

The Effectiveness of Housing Interventions and Housing and Service Interventions on Ending Family Homelessness: A Systematic Review

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Family homelessness has become a growing public health problem over the last 3 decades. Despite this trend, few studies have explored the effectiveness of housing interventions and housing and service interventions. The purpose of this systematic review is to appraise and synthesize evidence on effective interventions addressing family homelessness. We searched 10 major electronic databases from 2007 to 2013. Empirical studies investigating effectiveness of housing interventions and housing and service interventions for American homeless families regardless of publication status were eligible for inclusion. Outcomes included housing status, employment, parental trauma and mental health and substance use, children's behavioral and academic status, and family reunification. Study quality was appraised using the Effective Public Health Practice Project tool. Six studies were included in this review. Overall, there was some postintervention improvement in housing and employment, but ongoing residential and work stability were not achieved. Methodological limitations, poor reporting quality, and inconsistent definitions across outcomes hindered between-study comparisons. Substantial limitations in research underscore the insufficiency of our current knowledge base for ending homelessness. Although many families were no longer literally homeless, long-term residential stability and employment at a livable wage were not ensured. Developing and implementing evidence-based approaches for addressing homelessness are long overdue.

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Homelessness, once viewed as transient and situational, has become a growing public health problem that has escaped ready solutions. Each year many more families, comprised primarily of single mothers with young children in tow, join the ranks of those experiencing homelessness. Almost half of these children are less than 6 years old. Families now account for

36% of the overall homeless population and 50% of the sheltered population (U.S. Department of Housing and Urban Development; HUD; 2013b). The 2013 HUD point in time count conducted by participating local Continuums of Care (CoC) used HUD's literal definition of homelessness: families residing in emergency shelter, transitional or supportive housing, and safe havens, or families living in places not meant for human habitation such as cars, parks, and abandoned buildings. HUD reported that 222,197 family members in the United States were homeless on a given night in 2013; 138,515 of these were children under the age of 18 (HUD, 2013b). Using the newer definition of family homelessness established by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (2009) that includes precariously housed families, an estimated 1.6 million school-age children in the United States were homeless over the course of the 2011–2012 school year. These numbers represent a 10% increase over the previous school year—an historic high (National Center for Homeless Education, 2013).

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Despite the steady growth of families experiencing homelessness (National Center for Family Homelessness, 2009), only a few studies have explored the effectiveness of housing interventions and housing and service interventions in addressing family homelessness. A 2006 narrative literature review reported on the research exploring the impact of interventions aimed at ending family homelessness (Bassuk & Geller, 2006). The primary outcomes of interest in most studies were residential stability, various measures of well-being (e.g., self-sufficiency, emotional and behavioral status), and family reunification. The reviewed evidence suggested that housing vouchers increased residential stability (also see Shinn & Baumohl, 1999; Shinn et al., 1998; Wong et al., 1997), and that case management and other services contributed to housing stability and other desirable outcomes, including family preservation and reunification (Weitzman & Berry, 1994). However, the authors noted that, with the exception of case management, the nature, intensity, and frequency of services was inadequately described and their impact remained unclear. Overall, the research base was very limited and many of the studies lacked methodological rigor. The authors strongly recommended better designed research to allow more definitive determination of the role of housing and services in mitigating this social problem.

To our knowledge, there are no evidence-based practices or interventions for homeless families recognized in the registries (see SAMHSA's National Registry for Evidence-Based Programs and Practices; NREPP; DOE's Institute of Education Sciences: What Works Clearinghouse; Herbers & Cutuli, 2014), nor have there been any systematic reviews that evaluated the effectiveness of housing interventions and housing and services in ending family homelessness in the United States. There is emerging evidence about the effectiveness of Housing First approaches, including preliminary fidelity measures (Stefancic et al., 2013; Tsemberis et al., 2004), as well as various best practices (motivational interviewing, critical time intervention) for individuals and families experiencing homelessness (Baer et al., 2007; Miller & Rollnick, 2012; Susser et al., 1997; Tomita & Herman, 2012). Preliminary data about the effectiveness of Housing First for homeless families are promising (Eibinder & Tull, 2005; National Alliance to End Homelessness, 2004); however, there is a lack of consensus about placing families with children in scattered site housing especially those with a history of domestic violence or substance abuse (Nunez, 2012). Other barriers to implementing Housing First with homeless families include lack of affordable housing suitable for families (UMASS, 2010) and the difficulty of keeping housed families engaged in critical services (National Alliance to End Homelessness, 2004).

Our review is timely given the publication by the federal Interagency Council on Homelessness of "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" (2010) that stated its intention to end family homelessness in 10 years. In general, current policy is aimed at increasing access to safe affordable housing; rapidly rehousing families experiencing homelessness (HUD, 2009); and targeting intensive housing options and services to families with urgent and complex needs (Gale, 2013). Because few outcome studies have documented the effectiveness of interventions for homeless families, these policies are necessarily based on field experiences, anecdotes, and effectiveness studies from other subgroups (e.g., high-risk and low-income families).

Whenever evidence about outcomes is limited or lacking, untested generalizations, stereotypes, and biases tend to fill-in the gaps.

Over the past two decades, systematic reviews and meta-analyses conducted in the fields of health care, psychology, and education have become increasingly useful for adopting an evidence-based approach to developing both practice guidelines and implementing relevant policies (de Vet et al., 2013; Fitzpatrick-Lewis et al., 2011; Harris et al., 2001). Similar developments toward evidence-based approaches in addressing problems of social deprivation (e.g., homelessness) are long overdue.

Little attention has been devoted to the effectiveness of interventions for homeless families with the exception of a recent systematic review focused on homeless women (Speirs et al., 2013). However, this review did not distinguish between homeless individuals and homeless parents (i.e., families), only investigated health outcomes, and was international in scope. As the numbers of families and children experiencing homelessness continue to grow, it is imperative that we learn about effective interventions that will help stem the tide. The purpose of this systematic review was to identify, appraise, and summarize the relevant evidence on effectiveness of housing interventions and housing and services for ending family homelessness in the United States.

Method

The reporting of this review conforms to recommendations from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher et al., 2009) and the Centre for Reviews and Dissemination's (CRD) Guidance for Undertaking Reviews (Centre for Reviews & Dissemination, 2009). The protocol of this systematic review has been registered with the PROSPERO register at CRD (CRD#42013005486).

Search Strategy

Ten electronic databases (Web of Science, Academic Search Premier [formerly EBSCO], Medline, PsycINFO, CINAHL, Econlit, ASSIA, Social Services Abstracts, Sociology Abstracts) were searched using full-text and Medical Subject Headings (MeSH) and Thesaurus headings terms from January 1, 2007 to August 6, 2013. Search terms were designed to identify studies reporting on the effectiveness of housing interventions and housing and service interventions for homeless families. Searches were conducted using synonyms and combinations of the following search terms: "homeless family," "homeless parent," "homeless children," "homeless support," and "services." Housing support and services were searched both as general concepts and by searching specific housing and service interventions. No search terms were included that restricted articles reporting a specific outcome.

