## University of Massachusetts Boston

# ScholarWorks at UMass Boston

Center for Social Policy Publications

Center for Social Policy

8-15-1997

# A Snapshot of Individuals and Families Accessing Boston's Emergency Homeless Shelters, 1997

Donna Friedman *University of Massachusetts Boston*, donna.friedman@umb.edu

Michelle Hayes University of Massachusetts Boston

John McGah University of Massachusetts Boston

Anthony Roman *University of Massachusetts Boston*, anthony.roman@umb.edu

Follow this and additional works at: https://scholarworks.umb.edu/csp\_pubs

Part of the Family, Life Course, and Society Commons, Public Policy Commons, Social Policy Commons, Social Welfare Commons, and the Urban Studies Commons

## **Recommended Citation**

Friedman, Donna; Hayes, Michelle; McGah, John; and Roman, Anthony, "A Snapshot of Individuals and Families Accessing Boston's Emergency Homeless Shelters, 1997" (1997). *Center for Social Policy Publications*. 72.

https://scholarworks.umb.edu/csp\_pubs/72

This Research Report is brought to you for free and open access by the Center for Social Policy at ScholarWorks at UMass Boston. It has been accepted for inclusion in Center for Social Policy Publications by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact scholarworks@umb.edu.

The John W. McCormack Institute of Public Affairs



A Snapshot of Individuals and Families Accessing Boston's Emergency Homeless Shelters, 1997

Prepared by:

Donna Haig Friedman, Michelle Hayes, John McGah Center for Social Policy McCormack Institute Anthony Roman Center for Survey Research

August 15, 1997



Hrching HV 455 M3 St 5

#### The McCormack Institute

The John W. McCormack Institute of Public Affairs is a multi-purpose public policy research institute, established in 1983 at the University of Massachusetts Boston and named in honor of the late John W. McCormack, former Speaker of the U.S. House of Representatives.

The institute's components include four centers, each with its own area of focus: the Center for State and Local Policy, the Center for Social Policy Research, the Center for Women in Politics and Public Policy, and the Center for Democracy and Development. The institute also administers UMass Boston's M.S. Program in Public Affairs and publishes *The New England Journal of Public Policy*.

The McCormack Institute's fellows and staff—who are drawn from such diverse fields as journalism, politics and government, and the social sciences—represent vital connections between the University community and centers of power and innovation in the private and public sectors. They are involved in university teaching, survey research, educational outreach projects, and a variety of publications including books, academic papers, and newspaper columns; they also appear regularly as guest speakers, moderators, and panelists on TV and radio.

Through the work of these distinguished academics and practitioners, the institute seeks to contribute to informed public discourse and to play a constructive role in public policy formulation and problem-solving.

The views contained in this paper are those of the author(s) and not the John W. McCormack Institute of Public Affairs.

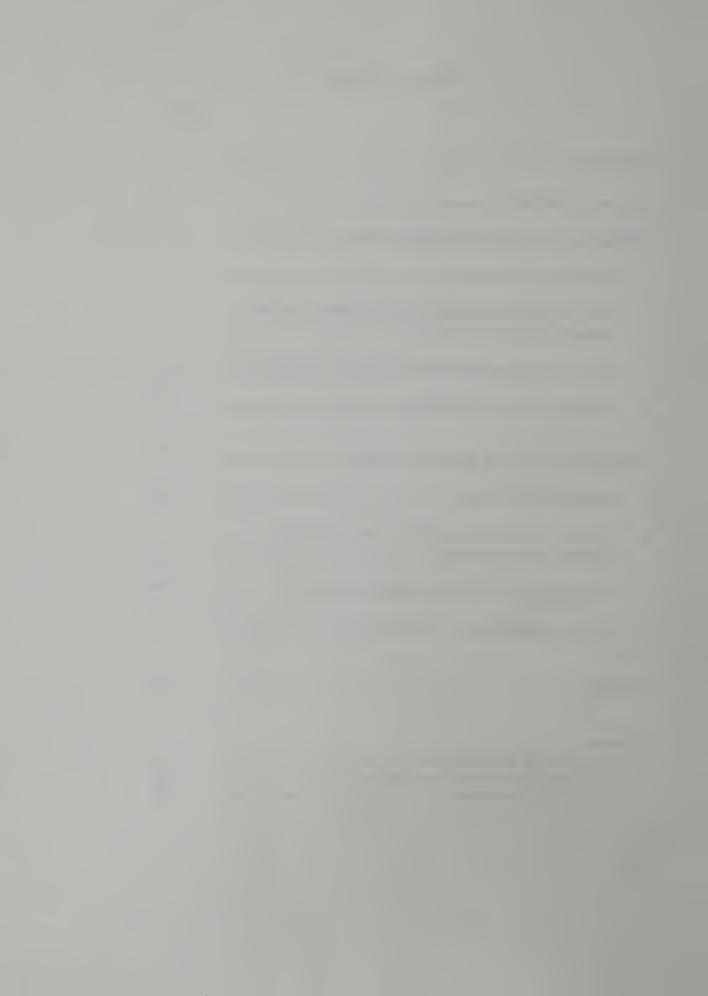
This research was carried out with funding from the City of Boston, and in collaboration with the Emergency Shelter Commission, the Public Facilities Department, and programs in the City of Boston serving homeless individuals and families.

## Acknowledgments

The research team is deeply grateful to the staff and residents of the shelter programs who participated in this study. They contributed considerable time, talent, and energy to carrying out interviews on March 19, 1997, and therefore, to the learnings gained by all of those interested in doing something effective to end homelessness in Boston. We are especially appreciative of the additional contribution made by staff and residents of United Homes and St. Margaret's House, who pre-tested the survey instruments and provided us with valuable feedback. In addition, we wish to thank all of the program staff and others who contributed to review of the preliminary and final documents, including the following persons: Mary Ann Allard, David Anderson, Gerard Auguste, Sandy Blanchette, Robert Bucci, Cathy Carey, Dorothy Cerankowski, Ed Cameron, Kelley Cronin, Quynh Dang, Bruce Ehrlich, Brenda Farrell, Phyllis Freeman, Oscar Gutierrez, Sr. Margaret Leonard, Philip Mangano, Suenye Matthiesen, Alison Quiring, Russell Schutt, Elaine Werby, as well as the translators Wilma D'Larco and Mario Tamayo, coding supervisor Todd Simpson, and data manager Sigmund Winslow.

# Table of Contents

		Page
Introd	luction	1
Key S	tudy Questions	3
Key fi	ndings: Individuals in Emergency Shelters	4
<b>•</b>	Highlights of Findings	5
	Who are the homeless individuals currently using the emergency shelter system?	7
•	Where have these homeless indivduals come from?	12
<b>•</b>	What are these individuals' resource needs?	16
Key fi	ndings: Families in Emergency Shelters	21
<b>•</b> :	Highlights of Findings	22
	Who are the homeless families currently using the emergency shelter system?	24
<b>,</b>	Where have these homeless families come from?	30
<b>,</b>	What are these families' resource needs?	34
Refere	ences	38
Apper	ndix	
<b>\</b>	A. Research methodology	41
	B. Comparisons with Other Studies	52
	C Survey Instruments	60



# UNIV. OF MASS/BOSTON (Joseph P. Healey Library)

## City of Boston 1997 Emergency Shelter Survey

#### Introduction

This document summarizes key findings from a survey conducted on March 19, 1997 with 338 homeless individuals and 94 families sheltered or served by 33 of 40 shelter programs in the City of Boston. The data presented in this report were collected at one point in time. Point in time data results in an over-representation of the "longer term" homeless, and offers limited insight regarding the structural dynamics underlying movement from homelessness to residential stability (Culhane, Lee, Wachter, 1996; White, 1996). However, it does provide a snapshot of the men, women, and children who were spending the night in a Boston shelter in March 1997.

This research was planned to include all of the programs serving homeless adults and families in the City of Boston, with an emphasis on those providing *emergency* shelter. The programs serving *homeless individuals* who participated in the study included 13 emergency shelters and three transitional programs<sup>1</sup>, with a combined capacity to serve over 2100 individuals on any given night.

The programs serving homeless families who participated in the study included: eight congregate family shelters; four scattered site shelters, four programs serving women and families escaping domestic violence; and one specialized assessment/intake center <sup>2</sup>. These programs have a combined capacity to serve over 240 heads of households and their children (over 1000 family members) on any given night.

<sup>&</sup>lt;sup>1</sup> Transitional programs are designed to provide specialized support to homeless persons, and generally provide this support for longer periods of time than that is planned for in emergency shelter programs. Any significant differences between individual respondents in emergency shelter and transitional programs are noted in the document.

<sup>&</sup>lt;sup>2</sup> Congregate shelters are those in which families share some living spaces; scattered site shelters provide each family with its own separate living unit; specialized assessment/intake centers provide shelter as well as assessment services to a subgroup of families with intensive service needs.

The research *did not include* any of the other programs at the far end of the Continuum of Care, that is, specialized transitional housing, permanent-supported housing or specialized day programs. The survey also *did not include* those individuals who were sleeping on the streets on the night of the survey, or those families who were homeless<sup>3</sup> and unable to gain access to a shelter due to state restrictions or cultural, linguistic, physical or other accessibility barriers.

As a result of the combined following conditions, these survey results can be considered to be generalizable to the total population of homeless individuals and families using the *emergency shelter system* in Boston:

- A very high percentage of individual and family shelter programs participated in the survey (83%).
- Three hundred thirty-eight out of 489 individuals who were asked to participate agreed to be interviewed, a 69.1% response rate<sup>4</sup>. Ninety-four of the 122 families who were asked to participate agreed to be interviewed, a 77.1% response rate. These response rates are very respectable, using the customary benchmarks of survey research, and were higher than expected.
- Interviewees and interviewers agreed on the accuracy of the responses given (only 7 out of 434 surveys noted considerable differences of opinion).
- Careful inspection of the returned surveys verified that the random sampling plans were followed to a very great extent by participating programs.

<sup>&</sup>lt;sup>3</sup> The HUD definition of homelessness includes those who are lacking a "fixed, regular, and adequate nighttime residence or (were sleeping) in a public or private place not designed or ordinarily used as a regular sleeping accommodation..." such as a car. State restrictions prohibit some homeless families from entering Department of Transitional Assistance-funded shelters.

The overall response rate for the survey of individuals was 69.1%. Still, three shelters got lower than the expected 65% response rate: the Pine Street men's Inn (38% response rate); the Woods-Mullen Center (55%), and the Pine St. Inn Night Center (56%). To estimate the effect of these lower response rates on survey estimates, we considered the following example: To get a 65% response rate, the Men's Inn would have had to conduct 20 more interviews; Wood-Mullen would have needed four more; and the Night Center two more (a total of 26 additional interviews). Consider the survey estimate that 50% of individual shelter residents had problems with substance abuse. If all of the non-respondents from these three shelters also had substance abuse problems, the survey estimate would increase to 54%. In other words, in the unlikely event that all non-respondents had this problem, the maximum effect on the survey estimate would be 4 percentage points. Due to the relatively high overall response rate in this survey, the potential for non-response bias does exist, but its potential effect on survey estimates can be assumed to be very small.

## **Key Study Questions**

This study was commissioned by the City of Boston to answer three primary questions: Who currently uses the emergency shelter system? Where have these persons come from? and What are their resource needs? Such systemwide information has never been available to those involved in addressing the resource needs of homeless individuals and families, including City planners, service providers, and advocacy organizations.<sup>5</sup>

The report is organized into two sections that highlight and provide detailed data regarding homeless individuals (Section 1), and homeless families (Section 2). The Appendix provides a detailed account of the research methodology (Appendix A); comparisons of these results with other studies that attempted to gather system-wide data regarding the needs and experiences of homeless individuals or families (Appendix B); and the survey instruments (Appendix C).

<sup>&</sup>lt;sup>5</sup> In the past, Russell Schutt has surveyed homeless individuals in Boston shelters (Boston Homeless Services, Lifelines AIDS Prevention Project for the Homeless, and the Massachusetts Department of Mental Health). These surveys were not meant to represent all City shelters, and findings for particular shelters were reported separately.



## **KEY FINDINGS**

INDIVIDUALS IN EMERGENCY SHELTER PROGRAMS



## Highlights of Findings: Homeless Individuals

Four out of five individuals in Boston emergency shelter programs are male; their average age is 42 years; nearly half are White. The gender, age, and racial profiles of these individuals are very similar to those reported for individuals receiving service in the City's 1995 Supportive Housing programs.

Over three-fourths of the men and women reported having a high school degree, GED, or additional educational experience. However, about the same percentage of individuals said that either they had not worked within the past two years or their longest work experience in that period of time was in an unskilled or semi-skilled position. These findings indicate that individuals face significant challenges with respect to accessing employment options that will yield wages sufficient enough to enable them to move out of homelessness permanently.

Over one-third of the homeless men and more than half of the homeless women in Boston's emergency shelter programs are separated from their minor children. These men and women may need a range of specialized supports to enable them to successfully reunite or maintain some level of connection with their children, as they move out of homelessness.

One out of two homeless individuals who participated in the study is struggling with substance abuse difficulties. These results are roughly consistent with other studies of homeless individuals in Massachusetts and other parts of the country, cited in the report. Individuals who were interviewed from the three transitional programs in this study were more likely than those in the 13 emergency shelter programs to report having these problems. This may be explained by the fact that people in transitional programs have confronted their addictions and thus may be more likely to disclose this to an interviewer. These transitional programs provide specialized housing search and stabilization services for homeless individuals who are in recovery from substance abuse and other personal problems.

A majority of individuals in Boston's emergency shelters had lived in at least one institutional setting within the past 12 months. These institutional facilities provide treatment for individuals with physical health, mental health, or substance abuse problems, or those imprisoned for a criminal offense. Nearly one-third of individuals had lived in more than one of these settings within the past 12 months. Discharge planning for individuals exiting all of these service systems appears to be lacking.

More than one out of five individuals who participated in the study of Boston's shelters for individuals has recently lived in a criminal justice setting (i.e., jail, prison, detention center, or halfway house for ex-offenders). These results raise questions regarding the adequacy of discharge planning currently in place within the criminal justice system in the State and/or the willingness of those exiting prison to accept help, if it is offered. It is clear that these individuals need specialized supports to assist them with overcoming barriers to accessing affordable housing and employment, upon their release from a criminal justice facility.

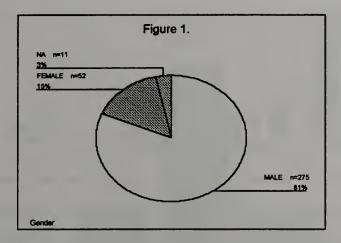
Family violence is or has been present in the lives of homeless women who live in the City's emergency shelters. Recent broad-based studies of homeless and low-income housed women in Massachusetts have documented the extent and impact of violence on their lives, and are supported by the findings in this study. These women may need specialized support to deal with the traumatic effects of this violence on their well-being and functioning, so that they can move out of homelessness.

