



# National Network To End Family Homelessness

## Family Homelessness: The Path Ahead

### Introduction

Child, youth, and family homelessness has emerged as a major problem in the United States. Today, more than 2.5 million children are homeless each year, and half are under the age of six (Bassuk, et. al., 2015). According to a 2017 report, 1 in 30 youth aged 13 to 17, and 1 in 10 youth aged 18-25 experience homelessness every year, and many are pregnant or parenting (Morton, et. al., 2017).

Family providers are reporting higher numbers of child, youth, and family homelessness across the country. The rates are continuing to increase, and coincide with policy decisions and systemic issues that have depleted public and affordable housing stock<sup>1</sup>, limited access to health and mental health services, stagnated wages, and led to disparities in homelessness across health and mental health status, race, sexual orientation, gender identity, and ability (Burt, 1992; Shashaty, 1981; Olivett, et. al., 2018; Morton, et. al., 2017). Despite this reality, the Department of Housing and Urban Development (HUD) continues to undercount children, youth and families experiencing homelessness and systematically deny them access to assistance.

Since the 1990s, providers have promoted comprehensive solutions that combine housing with the services that all children, youth, and families need to live healthy lives (Weinreb, 1996). Although affordable housing is a key issue in the fight to end homelessness, we know - through research and lived experience - that a more comprehensive policy approach is needed. The National Network to End Family Homelessness (the Network) was launched in response to HUD's report that family homelessness is decreasing, and to ensure that children, youth, and families are provided the resources they need to thrive (U.S. Dept. of Housing and Urban Development). Today, the Network is made-up of over 350 providers and advocates representing all 50 states and the District of Columbia. We are guided by research as well as local knowledge and experience, and we work across systems of housing, health care, mental health, substance use, and child welfare to advance new solutions. In this paper, we outline the reality of family homelessness in the United States, the need for policy change, and our vision for the future.

### Child, Youth, and Family Homelessness Today

With a lack of affordable housing stock<sup>2</sup>, fewer housing vouchers, wage stagnation, and limited access to needed social services, lengths of stay in shelters and hotels for children and families experiencing

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<sup>1</sup> In the 1980s the federal government slashed the housing budget from over \$80 billion to \$18 billion (in 2004 constant dollars); as a result, many publicly funded housing developments fell into disrepair and had to be closed down (Coalition on Homelessness, 2006).

<sup>2</sup> Since 2010, the affordable housing stock in the United States has decreased by more than 60 percent (Tan, 2017). Twenty-one million households - nearly half of renters - are rent-burdened, meaning they dedicate more than 30

homelessness have climbed, and some children are spending critical developmental years in unsafe and unstable environments<sup>3</sup>. Beyond motels and shelters, an increasing number of families are forced by their circumstances to live with strangers, acquaintances, family or friends in situations that are often dangerous, a phenomenon referred to as “doubling up.” Doubled-up families – who are currently excluded from HUD homelessness assistance – are at risk of maltreatment and abuse, neglect, trafficking and other dangerous experiences. Chronic health problems can worsen and child development can suffer in crowded living situations where caregivers have less control over the environment (Park, et. al., 2015; Bush, et. al., 2017). Research suggests that families living doubled-up also experience a greater number of barriers to needed services than families living in shelter (Miller, 2015).

In addition to immediate risks, children and families experiencing homelessness face long-term consequences as well. The numbers of adverse childhood experiences (ACEs) for children experiencing homelessness are high, predicting poor medical and mental health outcomes as they become adolescents and adults (Halfon, et.al. 2017). Children with high ACEs are also more likely to experience homelessness as adults, leading to intergenerational cycles of poverty, homelessness, and poor health (Herman, 1997; Tsai, 2011). ACEs refer to traumatic exposure that includes physical, emotional, and sexual abuse, neglect, witnessing domestic violence, untreated caregiver mental illness, and other adverse events. Children with four or more ACEs are two to five times more likely to develop learning disabilities, substance use disorders, clinical depression, suicidality, and numerous chronic health conditions including cancer, cardiovascular problems, and respiratory diseases compared to children with no ACEs (Felitti, et. al 1998; Wade, et. al., 2016).

The future of these children is bleak unless policies are changed and additional resources are allocated<sup>4</sup>. Unfortunately, current HUD policy restricts access to assistance and services based on a more limited definition of homelessness than other federal agencies. This limited definition downsizes the issue in reports to congress which has a direct effect on funding. Under current law, HUD defines homelessness as living in emergency shelter, transitional or supportive housing, and places not meant for human habitation such as cars, parks, and abandoned buildings. Research suggests that homelessness is a fluid experience, expanding beyond the conditions included in this definition, that housing instability is often intergenerational and starts early, and that there is great risk of harm and predation while children, youth, and families are staying with others as well as in shelters (Morton, et. al., 2017).

