to missing and “declined to answer” responses.				
**The mean is based on a scale of 1 to 3, where 1= Hardly ever or never to 3= usually or always				

## CHILDREN'S LIVING SITUATION AND WELL-BEING

This evaluation is unique in that it focuses on formerly homeless families living in permanent supportive housing. Homeless parents struggle with many of the same issues faced by homeless single adults. However, as parents, they must also provide for their children both economically and emotionally. FPSH program staff must work with these families to address the complicated and varied needs of adults, children and, ultimately, the family unit. This section of the report focuses on findings related to children of mothers residing in supportive housing. The most salient findings fall into the categories of living arrangements, custody issues, children's educational situations and parenting practices.

### 1. The majority of minor children (82 percent) of FPSH mothers live with their mothers.

The 60 FPSH mothers interviewed have 135 minor children, an average of 2.7 children each, including children living with their mothers at the time of the interview and those living elsewhere.<sup>10</sup> Overall, the majority of mothers (82 percent) reported that they currently live with all of their children. According to national statistics, 54 percent of all minor children of currently homeless women are living with their parent.<sup>11</sup>

#### Children of Mothers Participating in the Study

- 135 children under 18
- 112 children lived with their mothers (83 percent), while 23 (17 percent) lived elsewhere
- 82 percent of FPSH mothers live with all their minor children

The proportion of children living with their mothers in this sample (83 percent of all reported minor children) is higher because the study focuses on formerly homeless women in permanent housing rather than on currently homeless women, and having at least one child in the home was a requirement of moving into many of the FPSH programs and an eligibility criterion for this study.

### 2. The majority of children (74 percent) living with their mothers in permanent supportive housing are 10 years old or younger.

Forty-two percent of children currently living with their mothers were five years of age or younger, and an additional 32 percent were between the ages of 6 and 10 (Exhibit 20). Children currently living with their mother tended to be younger than those living elsewhere. For example, none of the children living away from their mother are younger than 6, and almost two-thirds (65 percent) are between the ages of 11 and 15. The majority of these children are female (51 percent of those living with their mother, and 57 percent of those living elsewhere).

<sup>10</sup> We interviewed one grandmother who has custody of her grandchild at the time of the interview.

<sup>11</sup> Martha R. Burt, Laudan Aron, and Edgar Lee. 2001. *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press, Table 5.3, p. 145.

Exhibit 20. Age of Children		
Age of Children	%	n
<b>Children under 18 currently living with their mother (n=112 children)</b>		
0-5 years old	42%	47
6-10 years old	32%	36
11-15 years old	19%	21
16-17 years old	7%	8
<b>Children under 18 currently living elsewhere (n=23 children)</b>		
0-5 years old	–	–
6-10 years old	30%	7
11-15 years old	65%	15
16-17 years old	4%	1

### Children’s Prior Living Situations and Custody Issues

If a parent cannot provide for herself, it can be even more challenging to provide for one or more children. One of the chief concerns about family homelessness is its effect on children. Children may experience negative effects of actually being homeless with a parent, but may also suffer by being separated from a parent, especially if the resulting living situation is itself unstable, such as may happen when children live with relatives or in foster care. Nationally, 65 percent of homeless women who have children live with at least one of them, and 19 percent of the children who do not live with their homeless mothers are in foster care.<sup>12</sup> One would expect that mothers qualifying for FPSH would have experienced particular difficulties maintaining residency with their children, as their homelessness was long-term rather than transient. As care and custody of children is a particularly sensitive area for any mother, but especially for homeless mothers, the findings reported below from self-reports may significantly underrepresent the difficulties these mothers have experienced in being able to maintain care for their children.

### 3. Considering all of FPSH mothers’ minor children, 41 percent have lived apart from their mother at some time, and some still do.

Counting children currently living apart from their mothers and those living with them, 41 percent of FPSH mothers’ children have been separated from their mothers for at least some period of time (Exhibits 21 and 22). This includes the 17 percent of FPSH mothers’ minor children not currently living with their mother (23 children), plus 24 percent of the children who did live with their mother at the time of the interview (32 children).

The distribution of children’s living situations when away from their mother differs substantially between those who currently live with their mother and those who are still living elsewhere (Exhibits 21 and 22). Minor children now living with their mother who once lived away were more likely to have been in foster care than those who do not now live with their mother (38 versus 17 percent). The reverse is true for living situations involving

<sup>12</sup> Burt, Aron, and Lee, *op. cit.*, Table 5.3, p. 146.

the other parent or relatives. Living situations for those not currently living with their mother reflect only current living situation, so it is possible that these children may have experienced different types of placements in the past of which we have no knowledge.

<b>Exhibit 21. Prior Living Situations for Children Currently Living with Their Mother</b>		
<i>Prior Living Situation</i>	<i>%*</i>	<i>n</i>
<b>Ever a Time When Child Did Not Live with Mother? (n=106 children)**</b>		
Yes	30%	32
<b>Where Did the Child Live* (n=32 children)</b>		
Foster care, group home, other institutions	38%*	12
Grandparents	34%	11
Child's other parent	22%	7
Other relatives	13%	4
*Percentages do not total to 100 since participants could mark more than one response. ** Total is lower due to missing and "declined to answer" responses.		

<b>Exhibit 22. Present Living Situations for Children Currently Living Apart from Mother</b>		
<i>Present Living Situation (n=23 children)</i>	<i>%*</i>	<i>n</i>
Child's other parent	30%	7
Grandparents	30%	7
Other relatives	30%	7
Foster care	17%	4
*Percentages do not total to 100 since participants could mark more than one response, as a child could be living with a grandparent <u>and/or</u> other relative, <i>and</i> that placement could officially be foster care.		

**4. Most minor children who still live apart from their FPSH mothers have done so for a very long time; more of those who are back with their FPSH mother were gone for less than a year.**

For minor children who ever lived apart from their FPSH mother, the interview asked how long they had been separated. This time period is usually quite long for children who still live away, and bimodal (either relatively short or quite extended) for those who have returned to their mothers (Exhibit 23). For example, 56 percent of children currently living with their mother who had lived elsewhere did so for one year or less, while another 28 percent had lived somewhere else for more than six years. In contrast, 52 percent of minor children currently living away from their mother had been separated from their mother for more than eight years. Furthermore, length of separation for those not currently living with their mother reflect only the most recent period of separation, so it is possible that these children may have experienced additional periods of separation from their mothers of which we have no knowledge.