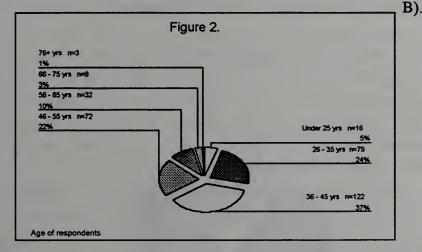
Individuals in the City's emergency shelters report receiving help to meet their basic needs for food, shelter, safety, and medical care. However, few were currently receiving public resources that they may be eligible for. Many who had previously been receiving SSI, Food Stamps, or Medicaid/MassHealth were no longer obtaining these resources. These changes are very likely the result of recent public policy changes, that is, state and federal welfare reform legislation limiting eligibility for SSI and Food Stamps. These income, food, nutrition, and medical supports may be essential in assisting individuals to move out of homelessness and into economic and residential stability, but are not available to them.

Information, charts, and graphs detailing these findings follow.

# WHO ARE THE HOMELESS INDIVIDUALS CURRENTLY USING THE EMERGENCY SHELTER SYSTEM?

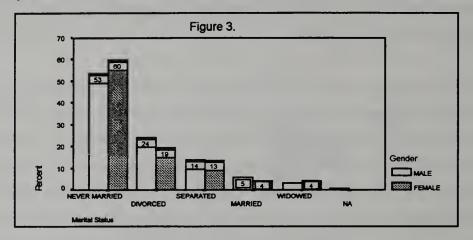
Gender: Eighty-one percent (n=275) of the individuals served in the emergency shelter system were male and 15% (n=52) female (See Figure 1). This information was missing for 3% (n=11). All other studies of homeless individuals, cited in Appendix B, report an almost identical breakdown by gender.



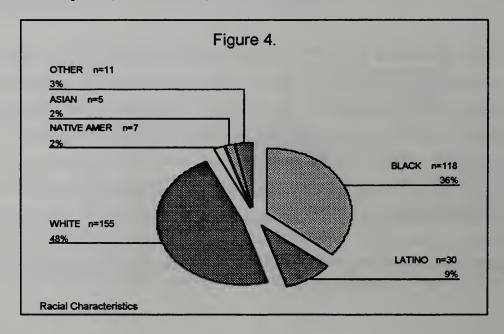


<sup>&</sup>lt;sup>6</sup> Some percentages may not add up to 100% due to rounding. Unless specifically noted, percentages are based upon those who answered the applicable survey questions. Percentages of missing data are cited.

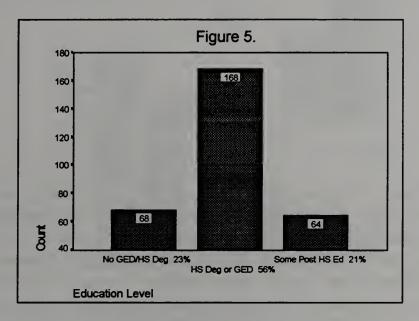
Marital Status by Gender: Fifty-three percent (n=147) of the men had never been married; another 38% (n=104) were separated or divorced; the remaining 8% (n=8) were either widowed or married (n=14) (See Figure 3). Sixty percent (n=31) of the women had never been married; another 33% (n=17) were separated or divorced; the remaining 8% (n=4) were either widowed (n=2) or married (n=2).



Racial Characteristics: Forty-eight percent (n=155) of the individuals interviewed indicated that they were White; 36% (n=118) reported that they were Black; another 9% (n=30) Latino; 3% (n=11) Other; 2% (n=7) Native American; 2% (n=5) Asian/Pacific Islander (See Figure 4). This information was missing for 7% (n=22) of individuals. The percentage of White homeless individuals is almost identical to that reported by Schutt et al. (1997) (See Appendix B). Ninety-six percent of the individuals indicated that they could speak well enough in English to make their needs known. Nine interviews were conducted in Spanish; one in Creole; and one in Vietnamese.



Educational status: Twenty-three percent (n=68) had not completed high school or a GED equivalent; 56% (n=168) of individuals reported that they had completed high school or earned a GED; 21% (n=64) reported having some post-high school education (See Figure 5). This information was missing for 38 individuals. Service providers who reviewed preliminary findings reflected that, in their experience, literacy is a high need area for the persons they serve----having a high school or GED diploma does not ensure that a person can read and write.

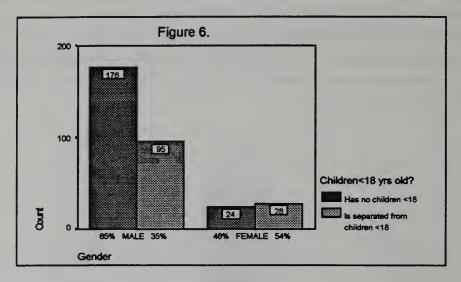


Military Service: Thirty-one percent (n=103) of individuals reported that they had previously served in the U.S. military.

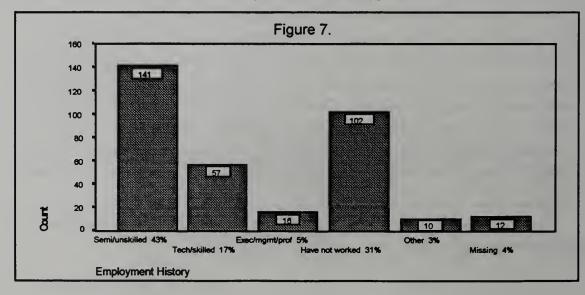
Shelter Residents Who are Separated from Children Under 18 Years of Age: Fifty-four percent (n=28) of the women and 35% (n=95) of the men in shelters for singles reported that they had children under the age of 18 who were not currently living with them (See Figure 6). Eighty-seven percent (n=107) of these individuals said that their children were living with relatives<sup>7</sup>. The remaining few individuals reported that their children were living with friends, in foster care, a group home, hospital, on their own, or in unknown locations. The Roofless Women's Action Research Mobilization Project (RWARM) study conducted in Massachusetts also found that over half of the women in

<sup>&</sup>lt;sup>7</sup> Some of the children living with relatives could have been placed there by the Department of Social Services; this form of foster care is referred to as kinship care.

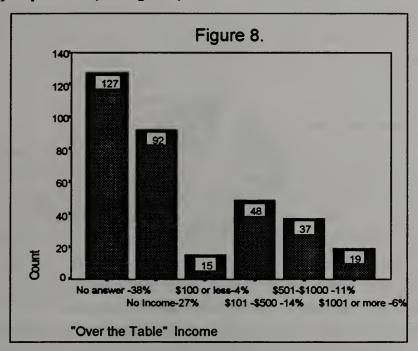
shelters for singles or living on the streets had minor children who were not with them (See Appendix B).



Employment History: Thirty-one percent (n=102) of individuals who participated in the study reported that they hadn't worked within the past two years. Forty-three percent (n=141) of individuals indicated that the job they had held longest within the past two years was a semi-skilled or unskilled labor position (e.g., sales, clerical, protective service, private household service; other service; handlers). Seventeen percent (n=57) reported that they had worked in a blue-collar technical or skilled labor position during this time period (technician, farming/forestry, precision production, fabricator, or transportation); and 5% (n=16) in a white collar executive, managerial, or other professional position (See Figure 7). Seven percent (n=22) of the respondents did not answer the question or identified that they did some other type of work.



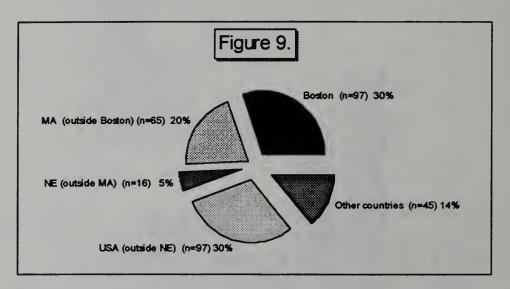
Income: One hundred and twenty-seven individuals did not answer the question regarding their "over the table" income for the past 30 days. Two hundred and eleven individuals provided a response to this question. Forty-four percent (n=92) of individuals who did answer the question reported earning no "over the table" income during this time period. The following graph depicts the range of monthly income reported by respondents (See Figure 8).



### WHERE HAVE THESE HOMELESS INDIVIDUALS COME FROM?

## Birthplace

Boston and its neighborhoods: Thirty percent (n=97) of individuals were born in the City of Boston. Twenty-six named Roxbury as their birthplace; 15 Dorchester; and 56 other parts of Boston (See Figure 9).



Other Birthplace: Twenty percent (n=65) of individual respondents reported that they were born outside the City of Boston, but in the State of Massachusetts; 5% (n=16) were born in another state within New England; 30% (n=97) in another region of the United States; and 14% (n=45) were born in another country (See Figure 9). Birthplaces outside the United States included: Mexico, Haiti, Vietnam, Trinidad, West Indies, Canada, Dominican Republic, Jamaica, England, Italy, Ireland, Greece, Balkans, Spain, India, Indonesia, Philippines, Middle East, and countries in Africa, Central America, and South America.

### Recent Residential History

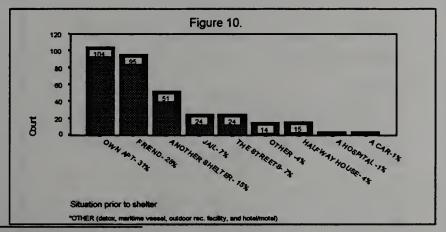
Several questions focused on understanding individuals' recent residential history<sup>8</sup>. These questions included: whether or not they had been homeless before; the length of time of this period of homelessness; their living situation immediately prior to entry into the shelter; the reasons they left their prior living situation; and the places they had lived during the past 12 months.

<sup>&</sup>lt;sup>8</sup> Due to constraints of this research effort (in particular, limited interviewing time), obtaining a detailed residential history from each respondent was not possible.

Recurring Homelessness: Forty-five percent (n=144) of individuals reported that they had been homeless before, while 53% (n=170) reported that they had not; a few (2%, n=24) said they didn't know. Men were more likely than women to report having been homeless before (49% of the men, as compared with 28% of the women).

Length of Time for this Period of Homelessness. Respondents were asked when they first sought shelter for this episode of homelessness. Of those who responded, 67% (n=191) reported that this period of time was under a year. Another 21% (n=59) reported that they first sought shelter one to two years ago; 8% (n=22), three to five years ago; and 5% (n=14), six or more years ago. This information was missing for 52 individuals.

Living Situation Immediately Prior to Entering the Shelter. Respondents were asked where they had lived immediately before sleeping in the shelter in which they were being interviewed. The most frequently mentioned places (in rank order) were: own apartment (31%, n=104); with friends (28%, n=95); another shelter (15%, n=51); jail, detention center, or prison (7%, n=24); on the streets (7%, n=24); or a halfway house (4%, n=15); other (4%, n=14); a car (1%, n=4); or a hospital (1%, n=4) (See Figure 10). This information was missing for 3 individuals. The numbers for those whose living situation immediately prior to entering the shelter was jail, a halfway house, or a hospital may be an underestimate. According to service providers who reviewed preliminary findings, it is not uncommon for individuals who have been discharged from one of these institutional settings to spend one or more nights with friends before entering a shelter setting.



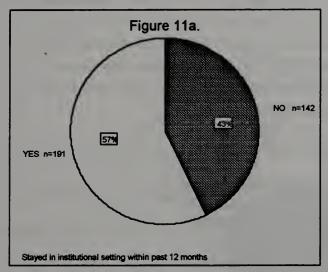
These results need to be understood as providing limited insight into length of individuals' homelessness, given that the question allows for different definitions of when homelessness began. A detailed residential history would yield more valid data on this issue.

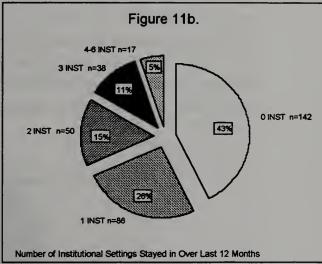
Reasons Individuals had left their Prior Living Situation. Respondents were asked about the reasons they left their prior living situation; they could offer more than one response. Their responses clustered into the following rank-ordered categories: basic needs unmet for housing, food, or clothing (mentioned 249 times); substance abuse or mental health difficulties (mentioned 108 times); unemployed or low wage job (mentioned 61 times); family conflict (mentioned 50 times); discharged from jail (mentioned 28 times); terminated from another shelter (mentioned 18 times); and court ordered to the shelter (mentioned 11 times).

Residences of Individuals within the Past 12 months. Seventy percent (n=236) of individuals reported that they had lived in a car, on the streets, or in another shelter within the past 12 months. The following table lists the non-institutional and institutional places residents reported they had stayed in during this period. Many individuals indicated that they had lived in more than one of these settings.

Location	N	%		
Non-Institutional Settings				
► A friend or relative's home	159	47%		
► Another shelter	156	46%		
► Hotel or motel	63	19%		
Institutional Settings				
Physical or mental health				
► Hospital	93	28%		
► Mental health facility	31	9%		
Criminal justice				
Jail, detention center, prison	64	19%		
► Halfway house for ex- offenders	10	3%		
Substance abuse treatment				
► Detox center	117	35%		
Halfway house for substance abuse treatment	56	17%		

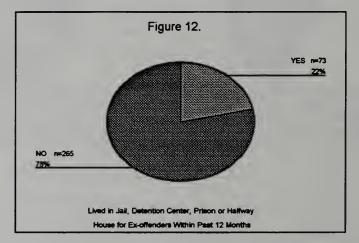
Past Experience in Institutional Settings. Fifty-seven percent (n=191) of individuals reported having lived in at least one institutional setting within the past 12 months (See Figure 11a). 26% (n=86) had lived in only one of these institutional settings; 15% (n=50), 2 institutional settings; 11% (n=38), 3 institutional settings; and 5% (n=17), 4 to 6 institutional settings (See Figure 11b).



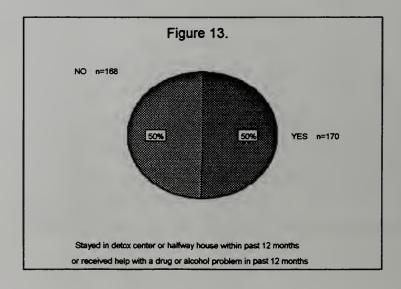


### WHAT ARE THESE INDIVIDUALS' RESOURCE NEEDS?

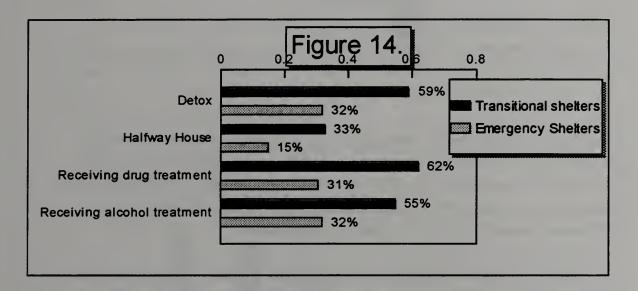
Experiences with the Criminal Justice System. Seven percent (n=24) of individuals were incarcerated in jail, a detention center, or prison immediately prior to entering the shelter in which they were interviewed. Twenty-two of these 24 individuals were male. Nineteen percent (n=64) of individuals reported having stayed in jail, a detention center, or prison within the past 12 months. The time these persons had spent in jail ranged from less than a month to 15 months, with one exception. One person reported having lived in jail for 18 years. Twenty-two percent (n=73) of the individuals interviewed indicated that they had lived in either a jail, detention center, prison, or halfway house for ex-offenders within the past 12 months (See Figure 12).