#### *Addressing HUD’s Limited Definition of Homelessness:*

The Network believes in aligning HUD’s definition of homelessness with that of other federal agencies to reflect the reality of youth and family homelessness, to expand eligibility for HUD Homeless Assistance to this vulnerable group, and to prevent adult homelessness by breaking intergenerational cycles of

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percent of their income to rent, and 11 million are severely rent-burdened, meaning they pay over 50 percent of their income in rent (Joint Center for Housing Studies, 2017).

<sup>3</sup> In New York City, the average length of stay is greater than 400 days, while many organizations across the country have also reported increased lengths of stay (Eide, 2018).

<sup>4</sup> A number of cost-benefit analyses have shown long-term cost savings from investments made to address and prevent cyclical poverty and homelessness. Cost savings are seen in the criminal justice system, human services system, health care utilization rates, and in other segments of our economic system.

homelessness and ensuring children and youth have the resources they need to thrive long-term. Because the current definition of homelessness excludes many families and youth, the concerns of family and youth providers are often dismissed within local Continuums of Care (CoC) and the needs of families go unheard and unaddressed. In a 2018 membership survey, nearly 45 percent of respondents reported problems with their CoC, and many of the negative experiences are rooted in HUD policy. These include families being turned away due to HUD's definition of homelessness; insistence on moving families into rapid rehousing even when assessments indicate a need for more robust – and potentially longer term – case management and service provision; and the of elimination of funding for recovery housing in the midst of the opioid crisis. One provider wrote “CoC's are limited by HUD and the federal definition regarding families, which then limits access to services. I'd like to see our county CoC, and other CoC's around the U.S., step out as a leader on this issue and say we need to address the problem of homeless families, rather than only following the restricted guidelines of the NOFA and HUD.” Another provider wrote, “It seems like we are fitting families into a system [built] for individuals.”

*A Push for Flexible Program Models that Combine Housing and Services:*

Family and youth providers in the Network have expressed the need for flexible program models and funding options to ensure that each person receives services that are aligned with their needs. As one Network member shared in a 2018 survey, “You can't solve the problems of a diverse population with one method. It would be nice to have several solutions so you can use what works for each.”

Research has shown that causes of homelessness may vary for different populations. Previous research demonstrates that rates of trauma, depression, and substance use are highly prevalent among youth and caregivers experiencing homelessness (Bassuk, et. al., 1996; Bassuk, et. al., 1998; Bassuk, et. al., 2015). For those who struggle in these areas, maintaining housing and employment requires access to treatment and services. The 2017 Voices of Youth count also found that subpopulations are at higher risk for homelessness, including youth of color, youth who don't complete high school, youth who are parenting, and youth who are lesbian, gay, bisexual or transgender (LGBT). Each of these groups experience differing challenges to housing stability and well-being, and services should be individualized to address their needs. Youth who don't complete high school, for example, may need educational services that qualify them for higher paying jobs, while issues facing LGBT youth include familial rejection and discrimination in employment and housing. For communities of color, disparities in homelessness are also rooted in systematic denial of wealth accumulation (e.g. G.I. Bill exclusions), a history of labor exploitation, and discrimination that may call for different approaches to both service provision and homelessness advocacy.

Although providers are calling for more flexibility in housing and service models, HUD has shifted its funding priorities and is mandating one solution for all communities across the country. The defunding of transitional housing, permanent supportive housing, housing vouchers, and supportive services has left many families worse off. In a 2018 survey of the Network's membership, over 70 percent of respondents reported negative consequences associated with the defunding of transitional housing, including having fewer program options for families with differing needs; cuts in employment, child care, and mental health services; decreases in the number of family units; loss of entire family shelters; higher rates of recidivism and worse outcomes overall.

When it comes to rapid rehousing, most providers express issues arising with the limited duration of rental assistance and the lack of comprehensive case management. As one family provider reported, “Housing is only one part of the solution. Many families in crisis do not have a stable or acceptable credit level or rental history and often need help managing budgets to stay within rapid rehousing. Trauma levels for both parents and their children require mental health and support services which are being cut in local communities as well as HUD funds.”

Providers have also expressed concerns with HUD’s Point in Time (PIT) count and Homelessness Management Information System (HMIS) data. Many families that attempt to access shelters are turned away due to their ineligibility or limited shelter space. Families also avoid unsheltered homelessness out of fear of losing their children to Child Protective Services. Because the PIT only captures youth and families living on the street, it downsizes the number of youth and families experiencing homelessness. Furthermore, while PIT numbers don’t accurately capture the reality of youth and family homelessness, HMIS data doesn’t accurately capture recidivism rates. Together, this creates the illusion that family homelessness - and homelessness in general - is decreasing, and that less funding is needed to address a growing crisis.

