

REHOUSING HOMELESS FAMILIES IN MASSACHUSETTS

by

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Submitted to the Department of Urban Studies and Planning
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ABSTRACT

Poor families in Massachusetts face a growing problem of homelessness in the 1980s. The state responded to the crisis by formulating a homeless policy that provides emergency shelter and rehousing services to homeless families. A debate rages among housing and human service advocates over the needs of homeless families, and the nature of services that the state should provide to them.

This study examines the state role in rehousing homeless families. The current institutional and political context is presented through an analysis of the institutional roles of three major actors at the state level and a closer look at the operation of the Cape Cod homeless system. Finally, empirical research is presented that analyzes the success of rehousing strategies for 354 families on Cape Cod.

The results of the study indicate that families that receive housing subsidies stabilize in their new housing units, in contrast to the significantly higher rate of recidivism for families that do not receive subsidies. The successful resolution of homelessness through housing subsidies even proves true for families that stayed in emergency shelters for periods exceeding one year. The success of the subsidy strategy relates partially to the provision of housing stabilization services that prevent problems from arising between rehoused families and their landlords. The study concludes with the recommendation that the state provide housing subsidies to homeless families, before attempting to address psychosocial problems within the families.

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TABLE OF CONTENTS

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INTRODUCTION		Page	6
Chapter 1	THE DEBATE BETWEEN HOUSING AND HUMAN SERVICE ADVOCATES		8
	Research on Mental Health Needs of Homeless Families		
Chapter 2	HOMELESSNESS IN MASSACHUSETTS		16
	The Housing Crisis Role of the State		
Chapter 3	THE CAPE COD HOMELESS SYSTEM		27
	Role of the Department of Public Welfare Role of the Housing Assistance Corporation Role of the Department of Social Services Role of the Community Action Committee The Cape System: A Comprehensive Approach?		
Chapter 4	REHOUSING HOMELESS FAMILIES IN BARNSTABLE		43
	Cause of Homelessness Where They Went The Success of the Relocation Recidivism The Longest Motel Stays Stabilization Services Summary		
Chapter 5	POLICY IMPLICATIONS FOR REHOUSING HOMELESS FAMILIES		73
	The Design of Services Programs A Choice Between Housing and Social Services The Allocation of Public Housing Resources Coordination of State Planning for the Homeless		
Bibliography			82

LIST OF TABLES

TABLE		Page
1	Breakdown of Families and Episodes	46
2	Reason for Homelessness	47
3	Breakdown of Relocation Strategies	50
4	Relocation - Subsidized	54
5	Subsidized Families in Same Unit - Duration of Tenancy	56
6	Relocation - Nonsubsidized	58
7	Relocation - Disappeared	60
8	Relocation - Double Up	60
9	Relocation - Off Cape	61
10	Relocation - Noncooperation	62
11	Relocation - Return to Previous	62
12	Relocation - Other	63
13	Recidivism of Rehousing Strategies	64
14	Long Term Motel Families	66
15	Rehousing Strategies for Stabilization Group	69
16	Stabilization Services	71

INTRODUCTION

Poor families in Massachusetts face a growing problem of homelessness in the 1980s. The Dukakis administration has responded by constructing an emergency system that addressed the immediate needs of the families: a roof over their heads. During an eleven month period ending June 30, 1986, more than two thousand families entered state-funded motels that served as emergency shelters. While the emergency system has prevented families from living on the street, rehousing the families into permanent housing raises questions about the complexity of homelessness.

Formulating long term solutions to the problem arouses debates over the needs of homeless families and the role of the state in meeting those needs. Many homeless advocates view the problem of homelessness, and thus its solution, in purely economic terms. Other advocates stress the multi-faceted nature of the needs, including both economic and emotional factors, and argue for more comprehensive services for homeless families. State officials listen to the debate and plan programs for the homeless, simultaneously struggling with institutional and budget constraints.

The purpose of this study is to provide an analysis of the state's response to the problem of rehousing

homeless families. The analysis is based upon both qualitative and empirical research. The qualitative research, in Chapters 1, 2, and 3, describes and analyses the Massachusetts response to the problem. Chapter 1 frames the question of the nature of the needs of the homeless, as presented by housing and human service advocates, contrasting the economic and comprehensive approaches to the problem. The role of the state is presented in Chapter 2, emphasizing the institutional dynamics of the three central agencies with responsibility for resolving the problem. Chapter 3 presents the actual operation of the state system on Cape Cod.

The empirical research in Chapter 4 tests the success of the various rehousing strategies that families used to secure permanent housing by analyzing the cases of 354 families that received emergency shelter from the state, and were subsequently relocated to permanent housing. The research sheds light on the debate over the families' needs, and the ability of families to maintain themselves in permanent housing.

Finally, the study concludes with a discussion of policy implications from the study, focusing on the allocation of state resources to resolving the problem of homelessness.

CHAPTER 1
THE DEBATE BETWEEN HOUSING AND HUMAN SERVICE ADVOCATES

A debate rages among advocates over the needs of families who become homeless. On one side of the table sit housing advocates who define the homelessness issue in primarily economic terms. For this group, the predominant need of homeless families is increased income and a permanent home. Sitting across the table, human service advocates stress the psychological needs of homeless families. Without addressing the psychosocial factors underlying the homelessness, they argue, a physical home will not be enough. Homeless families do not sit at this table; yet the nature of programs planned on their behalf depends on the outcome of this age-old debate between material and psychological need.

Both sides of the debate share a recognition of the economic and psychological needs of the families. Katherine Mainzer-Murphy, executive director of the Massachusetts Coalition for the Homeless (MCH), states:

We agree that homeless families are in severe emotional crisis, but would emphatically argue that this is a symptom, and not a cause of homelessness.¹

Dr. Ellen Bassuk, the guru of the human service advocates, claims that there exists a "constellation" of

¹ Quoted from a letter from the MCH to Dr. Ellen Bassuk, August 6, 1985

causes of homelessness, including "economics" and "subsistence living," that "contribute to the downward cycle of poverty."²

Each side argues for its share of limited public resources. Housing advocates lobby the state for increases in AFDC benefits and public and subsidized housing expenditures. They claim that the families can only achieve stability through an adequate income and an affordable home. While human service advocates agree with the pervasive economic need, they argue for comprehensive social service programs to address the emotional and educational problems within the families. Real changes in the families, including achieving independence from state support and assisting the children in acquiring motivation, depend on addressing their psychological needs.

What, then, constitutes the disagreements at the heart of the debate? The crux lies in determining the policy implications that emanate from each perspective. The following discussion of the debate illuminates the issues and defines the policy questions.

² E. Bassuk, L. Rubin, and A. Lauriat, "Characteristics of Sheltered Homeless Families," American Journal of Public Health, September, 1986, vol. 76, no. 9, p. 1100.

RESEARCH ON MENTAL HEALTH NEEDS OF HOMELESS FAMILIES

The research team of Dr. Ellen Bassuk, Dr. Lenore Rubin, and Alison Lauriat conducted seminal research on the psychosocial needs of homeless families. Published in the September, 1986, American Journal of Public Health, their article, entitled "Characteristics of Sheltered Homeless Families," describes the results of a clinical study of 80 homeless families with their 151 children.

The study found that the majority of homeless families exhibit multiple psychosocial problems. The researchers ask "whether these children [in homeless families] are likely to become the system dependent and perhaps the homeless adults of the next generation"?³ The risks to the families posed by the "newly emergent cycle of intergenerational homelessness"⁴ necessitate immediate and comprehensive social service intervention by the state. The study implies that the mere provision of income security and housing ignores the complexity of needs and may fail as a social solution to the homeless problem.

³ Bassuk et al., op cit., p. 1100.

⁴ E. Bassuk, "The Feminization of Homelessness: Homeless Families in Boston Shelters," an address delivered June 11, 1985.

Bassuk, Rubin, and Lauriat recommend the development of "specialized housing alternatives," such as transitional housing, as an intermediate step prior to the placement of some of the families into permanent housing. Transitional housing represents a service-intensive approach to addressing the complex emotional and educational needs of homeless families. A program of six months to two years, they argue, would prepare the families for self-sufficiency and independent living.

The study focussed on families that all resided in emergency shelters for the homeless at the time of the research. 61% resided in Boston shelters, while the rest lived in shelters distributed throughout the state (Attleboro, Brockton, Holyoke, Hyannis, Lowell, Northampton, Springfield, and Worcester). The research looked at both economic and psychosocial variables in the subjects' lives. However, it is the psychosocial factors which became the basis for the claim of "multi-problem."

