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Factors affecting recidivism at a transitional shelter for the homeless

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FACTORS AFFECTING RECIDIVISM
AT A TRANSITIONAL SHELTER
FOR THE HOMELESS

by

Scianna Elizabeth Bowman Augustine

Bachelor of Social Work
University of Nevada, Las Vegas
2001

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ABSTRACT

Another Second Chance: Factors Affecting Recidivism Among Households and Single Women at a Transitional Facility for the Homeless In Las Vegas, Nevada

By

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This thesis examines factors affecting recidivism (shelter reentry) among two-parent households, female-headed households, and single women, through a study of selected households utilizing a transitional shelter for the homeless in Las Vegas, Nevada. The paper touches on the history of homelessness in America, and explores some of the factors related to the increase in homelessness on the national and local level. It examines the shelter system – in particular, the provision of transitional shelter – as the primary intervention designed to return individuals and families to self-sufficiency. The study found that the three household types did not differ significantly in terms of recidivism. However, the groups evidenced significant differences in a number of factors that have been tied to recidivism. The paper concludes with suggestions for policy and practice in light of the research findings.
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CHAPTER 1

INTRODUCTION

Purpose and Significance of the Research

Limited research has been done on the transitional shelter system as an intervention for homelessness, and on the factors that may affect participant success. The overall goal of transitional shelter programs is that participants will depart the program for permanent housing, having attained the skills necessary to become "self-sufficient". Recidivism, or reentry to the shelter system, is seen as a failure to achieve that goal. It becomes especially important, therefore, to understand the factors affecting recidivism for clients of the transitional shelter process. Administrators and staff want to understand how best to help shelter residents make positive changes in their lives. Given the ever-increasing focus on program effectiveness and efficiency, program funders want to ensure that successful outcomes are achieved.

Two questions, then, drive this research project. First, how does recidivism differ between different family types that utilize transitional shelter? Secondly, what are the individual and demographic factors that might affect recidivism among different family types? The purpose of the study was to compare the recidivism patterns of two-parent households, female-headed single-parent households, and unaccompanied single women. By studying family characteristics and shelter usage among a sample of households over
a period of years, patterns should emerge to help identify factors that affect recidivism as well as significant differences in shelter usage among family types.

This study is grounded in an ecological or “person-in-environment” perspective. The ecological model, an outgrowth of systems theory, examines the varied adaptations of groups and populations to biological, psychological, and social factors. In this study, the ecological perspective provides a framework to observe household interactions with a variety of subsystems and suprasystems, as each strives to achieve “goodness of fit” in a complex environment (Robbins, Chatterjee & Canda, 1998). Results of the study are expected to have significance for service providers, both in handling residential operations for transitional shelters, and in the development of programming for these different family types. Shelter administrators will benefit from a better understanding of the complexities facing shelter residents, and the factors that may help or hinder client success.

Overview and Definition of Homelessness

Across the United States, homelessness is on the rise. According to the Urban Institute (2001), close to 800,000 people – including some 200,000 children – are homeless on any given day in the United States. The U.S. Mayors Task Force on Hunger and Homelessness (2001) found that requests for emergency shelter increased by an average of 13 percent between 1999 and 2000; requests for shelter by homeless families increased 22 percent. An estimated 52 percent of family requests for emergency shelter went unmet during 2000.
National point-prevalence counts such as those used by the Urban Institute may not reveal the full extent of homelessness across the United States. A 1994 study of shelter admission rates in Philadelphia and New York City examined shelter usage over a period of years. The numbers of unduplicated shelter users in both cities revealed a rate of homelessness three times greater than previously suspected. The study indicated that a point-prevalence count on any given night in 1992 would not capture the additional 4 to 6 unduplicated people that would use the shelter during that year (Culhane, Dejowski, Ibanez, Needham & Macchia, 1994).

Part of the difficulty in determining how many Americans are homeless grows out of the challenge of determining who may be defined as homeless. The official government definition, according to the 1987 McKinney Act, considers that a person is homeless if he or she

"...lacks a fixed, regular, and nighttime residence; or [is] an individual who has a primary nighttime residence that is:

- A supervised public or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” (McKinney Act, U.S. Code, quoted in Las Vegas Metropolitan Police Department [LVMPD] HELP Manual, 2000, p.3)

Homelessness, then, by this definition, is a condition of “houselessness”. However, the government description of homelessness does not include those individuals or families who may be “doubling-up”, or sharing accommodations with family and friends. Nor does it account for those who are temporarily housed in hotels or motels. Another group, not yet homeless, includes the “precariously housed” – those who dwell
in dilapidated or unsafe housing, or who pay too great a share of their monthly income for housing. People in these accommodations, while not homeless according to government definition, may certainly be considered at risk for becoming homeless (Rossi, 1994; Shinn & Gillespie, 1994).

The phenomenon of homelessness is nothing new. During America's Great Depression, hundreds of thousands of men, women, and children became homeless by choice or through eviction. Some fled regional hardship caused by drought and economic collapse. Other families followed the harvests in search of work as migrant laborers. Even amidst the widespread economic devastation, however, some observers suggested that the majority of "vagrants" were homeless, not as a result of structural causes, but due to their laziness or unwillingness to work (Watkins, 1993).

During the 1980s, recession and unemployment swelled the ranks of the poor. This, combined with the continuing deinstitutionalization of mental hospitals, sent a new wave of people to the street (Rossi, 1994; Trattner, 1999). As public awareness of the problem increased, the language used to describe the phenomenon changed. In 1982, the New York Times indexed close to 100 newspaper articles under the category of "vagrant", but only five articles under the heading of "homeless". In 1985, just three years later, the number of newspaper articles on the topic had more than doubled. And there was a telling change in focus: All 235 stories were indexed under "homeless" but nothing was indexed under "vagrant" (Campbell & Reeves, 1999). The new construction of "homelessness" included those who had willfully abandoned society – transients, vagrants, and "bums" – as well as those mentally ill unfortunates who, through no fault of their own, had been cast out by society.
Rising public concern about homelessness brought about the passage of the McKinney Homeless Assistance Act in July of 1987. The McKinney Act allocated federal funding intended to help stem the rising tide of homelessness, and also formalized the official definition of homelessness. Since 1987, billions of federal dollars have been spent on shelter, supportive services, and research through provisions of the McKinney Act. Yet homelessness in America has continued to increase. According to the Mayors' Task Force (1998), demand for emergency shelter grew every year between 1985 and 1998.

Systemic Factors

Few would suggest that there is just one cause for homelessness. Current social work theories suggest that homelessness results from the interaction of a multiplicity of micro- and macro-level factors (Johnson & Cnaan, 1995; Baum & Burnes, 1993). Three systemic factors have particular importance when discussing the increase in homelessness: the growth of poverty in the lowest socioeconomic classes; the decline of affordable housing; and the increasing numbers of female-headed households.

Every mayor surveyed in the 2001 Mayors' Task Force report expected that family requests for emergency shelter would continue to rise in 2002. Most put the blame on the weak economic climate resulting from the September 2001 terrorist attacks. However, even times of national prosperity seem to do little to stem the spread of homelessness (Rivlin & Moore, 2001). The U. S. Mayors' Task Force report (1998) indicated that homelessness had continued to increase during the previous year despite strong economic conditions.
The poverty threshold is an absolute measurement used by the federal government to determine the poverty rate. Developed in 1965 by economist Mollie Orshansky, calculations are based on the minimum food consumption needed by a family in order to survive. In 2000, the poverty threshold for a family of four - two adults and two children - was $17,463 in annual income. According to the 2000 U.S. Census Bureau, approximately 11.9 percent of Americans, or about 31 million people, live at or below the poverty threshold. Another 12 million people are considered “near poor”, with annual incomes within 25 percent of the poverty threshold (Dalaker, 2001).

Groups with the highest poverty rates contain individuals who are most likely to become homeless; across all groups, female-headed families with children are more likely to be poor (Shinn & Gillespie, 1994; Rossi, 1994). Almost one-tenth (9.6 percent) of all U.S. families had incomes below the poverty line in 2000: 27.9 percent of all female-headed households were poor. When racial/ethnic heritage is taken into account, important differences are revealed. The poverty rate for white female-headed households was 16.9 percent in 2000; for African-American households, the rate was 34.6 percent. The poverty rate for Hispanic female-headed households was 34.2 percent (Dalaker, 2001).

