



Predicting Repeated and Persistent Family Homelessness: Do Families' Characteristics and Experiences Matter?

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About the Family Options Study

This research brief takes advantage of data collected for the Family Options Study, sponsored by the U.S. Department of Housing and Urban Development. The study involves 2,282 homeless families with children who entered shelter between late 2010 and early 2012 in one of twelve communities across the country chosen based on willingness to participate and ability to provide a sufficient sample size and range of interventions: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. At the time they were recruited to participate in the study, each family had spent at least a week in an emergency shelter. The Family Options Study's main purpose is to determine whether the offer of a particular type of housing program—a short-term rent subsidy, a long-term rent subsidy, or a stay in a facility-based transitional program with intensive services—helps a homeless family achieve housing stability and other positive outcomes for family well-being. To provide the strongest possible evidence of the effects of the housing and services interventions, the study uses an experimental research design with random assignment of families to one of the types of housing programs or to a control group of “usual care” families that were left to find their own way out of shelter. For more information, see [Gubits et al., 2015](#), [2016](#), and [2018](#).

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these are very poor families with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The median age of the adults who responded to the survey was 29. All participating families had at least one child age 15 or younger and most had either one or two children with them in shelter. Seventy percent included only one adult, almost always the mother.

While the Family Options Study sample is not nationally representative, it has broad geographic coverage; and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

The study surveyed the families again 20 and 37 months after random assignment, collecting a rich set of information about changes to the families' composition, sources of income, use of benefit programs, and further episodes of homelessness. The 20- and 37-month survey also measured indicators of well-being such as the health and mental health of adults and children.

This is the tenth in a series of research briefs commissioned by the Department of Health and Human Services (HHS) that draws on the Family Options Study to inform HHS and HHS grantees as they serve families, children, and youth at risk of or affected by homelessness. Topics of briefs already published include the [well-being of young children](#) and [adolescents](#) following an episode of sheltered homelessness, [family transitions during and after a stay in shelter](#), and [parent behavioral health](#). In order to help homeless service providers target programs and reduce family homelessness, this brief explores how well family characteristics and experiences identify repeated or persistent experiences of homelessness before a shelter stay and repeated homelessness after that stay.

Highlights:

- With the exception of child separation and recent parental unemployment, most family demographic characteristics and past experiences are only modestly related to repeated or persistent homelessness for families with children. Homeless practitioners' ability to identify families who experience repeated or persistent homelessness improves only slightly if they use 24 family characteristics and experiences rather than randomly choosing among families who have been in shelter for at least seven days.
- Behavioral health problems and disabilities are rarely related to repeated or persistent homelessness. Families with disabilities who receive disability income may be less likely to have another episode of homelessness immediately following a shelter stay, although this relationship disappears over time and requires further investigation.
- Only a few past experiences of parents in sheltered homeless families may help practitioners identify families with repeated or persistent experiences of homelessness before or after a shelter stay:
 - » Families with parents in shelter who had experienced homelessness as an adult before that shelter stay had a higher chance of becoming homeless again later.
 - » Families with parents who had experienced homelessness or foster care placement as a child also were more likely to have experienced repeated or persistent homelessness as an adult before a shelter stay.
- The family characteristics and experiences that predict another episode of homelessness (i.e., living in emergency shelter or in a place not meant for human habitation) following a shelter stay rarely predict doubling up with another household because a family cannot find or afford its own place.

The analyses in this brief take advantage of the Family Options Study's data on 2,282 families' characteristics and experiences reported during an emergency shelter stay. Of these families, 1,857 provided further data 20 months after their stay and 1,784 provided data 37 months after their stay. Because Family Options Study housing interventions change families' chances of repeated future homelessness (Gubits et al., 2015; 2016; 2018), predictions of repeated homelessness after a shelter stay do not include families that received priority access to any Family Options Study housing intervention. Analyses of repeated or persistent homelessness before a shelter stay include all families who provided data both during the stay and 20 months after the stay, regardless of intervention.

Definitions of Repeated and Persistent Homelessness

We explore the relationship between family characteristics and experiences at the time of a shelter stay and three measures of repeated or persistent homelessness.