Following the CRD guidelines (CRD, 2009, section 1.3), we contacted experts in the field of family homelessness, searched Google and Google Scholar, and reviewed Web sites of organizations dedicated to these issues to locate other potentially eligible articles not identified in the electronic database.

Study Eligibility Criteria

This review included primary empirical studies (e.g., studies using quantitative and mixed methods) published in English be-

tween 2007 and 2013 that investigated the effectiveness of housing interventions and housing and service interventions for homeless families in the United States.

Study design. Primary randomized control trials (RCTs), nonrandomized control trials (non-RCT), quasi-experimental studies (e.g., before and after, interrupted time series) or observational studies (e.g., controlled or single cohort, case-control) were eligible for inclusion. Cross-sectional studies were excluded as were qualitative studies.

Study population. Eligible studies had to enroll “homeless families” in their samples. For our purposes, “homeless families” were defined as (a) parent(s)—mothers, fathers, or other primary caretaker (e.g., grandparent)—accompanied by at least one child under 18 years; (b) pregnant mothers; and (c) children under 18 years accompanied by at least one parent. Studies with samples restricted to formerly homeless families, homeless singles, and unaccompanied homeless or runaway youth were excluded as were articles describing residents of domestic violence shelters.

Study interventions. Housing interventions included Housing First, rapid rehousing, Section 8 vouchers, housing subsidies, emergency shelter, transitional housing, and permanent supportive housing. Service interventions were defined broadly and included basic or standard case management (primarily housing search assistance), intensive case management, assertive community treatment, critical time intervention, motivational interviewing, parenting skills training, employment or vocational training and placement support, and any other intervention designed to address the basic needs (other than housing) of homeless families. Studies assessing housing and services were included if they compared intervention group outcomes with those of (a) housed (low-income, at-risk) families; (b) homeless families who received usual care; or (c) different types of housing and services. Studies with no comparator (i.e., control) intervention were eligible for inclusion.

Types of outcome. In the homelessness field, the primary outcomes of interest are generally housing status and well-being of family members (Bassuk et al., 1996; Hayes et al., 2013; Rog & Buckner, 2007). For the purpose of this review, we chose housing status and those outcomes related to well-being most commonly addressed by these studies. They included the following (measures of these outcomes can be found in Table 1 and in the Results section):

1. Housing status (measures of residential stability, including days of permanent housing, duration of homelessness, and days before return to shelter);
2. Employment (work history or income of the parent);
3. Parental mental health, trauma, and substance use issues (indicators of parental mental health, substance use, and trauma);
4. Childrens’ emotional and academic status (developmental and behavioral problems, and school attendance);
5. Family reunification (children rejoining parent from out of home placements).

Types of publications. Full text reports were included in the review. Abstracts (with no full text report; e.g., those from conference proceedings) were eligible for inclusion if the study population was comprised of at least 50 homeless families.

Other exclusion criteria. Articles that were primarily reviews, policy analyses, or commentaries were excluded, as were newspaper and magazine articles and book chapters. Dissertations were excluded because of difficulty obtaining complete copies. Studies whose outcome of interest was only a specific clinical measure (e.g., cortisol levels) were considered too remote from the primary outcome of interest (i.e., residential stability) and were also excluded.

Study Selection

All identified bibliographic records and abstracts were compiled in a special database. After duplicate records were removed, one independent reviewer (EB), using a prepiloted form consisting of the above-mentioned eligibility criteria, screened a random sample of 10.8% ($N = 60$) of all identified records. A second homelessness expert (KP) then screened the same sample. Because the degree of interrater reliability or concordance was “very good” ($\kappa = 0.88$, 95% CI [0.72, 1.00]) between the two reviewers’ ratings, only the first reviewer screened the remaining 89% of the abstracts.

Full texts of all potentially eligible articles (i.e., those passing the abstract or title level of screening) were then retrieved and screened by two reviewers (EB, MR) independently using the eligibility criteria described above. The process of study selection was documented and provided in a study flowchart (see Figure 1).

Data Extraction

Two independent reviewers (EB, MR) extracted the following information from the included studies: author, year, study design, study setting or location, duration of study, sample size, baseline population characteristics (demographics, duration of homelessness), nature of the intervention, outcomes examined, and recruitment criteria (limitations). Any disagreements between the data extractors were resolved through discussions.

Assessment of Methodological and Reporting Quality

Two independent reviewers (EB, MR) assessed the methodological quality of included studies using a quality assessment tool developed by the Effective Public Health Practice Project (1998, EPHPP; <http://www.ehpp.ca>). This tool has been widely used for assessing quality in public health studies and is based on previously developed guidelines. It has been shown to have adequate reliability and content and construct validity with observational studies (Armijo-Olivo, Stiles, Hagen, Biondo, & Cummings, 2012; Deeks et al., 2003; Thomas et al., 2004). The tool is designed to assess six domains: selection bias, study design, confounders, blinding, data collection methods, and withdrawals and dropouts. Based on ratings for each domain, a study was categorized as having strong, moderate, or weak methodology. Any disagree-

Table 1. *Studies on the Effectiveness of Housing, and Housing and Service Interventions for Homeless Families: Research Design*

Authors	Interventions examined	Study design	Sample	Program requirements	Baseline sample characteristics	Outcomes examined
Family Options Study (HUD, 2013a)	<p>1. Community based rapid re-housing (2–6 month rental assistance and case management);</p> <p>2. Project-based transitional housing (up to 24 months, intensive services);</p> <p>3. Permanent housing subsidy; or 4. Usual care emergency shelter (30–90 days, possibility of services).</p>	<p>Randomized control trial</p> <p>18-month follow-up</p>	<p>2,307 families in varying programs in 12 communities</p>	<p>Participants lived in ES for at least 7 days. (25% of nationally do so for fewer than 7 days).</p>	<p>Mothers' average age 29 years; most children under 6 years; 41% Black, 21% White, 20% Hispanic/Latino; 63% experienced prior homelessness; 49% DV history and 22% PTSD symptoms. 11% recent alcohol abuse, 14% recent drug use.</p>	<p>Not available until 2014.</p>
Washington Families Fund High-Needs Family Programs (Building Changes, 2011)	<p>Permanent supportive housing: Permanent housing for as long as needed, on-site services, intensive case management (caseloads of 1:10 and a minimum of 3–5 service contacts each week), care provider coordination, wrap-around services, and targeted children's activities.</p>	<p>Before and after</p> <p>No comparison group</p> <p>6-month follow-up</p>	<p>107 families (115 adults, 169 children) in Washington state</p>	<p>“High need families” (multiple barriers)</p>	<p>Mothers in their thirties; 67% had a child under 6 years; 72% White, 11% Black, 8% Hispanic/Latino; nearly all homeless before; 87% physical and/or sexual violence; two-thirds had a mental health condition for which 23% had been hospitalized; almost 25% abused a substance.</p>	<p>Housing stability, income, employment, parent mental health (SF-8), mental health (PHQ-9; GAD-7), substance use (AUDIT; DAST-10), trauma (LSC-R) and access to services</p>

Table 1 (continued)