<b>Exhibit 23. Length of Time Spent Living Apart from Mother</b>				
	<i>Children Currently Living with Mother (n=25 children)*</i>		<i>Children Currently Living Apart from Mother (n=23 children)</i>	
	%	<i>n</i>	%	<i>n</i>
Up to 1 year (0 – 12 months)	56%	14	9%	2
13 – 24 months (1 – 2 years)	12%	3	4%	1
25 – 48 months (2 – 4 years)	4%	1	9%	2
49 – 72 months (4 – 6 years)	--	--	13%	3
73 – 96 months (6 – 8 years)	16%	4	13%	3
96 months or more (8 years or more)	12%	3	52%	12

\*Total is lower than 32 children due to missing responses.

**5. Thirty-eight percent of children currently living with their mothers who had lived elsewhere in the past had been out of their mother’s legal custody.**

For minor children who ever lived apart from their FPSH mother, the interview asked several questions about custody. Thirty-eight percent of children currently living with their mothers in FPSH had been out of their mother’s custody in the past. Mothers regained custody of all of these children, six of them within the past year. Reunification occurred after their mothers moved into supportive housing for seven children, and six said that moving into their current home made it possible for them to regain custody (Exhibit 24).

<b>Exhibit 24. Custody Issues for Children Currently Living with Their Mother</b>		
<i>Custody Issue</i>	%	<i>n</i>
<b>Ever a Time When Custody of Child Lost (n=32 children)</b>		
Yes	38%	12
<b>How Long Ago Was Custody Regained (n=12 children)</b>		
Up to 1 year ago	50%	6
1-3 years ago	17%	2
3+ years ago	33%	4
<b>Custody Regained after Moving into Current Home (n=12 children)</b>		
Before	42%	5
After	58%	7
<b>Did Current Home Help with Regaining Custody (n=7 children)</b>		
Yes	71%	5

Sixty-two percent of children living apart from their mothers at the time of the interview were out of their mothers’ custody. Custody issues for children currently living apart from their mothers reflect only present status, so it is possible that these children may have experienced other instances of being out of their mother’s custody not captured in the survey data. Only one mother was working to regain custody of her child (Exhibit 25).

<b>Exhibit 25. Custody Issues for Children Currently Living Apart from Mother</b>		
<i>Custody Issue</i>	<i>%</i>	<i>n</i>
<b>Mother Has Legal Custody of Child (n=21 children)*</b>		
Yes	38%	8
No	62%	13
<b>Mother Currently Working on Reunification with Child (n=8 children)*</b>		
No	88%	7
Yes	12%	1
*Total number is less than total due to missing responses.		

### Educational and Health Status of Children

This section describes mothers’ reports of their children’s schooling and health status. For each school-age child (6 to 17 years old) living in the home, mothers were asked about their child’s school attendance, how much s/he cares about doing well in school, and whether s/he does homework regularly.

#### 6. Most FPSH mothers (95 percent) reported that their children attend school regularly.

Study participants were very positive about their children’s school attendance, orientation toward school, and homework practices. According to the mothers, their children’s school attendance is excellent. An overwhelming majority replied that their children attend school regularly (95 percent) and do their homework on a regular basis (79 percent). Three-quarters (75 percent) also stated that their children care about doing well in school. A similar proportion (74 percent) of single parents in poor families who participated in NSAF reported that their children care about doing well in school.

<b>Exhibit 26. Child’s Attachment to School, (n=65)</b>				
<i>Statement</i>	<i>Often % (n)</i>	<i>Sometimes% (n)</i>	<i>Never % (n)</i>	<i>Mean**</i>
Child attends school regularly. (n=64)*	95% (61)	2% (1)	3% (2)	2.9
Child does homework regularly. (n=63)*	79% (50)	18% (11)	3% (2)	2.8
Child cares about doing well in school. (n=63)*	75% (47)	22% (14)	3% (2)	2.7
*The mean is based on a scale of 1 to 3, where 1=Never, 2=Some and 3=Often.				
** The total corresponds to children who are school-age (6-17) and varies due to missing, don’t know,” and “not applicable responses.”				

**7. Although 80 percent of FPSH mothers rated their children’s health as being “excellent” or “very good,” more than half (53 percent) said that at least one of their children is currently experiencing a health problem.**

Interview participants were asked about the health status of children with whom they are currently living. They first rated the overall health of all their children in the aggregate. Mothers then described specific health problems that a child was experiencing, and whether any of their children’s health or other problems might impact school learning. A majority of mothers (80 percent) rated their children’s health as being “very good” or “excellent,” and only 12 percent rated their children’s health as “fair” or “poor.”

Exhibit 27 compares responses of mothers in the sample to data on single parent households with incomes at or below the federal poverty level who participated in the 2002 NSAF.<sup>13</sup> Overall, mothers in the FPSH sample were more likely to rate their children’s health as “very good” as opposed to “good,” when compared to NSAF families, but the distributions at both the high and low ends of the scale are similar for FPSH and NSAF ratings of children’s health.

<b>Exhibit 27. FPSH Mothers’ Assessment of Children’s Health, n=60</b>					
<i>In general, how would you rate the overall health of your children?</i>	Excellent %	Very Good %	Good %	Fair %	Poor %
FPSH Mothers	42%	38%	8%	10%	2%
National Survey of American Families, 2002	41%	28%	20%	10%	1%

When asked whether any of the children living with them were experiencing any health problems, more than half of the FPSH mothers (53 percent) responded affirmatively, with 11 mothers saying that 2 or more of their children had health problems. The most common health problems reported were asthma, allergies and eczema. Other health or physical problems mentioned included minor and more serious chronic problems such as ear infections, bad colds, stomachaches, headaches, frequent nose bleeding, vision problems, obesity, sickle cell trait, neural disorder, bacteria in blood and tuberculosis. The majority of mothers (93 percent) also indicated that their children were receiving help for their health problems.

Nearly one-third (29 percent) of the FPSH mothers with children in preschool or older (n=55) also reported that their children have a health or other problem that impedes their ability to learn in school. Twelve of these 16 mothers indicated that their children were currently getting help to address these problems.

**Parenting**

One of the goals articulated by FPSH program staff is to help parents improve their parenting skills. To gather information about interactions between parents and their children, participants were asked a series of questions related to their parenting practices, including

<sup>13</sup> National Survey of American Families, 2002. Washington, DC: The Urban Institute. Special runs for this report by Sandi Nelson, May 17, 2004.

parental encouragement, satisfaction with parenting, educational and recreational interactions between parent and child, and frustration in parenting. Responses used a scale on which “0” indicates that a given activity “never” takes place and ”5” indicates that an activity takes place several times a day. Exhibit 28 summarizes mothers’ findings related to these questions.