- **Measure 1:** Repeated or persistent **past** homelessness **before a shelter stay**.
 - » *Repeated past homelessness* means that a parent with the family in shelter (typically the mother) had experienced homelessness more than three times before that shelter stay.
 - » *Persistent past homelessness* means that a parent had experienced homelessness for more than one year in adulthood before that shelter stay.*
- **Measures 2 and 3:** Repeated **future** homelessness as of 20 and 37 months **after a shelter stay**.
 - » *Repeated future homelessness* means that, as of 20 months (Measure 2) or 37 months (Measure 3) after a shelter stay, a family had been in shelter at some point during the previous year or reported an episode of homelessness in the previous six months.

* We draw these definitions of repeated or persistent past homelessness from the federal government's definition of chronically homeless adults (HUD, 2015). Although the latter designation requires the presence of a disabling condition, we omit this element in order to test the importance of disability in the family context.

Introduction

Research indicates that most families using emergency shelters stay briefly—one to four or five months—and rarely return (Culhane et al. 2007). However, some families remain homeless for long periods of time or experience repeated episodes of homelessness. These families may have characteristics and service needs that differ from those of families who leave shelter quickly and permanently. Communities and homelessness practitioners might benefit from identifying those families' characteristics and experiences to improve targeting of services.

For example, one study found that families with repeated shelter stays have elevated rates of intensive service use, disability, unemployment, and foster care involvement (Culhane et al., 2007). It also found evidence that families headed by African Americans or by men may experience more and longer shelter stays than other families.

Another study examined repeated homelessness among veterans and their families exiting rapid re-housing (Byrne et al. 2016). Its authors discovered that repeated homelessness was more likely for families of older veterans, those whose veterans had experienced homelessness in adulthood, and those who had used Department of Veterans Affairs medical services in the previous year. Other studies of repeated family homelessness report correlations with parents who are young or pregnant and families with low incomes or recent evictions (Lin & Smith, 2004a; Lin & Smith, 2004b; Shinn et al., 1998; Wong, Culhane, & Kuhn, 1997). Compared to other families, those with repeated or persistent patterns of homelessness may need additional supports besides permanent housing.

Using data on families experiencing a shelter stay, this analysis seeks to identify family characteristics and past experiences that might help practitioners identify families with repeated or persistent experiences of homelessness, with homelessness defined as staying in an emergency shelter or in a place not meant for human habitation (e.g., in a vehicle or abandoned building).^{1,2,3}

¹ Unless otherwise stated, the phrase "a shelter stay" refers to the emergency shelter stay during which a family entered the Family Options Study. Events that occur before or after "a shelter stay" reference this stay.

² This brief focuses on families for whom a shelter stay had lasted at least seven days—that is, long enough to receive needs assessments and service plans. Because these families were already in emergency shelter, this analysis is different from studies that try to predict homelessness for people who apply for homelessness prevention services but have not yet entered a shelter. One such study found that a statistical model could identify 26 percent more families entering shelter within three years of applying for assistance than had been identified by practitioners, holding constant the number of families selected. Both this brief and that study analyzed data using receiver operating characteristic curves created by backward elimination regression analysis (Shinn et al., 2013).

³ To be eligible for the Family Options Study, a family had to have been in shelter for seven or more days and have at least one child age 15 or younger with them in shelter. A typical family in the shelter was a woman about 29 years old who had one or two children with her.

Few family characteristics and experiences help identify repeated or persistent family homelessness

Of the 24 characteristics and experiences of homeless parents and their children shown in Exhibit 1, most had no relationship to repeated or persistent homelessness either before or after a shelter stay.^{4,5} Some had relationships to only one of the three measures of repeated or persistent homelessness.⁶ Only two characteristics or experiences were related to multiple measures of repeated or persistent homelessness: child separation and unemployment.⁷ No characteristic or experience was related to all three measures of repeated or persistent homelessness.

Exhibit 2 shows how well the 24 family characteristics and experiences in Exhibit 1 help identify repeated or persistent homelessness compared to selecting families at random. Because all families in the exhibit actually experienced repeated or persistent homelessness either before or after a shelter stay, the exhibit shows how many families are correctly identified and how many are missed.

CHILD SEPARATION

Parents with a minor child who was not with them during a shelter stay were more likely to have experienced repeated or persistent homelessness before that stay. These parents also were more likely to report an additional episode of homelessness as of 37 months—but not 20 months—after a shelter stay.

