

## ***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.

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<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>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.

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<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.

<sup>4</sup> 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 system-wide 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).

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<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.

## **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 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 obtain and maintain economic and residential stability.