From interviews with the parents of the families, 94% of which were headed by women, Bassuk, Rubin, and Lauriat found the following characteristics:

- 26% of the mothers were unable to name any social supports (friends or relatives to whom to turn in times of need) and 18% could only name one person
- 20% of the mothers were involved in an investigation or follow-up of child abuse and neglect

- 36% of the mothers had been involved in a relationship with a man in which they had been battered (usually alcohol or drug-related violence)
- 71% were assigned diagnoses of personality disorders (compared to random sampling in the adult population of 5-15%)
- Families had moved an average of 6.6 times in five years prior to the current episode of homelessness and 3.6 times in the year immediately prior to the current episode
- 33% of the mothers had never known their own fathers
- 33% of the mothers reported having been physically abused as children, generally by their mothers
- 11% had been sexually abused as children

Interviews with the children reveal similarly troubling data:

- Of the 81 children 5 years old or less, 47% had at least one developmental lag and 33% had two or more
- Of the 52 children older than five years, "approximately half required further psychiatric evaluation"⁵

The needs of the families, as revealed in the interviews, call for psychiatric intervention. The study, however, neglects to include a control group. A control group would allow a comparison between homeless families and other poor families in housing that

⁵ Bassuk et al., op cit., p.

differentiated between the mental health needs of homeless and non-homeless poor families. As the MCH notes:

You fail to discuss or measure the emotional distress which results from short term or long term poverty. As documented numerous times, the crisis of poverty is one which has a profound effect on a person's emotional, psychological, and physical stability; this must be measured or acknowledged in a study such as yours.⁶

Bassuk, Rubin, and Lauriat do not claim that the psychosocial problems of these families independently cause episodes of homelessness. In fact, they modified their position on the issue of causality following early criticism of Bassuk's findings. Included in the journal article is a disclaimer:

personality disorder is a diagnosis of social dysfunction and does not take into account the influence of environmental factors extrinsic to the organization of the personality, such as poverty, racism, and gender-bias.⁷

Yet their final plea urges policymakers to recognize the presence of these psychosocial dynamics in homeless families and to include support services in any comprehensive plan for these families.

⁶ MCH Letter to Bassuk, op cit.

⁷ Bassuk et al., op cit.

The debate polarizes advocates who all claim to share the primary goal of helping homeless families. The research of Bassuk, Rubin, and Lauriat refocuses attention away from the housing needs of the homeless. The research recommends that the psychosocial needs receive priority attention from the state. It suggests that a misuse of resources may result from the allocation of housing to families that are not able to live independently. While not specifically addressing the mental health needs of all poor families, the human service advocates respond to the current visibility of the homeless population.

The labelling of homeless families as multi-problem, however unintentional, affects the perceptions of state officials and landlords. Whether appropriate or not, a stigma attaches itself to the homeless that increases the difficulty of reentering the housing market. As I discuss below, the state responds to Bassuk et. al.'s research by reflecting on the implications such families have on the public and private housing system.

Transitional housing becomes a central facet of the mental health advocates' approach. Transitional housing, however, perpetuates the period of instability that a homeless family undergoes. While the environment of this housing may be extremely supportive, the family eventually has to uproot itself and move. The claim that

certain families prove unable to live independently stirs controversy. Who assesses the families and decides such a question? The operational question to policymakers is how will families respond to a judgement that they are unable to live independently. No one knows whether these families will voluntarily register for a transitional program.

The housing vs. services debate serves as a backdrop for the allocational and programmatic decisions facing the commonwealth when dealing with the homeless issue. The housing and mental health positions in the debate lead to different program designs. To understand the context in which such designs are developed, one must examine the homelessness problem in Massachusetts and the state's role in its resolution.

CHAPTER 2
HOMELESSNESS IN MASSACHUSETTS

The three state agencies with responsibilities for housing, social services, and income security for the poor have designed programs that respond to their perceptions of the needs of homeless families. The programs reflect both the constraints of the current housing market and the different perspectives from which the agencies operate. In this chapter, I examine the state response to homelessness, focussing on the roles of the Executive Office of Communities and Development (EOCD), the Department of Social Services (DSS), and the Department of Public Welfare (DPW). I begin with a discussion of the Massachusetts housing market as the context within which state agencies play out their role.

THE HOUSING CRISIS

No one involved in planning for the homeless disputes the fact that it is almost impossible for low income people to secure housing they can afford in the current Massachusetts housing market. Homelessness represents the logical outcome of this fact. Dynamic interaction between unprecedented housing price

increases, low vacancy rates, discrimination in housing markets, the limited availability of public housing resources, and a withdrawal of the federal government from its historic role of providing housing for the poor creates a situation of severe scarcity. An accurate reframing of the problem could focus on the miraculously low rate of family homelessness given such market conditions.

Indeed, for the roughly 84,000 Massachusetts families subsisting on Aid to Families of Dependent Children (AFDC), the state admits the inadequacy of current income to allow these families to remain in their own homes. In a landmark lawsuit brought by advocates for the poor against the state in 1986, Superior Court Judge Grabau ruled in the advocates' favor and declared the state in violation with its own regulations regarding public assistance. As a part of his ruling, Judge Grabau ordered the state to revise its estimates on the cost of living in Massachusetts. The new standard of need, calculated by the DPW, illustrated the 40% shortfall in current AFDC income in meeting these costs.⁸ The chief propellant in the state's rising cost of living is the cost of housing.

⁸ "Report on Standard Budgets of Assistance and Efforts in the Commonwealth to Assist Families Receiving Aid to Families With Dependent Children," mimeograph, DPW, 1986.

The Boston market is the most dramatic example of the generally overheated Massachusetts housing markets. Between 1970 and 1985, the median rent in Boston increased 329%, to \$530. Contrasted with the 75% rise in AFDC income over the same period, the impact of the affordable housing shortage falls heavily onto the poor. A family of three living on AFDC income receives \$491 per month, plus food stamp benefits of \$141. Thus, the median rent of \$530 represents 84% of total welfare benefits for a family of three. Current rents in Boston are unaffordable to families receiving AFDC and seeking housing.

A combination of demand and supply factors fuels this price increase in housing. On the demand side, a growing number of new households (both through the coming of age of baby boomers and a net immigration of new households into the state), as well as rising family incomes, increases the demand for housing units. The supply of rental housing has not kept pace with its demand, and prices have increased.

The tight housing market is a statewide phenomenon. While the poorest residents of the state, those relying on AFDC income, may be able to maintain themselves in existing housing units,⁹ a crisis exists for any low

⁹ L. Grollman, R. Herzog, and L. Keyes, "The Use of Emergency Assistance in Homeless Prevention: The DPW Area Office Housing System," a report to the DPW, December 23,

income family seeking housing in the state. The supply of housing for the poor has never met the need, and the current economic conditions in Massachusetts force families onto the street in ever greater numbers.

ROLE OF THE STATE

Three central issues arise for state policymakers from the problem of family homelessness: The method of fairly allocating scarce public housing resources to low and moderate income families, the design of social services that specifically are needed by homeless families, and overall allocation of resources between housing and social services. In this section, I present the institutional framework in which these three central issues are worked out. I especially focus on the issue of services, as this issue illuminates differences on the fundamental goals and orientation of EOCD and DSS. The differences in the goals lead to distinctions between housing oriented and social work oriented services.

1986.

The Property Management Approach: The EOCB System

A central concern of EOCB and Local Housing Authorities (LHAs) is property management. Funded by EOCB, LHAs build and manage public housing. As public landlords, LHAs bring an interest in protecting the public investment in housing. The management perspective extends to rent subsidy programs that EOCB and the LHAs also fund and administer. The operation of subsidy programs, such as Section 8 (federally funded) and Chapter 707 (state funded), depends on the voluntary participation of private landlords. Many landlords initially express reluctance to participate in government programs. Reasons include program requirements such as annual housing inspections and increased public sector scrutiny of the actions of landlords. Thus, EOCB needs to maintain good relationships with landlords to ensure the success of the programs.

The research of Bassuk, Rubin, and Lauriat caused anxiety for EOCB officials that administer state housing programs. The conclusion that many homeless families suffer from multiple problems threatens the interests of EOCB in maintaining the housing stock. EOCB assumes that the "multi-problem family" described by Bassuk et al. becomes the "problem tenant." This assumption complicates the issue of targeting scarce housing

resources to the homeless. A leap in thinking occurs in EOCD that begins to question the worthiness of homeless families to occupy scarce housing units, if their presence adversely affects the quality of life in the community.

"Problem tenants" create burdens for the managers of public housing.¹⁰ Recent management reforms within public housing emphasized a crackdown on a small group of problem tenants. Such tenants often demonstrated little respect for communal living, exhibiting anti-social behavior such as lack of housekeeping, criminal activity, property destruction, disturbances to neighbors, and other actions which violated the health and safety of "the community of tenants" in a development. LHAs evicted some problem tenants with the support of other residents.

Similarly, in the private housing market, landlords who "get burned" by subsidized tenants, through the same types of anti-social behavior as problem tenants in public housing, often refuse any further participation in public programs. The overall supply of affordable housing decreases from the withdrawal of landlord participation, which adversely affects all lower income families.

¹⁰ Langley Keyes, *Problem People in Public Housing*, Unpublished manuscript, Fall, 1982.

Given the goal of property management, the EOCD system has evolved an interest in a service approach that addresses the "housing-related impacts"¹¹ of a family's behavior. Housing-oriented services seek "to maintain control and stability in the housing."¹² Services seek to improve the skills needed to live independently: budgeting, housekeeping, and mediating. These services adopt a behaviorist framework which seeks to modify anti-social behavior. LHAs often use punitive measures to deter such behavior. For example, if a tenant refuses to cooperate with housekeeping assistance, a LHA levies charges for any property damages caused by the tenant. The ultimate threat of eviction underlies this system.

LHAs target housing-oriented services at problem tenants, insisting on tenant participation in these service programs as a condition for continued occupancy. The services provide the family an opportunity to continue living in the community; yet the protection of the housing stock, maintaining good relationships with property owners, and the stability of the residential community are the preeminent concerns of this management-oriented service.