UNEMPLOYMENT

Parents who did not work in the two years before a shelter stay were more likely to have experienced repeated or persistent homelessness before that stay. They also were more likely to have an additional episode of homelessness as of 20 months—but not 37 months—after that stay.

EXHIBIT 1: FAMILY CHARACTERISTICS AND EXPERIENCES ASSOCIATED WITH MEASURES OF REPEATED OR PERSISTENT HOMELESSNESS

VARIABLES NOT ASSOCIATED WITH ANY MEASURE OF HOMELESSNESS	VARIABLES ASSOCIATED WITH ONLY 1 MEASURE OF HOMELESSNESS	VARIABLES ASSOCIATED WITH 2 MEASURES OF HOMELESSNESS
<ul style="list-style-type: none"> • Parent's sex • Parent's age • Partner present in shelter • Health problems • Disability income • TANF receipt • SNAP receipt • Medicaid receipt • Interpersonal violence 	<ul style="list-style-type: none"> • Parent's race • Children's ages • Parent's marital status • Parent's pregnancy status • Parent's veteran status • Parent's felony history • Number of children in shelter • Partner not present in shelter • Fair health • Poor health • Family income • Parent's education level • Recent eviction 	<ul style="list-style-type: none"> • Parent's unemployment • Child separation

Sources: Family Options Study baseline, 20-month, and 37-month surveys

Notes: Exhibit 1 references three measures of homelessness: repeated or persistent homelessness before a shelter stay (N = 1,857), repeated homelessness as of 20 months following the shelter stay (N = 578), and repeated homelessness as of 37 months following the shelter stay (N = 489). Predictions of future episodes of homelessness are restricted to families who did not receive priority access to a housing intervention. Exhibit 1 does not show behavioral health problems, disabilities, homelessness in adulthood, or parents' disruptive childhood experiences. The brief discusses these variables separately below.

⁴ To predict relationships of family characteristics and experiences to outcomes, we first calculated the percentage of Family Options Study families who actually experienced each outcome. These numbers equal the percentage of families whom practitioners would correctly identify as experiencing each outcome if selecting families at random. We then created statistical models using known family characteristics and experiences and calculated the percentage of families those models *correctly* identified, holding constant the *overall* percentage of families identified. Finally, we examined whether each statistical model correctly identified more families experiencing each outcome than choosing families at random. All relationships reported in this brief are significant at $p < .05$, without adjustment for multiple tests. Five characteristics and experiences had significant relationships only with repeated or persistent past homelessness, although except for gender it was not clear whether the experience preceded or followed the past episode of homelessness. These five characteristics and experiences, all of which were associated with higher chances of repeated or persistent homelessness, were male gender, interpersonal violence that the parent experienced after turning 18 years old, physical health problems during a shelter stay, receipt of SNAP during a shelter stay, and receipt of TANF during a shelter stay. Compared to selecting an appropriate number of families at random, knowing these characteristics would help practitioners identify fewer than one in 10 additional episodes of repeated or persistent past homelessness. A similar model found that four characteristics had significant relationships only with homelessness as of 20 months after a shelter stay. Parent's age and receipt of Medicaid during a shelter stay were associated with higher chances of repeated homelessness. Receipt of disability income during a shelter stay and the presence of a partner in shelter were associated with lower chances. Compared to selecting an appropriate number of families at random, knowing these characteristics would help practitioners identify fewer than one in 10 additional future episodes of homelessness.

⁵ Because the housing interventions change families' chances of repeated future homelessness, predictions of repeated homelessness after a shelter stay do not include families that received priority access to any Family Options Study housing intervention. Analyses of repeated or persistent homelessness before a shelter stay include all families who provided data both during the stay and 20 months after the stay, regardless of intervention.

⁶ Because this brief tests many relationships at once, some may reach statistical significance by chance. This makes those relationships less helpful to practitioners making decisions with families outside the brief's participants. Characteristics and experiences that have inconsistent relationships with repeated or persistent homelessness may not be trustworthy indicators of those experiences.