**8. Overall, the majority of mothers reported enjoying parenting (81 percent) and giving their children encouragement on a daily basis (92 percent).**

Most FPSH mothers (92 percent) reported giving their children positive feedback on a daily basis. A majority also indicated that their children make them happy (81 percent) and that they have fun with their children (73 percent) once a day or several times a day. However, it was also true that 71 percent of mothers said their children do something to make them upset or angry on a daily basis.

Exhibit 28. Parenting Practices							
Question	Never % (n)	Less than Once a Week % (n)	About Once a Week % (n)	Several Times a Week % (n)	About Once a Day % (n)	Several Times a Day % (n)	Mean**
How often do you encourage your child(ren)? (n=59)*	– (–)	2% (1)	3% (2)	3% (2)	24% (14)	68% (40)	4.5
How often does your child(ren) do something that makes you happy? (n=58)*	– (–)	3% (2)	2% (1)	14% (8)	16% (9)	66% (38)	4.4
How often do you and your child(ren) have fun together? (n=59)*	2% (1)	3% (2)	8% (5)	13% (8)	23% (14)	50% (30)	4.0
How often does your child(ren) do something that gets you upset/angry? (n=58)*	7% (4)	7% (4)	9% (5)	7% (4)	26% (15)	45% (26)	3.7
How often do you tell stories to or look at pictures in books with your child(ren)? (n=45)*	4% (2)	2% (1)	13% (6)	24% (11)	29% (13)	27% (12)	3.5
How often do you and your child(ren) read together? (n=58)*	5% (3)	7% (4)	17% (10)	16% (9)	36% (21)	19% (11)	3.3
How often do you and your child(ren) spend “family time” together? (n=59)*	3% (2)	15% (9)	31% (18)	29% (17)	5% (3)	17% (10)	2.7
* Total number of respondents here is lower due to missing responses.							
**The mean is based on a scale from 0 to 5 where 0=Never and 5=Several Times a Day.							

**9. More than half of FPSH mothers reported daily reading to their children, telling stories, or looking at pictures in books with their young children.**

Mothers with children of reading age were asked how often they read together. More than half (55 percent) reported that they read together with their children every day. Only seven women reported reading with their children less often than once a week. Mothers with children too young to read themselves were asked whether they tell stories or look at pictures in books with their children. More than half of these mothers (55 percent) reported telling stories or looking at pictures with their young children. Only three women reported that they do this less frequently than once a week.

**10. In contrast to reading and storytelling activities, mothers were less likely to spend “family time” with their children.**

Only 22 percent of mothers reported having “family time” with their children every day; frequencies of “about once a week” (31%) or “several times a week” (29%) were more common. The interview defined “family time” as activities such as going to the park, movies or playing ball.

**PARENTAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE**

Many individuals who are homeless struggle with chronic mental illness, acute health issues, chronic health conditions or substance use. When these factors persist, they can make it difficult for formerly homeless families to maintain stable residency even after moving into permanent housing. This section presents information on the prevalence of these issues among women in the sample. Overall, the majority of women who were interviewed appear to be in good physical and mental health, with few or no current substance use issues. A minority does report such problems, however.

**1. More than half of the mothers (55 percent) rate their current health as being “good,” “very good” or “excellent,” which indicates their generally poorer health compared to the 70 percent of poor single parents who give similar responses.**

Participants evaluated their overall health status during the past 30 days on a scale where “1” represents “very poor” and “6” represents “excellent.” This scale corresponds to a standard health status question used on many national surveys. More than half of the mothers (55 percent) rated their health as “good,” “very good” or “excellent.” Not surprisingly, given what has already been reported about the number of FPSH mothers who are not working due to health or disability concerns, their health ratings do not compare favorably to all American adults (88 percent of whom rate themselves as in good, very good or excellent health), or even to the ratings of single parents in poor households (70 percent of whom rate themselves as in good, very good or excellent health).<sup>14</sup>

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<sup>14</sup> *National Survey of American Families, 2002*. Washington, DC: The Urban Institute. Special runs for this report by Sandi Nelson, May 17, 2004.

FPSH mothers also answered eight questions that together comprise the SF-8 Health Survey (an abbreviated version of the SF-36 population health survey)<sup>15</sup> measuring health concepts including (1) general health, (2) limitations of physical activities because of health problems, (3) limitations in usual activities because of physical health problems, (4) bodily pain, (5) vitality (energy), (6) general mental health, (7) limitations of social activities because of physical problems or emotions, and (8) limitations of usual activities because of emotions. Findings from the SF-8 generally supported the women’s self-ratings of their physical health during the past 30 days:

- ★ 47 percent of mothers reported having no difficulty doing daily work because of their physical health, compared to 76 percent of poor single parents participating in NSAF.
- ★ When asked how much physical problems got in the way of their usual activities during the past 30 days, 45 percent of mothers responded “not at all.”
- ★ Almost one-third of women (32 percent) reported that they had no bodily pain during the past thirty days. However, eight women (13 percent) did report experiencing severe bodily pain during this time period, and the rest had some pain.
- ★ A majority of women (80 percent) reported having “some,” “quite a lot” or “very much” energy during the past 30 days.

Summing responses to all SF-8 questions into a single scale with a range of 8 to 42, we calculated an average SF-8 score of 31.37 (median = 33). Comparing this average to average SF-8 scores found among homeless mothers in the eight programs that are part of the Substance Abuse and Mental Health Administration’s Homeless Families Initiative shows the FPSH mothers at the low end of average scores ranging from 32 to 38 among the eight programs.<sup>16</sup> Thus FPSH mothers, even after several years in supportive housing, still experience significant health and behavioral health problems that limit their activities, even when compared to the currently homeless mothers with one or more behavioral health problems who are the focus of the Homeless Families Initiative.

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<sup>15</sup> Kosinski, Mark, Martha Bayliss, Jakob B. Bjorner, and John E. Ware. “Improving Estimates of SF-36 Health Survey Scores for Respondents with Missing Data.” In *The Monitor, Fall 2000*.

<sup>16</sup> Information provided on May 26, 2004 by Dr. Scott Holupka, Vanderbilt Institute for Public Policy Studies, who is part of the Homeless Families Initiative evaluation. The approximately 1,600 mothers in this evaluation receive case management and specialized services related to substance abuse, mental health issues and trauma, as well as housing.