¹¹ Judy Perlman, "Housing and Social Services for Homeless Families in New York City: Obstacles to Integration, Recommendations for Reform," Unpublished Masters Thesis, New School for Social Research, June, 1985.

¹² Perlman, op. cit.

The EOCD system serves as the "gatekeeper" to public housing resources, allocating housing resources and screening families prior to housing them. Screening becomes an especially powerful tool when families apply for emergency status to receive a housing unit. Not only must the family demonstrate the emergency nature of their need, strictly defined by EOCD regulations,¹³ but must demonstrate, through references or home inspections, their ability to maintain themselves in housing. Many homeless families travel the emergency route in their attempts to locate housing.

Department of Social Services and Client-Based Social Services

DSS delivers social services to Massachusetts families. As an emphasis on social services for homeless families grew following the research of Ellen Bassuk, DSS became the lead state actor in the provision of the services. DSS brings a social work perspective to service delivery. Social work services focus on the stability of an individual family, rather than the community. Voluntary in nature, such services seek to involve the family in setting its own goals and agendas.

¹³ EOCD, "Tenant Selection Regulations for Housing Authorities," Working Copy, January 30, 1986.

The ultimate goal of these services is to enable families to become economically and functionally self-sufficient.

DSS serves two central functions: family counseling and social service networking. Services help families cope with problems and make referrals to other specialized service programs, such as child care, job training, or psychiatric counseling. The services intend to foster the personal growth of family members.

DSS, however, plays a dual role in the world of social welfare. DSS also enforces child abuse laws in the state, and conducts investigations into potential abuse situations. A possible outcome of an investigation is the removal of the children from the family. DSS places these children in foster homes for varied lengths of time, until it is convinced that the family situation has stabilized.

Thus, although located in different units within DSS, the organization plays both an enforcement and a social work role. Whether DSS homeless caseworkers are able to overcome family fears of abuse investigations and succeed in establishing therapeutic relationships is at issue. This question remains open, and underlies the problematic nature of DSS participation in service provision.

Role of the Welfare Department: Paying the Bills

The state agency with the strongest interest in expediting the resolution of the homeless problem is the DPW. The DPW pays the political and economic costs of the family homeless crisis. All of the homeless families in the state are DPW clients, in the sense that the DPW funds the emergency shelter system. Additionally, most homeless families receive AFDC income from the DPW.

The growth of family homelessness in Massachusetts places pressures on the DPW budget. Expenditures on emergency shelter in motels grew from \$240,000 in FY1983 to \$8,600,000 in FY1986, an increase of 3,583%!!¹⁴ The average number of families served per month in the motels rose from 57 in FY1983 to 648 in FY1986. The rapid increase in the size of the problem impelled DPW action. In July, 1985, the DPW created the Housing Search Unit to manage the rehousing of homeless families from the motels.

While the DPW tries to solve the problem, however, the dependence on EOCB resources manifests itself. The DPW depends on EOCB to allocate housing resources to homeless families. DPW's lack of control over the

¹⁴ Increased benefits under Chapter 450, An Act Further Regulating Assistance to Needy Persons, did not begin until the end of FY1983. Motel expenditures rapidly rose to \$1.4 million in FY1984, continuing to \$5.6 million in FY1985.

resources creates frustration and leads to tension between the two agencies. The rehousing process relies on housing skills and expertise. The DPW started to build organizational capacity in housing; the action, however, duplicated existing resources in the EOCD system. From July, 1985 to February, 1987, both DPW and EOCD (and for a six month period, DSS) implemented housing search programs for homeless families. Finally, under the coordinating mandate of the Executive Office of Human Services (the umbrella agency that oversees DPW and DSS), housing search services were consolidated under the EOCD system. The DPW now depends on EOCD for both the housing subsidies and the successful performance of EOCD-contracted housing searchers to rehouse its clients.

The controversy over Bassuk's research, and the rethinking it has caused among state officials, has had an impact on the DPW. The longer and more difficult the rehousing process, the larger the motel bills the DPW pays. For that reason, the DPW attempts to expedite the development of a rehousing program for homeless families.

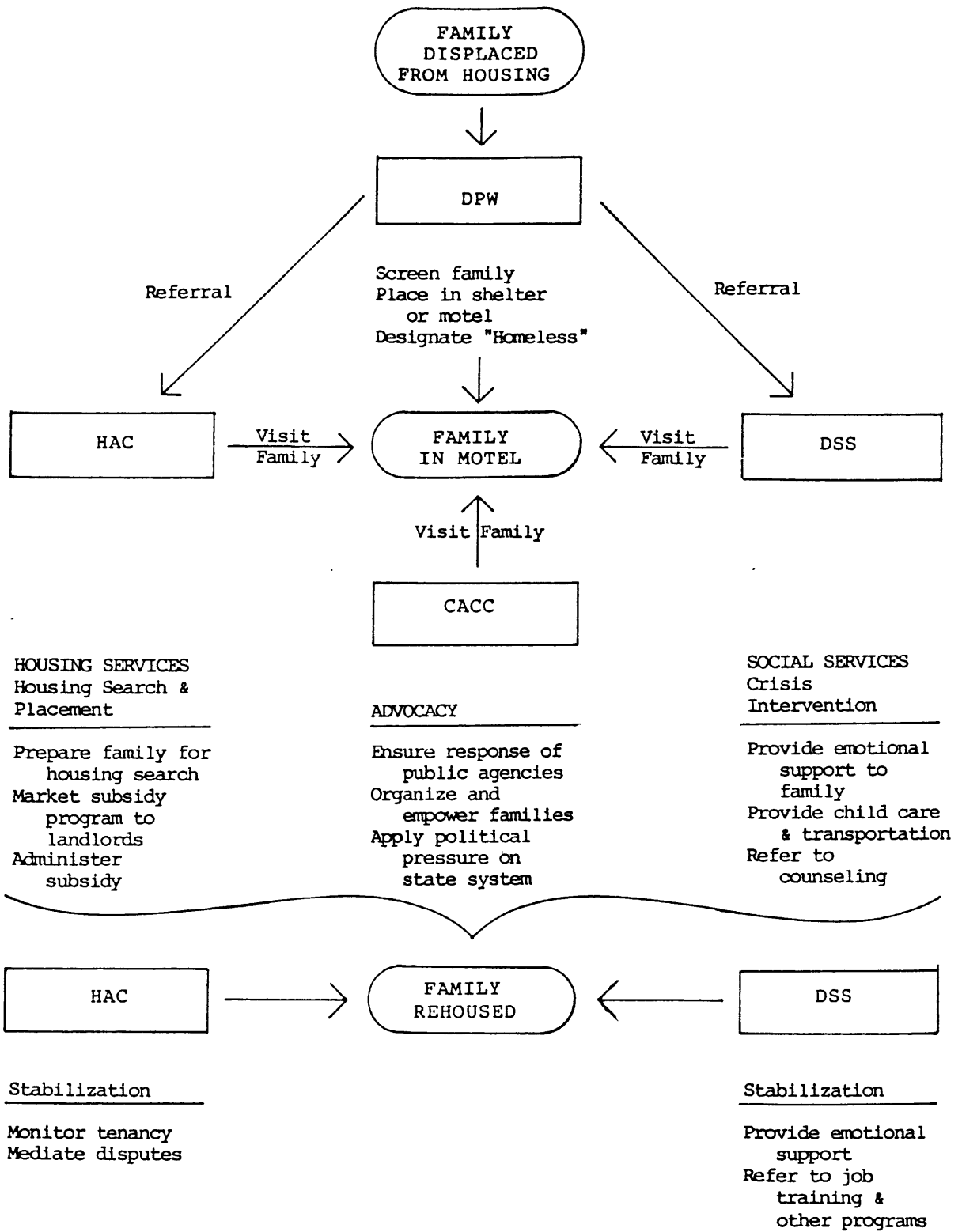
CHAPTER 3
THE CAPE COD HOMELESS SYSTEM

To explore the interaction of these three systems in practice, we turn to the Cape Cod system. The Cape Cod homeless system reflects the state's attempt to construct a comprehensive approach to resolving family homelessness (see flow chart). The system provides three distinct approaches to addressing the problems of homeless families: housing related, social work related, and empowerment. I will describe the functioning of the Cape Cod system, illustrate the operational differences in the forms of services that evolve from the housing and human service perspectives, and discuss the distinctions between the existing system and the comprehensive system proposed by human service advocates.

THE ROLE OF THE DEPARTMENT OF PUBLIC WELFARE

The entry point for the homeless system is the Department of Public Welfare (DPW) local office. A homeless family goes to the DPW to "declare" its need for shelter. After an initial screening, in which the DPW

CAPE COD HOMELESS SYSTEM



satisfies itself that the family has no available housing, the caseworker attempts to locate emergency shelter for the family.

In Barnstable, the first option is the DPW-funded Family Shelter in Hyannis. An example of transitional housing, the shelter provides "a holistic approach to the needs of homeless families."¹⁵ Services include housing-oriented assistance designed to help the family locate and maintain permanent housing, as well as intake, assessment, and counseling services to address the psychosocial needs of the family. The 25-bed shelter, however, is usually full.