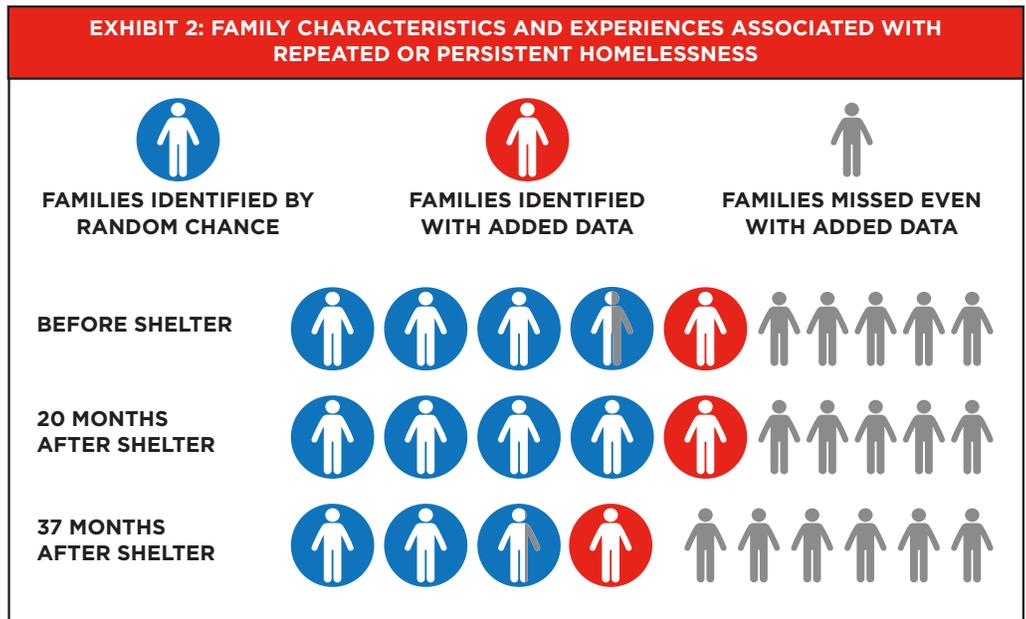
⁷ No characteristic or experience was associated with repeated or persistent homelessness at all three time points. Compared to selecting an appropriate number of families at random, knowing all of Exhibit 1's characteristics and experiences would help practitioners identify fewer than one in 10 additional episodes of past, 20-month or 37-month homelessness. The large number of variables examined together may have inflated even these improvements.

Parents in 35 percent of families in Exhibit 2 had experienced repeated or persistent homelessness before their shelter stay. Taking this observed percentage as a benchmark, a practitioner who chose 35 percent of families at random would correctly identify 35 percent of families who had experienced repeated or persistent homelessness by chance. However, the practitioner would also falsely attribute this experience to 35 percent of families who did not have it. Choosing the 35 percent of families believed to be at highest risk based on the characteristics and experiences in Exhibit 2 would help the practitioner correctly identify only one additional parent out of 10 who had experienced repeated or persistent homelessness before a shelter stay. The practitioner would still miss most parents with this experience.

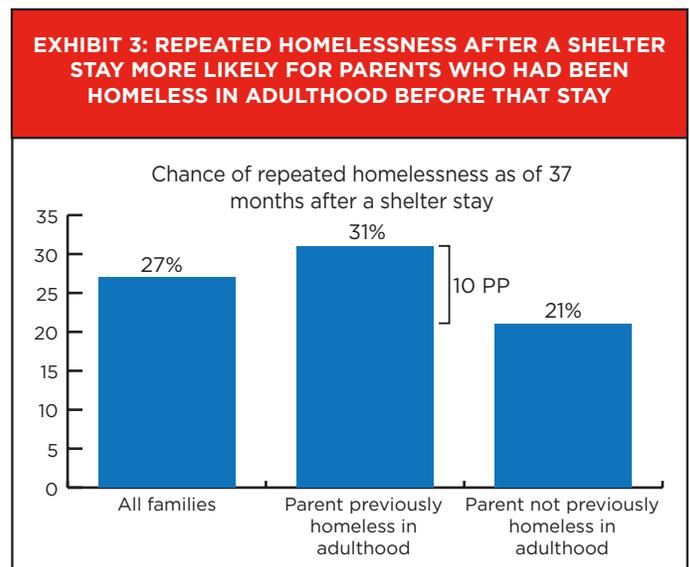
Similarly, 40 and 27 percent of families experienced repeated homelessness as of 20 and 37 months after a shelter stay, respectively. Compared to choosing these percentages of families at random, choosing them based on their characteristics and experiences would help a practitioner identify fewer than one additional family out of 10 returning to homelessness as of either 20 or 37 months after a shelter stay. The practitioner would again miss most families with these experiences. Together, these results suggest that family characteristics and experiences observed during a shelter stay offer little help to practitioners attempting to identify or prevent repeated or persistent homelessness.