Substance Abuse Difficulties. Fifty percent (n=170) of the 338 individuals interviewed reported that they had stayed in a detox center or halfway house within the past 12 months, or were currently receiving or had received help with a drug or alcohol problem within the past 12 months (See Figure 13).

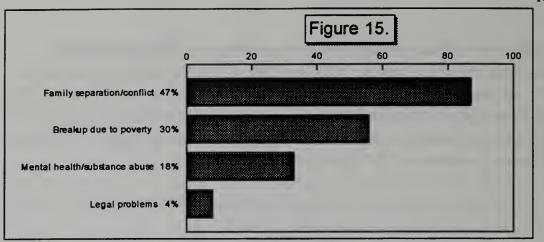


Residents in the three *transitional* programs were more likely than those in the 16 *emergency shelter* programs to report having stayed in a detox program (transitional, 59%; emergency shelter, 32%) or halfway house for substance abuse (transitional, 33%; emergency shelter, 15%) within the past 12 months, or were currently receiving drug treatment (transitional, 62%; emergency shelter, 31%) or alcohol treatment (transitional, 55%; emergency shelter, 32%) (See Figure 14).



Needs of Women Separated from their Minor Children. Of those 28 women who had children under 18 years not living with them, five had been in jail in the past 12 months, five had been in a hospital, six had stayed in a mental health facility, 11 had stayed in a detox center, 8 had lived in a halfway house for substance abuse. Seven of these women had lived in more than one institutional setting during this period.

Reasons that Minor Children are Not Living with Their Homeless Parent. If respondents (male and female) said that they had children under age 18 who were not living with them, they were asked what the main reasons for the separation. The most frequently reported responses follow (in rank order): family separation/conflict due to divorce, separation, custody or involvement with DSS (47%, n=87); breakup due to poverty (30%, n=56); mental health or substance abuse problems (18%, n=33); and legal problems (4%, n=8) (See Figure 15).



Needs Associated with Family Violence. Female respondents were asked about their past and current experiences with family violence. The questions were modeled after those used in a recent survey of welfare recipients in Massachusetts.<sup>10</sup> The six item index is based upon the State's official definition of domestic violence, as delineated in the 1978 Massachusetts Chapter 209A Abuse Prevention Act.

Specifically, female respondents were asked if any partner or household member had *ever*: made her think that she might be hurt by him; hit, slapped or kicked her; thrown or shoved her on the floor, against the wall, or down stairs; hurt her badly enough that she went to a doctor or clinic; used a gun, knife, or other object in a way that made her afraid; or forced her to have sex or engage in sexual activity against her will. The follow-up questions asked whether any of these acts had occurred within the past 12 months.<sup>11</sup>

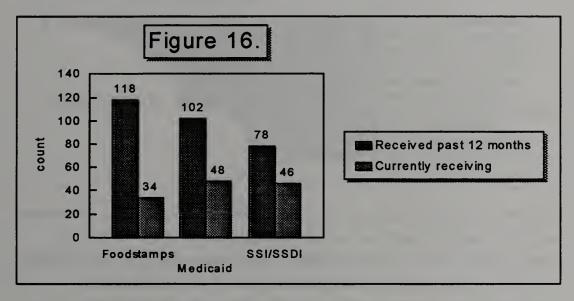
Results. Fifty-one percent of the 52 women who responded to the family violence questions, indicated that they had *ever* experienced one or more of these acts of violence. Twenty-three of the 27 women had experienced *more than one* of these types of violence. In fact, 16 women reported that they had experienced 4 or more of these types of abuse by a partner or household member.

<sup>&</sup>lt;sup>10</sup> Allard, M.A., Albelda, R., Colten, M.E., & Cosenza, C. (1997). In Harm's Way? Domestic Violence, AFDC Receipt, and Welfare Reform in Massachusetts. Boston, MA: University of Massachusetts Boston.

<sup>&</sup>lt;sup>11</sup> Given the sensitive nature of these questions, the data to follow very likely represent an under-reporting of past and current family violence.

Access to Public Resources for Meeting Basic Needs. The public resources most commonly utilized by homeless individuals in Boston's emergency shelter system are: SSI/SSDI, Food Stamps, and Medicaid. These benefits are an important resource for enabling homeless persons to meet their basic needs and move out of homelessness. In general, few individuals reported having accessed these resources within the past 12 months: Food Stamps (35%, n=118); Medicaid (30%, n=102); and SSI/SSDI (23%, n=78).

In every instance, of those who answered that they had received public resources in the past 12 months, the number of persons *currently* receiving these benefits had dropped considerably: a decrease by 71% for Food Stamps (118 to 34 individuals); a decrease by 53% for Medicaid (102 to 48 individuals); and a decrease by 41% for SSI/SSDI (78 to 46 individuals) (See Figure 16).

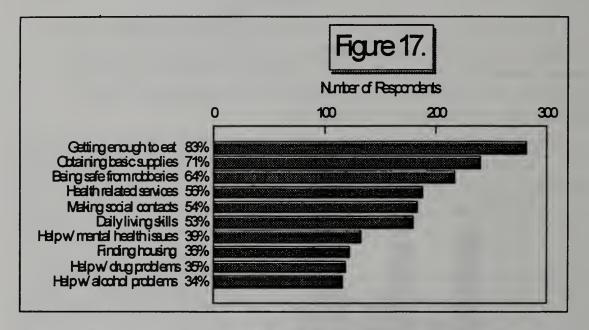


Access to Veteran's Benefits. Although nearly one-third of individuals (n=103) reported having served in the U.S. military, considerably fewer had received veterans' benefits in the past 12 months (n=41); even less were currently receiving them (n=17).

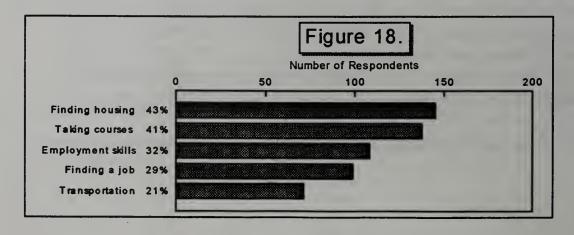
Services Individuals are Currently Receiving. Individuals reported that they were currently receiving the most help with (in rank order): getting enough to eat (83%, n=281); obtaining basic supplies of shampoo, clothes, etc. (71%, n=239); being safe from robberies, muggings, or assaults (64%, n=216); getting general health related services (56%, n=188); making social contacts (54%, n=183); and developing daily living skills (53%, n=179).

Somewhat fewer individuals reported that they were receiving help with: mental

health issues (39%, n=132); finding housing (36%, n=122); drug problems (35%, n=118); or alcohol problems (34%, n=116). Considerably fewer individuals reported receiving help with: finding a job (23%, n=79); getting identification or documentation (23%, n=79); developing employment skills (22%, n=74); getting help with legal problems (21%, n=70); getting help with family relations (15%, n=51); or taking courses in school (15%, n=49) (See Figure 17).



Resources Individuals Would Like to Receive. By far, individuals reported wanting help in five specific areas (in rank order): finding housing (43%, n=144); taking courses in school (41%, n=138); developing employment skills (32%, n=108); finding a job (29%, n=99); and getting transportation (21%, n=71) (See Figure 18). Considerably fewer persons identified an interest in receiving help in the other areas listed above. According to service providers reviewing these findings, some of the respondents who expressed a desire to take courses or find a job were working on more basic goals, such as staying sober or getting help with debilitating mental illnesses.



## **KEY FINDINGS**

FAMILIES IN EMERGENCY SHELTER PROGRAMS



## Highlights of Findings: Homeless Families

The majority of families in Boston emergency shelter programs consists of single mothers accompanied by one or two young children. Most children in these families are under the age of seven, but higher percentages of school-aged children are now living in shelters than was reported in an earlier 1995 statewide study of Massachusetts congregate shelters. No teen parents (under 19 years of age) were being served by programs participating in this study.

Cultural and linguistic minority groups, in particular Asian and Pacific Islander families, appear to have limited access to emergency shelter and to the resources that families are able to access once they enter a shelter. Only 4% of families in the study were Asian or Pacific Islander. According to the U.S. Department of Commerce Census Bureau's 1994 Current Population Survey, 10% of the adult female Asian population in Massachusetts is living in poverty (Albelda, 1996). Service providers who primarily serve homeless families from this ethnic background report that 75% of the families they serve are not able to access emergency shelter or the other public resources they need due to cultural and linguistic barriers (Personal communication, Asian Shelter and Advocacy Project, June 9, 1997).

Educational attainment is quite low for over two out of five parents living in Boston emergency shelters. This finding is consistent across all studies of homeless and low-income housed families living in Massachusetts cited in the report. According to the Current Population Survey for 1994, median earnings of women in Massachusetts who have less than a high school degree are \$5,460 (Albelda, 1996), an amount that is less than half of the official poverty level for a family of three. Increased educational attainment is an essential piece of the picture for enabling families to become economically secure (Albelda, 1996).

Families in Boston emergency shelters have experienced tremendous dislocation prior to entry into the shelter system. A typical pattern (reinforced by findings in this study) is for homeless families to be "on the move" once they have lost their housing; that is, they move in with friends or extended family before accessing emergency shelter.

Each dislocation disrupts children's schooling, child care, routines, and connections with friends, as well as parents' connections with work, friends, and community resources.

Family violence is or has been present in the lives of homeless families who live in the City's emergency shelters. A range of recent broad-based studies of homeless and low-income housed families in Massachusetts have documented the extent and impact of violence in the lives of the women and children in homeless families, and are supported by the findings in this study. Many staff and directors of programs who participated in this study reported that they do not have the skills or training to adequately assist women and children to deal with the traumatic effects of this violence on their well-being and functioning.

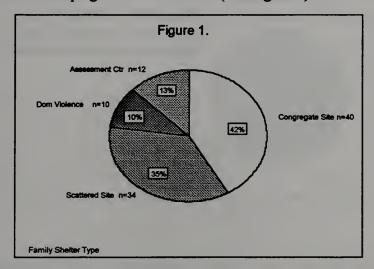
About one out of eight parents who participated in the study of Boston's emergency family shelters has recently lived in a criminal justice setting (i.e., jail, prison, detention center, or halfway house for ex-offenders). These families may need specialized supports to assist them with reunification of children and parents, and with overcoming barriers to obtaining affordable housing and employment that result from having a criminal record.

Families in the City's emergency shelters report receiving a diverse range of support services, in addition to food and shelter. However, they appear to have lost the public resources that they had previously been receiving, specifically TAFDC, Food Stamps, WIC, and Medicaid or MassHealth. This disruption in receipt of public resources may be the result of recent public policy changes (that is, state and federal welfare reform legislation) and/or a predictable consequence of frequent address changes as homeless families move from one temporary location to another, prior to entry into a shelter. In any case, these income, food, nutrition, and medical supports may be essential in assisting families to move out of homelessness and into economic and residential stability.

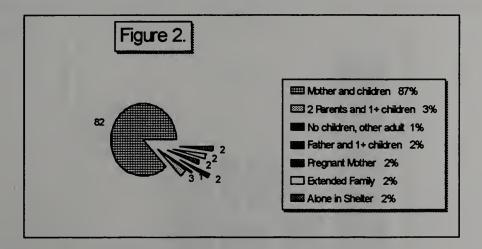
Information, charts, and graphs detailing these findings follow.

# WHO ARE THE HOMELESS FAMILIES CURRENTLY USING THE EMERGENCY SHELTER SYSTEM?

Shelter Types<sup>12</sup>: Parents who participated in the survey lived in four different types of shelters: 42% (n=40) were in non-specialized, congregate family shelter programs; 35% (n=34) in scattered site shelter; 13% (n=12) in an assessment center; and 10% (n=10) in shelters for families escaping domestic violence (See Figure 1).

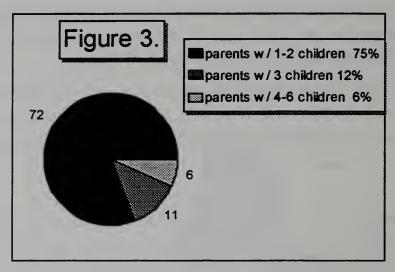


Family Composition: Eighty-seven percent (n=82) of the families involved in the survey were comprised of single mothers and their children (See Figure 2). Only three families included a mother, father, and their children. Two families were headed by a single father. Two women were pregnant, without other children; two women were alone; and two grandparents were caring for their grandchild(ren).

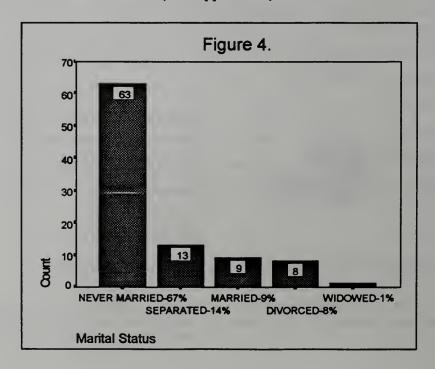


<sup>&</sup>lt;sup>12</sup> Congregate shelters are shelters in which families share some living spaces; scattered site shelters are those in which families have their own separate living units; assessment centers are specialized intake shelters. Any significant differences among respondents from these four types of family shelters are noted in the document.

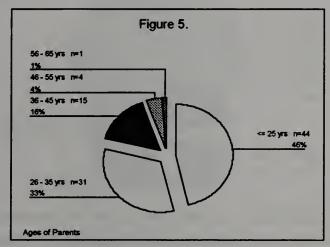
Size of Families. Seventy-five percent (n=72) of the parents had one or two children with them; 12% (n=11) of the parents were accompanied by three children; 6% (n=6) of the parents had 4 to 6 children with them. The remaining adults were pregnant or had no children with them (See Figure 3).



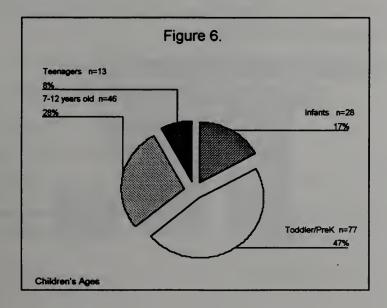
Parents' Marital Status: Over two-thirds of the parents (67%, n=63) had never been married; 22% (n=21) were separated or divorced; 9% (n=9) were married; and 1% (n=1) was widowed (See Figure 4). The percentage of those who have never married in this study is roughly similar to that reported in other studies of homeless or low-income housed families in Massachusetts (See Appendix B).