Authors	Interventions examined	Study design	Sample	Program requirements	Baseline sample characteristics	Outcomes examined
Sound Families Initiative (Northwest Institute for Children and Families & University of Washington School of Social Work, 2007b)	Transitional housing, including "transition-in-place" models when possible, combined with intensive case management (in-home sessions at least once a week, plus phone contact), followed by assistance in securing permanent housing at exit (either Section 8 vouchers, priority for public housing, housing subsidies that capped families' rent at 30% of the income, or assistance locating a unit in a low-income or fair-market complex).	Before and after No comparison group Follow-up at exit (12 months on average)	1487 families at intake (1717 adults, 2738 children), 942 families at exit, in Washington state	25% were evicted or asked to leave their transitional housing units, most often due to substance use or mental health issues.	Adults' average age 31 years; children 6.5 years on average; 50% White, 25% Black; 64% had a previous episode of homelessness; 23% of parent(s) had an identified mental illness.	Housing stability and satisfaction, income, employment, education, children's quality of life, and social support networks Housing stability and satisfaction, income, employment, education, children's quality of life, and social support networks; family reunification
Sound Families Initiative (Northwest Institute for Children and Families & University of Washington School of Social Work, 2008)	Transitional housing with intensive case management, followed by Section 8 vouchers, priority for public housing, or housing subsidies.	Time series No comparison group Follow-ups at exit, 6 months, 1 year, and 2 years	203 families at baseline; 85 at one year; 57 at two years. In 10 programs in Washington state	19% of families evicted or asked to leave their TH units, most often due to substance use or mental health issues.	Adults average age 31 years; children average 6.5 years; 47% White, 27% Black; 55% prior episode of homelessness; 20% mental illness.	
Young Mothers (National Center on Family Homelessness, 2012)	Housing and services linked with child development services. They provided long-term housing options combined with an array of other services, including employment assistance, mental health care, and child-targeted activities.	Before and after No comparison group 1-year follow-up	233 families at baseline, 11 at follow-up; Four program sites in California (2), Chicago, and Minnesota	Participant retention issues may introduce bias towards higher functioning families.	Mothers' average age 21.5 years; Most children under 6 years; 60% Black, 23% Hispanic/Latino; 5% White; 77% prior homelessness; High rates of trauma and PTSD; 49% depression; 27% abuse or neglect reports filed for a child.	Housing stability, income, employment, education, parent mental health and well-being (PTSD Diagnostic Scale; SF-8), and child development (ASQ)

(table continues)

Table 1 (continued)

Authors	Interventions examined	Study design	Sample	Program requirements	Baseline sample characteristics	Outcomes examined
Transitional Housing Program (Burt, 2010)	Transitional housing programs with case management and intensive services (possibility of subsidy at exit).	Time series No comparison group Follow-ups at exit, 3, 6, and 12 months	174 families in 36 TH programs in Ohio, Michigan, Texas, California, & Washington	"The most motivated" mothers were likely to be involved in the TH programs.	Mothers' median age 31 years; 52% Black, 20% White, 19% Hispanic/Latino; 34% of children preschool aged; 58% homeless only once, 20% homeless 3 or more times; 26% mental health or emotional problem.	Housing stability, income, employment, parent mental health and substance abuse (ASI), children's school engagement and emotional health; family reunification
The SHIFT Study (Hayes et al., 2013)	1. Emergency shelter (short-term stays and case management for immediate needs); 2. Transitional housing (housing, services, and required case management); or 3. Permanent supportive housing (long-term housing, and supportive services).	Time series No comparison group 15- and 30-month follow-ups	294 families in 48 housing programs in 4 cities in upstate New York	Requirements varied by housing program.	Mothers' average age 29 years; 56% of children under 5 years; 62% Black, 24% White; 93% of mothers had experienced trauma, 81% experienced multiple, and 79% were traumatized as children; half met criteria for PTSD; 1-2% high risk of substance use disorder.	Housing stability, income, employment, physical and mental health (BSI; PTSD Scale; ASSIST), child well-being (SDQ), and access to services; family reunification

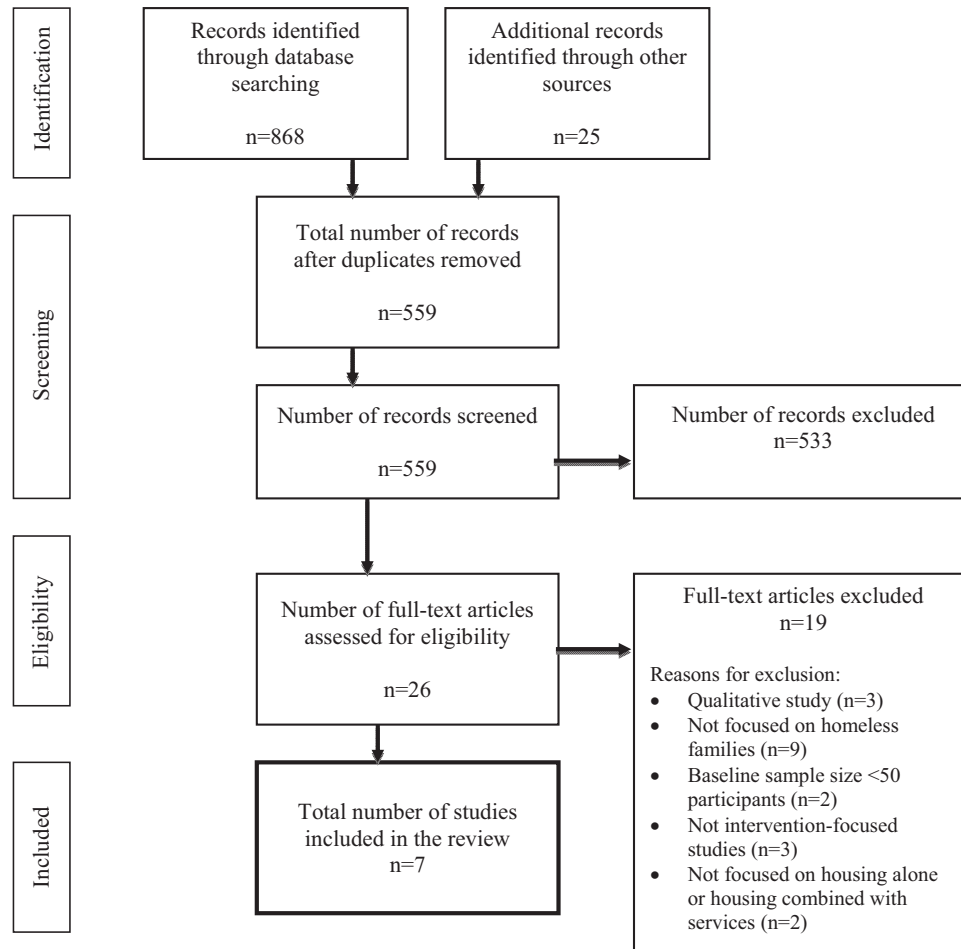


Figure 1. Flow diagram of study selection for systematic review of research on the effectiveness of housing and housing and service interventions for homeless families in the U.S.

ments between the reviewers regarding the study quality were resolved through discussion.