Parents who have experienced homelessness in adulthood before a shelter stay are more likely to experience additional homelessness after that stay

Compared to parents experiencing their first episode of homelessness in adulthood, parents who had experienced homelessness in adulthood before a shelter stay with their children were 10 percentage points more likely to have yet another episode of family homelessness as of 37 months after that stay. Thirty-one percent of the families with a parent who had experienced homelessness as an adult before a shelter stay had a subsequent episode of family homelessness as of 37 months later. However, these families were not more likely to have a repeated episode of homelessness as of 20 months later (Exhibit 3).⁸



Sources: Family Options Study baseline, 20-month, and 37-month surveys
 Notes: Ns = 1,857 families for repeated or persistent homelessness before a shelter stay, 578 for repeated homelessness as of 20 months following the shelter stay, and 489 for repeated homelessness as of 37 months following the shelter stay. Random selection of families was based on the percentages of Family Options Study families who actually experienced each type of homelessness when controlling for their Family Options Study sites. Predictions of future episodes of homelessness are restricted to families who did not receive priority access to a housing intervention.



Sources: Family Options Study baseline, 20-month, and 37-month surveys
 Notes: PP = Percentage points. Ns = 578 families for repeated homelessness as of 20 months following the shelter stay and 489 for repeated homelessness as of 37 months following the shelter stay. Differences between parents with and without previous homelessness in adulthood are significant at $p < .05$.

⁸ In this case, the statistical model identified families experiencing repeated or persistent homelessness using only the Family Options Study site, along with the parent's previous homelessness in adulthood but not the 24 variables used in the analysis reported in Exhibit 2. Compared to selecting an appropriate number of families at random, knowing a parent's past history of homelessness in adulthood would help practitioners identify fewer than one in 10 additional episodes of 20-month or 37-month homelessness. Although parents with histories of homelessness in adulthood were more likely to experience 37-month homelessness as a group, this variable does little to improve predictions for individual families. Still, it performs about as well as the combined variables in Exhibit 1.

Behavioral health problems and disabilities rarely have relationships to repeated and persistent homelessness, but SSI and SSDI protect families with disabilities from repeated homelessness

BEHAVIORAL HEALTH PROBLEMS

A previous brief in this series, *Behavioral Health Improvements Over Time among Families Experiencing Homelessness*, found that substance abuse was related to ongoing experiences of either homelessness or doubling up after the stay, although the direction of influence was unclear. In the current brief, many behavioral health problems—psychological distress, post-traumatic stress disorder (PTSD), alcohol dependence, drug abuse, and others—had few relationships specifically to repeated or persistent homelessness.⁹ Only parents who reported a behavioral health problem in response to an open-ended question about health problems present at the time of a shelter stay were more likely to have experienced repeated or persistent homelessness before that stay.¹⁰ Parents who reported psychological distress during a shelter stay had *lower* chances of having a repeated episode of homelessness as of 20 months after that stay.¹¹ No behavioral health problems were associated with repeated episodes of homelessness as of 37 months after that stay.

DISABILITIES

Defining impairing conditions more broadly might result in finding more significant relationships to repeated or persistent homelessness. To test this, we conducted a broader analysis including *any* disabling physical, emotional, or mental health condition. Like behavioral health problems, disabilities had inconsistent relationships with repeated or persistent homelessness. Parents who reported at the time of a shelter stay that they or a family member had a disability were more likely to have experienced repeated or persistent homelessness before that shelter stay. However, they were not more likely to have a repeated episode of homelessness as of 20 or 37 months later.