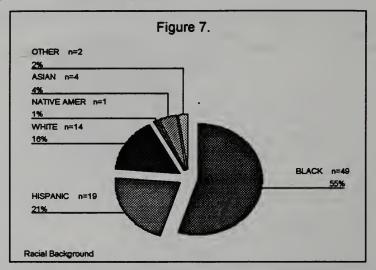
Ages of Parents: Forty-six percent (n=44) of the parents or adults interviewed in family shelters were 25 years or younger; another 33% (n=31) were between 26-35 years of age; 21% (n=20) were 36 or older (See Figure 5). Parents in this study are somewhat older, on average, than mothers in the Worcester Family Research Project (See Appendix B). Also, no parents participating in this study were younger than 19 years; a statewide study carried out in 1995 with congregate family shelters in Massachusetts (Friedman, 1996) reported that 13% of mothers were 18 or younger (See Appendix B). Within the past several years, homeless teen parents have been increasingly served in specialized programs.



Ages of Children: Seventeen percent (n=28) of the 164 children were infants (under age 1); 47% (n=77) were toddlers/preschoolers (2-6 years of age); 28% (n=46) were 7-12 years of age; 8% (n=13) were teenagers (See Figure 6). Compared with other studies of homeless and low-income housed families in Massachusetts, children in this study are somewhat older; higher percentages are in the seven to twelve year age category (See Appendix B).

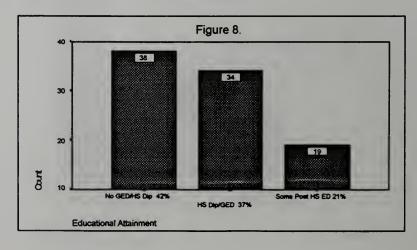


Racial Characteristics: Fifty-five percent (n=49) of the respondents identified themselves as Black; 21% (n=19) as Latino; 16% (n=14) as White; 4% (n=4) as Asian/Pacific Islander; 2% (n=2) as Other; and 1% (n=1) as Native American (See Figure 7). As compared with the all but one of the studies summarized in Appendix B, higher percentages of parents in this study were Black. The racial/ethnicity results are most similar to those reported by Schutt et al. (1997) for families served in Boston by the 1995 Supportive Housing Programs.

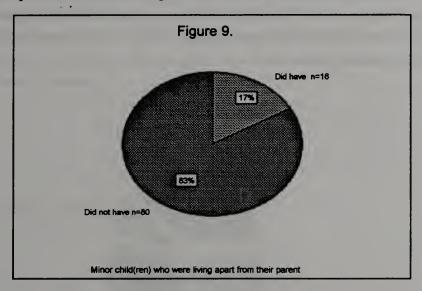


Ninety-two percent of the parents indicated that they could speak English well enough to make their needs known. Ten interviews were conducted in Spanish; one in Haitian; and one in Chinese.

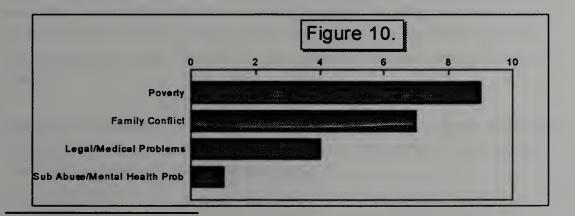
Parents' Educational Status: Forty-two percent (n=38) of these parents had not completed high school and had no GED. 37% (n=34) had earned either a high school degree or GED; another 21% (n=19) had additional educational experience (See Figure 8). These results are highly consistent with other studies of homeless and low-income housed families in Massachusetts (See Appendix B).



Parents Who are Separated from Children Under 18 Years of Age: Seventeen percent (n=16) of those parents who had children with them at the family shelters, also had children under 18 years of age who were not living with them (See Figure 9). Eighty-one percent (n=13) of these children were living with relatives<sup>13</sup>. Three children were living in a group home; one was living with a friend.



Reasons Minor Children are Not Living with Parents. Nine of the 16 parents who reported being separated from their minor children identified some condition associated with poverty as the cause of family breakup (See Figure 10). Other primary reasons reported by parents (in rank order) were: family conflict (mentioned 7 times); legal or medical problems (reported 4 times); and substance abuse or mental health problems (mentioned once).

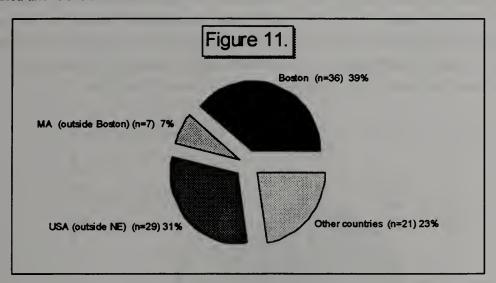


<sup>&</sup>lt;sup>13</sup> Some of the children living with relatives could have been placed there by the Department of Social Services; this form of foster care is referred to as kinship care.

Parents' Institutional and Homeless Experiences as Children. Fifteen percent (n=14) of the parents reported having lived in a foster home or group home before they were 18 years of age. The Worcester Family Research Project reported that a slightly higher percentage of homeless mothers (20%) had lived in foster care as children (See Appendix B). Nine percent (n=9) had been homeless as a minor child; 5% (n=5) had spent some time in a juvenile detention center as a child; 3% (n=3) in a psychiatric hospital; and one in a detox center.

#### WHERE HAVE THESE HOMELESS FAMILIES COME FROM?

Birthplace. Thirty-nine percent (n=36) of these parents reported being born in Boston (16 of these parents said that they were born in either Roxbury or Dorchester). Seven percent (n=7) of the parents were born elsewhere in Massachusetts; 31% (n=29) were born in another part of the United States; 23% (n=21) were born in another country (See Figure 11). Birthplaces outside the United States were: Dominican Republic, Haiti, Jamaica, Cambodia, Vietnam, China, Hong Kong, Japan, England, and countries in Africa and Central America.



# Recent Residential History

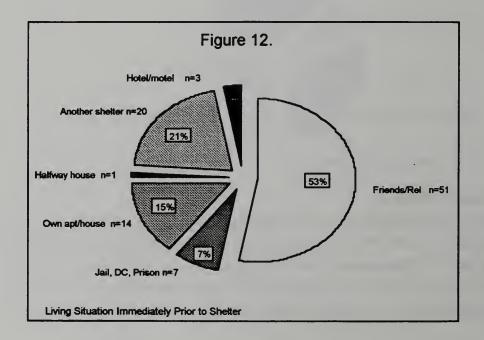
Several questions focused on understanding families' recent residential history<sup>14</sup>. These questions included: whether or not they had been homeless before; the length of time of this period of homelessness; their living situation immediately prior to entry into the shelter; the reasons they left their prior living situation; the number of moves they had made during the past 12 months; and the places they had lived during the past 12 months.

Recurring Homelessness. Twenty-eight percent (n=25) of adults in family shelters, who answered the question, reported that they had been homeless before; 71% (n=70) said they had not; one person reported not knowing.

Due to constraints of this research effort (in particular, limited interviewing time), obtaining a detailed residential history from each respondent was not possible.

Length of Time for This Period of Homelessness. Respondents were asked when they first sought shelter for this episode of homelessness<sup>15</sup>. For 66% (n=60) of the families, this period of time was under 6 months. Another 16% (n=15) first sought shelter 7-11 months ago; 13% (n=12) reported seeking shelter 1-2 years ago. For 4% (n=4), this period of time was 3-5 years in duration.

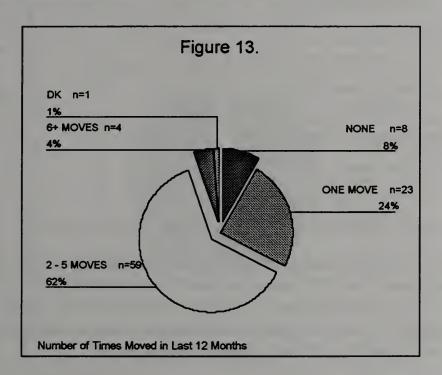
Living Situation Immediately Prior to Entering the Shelter. Respondents were asked where they had lived immediately prior to entering the shelter in which they were being interviewed. Fifteen percent (n=14) had lived in their own apartment and 53% (n=51) with friends or relatives. 24% (n=23) had lived in another shelter or a hotel/motel before sleeping in the shelter. Seven percent (n=7) had lived in jail, a detention center, or prison; the remaining person (1%) had lived in a halfway house (See Figure 12).



These results need to be understood as providing limited insight into length of families' homelessness, given that the question allows for different definitions of when homelessness began. A detailed residential history would yield more valid data on this issue.

Reasons Families had Left Their Prior Living Situation. Respondents were asked about the reasons they had left their prior living situation. By far, the most frequently mentioned reason for leaving had to do with families' destitution and inability to meet basic needs (mentioned 107 times). Other responses clustered into the following categories (in rank order): family conflict (mentioned 19 times); substance abuse or mental health problems (mentioned 7 times); violation of rules in another shelter (mentioned 6 times); and discharged from jail (mentioned 5 times).

Number of Moves Within the Past 12 Months. Respondents were asked how often they had changed the place they were living within the past 12 months. Twenty-four percent (n=23) had moved one time; 62% (n=59) had moved 2-5 times within the past 12 months; 4% had moved 6 or more times during this period (See Figure 13).

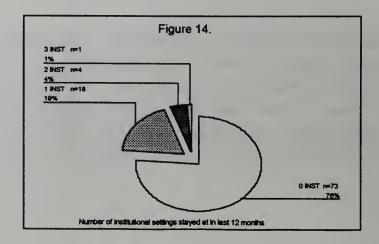


Residences of Parents/Families Within the Past 12 Months. Seventy-three percent (n=70) of the parents or adults interviewed in family shelters indicated that they had lived in a "doubled up" situation within the past 12 months; that is, they had lived in the home of a friend and/or relative. The following table lists the non-institutional and institutional places parents in family shelters reported living in within the past 12 months. Many indicated that they had lived in more than one of these settings.

Table 1. Residences of Parents or Adults in Family Shelters within the Past 12 Months (Non-institutional and Institutional Settings)

Location	N	%
Non-Institutional Settings		
► A friend or relative's home	70	73%
► Another shelter	40	42%
► Hotel or motel	16	17%
Institutional Settings		
Physical or mental health		
► Hospital	18	19%
► Mental health facility	1	1%
Criminal justice		
► Jail, detention center, prison	4	4%
► Halfway house for ex- offenders	1	1%
Substance abuse treatment		
► Detox center	1	1%
► Halfway house for substance abuse treatment	4	4%

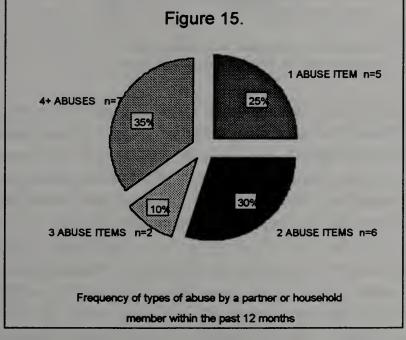
Past Experience in Institutional Settings. Twenty-four percent (n=23) parent or adult respondents had stayed in an institutional setting within the past 12 months; 18 of these 23 persons had stayed in one institution; an additional 5 had stayed in two or three institutions during this period (See Figure 14). Of those who stayed in a hospital within the past 12 months, 8 (44%) gave birth to a child in this time period.



#### WHAT ARE FAMILIES' RESOURCE NEEDS?

Needs Associated with Family Violence. Female respondents in family shelters were asked about their past and current experiences with family violence. Forty percent (n=36) of the women interviewed in family shelters reported having ever been abused by a partner or household member one or more times. Thirty percent (n=29) of the women interviewed had gone to court to get restraining orders against current or former partners or household members. Twenty-two percent (n=20) of the women reported that they had been abused by a partner or household member within the past 12 months. Fifteen of these 20 women had experienced more than one type of abuse during this period. In fact, 7 experienced 4 or more of these types of abuse by a partner or household member (See Figure 15). Although these figures are somewhat lower than reported in other studies (See Appendix B), they indicate that family violence is a

significan the lives families the City's shelters.

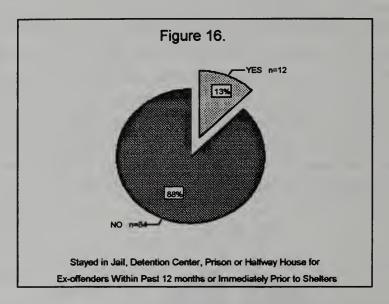


t problem in of homeless who live in emergency

<sup>&</sup>lt;sup>16</sup> As stated earlier in the report, the questions were modeled after those used in a recent survey of welfare recipients in Massachusetts. The six item index is based upon the State's official definition of domestic violence, as delineated in the 1978 Massachusetts Chapter 209A Abuse Prevention Act. Specifically, female respondents were asked if any partner or household member had *ever*: made her think that she might be hurt by him; hit, slapped or kicked her; thrown or shoved her on the floor, against the wall, or down stairs; hurt her badly enough that she went to a doctor or clinic; used a gun, knife, or other object in a way that made her afraid; or forced her to have sex or engage in sexual activity against her will. The follow-up questions asked whether any of these acts had occurred within the past 12 months.

Given the sensitive nature of the questions, these percentages very likely represent an under-reporting of the presence of violence in the lives of the families interviewed. Longitudinal research, conducted by the Better Homes Fund with homeless and housed low-income families in Worcester, serves to affirm that these percentages reflect an under-reporting of family violence.

Parents'/Adults' Experiences with the Criminal Justice System. Thirteen percent (n=12) of the respondents in family shelters reported that they had lived in either jail, detention centers, prisons, or halfway houses for ex-offenders within the past 12 months or immediately prior to entering the shelter.

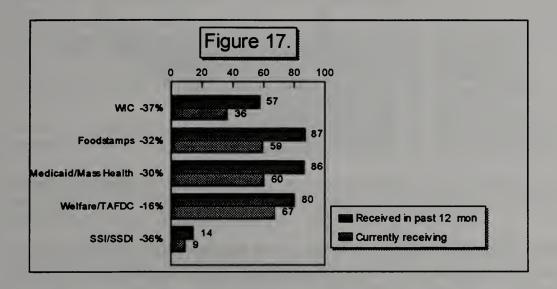


Substance Abuse Difficulties. Ten percent (n=10) of the parents/adults interviewed reported that they had received help for drug or alcohol problems. That is, they had stayed in detox centers or halfway houses within the past 12 months, were currently receiving help for alcohol or drug problems, or had received this help within the past 12 months. This percentage is roughly similar to that reported by Schutt et al. (1997) for families served by the City's 1995 Supportive Housing Programs.

Access to Public Resources. A majority of parents reported receiving the following public assistance benefits within the past 12 months: Food Stamps (91%, n=87)); Medicaid or Mass Health (90%, n=86); welfare/TAFDC (83%, n=80); WIC (59%, n=57). Half of the parents in the specialized intake center had received SSI or SSDI within the past `12 months. This was the only instance in which a high percentage of parents reported obtaining this public benefit.