When income levels of the poorest families are compared with the richest families, a widening gap is seen. Between 1975 and 1992, the income levels of the bottom three-fifths of all families dropped every year. By 1992, the income share of the poorest fifth of the population had declined by over 18 percent. The next highest quintile had seen its share of income drop by 11 percent (Danziger & Weinberg, 1996).
The limited availability of affordable housing is frequently cited as a reason for the continuing rise in the numbers of homeless individuals and families (Shinn & Weitzman, 1998; Lindsey, 1998; Shinn & Gillespie, 1994; Rossi, 1994; Burt, 2001). The National Coalition for the Homeless (NCH, 1999) reports that there is a widening gap between the number of low-cost housing units available and the number of people who need them. While the number of poor families has been increasing, the availability of low-cost housing has been decreasing.

Some of the reasons cited for the limited availability of low-cost housing include increased neighborhood gentrification, the disappearance of single-room-occupancy units, and owners' decisions to upgrade rental properties to luxury apartments and condominiums (Shinn & Gillespie, 1994). While The McKinney Act established funding for emergency shelters for the homeless, no funds were set aside to increase availability of low-cost housing (Popple & Leighninger, 1998).

A 2001 report by the National Low Income Housing Coalition indicated that, in general, a worker must earn at least three times the minimum wage, on average, to be able to afford low market rent on a two-bedroom apartment. Nowhere in the country, in fact, can a worker earning the minimum wage of $5.15 per hour, working 40 hours per week, earn enough to be able to afford a two-bedroom apartment at fair market wage.

Compounding the problem is the difficulty in obtaining government housing assistance. Waiting periods for public housing or subsidized housing programs are often measured in years (NCH, 1999; Huttman & Redmond, 1992).

Unfortunately, unlike other basic needs, housing costs represent a fixed cost per month. While it is possible to reduce the amount of money spent on food or clothing, it is
generally not possible to reduce the amount of money paid for shelter -- without putting one's housing at risk. Too, if housing is forfeited, the amount of money needed to reenter housing increases in the form of up-front security deposits for rent and utilities. Once a family falls off the housing treadmill, it becomes increasingly difficult to climb back on (Kozol, 1988).

Finally, the impact of America's changing demographic structure must be evaluated. The population bulge caused by the "baby boomers" has resulted in increased demand for housing, employment, and services. This, in turn, has driven up the price of housing and caused increased competition for employment (Baum & Bumes, 1993). While two-income families have an easier time making ends meet in an increasing costly and competitive environment, the number of female-headed households has been increasing since the 1960s (Garfinkel & McLanahan, 1996). These single-parent households are particularly vulnerable to environmental stressors that may result in homelessness.

According to the 2000 Census, 27.9 percent of female-headed families live at or below the poverty threshold. Single-parent mothers experience difficulties finding employment due to lack of affordable childcare, and lack of education or job experience affects ability to find other than low-paying, low-skill jobs (Bassuk & Buckner, 1997; Nunez & Fox, 1999; Rossi, 1994).

Many single mothers rely on public assistance programs such as TANF in order to meet basic needs. Nunez and Fox (1999) report that 84 percent of homeless families receive some sort of public assistance, and over half cite public assistance as their only source of income. If these benefits are cut, housing may be threatened (Nunez & Fox,
1999; Rossi, 1994). Women with children are especially vulnerable to housing instability: According to the U.S. Census Bureau, only 37.7 percent of single-parent mothers with children owned their own home (Woodward & Damon, 2001).

**Homelessness Among Different Groups**

In order to account for the rising numbers of homeless persons (and to justify calls for additional funding), attention has been placed on the different subgroups of "deserving poor" that make up the homeless population (Rosenheck, Bassuk, & Salomon, 1999). This reflects an understanding of the prevailing American ideology that the limited resources should be spent on those considered worthy of help: children, the elderly, and those who have been deprived through no fault of their own.

Analysis indicates that while single men still make up the majority of the homeless, increasing numbers of single women and families with children have joined the ranks on the streets and in the shelters. A 14-year comparison of cities described the homeless population in 1985 as comprised of 60 percent single men, 12 percent single women, and 27 percent families with children. By 1998, the percentage of single men had gone down to 45 percent, while the number of single women had increased to 14 percent, and families with children now made up 38 percent of the homeless population (Mayors' Task Force, 1998).

The growth of family homelessness is predominately evidenced in the number of homeless female-headed households. This group is generally subject to extreme pressures, both personal and systemic. Personal stresses include increased history of domestic violence; fewer support networks; and the difficulty of maintaining normal
mother-child relationships (Lindsay, 1998; Huttman & Redmond, 1992; Bassuk & Buckner, 1997; Fogel, 1997). Metraux and Culhane (1999) report that sheltered single mothers with children, and single mothers who give birth during a shelter stay, are at increased risk for “crossover”: that is, having a subsequent return to the shelter system unaccompanied by children.

Two-parent families make up a small percentage of the total number of homeless households. In a ten-city survey of homeless families, two-parent families represented less than one-fifth of the total. Nationally, almost two thirds (62 percent) of homeless parents have never been married; those numbers are particularly high among homeless African-American and Hispanic families (Nunez & Fox, 1999). Marital status is a potential indicator of family stability, and as such, may help minimize the impact of homelessness. The presence of two adult partners is a factor associated with increased resilience in homeless families (Danseco & Holden, 1998), in part because of the increased economic stability that comes with the presence of an additional wage earner in the household.

Single women represent about 14 percent of the homeless population nationally (Mayors Task Force, 2001). Single homeless women exhibit significant differences from homeless women with children: they tend to have higher rates of mental illness and substance abuse than homeless women with children; they also tend to be older and have additional years of education (Burt & Cohen, quoted by Metraux & Culhane, 1999).

Single homeless women also show considerable differences when racial-ethnic heritage is taken into account (North & Smith, 1994). Single white women are more likely than their nonwhite counterparts to be older, have experienced childhood sexual
abuse, received inpatient psychiatric care, been married, and been separated from children. Women of color, on the other hand, are more likely to have children, receive public assistance, and report stronger family ties. White women experience more episodes of homelessness, lasting for longer periods of time, and spend more time living on the streets than do nonwhite women. Critical issues for single women of color tended to be structural, such as lack of affordable housing, childcare, and employment. On the other hand, white women tend to face more internal difficulties such as mental illness and history of abuse.

Dail and Koshes (1992) suggest that single homeless women evidence certain gender-specific characteristics that must be taken into account when delivering services. These include a history of abuse in childhood and as adults, high levels of dependency, and a sense of isolation and alienation. Their need for social supports may result in higher return rates to shelters.
CHAPTER 2

THE SHELTER SYSTEM APPROACH

The primary intervention established by the McKinney Act is the provision of temporary shelter. Emergency shelters, considered the first phase of intervention, generally provide basic shelter and meals for a period of 30 days or less. Shelter rules often require that families be separated by sex and age: women with female children or young children will stay together, while men and older male children will be accommodated in separate quarters. Supportive services are limited, and shelter residents may be required to leave the premises during the day. Single women and women with children are far more likely to use emergency shelter services than men (Metraux & Culhane, 1999).

Transitional shelters make up the second phase of intervention. The housing bears more resemblance to conventional housing, with family members accommodated together in small efficiency apartments or one-room units. Residents generally share certain common areas, such as a kitchen or social rooms. Transitional programs provide housing for up to several years, during which time adult participants are required to engage in a variety of supportive programs, including regular visits with case managers. The emphasis in transitional housing is to provide homeless individuals and families
with the skill sets necessary to regain self-sufficiency, while providing a safe and stable living environment (Fogel, 1997; Rossi, 1994; Metraux & Culhane, 1999; Fischer, 2000; Rog. Holupka & McCombs-Thornton, 1995).

Both transitional and emergency shelter facilities are designed to provide shelter and support for homeless persons. However, the shelter environment itself poses significant challenges for those seeking assistance. Admission restrictions may deny services to persons with mental health or substance abuse problems; families may suffer additional disruption due to enforced separation; mandated participation in shelter programs may impair residents’ sense of self-determination (Rossi, 1994; Fogel, 1997; Huttman & Redmond, 1992).

Shelter policies may also negatively impact normal parenting processes, as parents lose control of normal family decisions such as setting bedtime and meal times. Children who observe their parents being treated “like children” by shelter staff may reject parental discipline altogether, or may try to take on a “parenting” role themselves (Lindsay, 1998; Huttman & Redmond, 1992). Privacy is often negated by shelter policies designed to maximize health and security in a group living environment. Curfews, nightly bed checks, and restrictions on activities and possessions limit individual activities for the sake of group accommodation. While shelters can provide housing, they may not be able to provide a much-needed sense of “home” (Rivlin & Moore, 2001).