### **Visions for the Future**

Ending child, youth, and family homelessness means more than moving youth and families out of shelters. For youth and families to break the cycle of homelessness and achieve long-term stability and well-being, program models must include housing options combined with supportive services that align with each family’s needs (Bassuk et. al. 2015; Bassuk, et. al. 2014). In our current system, children who experience homelessness are more likely to become homeless as an adult. When we commit ourselves to ending family homelessness, we commit ourselves to reforming the current system so that children in our shelters never become homeless again.

Years of research and field experience have demonstrated that the solution to homelessness involves affordable housing supported by permanent housing vouchers, needed social services, and attention to the developmental needs of the children. (Bassuk, et. al. 2014). Our policy agenda focuses on reforming laws and advancing policy that remove roadblocks to effective programs; incentivize and support the provision of comprehensive services, including trauma informed care; allow communities to meet the local needs that they identify; and ensure long-term stability and well-being for all children, youth, and families.

To support these goals, the Network will:

1. Advocate for the enactment of policies contained in the Homeless Children and Youth Act (HR 1511, S 611), including:
  - a. Aligning HUD’s definition of homelessness with that of other federal agencies to ensure that all families and youth experiencing homelessness are eligible for assistance;
  - b. Requiring HUD to include data from one of the other eight federal agencies serving homeless children and youth in its annual reports to congress. Doing so will ensure elected officials see more accurate numbers of youth and family homelessness before making decisions around funding allocation;

- c. Ending one-size-fits-all approach to ending homelessness by ensuring that funding decisions are based on whether a project addresses the needs of each local community in a cost-effective manner.
2. Advocate to increase funding for all federal homeless programs serving families, children and youth. This includes:
  - a. HUD homeless assistance and housing programs, such as transitional housing, and housing vouchers;
  - b. The Education for Homeless Children and Youth program;
  - c. The Runaway and Homeless Youth Act program.
  - d. The Temporary Assistance to Needy Families (TANF) family homelessness coordination.
3. Advocate for HUD to use its administrative authority to make changes to the Notice of Funding Availability (NOFA). Specifically, the Network will advocate for the removal of bonuses, incentives, and requirements for specific program models, especially those that do not meet the needs of children, youth, and families. NOFA should allow communities to fund any approach or program model that they can demonstrate is effective in meeting the priorities and needs that they identify for all populations experiencing homelessness.
4. Advocate for HUD to adopt outcome measures that reflect long-term stability. HUD must adopt and reward outcome measures that are appropriate for all populations, including youth and families, and that promote long-term stability and well-being in areas including health and mental health, education, and employment. As part of this effort, HUD needs a data collection system that captures recidivism rates over the course of an individual's lifetime, including the number of people who try to return to the system but are denied.
5. Advocate for the Administration of Children and Families to coordinate an intra-agency working group to streamline services related to family homelessness.
6. Advocate for the reform of policy that authorizes Continuums of Care to function as the decision makers for local programming and funding. Reforms should include changes in CoC governance to allow local flexibility, collaboration, and greater transparency.
7. Advocate for the expansion of affordable housing stock and policies that offer long-term housing stability for families at all income levels, including an expansion of inclusionary development plans that define affordability at or below 100 percent of the Federal Poverty Line (FPL), increased funding for permanent housing vouchers and public housing, increased use of community land trusts, expansion of first time homebuyer programs, and the expansion of tenant rights, and services that prevent eviction.
8. Advocate for policies that increase earnings for low-wage workers, including:
  - a. Increases to the federal minimum wage to address wage stagnation and close the gap between earnings and cost of living for low-income and middle-class families;
  - b. Expansion of the Earned Income Tax Credit (EITC) for low-income families;

- c. Expanded subsidies for high-quality, flexible child care and pre-K for low-income, parenting students and workers.
9. Advocate for health policies that increase access to treatment for health and mental health disorders, including policies that address depression, childhood trauma, substance use disorders, and social determinants of health. This includes policies that:
  - a. Colocate health services in emergency and transitional housing.
  - b. Improve reimbursement rates from Medicaid to expand access to dental care, to ensure providers are incentivized to screen for and address social determinants of health, and to expand access to therapy for families experiencing homelessness;
  - c. Improve school breakfast and lunch programs, and expand weekend and summer food programs;
  - d. Integrate behavioral health services alongside physical medical services;
  - e. Ensure that all programs are trauma-informed.
10. Identify and expand services that mitigate the harmful effects of high Adverse Childhood Experiences (ACEs) among low-income and housing-insecure children and their caregivers.

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