In every instance, of those who had recieved public benefits within the past twelve months, the number of families *currently* receiving them had dropped considerably (See Figure 17): a decrease by 37% for WIC (from 57 to 36 families); a decrease by 32% for Food Stamps (87 to 59 families); a drop by 30% for Medicaid or Mass Health (86 to 60

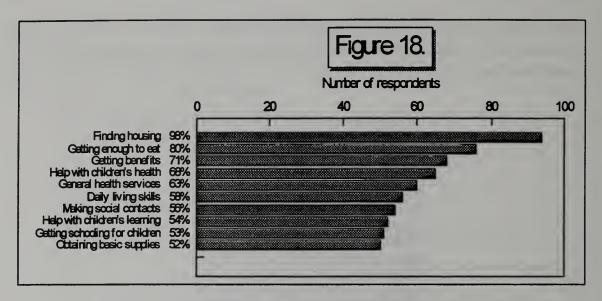
families); and a decrease by 16% for welfare/TAFDC (80 to 67 families). The percentage of parents who had received SSI/SSDI within the past 12 months also dropped by 36% (14 to 9 families).



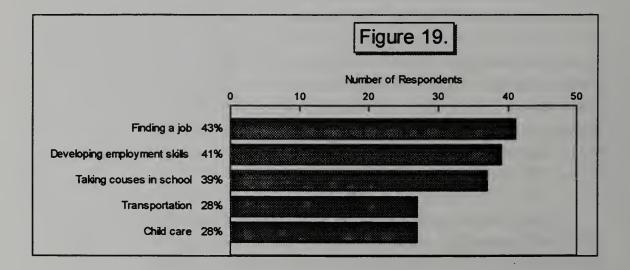
Services Families Are Currently Receiving. Over 40% of parents reported that they were currently receiving help with 14 of the 24 services listed. Parents reported that they were currently receiving the most help with (in rank order): finding housing (98%, n=94); getting enough to eat (80%, n=76); getting welfare, SSI, or other benefits (71%, n=68); getting help with their children's health (68%, n=65); getting general health related services (63%, n=60); developing daily living skills (58%, n=56); making social contacts and new friends (56%, n=54); getting help for their children's learning (54%, n=52); and getting schooling for their children (53%, n=51); obtaining basic supplies (52%, n=50).

Somewhat fewer parents reported receiving help with: improving parenting skills (45%, n=43); getting help with legal problems (43%, n=41); being safe (43%, n=41); getting child care (41%, n=40); getting identification or documentation (38%, n=36); getting transportation (35%, n=34); and getting help with family relationships (33%, n=32).

Considerably fewer parents reported receiving help with: mental health problems (28%; n=27); developing employment skills (19%, n=18); and finding a job (15%, n=14).



Resources Families Would Like to Receive. These parents reported wanting help with (in rank order): finding a job (43%, n=41); developing employment skills (41%, n=39); and taking courses in school (39%, n=37). Over one-quarter also reported wanting help with getting transportation (28%, n=27) and child care (28%, n=27).



#### REFERENCES

Albelda, R. (1996). An Economic Profile of Women in Massachusetts: Final Report. Boston, MA: McCormack Institute, University of Massachusetts Boston.

Allard, M.A., Albelda, R., Colten, M.E., & Cosenza, C. (February 1997). In Harm's Way: Domestic Violence, AFDC Receipt, and Welfare Reform in Massachusetts. Boston, MA: McCormack Institute and Center for Survey Research, University of Massachusetts Boston.

Bassuk, E.L., Browne, A., & Buckner, J.C. (1996). Single mothers and welfare. *Scientific American*, 275, 60-67.

Bassuk, E.L., Buckner, J.C., Weinreb, L.F., Browne, A., Bassuk, S.S., Dawson, R., Perloff, J.N. (1997). Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87, 241-248.

Bassuk, E.L., Weinreb, L.F., Buckner, J.C., Browne, A., Salomon, A., Bassuk, S.S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association*, 276, 640-646.

Browne, A., & Bassuk, S.S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67, 261-278.

Culhane, D.P., Lee, C-M, Wachter, S.M. (1996). Where the Homeless Come From: A Study of the Prior Address Distribution of Families Admitted to Public Shelters in New York City and Philadelphia. Working paper. Washington, D.C.: Fannie Mae Office of Housing Research.

Emergency Shelter Commission, City of Boston. (December 1996). State of Homelessness in the City of Boston, Winter 1996-1997: Annual Census Report, December 16, 1997. Boston, MA: Author.

Fischer, P.J. (March 1991). Alcohol, Drug Abuse, and Mental Health Problems Among Homeless Persons: A Review of the Literature, 1980-1990, submitted to the National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health. Baltimore, Maryland: Johns Hopkins University.

Friedman, D.H. (1996). Parenting in Public: A Study of Help-Giving Practices to Support Parenting and Child Well-Being in Massachusetts' Congregate Family Shelters. Unpublished dissertation manuscript. Waltham, MA: Brandeis University.

Garrett, G. & Schutt, R. (1989). Homelessness in Massachusetts: Description and analysis. In Momeni, J. *Homelessness in the United States: State Surveys.* NY, NY: Praeger Press.

Gelberg, L., Gallagher, T.C., Anderson, R.M., & Koegel, P. (1997). Competing priorities as a barrier to medical care among homeless adults in Los Angeles. *American Journal of Public Health*, <u>87</u>, 217-220.

Roth, D. (1989). Homelessness in Ohio: A statewide epidemiological study. In Momeni, J. Homelessness in the United States: State Surveys. NY, NY: Praeger Press.

Roofless Women's Action Research Mobilization. (April 1997). Lifting the Voices of Homeless Women: Summary of Findings and Recommendations. Boston, MA: Women's Institute for Housing and Economic Development and Center for Community Planning, University of Massachusetts Boston.

Schutt, R.K., Jablonski, E., & Burke, C. (June 1997). Boston's Supportive Housing Programs: Building the Continuum of Care for Homeless Persons, prepared for the Emergency Shelter Commission and Public Facilities Department, City of Boston. Boston, MA: University of Massachusetts, Boston.

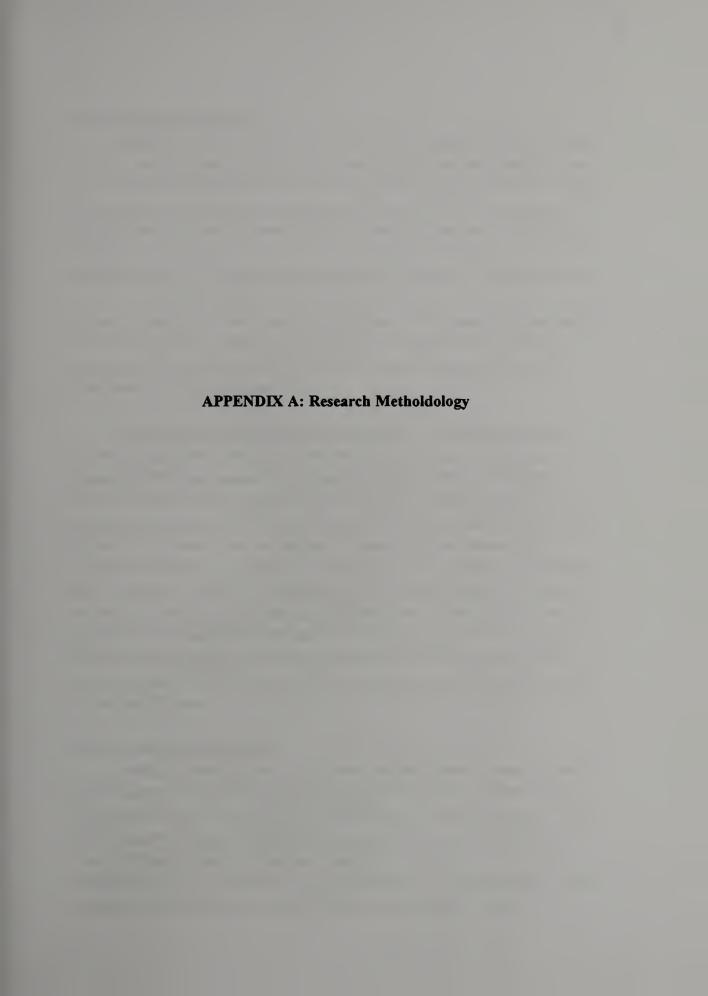
Vernez, G., Burnam, M.A., McGlynn, E.A., Trude, S., & Mittman, B.S. (February 1988). Review of California's Program for the Homeless Mentally Disabled, prepared for the California Department of Mental Health. Santa Monica, CA: Rand Corporation.

White, A. (January, 1996). Perception vs. Reality. City Limits. 10-12.

### APPENDIX

- A. Research Methodology
- B. Comparison of Finding with Other Studies
  - 1. Homeless Individuals
  - 2. Homeless Families
- C. Survey Instruments
  - 1. Individual Assessment
  - 2. Family Assessment







# Questionnaire Development

The UMass research team took the lead in developing questionnaires which could be used with people staying at both the individual and family shelters. They worked closely with Kelley Cronin and Ed Cameron of the City of Boston's Shelter Commission. In addition, two meetings were held: one, with representatives of family shelters and one with representatives of individual shelters, in order to get feedback on the types of information which would be particularly useful to the shelters themselves. These meetings took place on February 5, 1997 and February 3, 1997 respectively. Draft versions of the questionnaires were given to the shelters to further elicit their reactions and opinions. The research team attempted to actively enlist the cooperation of the shelters as partners in this endeavor, to make sure the data resulting from the survey would not only serve the City of Boston but the shelters themselves.

Once information and comments were obtained from all these sources, a pretest version of the questionnaire was developed. The Center for Survey Research (CSR) then conducted a pretest of the questionnaire in one family shelter, Margaret's House, and one individual shelter, United Homes. These pretests were conducted on February 25 and February 26 respectively. We would formally like to thank these two shelters for volunteering and allowing us to conduct the pretests in their shelters. Dottie Cerankowski, senior manager of CSR field interviewers, conducted the pretest herself. Within each shelter, she trained workers at the shelter in interviewing techniques, observed the interviews being conducted, and then debriefed the interviewers on their experiences. In total, 4 interviews were completed at the family shelter, and 15 were completed at the individual shelter. Based upon the results of the pretest, the questionnaires were revised and finalized.

# Sample Design and Procedures

Keeping in mind the goals of the survey and the budgeted resources, goals for participation were set: approximately 350 interviews with residents at the individual shelters, and 100 interviews with parents or other adult caregivers at the family shelters. Using information from the annual Census of Boston Shelters, conducted by the Emergency Shelter Commission in December 1996, and assuming that approximately 65% of all those approached for an interview would complete one, a sampling plan was devised for random selection of one out of

every four individuals and one out of every two families in the emergency shelters in the City. This plan was based upon an assumption that all Boston shelters would participate in the survey effort.

Another dimension of the sample design was to plan for data collection to take place on one given night, necessitating that all shelters be coordinated to conduct the survey at the same time. This feature of the sample design was necessary to guarantee that no one had an opportunity to be selected twice for the survey. By defining the population as those people staying the night in a shelter, and then having all shelters collect data on the same night, any possibility of multiple selection was eliminated. After receiving feedback from shelter providers, the night of March 19th was determined as best for everyone involved.

One exception to the definition of anyone staying overnight on the evening of March 19 as eligible for being interviewed was allowed. This was for the Night Center at the Pine Street Inn. This shelter is not designed with beds for overnight stay, but instead as a drop-in facility. For this one shelter, any person who used the facility at all on the evening of March 19 was eligible.

One final element of the sample design regarded transitional housing. Because the primary focus of the survey was the *needs of residents in emergency shelters*, and not those making longer term transitions to stable housing, any <u>exclusively</u> transitional housing program was ineligible for the study. However, if emergency shelters had beds within them which were used for transitional programs, then these beds were included in the survey. The reason for this decision was a practical one. The definition of a transitional bed differed from shelter to shelter, and it was very difficult to describe which shelter slots should and should not be included as eligible for the survey. For consistency, *all beds in emergency shelters* were determined to be eligible for the survey regardless of their transitional status. However, each interviewer was asked to indicate whether or not the individual s/he interviewed was in a transitional bed.

Concerning data collection, workers at the shelters were utilized as interviewers. There were two reasons for this. The first was budgetary as there were not enough funds available to pay CSR interviewers to be in every shelter in the city on the night of March 19. The second reason was a more practical one, in

that shelter staff already have a rapport with many of the shelter residents and could use this relationship to help gain their trust and cooperation for the survey.

Because of this decision, the research process included training shelter staff on how to select a sample of residents and conduct an interview. Four training sessions were held, one on March 13, two on March 14, and one on March 18. Training sessions were approximately two hours long and run by Tony Roman of CSR. In addition, the sessions were videotaped and copies were made available to the shelters for anyone who could not make it to a training session. These training sessions were planned to contribute to the overall success of the survey by helping to standardize the process of data collection across all shelters.

Finally, the questionnaires were translated into Spanish. The budget would not support translation into any other language and the expected number of residents who spoke any single language other than English or Spanish was expected to be quite small. If a shelter had a worker who could translate the questionnaire into another language and then conduct the interview, this was allowed and we kept track of how often this happened. Although, this practice is generally limited in traditional survey research, we decided to allow it for this study. We could tell which interviews were conducted in this fashion and those interviews could be included or excluded in analyses depending upon their perceived quality.

# Random Sampling Options

Each shelter had an option to use any one of four methods for randomly selected persons to be interviewed. This flexibility was essential for taking into account the diversity of program sizes, types, and circumstances of emergency shelters in the City. The four methods were:

◆ Bed Method: Shelters choosing to use their bed list for selecting potential interviewees gave each bed a number from 1 to the total number of beds in the shelter. A random start number (provided by the UMass research team) determined which bed was first for beginning the selection. If the random start number was 2, then beds 2, 6, 10, 14, 18....and so forth, were selected for inclusion in the study (every one out of four for individual shelters; one out of every two for family shelters).

- ♦ Arrival Method: In this method, a blank list was used to register each person who arrived for shelter on the night of the survey. The random start number was then used to begin the count for selecting every one out of four or one out of two shelter guests.
- ♦ Alphabetical method: This method was an option for those shelters who knew their shelter guests in advance. A list was made up with each person listed in alphabetical order. Using the random start number, provided by the UMass research team, every one of four (or one of two for family shelters) guests was selected as a potential interviewee.
- ♦ Hat Method: This method was also used by programs who knew their shelter residents in advance. A piece of paper was filled out for each resident in the shelter, and placed in a hat or other container. Enough papers were then pulled from the hat to identify the specified number of potential interviewees (one of four or one of two).

#### **Data Collection Results**

Overall, 16 of the 18 individual shelters within Boston and 17 of the 22 family shelters participated in the survey. This was considered an extremely high rate of participation and led to a general feeling that the results of the survey truly represent the City's overall emergency shelter population. A list of shelters is included in Table 1.