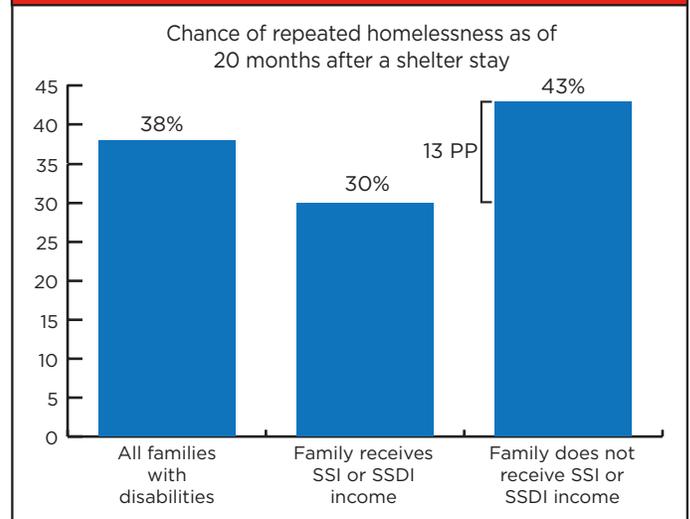
SSI AND SSDI INCOME

During a shelter stay, approximately one-third of families with disabilities were receiving income assistance in the form of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). For families with disabilities, this SSI or SSDI income corresponded to a lower chance of having a repeated episode of homelessness as of 20 months—but not 37 months—after that stay.

Childhood homelessness and foster care placement have relationships with repeated or persistent homelessness before, but not after, a shelter stay

Parents who had experienced homelessness or a foster care placement in childhood were more likely than those without those histories to have experienced persistent homelessness in adulthood before a shelter stay.¹² Compared to parents who had not

EXHIBIT 4: IMMEDIATE RETURNS TO HOMELESSNESS LESS LIKELY FOR FAMILIES WITH DISABILITIES WHEN RECEIVING DISABILITY INCOME, BUT RELATIONSHIP FADES OVER TIME



Sources: Family Options Study baseline and 20-month surveys

Notes: PP= Percentage points. Ns = 185 families with disabilities for repeated homelessness as of 20 months following the shelter stay and 164 for repeated homelessness as of 37 months following the shelter stay. Differences between families receiving and not receiving SSI or SSDI income are significant at $p < .05$.

⁹ In this case the statistical model identified families experiencing repeated homelessness using only the Family Options Study site, along with the parent's previous homelessness in adulthood, the parent's behavioral health problems, and disabilities of the parent or other family members, but not the 24 variables used in the analysis reported in Exhibit 2.

¹⁰ Responses to the open-ended behavioral health question included Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), depression, and bipolar disorder.

¹¹ Another brief in this series, *Behavioral Health Improvements Over Time among Families Experiencing Homelessness* examined homelessness and doubling up together. This brief examines them separately. Only psychological distress and behavioral health problems reported in response to an open-ended health question are associated (in opposite directions) with housing instability in this case. The *Behavioral Health* brief also included all families who responded to either the 20-month or 37-month Family Options Study surveys. In contrast, only families who received no special offer of assistance are included in this brief's analyses of post-shelter homelessness and doubling up. This is because the returns to homelessness that are the focus of this brief are strongly related to the housing programs families were offered.

¹² In this case, the statistical model identified families experiencing repeated or persistent homelessness using only variables controlling for the Family Options Study sites, along with the parent's childhood homelessness and the parent's childhood foster care placement, but not the 24 variables used in the analysis reported in Exhibit 2. Compared to selecting an appropriate number of families at random, these variables did not improve predictions of repeated homelessness as of 20 months or 37 months at all.

experienced a foster care placement when they were children, parents who had done so were 17 percentage points more likely to have experienced repeated or persistent homelessness in adulthood before a shelter stay. Compared to parents who had not experienced childhood homelessness, parents who had done so were 37 percentage points more likely to have experienced repeated or persistent homelessness in adulthood before a shelter stay. Important for homelessness prevention practitioners, however, neither childhood homelessness nor childhood foster care placements were related to a repeated episode of homelessness as of 20 or 37 months after a shelter stay.