Data Synthesis

The study (e.g., design, sample size, follow-up duration), population (e.g., age, ethnicity, other sociodemographic data), and intervention characteristics as well as findings of the program effectiveness (e.g., type of outcome) were summarized in tables and text.

The planned statistical pooling of study results was not attempted given substantial heterogeneity across the study design, populations, interventions, and outcomes. Instead, the evidence for each outcome of interest was synthesized narratively.

Results

Studies Selected for Review

We identified 868 records (i.e., abstracts) through our electronic searches. Additionally, we identified 25 records (i.e., technical

reports) not indexed in the electronic databases. This resulted in a total of 893 identified records. After removing duplicates, the remaining 559 records were screened for eligibility, of which 533 were excluded as obviously irrelevant. At the full text screening level, only seven (representing six unique studies) of the 26 remaining records were included in the review. A study flow diagram depicting the study flow process and reasons for exclusions at full text screening level is presented in [Figure 1](#). References of excluded studies are provided in [Appendix A-1](#).

The six included studies were: The Family Options Study (HUD, 2013a); The Services and Housing for Families in Transition (SHIFT) Study (Hayes et al., 2013); the Strengthening Young Mothers and Young Children (Young Mothers) program (National Center on Family Homelessness, 2012); The High-Needs Family Program (Building Changes, 2011); the Transitional Housing Program (Burt, 2010); and the Sound Families Initiative (Northwest Institute for Children and Families & University of Washington School of Social Work, 2007b, 2008). The Sound Families Initiative consisted of two reports.

The summary of the baseline study characteristics (design, populations, interventions, outcomes) is described below and summa-

alized in Table 1 (see Table 2 for a summary of program effectiveness outcomes and methodological quality).

Family Options Study (HUD, 2013a)

The Family Options Study is a randomized controlled trial investigating the impact of four interventions for homeless families in 12 communities: community-based rapid rehousing (CBRR) provides temporary rental assistance for 2–6 months paired with housing focused case management; project-based transitional housing (PBTH) offers temporary housing up to 24 months in agency controlled housing with intensive support services; (SUB) permanent housing subsidies, usually Housing Choice Vouchers; and usual care (UC) in the emergency shelter system with an average stay of 30 to 90 days. A total of 2,307 families enrolled between September 2010 and January 2012 and were randomly assigned to each of the four study interventions. The study outcomes were housing stability, self-sufficiency, well-being, and family preservation.

At enrollment, a typical family had one to two children, with most children less than 6 years old. Eighty-three percent of the families were not working, but for those who were, the median annual income was \$12,000. Two thirds of the families had a prior episode of homelessness. Twenty-two percent of adult participants had symptoms of posttraumatic stress disorder (PTSD), and almost half had experiences of domestic violence. Within the past year, 14% had reported drug use, and 11% had problems with alcohol abuse.

The *Interim Report* described the study design and baseline characteristics of the families. This report did not provide outcomes. The impacts of interventions and their relative costs are expected to be reported later in 2014 (18 months postrandomization). The study is also expected to report data on receipts of HUD assistance and returns to shelter.

The High-Needs Family Program (Building Changes, 2011)

The High Needs Family Program (HNF) is a permanent supportive housing program with intensive case management (i.e., caseloads of 1:10 with a minimum of 3–5 service contacts per week), flexible funds to meet immediate needs, onsite services, referrals for homeless families at risk for chronic homelessness, and targeted services for children. Families were eligible for enrollment if they had a history of homelessness and at least two of the following service needs (barriers): Child Protective Services involvement; physical disability or chronic health problem; recent mental health, substance use treatment, or domestic violence histories; felony or misdemeanor conviction; developmental or learning disability. The HNF program included 11 providers and enrolled 122 families, with 169 children. This study reported data on 107 families who completed baseline assessments and 58 families at 6-month follow-up. Outcomes of interest included residential stability, economic well-being, sense of safety, access to and receipt of benefits and services, and improved physical, mental, and behavioral health for both mothers and children. Overall physical health and well-being was measured using the SF-8 health

form (Ware et al., 2001). The authors used the Patient Health Questionnaire depression screener (PHQ-9; Kroenke & Spitzer, 2002), and GAD-7 generalized anxiety screener (Spitzer et al., 2006) to evaluate mental health, and the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) and the Drug Abuse Screening Test (DAST-10; Skinner, 1982) to screen for substance abuse. Exposure to trauma was measured by the Life Stressors Checklist (LSC-R; Wolfe et al., 1996).

The average family had approximately two children, and more than two thirds had a child under the age of 6. Almost all HNF families had been homeless at least once before. At baseline, 12% of the families were employed and the median monthly income was just over \$450 from all sources. Temporary Assistance for Needy Families (TANF) was the most common source of income. Two thirds of the families had various mental health conditions such as severe depression, and nearly one quarter reported at least one mental health hospitalization. Almost 25% of the families screened positive for substance use, and 87% reported experiences of physical or sexual violence or both. More than 70% of families had three or more barriers to receiving care.

Most families in the HNF program were more residentially stable (less prone to residential risks such as eviction, borrowing money, or inability to pay rent) at 6 months than at enrollment. After 6 months in permanent supportive housing, there were no differences in sources of income or in benefits, and no significant¹ gains were made in employment; only 15% were working. Mental health conditions improved somewhat, with only 45% of families meeting criteria for one or more mental health conditions, compared with two thirds at baseline. The proportion of parents with moderate or severe levels of anxiety decreased significantly from 63% to 38%. Fewer respondents had moderate or severe depression scores (48% to 35%), and poor mental health functioning (34% to 22%), although these differences were not statistically significant. Substance use issues and experiences of trauma did not change. School-age children missed school less frequently (at baseline 64% were absent in last 30 days, dropping to 54% at 6 months), but were more likely to have nonacademic problems (increased from 25% at baseline to 39% at 6 months).

Sound Families Initiative

The Sound Families Initiative was launched in 2000 to increase transitional housing (TH) in Pierce, King, and Snohomish counties in the State of Washington. The interventions consisted of a stay in a transitional housing program, including “transition-in-place” models when possible, combined with intensive case management while in the program (in-home weekly sessions plus phone contact), and assistance in securing permanent housing at exit. This included Section 8 vouchers, priority for public housing, housing subsidies that capped families’ rent at 30% of their income, or the option to work with case managers to locate a unit in a low-income or fair-market complex. Families who needed specialized services (e.g., drug and alcohol treatment, education, job training, mental health services) were usually referred to off-site providers. Typically, no formal services were offered after a family exited.

¹Throughout this article, significance indicates statistical significance.