The cost of providing transitional housing is high. Rossi (1994) estimates the cost at around $13,000 per person per year, or around $36,000 to shelter, feed, and provide supportive and case management services to a family of three for a year. A number of researchers have suggested that resources dedicated to transitional housing might be
better used instead to provide permanent housing for homeless individuals and families, by offering rent subsidies or investing in construction of low-cost housing (Rossi, 1994; Huttman & Redmond, 1992; Metraux & Culhane, 1999). Other researchers posit that transitional and supportive programs are necessary in order to help homeless persons effectively deal with disabling conditions such as substance abuse and mental illness before attempting to maintain independent housing (Baum & Burns, 1993). Rog et al. (1995) suggest that transitional programs may be expensive but necessary interventions, in that residential stability is only one of the relevant outcomes of programs for the homeless.

A limited number of studies have been conducted on recovery from homelessness among users of transitional shelter. A longitudinal study by Dunlap and Fogel (1998) followed nine homeless families who received transitional shelter services in 1994. One year after exit, seven families were making a precarious recovery. By the following year, eight families had attained stable housing but still relied on public assistance to meet basic needs. Fogel (1997) examined the effects of transitional housing on a group of 12 single mothers with children. Outcomes were mixed: those who adjusted well to the transitional housing environment and experienced longer stays also had better housing outcomes after exit. Others who had difficulty adjusting to shelter rules and regulations had reduced success in finding stable housing after exiting the program.

Directors of homeless facilities in two southern states were surveyed on their perceptions of the factors that most affected participant progress through their shelter stay (Lindsey, 1998). Respondents placed more emphasis on personal factors such as motivation and mental health, rather than availability of affordable housing. Lindsey
concluded that, as homelessness results from the interaction of personal and structural factors, individual strengths or weaknesses may indeed become more critical when structural supports are not available.

Fischer (2000) conducted an evaluation of a transitional housing program in Atlanta using both primary and secondary data, including examination of case files, focus groups and interviews with program participants, survey research, discussion with program staff, and direct observation of the program. Determination of overall program success, however, was limited since of the 98 young mothers with children that made up the study sample, 54 families were lost to the follow-up process. This highlights a common problem in evaluating transitional shelter programs: many of the participants cannot be located after departure from the program. Comprehensive data on outcomes are sparse due to the inability to follow up with program participants.

In a number of cases, shelter residents are discharged prior to successful completion of the program. These mandated departures result from the participant's unwillingness or inability to comply with shelter requirements. Fogel (1997) found that shelter residents who were successful at complying with program restrictions stayed longer and found more stable housing than those who with shorter stays and less program compliance. Fogel goes on to ask, however:

“If a resident does not comply with rules of a shelter and has to leave, does that suggest an inability to be self-sufficient? Or does the goal of self-sufficiency in a highly-controlled, structured environment conflict with skills needed to obtain or maintain economic independence?” (p. 131)
Recidivism in the Transitional Shelter System

Recidivism is defined, for the purposes of this study, as reentry to the shelter system after an initial stay. A review of the literature reveals a number of factors that may affect recidivism either positively or negatively. Demographic factors include such variables as age, ethnicity, family size, marital status, education, employment, and housing status. Factors relating to personal or environmental issues include substance abuse or dependency, mental health issues, chronic health problems or physical disabilities, and history of domestic violence. Family dynamics, both during the shelter stay and after exit, may contribute to recidivism. Some of these factors include reunification with a partner or child, departure of a partner or child from the family unit, and childbirth. Finally, the transitional shelter experience itself, evidenced in factors such as the length of the reference stay, and whether exit from the shelter was voluntary or mandated, may affect recidivism.

Nationally, homeless families as a category are more often of African-American and Hispanic background (Rossi, 1994) African-Americans have been found to experience a higher rate of homelessness than other ethnic racial groups, and an increased difficulty in finding permanent housing (Rocha, Johnson, McChesney & Butterfield, 1996). Both African-Americans and Hispanics demonstrate a higher length of stay and a faster rate of readmission than other groups (Wong et al., 1997).

The older the adults in family groups, the less likely that the family will return to shelter; however, recidivism has been shown to increase when a member of the family is less than one year old or when an adult family member is pregnant at admission (Metraux & Culhane, 1999; Wong et al., 1997). Children's age can also affect the quality of the
shelter experience: older children tend to have a harder time adjusting to shelter life, and
to cause more disciplinary problems, while younger children tended to adjust more easily
and exhibit fewer episodes of “acting out” (Lindsay, 1998).

Education is a key to self-sufficiency, and the lack of formal education can impair
progress towards that goal. Fischer (2000), in a study of an Atlanta transitional facility,
noted that educational levels of homeless women accessing shelter appeared to decline
over time. In 1991, 72 percent of homeless women entering the transitional facility had
obtained a high school diploma or GED; by 1994, that number had dropped to 52 percent.

Teen pregnancy can also derail education: Nunez and Fox (1999) found that 53 percent of
homeless parents who had children while in their teens did not complete their high school
education; that lack of education among homeless parents was also correlated with lack
of employment. Such economic fragility is also a predictor of recidivism. Families who
experienced homelessness due to economic factors are more likely to have high
recidivism rates than those whose homelessness was due to other factors (Wong et al.,
1997).

Previous living conditions can also affect the possibility of shelter reentry. Shinn
and Weitzman (1998) found that most of the homeless female-headed families in their
study were living with families or friends prior to shelter entry, and theorized that
domestic violence may have been a factor in seeking shelter. Metraux and Culhane
(1999) found that female-headed households who “doubled up” with friends or family
before the reference stay evidenced a small decrease in the risk of returning to shelter in
the first 180 days after departure; this risk continued to decrease as time passed.
Although transitional shelters place significant attention on sobriety as a requirement for housing, alcohol or drug use seem to have little affect on recidivism or residential instability following program departure (Metraux & Culhane, 1999; Shinn & Weitzman, 1998). One exception is entrance to public housing, where proof of illegal drug use by a household member will result in immediate eviction for the entire household. Drug use among the homeless, however, is associated with higher levels of distress, increased levels of depression, anger, anxiety, and hostility (Nyamathi, Keenan, and Bayley, 1998; Schutt, Meschede, and Rierdan, 1994). Although use of alcohol and drugs may temporarily ameliorate the overwhelming stress of the environment, it comes at the cost of energy directed towards healthier, more permanent solutions.

Mood, personality, or clinical disorders that affect mental or emotional health may impact a person’s ability to utilize available resources. The experience of homelessness may increase the risk of having mental health problems, in that life on the streets strains coping resources, leading to high levels of stress and increased vulnerability to depression (LaGory, Ritchey, and Mullis, 1990; Wojtusik & White, 1998). Mental health issues can also contribute to substance abuse, as in when homeless persons self-medicate with alcohol or street drugs due to the lack of prescription pharmaceuticals (Wojtusik & White, 1998). Mental health issues within a family can negatively impact the ability to transition successfully from homelessness. Issues that were ignored while the family coped with the experience of being homeless can reemerge once the family has attained a measure of stability, and in some cases can lead to a return to homelessness (Fisk, Rowe, Laub, Calvocoressi & DeMino, 2000).
The presence of long-term chronic medical conditions, physical disabilities, or exposure to violence and abuse, may affect a person’s ability to obtain employment or regain economic stability. A 1998 study of 128 homeless adults by Wojtusik & White indicated that 70 percent suffered from at least one chronic health condition. A history of domestic violence is associated with increased risk of recidivism (Metraux & Culhane, 1999). Domestic violence has been found to be a major factor in contributing to homelessness, particularly for females (Bassuk & Buckner, 1997).

In Metraux and Culhane’s study (1999), 26 percent of participants reported a change in the family structure during the reference stay. These changes included reunification with an absent child; departure of a child from the shelter to another location; or birth of a child. The study found that reunification with or departure of a child was positively associated with risk of reentry to the family shelter system. Pregnancy, on the other hand, was strongly associated with the risk of returning to a single-woman’s shelter, indicating that these mothers are at risk of either losing their child or placing their child elsewhere. Wong et al. (1997) noted that pregnancy of an adult family member at entry increased the risk of recidivism by 70 percent. However, the presence of children does provide certain benefits. Mothers and children may experience tighter family bonding as a result of the shared experience of homelessness, and children may take on a more actively supportive family role (Lindsay, 1998).