Table 2 gives results for the data collection at <u>individual shelters</u>. Overall, the effort led to 338 completed out of the 489 attempted interviews and an overall response rate of 69.1%. This is a very good result considering the difficulties of engaging homeless persons in such a survey. Table 3 gives similar results for the family shelters. Here, 94 families were interviewed out of 122 attempted for a response rate of 77.1%. Again, this is a very high response rate, indicating that the results are very representative of the City's total family emergency shelter population.

An additional measure of the quality of the data comes from the interviewers themselves. Interviewers were asked to comment on each questionnaire regarding

any problems with the data collected. Only 7 of the 434 questionnaires were identified as having questionable quality. This is tremendously low and again indicates that this survey led to very reliable data.

#### Limitations

Who were left out? This survey does not provide a portrayal of the entire population of homeless individuals and families in Boston. This survey did not include any of the programs at the far end of the Continuum of Care, that is, specialized transitional housing, permanent-supported housing or specialized day programs for individuals or families who are homeless (e.g., employment or education programs, treatment programs for those with mental illness and substance abuse problems). The focus of the study was on those persons using the emergency shelter system, not the transitional, and permanent housing programs in the City.

The survey also *did not include* those individuals who were sleeping on the streets on the night of the survey, or those families who were homeless<sup>17</sup> and unable to gain access to a shelter due to state restrictions or cultural, linguistic, physical or other accessibility barriers.

What do we know about those persons who were asked to participate, but who were not interviewed? Interviewers were asked to provide some information about persons who were randomly selected for the study, but who were not interviewed. For individuals, 85 persons declined to participate; 4 were unable to be interviewed due to a language barrier (Spanish and an Asian dialect); 46 were missed due to scheduling problems; and 16 were judged by the interviewer to be incapable of being interviewed due to intoxication (n=7), mental illness (n=5), drug use (n=2), or other personal problem. On the night of the survey, 21 of the beds randomly selected for participation in the study were empty. This "empty bed" number was not included in calculating the overall response rate for individuals.

<sup>&</sup>lt;sup>17</sup> The HUD definition of homelessness includes those who are lacking a "fixed, regular, and adequate nighttime residence or (were sleeping) in a public or private place not designed or ordinarily used as a regular sleeping accommodation..." such as a car. State restrictions prohibit some homeless families from entering Department of Transitional Assistance-funded shelters.

For families, 21 parents or adult caregivers declined to participate; one was prevented from participating due to a language barrier (no interviewer available to speak Arabic); 3 were unable to be reached; and 3 were unable to participate due to their work schedules.

The UMass research team contacted all of the participating programs to learn more about those persons who declined to participate in the study. Nine of the 17 family shelters engaged 100% of those randomly selected as participants in the study. The response rate was under 60% for only four family shelter programs. All four of these programs indicated that parents' busy schedules interfered with their availability to be interviewed. One scattered site program had difficulty making contact with parents to ask for their participation in the study.

The low response rate (under 60%) within three individual shelter programs greatly affected the overall participation rate for *individuals* in emergency shelter programs: the Woods Mullen site of Long Island Shelter (LIS); the Night Center and the Men's Inn within Pine Street Inn (PSI). Several circumstances affected the participation of guests in the Woods Mullen site. First, the LIS Spanish-speaking interviewer was not available to conduct interviews with the Spanish-speaking guests when they were present at the shelter. Second, on the evening of the survey, Woods Mullen was not at capacity. Third, mental illness and intoxication prevented some guests from being able to be interviewed.

Participation of guests at the PSI sites was low for slightly different reasons. The PSI contact person we spoke with indicated that the Night Center guests who declined to participate were "paranoid, intoxicated, or unable to focus." These circumstances are understandable, given the Night Center's unique role within the emergency shelter system as an all night "drop-in" site. Participation of guests in the PSI Men's Inn was the lowest among all the shelters involved in the study, that is, 38% of guests agreed to be interviewed. Program staff indicated that some guests were not present that night; some were affected by substance abuse or mental illness; and some were simply resistant to the idea of being involved in the study.

#### Conclusion

Homeless persons, who by definition are in crisis, are a challenging population to engage in a survey. Shelter programs have many competing demands on their time. The fact that so many shelters took part in the study and that such a high response rate resulted speaks to the commitment and interest in having solid information about the needs of people who are homeless in Boston. The efforts of Kelley Cronin and Ed Cameron of the City of Boston's Shelter Commission were instrumental in coordinating the effort and helping to guarantee success. The directors and staff at the shelters deserve tremendous credit for the results of this effort. They allowed the survey to take place at their facilities and worked very hard to collect the data. Without their efforts and cooperation, the survey could not have worked. It is a tribute to their efforts, that this survey can produce solid statistical data.

#### Table 1: List of Shelters

# Individual Shelters that participated in the study:

Betty's Place

Health Care For Homeless

Kingston House

New England Vets Shelter

Pine Street Inn

Anchor Inn

Women's Inn

St. Paul's

Night Center

Long Island Shelter

Woods-Mullen

LIS Annex

Shattuck Shelter

United Homes

YMCA-Cardinal Medeiros

# **Shelter for Homeless Adolescents:**

**Bridge Over Troubled Waters** 

# Family shelters that participated in the study:

# Congregate, non-specialized:

**Boston Family** 

Casa Nueva Vida

Crittenden-Hastings

Crossroads

Margaret's House

Project Hope

Salvation Army

Sojourner House

St. Ambrose Inn

#### **Scattered Site:**

Travelers' Aid

New Chardon Street

Metro Boston Housing Project

Children's Services of Roxbury

# Shelters for Women/Families Escaping Domestic Violence:

Asian Shelter Advocacy Project

Casa Myrna Vasquez

Elizabeth Stone House

FINEX

## Individual Shelters that did not participate:

Rosie's Place Sancta Maria

### Family shelters that did not participate:

**Families In Transition** 

Family House

Lifehouse

Hildebrand

Renewal House

Table 2: Results for Individual Shelters

Shelter	Number who stayed in shelter on March 19	Attempted Interviews	Completed Interviews	Response Rate
Betty's Place	15	4	3	75.0%
Health Care for Homeless	46	12	9	75.0
Kingston House	73	18	16	88.9
New England Vets	247	40	39	97.5
Pine Street Inn	340	76	29	38.2
Anchor Inn	141	35	25	71.4
Women's Inn	114	28	19	67.9
St. Paul's	65	13	9	69.2
Night Center	74	18	10	55.6
Long Island Shelter	332	82	54	65.9
Woods-Mullen	195	42	23	54.8
LIS Annex	100	26	23	88.5
Shattuck Shelter	203	51	39	76.5
United Homes	88	22	21	95.5
YMCA-Cardinal Medeiros	63	15	14	93.3
Bridge Over Troubled Waters	26	7	5	71.4
Total	2122	489	338	69.1

Table 3: Results for Family Shelters

Shelter	Number who stayed in shelter on March 19	Attempted Interviews (Families)	Completed Interview (Families)	Response Rate
Boston Family	8	4	4	100.0%
Casa Nueva Vida	6	3	3	100.0
Crittenden-Hastings	25	13	11	84.6
Crossroads	9	4	4	100.0
Margaret's House	24	12	12	100.0
Project Hope	7	4	2	50.0
Salvation Army	4	2	2	100.0
Sojourner House	7	5	5	100.0
St. Ambrose Inn	8	5	4	80.0
Travelers' Aid	11	5	3	60.00
New Chardon St.	9	5	5	100.00
Metro Boston Housing Project	49	24	17	58.3
Children's Services of Roxbury	44	22	12	54.5
Asian Shelter Advocacy Project	5	2	2	100.00
Casa Myrna Vasquez	6	4	4	100.00
Elizabeth Stone House	10	4	1	25.0
FINEX	9	4	3	75.0
TOTAL	241	122	94	77.1

# **APPENDIX B: Comparisons with Other Studies**

- 1. Homeless Individuals
- 2. Homeless Families



Table 1. Comparison of Research Methods with Other Studies: Homeless Individuals

Dimension	This study (1997)	idy Garett/Schutt Gelberg et al Roth RWARM (1989) (1989) (1997)	Gelberg et al (1997)	Roth (1989)	RWARM (1997)	Schutt et al. (1997)
Research	Shelter staff or volunteers carried out face-to-face interviews with 338 homeless individuals—a self-report approach	Researchers reviewed 501 intake records in Boston's Long Island Shelter, between March 1983 to July 1984	Trained interviewers conducted face-to-face interviews with 363 homeless individuals a self-report approach	A statewide study in Obio, including face. to-face interviews with 979 homeless individuals, by trained interviewers-a self report approach	Women who who formerly homeless interviewed (in person) a total of 126 homeless women in Massachusettsa self-report approach	Staff in 17 Boston McKinney-fuuded programs assessed 1833 clients at intake and, for some clieuts, at follow- up as well. Intake data relies upon client's self- report.
Sample	Random selction of one out of four individuals served on March 19, 1997 in 13 emergency and 3 transitioual shelter programs in Boston.	25% of intake records were randomly selected for review.	485 individuals were randomly selected from a larger study sample (also randomly sc- lected) from 2 areas in L.A County with the highest home- less conceutrations	A representative statewide sample was selected. Did not include women in battered women in battered women? shelters or those "doubled up."	Rescarchers identified currently homeless women in 102 shelters; 2 transitional housing complexes across the state. 11 persons "ou the street" were also interviewed.	1833 clients served by these Supportive Housing Programs receiving intake assessmeut during a one-year period: 81% (N=1494) iii programs for individuals; 19% (N=339) iii programs for families
Response	16 of 18 programs participated (89%); 69.1% of those asked to participate were interviewed	Not applicable record review	75% of the 485 (N=364) selected for a longitudinal study agreed to be interviewed	Not reported.	Not reported.	Intake data for 94%, and follow-up data for 61% of the clicuts served by these programs

	T. i. ed. d.	Com	Comparison of Findings	with Other Studies	of Findings with Other Studies: Homeless Individuals	duals	Schutt et al.
Finding	(N=338)		(N=501)	(N=364)	(6L6=N)	(N=126)	(N=1494)
A8e	<26 25-45 46-55 56+ Average age:	5% 61% 22% 14% 42 yrs	<26 24% 26-45 52% 46+ 24% Median age: 34 yr	18-41 yrs 62%	18-29     35%       30-39     28%       40-49     17%       50-59     13%       60+     6%	<pre>&lt;=17 1% 18-24 34% 25-44 57% 45-54 6% 55-64 2%</pre>	<26 10% 26-45 59% 46-55 14% 56+ 17% Mcdiau agc: 41 yrs
Gender	male femalc	%61 %61	male 80% female 20%	male 80% female 20%	male 81% female 19%	Not applicable: women only	male 72% female 28%
Marital Status	married div/sep/ widowed ncver marr.	5% 39% 55%	married 10% Other not reported	Not reported	married 11% div/sep/ 43% widowed nev marr. 45%	div/sep/ 25% widowed 59% single 59% with partner 4%	Not collected in 11UD Amual Progress Report
Race/Ethnicity	Black White Latino Asiau Native Am	36% 48% 9% 2% 2% 3%	White 62% Other data not reported	Black 55% White 19% Latino 16% Other 10%	Black 30% White 65% Latino 3% Other .6%	Black         40%           White         36%           Latino         15%           Asian         1%           Native Am         5%           Other         3%	Black 43% White 47% Latino 9% Asian 1% Native Am .6%
Education	<hs <br="">HS/GED HS+</hs>	23% 56% 21%	These data were not reported.	These data were not reported.	These data were not reported.	These data were not reported.	Not collected in HUD Annual Progress Report
Separated from children under 18 yrs Women	54% 35%		These data were not reported.	These data were not reported.	These data were not reported.	Over half of the women in single slielters or on the streets.	These data were not reported.

Finding	_	Comparison of Findings with Other Studies: Homeless Individuals  Garrett/Schutt Gelberg et al. Roth  Ry	with Other Studies Gelberg et al.	: Homeless Indivi	duals RWARM	Schutt et al.
Criminal	Lived in jail 7% immediately prior to entry into shelter	These data were not reported.	These data were not reported.	Ever been 59% in jail	These data were not reported.	Lived in jail immediately prior to intake 2%
	Stayed in jail, 22% prison, detention center, or halfway house for ex-offenders in past 12 months					Of 201 persons who dropped out of programs, and whose destinations were known, 5 individuals went to jail
Substance Abuse Problems	Had stayed in 50% detox, halfway house within past 12 months or getting help for drugs or alcohol	Problems with 45% alcohol/drugs	Problems 49% with alcohol/ drugs	Problem 21% drinking	These data were not reported	% Staff assessed 43% at intake and/or at follow-up as having substance abuse problems
Mental Health Problems	Had stayed in a 43% mental health facility or had received mental health service in past 12 months; or were currently receiving mental health service	21% of 401 residents had contact with some mental health service.  38 reported having hallucinations.	Chronic major 5% mental illness Dual diag. 21% (Mental illness/ substance abuse)	Prior psych- 30% iatric hospitalization Psychiatric 31% impairment	These data were not reported	% Staff assessed 15% at intake as having mental illuess as primary disability  Dual diagnosis 6% Total
Family Violence (women only)	Had ever experi- 51% enced one or more of the six types of abuse that fit Mass. official definition of domestic violence	These data were not reported	These data were not reported	These data were not reported	More than half of the women reported becoming homeless as a result of fleeing domestic violence	This data was not collected as part of the HUU Annual Progress Report