**2. A majority of mothers (80 percent) reported low levels of mental health distress during the past seven days.**

To understand participants’ mental health status, interview participants were asked the 15–item Symptom Distress Scale.<sup>17</sup> This scale measures severity of psychiatric symptoms that an individual may have experienced during the past seven days. Participants were asked to rate how often they were bothered by a particular symptom during the past week on a scale where “1” represents “not at all” and “5” represents “extremely.” Responses were then summed to produce an individual score ranging from 15 to 75. A higher score indicates a greater level of symptom distress. Scale scores were split into low (score of 15-35), medium (36-55) and high (56-75) groups. Analysis of participant responses reveals that a majority (80 percent) experienced low levels of distress during the past seven days, 15 percent experienced medium levels of distress, and 5 percent experienced high levels of distress. The mean score for the study sample is 28.

**3. While 68 percent of mothers indicated having past issues with drug use, the majority (75 percent) reported no drug issues in the past 12 months.**

More than two-thirds of FPSH mothers (68 percent) reported using illegal drugs three or more times a week at some point in their life. This level of use is often taken as an indicator of having drug-related problems or abusing drugs, and triggered asking a shortened version of the Drug Abuse Screening Test (DAST), a tool used to identify problematic drug use patterns. Exhibit 29 summarizes participant response to DAST questions.

<b>Exhibit 29. Responses to Drug Abuse Screening Test (DAST) Questions</b>		
<i>Statement (n=60)</i>	<i>% Agreed</i>	<i>n</i>
<b>In the last 12 months, have you...?</b>		
Have your friends or relatives known or suspected you used drugs?	20%	12
Have you used more than one drug at a time?	15%	9
Have you ever not spent time with your family or missed work because of drug use?	10%	6
Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	10%	6
Have you had medical problems as a result of drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	8%	5
Have you ever lost friends because of drug use?	7%	4
Have you engaged in illegal activities in order to obtain drugs?	7%	4
Have you had “blackouts” or “flashbacks” as a result of drug use?	2%	2

<sup>17</sup> From the Mental Health Statistics Improvement Program *Consumer-Oriented Mental Health Report Card*. For information, please refer to <http://www.mhsip.org/reportcard/sympdiss.p>

Responses to DAST questions were summed to produce an individual score ranging from zero to eight, scoring one point for each affirmative answer. A zero score indicates no symptoms of drug use during the past 12 months, while higher scores indicate increasing severity of issues. The majority of mothers (75 percent) had a zero score for the past 12 months. Sixty-three percent of homeless families included in the 1996 NSHAPC had a zero score for their lifetime. Exhibit 30 compares scores for the two samples.

<b>Exhibit 30. Drug Abuse Screening Test (DAST) Scores</b>		
<i>Score</i>	<i>FPSH families, past 12 months (n=60)</i>	<i>NSHAPC families, lifetime*</i>
0	75%	63%
1	8%	5%
2	5%	6%
3 – 7	10%	27%

\*Source of NSHAPC data: Burt et al., 1999, Technical Report, table 8.A4.

**4. While 40 percent of mothers indicated past issues with alcohol use, the majority (78 percent) reported no alcohol issues in the past 12 months.**

Forty percent of FPSH mothers reported drinking to get drunk more than three times a week during their lifetime, an indicator of prior alcohol abuse. Anyone revealing this level of prior alcohol use was then asked about symptoms related to alcohol use during the past 12 months, using a shortened version of the Michigan Alcohol Screening Test (MAST), a tool used to identify problematic drinking patterns.

<b>Exhibit 31. Responses to Michigan Alcohol Screening Test (MAST)</b>		
<i>Statement (n=60)</i>	<i>% Agreed</i>	<i>n</i>
<b>In the last 12 months, have you...?</b>		
Attended a meeting of Alcoholics Anonymous?	15%	9
Not been able to stop drinking when you wanted to?	8%	5
Experienced problems between you and your wife/husband, parent or other near relative as a result of drinking?	8%	5
Lost consciousness, passed out as a result of drinking?	7%	4
Had blackouts where you don't remember things as a result of drinking?	7%	4
Been arrested, even for a few hours, because of behavior due to drinking (e.g., drunk driving, getting in fights, being "drunk and disorderly")?	3%	2
Experienced tremors or shaking as a result of drinking?	2%	1
Experienced seizures, convulsions as a result of drinking?	–	–

Responses to the MAST were summed across the eight questions to produce a scale score ranging from zero to eight, counting each affirmative answer as one. A zero score represents no alcohol-related symptoms, while higher scores indicate more severe issues. The majority of mothers (78 percent) who answered the MAST questions had a zero score for the past 12 months. Sixty-three percent of homeless families included in the 1996 NSHAPC had a zero lifetime score. Exhibit 32 compares scores for the two samples.

<b>Exhibit 32. Michigan Alcohol Screening Test (MAST) Scores</b>		
<b>Score</b>	<b>FPSH families, past 12 months (n=60)</b>	<b>NSHAPC families, lifetime*</b>
0	78%	63%
1	10%	9%
2	7%	7%
3 - 9	6%	19%
*Source of NSHAPC data: Burt et al., 1999, Technical Report, table 8.A2.		

## PARENTS' PERCEPTIONS OF THE FPSH LIVING ENVIRONMENT

FPSH, which integrates affordable housing with comprehensive services, does so to create a package of supports for families to help them maintain stable residency. Providers strive to make services easily accessible to residents. Integrating services that can help prevent crises and a return to homelessness is crucial to tipping the scales toward increasing residents' stability, independence and better quality of life.

The menu of services provided by FPSH programs, both on and off site through collaborations and referrals, are designed to be voluntary – helping residents address issues as they arise, and supporting residents in creating a sense of community and optimism about their future. Overall, baseline findings from interviews with mothers reveal satisfied tenants who access a range of supportive services and who are able to think about a better future for themselves and their children.

### Feelings about the Supportive Housing Environment

We asked FPSH mothers a series of questions that comprise several subscales of the Program Environment Scale (PES).<sup>18</sup> This scale assesses participants' satisfaction with various aspects of social service programs including relationships with staff and other tenants, and their own feelings of trust, independence and empowerment. Responses to individual statements were coded on a three-point Likert scale ranging from "agree" to "disagree." For purposes of comparison, subscale scores were then calculated based on participant responses. Possible scores ranged from 6.77 to 20, with a higher score indicating a higher level of positive feelings about the supportive housing environment. This section summarizes findings from these data.

<sup>18</sup> Burt, Martha R., Amy Ellen Duke and William A. Hargreaves. "The Program Environment Scale: Assessing Client Perceptions of Community-Based Programs for the Severely Mentally Ill" in the *American Journal of Community Psychology*, Vol. 26, No. 6, 1998.

**1. Women overwhelmingly agreed that they felt a sense of autonomy regarding participation in tenant activities.**

Interview participants consistently agreed with statements related to having autonomy over how they spend their time. Nearly all (97 percent) felt that “Tenants choose to join activities when they feel ready.” Over 90 percent agreed that “Tenants have the right to decide how they will spend their own time.” Only a couple of interview participants felt that “Staff sometimes make a tenant go to activities the tenant isn’t interested in.”