Two-parent families, as noted previously, exhibit increased resilience. However, Rossi (1994) suggests that the presence of a male parent is “precarious”, in that the male parent may absent himself from the family unit in order that the female partner and children can maintain shelter housing. Structural family changes that happen outside the
shelter stay may also impact recidivism. Such changes include reunification or departure of a child: reunification or departure of a spouse or partner; and birth of a child. A change in housing status after program exit may indicate changes in the family constellation, as when a plan to "double up" means a return to a domestic violence situation, which could affect recidivism.

Metraux and Culhane (1999) found that the median length of stay for female heads of households in family shelter was almost four times as long as the length of stay for single women in single-adult shelter; additionally, women staying in family shelters also experienced lower rates of recidivism. In contrast, Wong et al (1997) found no association between recidivism and length of stay.

A number of studies found that housing at exit was a significant predictor of shelter reentry. Families that exited shelter for "unknown" housing arrangements had higher rates of recidivism than families who exited to non-subsidized permanent housing (Wong et al., 1997). Exit to public or subsidized housing was linked with substantially lower rates of recidivism (Metraux & Culhane, 1999; Wong et al., 1997; Rog et al., 1995).
CHAPTER 3

THE REGIONAL PERSPECTIVE

Homelessness In Southern Nevada

In Southern Nevada, as in the rest of the nation, the homeless population continues to increase. A 1999 study by a team of UNLV sociologists, using one-night shelter counts, street interviews, and infrared photography of some known homeless camps, put the estimate at around 6707 homeless individuals in Clark County (Preston, Schmidt, Bernhard, Hunter & Bochard, 1999). This, of course, does not count individuals who may have been sleeping in a hotel, a vehicle, or staying temporarily with family or friends. The 2000 U.S. Census reported 1,344 persons living in shelters in the Las Vegas metropolitan survey area (Smith & Smith, 2001). In comparison, the 1990 Census count of the area's homeless was 141 individuals living on the street, and another 697 individuals in shelters (U.S. Census, cited in Preston et al., 1999).

Unlike most other population centers, the homeless population of Southern Nevada is predominantly Caucasian. The point-in-time count conducted by Preston et al. (1999) indicated that 68.1 percent of homeless residents were white; 21.3 percent were African-American; and 8.3 percent identified themselves as being of Hispanic Latino heritage. Members of other racial or ethnic groups made up the remaining total. The reason for this difference is unclear.
Several factors may be related to the rise in the homeless population in the region. First, the Las Vegas metropolitan area has experienced dramatic growth over the past ten years, posting an 85.6 percent population increase between 1990 and 2000. Bassuk et al. (1997) suggests that moving to a new environment may increase the likelihood of homelessness, since knowledge of available resources and social supports may be lacking. In Clark County, 11.1 percent of all persons, and over 16 percent of children under age 18, live below the poverty line (Center for Business and Economic Research [CBER], 2001).

According to U.S. Census figures, home ownership in Clark County ranks below the national average. Like the population, apartment rents have increased significantly: the average cost of a two-bedroom apartment rose 87 percent between 1985 and 2000. Over 80,000 area families are estimated to be paying more for housing than they can afford (Southern Nevada Continuum of Care [SNCoC], 2000). A hotel or casino worker earning minimum wage must work 117 hours per week in order to afford the fair market rent for a 2-bedroom apartment in Las Vegas (National Low Income Housing Coalition [NLIHC], 2001). Given the predominance of low-wage service and hotel gaming jobs throughout the area, many residents in Southern Nevada are at risk for homelessness.

The effects of these structural issues are magnified when matched with personal characteristics. The study by Dr. Preston and his colleagues incorporated demographics of the homeless population, obtained by interviewers at the 1999 Stand Down for the Homeless. Over five hundred interviews were completed with homeless people during the one-day event.
According to the survey, 41 percent of the respondents claimed to have a current addiction problem (alcohol, drugs, or gambling). Almost one quarter of those surveyed said that they had a problem with addictions in the past. Almost 35 percent qualified as “dual diagnosis” individuals, with combinations of both mental health and addiction problems.

The homeless population locally has educational and vocational weaknesses. Approximately three-fourths of the people surveyed had only a high school degree or less. While approximately 31 percent of the homeless population in Clark County may be categorized as “employed”, only about 6.2 percent could be said to have a “steady” job. Only about one-fifth of the population surveyed at the 1999 Stand Down held a sheriff’s card, a common requirement at that time for work in low-skill categories.

While less than 2 percent of those interviewed blamed their homelessness on criminal or legal problems, the Las Vegas police have found that the homeless population in Clark County is more frequently victimized by crime than any other group in the county (LVMPD, 2000). Almost 45 percent of all females surveyed in the Clark County Homeless Study said that they had been victims of domestic violence, and over half of those female victims (57.1 percent) said that domestic violence had contributed to their being homeless.

Transitional Shelter in Southern Nevada

A number of emergency and transitional shelter providers serve Southern Nevada’s homeless population. The major providers include Catholic Charities, the Las Vegas Rescue Mission, Father Joe’s Mobile Assistance and Shelter for the Homeless.
(M.A.S.H.) Village, the Salvation Army, and The Shade Tree. Both Catholic Charities and the Las Vegas Rescue Mission provide a limited number of transitional beds for single men, single women, and women with children. While the Las Vegas Rescue Mission occasionally has space for a single father with children, M.A.S.H. Village is the only facility providing transitional shelter for two-parent families, male and female single-parent families, and single women. Currently a subsidiary of St. Vincent de Paul Management in San Diego, California. M.A.S.H. Village began operations in 1995 under contract to the City of Las Vegas.

At the inception of the study period, the M.A.S.H. Transitional Living Center contained 33 one-room units for homeless families, and a 120-bed dormitory for single women. The mission of M.A.S.H. Village was then, and remains today, to “promote and provide a comprehensive continuum of integrated services dedicated to impacting the immediate needs of our neighbors, and to assist in breaking the cycle of homelessness while respecting the dignity of the person”.

The Transitional Living Center contains laundry rooms, a childcare center, recreation areas, and office space for Case Management, Residential, Security, and Administrative staff. Three meals a day are provided in the facility’s dining room. The program is staffed on a 24-hour basis by residential, case management, and security personnel.

Residents of M.A.S.H. are provided with short- and long-term shelter, as well as access to a network of services and service providers. Resources available on the campus include child care; mental health counselors; addiction counselors; public assistance providers; veterans’ aid; pro bono legal services; basic adult education classes;
employment assistance; and referral to housing resources. An on-site Resource Center provides access to telephones, computers, facsimile, and copier service.

When an individual or family is admitted to the shelter, an intake worker gathers background information to determine immediate and critical needs. Based on those needs, referrals are made to appropriate agencies or services. Quarters are then assigned in the short-term residential facility. All new adult residents must sign a sober living contract, complete a daily one-hour maintenance chore, abide by curfew restrictions, and contribute a set portion of Food Stamps or earned income as shared meal expenses.

Within ten days of entry, all accompanying school-aged children must be enrolled in school, and all family members must pass a TB test. Single women are housed dormitory-style in two-person cubicles. Families are not separated; however, new residents may share accommodations with other families during the four-month "short-term" stay. M.A.S.H. also provides activities and after-school programs to all children residing at the Center. Parents can arrange for child supervision in order to attend on-site classes and appointments.

The opportunity to enter the long-term residential program is based on successful completion of a program called "Challenge to Change". Developed by St. Vincent de Paul shelters in San Diego, CA, this 27-hour adult curriculum leads participants through a process of self-assessment, resulting in the development of an overall self-improvement plan. In three-hour sessions, three times per week, participants are given techniques to use in actualizing their potential, and learn to apply these techniques in goal setting, communication, problem solving, self-esteem, and motivation. Residents who
successfully complete “Challenge to Change” are invited to apply for admission to the Transitional Living Center’s two-year long-term program.

With entry to the long-term program come increased responsibilities. Residents undergo an in-depth series of assessments to evaluate educational level, employment history, and likelihood of mental health, substance abuse, and gambling issues. Case managers and residents use information from these assessments to develop program contracts, which outline specific tasks and time periods for task accomplishments. Residents are required to attend weekly meetings with their case manager and are assigned to programming components designed to strengthen the ability to live independently. Some of the targeted areas identified in assessments and measured in the case management program include:

**Life Skills:** Budgeting and money management; basic reading, writing, and math; time management; anger management; nutrition and wellness; G.E.D. preparation;

**Addiction Education:** Group education on chemical dependence and gambling addiction; one-on-one support services for relapse prevention;

**Employment Assistance:** Training in basic job skills such as interviewing, completing applications, and resume preparation; vocational testing;

**Parenting Skills:** Targeted classes for parents of infants & toddlers, children, and teens; parent support groups.

Upon entering the long-term program, adults residents are required to begin contributing a portion of income as shared living expenses. Six months after program entry, adults are required to obtain employment, enroll in school, or be placed in a job-training program. Residents are provided with resume assistance and job leads, and may
also obtain clothing suitable for interviews and employment. All resident spending is carefully monitored, and adults must present receipts for all purchases at monthly budgeting sessions.