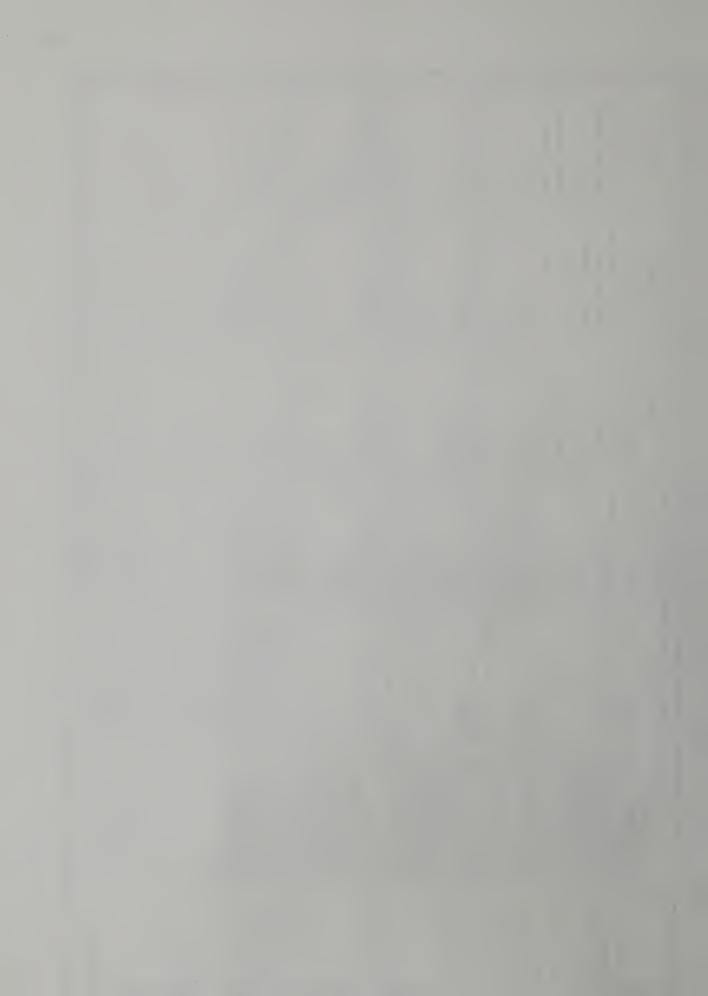
Table 2. Comparison of Research Methods with Other Studies Conducted in Massachusetts: Homeless Families

	x x x x x x x x x x x x x x x x x x x	or or
Schutt et al. (1997)	Staff in 17 Boston McKinney funded programs assessed 1833 ckients at intake and, for some clients, at follow-up as well. Intake data relies upon client's self-report.	1833 clients served by these Supportive Housing Programs receiving uttake assessment during a one-year period: 81% in programs for undividuals; 19% in programs for families
RWARM (1997)	Women who were formerly homeless interviewed (in person) a total of 126 homeless women in Massachusetts—a selfrejort approach	Researchers identifed eurrently homeless women in 102 shelters for funities and individuals; 2 transitional housing complexes across the state. 11 homeless women "on the street" were also interviewed.
Friedman (1996)	One researcher conducted phone interviews and a mailed survey with directors of MA publiely-funded congregate family shelters. In 5 programs, she conducted face-to-face interviews with 10 staff menubers, and 41) mothers of presehoolers (20 current, 20 former residents).	All MA congregate publiely-funded family shelters were asked to participate in the phone interviews and muil survey with directors.  Demographic data was gathered on 901 fathers, mothers and children in residence in these 55 shelters on March 31, 1995.  Programs espousing contrasting views regarding the ways they provide help to families were randonly selected for the case studies.
Bassuk et al. (1997)	Trained interviewers conducted in-person interviews over 3-4, 2 1/4 hour long, sessions in the homes or shelters in which respondents lived. Family violence questions were asked at the end of the second session to ensure enough rapport for limiting under-reporting on these sensitive questions.	220 homeless mothers, pregnant or with a dependent child, were recruited from 9 out of 10 of Worcester MA emergeney/ transitional shelters, and 2 welfare hotels. A comparison group of 216 low-income housed mothers, pregnant or with a dependent child, and never previously homeless, was randomly selected from AFDC recipients visiting the Worcester welfare office.
Allard et al. (1997)	Trained interviewers conducted in person interviews with 734 welfare recipients in private spaces within 42 welfare offices across MA; fumily violence questions were presented via audiotape, and answered without the interviewer viewing the woman's responses.	Interviews took place on randomly selected days during the period in 1995-1996 when every woman receiving welfare had to go to a MA welfare office for re-certification. On the days in which interviewers were present in offices with small easeloads, every woman was asked to participate; in offices with large caseloads, one out of two women were asked to participate.
This study (1997)	Shelter staff or volunteers carried out face-to-face interviews with 96 heads of households—a self-report approach	Random selection of one out of two families served on March 19, 1997 in 17 energency family shelter programs in Boston.
Dimension	Research Method	Sample

Dimension	This study (1997)	Allard et al. (1997)	Bassuk et al. (1997)	Friedman (1996)	RWARM (1997)	Schutt et al. (1997)
Response Rate	17 of 22 programs (77%) participated; 77.1% of those asked to participate were interviewed (N=96)	110 randomly selected data collection days; 1329 of 9035 women were coming for recertification; 58.3% of 1329 were interviewed (N=734).	61% participation for homeless mothers (N=220), 55% for lowincome housed mothers (N=216).	95% of the directors participated in phone interviews (N=55); 83% completed the mailed survey (N=48); all of the staff (N=10) and mothers (N=40), who were invited, agreed to participate.	Not reported.	Intake data for 94%, and follow-up data for 61% of the clients served by these programs

	Comy This study (N=96)	narison o,	f Findings with Other Stu. Allard et al (N=734)	Comparison of Findings with Other Studies Conducted in Massachusetts: Homeless and/or Poor Housed Families and/or Poor Housed Families (N=134) Allard et al Bassuk et al Friedman (N=134) (N=126)	ms: Homeless and/or Poor Friedman (N=341 Mothers)	Housed Families RWARM (N=126)	Schurt et al. (N= 339)
Age of Head of Household	Average age 3 19-25 yrs 26-35 yrs 36+ yrs Range 19-	30 yrs 46% 33% 21% 19-65 yrs.	Average age 31 yrs	Average age Homeless 26 yrs Housed 29 yrs	<ul> <li>&lt;18 yrs</li> <li>19-25 yrs</li> <li>26-35 yrs</li> <li>36-yrs</li> <li>36+yrs</li> <li>9%</li> </ul>	<ul> <li>&lt;=17 yrs</li> <li>18-24 yrs</li> <li>25-34 yrs</li> <li>39%</li> <li>35+ yrs</li> <li>26%</li> <li>Range</li> <li>&lt;17-64 yrs</li> </ul>	Average age 29 yrs <=25 39% 26-45 59% 46+ 2%
Age of Children	Average age <= 6 7.12 13.18	6 yrs 64% 28% 8%	Age of youngest child <=2yrs 36% 37% 7.11 17% 12.18 9%	Average age of children Homeless 4.4 yrs Housed 6.1 yrs	<=6 yrs 79% 7-12 yrs 16% 13-18 yrs 6%	These data were not reported.	These data were not reported for HUD Annual Progress Report.
Gender	fernale male	n=94 n= 2	All female	All femile	female n=341 93% male n=27 7%	All female	female 314 male 10 Missing 15
Marital Status	marned div/sep/widowed never marned	9% 23% 67%	married 12% div/sep/widowed 30% never married 58%	Combined: 6% div/sep/widowed 30% never married 66%	These data were not reported.	unarried 13% div/sep/widowed 25% with a partner 4% single 59%	More than 50% of heads of households had never been married.
Race/Ethnicity	Black White Latino/a Asian Native Amer Other	55% 16% 21% 4% 1% 2%	13lack 20% White 45% Latina 32% Asian Not reported Native Am Not reported Other 4%	Combined 17% Black 39% White 39% Puerto Rican 37% Asian Not reported Other 8%	Mothers only: Black 30% White 40% Latina 25% Asian 1% Native Ann <1% Other 4% Primary spoken 21% language other than English	Black 40%   White   36%   Latina   15%   Asian   1%   1%   Ultive Amer   5%   Other   3%   1%   1%   1%   1%   1%   1%   1%	Black 52 % White 25% Latino/a 20% Asian 2% Native Am Not reported Primary spoken 10% language other than English
Education	no HS or GED HS or GED Some post HS	42% 37% 21%	no HS or OED 36% HS or OED 36% Some post HS 24%	Housed mothers: no HS or QED 40 % HS or QED 60%	no HS or OED 44% HS or OED 36% Some post HS 20%	These data were not reported.	Not collected for 11UI) Annual Progress Report
				no HS or OED 49.6 % HS or OED 50.4%			

	Comparison of This study (N-96)	f Findings with Other Studie Allard et al (N=734)	Comparison of Findings with Other Studies Conducted in Massachusetts: Homeless and/or Poor Housed Families ndy Allard et al Bassuk et al Friedman (N-734) (N-734) (N-126)	tts: Homeless and/or Poor   Friedman (N=341 Mothers)	Housed Families RWARM (N=126)	Schurt et al (N= 339)
Separated from children under 18 yrs	17% of parents reported that they had additional minor children not living with them in the shelter.	These data were not reported.	Agency took/threatened to take child awny Homeless 30% Housed 11%	These data were not reported.	42% (This percentage includes women in shelters for families, as well as for singles.)	Parents had custody of 80% of their minor children.
Parents' Institutional Experiences as Children	Lived in foster care 15% (May not include kinship care.)	These data were not reported.	Lived in foster care: Homeless mothers 20% Housed mothers 8% Homeless as child %	These data were not reported.	These data were not reported.	These data were not reported.
Criminal Justice	Lived in jail, 13% prison, detention, center, or halfway house for exoffenders within past 12 months, or immediately prior to entry into shelter	These data were not reported.	Jailed or institution in past 2 years Homeless Housed 1%	These data were not reported.	These data were not reported.	These data were not reported.
Substance Abuse	Had stayed in a 10% detox, halfway house for substance abuse within thepast 12 months or were receiving help for drug or alcohol use	These data were not reported.	Ever hospitalized for substance abuse Homeless 19% Housed 4%	These data were not reported.	These data were not reported.	% staff assessed 14% at intake with substance abuse as a primary disability
Family Violence (women only)	Had ever taken 30% out a restraining order against a partner or household member	Had ever taken out a restraining order against a partner/household mem69% of 143 who reported abuse in past 12 months48% of 333 who reported abuse prior to the past 12 months	Had ever taken 34% out a restraining order against a partner or household member	These data were not reported.	()ver half of the women reported becoming liouncless as a result of llecing domestic violence.	These data were not reported.
	Had ever been 40% abused by a purtner or household member	Had ever been 65% abused by a partner or household member	Had ever been a victim of violence by an intimate —homeless 88%housed 79%			



**APPENDIX C: Survey Instruments** 

1. Individual Assessment Instrument

2. Family Assessment Instrument



## City of Boston Cross-Sectional Survey Individual Assessment

Sponsored by The City of Boston, Emergency Shelter Commission and UMass Boston, The McCormack Institute and The Center for Survey Research

Non-interviews: Check if selected person:	
O declined to participate	
□ could not do survey due to language (which language did they speak?	)
D was incapable of doing survey (state reason:	

1. Water were you boilt. (Cazek The First	AND THE CONTROL OF THE CONTROL FOR PETAILS)
□ Boston (Indicate section or neighb	porhood
☐ Massachusetts (Indicate city / tow	
D New England (Check if CT.	NH, VT, ME, RI)
United States (Indicate state or U.	S. territory
Another country (Indicate country)	
	•
2. What is your date of birth? MONTH	/DAV /VEAR
2. What is your date of blue. Workin	
3. Are you of Hispanic or Latino origin?	□ Y⇔ □ No
4. Are you black, white, Native American, As	ian or Pacific Islander, or something else?
□ Black	□ Asian / Pacific Islander
□ White	□ Something else: What is that?
□ Native American	
5. Do you speak English well enough to make	vom needs known?
O Yes	Jone Books and Wal
- • • •	ge do you primarily speak?
ο Mo (π Mo) Aust mußmeß	e do you primiarily speak?
	1
6a. What is the highest level of schooling that	you completed?
l to ll (enter the highest gi	
□ Completed high school □ Completed 2 year (AA) degree	⇔ Ge to Q#6c
□ Completed 2 year (AA) degree	⇔ Go to Q#7
College graduate (4 year degree)	⇔ Go to Q#7
☐ Some school beyond college	⇔ Go to O#7
- 5022001 000,0020 0020660	
6b. Have you completed GED requirements?	□ Yes □ No
ob. The you completed Octo requirements:	5 10
6 Umana and land	1. 16
6c. Have you completed some college or tech	nical/vocational schooling? □ Yes □ No
7. Have you ever served in the U.S. military?	□Yes □No
8. Are you currently married, separated, divor	reed, widowed or never been married?
□ Married □ Widov	ved .
	Married
Divorced	IVILLI IOG
O DIVOICEL	
2 12	
9a. (CHECK THE BOX NEXT TO THE CLIENT'S	
Are you male, female, or transgende	red?   Male   Female   Transgendered
9b. [If female] Are you pregnant?    O Yes	□ No

som bo you gave any omnava and to.		
□ Yes, How many?		
□ No (GO TO QUESTION #11a)		
10b. Are these children currently living with relatives, in foster care, in a group bon someplace else? (CHECK ALL THAT APPLY)	ne, on their own o	or
☐ With relatives ☐ Group home ☐ Someplace else, where ☐ Foster care ☐ Living on their own ☐ Don't know	is that?	
10c. What are the main reasons this child is/these children are not currently staying [PROBE FOR DETAILS AND UP TO 3 ANSWERS]	with you?	
1		
2		
3		
1a. Which of the following best describes where you were living just before sleeping at (READ EACH OPTION AND CHECK ONE)	this shelter? We	re you living in
<ul> <li>a friend or relative's place?</li> <li>jail, detention center, or prison?</li> <li>someplace else, what was that?</li> </ul>	□a car? □the streets	□another shelter? □a hospital?
1b. Did you receive public assistance such as a Section 8, a rental subsidy, or public ho	neina uhen von l	ived in this place?
	asing when you	ived in this place:
□Yes □No		
2. What are the main reasons you left that living situation to come to this shelter		
[Probe for details and up to 3 reasons]		
•		
·		
3. In the past 12 months, how many times have you moved, that is changed where you	were living?	time(s)
	C	Don't know
4a. When did you first seek shelter for this current period of homelessness?Mo	onthYear	
4b. When did you first enter any shelter during this current period of homelessness?	Month	Year
4c. Have you ever been homeless before? □ Yes □ No □ Don't know		
15. (IF MALE, SKIP TO Q17) Have you ever been to court to get a restraining order again nember?	ast a current or fo	rmer partner or househo
□Yes □No		

16. Has any partner or household member	r ever		(RTA = 1	Refused to	Answer)		Has this h	appened in
made you think that you might be hurt by him (or her)?			□ Yes	□ No	□ RTA	□ Yes	□ No	□RTA
hit, slapped, or kicked you?			□ Yes	□ No	D RTA	□ Yes	□ No	□RTA
thrown or shoved you onto the floor, ag down stairs?	ainst the w	all or	□ Yes	□ No	□ RTA	□ Yes	□ No	□RTA
hurt you badly enough that you went to	a doctor or	clinic?	□ Yes	□ No	□RTA	□Yes	□ No	□RTA
nsed a gun, knife, or other object in a w	sy that ma	de you	□ Yes	□ No	□RTA	□ Yes	□ No	□RTA
forced you to have sex or engage in sex your will?	nal activity	against	□ Yes	□ No	□ RTA	□ Yes	□ No	□RTA
7. In the past 12 months, have you								
CHECK ANSWER ON EACH LINE)				(HVes) I	low long did	l von etev i		
CHECK ALGWER ON EACH MINE)	Yes	No		(14)	TOW YOUR CER	you stay I	<b>L</b>	
stayed in a mental health facility?	D D		000	Year(s	) Mont	h(e) T	Day(s)	
stayed in a hospital?	0			Year(s			) <b>a</b> y(s)	
stayed in a jail, prison or	0	_	000	Year(s		` ' —	Day(s)	
detention center?	J	J				ш(з)г	<b>74</b> 5(3)	
Lstayed in a detox center?	0	0						
lived in a friend or relative's place?	0							
lived in a hotel or motel?	0	0						
stayed in a battered women's shelter?	0	0						
stayed in a halfway house for ex-offenders?	0	0						
stayed in a halfway house for substance abuse?	0	0						
stryed in another shelter?	0	٥						

0

0

k. ...stayed in some other facility?