<b>Exhibit 33. Treatment Empowerment</b>		
<i>Statement</i>	<i>% Agreed**</i>	<i>n</i>
Tenants choose to join activities when they feel ready. (n=60)	97%	58
Tenants have the right to decide how they will spend their own time. (n=60)	93%	56
Staff sometimes make a tenant go to activities the tenant is not interested in. (n=57)*	4%	2
Tenants who live here decide for themselves which activities they will do. (n=59)*	78%	46

\* Total is lower due to missing and “declined to answer” responses.  
 \*\*Based on a scale of 1 to 3 where 1= Agree, 2=Sometimes Agree/Disagree and 3= Disagree.

When compared to clients of 121 randomly selected community-based programs for the severely mentally ill (SMI) near Washington, D.C., mothers in the FPSH sample exhibited more positive feelings about treatment empowerment. The mean score for this subscale among mothers in the sample was 19.99 (sd=1.89), whereas the mean score for the SMI clients was 15.89 (sd=3.52).

**2. More than half of FPSH mothers agreed with statements indicating that they felt respected by program staff.**

Overall, women in this study reported feeling respected by permanent supportive housing providers (Exhibit 34). For example, 53 percent agreed with the statement, “I feel respected by the staff here.” Only 12 percent agreed with the statement, “Around here, staff act as if they do not respect tenants.” Women also said they felt appreciated; 39 percent agreed that, “Staff act as if each tenant is of great value to this program.”

<b>Exhibit 34. How Tenants Feel about Staff-Tenant Respect</b>		
<i>Statement</i>	<i>% Agreed**</i>	<i>n</i>
I feel respected by the staff here. (n=60)	53%	32
Staff act as if each tenant is of great value to this program. (n=59)*	39%	23
Around here, staff act as if they do not respect tenants. (n=60)	12%	7
Staff treat tenants as if they were children. (n=58)*	16%	9
* Total is lower due to missing and “declined to answer” responses.		
**Based on a scale of 1 to 3 where 1= Agree, 2=Sometimes Agree/Disagree and 3= Disagree.		

When compared to the SMI clients, mothers in the FPSH sample exhibited less positive feelings about staff respect for tenants. The mean score for this subscale among mothers in the sample was 15.50 (sd=3.90), whereas the mean score for the SMI clients was 17.70 (sd=2.90).

**3. In contrast to feelings about staff, mothers generally reported feeling a lack of respect from other tenants.**

Participants were asked how tenants interact with each other, as well as how they perceive other tenants relate to them (Exhibit 35). Forty-three percent of interview participants agreed that, “I always feel respected by other tenants in this program.” Forty-one percent agreed with the statement, “Tenants yell at each other.”

<b>Exhibit 35. How Tenants Feel about Tenant-Tenant Respect</b>		
<i>Statement</i>	<i>% Agreed**</i>	<i>n</i>
I always feel respected by other tenants in this program. (n=56)*	43%	24
Tenants yell at each other. (n=58)*	41%	24
Tenants do not respect each other around here. (n=58)*	40%	23
Tenants interrupt each other around here. (n=56)*	38%	21
* Total is lower due to missing and “declined to answer” responses.		
**Based on a scale of 1 to 3 where 1= Agree, 2=Sometimes Agree/Disagree and 3= Disagree.		

When compared to the SMI clients, mothers in the FPSH sample exhibited less positive feelings about tenant respect for other tenants. The mean score for this subscale among mothers in the sample was 12.79 (sd=3.73), whereas the mean score for the SMI clients was 15.73 (sd=3.73).

#### 4. Interview participants’ responses to statements about trust and confidentiality were inconsistent.

While only 27 percent of interview participants agreed with the statement, “You sometimes hear staff talk about something a tenant asked them not to talk about,” there was less agreement with other statements about confidentiality and trust (Exhibit 36). For example, more than half of the mothers (51 percent) agreed with the statement, “Tenants are careful about telling staff personal things because anything they say might be repeated.” Almost half (48 percent) agreed with the statement, “Tenants do not trust staff to keep secrets around here.”

<b>Exhibit 36. How Tenants Feel about Whether Confidentiality is Maintained</b>		
<i>Statement</i>	<i>% Agreed**</i>	<i>n</i>
Tenants are careful about telling staff personal things because anything they say might be repeated. (n=53)*	51%	27
Tenants do not trust staff to keep secrets around here. (n=52)*	48%	25
Staff can be trusted not to talk about the personal things that tenants tell them. (n=53)*	34%	18
You sometimes hear staff talk about something a tenant asked them not to talk about. (n=55)*	27%	15

\* Total is lower due to missing and “declined to answer” responses.  
 \*\*Based on a scale of 1 to 3 where 1= Agree, 2=Sometimes Agree/Disagree and 3= Disagree.

When compared to the SMI clients, mothers in the FPSH sample exhibited less positive feelings about staff confidentiality. The mean score for this subscale among mothers in the sample was 12.33 (sd=4.76), whereas the mean score for the SMI clients was 16.87 (sd=3.47).

#### Feelings about the Future (Self-Efficacy)

Much research indicates that people who feel confident about their ability to determine their own future are more likely to make that future happen. The general concept behind this idea goes by many names (e.g., self-confidence, self-efficacy, internal locus of control) and has been measured in many ways, but all yield generally the same results. Most homeless people have little faith that they can shape their own futures, but the hope of FPSH providers is that the support and structure offered by FPSH programs can help tenants develop a stronger sense of being able to shape their own futures and those of their children. FPSH providers were very interested in gaining a sense of their tenants’ feelings of self-efficacy, and whether those might change over the course of living in FPSH. This study cannot answer the “change” question for most of the sampled FPSH mothers because they have already lived in FPSH for quite a long time. But it is possible to assess current levels of self-efficacy, and the interview did this.

FPSH mothers’ self-efficacy, or perception of optimism about their future, and their confidence in overcoming conflict and obstacles, were assessed using a 10-item self-efficacy scale.<sup>19</sup> Five additional items – about helping their children and feeling that their children would have better chances than they had – were added to the scale in response to FPSH staff interest in seeing whether FPSH was helping to break the intergenerational cycle of difficulties that contribute to homelessness. These five items are presented first, followed by the 10-item self-efficacy scale. Mothers’ responses were scored on a four-point scale with “1” corresponding to “not at all true” and “4” corresponding to “always true.” A higher mean indicates a higher level of optimism and confidence with regard to the future.