Families in the long-term program no longer share a room with other families; however, privacy is still elusive. Family members live together in one-room units, and children under fourteen must be supervised by an adult at all times. No food is allowed in rooms without special permission (usually for medical reasons), and all rooms are subject to weekly cleanliness inspections. “Points” are assessed for rule infractions. Some points are considered “workable” and can be erased upon completion of an additional one-time chore or maintenance task. Other points are “permanent”, for such offenses as violation of the sober living contract, or failure to pay shared meal living expenses. Any resident who garners five permanent points in one year is discharged from the program.

Experience has shown that former residents are often reluctant to maintain contact with the agency. Unless they find a need for ongoing services, they are likely to consider the period of homelessness as something to relegate to the past. In order to better track outcomes over time, M.A.S.H. has established a relocation grant program for each resident who enters the two-year long-term program. After successful completion of the long-term program, 60 percent of the mandatory shared living expense is returned to the client – half at 90 days after relocation, and half at 270 days. This required shared living expense program has the effect of aiding the household after relocation, and assures a continued contact for at least nine months following completion of the program.

M.A.S.H. staff had, over the history of the program, compiled extensive data on program inputs and outputs, and collected numerous anecdotal reports of program
success. However, no longitudinal, quantitative studies of program effectiveness had been undertaken. Executive Director Ruth Bruland granted complete access to years of program records and client case files for the purpose of this research. in the hopes that the findings would enable M.A.S.H. staff to better understand and serve the needs of the homeless population of Southern Nevada.
Permission for this research study was obtained on February 27, 2002, from the Office for the Protection of Research Subjects, with data collection beginning one week later. Three different household types were selected for study: male and female cohabiting adults accompanied by minor children (two-parent households); females without partners, either accompanied by minor children, or pregnant and giving birth during the shelter stay (female-headed households); and unaccompanied women. Households were to be selected from those individuals and families that entered M.A.S.H. for the first time in 1997, and their shelter usage patterns would be examined over a period of three years, beginning with the 1997 reference stay through December 31, 2000.

To select the subjects for this study, a Client Services Tracking and Reporting (C-STAR) report was generated of all families and individuals that entered the Transitional Living Center between January and December 1997. M.A.S.H. uses this database system to assign rooms, monitor client population, and track families and individuals through the transitional program over multiple stays.
Data tracked through the C-STAR system includes client demographics such as age, racial/ethnic heritage, marital status, education, income and income sources, housing status at entrance and exit. The system can store data relating to physical and mental health needs as well as previous history of substance abuse or involvement with the legal system.

The C-STAR system is also responsive to the status of residents as individuals and as members of family groups. By M.A.S.H. rules, couples with children must show either a marriage license or child’s birth certificate confirming parentage. Using C-STAR, individuals with different last names and varying entrance and exit dates can be immediately identified as members of an existing family, allowing for tracking changes in family constellations over time.

After the 1997 census was generated, the report was carefully examined to eliminate those households who had previously been residents of the M.A.S.H. facility. Only households accessing the M.A.S.H. shelter for the first time were included in the study. It is important to note, however, that this does not mean households were first-time shelter users. Since transitional housing is a “second stage” intervention, many of the households arrived at M.A.S.H. through referral from emergency shelter facility.

In order to study recidivism in transitional housing, it was important to identify those individuals and families who intended to avail themselves of this second-stage intervention. M.A.S.H. requires that all individuals and families complete a number of tasks prior to the tenth day of residence: Adult family members must apply for Food Stamps, in order to contribute a portion of their allotment as shared meal expenses; all family members must take a TB test; and all school-aged children must be enrolled in
school. Those who do not complete these requirements are asked to leave the facility. If new entrants departed before the initial ten-day deadline, there is a reasonable presumption that they used the facility as emergency shelter only. Therefore, residents must have stayed a minimum of ten days at the facility to be included in the study.

Once a clean list was obtained, individuals and families were identified by family type: two-parent households; single parent female-headed households; and single (unaccompanied) women. M.A.S.H. also serves single-parent fathers accompanied by children; however, this family type represents a very small portion of the shelter population and so was not considered for study. The research objective was to randomly select 50 households from each group; however, the group numbers obtained did not make this possible. Since the total group numbers were less than 50, all the two-parent and female-headed households were included for study. A much larger pool of single women existed, due to the greater availability of shelter accommodations for members of this category. Fifty case files were chosen randomly from this category for study.

The C-ST.A.R files for each household selected were examined, and the process of data collection began. During this process, a number of cases were observed to contain corrupted or inconsistent data, which could not be resolved through examination of the actual case files. These cases were eventually eliminated from the study. The final study examined 19 two-parent households, 44 female-headed households, and 48 single women. Demographic characteristics of each household at initial program entry were compiled, as well as variables relating to identified issues, family dynamics, and shelter stays. Using the statistical software package SPSS 10.0, procedures were run to compare demographic characteristics with recidivism patterns.
Description of Variables

Demographic variables included adult age at entry; adult racial-ethnic heritage; self-report or proof of marital status; number of children present at entry, and their ages. Educational status was measured by self-report of grade level achieved and/or degree earned. Employment status was categorized as full time, part time, or unemployed at program entry. Full time employment was defined as holding a permanent paid position with a single employer with a workweek of 35 hours or more. Part time employment was defined as paid temporary or day labor, or a paid permanent position with a workweek of fewer than 35 hours.

Information on four different types of personal issues was collected on adults within the households: alcohol and/or other drug problems (AOD); mental health issues; chronic health problems and/or physical disabilities; and history of domestic violence. Under the ecological perspective, presence of these issues in one or more family members is held to affect the family system as a whole. Unfortunately, only adult family members were required to complete assessments to evaluate the presence of these issues, and are considered in these variables; M.A.S.H. does not require assessments of minor members of a household.

All adult residents entering the long-term program are required to complete the Substance Abuse Subtle Screening Inventory (SASSI), which measures probability of substance dependence issues. Those adults identified as having a high probability of substance dependence are mandated to sign up for and attend addictions education classes, either on- or off-site, within seven days. Additionally, all adult residents are required to sign a sober living contract at entry, which requires that no drugs or alcohol
will be ingested while residing at M.A.S.H. Individuals suspected of using drugs or alcohol during the program are required to submit to urinalysis. Should drugs or alcohol be detected through urinalysis (or discovered on property during routine room inspections), addictions education classes are mandated. Refusal to comply with either urinalysis or addictions education classes resulted in dismissal from the program. For the purposes of this study, presence of AOD issues was determined by SASSI scores, self-report of AOD issues, and resident inability or unwillingness to comply with the program's sober living contract as indicated by case notes, UA test results, and mandatory program termination for AOD use.

Mental health issues were defined as mood, personality, or clinical disorders having potential impact on a person's ability to utilize available resources. The presence of mental health issues was indicated by self-report as well as previous clinical diagnosis indicated by current prescriptions for psychotropic medications. Additionally, all adult household members entering the long-term program are required to complete the Personality Assessment Profile, which indicates the presence of mental health issues.

Health problems were defined as long-term chronic medical conditions or physical disabilities that could impact a person's ability to utilize available resources. The most accurate indicator of such problems is record of Social Security Disability Income payments. For the purposes of this study, other indicators included self-report at entry; medical records referenced in case files; and observations by case managers and residential staff documented in case notes.

History of domestic violence is most accurately indicated by presence of temporary restraining orders and other court documents. However, many domestic
violence victims do not obtain such documents. For the purpose of this study, self-report of history of domestic violence was deemed sufficient.

Information on housing status was collected for different time periods of the study. Previous housing status prior to program entry, and planned housing status at exit, was compiled for each different program stay. Ten different housing types were identified: permanent housing such as an apartment, house, or trailer; permanent subsidized or public housing; temporary housing at a hotel or motel; accommodations with family or friends ("doubling up"); temporary shelter at an emergency shelter facility; transitional shelter at another transitional facility for the homeless; residence at an in-patient substance abuse treatment facility; residence at an in-patient mental health facility; sleeping on the streets, in a car, a park, or other site not normally used for human habitation; jail. One other variable – "unknown" – indicated that no information was available as to the family's housing status. This was usually evidenced when the household departed the program without notice or as a result of failure to comply with program regulations.

