Using After-Shelter Case Management To Improve Outcomes for Families with Children

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Mrs. Ellen Ferber, the Executive Director of Samaritan House, and Mrs. Bettie Bell, the Case Manager, provided comprehensive data on shelter operations for the study.

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Synopsis

Homelessness and living in shelters have complex and multiple adverse effects on children that lend urgency to assisting families with children to leave shelters and to achieve independent and stable living arrangements. Some shelters offer only short-term housing with no additional support services. Others offer long stays with a comprehensive range of social and economic support services. While living in a shelter, families are faced with such major challenges as finding employment that is adequate to meeting the family's financial needs and locating permanent housing. Because shelter or street living may exacerbate children's health and developmental problems, families with children should move from them into a stable home situation as quickly as possible.

The researchers examined some of the specific effects of living in a shelter for homeless families with children in Virginia Beach, VA. They focused on whether the policy of offering families after-shelter case management services for 1 year decreased their average length of the time in the shelter, and whether case management of families with children for 1 year after leaving a shelter increased the proportion of families who obtained permanent housing. A nonexperimental descriptive design was used. In case management after the shelter stay, an advisor worked intensively with families, helping to locate resources and serving as a resource link, assisting with application processes, providing transportation when necessary, and acting as advocate and support person. Some families needed minimal assistance, while others needed more intensive assistance.

The findings suggest that case management services for families following discharge from a homeless shelter effectively reduces the length of stay in a shelter and increases housing stability after discharge from the shelter. For this sample, the average shelter stay was reduced from 31.1 to 22.8 days.

Children and members of children's families make up about 38 percent of the estimated 3 million homeless persons in this country (*1*). The number of homeless children is increasing faster than that of any other group of homeless persons (*2*). The number of family members using shelters for the homeless more than quadrupled in the period 1984–88 to more than 60,000 persons (*3*).

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The types of shelters for the homeless and the extent of their support services vary. Some shelters offer only short-term housing with no additional support services. Others offer long stays with a comprehensive range of social and economic support services. While living in a shelter, families are faced with such major challenges as finding employment that is adequate to meeting the family's financial needs and locating permanent housing.

Because of the number and magnitude of the problems faced by homeless families, many are unable to cope adequately and do not succeed in establishing a stable living situation. Generally, if support services are not available when families are discharged from shelters, about half are unable to

remain living independently (personal communication, Ellen Ferber, Executive Director, Samaritan House, Virginia Beach, VA, January 8, 1991). A similar finding was reported by the New York City Commission on the Homeless (*4*).

We report results of the case management efforts of one shelter system in Virginia Beach, VA, that provided families some case management services during their shelter stays, and additional services after leaving, to help them find and maintain a stable and independent home situation.

Effects of Homelessness

Research on the effects of homelessness and shelter living on the health and development of children has focused on such factors as birth outcomes, immunization status, blood lead levels, nutritional status, and illnesses. Chavkin and coworkers (*5*) found that 60 percent of nonsheltered homeless women received minimal prenatal care, compared with 85 percent of women living in public housing and 91 percent of all other women. Subsequently, 16 percent of the nonsheltered homeless women delivered low birth weight infants, compared with 11 percent of those living in public housing and 7 percent of all other women. They found a much higher infant mortality rate for the homeless group than for others, before and after adjusting for racial differences.

Other investigators studied the frequency of immunization among sheltered and nonsheltered homeless children. Delays or failure to obtain adequate immunization ranged from 27 to 51 percent in various study samples (*6–9*). Higher blood lead levels were found among homeless children than nonhomeless children (*7*).

Several researchers have studied the nutritional status of sheltered homeless children. One group found that from 40 to 49 percent of eligible homeless families with children did not receive food stamps or supplemental foods and were unable to achieve an adequate diet (*10, 11*). Another group reported that homeless children between ages 6 months and 2 years were at greater risk of iron deficiency than a low-income group living in public housing (*6*).

Illness is much more prevalent among homeless children than nonhomeless. Data gathered by the National Health Care for the Homeless Project in 19 cities showed that homeless children from birth to 2 years of age were twice as likely to be treated for upper respiratory infections, more than three times as likely to be treated for gastrointestinal problems, four times as likely to be treated for skin conditions, and 10 times as likely to be treated for poor dentition, compared with a national sample of comparable ages. They also exhibited more chronic illnesses (*12–14*).

Homeless children have more developmental problems than other children. In a study of development using the Denver Developmental Screening Test, 47 percent of homeless preschoolers and 54 percent of the sheltered group exhibited at least one serious developmental impairment, compared to 16 percent of a low-income housing preschool group (*15, 16*). The shelter group had more sleep problems, shyness, aggression, attention deficits, speech delays, and withdrawal and dependence than the nonhomeless group. Similar problems were found among homeless school-age children (*17–18*) (unpublished manuscript, "A Nursery Program for the Children of Battered Women," M.H. Phillips and D.S. Hartigan, Fordham University, Department of Social Work, New York, NY, 1984).

Methods

Because shelter or street living may exacerbate children's health and developmental problems, families with children should move from them into a stable home situation as quickly as possible. To determine some of the specific effects of shelter living, we focused on two questions: (*a*) did the policy of offering families after-shelter case management services for 1 year decrease their average length of the time in the shelter and (*b*) did case management of families with children for 1 year after leaving a shelter increase the proportion of families who obtained permanent housing? A nonexperimental descriptive design was used.

