



Are Homeless Families Connected to the Social Safety Net?

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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: 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 each intervention. For more information, see Gubits et al., *Family Options Study: Short Term Impacts of Housing and Service Interventions for Homeless Families*, July 2015.

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these families are often living in deep poverty 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. Most had either one or two children with them in shelter, and half the families included at least one child under the age of three. Seventy percent included only one adult, almost always the mother. For almost two-thirds of the family heads, this was not the first episode of homelessness in their lives.

The study followed the families over the next 20 months and surveyed them again, collecting a rich set of information about sources of income, use of benefit programs, changes to the family's composition, and further episodes of homelessness. The 20-month survey also measured indicators of well-being such as the health and mental health of adults and children and the family's economic security. 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.

This is the first 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 carry out their special responsibilities for preventing and ending the homelessness of families, children, and youth. Topics of other planned briefs include well-being of adolescents homeless with their families, patterns of homelessness among Hispanic families, and children's experiences with homelessness and early care and education.

This brief does not use the experimental design of the Family Options Study but instead provides descriptive information on how the entire sample of families experiencing homelessness, regardless of their randomization set, used the benefits and services of the social safety net.

Highlights:

- Homeless families in shelter appear to be as connected to the safety net as other poor families. Disconnection from the safety net does not distinguish families who become homeless from those who do not.
- Homeless families participated in TANF cash assistance, publicly funded health insurance programs (Medicaid, CHIP, or other state-funded programs), and SNAP at similar or higher rates than other deeply poor families in the same communities.
 - An exception is that families in shelter used WIC at lower rates than other families with eligible children, especially those with infants.
- Twenty months after being in shelter, most families were no longer homeless. However, they remained poor (often in deep poverty) and continued to receive public benefits:
 - Families did not appear to lose their connection to social safety net programs in the 20 months following an episode of homelessness. Receipt of TANF cash assistance dropped somewhat, but families continued to use publicly funded health insurance and SNAP at high rates and used SSI and SSDI at higher rates.
 - Three- and four-year-olds in families with recent episodes of homelessness were in early education or center-based care at rates higher than all children in families below the poverty line.

When possible, this brief uses American Community Survey data to compare the participation in benefit programs by currently or recently homeless families to participation in the same programs by all families in deep poverty in the same counties. When that is not possible, the brief uses information from national surveys or administrative data to benchmark the participation of Family Options Study families against national participation rates for the best available comparison group.

Families staying in emergency shelter are at least as connected to benefits as other families in deep poverty

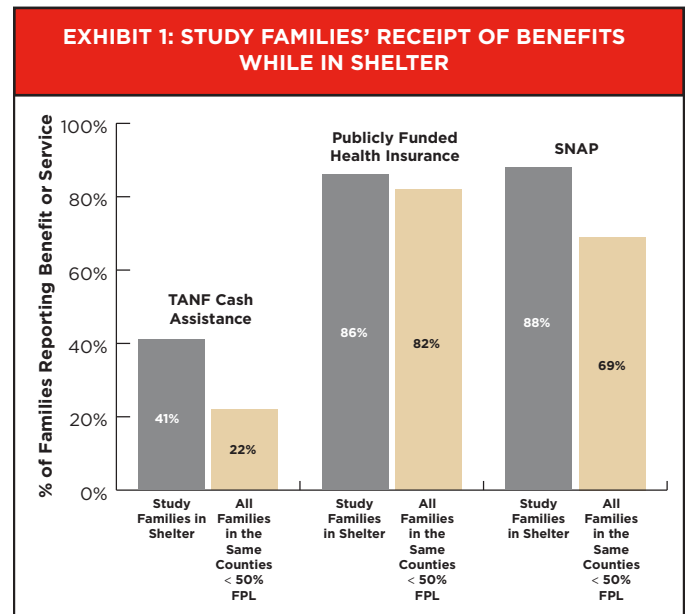
Previous research has indicated that families experiencing homelessness are, as a whole, similar to other very low-income families, with both groups facing obstacles such as low education level and sporadic work histories. For example, rates of exposure to trauma such as intimate partner violence and rates of psychological distress and substance abuse are high, but that is true of all families in deep poverty (Rog and Buckner, 2007; Burt et al., 1999; Bassuk, Rubin, and Lauriat, 1998; Bassuk et al., 1996; Cutuli et al., 2013). Despite these broad similarities, some trends are more prevalent in families experiencing homelessness; for example, the average age of mothers experiencing homelessness is younger than that of low-income mothers in general, and families that experience homelessness, on average, include younger children and have even lower incomes. However, because families experiencing homelessness are similar to other very low-income families and face similar challenges, predicting which families are likely to become homeless has proven very difficult.

