



ISSUE BRIEF

Using research to build better public policy for families

What Interventions Work Best for Homeless Families? Impacts and Cost Estimates from the Family Options Study

The Family Options Study, funded by the U.S. Department of Housing and Urban Development (HUD), is a rigorous experiment that examined which housing and services interventions work best for homeless families.

Which programs were evaluated and why?

Researchers randomly assigned families to receive priority access to one of three programs or to “usual care”: (1) *long-term housing subsidy*, typically a Housing Choice Voucher, which might have included assistance to find housing but did not include other support services, (2) *community-based rapid re-housing*, a temporary housing subsidy lasting up to 18 months, paired with limited housing-focused services that helped families find and rent private-market housing, (3) *project-based transitional housing*, a temporary stay, lasting up to 24 months, in agency-controlled buildings or apartment units, paired with intensive support services, or (4) *usual care*, programs and services any homeless family could access within the community, such as emergency shelters.

The three programs were included in the study to test various theories about the nature of homelessness among families. *Long-term housing subsidies* and *community-based rapid re-housing* programs directly address the idea that housing costs are too high for poor families’ incomes, while *project-based transitional housing* addresses the notion that there are many barriers in addition to poverty that make it difficult for families to find and maintain stable housing.

Which program led to the best outcomes for families?

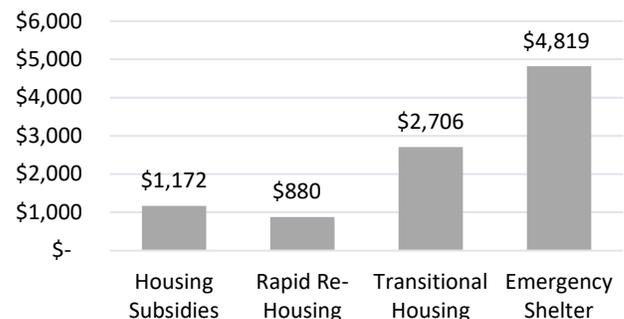
The families given priority access to *long-term housing subsidies* experienced the best outcomes. Compared to the *usual care* that any homeless family could access in a community, families given *long-term housing subsidies* experienced better housing stability. They were significantly less likely to be homeless, doubled up with a friend or family member, or spend the night at a homeless shelter. These families also were more likely to be living in their own place and less likely to move among many residences. Unlike those receiving long-term subsidies, families given priority access to *community-based rapid re-housing* and *project-based transitional housing* did not experience better housing stability.

Long-term housing subsidies also led to increased family well-being and child well-being. Parents experienced less psychological distress, intimate partner violence, and alcohol and drug problems. Their children exhibited fewer behavioral problems and were less likely to miss school or child care. These families were also less likely to be food insecure. Notably, despite the emphasis on intensive supportive services, families in *project-based transitional housing* did not experience enhanced family well-being.

How much did the programs cost?

As the figure shows, emergency shelters are very expensive compared to the three interventions. For the families assigned to the usual care group, the average cost of all programs used by families was about \$41,000 over 37 months. Even though providing access to *long-term housing subsidies* cost 9% more over the 37 months, these families fared much better on all measures, including having their own housing. This suggests that there is a return on investment for housing subsidies.

Average monthly cost per family



What are the policy implications?

Unlike *community-based rapid re-housing* and *project-based transitional housing*, when compared to usual care, *long-term housing subsidies* led to substantial benefits for families. They had better housing stability, improvements in family and child well-being, and reduced food insecurity. These outcomes suggest that for most families, homelessness is a housing affordability problem that can be remedied with long-term housing subsidies without specialized services. ●



Jill Khadduri was one of three speakers at the 35th Wisconsin Family Impact Seminar, “A Place to Call Home: Evidence-Based Strategies for Addressing Homelessness across Wisconsin.” She is Principal Associate and Senior Fellow at Abt Associates and a former senior executive at the U.S. Department of Housing and Urban Development. This issue brief was written by Family Impact Seminar Project Assistant Karina Virrueta and summarizes Dr. Khadduri’s seminar presentation and briefing report chapter, which can be downloaded from wisfamilyimpact.org/fis35.