The other option for the DPW is to issue a voucher to the family, which can be used to obtain a motel room. The DPW utilizes the motel option to house the large numbers of homeless families in Barnstable. Motels provide a large capacity of unused shelter space during the nine winter months on the Cape. Many motel owners are eager to accept DPW vouchers; in the winter months, the state keeps these motels in business.¹⁶ During the busy summer tourist months, however, the state has difficulty in locating adequate space in motels for homeless families. The tourist season coincides with a

¹⁵ "Family Shelter- Program Summary," mimeograph, HAC.

¹⁶ The motel option produces unintended economic benefits for motel owners.

peak demand for emergency shelter services, as many families are displaced from their rental units in the summer.

When a family enters a motel, the DPW makes a simultaneous referral to the Housing Assistance Corporation (HAC) and the Department of Social Services (DSS). HAC and DSS manifest the two distinct understandings of the goals of social services, described above as the housing and social work orientations. HAC delivers housing search, placement, and stabilization services to the families: the goal is to relocate the family into permanent housing. DSS provides other resources to assist the families in relocating, such as transportation and child care, as well as assessing the family's needs for specialized programs.

ROLE OF HOUSING ASSISTANCE CORPORATION

Housing-oriented services are provided on the Cape by HAC, a nonprofit housing agency. HAC operates as an arm of the EOCD system on the Cape. HAC accesses 707 rent subsidies for homeless families, assists in housing search, provides a housing stabilization service, and

negotiates with landlords to secure housing units. The goal of these services is to stabilize the family in permanent housing.

Housing Search Functions

HAC issues 707 rent subsidy certificates to homeless families, which enable these families to receive a subsidy if they locate an eligible apartment. While the family still needs to locate a housing unit once they receive a certificate, they depend on the certificate to afford the rents on the Cape. Most homeless families qualify for the subsidy by virtue of their incomes and the circumstances that led to their homelessness.

HAC's ability to screen families for 707 eligibility is unique in the state. Elsewhere in Massachusetts, EOCD plays a more active role in determining eligibility for the subsidy. The severity of homelessness on the Cape and pressure from Cape advocates led to a special arrangement with EOCD that delegates this responsibility to HAC.

HAC, however, can not issue certificates to families who owe money to a LHA.¹⁷ Families incurred such debts

¹⁷ Homeless families who are unable to receive a rent subsidy certificate due to a bad tenant history are labelled with a "scarlet letter," so-called by Jerry

during a previous tenancy in public or subsidized housing. The debts arise from either past rent arrearage or property damages charged to the tenant. The debt must be repaid in full before a family can receive a certificate.

The behaviorist bias of the housing-oriented services, seeking to alter behavior through a system of rewards and punishments, reveals itself in the repayment requirement. A family must accept a financial punishment, paying off an old debt, before they may receive any further assistance. The fact that most homeless families do not have the savings to repay such debts does not matter. The system teaches families "to learn the lesson the hard way!" HAC helps the family create a budget to repay the LHA, often with the assistance of the DPW.¹⁸

A second service delivered by HAC deals with the "housing-readiness" of the family. Young women, who never lived in their own housing unit, head many homeless families . HAC counsels families on the skills related to locating housing units. Likening the housing search process to a job search, HAC literature states:

Robinson of the DPW and Langley Keyes.

¹⁸ Under a DPW program called "protective payments", money is automatically deducted from a client's AFDC check and paid directly to a landlord (public or private).

Approach every interview for housing in a business like manner. Arrive as well dressed and groomed as if you were going to a job interview. Be on time. If your children are restless, cranky or playful at the time, do not take them to the interview. Use discretion.¹⁹

The literature provides further advice, including preparing a housing resume, writing a follow-up thank you note after meeting a landlord and seeing a unit, and the admonition "Be Pleasant."

Clearly, HAC's role is to assist families in learning and abiding by the rules of the game. The game, in this instance, is a highly competitive housing market that gives the power of tenant selection to private landlords. HAC socializes families to the reality of the current housing market in an attempt to maximize the ability of low income people to secure privately owned housing units.

Stabilization Services

HAC's stabilization program similarly emphasizes housing issues. For six months following placement, a HAC caseworker will stay in close touch with the family to ensure a smooth transition into permanent housing. HAC will work with the family to prevent or resolve

¹⁹ HAC, "Housing Search Tips," pamphlet

tenant-landlord or intra-tenant disputes. HAC workers claim that stabilization is a critical component of rehousing strategies. Without such services, minor problems between tenants and landlords often build up and result in major disputes. These disputes dissuade landlords from participating in the subsidy programs, and potentially lead to evictions²⁰.

One such problem was cited frequently as causing tensions. Only two towns on the Cape offer municipal garbage pickup. For the rest of the Cape, garbage must be hauled to a town dump by residents. For families without transportation, garbage often piled up due to no available means of disposal. This is the type of problem that can quickly damage relations with a landlord. Intervention by HAC can prevent such misunderstandings.

Despite the critical need for stabilization services, HAC workers admitted that, faced with competing demands for time, the first piece of their workload to suffer is the stabilization piece. With active caseloads of both homeless and rehoused families, the needs of the homeless for housing search services precede the needs of those that have found permanent housing.

²⁰ Note that in Massachusetts, there does not exist a "just cause" eviction law. Such a law would require legitimate grounds, defined by the statute, for an eviction to occur. Currently, a landlord may merely avoid renewing a lease, and thus, evict a tenant.

Landlord Outreach

The services provided by HAC to homeless families comprise only part of the work of the agency. Another major piece of their work aims to recruit and maintain good relationships with landlords who are willing to rent to subsidized tenants. Such work involves speaking the language of landlords and property managers. The property management perspective of HAC allows for common understanding around the interests of property owners.

HAC plays a key role in recruiting landlords for participation in the subsidy programs. The programs provide benefits to landlords: timely payment of the portion of the rent paid by HAC or a LHA (the difference between 25% of the tenants' income and the contract rent), reduced risk of nonpayment of rent by the tenant, guarantee of payment for damages to the housing, guarantee of rent payment if the tenant vacates the unit prior to the expiration of the lease, and the presence of the LHA as an intermediary between the tenant and landlord in the event of conflict. The program assists the landlord in managing the property.

When a family locates an available housing unit, HAC contacts the landlord or realty agent and describes the operation of the program. Yet, HAC workers sell the program and not the tenant, according to Sandy Hawes of

HAC. In this way, HAC tries not to advocate for the selection of a particular tenant. To do so, HAC risks assuming the blame for the actions of a problem tenant. HAC does not want to risk damaging relations with a landlord

HAC negotiates with landlords over rent and repair issues. HAC workers report success in convincing landlords to lower their rent, so that the rent falls within allowable limits of the 707 program. Given the desperation to locate a unit, homeless families may overlook problems that later cause tensions in the tenant-landlord relationship. HAC serves as a mediator, and can play the role of "complainer" so the landlord will not be prejudiced against the potential tenant.

HAC's role provides assistance in educating both landlords and tenants about their respective responsibilities. Most of the rental housing stock of the Cape consists of single-family homes, owned by off-Cape investors. Such non-professional landlords are often unaware of their legal responsibilities. HAC serves as a neutral mediator to ensure the smooth functioning of tenant-landlord relationships.

ROLE OF DEPARTMENT OF SOCIAL SERVICES

The knock on the motel door housing a homeless family constitutes a critical moment for the DSS caseworker. The caseworker determines the receptiveness of the family to the offer of support services during that moment. The differences in family responses range from the fear of the family of state intrusion into family's affairs to an acceptance of the proffered support.

The type of services that DSS provides attempts to help the family cope with the crisis. Simple support for the mothers of these families includes having someone with whom to talk and connect. This type of emotional support responds to the Bassuk finding of the lack of social supports in homeless families.

DSS also provides access to transportation and day care services. These DSS services try to remove barriers from the family's attempt to locate permanent housing. Transportation is a major problem for families without cars. There is no public transportation system on the Cape. Thus, a family's ability to conduct a housing search, which includes visiting housing units and landlords, depends on mobility.

Similarly, the constant attention demanded by the children deprives the family from pursuing housing and

increases the tensions of homeless mothers. The frustration of having neither time nor space to oneself was described in an interview by C., a mother of two who recently relocated to permanent housing. She said that the only real solitude she could get in a motel room was during a five minute shower; even then, her daughters might interrupt her to request something. To C., the risk of child abuse in such closed quarters increases dramatically.

DSS does have limited access to subsidized child care for homeless families. This provides mothers with a chance to conduct a housing search without their children; given discrimination against families with children in the housing market,²¹ this greatly helps families in the initial meeting with property owners and realtors. However, sufficient capacity for all pre-school homeless children does not exist.

In addition, DSS caseworkers act as "social service network entrepreneurs."²² In this capacity, caseworkers try to connect clients with existing services in the community. This includes rehabilitation programs aimed at alcoholic counseling, individual and family

²¹ "MCAD Finds Homeless Families Victims of Discrimination," Massachusetts Commission Against Discrimination, Press Release, April 28, 1986.

²² Langley Keyes Memo to Louise Povall, "Some Definitions of Client Needs and Types of Services," July 28, 1986

counseling, and other specialized forms of support (for instance, programs aimed at battered women).

DSS services continue to be provided to families following rehousing into permanent housing. These services attempt to assist the family in stabilizing in the new housing unit. The nature of the services remains the same. In fact, in terms of connecting families to job training and education programs, these services only really become relevant following housing placement. The crisis period, when the family is homeless, does not constitute a prime opportunity for achieving personal growth!