One hypothesis is that families who become homeless are less well connected than other low-income families to the benefits and services of the social safety net. However, this does not appear to be the case for this sample. In fact, families staying in emergency shelters in the Family Options Study reported rates of participation in key social safety net programs that were greater than or equal to those of other families in deep poverty (families with incomes less than half of the federal poverty level, or FPL) in the same communities.

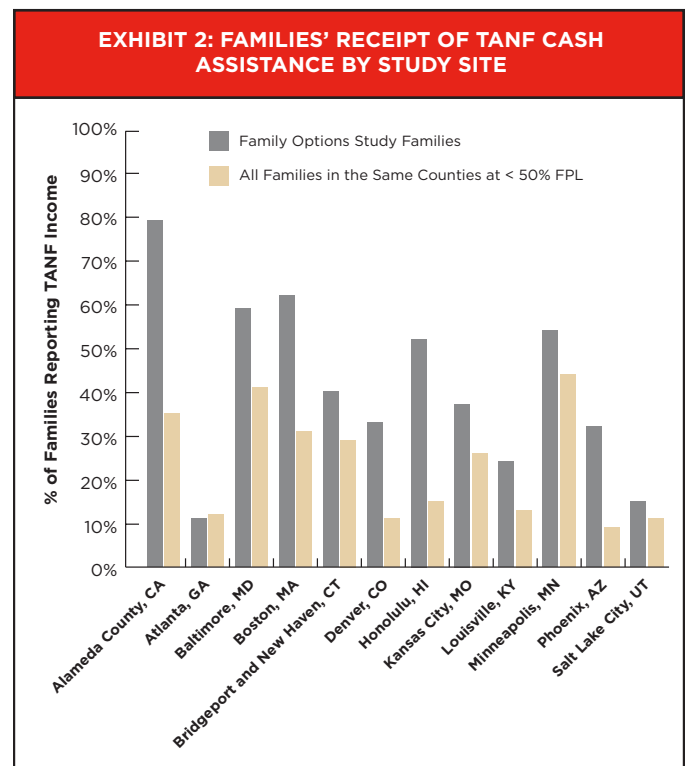
Families in emergency shelter participate in TANF cash assistance, publicly funded health insurance, and SNAP at higher rates than other families in deep poverty

Rates of participation were higher for families in shelter than for all families in deep poverty for key safety net programs, including Temporary Assistance for Needy Families (TANF) cash assistance, publicly funded health insurance programs, and the Supplemental Nutrition Assistance Program (SNAP). Exhibit 1 compares homeless families to all families in deep poverty in the same counties, using American Community Survey data. Participation in publicly funded health insurance includes state funded health insurance programs and Children's Health Insurance Program (CHIP), as well as Medicaid.¹

Receipt of TANF cash assistance for families in the study varied a great deal from one part of the country to another. However, they resembled rates of TANF cash assistance receipt for all families in deep poverty in the same counties, and in each case the rate for homeless families was higher than for deeply poor families in the same communities. Geographic differences likely reflect state (or county) policies for TANF cash assistance.²



Sources: Family Options Study baseline survey data; 2012 American Community Survey data



Sources: Family Options Study baseline survey data; 2012 American Community Survey data

¹ Unless noted otherwise, all findings reported in this brief are statistically significant.

² Maximum monthly TANF benefit levels varied considerably across states with study sites but were fairly low everywhere. The range for a 3 person family with no income was from \$262 in Kentucky and \$280 in Georgia to \$633 in Massachusetts and \$638 in California. (Kassabian, et al., 2013).

Lack of access to benefits does not appear to set homeless families apart from other families in deep poverty

Contrary to the hypothesis that families who become homeless are less well connected than other low-income families to the benefits and services of the social safety net, this does not appear to be the case for this sample. Rates of participation in benefit programs were similar to or higher for families experiencing homelessness as compared to other families in deep poverty, so lack of benefits does not distinguish families experiencing homelessness from other families in deep poverty. Homeless families had been in emergency shelters at least a week but probably not long enough to have gotten through the process of enrolling in TANF cash assistance, publicly funded health insurance, or SNAP during their stays in shelter.

Families in shelter use WIC at lower rates than other families with eligible children

An exception to the higher rates of connection to benefits for families in shelter is the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC). Although a majority of these families in shelter with young children under four did receive WIC, rates of participation were lower for families in shelter with children young enough to qualify for WIC than for all eligible children nationally during the same time period. As Exhibit 3 shows, rates were somewhat lower for children ages 1-4, but substantially lower for infants—70 percent of families in shelter with an infant report receiving WIC, compared with 85 percent of families with eligible infants nationally.