Table 2. *Effectiveness of Housing, and Housing and Service Interventions for Homeless Families: Summary of Outcomes*

Authors	Study design (interventions, method, sample, duration, location)	Outcomes:					Summary quality rating
		Housing	Employment	Parent well-being	Children's well-being ^a	Family reunification	
Family Options Study (HUD, 2013a)	1. Community based rapid re-housing. 2. Transitional housing. 3. Permanent housing subsidy, or 4. Usual care emergency shelter. Randomized control trial, 18-month follow-up. 2,307 families in varying programs in 12 communities.	Not available until 2014	Not available until 2014	Not available until 2014	Not available until 2014	Not available until 2014	Moderate
Washington Families Fund High-Needs Family Programs (Building Changes, 2011).	Permanent supportive housing (intensive case management, on-site and wrap around services). Before and after, no comparison group, 6-month follow-up. 107 families (115 adults, 169 children) in Washington state.	More residentially stable	No significant differences: approximately 15% working at entry and follow-up, with only 5% working at both interviews.	Significant decrease in moderate or severe anxiety and those with one or more mental health indicators. Moderate (nonsignificant) improvements on depression and mental health functioning. No change in substance abuse or trauma experiences.	One third of children needing services received them; school-aged children missed significantly less school but were more likely to have nonacademic problems.	Not reported	Weak
Sound Families Initiative (Northwest Institute for Children and Families & University of Washington School of Social Work, 2007b)	Transitional housing with intensive case management and assistance securing permanent housing at exit (possibility of subsidy). Before and after, no comparison group, follow-up at exit (12 months on average). 1,487 families at intake (1,717 adults, 2,738 children), 942 families at exit, in Washington state.	89% of families completing a program secured permanent housing (68% of all enrolled families). 61% had a housing voucher, 8% moved into publicly subsidized housing, 9% moved into other types of subsidized housing, and 11% secured housing without a subsidy.	45% employed full- or part-time, compared with 22% at entry.	No data	Fewer school changes at baseline, especially for children with three or more moves per year. No quantitative data on behavioral or emotional issues.	Not reported	Weak

(table continues)

Table 2 (continued)

Authors	Study design (interventions, method, sample, duration, location)	Outcomes:					Summary quality rating
		Housing	Employment	Parent well-being	Children's well-being ^a	Family reunification	
Sound Families Initiative (Northwest Institute for Children and Families & University of Washington School of Social Work, 2008)	Transitional housing with intensive case management and assistance securing permanent housing at exit (possibility of subsidy). Time series, no comparison group, follow-ups at exit, 6 months, 1 year, and 2 years. 203 families at baseline; 85 at 1 year; 57 at 2 years; 27 at 3 years; in 10 programs in Washington state.	At year 2, 89% remained in permanent housing, but in the past year 30% had lived in more than one place, 25% had been late on their rent, and 29% received a utility disconnection notice.	Full-time employment increased from 4% at entry to 30% at 2 years, but employment was not stable: 60% at Year 2 changed jobs.	38% of mothers who needed mental health services received them at Year 2. More than half of families reported feeling very supported socially, compared with 15% before TH.	Fewer school changes, but no improvement in absenteeism. No quantitative data on behavioral or emotional issues.	82% of families had been reunified with some or all of their children at intake ($n = 203$); 100% reunification at 1-year follow-up ($n = 85$).	Weak
Young Mothers (National Center on Family Homelessness, 2012)	Long-term housing linked with child development services (subsidies varied by location). Before and after, no comparison group, one-year follow-up. 233 families at baseline, 11 at follow-up; four program sites in California (two), Chicago, and Minnesota.	80% in stable housing, and 75% were satisfied with their housing	No significant differences from the 20% employed at first interview	No change in trauma experiences or symptoms. Families reported no significant changes in social support (the number of people they could count on for help).	The majority (66%–76%) of children who showed developmental delays on the ASQ were able to improve their scores at 12 months. No data on school functioning.	Not reported	Weak

Table 2 (continued)

Authors	Study design (interventions, method, sample, duration, location)	Outcomes:					Summary quality rating
		Housing	Employment	Parent well-being	Children's well-being ^a	Family reunification	
Transitional Housing Program (Burt, 2010)	Transitional housing programs with case management and intensive services (possibility of subsidy at exit). Time series, no comparison group, and follow-ups at exit, 3, 6, and 12 months. 174 families in 36 TH programs in five communities.	Approximately 75% of families completed TH programs and entered stable housing; 60% lived in their own place for the entire follow-up year; 19% moved at least once; 53% left TH with a housing subsidy; subsidy was critical to families' success.	61% were working at exit (compared with 18% at entry), but employment was not stable during follow-up year: one quarter of working mothers lost their jobs, and half of nonworking mothers gained employment.	At follow-up, only 5% reported using alcohol and only one individual reported drug use; 21% had been treated for alcohol abuse in TH and 65% had been treated for drug abuse. No significant changes in mental health.	Decreases in school changes, suspensions, and emotional problems, but children less engaged in school at 12-month follow-up than at TH exit. High rates of tardiness and absenteeism remained unchanged.	35 children (42%) rejoined the family during TH; the program helped with 29 of these reunifications.	Weak
SHIFT Study (Hayes et al., 2013)	1. Emergency shelter, 2. Transitional housing, or 3. Permanent supportive housing. Time series, no comparison group, 15- and 30-month follow-ups. 294 families in 48 housing programs in four cities in upstate New York.	About half of families in all three housing conditions were stable at 30 months. Those in PS were most stable, followed by TH and ES. Trauma was major predictor of housing instability.	Slight improvements: 39% employed at 30 months, compared with 16% at baseline. Unemployed women reported significantly higher levels of trauma.	Decrease depressive symptoms and PTSD. While mothers tended to deny substance abuse (low and unchanging rates reported), one third reported attending AA/NA at 30 months.	Target children's behavioral difficulties decreased in TH and PS but increased in ES. For school-aged children, rates of grade repetition were unchanged at follow-up, with the exception of a decrease for PS families.	At 15-month follow-up, 41% reported they had a child living apart from them, with a nonsignificant decrease (36%) at 30-month follow-up.	Moderate

^a For the purposes of this review, children's well-being outcomes include behavioral/emotional status and academic status.

The evaluation consisted of two data sets (Northwest Institute for Children and Families, University of Washington School of Social Work, 2007b; Northwest Institute for Children and Families, University of Washington School of Social Work, 2008): (a) data collected at entrance and exit from transitional housing units for 1,487 families enrolled in 52 programs between 2000 and 2007 (exit data on housing status, work, and income were available for 942 of these families); and (b) a longitudinal dataset of 203 families in 10 programs that evaluated families at entrance, exit, and at 6 months, 1 year, 2 years, and 3 years after exit. For this subset, variables examined include housing stability, income, employment, education, children's quality of life, and social support networks. Use of standardized measures was not described. The Sound Families Initiative was published in two reports, each describing different subsamples and timeframes, and described in the following two sections.

Sound Families (Northwest Institute for Children and Families, University of Washington School of Social Work, 2007b)

The 1,487 families enrolled in Sound Families programs at baseline consisted of 1,717 adults and 2,738 children. The mean age of children was about 6.5 years. Half of the families had one child and one quarter had two. Sixty-four percent of the families had a previous episode of homelessness. Twenty-three percent of the primary caregivers in these programs had an identified mental illness, and 9% had a physical disability. After enrollment in the TH programs, 25% of families were evicted or asked to leave, most often because of substance use or mental health issues.