(What type of facility was this

					you currently
	V	Ma	receiv		•
	Yes	No	Yes		mmmm (first manufacture)
awelfare / TAFDC?	0	0	0	0	has loss of TAFDC affected you and your children?
bSSI or SSDI?	0	0	0	0	has less of TAPIC affected you and your children?
cWIC?	0	0	0	_	,
d Healthcare for the	0	,0	0		1
Homeless service?					
esubsidized child care?	0	0	0	0	
fjob training?		0	0	0	•
geducational benefits?		0	0	0	2
hfuel assistance?		0	٥	0	
Ifood stamps?		0	0		
jmental health service?		0	0		
kdrug treatment?		0	0		3
L Medicaid / Mass. Health?	0	0	0		
mMedicare?	0	۵	0		
nveterans' benefits?	0	0	0		
oanother type of assistance?		٥	0		
What type of assistance was the	1 <b>is</b> ?				
dolla	ers ow m	□ Not Appl	table inco	ome	did you earn, that is, money from any other sources of pay?
O I haven't worked in the last	2 yes	rs.			
22 Before you were 18 years	old d	id you ever liv			
in a foster home?				Yes	□ No
.m a group home?				Yes	□ No
on the streets or in	shelte	ers?		Yes	□ No
in a detox center?				Yes	□ No
in a psychiatric ho	spital		0	Yes	□ No
in a juvenile deten		enter?	0	Yes	□ No

18. In the past 12 months, have you received.... (CHECK ANSWER ON EACH LINE)

23. Are you (CHECK ANSWER ON EACH LINE)		
	currently	(IF NO) Woul

	currently receiving with		(IF NO) Woul to receive hel	
	Yes	No	Yes	No
afinding a job?	0	0	0,	0
bdeveloping employment skills?	0	0	0	0
ctaking courses in school?	0	٥		0
dfinding housing?	•	0		0
eobtaining basic supplies (shampoo, clothes, etc	:.)? 🗆	0		0
fgetting enough to eat?	0	0		0
gdeveloping daily living skills?	0	0		٥
hgetting help with a drug problem?	0	0		0
Lgetting help with an alcohol problem?	0	0		0
jreceiving counseling or mental health services?		0		0
kgetting general health related services?	٥	0	0	0
1being safe from robberies, muggings, or assault	c? ۵	o ·	0	٥
mgetting welfare, SSI or other benefits?	0	0		0
nmaking social contacts and new friends?	0			۵
ogetting help with legal problems?	0	0		۵
pgetting help with problems in family relations?		0		۵
qgetting identification or documentation?	٥	0	0	0
rgetting transportation?	0	0		0
simproving parenting skills?	0	0	0	0
[If respondent has children]				
Lgetting child care?			0	0
ugetting schooling for your children?	0	۵		0
vgetting help for your children's health?		0	0	0
wgetting help for your children's learning?	0	0	0	0
xgetting help for your children's	0		D	0
emotional/psychological needs?				
y. Any other (Specify:				

THANK YOU!!!

( Interviewer check: Was the in D English D Spanish D Another language, which language		.)
(Was this a transitional bed?	□ Yes	□ <b>N</b> o
		Interviewer's Notes:
Write down any question that you Also, record any general observ		wered incorrectly, why you believe this, and your perception of the correct answer.  ffect the quality of the data.

## City of Boston Cross-Sectional Survey Family Assessment

Sponsored by The City of Boston, Emergency Shelter Commission and UMass Boston, The McCormack Institute and The Center for Survey Research

Non-interviews: Check if selected person:	
D declined to participate	
□ could not do survey due to language (which language did they speak?	)
□ was incapable of doing survey (state reason:	

D Boston (Indicate section or neighb				)
D Massachusetts (Indicate city / tow	0			)
O New England (Check if CT.	NH, VI	, ME, _	RI)	
United States (Indicate state or U.	S. territory			
□ Another country (Indicate country				)
•				
- 70 · · · · · · · · · · · · · · · · · ·	(5.37	(307.45)		
2. What is your date of birth? MONTH	/DAY	/ YEAR		
2 Assum of Dimenia and ation origin?	□ Yes	□ No		
3. Are you of Hispanic or Latino origin?	ט ז פ	D 140		•
4. Are you black, white, Native American, As	sian or Pacific Is	lander or so	mething else?	
4. Ale you olses, while, Ivalve American, As	Man Of I action 13	<b>M</b> (1, 01 50	mount cro.	
□ Black	□ Asian / Paci	fic Islander		
□ White	□ Something e		that?	
□ Native American	_ 50_0			
= <b>:</b> \\				
5. Do you speak English well enough to make	vour needs kno	<b>ч</b> т?		
□ Yes	,			
□ No (If No) What langua	ge do vou <del>prim</del> a	rily speak?		
6a. What is the highest level of schooling that	t vou completed	?		
l to 11 (enter the highest g	RADE AND ASK	QUESTION 6E	3)	
□ Completed high school	<b>⇒</b> G:	to Q#6c		
□ Completed 2 year (AA) degree	<b>⇒</b> G(	to Q#7		
□ College graduate (4 year degree)	<b>⇒</b> G <sub>0</sub>			
□ Some school beyond college		to Q#7		
•				
6b. Have you completed GED requirements?	D Yes	□ No		
6c. Have you completed some college or tech	nical/vocational	schooling?	□ Yes	□ No
7. Have you ever served in the U.S. military?	O Ye	:s	□ No	
8. Are you currently married, separated, divo	rced, widowed	or never been	n married?	
□ Married □ Wido	wed			
	r Married			
□ Divorced				
9a. (CHECK THE BOX NEXT TO THE CLIENT'				
Are you male, semale, or transgend	cred?	Male D	Female Tr	ensgendered
9b. [If female] Are you pregnant?	□ No			

1. Where were you born? (CHECK THE FIRST ANSWER ON LIST THAT APPLIES, THEN PROBE FOR DETAILS)

(Person)	_is this person male or female?	this person's date of birth? MONTH / DAY / YEAR	what is the relationship of this person to you?
1	□ Male □ Female		
2	□ Male □ Female		
3	□ Male □ Female		
4	□ Male □ Female		
5	□ Male □ Female		
6	□ Male □ Female		
0	Yes, How many? No (GO TO QUESTION #12)	of currently staying with you at this s	beher?
D D D D D D D D D D D D D D D D D D D	Yes, How many? No (GO TO QUESTION #12)  ese children currently living with relativelese? (CHECK ALL THAT APPLY)  With relatives   Group home	ves, in foster care, in a group home,	on their own or
1b. Are the omeplace of	Yes, How many?  No (GO TO QUESTION #12)  ese children currently living with relativelese? (CHECK ALL THAT APPLY)  With relatives  Group home Foster care  Living on	ves, in foster care, in a group home,  Someplace else, where is to their own Don't know children are not currently staying with	on their own or
lb. Are the omeplace of	Yes, How many?  No (GO TO QUESTION #12)  ese children currently living with relativelese? (CHECK ALL THAT APPLY)  With relatives   Group home  Foster care  Living on  the the main reasons this child is/these of probe for it.	Someplace else, where is to their own Don't know children are not currently staying with DETAILS AND UP TO 3 REASONS	on their own or hat?h you?
1b. Are the omeplace of	Yes, How many? No (GO TO QUESTION #12)  ese children currently living with relativelee? (CHECK ALL THAT APPLY)  With relatives  Group home Foster care  Living on  the the main reasons this child is/these of	Someplace else, where is to their own Don't know children are not currently staying with DETAILS AND UP TO 3 REASONS]	on their own or hat?h you?
lb. Are the omeplace of	Yes, How many?  No (GO TO QUESTION #12)  ese children currently living with relativelese? (CHECK ALL THAT APPLY)  With relatives   Group home  Foster care  Living on  the the main reasons this child is/these of probe for it.	Someplace else, where is to their own Don't know children are not currently staying with DETAILS AND UP TO 3 REASONS]	on their own or hat?h you?
lb. Are the omeplace of	Yes, How many? No (GO TO QUESTION #12)  ese children currently living with relativelese? (CHECK ALL THAT APPLY)  With relatives  Group home Foster care  Living on  I probe for 1	Someplace else, where is to their own Don't know Children are not currently staying with DETAILS AND UP TO 3 REASONS	on their own or hat?h you?

au. Not counting yourself, how many people, that are members of your family, are currently staying at this shelter with

13. Has any partner or household member ever	(RTA = I	Refused to	Answer)		Has this h	appened in ?
made you think that you might be hurt by him (or her)?	□Yes	□ No	□RTA	□ Yes	□ No	□RTA
hit, slapped, or kicked you?	□ Yes	□ No	□RTA	□ Yes	□ No	□RTA
thrown or shoved you onto the floor, against the wall or down stairs?	□ Yes	□ No	□RTA	□ Yes	□ No	□RTA
hurt you badly enough that you went to a doctor or clinic?	□ Yes	□ No	□ RTA	□ Yes	□ No	□ RTA
used a gum, knife, or other object in a way that made you afraid?	□ Yes	□ No	□ RTA	□ Yes	□ No	□RTA
forced you to have sex or engage in sexual activity against your will?	□ Yes	□ No	ORTA	□ Yes	□ No	□ RTA
☐ Yes ☐ No	ntal subsidy	, or publi	c housing w	ben you live	ed in this p	place?
15 What are the main reasons you left that living situation to co [Probe for Details and UP to 3 is		shelter				,
					_	
2						
S						
16. In the past 12 months, how many times have you moved, the	nt is change	ed where	you were liv	mg?	time(s	) ·
				01	Oon't knov	ev
172. When did you first seek shelter for this current period of ho	omelessnes	s?	_Month	Year		
17b. When did you first <u>enter</u> any shelter during this current per	riod of bott	elessaess	,2M	onth	Year	
17c Have you ever been homeless before?   Yes  N	ь пр	on't knov	,			

18. In the past 12 months, have	you								
(CBECK ANSWER ON EACH LIN	E)					(If Yes) How	long did you st	ary in	
			Yes	No					
astayed in a mental health fa	acility?		0	0	000	Year(s)		Day(s)	
bstayed in a hospital?			0		000		Month(s)		
cstayed in a jail, prison or detention center?			0	٥	000	Year(s)	Month(s)	Day(s)	
dstayed in a detox center?			D	۵					
elived in a friend or relative	's place?		0	٥					
flived in a hotel or motel?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D	0					
gstayed in a battered women	n's shelte	<b>x</b> ?	0	D			•		
hstayed in a halfway house			٥	۵					
ex-offenders?									
Istayed in a halfway house : substance abuse?	for		0	۵					
jstayed in another shelter?			D	0					
kstayed in some other facili	itv <sup>2</sup>		0	٥					
(What type of facility was this									
19. In the past 12 months, have you or your children received (CHECK ANSWER ON EACH LINE)  (If Yes) Are you currently receiving									
•	Yes	No		s No	•				
awelfare / TAFDC?			0		222	□□ (If not curr	enthe receiving	TAFTY) ln w	hat were
bSSI or SSDI?		0	0			loss of TAFDC			
cWIC?	0	0		ם			-130000 you all	Jour Chimic	
dHealthcare for the			0	0		1			
Homeless service?		_							
esubsidized child care?	٥	٥	٥	D					
fjob training?	0	0	٥	0					
geducational benefits?	٥	۵	٥	۵		2			
hfuel assistance?	0	0		0					
lfood stamps?	0		0						
jmental health service?	0		0	0					
kdrug treatment?		0		۵	1	3			
1Medicaid / Mass. Health?		0	0	0	1				
mMedicare? nveterans' benefits?		0	0	0			<del></del>		
oanother type of assistance?	_	0	0	0					
What type of assistance was the	nis?								
20. Before you were 18 yearsin a foster home?in a group home?on the streets or inin a detox center?in a psychiatric hos	shelters?	on evel		CHECK OYS OYS OYS OYS		ON EACH LINE)  INO INO INO INO INO INO			

<b></b>	currently receiving help with		(IF NO) Would to receive help	you or your children lik with
	Yes	No	) Yes	No
afinding a job?	٥	0	0	٥
bdeveloping employment skills?	٥	o		٥
ctaking courses in school?	۵	0	0 /	0
dfinding housing?	0	0	0	0
e obtaining basic supplies (shampoo, clothes, etc	:.)? 🗆	0	0	0
fgetting enough to eat?	0	0	O	0
gdeveloping daily living skills?	٥	0	0	٥
hgetting help with a drug problem?	٥	0		0
Igetting help with an alcohol problem?	0	0	0	0
jreceiving counseling or mental health services?		0		٥
kgetting general bealth related services?	0	0	0	0
1being safe from robberies, muggings, or assaul	ts? 🗆	0	0	
mgetting welfare, SSI or other benefits?	0	D		0
nmaking social contacts and new friends?	٥	0		o
ogetting help with legal problems?	٥	0	1 0	0
pgetting help with problems in family relations:	? 0	0	0	٥
				0
qgetting identification or documentation?	0	0		_
rgetting transportation?	0	0		
simproving parenting skills?	0	0		
[If respondent has children]				
tgetting child care?	٥	0	0	0
ugetting schooling for your children?	٥	0		0
vgetting help for your children's health?	٥	0	0	0
wgetting help for your children's learning?	٥	0		0
xgetting help for your children's	٥	0		0
emotional/psychological needs?			}	

THANK YOU!!!

y. Any other (Specify:

( Interviewer check: Was the in ☐ English ☐ Spanish ☐ Another language, which language		)	
(Was this a transitional bed?	D Yes	□ No	
	•	Interviewer's Notes:	
Write down any question that you Also, record any general observ			, and your perception of the correct answer.



Robert L. Woodbury, *Director*Richard A. Hogarty, Associate *Director and MSPA Program Director* 

## Senior Fellows

Mary Ann Allard
Joseph R. Barresi
Edmund Beard
Barry Bluestone
Albert P. Cardarelli
Louis C. DiNatale
Murray W. Frank
Phyllis Freeman
Mary K. Grant
Philip Hart
Richard A. Manley

## Visiting Fellows

Padraig O'Malley Vivien Schmidt

Elizabeth A. Sherman Mary Stevenson Elaine Werby

Randy Albelda
Arthur Goldsmith
Robert Moran
Garrison Nelson
Meredith Ramsay
Leonard Robinson
Allan Sloan

The John W. McCormack Institute of Public Affairs University of Massachusetts Boston 100 Morrissey Boulevard Boston, Massachusetts 02125-3393 Tel: 617 287-5550

Fax: 617 287-5544 Email: mccorminst@umbsky.cc.umb.edu.



The John W. McCormack Institute of Public Affairs University of Massachusetts Boston 100 Morrissey Boulevard Boston, Massachusetts 02125-3393 Tel: 617 287-5550 Fax: 617 287-5544

Email: mccorninst@umbsky.cc.umb.edu.