EXHIBIT 3: STUDY FAMILIES' USE OF WIC WHILE IN SHELTER BY AGE OF CHILD		
	WIC Participation by Child Age for Family Options Study Families at Baseline	National WIC Coverage Rates
Families with child ages 0-1	70.0	85.1
Families with child ages 0-4	54.2	--
Families with child ages 1-4	49.1	53.4

Source: Family Options Study baseline survey data and <http://www.fns.usda.gov/sites/default/files/ops/WICEligibles2012-Summary.pdf>. WIC “coverage rate” is defined as the number of participating individuals divided by the total number of eligible individuals and is based on WIC administrative data and estimates of eligible families from the 2010 Census.

Some families in emergency shelter have income from disability programs

Families in poverty sometimes have income from disability programs, SSI or SSDI (Supplemental Security Income, or Social Security Disability Insurance). SSI provides cash benefits to children and adults with a serious disability and limited income, resources, and prior earnings, and SSDI provides cash benefits to adults with a serious disability who have substantial prior earnings. At the time they were in emergency shelter, 10 percent of study families were receiving income from SSI, and 4 percent were receiving income from SSDI. Benchmark national participation rates for these programs among all families in deep poverty are 5 percent for SSI and 3 percent for SSDI.³

Following an episode of homelessness, families continue to be poor and to need the support of benefit programs

Most families were no longer homeless 20 months after a stay in emergency shelter. Across all study families, regardless of whether they had received priority access to a housing subsidy, only 22 percent had been in shelter during the previous 12 months, and only 19 percent had stayed either in shelter or in a place not meant for human habitation in the previous 6 months. About 26 percent reported that they had been doubled up with other families because they did not have a place of their own in the six months before the survey.

However, these formerly homeless families were still living in poverty – and, in many cases, deep poverty. The proportion of families with any earnings 20 months after staying in emergency shelter rose from 26 to 42 percent. Their incomes rose, but not enough to lift them out of deep poverty in many cases.⁴ The median income at the time of the follow-up survey was only \$7,500. Deep poverty (less than or equal to half the poverty level) was \$7,755 for a family of two and \$9,765 for a family of three. The median size of study families was 3 persons. Thus, families still needed the support of benefit programs a year and a half after an episode of homelessness.

³ The national benchmarks are from the 2012 Current Population Survey, Annual Social and Economic Supplement (CPS-ASEC).

⁴ Priority access to the study's interventions had little or no effect on the family's income (Gubits et al., July 2015).

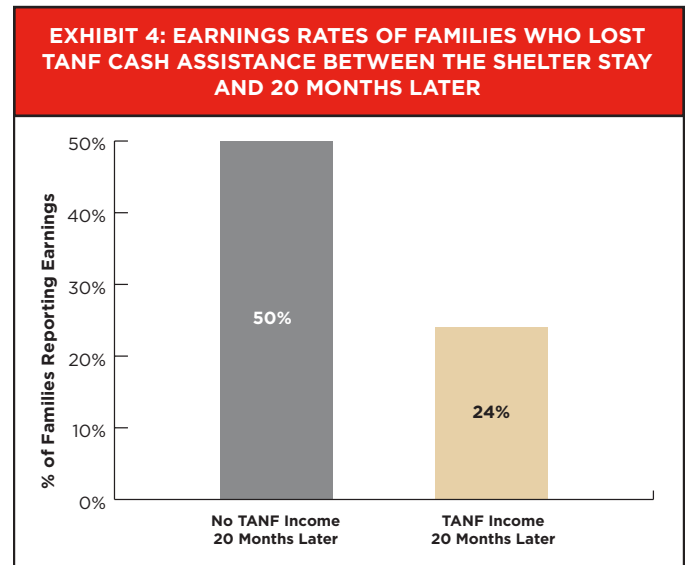
Following an episode of homelessness, families continue to have publicly funded health insurance and to participate in SNAP at high rates

Twenty months after being in an emergency shelter, families continued to have publicly funded health insurance and to participate in SNAP at similarly high rates, dropping only slightly, from 86 to 85 percent for publicly funded health insurance and from 88 to 86 percent for SNAP.⁵ The Family Options Study's impact estimates show that access to a rent subsidy *increased* participation in SNAP, by 7 percentage points for those with access to a permanent rent subsidy and by 4 percentage points for those with access to a temporary rent subsidy. The average rate of participation (86 percent) includes those increases as well as decreases for other parts of the sample. However, the Usual Care comparison group that did not have access to one of the study's active interventions to help them leave homelessness still participated in SNAP at a high rate, 83 percent. The SNAP participation rate was substantially higher than for other deep poverty families in the same counties, which was 69 percent. The rate of participation in publicly funded health insurance also remained higher than for other families in deep poverty in the same counties.⁶