**5. Overall, study participants felt confident and optimistic about their own and their children’s future.**

The overwhelming majority of FPSH mothers felt they “usually” or “always” can help their children do well if they work at it (Exhibit 37). Nearly all of the women asserted that they have at least one goal for their own future (98 percent), and that they can name a goal and make it happen (93 percent). Ninety-three percent “usually” or “always” feel they can make something of their lives, and 70 percent felt it was “always true” that “I am working to make some good things happen for myself or my kids.” Only two women stated that they did not have any goal. Moreover, women felt self-assured not only of what they can do for themselves but also for what they can accomplish for their children.

<b>Exhibit 37. Assessment of Participants’ Sense that They Can Influence Their Own and Their Children’s Future</b>					
<i>Statement (n=60)</i>	Not at all true % (n)	Hardly true % (n)	Usually true % (n)	Always true % (n)	Mean*
I think if I work at it, I can help my children do well.	– (–)	2% (1)	20% (12)	78% (47)	3.8
I have at least one goal for my future.	2% (1)	2% (1)	22% (13)	75% (45)	3.7
I am working to make some good things happen for myself or my kids.	– (–)	3% (2)	28% (17)	68% (41)	3.7
I feel that I can make something of my life.	2% (1)	5% (3)	33% (20)	60% (36)	3.5
I’m able to name a goal – something I want to accomplish – and feel I can make it happen.	– (–)	7% (4)	50% (30)	43% (26)	3.4

\*The mean is based on a scale of 1 to 4 where 1= not at all to 4 = always true.

<sup>19</sup> Jerusalem, M. and Schwarzer, R. (1992). “Self-efficacy as a resource factor in stress appraisal processes.” In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 195-213). Washington, DC: Hemisphere.

**6. Nearly all women (97 percent) believe in their ability to overcome obstacles and recover from life’s setbacks.**

Nearly all (97 percent) of women in this study perceived that they are “usually” or “always” able to “to solve difficult problems if they try hard enough” (Exhibit 38). In terms of coping with setbacks, 90 percent reported that they could “usually” or “always” “figure out how to deal with unexpected situations.” In general, FPSH mothers say they can cope with and recover from adverse circumstances. The majority says this is “usually” true, indicating that they do have some periods of lower self-assurance. Personal confrontation, represented by the statement “If someone opposes me...,” appears to be an area of some difficulty for about one-fourth of FPSH mothers.

<b>Exhibit 38. Assessment of Participants’ Self-Efficacy<sup>20</sup></b>					
<i>Statement</i>	Not at all true % (n)	Hardly true % (n)	Usually true % (n)	Always true % (n)	Mean**
I can always manage to solve difficult problems if I try hard enough. (n=60)	– (–)	3% (2)	52% (31)	45% (27)	3.4
I can solve most problems if I really try and put my mind to it. (n=59)*	– (–)	5% (3)	59% (35)	36% (21)	3.3
If I am in trouble, I can usually think of a solution. (n=60)	2% (1)	7% (4)	58% (35)	33% (20)	3.2
I can usually handle whatever comes my way. (n=60)	2% (1)	5% (3)	62% (37)	32% (19)	3.2
I can figure out how to deal with unexpected situations. (n=59)*	3% (2)	7% (4)	59% (35)	31% (18)	3.2
If someone opposes me, I can figure out how to get what I want. (n=59)*	– (–)	24% (14)	44% (26)	32% (19)	3.1
When I am confronted with a problem, I can usually find several solutions. (n=60)	3% (2)	15% (9)	55% (33)	27% (16)	3.1
I am confident that I could deal efficiently with unexpected events. (n=60)	3% (2)	10% (6)	63% (38)	23% (14)	3.1
It is easy for me to stick to my aims and accomplish my goals. (n=60)	5% (3)	15% (9)	52% (31)	28% (17)	3.0
I can remain calm when facing difficulties because I can rely on my coping abilities. (n=60)	3% (2)	18% (11)	60% (36)	18% (11)	2.9
* Totals are lower due to missing responses.					
**The mean is based on a scale of 1 to 4 where 1= not at all to 4 = always true.					

<sup>20</sup> The wording of some scale items was modified to make the language more appropriate for the study’s target population.

Responses to these ten items were summed to yield a composite score with a range from 10 to 40. The mean scale score for mothers in the FPSH study sample was 31.64 (sd=4.60). This is slightly higher than the mean score for a sample of 17,442 persons from 22 countries, which was 29.46 (sd=5.33).<sup>21</sup>

### **Satisfaction with Housing Environment**

To maintain housing stability, people must feel satisfied with various aspects of their housing such as affordability, safety of neighborhood, safety of building, privacy, house rules, autonomy in program participation and access to services. This section presents findings on mothers' satisfaction with their current housing environment.

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<sup>21</sup> Jerusalem and Schwarzer, *op. cit.*

**7. Women consistently expressed feeling satisfied or very satisfied with their current home, in relation to features including affordability, control over visitors, privacy and amount of living space.**

FPSH mothers rated their satisfaction with different features of their current housing on a five-point Likert scale, using “1” to indicate “very dissatisfied” and “5” to indicate “very satisfied.” A higher mean score indicates a higher level of satisfaction. The features for which interview participants expressed the highest levels of satisfaction were affordability (m = 4.5), control over who can come into their home (m = 4.4) and privacy (m = 4.3) (Exhibit 39). Satisfaction with neighborhood safety was slightly lower (m = 3.6).

<b>Exhibit 39. How Satisfied Residents Feel about Their Housing Environment</b>						
<i>How satisfied do you feel about...?</i> (n=60)	Very dissatisfied % (n)	Dissatisfied % (n)	Neutral % (n)	Satisfied % (n)	Very Satisfied % (n)	Mean
How affordable your home is	2% (1)	7% (4)	3% (2)	18% (11)	70% (42)	4.5
How much control you have over who can come into your home	-- (--)	7% (4)	5% (3)	33% (20)	55% (33)	4.4
Amount of privacy you have	-- (--)	7% (4)	12% (7)	28% (17)	53% (32)	4.3
Amount of living space you have	7% (4)	3% (2)	3% (2)	32% (19)	55% (33)	4.3
How long you will be able to live in your home	2% (1)	-- (--)	15% (9)	42% (25)	42% (25)	4.2
Condition/state of repair of your home	5% (3)	3% (2)	12% (7)	40% (24)	40% (24)	4.1
Overall, how satisfied do you feel about living here?	2% (1)	8% (5)	17% (10)	33% (20)	40% (24)	4.0
Opportunities you have to socialize where you live	-- (--)	3% (2)	27% (16)	38% (23)	32% (19)	4.0
How close you live to agencies where services are available	5% (3)	7% (4)	18% (11)	35% (21)	35% (21)	3.9
Amount of time it takes to get repairs done in your home	5% (3)	7% (4)	18% (11)	37% (22)	33% (20)	3.9
Safety and security of where you live	8% (5)	8% (5)	13% (8)	37% (22)	33% (20)	3.8
How much control tenants have over programs and activities	-- (--)	7% (4)	40% (24)	35% (21)	18% (11)	3.7
How safe your neighborhood is	8% (5)	18% (11)	15% (9)	27% (16)	32% (19)	3.6
Amount of choice you had over the place you live	7% (4)	13% (8)	18% (11)	43% (26)	18% (11)	3.5
How close you live to shopping, public transportation, post office, etc.	25% (15)	15% (9)	3% (2)	30% (18)	16% (27)	3.2