The household's exit status was identified as either voluntary or mandated. Mandated departures, as stated previously, occurred when a resident was asked to leave (ATL) as a result of failure to comply with program regulations. Notice of ATL status generally precedes the termination date by seven days, in order to allow time for the resident to complete a formal grievance whereby ATL status may be withdrawn. In some instances, residents departed after receiving their ATL notice, but prior to the planned termination date. Since those residents did not pursue the grievance process, these departures were categorized as voluntary. In the case of two-parent households, the
mandatory departure of the male partner was not sufficient to induce the entire family to leave. The household's departure was only considered mandatory if both parents were asked to leave.

As shown in the literature review, changes in the family constellation may affect recidivism. Five different types of changes to the family constellation were defined for this study. Departure of or reunification with an adult head of household during the reference stay was tracked among two-parent households. Departure of or reunification with a child, as well as birth of a child, was tracked among two-parent and female-headed households. Also, comparisons were made between the family size and structure at initial entry and return. This revealed ongoing changes to the family dynamics outside of the shelter environment. A change in family size was indicated by a difference in the number of family members at exit from the reference stay (T1) and entrance of the subsequent stay (T2). A change in family structure was indicated by a difference in family roles between exit T1 and entrance T2, such as a female head of household returning to shelter unaccompanied by children.

Length of time in the program was measured by the number of days between the intake date and the date of exit for each stay. Length of time out was measured by the number of days between the exit date and the next intake date (if any). Since M.A.S.H. can only track recidivism within its own program, no assumptions can be made as to the shelter reentry rate of those households and individuals who do not return to the M.A.S.H. program. The Southern Nevada Homeless Coalition is currently studying developing resources to track homeless clients across programs and services; this will enable local governments and service providers to estimate population size, identify
service needs, and better evaluate program outcomes. Congress has directed HUD to help implement homeless management information systems in communities that utilize federal funds to address homelessness by 2004 (Department of Housing and Urban Development [HUD], 2001).

Limitations of the Study

The study faced certain limitations, generally revolving around the inability to collect complete data on all households. While all adult program entrants were required to participate in entrance interviews, not all staff interviewers collected data in every requested category. The paucity of data in certain categories will of necessity limit the ability to completely identify all the factors that might affect recidivism.

Additionally, a certain number of data entry problems were identified. When information from entrance and exit interviews was transferred into the program's computerized client-tracking database, some data were entered incompletely or incorrectly. In the majority of cases, data in client case files were compared with computer data for verification. However, due to time constraints, it was not possible to manually check every case file.

Clients who were discharged from the program did not always complete exit interviews. Additionally, some clients left the program voluntarily, but without notice. Data that would normally be obtained from the exit interview, such as intended housing after leaving the program, was not always available. Again, where possible, client case files were examined to obtain missing information. In a number of circumstances, case-noted records of conversations with residents did reveal additional information.
This study primarily examines the differences among the three different family types as evidenced in the reference stay (T1) and the first subsequent shelter stay (T2). The small sample size for the subsequent stay, especially in the category of two-parent families, limits the ability to make generalizations about the findings to the general population of homeless families in transitional shelters. Still, the information is valuable in that it adds to the existing body of knowledge on the subject.

Finally, this study encapsulates the experiences of the three different household types at one transitional facility. It is unknown to what extent the organizational culture of the transitional facility itself may have affected the recidivism patterns of these three household types. The existence of intervening variables such as staffing practices, staff-resident communications, employee job satisfaction, and training must be acknowledged, but cannot be eliminated from this study. To that extent, this study may reveal only the recidivism patterns and demographic characteristics that existed at this facility over this period of time. However, in combination with the limited research already completed in this area, these findings will add to the body of knowledge on both transitional facilities and the outcomes of different types of user households.
CHAPTER 5

FINDINGS OF THE STUDY

Demographic Characteristics

As stated previously, the study addressed two research questions. First, how does transitional shelter recidivism differ between two-parent households, female-headed households, and single women? Secondly, what are the individual and demographic factors that might affect recidivism among these different household types?

The study universe at entry (T1) consisted of 111 households, made up of 130 adults and 62 children, and grouped into 19 two-parent households, 44 female-headed households, and 48 single women. Over half (54.3 percent; N = 70) of the adults in the study were Caucasian-not of Hispanic or Latino descent; 27.9 percent were African-American (N = 36); and 10.1 percent (N = 13) were of Hispanic or Latino ancestry. These figures are comparable to the racial/ethnicity statistics for the Southern Nevada homeless population as derived by Preston et al (1999). Native Americans, Pacific Islanders, and Asians Asian-Americans comprised the remainder of the sample. One adult was not identified as to racial/ethnic heritage. Table 1 shows a complete breakdown of adult ethnicity by gender and household type.

The mean adult age was 35.57 years. The average age of the male partners in two-parent households was 33.26; the mean age of the female partner was 29.47 years.
Female heads of households were slightly older, with a mean age of 30.64 years. The single females were older still, with an average age at program entry of 43.42 years. This group also exhibited the greatest age range: the youngest member of the group was 18 years old, and the oldest was 74.

Table 1.
Ethnicity by Gender and Household Type

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Male parent of 2-parent household</th>
<th>Fem. parent of 2-parent household</th>
<th>Female head of household</th>
<th>Single women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>11</td>
<td>9</td>
<td>19</td>
<td>31</td>
<td>70</td>
</tr>
<tr>
<td>% within group</td>
<td>57.9%</td>
<td>47.4%</td>
<td>43.2%</td>
<td>66.0%</td>
<td>54.3%</td>
</tr>
<tr>
<td>African-American</td>
<td>7</td>
<td>7</td>
<td>13</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>% within group</td>
<td>36.8%</td>
<td>36.8%</td>
<td>29.5%</td>
<td>19.1%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>% within group</td>
<td>5.3%</td>
<td>10.5%</td>
<td>15.9%</td>
<td>6.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>4.5%</td>
<td>6.4%</td>
<td>3.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>5.3%</td>
<td>2.3%</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian-American</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>4.5%</td>
<td>2.1%</td>
<td>2.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total count</td>
<td>19</td>
<td>19</td>
<td>44</td>
<td>47</td>
<td>129</td>
</tr>
</tbody>
</table>

Twelve of the couples in the two-parent households were married. Of the female heads of households, over half (53.5 percent, N = 23) had never been married. The greatest diversity of response came from the single women. Seven of the single women (15.6 percent) reported being currently married; 13 had never been married (28.9%...
percent); fourteen were divorced (31.1 percent) and seven were separated but not divorced (15.6 percent). Another four women (8.9 percent) were widowed, and the three remaining files contained no information as to marital status.

Two-parent households were accompanied by an average of 2.42 children; female heads of households had an average of 1.14 children. The smallest two-parent family was 3 persons; the largest family had a total of 10 members. The largest female-headed family was 5 persons. Children in two-parent households tended to be younger, with an average age of 3.7 years. The average age of children in female-headed households was 5.8 years of age.

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**Table II**

Grade Level Achieved By Gender and Household Type

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Male parent, 2-parent household</th>
<th>Fem. parent, 2-parent household</th>
<th>Female head of household</th>
<th>Single women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 5-7</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>% within group</td>
<td>4.6%</td>
<td>1.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades 8-9</td>
<td>2</td>
<td>4</td>
<td></td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>% within group</td>
<td>10.5%</td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades 10-11</td>
<td>7</td>
<td>10</td>
<td></td>
<td>8</td>
<td>41</td>
</tr>
<tr>
<td>% within group</td>
<td>36.8%</td>
<td>52.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades 12</td>
<td>10</td>
<td>5</td>
<td></td>
<td>28</td>
<td>59</td>
</tr>
<tr>
<td>% within group</td>
<td>52.6%</td>
<td>26.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades 13-14</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>(some college)</td>
<td>10.5%</td>
<td>10.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>10.0%</td>
<td>7.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total responses</td>
<td>19</td>
<td>19</td>
<td>40</td>
<td>43</td>
<td>121</td>
</tr>
</tbody>
</table>
Data on educational grade level achieved was noted in 121 adult files. Of those, less than half (48.8 percent, N = 59) indicated completion of 12 years of formal schooling. Another 42 percent (N = 51) had gone no further than the 11th grade. 51 adults indicated they had earned a high school diploma, and 14 adults reported they had earned a GED. Five adults reported earning an associate's degree. A detailed breakdown of grade level achievement among groups is shown in Table II.