Of all families exiting Sound Families programs, 68% moved into permanent, nontime restricted housing. Of those who successfully completed a program, 89% secured permanent housing after exit, and the remaining 11% were unable to obtain housing because of lack of affordable housing or lack of a subsidy. Of the one quarter of families who were evicted from the programs for substance use and mental health issues, only 16% were able to secure permanent housing. For families completing a program, employment and income improved, with full- or part-time employment increasing from 22% at entry to 45% at exit. The number of school-age children who attended two or more schools within a single school year decreased from 53% at intake to 17% at exit. For children with three or more moves per school year, improvements were even more notable (17% at entry to nearly zero at exit).

Sound Families (Northwest Institute for Children and Families, University of Washington School of Social Work, 2008)

This report presents case study data from 203 families enrolled in 10 transitional housing programs affiliated with the Sound Families Initiative. In addition to intake and exit, families were interviewed at 6 months ($N = 98$ families), 1 year ($N = 85$ families), 2 years ($N = 57$ families), and 3 years following exit ($N = 27$). The typical family was a single mother with one to two children. Forty-five percent of families were homeless for the first time. Among those who were previously homeless, 84% had experienced one to three prior episodes. Household income was

less than \$1,000 a month for three quarters of families. Twenty percent of primary caregivers had a mental illness.

The results at exit were similar to the results for all families. Seventy-three percent secured permanent housing, 14% moved in with family or friends, and 19% were asked to leave their program. Seventy-eight percent were using a Section 8 voucher. Of the families followed for 2 years, 89% remained in permanent housing. However, when asked about the second year after exit, 30% had lived in more than one place, 25% had been late on their rent at least once, and 29% had received a utility disconnection notice, and 9% lived in shelter, TH, motel, or car. Employment increased from 4% to 30% in the first year but was not stable, with 60% of caregivers at Year 2 having changed jobs in the past year. The number of families with incomes over \$1,000 a month more than doubled between intake and 6 months after exit, but at 2 years income from all sources lagged far behind self-sufficiency levels. The number of school-age children who changed schools during the year significantly decreased from 17% at exit to 9% three years after exit.

Strengthening At-Risk and Homeless Young Mothers and Children Initiative (The National Center on Family Homelessness, 2012)

The Young Mothers study included four program sites in California (two), Minnesota, and Chicago that featured a partnership between a housing or homelessness agency and a child welfare or child development agency. In combination with housing, each of the four sites developed innovative service models that provided family oriented care to meet the full range of families' needs. The partnering agencies offered services including case management, employment, education, chemical dependency, early child development, prenatal care, and parenting skills. The four sites differed in their ability to offer housing vouchers, but all sites offered assistance in finding permanent housing, including one program with temporary housing for domestic violence victims and long-term housing for mothers with mental health diagnoses. Two of the sites adapted Assertive Community Treatment (ACT).

This report included data from baseline ($N = 233$) and 1-year follow-up ($N = 117$).² The outcomes of interest were housing stability, employment, maternal well-being, and child development. Child development was measured using the Ages and Stages Questionnaire (ASQ-3; Squires & Bricker, 2009). The Posttraumatic Diagnostic Scale was used to measure exposure to traumatic events and trauma symptoms (Foa, 1995), and the SF-8 health form measured physical health and well-being. The families consisted of mothers with one to two children, 77% of whom had been homeless before. Clients reported a mean income of \$771 per month; the most common sources of income were food stamps (83%), TANF (68%), earned income (39%), family contributions (23%), and alimony or child support (8%). Between 42% and 60% had experienced a traumatic event (e.g., interpersonal violence, unexpected death of family member). Many clients experienced

²Some baseline data are taken from an earlier report: Hilton, NCFH. Strengthening At Risk and Homeless Young Mothers and Children. Evaluation Report. Year 2. 2008–2009.

symptoms of PTSD (42% to 73%), in addition to depression (49%).

At 1-year follow-up, approximately 80% of clients were living in some form of stable housing (e.g., own apartment, transitional housing, permanent supportive housing). Monthly income increased by 34% after 1 year in the program, but families were still living below the poverty line and had no significant gains in employment. Participants reported minimal or no new traumatic events, and no significant change in trauma symptoms. Children's outcomes varied across sites, but all sites employed a standardized developmental and social-emotional test and reported some improvement in children with developmental delays.

Transitional Housing Program (Burt, 2010)

This study examined the impact of transitional housing (TH) on the lives of 179 homeless families in 36 TH programs across five communities 1 year after exit. The most commonly used services included: case management (91%), setting goals (81%), primary health care (73%), basic food supplies (70%), life skills training (66%), and employment supports (62%).

Thirty-one of these programs would not enroll active substance users, and nine required 6 months of previous sobriety. Some programs also screened out families with histories of severe mental illness. Families were interviewed when they left TH, and at 3, 6, and 12 months after exit. The outcomes included housing stability, employment, mother's well-being, and children's school engagement and emotional health. The Addiction Severity Index (ASI; McLellan et al., 1992) was used to measure substance abuse and mental health. No other measures were listed.

The typical family consisted of a mother with one to two children. Two thirds were school-aged. The average length of homelessness before entering TH was 7.6 months, with 58% homeless only once, and 20% homeless three or more times. Only 18% of mothers were working at entry into TH, and the monthly mean family income was \$1,000. At the move-out interview, 26% of mothers reported one or more mental health or emotional problems in the past month.

Approximately 75% of families completed TH programs and entered stable housing. Having a rental subsidy at TH exit was critical for maintaining residency and limiting movement of family members. In the year following TH, some families experienced housing hardships, including inability to pay utility bills (34%) and trouble paying rent (20%). By move-out, 61% were working, compared with 18% at entry. However, 44% of working mothers had periods of unemployment during the follow-up year, and one quarter were not working at 12 months. At 12 months after exit, very few mothers were using substances. During the initial interview, 26% of mothers reported one or more mental health and emotional problems in the past month. Mothers showed no significant changes in mental health symptoms over the 12-month follow-up period: 65% reported no change. Among the remaining 35%, nearly equal numbers described increased problems and fewer problems.

The children's academic situations improved somewhat. Three quarters of mothers rated their children as having "very few emotional problems" at exit and 12 months, compared with one half at entry. However, school-age children appeared less engaged in school 1 year after leaving TH than they were at exit.

The SHIFT Study (Hayes et al., 2013)

The goal of the SHIFT study was to determine the effectiveness of different housing programs and service options in addressing housing stability and self-sufficiency for homeless families. The intervention consisted of the housing condition in which the families were enrolled. They included: (a) emergency shelter (ES), primarily providing temporary shelter, with short-term stays (e.g., 1 night to 3 months), combined with case management focused on housing assistance and immediate needs (e.g., applying for public benefits, ensuring children are enrolled in school); (b) transitional housing (TH), consisting of housing and individualized support services to facilitate movement to independent living within 24 months, case management, and supports to establish residential and economic stability; (c) permanent supportive housing (PSH), providing long-term community-based housing combined with supportive services, either directly or through referrals, for families with intense needs (e.g., mental health or physical disabilities, substance use issues). The study was conducted in 48 programs in four cities in upstate New York. Participants were interviewed at baseline, 15 months, and 30 months. The outcomes of interest were residential stability, employment, experiences of trauma, mental health and substance use, child well-being, and family reunification. Overall mental health was measured using the Brief Symptoms Inventory (BSI; Derogatis, 1993); screening for Posttraumatic Stress Disorder was conducted using the PTSD Scale (Blake et al., 1995); substance abuse was measured using Alcohol, Smoking and Substance Involvement Screening Test (ASSIST; WHO, 2006); child emotional and behavioral issues were measured using the Strengths and Difficulties Questionnaires (Goodman, 2001).