TANF cash assistance participation drops following an episode of homelessness

The rate at which families who had experienced homelessness received income from TANF cash assistance dropped by somewhat larger amounts, from 41 percent while in shelter to 33 percent 20 months later. However, the rate of TANF cash assistance receipt remained higher than for all families in deep poverty and continued to track patterns of participation in TANF cash support in the corresponding counties across the country. Access to a permanent housing subsidy increased participation in TANF by 6 percentage points. The rate of participation for the Usual Care group that did not receive priority access to a study intervention was 31 percent, still higher than for all families in deep poverty.⁶

The implications of the drop in receipt of TANF cash assistance 20 months after a shelter stay are ambiguous, particularly given the varied reasons families may leave the program – including lifetime limits and potential sanctions related to work-related or other requirements. Study families have persistent patterns of poverty and may have started participating in TANF cash assistance long before the episode of homelessness captured by the study. Over time, some families may have exhausted their time limits to receive TANF cash assistance. Or, some families may have left TANF cash assistance because they started to work or increased their hours or pay. Among those who were receiving TANF cash assistance while in shelter but were no longer receiving it 20 months later, 50 percent reported income from earnings (though earnings were still quite low), compared with 24 percent of families who were still receiving TANF cash assistance.



Sources: Family Options Study baseline and follow-up survey data

More families have disability income 20 months after an episode of homelessness

In contrast to cash benefits from TANF, income from disability benefits *increased* after the families were in shelter. Receipt of income from SSI rose from 10 percent of families staying in shelters to 13 percent 20 months later, and SSDI income rose from 4 to 7 percent of families. This could be the result of shelter staff providing help to families with a member who appeared to qualify for disability benefits, as the application process can be complicated. However, families may have started the often lengthy process of qualifying for disability benefits before entering shelter. In other cases, a qualifying disability may have become apparent after the family's stay in emergency shelter. For example, a child's developmental disability may have been

⁵ The differences in these estimates were not statistically significant.

⁶ The impact estimates for participation in SNAP and TANF are found in Gubits et al. (July 2015), Chapters 6 and 7. The estimate for the Usual Care group is found in Chapter 5. The study did not estimate impacts on participation in publicly funded health insurance.

diagnosed as the child aged. Compared to a national benchmark for receipt of SSI income by families in deep poverty, the rate of participation for the Family Options study sample was high, 13 percent as compared to 6 percent.⁷

Families did not become more disconnected from benefits following an episode of homelessness

Twenty months following a shelter stay, families continued to be connected to benefits at rates similar to or greater than comparison families. Some families had further episodes of homelessness or other forms of housing instability. But overall, families did not appear to lose their connection to the social safety net over time. Rates of participation in TANF cash assistance dropped, perhaps because families were facing time limits or sanctions, and perhaps because some families gained income from employment. Rates of participation in publicly funded health insurance programs and in SNAP remained high.⁸ Given their deep poverty and continued weak connections to the labor force, receiving income and related benefits continued to be important.

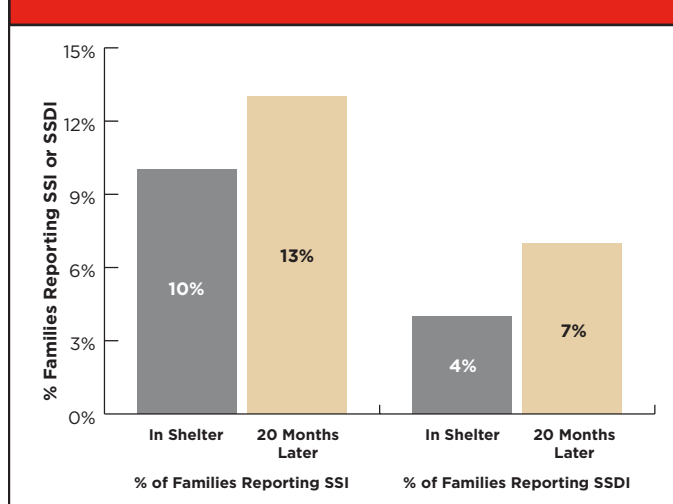
Children of families with recent episodes of homelessness are in center-based child care at rates higher than all children in families below the poverty line

The finding that families experiencing homelessness continue to be connected to benefits at equal or greater rates than comparison families extends to early education and care of young children of families in the study sample. Among children of families that had been in shelter 20 months earlier, 45 percent of 3-year-olds and 63 percent of 4-year-olds were in early education or center-based child care programs. This compares favorably with the rates of participation in such programs for all 3- and 4-year-olds in families with incomes below the federal poverty level.⁹ Another brief in this series will explore in more detail the well-being of young children following an episode of homelessness.