Over half the households (56.8 percent, N = 63) came to M.A.S.H. from emergency shelters. However, 15.3 percent (N = 17) had been doubling up with family or friends, and another 15 households (13.5 percent) had been sleeping on the streets, in cars, or other places not meant for habitation. Details by group are reported in Table III.

Each household was examined for the presence of four different personal issues or characteristics: substance abuse; mental health; physical health; and domestic violence. Problems with alcohol and/or other drug use were evidenced in 47.4 percent (N = 9) of two-parent households and 15.9 percent (N = 7) of female-headed households. One-quarter of single women (N = 12) evidenced AOD issues. Of the total households studied, 25.2 percent (N = 28) had indications of substance abuse or dependence.

Mental health issues affected 21 households, or 18.9 percent of the total. Single women were the most affected, with 31.3 percent (N = 15) having indications of mental health problems. Two of the two-parent households (10.5 percent) and four of the female-headed households (9.1 percent) revealed mental health problems.

Chronic health problems and/or physical disabilities were reported in 47.4 percent (N = 9) of two-parent households; 22.7 percent (N = 10) of female-headed households;
and 27.9 percent (N = 23) of single women. A chronic health issue or physical disability affected 42 households, or 37.8 percent of total households.

### Table III.

**Housing Prior to Entrance By Household Type**

<table>
<thead>
<tr>
<th>Previous Housing</th>
<th>Two-parent households</th>
<th>Female-headed households</th>
<th>Single women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street, car. park. etc.</td>
<td>3</td>
<td>2</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>% within group</td>
<td>15.8%</td>
<td>4.5%</td>
<td>20.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Emergency shelter</td>
<td>11</td>
<td>27</td>
<td>25</td>
<td>63</td>
</tr>
<tr>
<td>% within group</td>
<td>57.9%</td>
<td>61.4%</td>
<td>52.1%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Staying with family or friends</td>
<td>2</td>
<td>9</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>% within group</td>
<td>10.5%</td>
<td>20.5%</td>
<td>12.5%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Rental housing</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>% within group</td>
<td>5.3%</td>
<td>9.1%</td>
<td>4.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Staying at hotel or motel</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>% within group</td>
<td>5.3%</td>
<td>2.3%</td>
<td>4.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other transitional facility</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>% within group</td>
<td>5.3%</td>
<td>2.1%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Substance abuse or mental health facility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>2.3%</td>
<td>4.2%</td>
<td>2.7%</td>
<td></td>
</tr>
<tr>
<td>Total count</td>
<td>19</td>
<td>44</td>
<td>48</td>
<td>111</td>
</tr>
</tbody>
</table>

Almost one fifth (19.8 percent, N = 22) of households reported history of domestic violence. Eight female-headed households (18.2 percent), 3 two-parent households (15.8 percent), and 11 single women (22.9 percent) had experienced domestic violence.
A number of the households reported multiple issues, such as having a problem with both physical and mental health. ANOVA results indicated there was a significant difference between the three groups in terms of the number of issues reported ($F = 4.16; df = 2.108; p = .018$). Using Tukey’s HSD, post hoc testing revealed that single women showed significantly more issues ($M = 1.27; SD = 1.18$) than female heads of households ($M = 0.66; SD = 0.99; p = .019$).

The household constellations frequently changed during the reference stay (T1). Over two-fifths (42.1 percent, $N = 8$) of two-parent families experienced the departure of an adult partner during the T1 stay. In six of these cases, the father left the household; the mother departed in two cases. Five of the two-parent families (26.3 percent) experienced a reunification with an adult partner during the T1 stay. Reunification with one or more children during the reference stay was evidenced in one of the two-parent families (5.3 percent) and four of the female-headed households (9.1 percent). Two of the two-parent families (10.5 percent) experienced the departure of a child during the reference stay. Thirteen women gave birth during the T1 stay: 11 female heads of households (25.0 percent) and two mothers in two-parent households (10.5 percent). Overall, 52.6 percent of two-parent households ($N = 10$) and 31.8 percent of female-headed households ($N = 14$) experienced changes in the family constellation during the reference stay.

The average length of stay for two-parent households was 162.4 days, or around 5.4 months. Female-headed households stayed an average of 112 days, or around 3.7 months. Single women had the shortest average stay, at 61.6 days or around 2 months. The stays varied widely in length, as well. The minimum reference stay for a two-parent family was 26 days, and the maximum was 536 days or almost 1.5 years. The shortest
stay posted for a female-headed household was 15 days, and the longest stay was 419 days. The shortest stay by a single woman was 11 days, and the longest was 403 days.

ANOVA results indicated a significant difference between groups regarding the length of the reference shelter stay \((F = 7.96; df = 2/108; p = .001)\). Post hoc testing revealed that the length of stay for single women \((M = 61.56; SD = 68.14)\) differed significantly from those of two-parent households \((M = 162.42; SD = 132.71; p = .001)\), and from those of female-headed households \((M = 112.09; SD = 106.78; p = .038)\).

Family size at entrance was shown to have a significant positive correlation \((r = .002, N = 111, p = .002 \ [2\text{-tailed}])\) with length of the reference stay. Family size at entrance for subsequent stays did not show a correlation to length of stay, however.

Almost three-quarters of the households studied (73 percent, \(N = 81\)) departed the shelter voluntarily. However, 30 households (27 percent) departed due to inability or unwillingness to comply with program regulations. These mandated departures were evidenced in 42.1 percent \((N = 8)\) of two-parent households; 25.0 percent \((N = 11)\) of female-headed households; and 22.9 percent \((N = 11)\) of single women. A one-tailed independent t-test indicated that AOD use had a significant relationship with length of stay \((t = -3.22; df = 109; p = .001, \text{equal variances assumed})\). AOD use was listed as a reason for mandatory departure proceedings in 11 case files.

Data on housing status at exit was, unfortunately, incomplete; 15 case files contained no data as to housing status at exit. Of the 96 total households that had housing information. 28 households (29 percent) indicated they were leaving transitional shelter to stay with family and friends. 22 households (23 percent) left for rental housing. The
largest category, with 37 households, was "housing status unknown". Table IV shows a
detailed breakdown of housing status at exit by household type.

Table IV

<table>
<thead>
<tr>
<th>Housing status at exit</th>
<th>Two-parent households</th>
<th>Female-headed households</th>
<th>Single women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing status unknown</td>
<td>8</td>
<td>11</td>
<td>18</td>
<td>37</td>
</tr>
<tr>
<td>% within group</td>
<td>44.4%</td>
<td>27.5%</td>
<td>47.4%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Staying with family or friends</td>
<td>3</td>
<td>16</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>% within group</td>
<td>16.6%</td>
<td>40.0%</td>
<td>23.7%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Rental housing</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>% within group</td>
<td>27.7%</td>
<td>20.0%</td>
<td>23.7%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Subsidized or public housing</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>% within group</td>
<td>5.5%</td>
<td>10.0%</td>
<td></td>
<td>5.2%</td>
</tr>
<tr>
<td>Hotel or motel</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>% within group</td>
<td></td>
<td></td>
<td>2.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other transitional shelter</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>% within group</td>
<td></td>
<td></td>
<td>2.6%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Emergency shelter</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>% within group</td>
<td>5.5%</td>
<td>2.5%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Total count</td>
<td>18</td>
<td>40</td>
<td>38</td>
<td>96</td>
</tr>
</tbody>
</table>

Patterns of Recidivism

Overall, 34 of the 111 households studied (31.0 percent) returned to the
transitional facility. Recidivism varied by group, but not significantly. Four of the two-
parent households (21.2 percent) returned to the transitional shelter; 13 of the female-
headed households (29.5 percent) returned; 17 single women (35.4 percent) returned.
No statistically significant relationship was noticed between recidivism and housing status at exit from the reference stay. However, it is interesting, in light of the research, than none of the households who exited to public or subsidized housing returned to the transitional facility. All of the returning two-parent families arrived from an emergency shelter, as did most of the female heads of households (61.5 percent, \( N = 8 \)). However, one-third of the single women who returned to the shelter (\( N = 5 \)) had been living on the street immediately prior to their return to the transitional facility.