THE ROLE OF COMMUNITY ACTION COMMITTEE OF CAPE COD

A third actor exists on the Cape in delivering services to homeless families. Community Action Committee of Cape Cod (CACC) provides advocacy services to the homeless. CACC fits neither the housing-oriented nor the social work model of service. Formed as part of President Johnson's War on Poverty, CACC seeks to empower the poor through assisting in economic and political struggles.

If the concerns of DSS and HAC are defined as achieving the stability of the individual and community

respectively, CACC falls outside of this system. CACC seeks to create and perpetuate struggles with the existing system. CACC played a major advocacy role in putting homelessness on the public agenda. In this way, CACC has achieved its goal of increasing the amount of public housing resources directed to the Cape.

CACC does provide services to individual families. In fact, the DPW funds a CACC staffperson to provide advocacy services to families in the motels. The nature of this service was described by the advocate, Alison Cook: To assist families in any way that they request. This strategy relies on the family, itself, to define its own service needs. CACC advocates for these families with state agencies, but does not make decisions for the families.

Similarities exist between DSS and CACC in the provision of services to homeless families. Other than the substantive difference of available resources, both seek to assist the family in achieving self-sufficiency. This is due, in part, to the fact that Gail Fish of DSS served as a housing advocate for CACC prior to her tenure at DSS. While this situation may be unique, and does not pertain to other DSS functions not related to homelessness, the DSS homeless unit works closely with CACC in serving homeless families.

THE CAPE SYSTEM: A COMPREHENSIVE APPROACH?

The design of the Cape Cod homeless system attempts to address comprehensively the range of needs of homeless families. All of the components of a multi-faceted approach, including transitional housing, housing-oriented services, social work-oriented services, and specialized programs available on a referral basis, exist in the Cape system. This raises the question of whether the system reflects the goal of the human service advocates to provide a comprehensive approach to homelessness.

The Massachusetts Committee for Children and Youth (MCCY) articulated a set of recommendations to the state that derived from the research of Bassuk, Rubin, and Lauriat.²³ A centerpiece of their recommendations involves the use of "community-based, multidisciplinary case management teams" to address the needs of homeless families. The teams would consist of a social worker, a physician/nurse practitioner, a psychiatric consultant, a child development specialist, an educational liaison and a housing specialist. All families entering shelters and motels would be asked to sign a release and undergo an initial assessment by a social worker to determine the

²³ No Place Like Home: A Report on the Tragedy of Homeless Children and Their Families in Massachusetts, MCCY, September, 1986.

extent of the families' problems. Multi-problem families would be referred to the multidisciplinary team.

While the Cape possesses the organizational capacity to implement the MCCY approach, no such system of coordinated service delivery currently exists on the Cape. Representatives of HAC, DSS, CACC, and DPW may conduct case conferences on specific families, but the system does not have the resources to provide assessment and case management for all families. The overall emphasis on the Cape is to rehouse families, and to connect those needing specialized services into existing programs.

CHAPTER 4
REHOUSING HOMELESS FAMILIES IN BARNSTABLE

To investigate the conclusions of Bassuk, Rubin, and Lauriat, as well as to understand the rehousing process, I conducted a longitudinal study of families who have cycled through the public homeless system of Barnstable, Massachusetts on Cape Cod. I looked at the cases of 354 families who requested emergency shelter from the state, received shelter, and subsequently relocated to other housing. These 354 represent all of the families who completed this particular cycle of homelessness, residing in motels as their emergency shelter,²⁴ in Barnstable between January, 1983 and August, 1986, inclusive.

This study poses the central question: What is the success of various rehousing strategies used by families to secure permanent housing? Success is defined as simply a rehousing solution that does not lead to another cycle of homelessness; nothing more. This definition of success leaves open the possibility of continued psychosocial problems within the family. These problems

²⁴ An interesting point to note is that the Bassuk research was conducted on families residing in emergency shelters, not motels. There is the feeling, among some state officials, that the motel families may manifest even more psychosocial problems than shelter residents. This is because shelters often will not admit certain families that do not agree to abide by "house rules." It is thought that some of the toughest families to rehouse live in motels.

can and should be addressed through service provision, but the problem is no longer one of homelessness.

Bassuk's research suggests that the multi-problem nature of these families' circumstances precludes the success of a "housing-only" approach. Her definition of success aims at a more comprehensive solution to the problems of poor families -- one which enables families to achieve economic and social self-sufficiency. While Bassuk may be correct in her conclusion of this pervasive social service need, my research looks at how families stabilize in permanent housing independent of their psychological profile.

My data derives from the records of the DPW. These records include one page summaries of each case, the DPW case files, and the current AFDC records for these families. These records contain documentation on the composition of these families, their housing histories, and current income information. My research aimed to determine whether families remained in the housing to which they exited from the motel, and the duration of the tenancy.

I chose to look at Barnstable due to the extensive documentation of family homelessness which is maintained by the Barnstable Welfare Office. While the DPW implemented a tracking system for homeless families in March, 1986, the local Barnstable office has kept such

records of homeless families since early 1983. This is significant for it was in January, 1983 that Governor Dukakis returned to office, along with a major new initiative to solve the growing problem of homelessness.²⁵ Further, Barnstable is one of the DPW local offices with the greatest number of homeless families in the state. Although no major city is served by the office, the Cape Cod region manifests the statewide crisis in affordable housing.

The families in this study experienced 411 episodes of homelessness.²⁶ This occurs because 48 families suffered multiple episodes of homelessness. The breakdown of families and episodes is shown in Table 1. The total costs to the DPW of the motels exceeded \$2,000,000 for the 411 episodes.²⁷

Ten families in this study have returned to and

²⁵ Chapter 450, An Act Further Regulating Assistance to Needy Persons, expanded the state's role in serving the needs of homeless families. Administered by the DPW, it provides Emergency Assistance funds to help families prevent the loss of their homes, obtain emergency shelter (in motels when shelter space is unavailable), and secure new permanent housing.

²⁶ Note that I utilize a very specific definition of homelessness: an episode of homelessness occurs when a family or individual requests state assistance in finding shelter for a given night. A more appropriate term might be "roofless." I am not referring to the category of homelessness referred to as "hidden." Clearly, there exist families and individuals who need housing, and who live in doubled up or overcrowded households.

²⁷ Exact costs of the 411 episodes were \$2,018,577. The average cost per episode was \$4,923.

currently reside in a motel. While the intent of using these 354 families was to look at families who have completed the cycle of homelessness, the nature of the homeless crisis does not allow such a tidy study. I will focus on these cases as a means of discussing recidivism. Does the fact that a family returns to the state for emergency shelter indicate an inability to live independently? What can be learned from the failed attempts at rehousing families for future rehousing planning?

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TABLE 1
BREAKDOWN OF FAMILIES AND EPISODES

<u>No. of Episodes Per Family</u>	<u>No. of Families</u>	<u>No. of Episodes</u>
1	306	306
2	41	82
3	5	15
4	<u>2</u>	<u>8</u>
TOTAL	354	411

=====

CAUSE OF HOMELESSNESS

The housing situations of these families immediately prior to becoming homeless is found in Table 2. The data gives us a sense of the housing histories of the families, although its weakness lies in the fact that it

only gives us the last housing situation of the family. To understand more fully the residential stability of the family, we desire to know a housing history for the past few years. From this, we could distinguish between families who have lived on their own and families who are just starting out. Further, we would get a sense of the types of problems that the family encountered in the past; these indicators could be used to determine the types of services to provide to the family. But the existing data does indicate the range of causes.

The average age of the head of household in the families was 27 years old at the beginning of the homelessness. The average family size was two persons, and most families had a child less than six years old.

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TABLE 2
REASON FOR HOMELESSNESS

		<u>Total</u>
Overcrowded		
Friends or relatives	21%	
Immediate Family	<u>16%</u>	
		37%
Eviction		
Nonpayment of rent	19%	
Landlord wants unit	<u>14%</u>	
		33%
Winter Rental		7%
Incompatible w/boyfriend		5%
Abuse		4%
Condemned/Fire		3%
Unknown or other		<u>10%</u>
TOTAL		100%

=====

Historically, Cape Cod always has had a problem of homelessness during the summer. In the summer, the tourist population displaces native Cape Codders, as property owners raise rents to capitalize on the incredibly high demand for housing during these months. However, only a small percentage (7%) of families became homeless due to summer displacement.

The majority of families lived in overcrowded situations (37%). In 16% of the situations, a family lived with a parent and then left. This often occurred when a daughter had a child and needed more space. New household formation is the cause of this housing demand. 21% of the families were living in other overcrowded situations, with friends or relatives.

The second largest group became homeless due to an eviction from a housing unit (33%). Eviction for nonpayment of rent was the cause in 19% of the cases. The escalating rents on the Cape, compared to incomes, causes this form of displacement. Another 14% of homeless families lost their unit when their landlord declined to renew a lease.

In 9% of the cases, families left an abusive or incompatible situation. This happened most frequently with a boyfriend or spouse; typically, the mother would leave the housing unit with the children and seek emergency shelter.

In only 3% of the cases, families became homeless due to a fire or building condemnation. This traditionally represented a "legitimate" crisis; LHAs have always granted emergency status for such an emergency.

The "Other" category includes a small group of families who arrived on the Cape with no housing arrangements. While the state administration has been worried about an inflow of families from other states due to the liberal benefits available in Massachusetts, this only represents a small percentage of the homeless population.