Conclusion

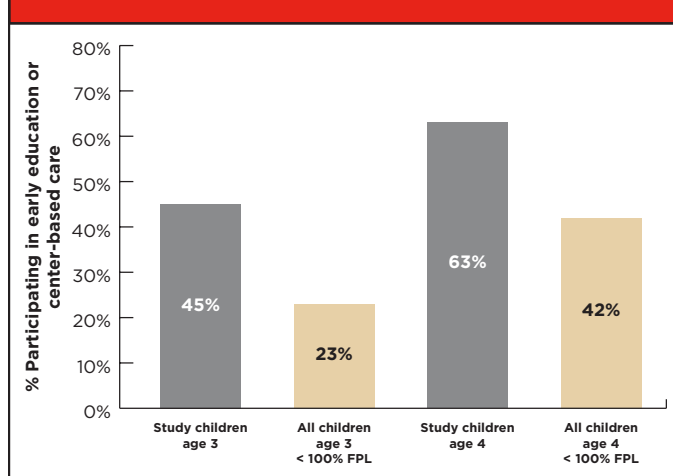
This analysis of the experience of sheltered homeless families shows that they access public benefits at rates equal to or greater than rates of families in deep poverty in the same communities. During an episode of homelessness, families were participating in TANF cash assistance, publicly funded health insurance, and SNAP at similar or higher rates than other families in deep poverty (below half of the federal poverty level) in the same counties. Thus, lacking the support of these programs does not appear to set families who become homeless apart from other deeply poor families who remain housed.

EXHIBIT 5: STUDY FAMILIES' RECEIPT OF SSI AND SSDI



Sources: Family Options Study baseline and follow-up survey data

EXHIBIT 6: USE OF EARLY EDUCATION CENTER-BASED CHILD CARE BY CHILDREN OF STUDY FAMILIES 20 MONTHS AFTER A SHELTER STAY



Sources: Family Options Study follow-up survey data and tabulations from the National Survey of Early Care and Education, 2012. The Family Options survey asked about one or two focal children for each family, and the percentages in the exhibit are for children, not families.

⁷ The national benchmark is from the 2014 Current Population Survey, Annual Social and Economic Supplement (CPS-ASEC).

⁸ Family Options Study data collection and analysis relates to focal children rather than to all children in the family. That made it difficult to determine which families would have qualified for WIC at the time of the 20-month survey, so we did not estimate WIC participation 20 months following the initial shelter stay.

⁹ The National Survey of Early Care and Education was fielded between January and June 2012, and the age of the child is the age as of the date of the survey. The Family Options Study was fielded throughout the calendar year, from July 2012 through November 2013, and the age of the child is the age as of September 1 prior to the date of the survey. Exhibit 6 may understate slightly the participation of Family Options Study focal children in early education and center-based care because of a skip pattern that omitted a questions on center-based care (but not a question on school) for children who were 4 years old as of the date of the survey.

Twenty months later, most families remained in deep poverty and continued to receive publicly funded health insurance and SNAP at essentially the same high rates, 85 percent for health insurance and 86 percent for SNAP. The rate of participation in TANF cash assistance had dropped but was still higher than for all families in deep poverty in the same communities. Some families had gained disability income (SSI or SSDI), and young children in these families were accessing early education and center-based child care at higher rates than other low-income children. Thus, families also do not become more disconnected from benefits *following* an episode of homelessness.

Additional analysis is needed to examine whether differences exist in participation rates across these benefits for families with different characteristics, as well as for those who face continued housing instability and homelessness. That analysis will be the focus of a subsequent brief in this series.

While these findings show that homeless families tend to receive benefits at similar or higher rates than other families in deep poverty, more can still be done to connect these vulnerable families to benefits, particularly TANF, which was accessed by fewer than half of homeless families in this sample. There is room for improvement, as well, in access to early education and center-based child care.

However, these findings also suggest that, while additional efforts to connect families with poverty-level incomes to benefits as they now exist may be appropriate, they are not likely to be sufficient to prevent homelessness. Policymakers should also explore options for modifying how benefits and services operate for families in deep poverty and with repeated episodes of homelessness. New approaches may be needed to identify families at risk of homelessness and more clearly determine what crisis or crises lead them to lose their housing. Once these are better identified, it may be possible to design programs that are more able to prevent family homelessness.

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