The single women not only posted the shortest time in the facility during the reference stay, they also posted the shortest time out before return. Over 70 percent (\( N = 12 \)) of the single women returned within six months, with a median time out of 4.3 months. In contrast, the median time out for female-headed households was 11.4 months, with 31 percent (\( N = 4 \)) returning within 6 months. One of the two-parent families returned within 6 months; two returned before the first year out was complete; the fourth family stayed out almost two years before returning. ANOVA results indicated a significant difference between the groups (\( F = 3.37; df = 2.31; p = .048 \)). The female-headed households (\( M = 501.46; SD = 445.39 \)) stayed a significantly longer time out than the single women (\( M = 185.47; SD = 219.60; p = .037 \)), by Tukey’s post hoc testing.

Two-parent families had the highest number of mandated departures for non-compliance with shelter policies. However, the household’s exit status had no significant effect on recidivism. Four of the female heads of households who returned, and five of the single women, had previously been asked to leave the transitional facility. This may speak to the facility’s perceived fairness in handling non-compliance issues; it may also be due to the limited availability of shelter space in the region.
Single women stayed almost twice as long ($M = 181.94$) for their second time in transitional housing than for their reference stay. Two-parent households, in contrast, stayed less than one-third the time of their reference stay ($M = 50.0$), while female-headed households stayed roughly the same amount of time ($M = 104.31$). The length of the reference stay did not appear to have a significant relationship with recidivism.

The family structure of two-parent and female-headed households was examined to determine changes. Of the 44 female-headed households, 31.8 percent ($N = 14$) had some change in their family constellation during the reference stay. Over half (52.6 percent, $N = 10$) of the two-parent households experienced a family change during their reference stay. Following these changes across time, seven of the female heads of households who returned (53.8 percent), and three of the returning two-parent families (75 percent), experienced some structural family change during their reference stay.

Significant structural changes also occurred during the time out of shelter in half of the two-parent households that reentered the facility ($N = 2$), and in 69.2 percent ($N = 9$) of the female-headed households who returned. In one of the two different two-parent families, the male partner did not return to shelter with the family. In the other, the female partner was absent at reentry, although she did reunite with her family one month later.

One female head of household gave birth during her time out of shelter, and returned accompanied by the additional child. The remaining eight female heads of households returned to shelter unaccompanied by their children. One was reunified with her children during the second stay; however, none of the others were accompanied by children during any subsequent stays at M.A.S.H. The whereabouts of the children were...
not indicated in the case files. These female heads of households had become, for the purposes of shelter accommodation, single women.

The changes in family dynamics created a tendency of members of one group to "crossover" to another group on their return stay. Four of the two-parent households returned; however, in one family, the male partner had disappeared and the household could now be classified as a "female-headed household". Following those changes, the population during the second stay was made up of 3 two-parent households, 7 female-headed households, and 24 single women.

The rate of recidivism decreased over time. Between initial entry and December 31, 2000, three of the original 19 two-parent families (15.8 percent) recorded three different shelter stays. Of the 44 female-headed households, three (6.8 percent) recorded three shelter stays; two (4.5 percent) recorded four shelter stays during the study period. Only one of the female-headed households, though, was accompanied by children for more than two shelter stays.

The highest rates of recidivism were found among the single women. Eight of the original 48 women studied (16.6 percent) had three shelter stays during the study period. Six (12.5 percent) returned to the shelter four times; 3 single women (6.3 percent) returned five times; two (4.2 percent) posted six shelter stays between initial entry and December 31, 2000.
CHAPTER 6

SUMMARY AND IMPLICATIONS

Discussion of the Data

While this study did not reveal any significant differences in overall recidivism between two-parent households, female-headed households, and single women, it did reveal some important differences in factors that may have an effect on recidivism.

Significant differences were noted between single women and one or both of the other household types in several areas. While each group revealed its share of issues, single women were more likely to have a combination of personal problems, including mental health issues, problems with alcohol and other drug use, physical fragility, and history of domestic violence. These findings are similar to those revealed in previous studies of single homeless women.

Single women in this study were more likely to have spent time on the street than either two-parent or female-headed households - both before the original stay and the subsequent stay. Single women were also more likely to have repeat shelter stays than either two-parent or female-headed households. This fits with the pattern of isolation, alienation, and unmet needs for social support as reported in earlier studies.

The dominant crisis facing two-parent and female-headed families, revealed in this study, were changes to the family constellation. These changes included reunification with an absent child; departure of a child from the shelter to another location; or birth of a
child. The pattern of family changes were evidenced during the reference stay and continued outside the shelter environment. These changes in family dynamics, and their effects on recidivism, correspond to the findings reported by Metraux and Culhane (1999) and Wong et al (1997).

Important differences were also revealed in shelter usage. Two-parent families had initial stays that were roughly three times longer than their subsequent stays. This pattern was reversed among single women, whose initial stays were roughly half as long as their return stays. However, all groups had wide variance in this area, with individual stays running from two weeks to almost two years. This study found no significant relationship between length of stay and recidivism. This is important, given that transitional shelter programming is designed as a long-term intervention. Lengthy shelter stays are generally considered necessary for participants to fully integrate the behavioral changes needed to achieve and maintain self-sufficiency.

The families with children tended to stay in shelter longer during the reference stay, and to demonstrate lower rates of return than unaccompanied adults. It would appear, then, that the presence of children has a modifying effect on recidivism. The difference in length of stay may suggest that the behavior of parents with children is less impulsive than that of single unaccompanied women. Parents may be more willing to accept limitations to privacy or personal freedom, in order to provide a secure environment for children. This is especially important in light of the “crossover” effects, demonstrated when homeless two-parent families return to shelter as homeless single-parent families, and when female-headed households return to shelter as single unaccompanied women.
Implications for Practice and Policy

Transitional shelter has traditionally been viewed as a "one-size-fits-all" intervention. Typical programming includes educational opportunities, job training, and life skills instruction—all designed to promote self-sufficiency. Little programming accommodation is made for the specific needs of different household types, however. Other than provision of on-site childcare and the inclusion of parenting classes to the mix. This study suggests that homeless single women have different problems and, consequently, different needs than do two-parent or single-parent households. As a result, programming should incorporate activities that address these different needs.

To respond to the alienation and isolation of homeless single women, shelters should consider incorporating programs that promote social interaction and help build social networks. Therapeutic group programs and other group activities can help nurture the skills needed to break through years of isolation and distrust. This could be of additional importance in regions such as Southern Nevada, where transience is high and few new residents have family support nearby.

To reduce the risk of female heads of households returning as unaccompanied women, single mothers should be helped to begin building supportive relationships outside the shelter system. This may include efforts to reestablish relationships with other family members. By strengthening those relationships before shelter exit—especially in the cases where residents leave to stay with family and friends—the possibility of making a successful break from homelessness may be increased.

The special needs of families should be addressed, and services should expand beyond parenting or babysitting classes. The stress of homelessness and shelter life
creates changes in family relationships that may undermine the family's ability to transition out of homelessness together. Families should be offered therapeutic help to develop tools to address painful or difficult issues that arise both as a result of homelessness, and as a result of shelter life. Special attention should be given to the needs of children as well as adults. Additionally, shelter rules that break up families should be rethought, given that family instability seems to have a detrimental effect on the ability to transition out of homelessness.

Case management services in transitional programs should be extended to households after program exit. This will continue the social supports developed inside the shelter, providing a network of relationships to draw on should problems arise. By continuing case management services through the transition to independent living, families and individuals will have help to meet challenges of the world outside the shelter environment.

Philosophically, the myth of self-sufficiency should be abandoned. Successful families and individuals do not "go it alone" – they receive support from a wide range of social networks, including family, friends, churches, affinity groups, on-the-job relationships, and more. By focusing on self-sufficiency and individual success, transitional shelters fail to help disaffiliated individuals regain a sense of place in the wider community.

From a policy standpoint, the overarching needs of families in America should be addressed, especially as they relate to inequities in wealth, housing, and gender issues. The vast gap between minimum wage earnings and minimum housing costs must be reduced. Provision of affordable housing must become a priority for states and localities,
and must be supported by federal funding. Healthcare for families, and safe, affordable childcare for working parents must also be made available. Lack of these social supports contributes to the increasing numbers of homeless in our communities.

Finally, research should be directed towards ways to build social capital among the homeless. The feelings of alienation and isolation reported by many homeless persons, especially women, do not disappear with the provision of shelter. They can only be reduced by building connections to other individuals, neighborhoods, and the larger community. Those of us in the helping professions must look for new and innovative ways to reach out to the poor and dispossessed. In order to truly help the homeless, we must look for ways to build community for all of us.
BIBLIOGRAPHY


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