An important and unique aspect of family permanent supportive housing is the provision of services, programs and activities that tenants may use as they need them. With regard to how close their current housing is to agencies where services are available such as health, mental health and other services, mothers in general expressed satisfaction ( $m = 3.9$ ). Tenants were more neutral in their feelings about how close their housing is to shopping places, a post office and public transportation ( $m = 3.2$ ).

Another critical aspect of these programs is designing services in which tenants are interested. Study participants rated their satisfaction with the amount of control they and other tenants have over the programs and activities that take place in their housing. While more than half of FPSH mothers said they were either “satisfied” (35 percent) or “very satisfied” (18 percent), 40 percent reported feeling “neutral” feelings about the amount of control they have on FPSH programs or activities. The relatively high proportion of neutral responses on this item may reflect a lack of interest in shaping programs and activities on the part of some tenants.

### **Importance of Characteristics of Current Housing**

To assess what particular characteristics of housing that FPSH mothers consider high priority, participants were asked to rate the importance of a variety of characteristics on a scale where “1” represented “not very important,” “2” meant “somewhat important” and “3” represented “very important.” A higher mean indicates that respondents place a higher level of importance on a given characteristic.

#### **8. The two housing characteristics most important to FPSH mothers were “having a sense of privacy” and “having a key to your own place.”**

All participants rated “having a sense of privacy” and “having a key to your own place” as “very important” (Exhibit 40). Other high priority housing characteristics included “safety and security of where you live” ( $M = 3.0$ ), “being able to decide for yourself what activities and services you want to take part in” ( $M = 2.9$ ), and “having vocational and employment services on site or a support services staff who can refer you to vocational and employment services in the community” ( $M = 2.8$ ). Further, “having activities for your children nearby” ( $M = 2.8$ ) and “being able to choose when visitors can come over” ( $M = 2.8$ ) was also important to the mothers in the study sample.

Conversely, of least importance were “having drug and alcohol counseling on site” ( $m = 2.5$ ) and “having a tenant council” ( $m = 2.5$ ). All of the housing characteristics scored a mean value of 2.5 or more, indicating that all were at least somewhat important to tenants.

<b>Exhibit 40. Importance of Various Housing Characteristics</b>				
<i>How important to you is...?</i>	Very important % (n)	Somewhat important % (n)	Not very important % (n)	<i>Mean**</i>
Having a key to your own place? (n=60)	100% (60)	-- (--)	-- (--)	3.0
Having a sense of privacy? (n=60)	100% (60)	-- (--)	-- (--)	3.0
Safety and security of where you live (e.g., 24-hour security guard)? (n=51)*	98% (50)	2% (1)	-- (--)	3.0
Being able to decide what activities/services you want to take part in? (n=60)	93% (56)	5% (3)	2% (1)	2.9
Having vocational and employment services or referrals on site? (n=58)*	86% (50)	12% (7)	2% (1)	2.8
Having activities for your children nearby? (n=60)	82% (49)	13% (8)	5% (3)	2.8
Being able to choose when visitors can come over? (n=59)*	83% (49)	10% (6)	7% (4)	2.8
Being able to see a case worker / service staff when I need to (n=60)	77% (46)	22% (13)	2% (1)	2.8
Being able to have overnight guests (n=60)	73% (44)	22% (13)	5% (3)	2.7
Having staff who are peers (like me)? (n=59)*	61% (36)	29% (17)	10% (6)	2.5
Having drug and alcohol counseling on site? (n=50)*	66% (33)	18% (9)	16% (8)	2.5
Having a tenant council (n=60)	60% (36)	25% (15)	15% (9)	2.5

\*Total number of respondents reported here is lower due to some mothers responding "not applicable."  
 \*\*The mean is based on a scale of 1 to 3, where 1=Not Very Important and 3=Very Important.

### Service Use

FPSH’s supportive services may be readily available on or off site through a network of referrals. While services are voluntary – that is, tenants do not have to use the services as part of their tenancy – program staff work to ensure that tenants get the services they need to help them maintain housing stability. Typically, tenants work with tenant services staff to access needed services. To learn more about the types of services that tenants actually use while living in permanent supportive housing, FPSH mothers were asked what type of services they had used during the past six months.

### 9. The two most frequently used services were health care and food assistance.

During the past six months, FPSH tenants were most likely to use health care (82 percent), free food or groceries (75 percent), mental health services (48 percent), employment services

(48 percent) and help resolving problems with other tenants (35 percent). The two least used services were those related to domestic violence or violence intervention (18 percent) and drug and alcohol treatment (12 percent) (Exhibit 41). All of the women who reported high levels of mental distress on the Symptom Distress Scale and 78 percent of the women who showed medium levels reported accessing mental health services during the past six months.

<b>Exhibit 41. Service Use</b>		
<i>In the past six months, have you...</i>	<b>%</b>	<b><i>n</i></b>
Received health care for yourself (n=60)	82%	49
Received free food or groceries (n=60)	75%	45
Received mental health services (n=60)	48%	29
Received employment services (n=59)	48%	28
Received help concerning other tenants (n=60)	35%	21
Received services for domestic violence/violence (n=60)	18%	11
Received services for drug/alcohol use (n=59)	12%	7

### Support System

Social support networks can be valuable for many individuals, particularly for those who have had considerable hardships and instabilities in their lives. To get a sense of the types of social supports on which FPSH families rely, FPSH mothers were asked to describe their social networks.