WHERE THEY WENT

Table 3 describes the distribution of relocation strategies observed on the Cape.

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TABLE 3
BREAKDOWN OF RELOCATION STRATEGIES

<u>Strategy</u>	<u>No. of Episodes</u>	<u>Percent of Total</u>
Subsidized Housing	180	44%
Nonsubsidized Housing	94	23%
Disappear	52	13%
Double Up	29	7%
Off Cape	20	5%
Noncooperation	14	3%
Return to Previous	12	3%
Other	<u>10</u>	<u>2%</u>
TOTAL	411	100%

=====

From the motels, families relocated in the following ways.

Subsidized Housing

Families most commonly exited motels for a subsidized privately-owned housing unit. This was the route taken by 44% of the families. Most families who obtained subsidized housing received a 707 certificate, specially allocated to homeless families. A few families received 707 or Section 8 certificates through the traditional waiting list processes of the LHAs. Public housing, units owned and operated by LHAs, is virtually nonexistent on the Cape.

Nonsubsidized Housing

The next most common destination was the private, nonsubsidized unit, which accounted for 23% of the families. Families unable to receive a subsidy certificate moved to private units.

Disappear

This mysterious category describes those families who left the motel without notifying the DPW. Thirteen percent of the families departed in this fashion. Some state officials hoped that this form of departure weeds out families who do not intend to permanently reside on the Cape, or who have decided to relocate without state assistance.

Double Up

This category refers to families who moved into shared living arrangements. This situation, accounting for 7% of the total, usually occurs with boyfriends, relatives including the immediate family, or friends.

Off Cape

This category refers to the 5% of the families who have moved to another state or another region in Massachusetts.

Noncooperation

Families who have not cooperated with state regulations governing emergency shelter. Reasons for noncooperation usually center on the family's failure to exert an effort at relocating. The state tries to enforce cooperation through the threat of cutting off emergency shelter benefits, which it did in 3% of the cases.

Return to Previous

Three percent of the families returned to where they resided prior to the episode of homelessness. This usually occurred in the context of a situation where a family doubled up with others, and left due to incompatibility, overcrowded conditions, or abuse. If the conditions of homelessness overwhelmed the family or disagreements were resolved, the family may have returned to its prior housing unit.

Other

This catch-all category includes cases where the family goes to the Family Shelter in Hyannis or some other institution such as a hospital. This form of departure accounted for 2% of the cases.

THE SUCCESS OF THE RELOCATION

To measure the success of the relocation, I compared the initial relocation addresses (1983-1986) to the families' addresses in March 1987, as recorded in DPW records. If the March 1987 address matched the initial address, I assumed that the family still remained in the unit and measured the duration of the tenancy from the date of relocation to March 1987. I assumed that the family moved if the two addresses did not match. The March 1987 rent indicated whether the family received a housing subsidy. I considered rents below \$125 to indicate a subsidy situation.²⁸ To measure the success of families that no longer receive AFDC income, I used the last recorded address. The duration of tenancy for families that remained in the same unit until the date of their withdrawal from the AFDC program is measured from the relocation date until the withdrawal date.

²⁸ This is an assumption that is based on current AFDC records. While the records do not explicitly state whether or not the family receives a housing subsidy, I assumed that rents below \$125 per month indicate a subsidized situation. This may be incorrect, as two other possibilities exist: 1) the family may be living in a shared situation where the rent is split among families, or 2) the family receives outside assistance, from a relative or friend, in paying a private market rent. Only the family's portion of the rent would be listed in AFDC records. Note that this second possibility is legal under current Massachusetts AFDC regulations

Subsidized Housing

By far, the families relocating to subsidized housing enjoy the greatest success in establishing stable residency. Of the 180 families that secured a subsidized housing unit, 92% remained in subsidized housing. While this makes perfect economic sense, since subsidized housing represents affordable housing, it contradicts the idea that psychosocial problems of homeless families prevent independent living. Table 4 summarizes the results. Of the 166 families that remain in subsidized housing, 13 have moved to another housing unit.²⁹

=====

TABLE 4
RELOCATION- SUBSIDIZED

<u>Status</u>	<u>No. of Families</u>	<u>Percent Of Total</u>
Remain	153	85%
Move to Another Subsidized	13	7%
Move to Another Nonsubsidized	1	1%
Return to Motel	4	2%
Unknown	<u>9</u>	<u>6%</u>
TOTAL	180	100%

=====

The data does not explain how these families have made it in their subsidized units. Stabilization services, designed to assist the family in the

²⁹ Housing subsidies typically are mobile. The subsidy moves with the family, if the family relocates to another eligible housing unit.

transitional period following homelessness, were made available to the families by both DSS and HAC on a voluntary basis. Thus, the data does not say that it was the subsidized unit that stabilized the family. I will discuss this further in a subsequent section on Stabilization services.

Yet, of the 153 families that remain in the same unit, the length of stay in the new housing reinforces the hypothesis that these families have, in fact, stabilized. The average length of time in the new unit is 14 months. This indicates that the landlords of these families have renewed the 707 leases.

The fact that leases have been renewed signifies that these landlords voluntarily continue to maintain the tenancies of these families. As part of the lease renewal process, LHAs inspect the unit to ensure compliance with the State Sanitary Code and to note any property damage. While a renewed lease does not guarantee that a family has not caused problems in a unit (damage or disturbances to other neighbors), it bodes well for the stabilization process.

Table 5 offers a breakdown in the duration of the tenancy for subsidized families that remained in the same unit. Note that once a family stopped receiving AFDC income, I only verified that the family remained in the unit until the AFDC case was closed by the DPW. None of

these families have returned to the state to request emergency housing, and the assumption is that they have stabilized in their housing.

Four families have returned to the motel, experiencing another cycle of homelessness. While this only represents 2% of the total, questions raised by these four directly bear on Bassuk's findings. In the discussion on rehousing failures, I will discuss the implications of these cases.

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TABLE 5
SUBSIDIZED FAMILIES IN SAME UNIT
DURATION OF TENANCY

<u>Duration of Tenancy</u>	<u>No. of Families</u>
0-6 Months	8
7-12 Months	57
13-18 Months	67
19-24 Months	10
25+ Months	9
Unknown	<u>2</u>
TOTAL	153

=====

Nonsubsidized Housing

Ninety-four families exited the motels and rented a nonsubsidized private unit. Given the Massachusetts housing market, these units do not provide affordable

housing for the poor³⁰. The low success rate of these families in nonsubsidized housing supports this point. Table 6 summarizes the experiences of those families who moved into nonsubsidized housing.

Compared to the 85% of subsidized families who remain in the same unit, the 94 families exiting to nonsubsidized housing experienced continued disruption and instability. Only 35% of unsubsidized families remain in the unit to which they departed from the motel. About the same number moved to another unit, frequently with the use of a subsidy. Finally, 26 families, or 28% of the total, underwent another cycle of homelessness.

Families establish a pattern in their housing tenure: for the families receiving AFDC income, this pattern is directed at obtaining subsidized housing. Thirty-four families no longer receive AFDC. I assume that these families receive income from employment that allows them to remain in nonsubsidized housing, though these families may be paying a very high proportion of their income for housing costs.

³⁰ While poor families may be able to "make it" in private units, this typically entails spending at least 75% of the family's income on housing.

=====

TABLE 6
RELOCATION- NONSUBSIDIZED

<u>Status</u>		<u>No. of Families</u>	<u>Percent of Total</u>
Remain in Same Unit		33	35%
Subsidized	13		
Nonsubsidized	4		
Off AFDC	16		
Move to New Unit		35	37%
Subsidized	12		
Nonsubsidized	5		
Off AFDC	18		
Return to Motel		<u>26</u>	<u>28%</u>
TOTAL		94	100%

=====

Twenty-five of the sixty families still on AFDC now receive a housing subsidy. The 25 are evenly split between those that used the subsidy in their original unit and those that moved to a new unit. I assume that the families received a subsidy through the queuing system of the LHAs on the Cape. These families did not cycle through the emergency system to receive the subsidized units.

Twenty six families reentered emergency shelters (motels) after a nonsubsidized housing placement. This represents more than a quarter of the families in this exit category. The implications of these failed attempts at rehousing need to be understood in the policy context.

Disappeared

The third largest group of cases disappeared from the motels. Table 7 offers the status of those families who exited in this manner. Of the 52 cases in this group, 40% of the families never reappeared for state AFDC or housing assistance. This supports the view of public officials who saw this group as needing short-term help. However, 23% of the families reappeared and requested emergency shelter. Eight families eventually received subsidized units, apparently in a similar fashion to the nonsubsidized families mentioned above. Two families located private units. Nine families disappeared from the motel and remain on AFDC, but their whereabouts are unknown.

There may be many explanations for families "disappearing" from the motels. Frustration with the rehousing system, pressure from DPW officials to move to permanent housing, or a lack of realization on the part of the families of the importance of keeping the DPW informed of their whereabouts all exist as possibilities. While 40% of these families are no longer "clients" of the DPW, the majority continue to receive AFDC income. For that reason, the state needs to be concerned about their housing status.