Characteristics and experiences associated with doubling up as of 20 or 37 months after a shelter stay are not generally the same as the characteristics associated with experiencing other forms of housing instability after that stay

Following homeless episodes, many families experience a form of housing instability called doubling up in which they stay with another household because they cannot find or afford their own place. As of 20 months after a shelter stay, 31 percent of families had doubled up recently, and 27 percent had doubled up recently as of 37 months after that stay.^{13,14} As Exhibit 5 shows, the demographic characteristics and experiences that were associated with returns to homelessness after a shelter stay had no relationship to doubling up after that stay.¹⁵

Few characteristics predicted doubling up as of both 20 months and 37 months after a shelter stay. An exception was parents' self-reported alcohol dependence or drug abuse, which was associated with doubling up at both points in time. However, parents' alcohol dependence or drug abuse was not associated with repeated episodes of homelessness as of 20 or 37 months after a shelter stay. Similarly, as of 20 months after a shelter stay, a family's chance of doubling up decreased with age, while its chance of having had a repeated episode of homelessness increased with age. Age was not associated with either experience 37 months after a shelter stay.

Conclusion

Practitioners who serve people experiencing homelessness have an understandable interest in identifying families who will experience repeated or persistent homelessness. Achieving this goal could allow services to be better targeted to the families who need them most. Unfortunately, this analysis shows that family characteristics and experiences provide little guidance in this pursuit. Practitioners should approach the idea of using family characteristics and experiences to identify future episodes of homelessness for families in shelter with healthy skepticism. In contrast, receiving family supports such as housing subsidies, especially long-term subsidies, can affect families' chances of experiencing future homelessness (Gubits et al., 2015; Gubits et al., 2016; Gubits et al., 2018; Lin & Smith, 2004b; Shinn et al., 1998; Stojanovic et al., 1999; Wong et al., 1997).

Practitioners attempting to identify repeated or persistent family homelessness may want to avoid focusing on family behavioral health problems such as drug abuse and disabling physical, emotional, and mental health conditions. Although these conditions feature prominently in official definitions of chronic homelessness for single adults (HUD, 2015), they seem less connected to repeated or persistent homelessness for families with children. While this brief did not examine the experiences of families with disabilities who were newly connected to SSI and SSDI while in shelter, families who entered shelter already connected to these supports were less likely to experience returns to shelter 20 months later. However, if SSI and SSDI are indeed related to repeated homelessness, this relationship appears to fade over time. Future research should examine disability income's potential role in reducing short-term returns to homelessness for families with disabilities.

EXHIBIT 5: CHARACTERISTICS AND EXPERIENCES ASSOCIATED WITH CHANCE OF REPEATED HOMELESSNESS AND DOUBLING UP

	ONLY 20 MONTHS LATER	ONLY 37 MONTHS LATER	AT BOTH TIME POINTS
REPEATED HOMELESSNESS	<ul style="list-style-type: none"> Older age Past homelessness as adult Unemployment Medicaid receipt Partner in shelter Psychological distress Disability income 	<ul style="list-style-type: none"> Child separation 	<ul style="list-style-type: none"> None
DOUBLING UP	<ul style="list-style-type: none"> Younger age Past doubling up Last residence was own 	<ul style="list-style-type: none"> Recent eviction Partner not in shelter 	<ul style="list-style-type: none"> Drug abuse

Sources: Family Options Study baseline, 20-month, and 37-month surveys

Notes: Ns = 578 families for repeated homelessness as of 20 months following the shelter stay and 489 for repeated homelessness as of 37 months following the shelter stay.

¹³ The term "recently" indicates the six-month period before a designated time point.

¹⁴ These percentages are for families who did not receive priority access to a Family Options Study housing intervention.

¹⁵ We created statistical models identifying repeated and persistent homelessness and doubling up after a shelter stay separately. However, models identifying families doubling up tested the same 24 variables as those identifying families experiencing repeated or persistent homelessness.

The finding that families with repeated or persistent homeless histories may also have childhood histories of homelessness and foster care placement also holds importance for practitioners. Parents known to have these experiences may benefit from trauma-informed care practices. Service providers who use such practices or direct parents to services that use them may increase parents' service utilization (Ponce, Lawless, & Rowe, 2014; Weinreb, Nicholson, Williams, & Anthes, 2007). However, knowledge of childhood homelessness or foster care placement will not help practitioners prevent families from experiencing homelessness after a shelter stay. Practitioners in the child welfare system should know that the children with whom they work are at risk of homelessness in adulthood. Protecting this vulnerable group of youth likely requires additional interventions. Further research is needed to identify the most effective strategies for supporting children in families experiencing homelessness to prevent them from experiencing homelessness as adults.