#### **10. Many FPSH mothers reported having very strong social support networks, not only with family members, including their children, but also with staff and community members.**

Most FPSH mothers (90 percent) said they had people in their lives with whom they felt comfortable talking about a problem they might have or other personal issues (Exhibit 42). Among these mothers, the majority said they have more than one group of people to which they can turn. For example, more than three-quarters of these mothers identified three or more groups of people that they talk to when they have a personal problem or issue. For most FPSH mothers, friends and family members as well as on-site service providers are the main support systems they turn to in times of need. However, six women (10 percent) revealed that they had no one with whom they felt comfortable talking about their problems. Another noteworthy finding is that women in this study depend on spiritual leaders or incorporate spirituality into their lives; nearly 40 percent said that they go to spiritual leaders when they have a problem. A few women noted that they rely on their therapist or support group for personal support.

<b>Exhibit 42. Where Mothers Turn For Support</b>		
<i>People mothers turn to for support</i>	<i>%*</i>	<i>n</i>
Friends (n=54)	76%	41
Family members (n=60)	65%	35
Service providers on-site (n=54)	65%	35
Children (n=53)	57%	30
Service providers off-site (n=53)	49%	26
Spiritual leaders (n=53)	40%	21
Spouse/boy/girlfriend (n=54)	28%	15
Desk clerks (n=46)	26%	12
Neighbor (n=51)	26%	13
Maintenance personnel on-site (n=52)	14%	7
Other people** (n=20)	25%	5

\*Percentages do not total to 100 since participants could mark more than one response.

\*\*Other people include police, psychiatrist, security, women’s group and therapy.

**11. The overwhelming majority of interview participants (90 percent) report helping others who turn to them for support.**

Help is a two-way street. Being asked for assistance and being able to respond may contribute to FPSH mothers’ sense of self-efficacy, or it may simply represent a burden for which there is no (or not sufficient) reciprocity. According to FPSH mothers, many people turn to them for support as well as their being able to get support from the same sources (Exhibit 43). The primary people who turn to interview participants for support are friends (89 percent), their children (84 percent), family members (71 percent) and their neighbors (59 percent).

<b>Exhibit 43. Support System, Who Turns to Mothers for Support (n=56)</b>		
<i>People who turn to mothers for support</i>	<i>%*</i>	<i>n</i>
Friends	89%	50
Children	84%	47
Family member	71%	40
Neighbor	59%	33
Spouse/Boy/Girlfriend	38%	21
Other tenants	34%	19
Other people**	21%	12

\*Percentages do not total to 100 since participants could mark more than one response.

\*\*Other people include ex-spouses/boyfriends, father of their children, classmates, co-workers, security, strangers or people on the street.

## CHAPTER 4: CONCLUSIONS

The baseline interviews provide rich information about the lives of mothers and children living in FPSH in San Francisco. In all, the data suggest that while many of these families are struggling with economic issues and coping with the long-term effects of prior homelessness and addiction, the majority of mothers appear to be maintaining residential stability in the FPSH programs. Implications from the preliminary findings include the following:

- ★ The programs appear to be effective at stabilizing chronically homeless families. The mere fact that mothers remain in housing supports providers' comments that retention has been one of their biggest achievements.
- ★ Families' generally high satisfaction with their current living situations and their ability to access an array of health and social service supports may be linked to their ability to maintain residential stability with their children.
- ★ The inclusion of services for children at FPSH appears to have a positive impact on children's well-being.
- ★ Mothers' absence from the labor market and the extent of their homeless history suggests that FPSH programs are targeting and reaching those in need. However, there are some mothers in the sample who reported that they were never homeless and who reported living in their own home for the duration of the two years prior to entering supportive housing.
- ★ Given the lack of employment and the fact that those who are working earn very little money, the majority of these families will continue to require cash assistance, housing subsidies and supportive services for the foreseeable future.
- ★ While families may not have monetary resources, they have personal and social resources that facilitate their support of others, particularly their children and neighbors.

Apart from the quantitative data, interviews and observations at FPSH programs led to a number of observations of commonalities across sites at this baseline time period. Some of the major cross-cutting themes in this regard can be summarized as follows:

1. **Constant and open communication between Property Management and Tenant Services is crucial to maintaining an effective working relationship and is essential to maintaining stable housing for residents.**

Property management and tenant services each play an indispensable role in maintaining a safe and well-functioning housing environment. Whether through a partnership with a property management company or a separate division of their own agency (as is the case with CHP), the collaboration between the two core functions of supportive housing models is a key factor in achieving the goals of housing stability and retention.

**2. FPSHI tenant services are based on the components of best practices identified by affordable housing policy bodies such as the Corporation for Supportive Housing.**

The supportive housing model advocates for a menu of tenant services so that each resident has access to the particular support s/he needs to remain in housing with the greatest possible degree of independence. All four programs provide a wide range of core services either on site or through off-site collaboration, as well as extensive community referrals. Providers generally characterize these core services as easily accessible so that residents may contact them quickly and as frequently as needed.

**3. Project staff are deliberate in developing and planning activities and events aimed at community building.**

Providers identified fostering community as an important element of satisfaction with the housing environment for tenants. Staff work hard to identify activities that tenants will enjoy and to make these activities convenient and accessible to participants. Such activities are particularly important on Treasure Island because this new neighborhood is less established in this regard.

**4. Engaging residents in services can be challenging for program staff.**

Providers expressed some frustration with their ability to connect residents to needed services, particularly those services which address those issues that historically have been an obstacle to long-term stability – mental health and addiction. Because being receptive to tenants’ desires is critical to maintaining tenant satisfaction, FPSH staff must strike a delicate balance when attempting to recruit participants for services and activities.

**5. Programs continue to develop and integrate children’s services into their supportive housing models.**

In developing the proposal for this initiative, the FPSH Collaborative seized this opportunity to address several needs related to children – after-school tutoring and recreational opportunities, and children and family mental health services. The former are supplied via contracts with established children and youth-serving organizations such as the YMCA and Boys and Girls Clubs, while the Homeless Children’s Network supplies the latter to tenants in nine FPSH programs including the four that are the focus of this report. The collaborative gave up the chance to receive funding for adult tenant services or housing operations in order to begin to build a model of supportive services for families that included children’s activities. For those programs with dedicated FPSH buildings, implementing children’s activities on site presents less of a logistical challenge than on Treasure Island, but children living in all FPSH sites in this study now have access to child care and after-school activities, as well as mental health services. Finding the right mix of activities and services for mothers and their children is still in the early stages of development.

In conclusion, while the findings presented in this report are preliminary, they do provide retrospective testimony of tenants and providers about the differences that FPSH can make for families. For the most part, San Francisco's FPSH programs appear to be serving the families for which they were intended (those with long or repeated episodes of homelessness), and to be succeeding in keeping these very fragile families housed and their children stabilized. Future evaluation reports will provide even deeper information enabling us to understand the impact of FPSH as an approach to meeting the long-term needs of formerly homeless families.