=====

TABLE 7
RELOCATION-DISAPPEARED

<u>Status</u>	<u>No. of Families</u>	<u>Percent of Total</u>
Off AFDC	21	40%
On AFDC	19	37%
In Subsidized	8	
In Nonsubsidized	2	
Unknown	9	
Return to Motel	<u>12</u>	<u>23%</u>
TOTAL	52	100%

=====

Doubling Up

Doubling up with friends or relatives represents another common rehousing solution for families unable to secure a rent subsidy. As shown in Table 8, however, this solution rarely remains stable.

=====

TABLE 8
RELOCATION- DOUBLE-UP

<u>Status</u>	<u>No. of Families</u>	<u>Percent of Total</u>
Off AFDC	12	41%
Return To Motel	10	34%
On AFDC	7	24%
In Subsidized	6	
In Nonsubsidized	1	
TOTAL	29	100%

=====

Over one third of the families who departed to a shared living situation wound up returning to the motel. Twelve families no longer receive AFDC income. Seven families secured their own housing units, six of which are subsidized.

Off Cape

A small group of families moved away from the Cape region upon exiting from the motels. It is unknown whether the families in this group had roots on the Cape. Only 20% of this group returned to the Cape and remain on AFDC; one family did reenter a motel. Table 9 summarizes the status of the families in this group.

=====

TABLE 9
RELOCATION- OFF CAPE

<u>Status</u>	<u>No. of Families</u>	<u>Percent of Total</u>
Off AFDC	10	50%
On AFDC Returned to Cape 3	9	45%
Return to Motel	<u>1</u>	<u>5%</u>
TOTAL	20	100%

=====

Noncooperation

As shown in Table 10, fourteen families had their emergency shelter benefits cut off by the DPW. Clearly,

the DPW action did not resolve the homelessness of the families, as over half of these families eventually had the benefits restored.

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TABLE 10
RELOCATION- NONCOOPERATION

<u>Status</u>	<u>No. of Families</u>	<u>Percent of Total</u>
Return to Motel	8	57%
Off AFDC	3	21%
On AFDC	3	21%
Nonsubsidized	2	
Subsidized	1	
TOTAL	14	100%

=====

Return to Previous

Another small group, representing 3% of the total, returned to their last residence prior to becoming homeless. Table 11 shows that this strategy resulted in a 33% recidivism rate.

=====

TABLE 11
RELOCATION- RETURN TO PREVIOUS

<u>Status</u>	<u>No. of Families</u>	<u>Percent of Total</u>
Return to Motel	4	33%
Off AFDC	3	25%
On AFDC	5	42%
Subsidized	2	
Nonsubsidized	3	
TOTAL	12	100%

=====

Other

The "Other" category includes nonpermanent destinations such as the emergency shelter facility in Hyannis or a hospital. Table 12 summarizes the outcome of this strategy. While two families returned to the motels from the shelter, overall the shelter proves to be extremely successful in placing families into permanent housing. Families may be evicted from the shelter for breaking house rules or otherwise causing disturbances, as was the case with two families.

=====

TABLE 12
RELOCATION- OTHER

<u>Status</u>		<u>No. of Families</u>	<u>Percent of Total</u>
Family Shelter		8	80%
Now in Subsidized	6		
Return to Motel	2		
Off AFDC		<u>2</u>	<u>20%</u>
TOTAL		10	100%

=====

RECIDIVISM

Using a definition of success in rehousing homeless families limited to a non-repetition of a homeless cycle, there is a statistically significant difference in

recidivism rates between families placed with or without the use of a subsidy. The allocation of housing subsidies to homeless families prevents the recurrence of homelessness. The families who received a subsidy stabilized in housing.

Table 13 illustrates the breakdown in the different rates of recidivism. Only 2% of the 180 families placed with a subsidy reentered a motel, while 27% of the 231 cases placed without a subsidy repeated the cycle of homelessness. The difference in these rates is statistically significant with a 99.5% degree of certainty.

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TABLE 13
 RECIDIVISM OF REHOUSING STRATEGIES

	<u>Recidivist</u>	<u>Nonrecidivist</u>	<u>Total</u>
Subsidy	2%	98%	100%
Nonsubsidy	27%	73%	100%
TOTAL	16%	84%	100%

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There were 67 exits from motels that resulted in another cycle of homelessness. These 67 are comprised of: 41 failed exits by two-episode families, 10 failed exits by three-episode families, 6 failed exits by four-episode families, and 10 families currently residing in the motels.

The finding that subsidies keep families in housing does not disprove Bassuk's claims about the presence of homeless multi-problem families. Potentially, there are families now living in permanent housing with myriad psychosocial problems. The fact that these problems now are manifested behind closed doors is troubling; it underscores the need for a strong stabilization component for a rehousing program. The point is that these problems are not causing families to become homeless, once they are financially able to maintain a residence.

THE LONGEST MOTEL STAYS

An indication of the importance of subsidized housing to the success of the relocation comes from the results of rehousing long-term homeless families. There were twenty-eight families in this study who remained in a motel for over one year. These families proved to be the most difficult to place in permanent housing.

These families have been targeted by the DPW for special rehousing assistance. Their presence in the motels for over a year was a potential political nightmare for the state. The length of their motel stay occurred for various reasons. In some cases, they were unable to receive a subsidy certificate due to family

debts owed to LHAs. In other cases, the family had become demoralized and depressed over the difficulty of locating permanent housing.

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TABLE 14
LONG TERM MOTEL FAMILIES

<u>Type of Exit</u>	<u>No. of Families</u>	<u>No. that Remain</u>	<u>No. Off AFDC</u>
Subsidized	23	22	4
Nonsubsidized	4	2	2
Other	<u>1</u>	<u>0</u>	<u>1</u>
TOTAL	28	24	7

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Table 14 tells the outcome of their exits and the story of families rebuilding their lives. Twenty two of the families receiving subsidized housing, 96% of the 23 total, remain in the same unit for an average duration of 14 months. The only family that moved is no longer on the AFDC caseload.

Of the 5 other cases, 3 no longer receive AFDC income. Two of the four families exiting to nonsubsidized housing remain in that housing, for an average duration of 5.5 months.

One family that experienced a motel stay of over a year (627 days) returned to a motel. They were not able to remain in their subsidized unit. Their second motel stay lasted 100 days after which they exited to a nonsubsidized unit. This family is now off the AFDC caseload.

The results of rehousing long term homeless families illustrates the ability of these families to stabilize in permanent housing. It is important to acknowledge the success of the rehousing solutions, in order to focus state efforts on resolving the toughest cases.

STABILIZATION SERVICES

A synthesis of the housing and mental health approaches has evolved in the rehousing process. The concept of stabilization services, as described in an earlier section, refers to the provision of support services to rehoused families to assist them in their transition from homelessness to housing.

The reports of DSS caseworkers shed light on the transitions of families reentering permanent housing.³¹ These reports describe the contacts made with families by these caseworkers, and give a status report on how the families were adjusting in their new homes.

The 95 families to whom the services were offered by DSS caseworkers were all rehoused between November, 1985 and July, 1986, inclusive. During this period, DSS delivered housing services to homeless and relocated

³¹ These reports detailed the situations of rehoused families for the DPW, as specified in the Interagency Agreement of 11/18/85.

families. This subset represents 27% of the total number of families reviewed in this study.

Table 15 details the rehousing strategies of this sub-group. Seventy-nine of these ninety-five families suffered one cycle of homelessness and then entered subsidized housing. All of the 79 remain in subsidized housing; one of these families has moved to a larger two-bedroom unit, after being underhoused in a one-bedroom. They have resided in their housing units for an average of 12 months.

Seven of the families underwent 2 cycles and one family 3 cycles, before all 8 were rehoused into subsidized housing. These 8 families have all remained in subsidized housing, for an average of 12 months.

Five families exited the motels and entered nonsubsidized housing. Four of these subsequently received a subsidy, and remain in their units. The last family no longer receives AFDC income as the head of household works full-time.

Three families have returned to the motels. These families seem to fit into the definition of "multi-problem family," and the intervention of services did not prevent these families from undergoing another cycle of homelessness.

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TABLE 15
 REHOUSING STRATEGIES FOR STABILIZATION GROUP

<u>Strategy</u>		<u>No. of Families</u>	<u>Percent of Total</u>
Subsidized		87	92%
One Episode	79		
Two Episode	7		
Three Episode	1		
Nonsubsidized		5	5%
Return to Motel		<u>3</u>	<u>3%</u>
TOTAL		95	100%

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In all, 91 of the families, or 96%, exited the motels and now live in subsidized housing. The average length of residence has been 1 year. The lease renewal process, as part of the rent subsidy program, would be completed. I assume that the renewal of a lease indicates that the families have stabilized and are maintaining their housing units.

Stabilization services were offered by DSS to all families exiting the motels. Families voluntarily receive the services, and no family is forced by the state to receive them. DSS workers explain the stabilization program to families prior to their departure from the motel. The caseworkers then attempt to contact the families once they have resettled into the new units. Table 15 summarizes the extent of the services provided by DSS to relocated families.

Table 16 describes the experience of stabilization services. Twenty-two of the ninety-five families either ignored DSS attempts to provide services or specifically stated that they did not desire any supportive services.

One of these 22 families, evicted from a subsidized unit, did end up returning to a motel. Three other families who appeared to be high-risk never received nor requested any services. Two of the families had long-term motel stays-- one of 624 and the other of 642 days. In both cases, the DSS caseworker sent two letters to the clients, informing them of the stabilization program. After receiving no response, the caseworkers closed the cases. Both families remain in their subsidized units, and one no longer receives AFDC income.