The Shelter Program

Samaritan House is a family shelter program with seven houses throughout Virginia Beach. A prerequisite for admission is that the family includes children. Families may be sheltered for up to 90 days. During this time staff members help families to find employment and housing and to apply for social and other basic support services. Many of the women residents with children have been battered recently and staff members assist them with issues of safety, protection, child support, and other related needs.

Before the start of after-shelter case management services, families were expected to be able to manage their own social, health, and welfare needs,

or to know how to work through the social services system. At that time, the social services had substantial case load backlogs because of high service demands. Clients had difficulty identifying, networking, and meeting their needs through the social services system and other private and community services. About half of the families were unable to remain in a stable housing situation for a year after discharge (Ellen Ferber, personal communication, January 8, 1991).

Families members often lacked job skills, had low incomes, and were unable to link with community resources to assist with their needs. They would turn to relatives or friends for assistance. Eventually the relatives or friends were unable to continue assisting and clients were again homeless.

In 1990, a social worker with a master's degree in social work was employed to serve as a case manager for families, providing services for up to a year following the family's discharge from the shelter. The position was funded by the Federal Government under the Stewart B. McKinney Homeless Assistance Act through the Virginia Department of Housing and Community Development. An exit interview with the family was carried out prior to their leaving the shelter for the purpose of reviewing their progress, determining family needs, and to set a post-shelter appointment. Thereafter, the case manager worked intensively with families, helping to locate resources and serving as a resource link, assisting with application processes, providing transportation when necessary, and acting as advocate and support person. Initially the case manager talked with families once a week. For the next several weeks the frequency was every other week. As families became more successful in networking with community agencies, the interaction with the case manager was reduced. Some families needed minimal assistance, while others needed more intensive assistance. Examples of the linkage of two families with community resources are shown in the accompanying box.

Study Results

The case management services began in 1990. Results show that before the case manager program, the average length of stay in the shelter was 31.1 days. Since the case manager has been working with families, the average length of shelter stay has been 22.8 days. This shortening of shelter stay has allowed the homeless shelter to admit and work with more families within the constraints of a constant staff and bed capacity. Although length of shelter stays may be dictated by the number and severity of problems experienced by families, staff members have been more willing to discharge families when case management services were avail-

Examples of Resource Linkage in After-Shelter Case Management for Families with Children, Virginia Beach, VA, 1990

Bernadette B., a black mother with a 16-year-old son. As a result of case managed assistance, the former shelter resident has a full-time job, permanent housing in Virginia Beach, access to automobile transportation, and the family is self-sufficient. The program linked the family with

Virginia Beach Department of Social Services, entitlement benefits
STOP Organization, emergency food
Lake Taylor Senior High School, school enrollment
Virginia Employment Commission, employment services
Public sector employers, potential employment
Southside Boys Club, son's socialization
TRT System, for local public transportation
Bell Diamond Manors Rent Advocacy, group to facilitate obtaining housing
Virginia Beach Health Department, immunization
Three area churches, emergency food
SHARE Program, food assistance

Miriam A., a Hispanic mother with children ages 2, 5, 6, and 8 years. As a result of case managed assistance, the former shelter resident has affordable and permanent housing, and her vehicle has been repaired. She is working full time and is self-sufficient. The program linked the family with

Virginia Employment Commission, employment services
Southeastern Virginia Job Training, on-the-job training
Retail Merchants Association, credit disposition
SHARE Program, food assistance
Area churches, assistance with utility service bills
Social Security Administration, entitlements
Virginia Beach Juvenile Court, child custody and support case disposition
Legal Aid, legal advice
Child Support Enforcement, support legal issues
Comprehensive Mental Health, counseling
Virginia Beach Social Services, entitlements
Children's Hospital of the King's Daughters, medical services
Advocacy, managers of various low-income housing complexes

able. For example, it is more difficult to place families that have minimal incomes or a member with a police record because of the shortage and requirements of subsidized housing. Thus, those families were sheltered for longer periods in the past.

Currently they may be discharged to a temporary housing situation while the case manager continues to assist the client to work through problems created by the police record and low income. Before the case manager program began in 1990, 33 of a total of 82 families (40 percent) had been placed in permanent housing after leaving Samaritan House. After the program began, 64 of 96 families (67 percent) were placed in permanent housing. Permanent housing is defined as subsidized housing or rental units paid for by the resident. Those residents not placed in permanent housing were placed in motels or home-sharing programs. Before the case management program, 41 of 82 families (50 percent) maintained their independence in housing (Ellen Ferber, personal communication, January 8, 1991). With the assistance of the case manager, all 96 families maintained independence in housing.

Recommendations

The study suggests that case management services for families following discharge from a homeless shelter effectively reduces the length of stay in a shelter and increases housing stability after discharge from the shelter. For this sample, the average shelter stay was reduced from 31.1 to 22.8 days. There was a 94 percent increase in the number of families placed in permanent housing and a 135 percent increase in the number of families that maintained a stable home situation.

The data from this study should be interpreted in terms of such extraneous factors as the status of the local economy, available housing, and individual family needs, which may have influenced the outcomes. Further research should be carried out using an experimental design that assesses the length of shelter stays and that follows families for a longer time to determine if the stable home situation persists.

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