The study sample consisted of single parent families with at least one child. The original sample consisted of 294 families from 48 housing programs—131 in ES, 120 in TH, 43 in PSH. There were 704 children at baseline. On average, families had 2.4 children, 44% of whom were school-aged. Most adults were unemployed; 88% received food stamps and 45% received TANF. About half of families in all three housing conditions remained residentially unstable over time: 62% were unstable at 15 months and 49% were unstable at 30 months. At 30 months, 65% had a Section 8 voucher, of whom 37% were residentially unstable. The only significant predictor of residential stability was being employed. Employment status improved somewhat, although 61% remained unemployed. At 30 months, receipt of benefits was relatively unchanged.

Ninety-three percent of the mothers had a lifetime history of trauma, and 81% experienced multiple traumatic events. At baseline, 48% of women met criteria for PTSD, which decreased to 24% at 30 months. Despite such high rates, only 5% of the sample reported receiving treatment for PTSD. At baseline, 60% of the sample reported depression, and 20% reported taking medication for depression. Women's depressive symptoms on the BSI decreased an unspecified number from baseline to 15 months, but remained unchanged between 15 and 30 months.

There was no significant change in reported substance use. The rates of women attending Alcoholics Anonymous or Narcotics Anonymous (AA/NA) did not mirror the self-reporting of little or no substance use; at baseline, 26% reported attending AA/NA, and the percentage increased further to 35% by 30 months.

Overall, many of the children had serious behavioral and learning problems that did not improve significantly over the course of the study. One quarter of children had repeated a grade. Forty-four percent of the school-age children continued to have significant academic challenges, with grade retention rates relatively unchanged.

Assessment of Methodological Quality

Using the quality assessment tool developed by EPHPP, all studies with the exception of the Family Options and the SHIFT Study, scored as methodologically weak (see Appendix A, Table A-2). While the Family Options Study was a randomized control study and the SHIFT study, Transitional Housing Program, and Sound Families Initiative (2008) were time series studies, the remainder of the studies explored baseline and follow-up data, and did not have a control or comparison group. The main methodological limitations of the included studies involved study design (uncontrolled before and after), lack of blinding (of participants, investigators, and outcome assessors), dropouts (sample attrition), and data collection methods. Moreover, the reporting quality was poor, especially with regard to the nature, duration, and frequency of the interventions (see below).

Study Interventions: Summary

The primary interventions in the reviewed studies targeted literally homeless families (i.e., HUD definition) and were housing-based with some unspecified dosage of ill-defined services. The interventions in the reviewed studies can be grouped as follows: (a) transitional or permanent supportive housing primarily with intensive case management (ICM) and other services (Transitional Housing Program, Sound Families, HNF); (b) usual care in emergency shelter, transitional housing, and permanent supportive housing with the types of services not specified (SHIFT); and (c) a systems approach featuring collaboration between housing or homeless agencies and child welfare or development agencies (Young Mothers).

All interventions included some combination of housing and support services. Housing interventions included emergency shelter, transitional housing, permanent supportive housing, and community based rapid rehousing. Most of the programs attempted to provide housing vouchers or subsidies, but the programs were unclear about which families received them. Vouchers were available in some communities but not in others. Services generally referred to case management that focused on housing assistance and other immediate needs. Other services mentioned included employment and education programs, and referrals to providers for medical, mental health, and substance use services. With the exception of intensive case management (ICM) provided by the High Needs Family Program (Building Changes, 2011), details about the intervention were not provided. No services were defined as best practices or were evidence based (e.g., described in the registries). Generally, the studies did not discuss issues such as fidelity of the intervention, adequate dosage, qualified staff, or target population.

Study Outcomes: Summary

The studies we reviewed provided preliminary descriptive information about the experiences of families in various housing programs. Overall, the studies suggested that housing subsidies or affordable housing in the community had a salutary, although limited, effect on residential status of the families. Compared with their homelessness at enrollment, the housing circumstances of families generally improved at exit from these programs; that is, families were no longer literally homeless, but many were not residentially stable. Furthermore, their work status was slightly improved, but most families were not earning a livable wage. Findings about parental mental health and child behavioral and academic status were inconsistent. Because of major differences in the programs, insufficient information about the nature of the interventions, and methodological limitations in the evaluation design of individual studies, inferential conclusions about program effectiveness were not possible. It was also not possible to determine if intervention challenges were related to design or implementation issues (see Fixsen et al., 2005).

Discussion

This systematic review highlights the underdeveloped and neglected nature of effectiveness research to end family homelessness, and explains the lack of evidence-based practices and interventions for these families and children. Of the 559 unduplicated abstracts identified from the peer-reviewed literature, none was rated as eligible for review. All six reviewed studies came from the “gray literature” and largely consisted of government and foundation commissioned studies. In these studies, the interventions are poorly defined and the methodological rigor is generally weak. Only one recent randomized control study was identified and its outcomes are not yet available (Family Options Study).

Prior research has demonstrated that housing is essential for ensuring the health and well-being of families (Bratt, 2002; Perlman et al., 2014; Shaw, 2004) and that housing subsidies are helpful for moving families from homelessness to housing (Bassuk & Geller, 2006; Shinn et al., 1998; Wong et al., 1997). A recent study highlighted the critical link between supportive housing and health. Doran and colleagues state: “Placing people who are homeless in supportive housing—affordable housing paired with supportive services such as onsite case management and referrals to community-based services—can lead to improved health, reduced hospital use, and decreased health care costs, especially when frequent users of health services are targeted. These benefits add to the undeniable human benefit of moving people from homelessness into housing” (Doran et al., 2013, p. 2374).

Residential Stability

The interventions described in these studies did not necessarily ensure that the families were or would become residentially stable—and had benefitted from their enrollment in the program. Studies differed in how they defined housing status and residential stability. Although the SHIFT study defined residential stability, the Transitional Housing Program and Sound Families reported a range of housing issues. Others (High Needs Family Program,

Young Mothers) only reported housing status at one follow-up point. Housing stability rates focused on families completing the program, with limited information about those who dropped out or were evicted. As a result, the percentage of families securing permanent housing was overestimated. For example, in the Sound Families report at 1-year follow-up, 68% of families completed the program, and 89% of this subset secured permanent housing. At 2 years postcompletion, 25%–30% were experiencing various housing hardships, including paying rent late, disconnected utilities, and multiple moves in the past year. This finding was echoed in the SHIFT study: Of the 51% of families considered stable at 30 months and no longer literally homeless, many had experienced similar “housing hardships.” After exiting these programs, many seemed to resemble low-income housed families struggling in the community to make ends meet, but continuing to teeter on the edge of homelessness. If homelessness policy is based only on providing bricks and mortar—even transiently, than this outcome can be viewed as a pyrrhic victory.