Finally one family that cycled through the homeless system four times never received services. This family exited the motel with a nonsubsidized unit as their destination. They have subsequently moved into subsidized housing.

Seventy-three families agreed to participate in the stabilization program. Through contacts with the DSS caseworkers, the state monitored the stability of these housing situations.

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TABLE 16
STABILIZATION SERVICES

	<u>No. of Families</u>	<u>Percent of Total</u>
No Contact/Refused Services	22	23%
Contact/No Problem	48	48%
Contact/Minor Housing Problems	22	23%
Nonhousing Problems	6	
Major Problems	<u>3</u>	<u>3%</u>
TOTAL	95	100%

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The majority of these families (48) did not have any problem in their transition into permanent housing. While the number and type (telephone or home visit) of contacts differed amongst clients, they all adjusted well.

A smaller group (22 families) did have some minor housing related problems. The problems frequently noted had to do with issues such as budgeting difficulty, misunderstandings over the provisions of the lease, problems in relationships with other tenants, and repairs.

While not frequently noted on these reports, six families were receiving non-housing related services. I present this not so much to document the extent of these problems as to illustrate that service provision complements a housing solution. The non-housing services

included counseling from a battered women's shelter, counseling from AA for a recovering alcoholic, and counseling for a woman whose husband left the household. DSS caseworkers were able to hook families into existing resources to receive these services.

Three families did return to the emergency shelter from this group. This only represents 3% of the total, but it does signify the presence of families with complex needs.

SUMMARY

A longitudinal study of 354 families who cycled through the homeless system of Barnstable revealed the following points.

- 92% of the families that were rehoused in subsidized units remain in subsidized housing.
- Families receiving subsidized housing who remain in the same housing unit (85%) have maintained their tenancy for an average of 14 months through 3/15/87.
- Only 2% of the families receiving housing subsidies lost the housing and became homeless again.
- 96% of long term homeless families (those who stayed in motel for over one year) who received subsidized housing remain in that housing.
- 27% of the families who were rehoused without housing subsidies became homeless again.
- Failed rehousing strategies cost the state \$327,000 just in emergency shelter costs.

CHAPTER 5
POLICY IMPLICATIONS FOR REHOUSING HOMELESS FAMILIES

This study demonstrates the direct relationship between the successful rehousing of homeless families and the affordability of the housing. Virtually all of the families that relocated from the motels to subsidized housing still remain in the housing. Although human service advocates raised concerns over the emotional fragility of homeless families, psychosocial factors have not prevented families from maintaining themselves in permanent housing once given the means to afford it. This study does not directly address the current psychological needs of the families in permanent housing.

There are three major policy decisions on homelessness facing the state: 1) the design of social service programs, 2) the relative amounts of state resources to be allocated to housing and social services, and 3) the method of allocating public housing resources. A final point is the central coordination of state policy that is essential due to the conflicting interests of EOCD, DSS, and DPW.

THE DESIGN OF SERVICE PROGRAMS

While it is true that many families do not require additional services from the state beyond assistance in locating housing, a sizeable group of families need additional support. Rather than assessing the comprehensive needs of homeless families, however, the state must focus initially on the services that keep families in housing. The discussion of types of services and the description of their operation on the Cape demonstrates the necessity for providing housing-oriented services.

A paradox exists in the discussion of providing social services: the families that need the services the most are the least likely to utilize them. Effective delivery of social services depends on the willingness of the family to accept them. DSS does not force social services on resistant families, in contrast to its enforcement of child abuse laws which allows for the removal of children from dangerous situations. The families most likely to request DSS assistance recognize and articulate their needs. The toughest cases to address, the types of families that LHAs evicted from public housing for destructive behavior, are families that often neither desire nor allow any service intervention into their lives. The lesson from this

applies to transitional housing: the families that the state wants to participate in such programs, due to the problems they manifest in permanent housing, do not enter.³²

Housing-oriented stabilization services assist families in the transition from homelessness to permanent housing. The services succeed in preventing repetitive cycles of homelessness for the vast majority of rehoused families. This proves to be cost-effective, from the state's perspective. The costs to the state of failed tenancies, compared to the minor preventative costs of stabilization services, warrant their continuation. The provision of these services recognizes that the central need for families is to stabilize in housing before undertaking steps toward personal growth.

A CHOICE BETWEEN HOUSING AND SOCIAL SERVICES

The fact that public funds available to aid the homeless are limited means that policymakers must choose between competing approaches to the problem in allocating program resources. Such a choice raises the question as

³² It is not clear the organizations that run transitional housing programs desire to work with the toughest cases, as evidenced by the recent Tree of Life proposal in Boston's South End.

to whether or not the state is committed to providing a comprehensive package of resources for homeless families to meet their material and emotional needs? If it is, and given the costs of meeting the economic needs and implementing the multidisciplinary case management system proposed by MCCY, then a more appropriate choice is between providing resources to homeless families or all other persons with needs. However the current political and economic scenario makes it likely that the public response to homelessness will be limited to a non-comprehensive approach that seeks to stabilize the families in housing by meeting their immediate needs.

My research demonstrates that homeless families have the ability to live in affordable permanent housing, despite their psychosocial problems. A small percentage of families clearly need additional services to remain in permanent housing. These are the families that recycle through the homeless system after a placement in subsidized housing. From a policy perspective, however, the salient difference between homeless families and poor families in housing is the availability of a housing subsidy. The creation of specialized service systems to address the psychosocial needs of the homeless does not solve the problem of homelessness. Indeed, to the extent that such programs divert funds from subsidy programs, they may even aggravate the problem of homelessness.

Bassuk's study fails to differentiate between the psychosocial problems of the homeless poor and the poor in general, and thus creates an artificial distinction based on residential status.

I do not argue against the state provision of social services. Yet, presented with the choice between securing housing units for the homeless and providing them with social services, I argue that providing affordable housing is necessary, if not sufficient, for the stability of the families. Based on this study, when augmented with housing-oriented stabilization services, the housing approach may be sufficient to meet the basic needs of the families.

The state interest in social services, in part, stems from EOCD's interest in effectively targeting housing resources. Threats to the housing system posed by "multi-problem families" generated concern over rehousing the families. The finding that families do stabilize in affordable housing ought to ease EOCD's concern, and clarify thinking as to how to allocate public housing resources.

THE ALLOCATION OF PUBLIC HOUSING RESOURCES

So far, this study has not addressed a central issue facing the state: how to allocate scarce public housing resources? Addressing the questions raised by Bassuk, Rubin, and Lauriat about the types of families that become homeless was a prerequisite to addressing the issue of allocation. The fact that virtually all families receiving housing subsidies stabilize in the housing undercuts the theory that homeless families represent the most problematic people in our society (people who require radically different approaches by the state to enable independent living). Such a finding would compel the creation of new housing as well as service approaches to solving the homeless problem. The findings of this study push the focus back on the need for increases in the supply of housing for the poor.

The current crisis in housing affordability for the poor compels the state to rethink the existing allocation system. The queuing system that LHAs use to allocate public and subsidized housing creates competition between categories of poor and moderate income households for the scarce supply of units.³³ It is the poorest families in

³³ A low income household is defined as having family income no greater than 50% of the local median income, while moderate income status is defined as income no greater than 80% of the median.

Massachusetts, however, who face the greatest risk of becoming homeless. Moderate income families, while facing declining choices in the current housing market, do not yet face the threat of homelessness.

The costs of homelessness to the state necessitate the targeting of public housing resources to those at the greatest risk of becoming homeless. EOCD has revised the regulations that govern LHA procedures for granting emergency status; once granted, a family receives top priority in housing allocation. Yet the new regulations only apply to families who are already homeless and receiving emergency shelter benefits from the state. The state needs to institute a preventative measure that targets public housing resources to the families at risk of becoming, but not yet, homeless (i.e. families receiving AFDC income). From the perspective of controlling state expenditures on homelessness, a change in the allocation system would indicate the recognition that poor families in the state, living in unsubsidized housing, face immediate threats of displacement and homelessness.

COORDINATION OF STATE PLANNING FOR THE HOMELESS

The state has undergone a learning process in the implementation of homeless policy since Governor Dukakis returned to office in 1983. The different interests of EOCD, DSS, and the DPW created conflicts among agencies at the state level that hindered the effective implementation of the policy. Four years into the policy, a coherent plan that distributes functions according to expertise was formalized in early 1987. The Cape Cod system illustrates a model comprehensive approach to resolving the homeless problem that focuses on rehousing homeless families.

The coordination of state homeless policy needs to continue, if the state is to deal more effectively with the growing problem of homelessness. The respective strengths of EOCD, DPW and DSS need to be recognized and utilized. The role of EOCD, as the state housing agency, includes the essential functions around rehousing and stabilizing families. The InterAgency Agreement between the DPW and EOCD should be continued. Yet the decisions over allocating housing resources extend beyond the scope of EOCD's interests, and demand a coordinated decision. The strengths of DSS in providing social work oriented services fit into a comprehensive approach. Yet DSS needs to be brought into the central planning for

homeless policy. Finally, DPW, given its role as the bill payer, has served as a force that precipitates state action on homelessness. The momentum within the Department to raise the level of competence on housing issues is needed. The voice of DPW, in pressuring EOCD for increased housing resources for AFDC recipients, is vital.

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