Addressing a parent's alcohol dependence or drug abuse may reduce a family's chance of doubling up after a shelter stay, but not necessarily its chance of experiencing homelessness. Findings suggest that practitioners should measure doubling up separately from repeated homelessness, as the characteristics that predict the two appear only weakly related to each other.

References

- Byrne, T., Treglia, D., Culhane, D. P., Kuhn, J., & Kane, V. (2016). Predictors of homelessness among families and single adults after exit from homelessness prevention and rapid re-housing programs: Evidence from the Department of Veterans Affairs Supportive Services for Veteran Families program. *Housing Policy Debate*, 26(1), 252-275.
- Culhane, D. P., Metraux, S., Park, J. M., Schretzman, M., & Valente, J. (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four U.S. jurisdictions: Implications for policy and program planning. *Housing Policy Debate*, 18(1), 1-28.
- Gubits, D., Shinn, M., Bell, S., Wood, M., Dastrup, S., Solari, C. D., & Spellman, B. E. (2015). *Family options study: Short-term impacts of housing and services interventions for homeless families*. Washington, DC: U.S. Department of Housing and Urban Development.
- Gubits, D., Shinn, M., Wood, M., Bell, S., Dastrup, S., Solari, C. D., & Kattel, U. (2016). *Family options study: 3-year impacts of housing and services interventions for homeless families*. Washington, DC: U.S. Department of Housing and Urban Development.
- Gubits, D., Shinn, M., Wood, M., Brown, S., Dastrup, S. R., & Bell, S. H. (2018). What interventions work best for families who experience homelessness? Impact estimates from the Family Options Study. *Journal of Policy Analysis and Management*. doi:10.1002/pam.22071
- Lin, J., & Smith, N. (2004a). Section IV: Repeat shelter use among families who exit shelter in New York City. In N. Smith, Z. D. Flores, J. Lin, & J. Markovic (Eds.), *Understanding family homelessness in New York City: An in-depth study of families' experiences before and after shelter*. New York, NY: Vera Institute of Justice. www.vera.org
- Lin, J., & Smith, N. (2004b). Section V: An in-depth examination of families who exit to subsidized housing from shelter in New York City. In N. Smith, Z. D. Flores, J. Lin, & J. Markovic (Eds.), *Understanding family homelessness in New York City: An in-depth study of families' experiences before and after shelter*. New York, NY: Vera Institute of Justice. www.vera.org
- Ponce, A. N., Lawless, M. S., & Rowe, M. (2014). Homelessness, behavioral health disorders and intimate partner violence: Barriers to services for women. *Community Mental Health Journal*, 50(7), 831-840.
- Shinn, M., Greer, A.L., Bainbridge, J., Kwon, J., & Zuiderveen, S. (2013). Efficient targeting of homelessness prevention services for families. *American Journal of Public Health*, 103(S2), S324-S330. doi:10.2105/AJPH.2013.301468
- Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jiménez, L., Duchon, L., Krantz, D. H. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88(11), 1651-1657. doi:10.2105/AJPH.88.11.1651
- Stojanovic, D., Weitzman, B. C., Shinn, M., Labay, L. E., & Williams, N. P. (1999). Tracing the path out of homelessness: The housing patterns of families after exiting shelter. *Journal of Community Psychology*, 27(2), 199-208.
- Weinreb, L., Nicholson, J., Williams, V., & Anthes, F. (2007). Integrating behavioral health services for homeless mothers and children in primary care. *American Journal of Orthopsychiatry*, 77(1), 142-152.
- Wong, Y. I., Culhane, D. P., & Kuhn, R. (1997). Predictors of exit and reentry among family shelter users in New York City. *Social Service Review*, 71(3), 441-462. Retrieved from <http://www.jstor.org/stable/30012627>
- U.S. Department of Housing and Urban Development (HUD). (2015). Homeless Emergency Assistance and Rapid Transition to Housing: Defining "chronically homeless." Retrieved from <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

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U.S. Department of Health and Human Services***

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