Despite general consensus in the literature about the critical importance of housing subsidies for maintaining housing and assuring the cohesion of the family unit, the reviewed studies were unclear about which families received Section 8 housing vouchers or subsidies. Overall, the receipt of vouchers varied by location (Young Mothers, SHIFT, Sound Families). Vouchers were available in some communities and not in others. Studies reported outcomes based on subsidies inconsistently. However, one study (SHIFT) found that almost two thirds of the families had a Section 8 voucher, but more than one third of this subgroup was residentially unstable (Hayes et al., 2013).

Employment

The relationship between housing and outcomes other than residential stability is far less clear because it is not evident why housing and/or some type of services would affect factors such as work over time. Overall, the studies in this review reported some improvement in employment status. However, most mothers were not earning a livable wage and could not support their families without other sources of income. The rate of families who were working full- or part-time after interventions varied across studies (15% to 61%). Four of the studies with outcome data reported improvements in employment (Burt, 2010; Hayes et al., 2013; Northwest Institute for Children and Families & University of Washington School of Social Work, 2007b, 2008). However, employment tended to be characterized by multiple job changes, periods of unemployment, and low-wage part-time work.

Well-being

Comparing outcomes related to parental trauma, mental health, substance use issues, and children’s academic and behavioral adjustment in these studies was even more difficult. We found that definitions, measures, and conditions varied widely across studies, making comparisons difficult. Furthermore, rates of parental mental health and substance use were underreported because several of the programs excluded families with these problems (Burt, 2010; HUD, 2013a). For example, in one study, 89% of transitional housing programs did not enroll families with active substance use

issues, 22% required at least 6 months of sobriety before admission, and some required a year or more (Burt, 2010). More than 20% would not accept mothers with histories of severe mental illness unless well controlled by medication (Burt, 2010). In addition, many enrolled families did not complete the programs. One quarter of all Sound Family participants (Northwest Institute for Children and Families, University of Washington School of Social Work, 2007b; Northwest Institute for Children and Families, University of Washington School of Social Work, 2008) were evicted from the TH program because of mental health or substance use issues. Similarly, findings about children’s well-being were equivocal and inconsistent—reflecting different measures and outcomes of interest. When there was improvement in the child’s status, it was minimal.

Involvement with child protective services tend to be high among homeless families, especially those with longer and recurrent shelter stays, histories of domestic violence, and maternal mental health or substance use problems (Cowan, Shinn, Weitzman, Stojanovic, & Labay, 2002; Hayes et al., 2013; Park et al., 2004). The SHIFT study reported that at 15-month follow-up, 41% of the families had a child living apart from them, with a nonsignificant decrease at 30-month follow-up. The Transitional Housing Program (Burt, 2010) reported that 35 children (42%) rejoined their families during their stay in TH, and the program helped with 29 of these reunifications. Although Sound Families tracked family reunification, the findings were equivocal (see Northwest Institute for Children and Families, University of Washington School of Social Work, 2008, p. 36). The remaining studies did not report data on family reunification.

Implications for Research and Policy

The substantial limitations in the existing research documented by this review have important implications for developing a research and policy agenda to help end family homelessness. In 2001, the Institute of Medicine reported on the “quality chasm” between health care research and practice (IOM, 2001). Nowhere is this chasm deeper than in the field of family homelessness, where design and implementation research remains in its infancy. Historically, the national response to homelessness grew locally from the grass roots; thus, program interventions are diverse, reflect community priorities, and are often fragmented and poorly resourced. Although research and evaluation has been recently viewed as a necessary component for building a service system that is responsive to the needs of this vulnerable population, data driven interventions are not well developed enough to guide policy or practice (Herbers & Cutuli, 2014).

Research with transient populations experiencing homelessness presents unique challenges. The extreme vulnerability and instability of this population raises ethical considerations, especially where randomization is proposed and families with urgent needs are not provided with immediate service options. Rather, scarce resources are partially allocated to research rather than directly to homeless people. Currently underway, and mentioned briefly in this systematic review, is the HUD Family Options Study; this randomized controlled study of 2,307 homeless families across 12 sites comparing four housing models may add to our knowledge base and contribute significantly to the evidence regarding housing

effectiveness. Its potential to add to our understanding of services is less clear.

Many methodological challenges must be addressed to design rigorous research in this field: inconsistent definitions, heterogeneity of the homeless family population, inconsistency of interventions, role of services, and lack of consensus about what constitutes residential stability, services, and well-being. This makes comparisons across studies difficult and generalizability of findings impossible. Given scarce resources and the relative inattention to addressing extreme poverty in this country, a more fundamental question is embedded in the scarcity of research: Does homelessness represent the lack of a house (i.e., bricks and mortar) or does homelessness also represent disconnection from supportive relationships, opportunity, and participation in community life? If we adopt the latter view, then research is more complicated and must include attention to services, family well-being, and multiple confounders.

Given the complexity and challenges of family homelessness, both public and private sectors will need to invest substantial resources into creating an evidence base of best practices and studying the effectiveness of interventions to end family homelessness. Key areas in need of research include: (a) nature of effective interventions including screening and assessment; (b) relationship of housing subsidies and various housing options to outcomes for families with and without services, particularly looking at how subsidies and various housing options may benefit which subgroups, for how long, and in what ways; (c) type, duration, and dosage of services as well as staffing issues for families and subgroups (e.g., young parents vs. older parents, first time vs. repeatedly homeless), with attention to how contextual factors such as program culture may impact implementation; (d) longer term outcomes beyond short-term housing status to include factors that affect patterns and predictors of stability and well-being of parents and children over time; (e) attention to the needs of the family unit and the children according to developmental stages; (f) identification of factors that increase the likelihood of family reunification; and (g) the cost-effectiveness of integrated housing and service models. With the Affordable Care Act bringing new attention to improving health outcomes and reducing costs for high need populations, research aimed at the intersection between housing and health care is especially needed. Finally, to develop effective services, investments must be made to adapt and test the feasibility, design, and implementation challenges, and effectiveness of evidence-based practices from other fields (e.g., trauma and mental health, parenting, child development). It should also be noted that there is an emerging knowledge base about parenting in formerly homeless families in supportive housing (Gewirtz et al., 2009) that has begun to address some of these issues.

This systematic review documents the lack of evidence on which to build sound policy to address and end family homelessness, despite claims to the contrary. To close the existing chasm between research, practice, and policy, we must develop an evidence base to determine what works and for which subgroups of families. Allowing an inexorable increase in the numbers of families and children experiencing homelessness is unacceptable, especially in a society as affluent as ours. The measure of any society is how we meet the needs of the most vulnerable among us by providing living conditions that ensure human dignity and equal

opportunity for all families and children to grow and thrive (Roos-evelt, 1937). Without research-based knowledge of what works, we will remain unable to meet this challenge, and family homelessness will continue to threaten future generations.

Keywords: homelessness; families; trauma; mental health; poverty

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