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Women and Homelessness: Evidence of Need to Look Beyond Shelters to Long Term Social Service Assistance and Permanent Housing

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Based on two surveys of staff in 25 homeless shelters in the San Francisco Bay area, this study focuses on services to homeless women and their children. Both the advantages and disadvantages of shelter living are discussed, as well as obstacles to moving homeless women and their children into permanent housing. The survey finds that there is a need for rapid movement out of the shelters and a concomitant need for long term social services.

The laudable goals of shelters include providing a safe environment for women and their children when they are evicted, homeless or they wish to leave situations of domestic violence. Services at these shelters vary in type and quality and include support groups, legal counseling and specialized services to children (Shinn et al., 1990).

These shelters are serving homeless families in America, a growing population (Burt & Cohen, 1989; Breakey and Fisher, 1990; Weitzman, Knickman and Shinn, 1990, Child Welfare League, 1989), growing to the point where in some states a fourth to a half of the homeless are families, possibly over three-fourths of a million persons, according to Bassuk (1988) and National Coalition for the Homeless estimates. In the City of Oakland, homeless families represent over two-thirds of those in shelters (Home Base, 1989).

The U.S. Conference of Mayors 1988 survey in different cities found that a third or more of the homeless were families, yet,

only eight percent of the shelters, nation-wide, accommodate families. A number of these are shelters for battered women (McChesney, 1990).

This article, based on a 1989 survey of *staff* of 25 shelters in the San Francisco Bay Area that serve women and their children, and a 1991 follow-up survey of the same shelters with the same questions, describe shelter life, its effects, and that of homelessness, on mothers and their children. In doing so, we believe it gives evidence to support the contention that shelters should be for very *temporary* assistance (Stoner, 1989; Bassuk, 1986) and agencies serving families must look beyond them to provision of both housing and counseling to insure permanent housing and provision of long term social service assistance related to each family's particular needs (Fallis & Murray, 1990).

This 1989 survey was conducted through interviews of two or more staff in 25 shelters, with only one-third specifically battered women shelters: the 1991 follow-up survey provided data on recent changes. The surveys cover a wide variety of shelters serving homeless children and their mothers and investigate in detail the various aspects of their shelter situation. The article then discusses the difficulty in moving women and their children to permanent housing due to the housing affordability crisis and other barriers such as discrimination (also covered in Huttman, 1991; Levine, 1989).

Advantages and Disadvantages of Shelter Living

Positive Aspects. The worth of shelters for battered women in providing a transition from violent domestic environments and of other family shelters for poor women with other social problems is well-documented and is not disputed in this article. The authors instead address the need for quick movement of mothers and children out of these shelters to permanent or transitional housing due to the negative effects of shelter living in general; and speedy movement from crisis counseling to long term social service assistance according to each mother's needs. Tracy and Stoecher (1991) found staff also seeing this long-term need but unable to find resources to meet it.

Of course on the positive side, for the short term, besides counseling and a support system, the shelter of course gives

immediate housing as an alternative to their present violence-prone and/or housing-deficient environment. Our interviewers also reported that staff felt the centers had a number of positive attributes for children from violent homes. Children often undisciplined or out of control before coming to the centers, through staff effort and support, were able to learn the limits to their behavior. Mothers learned alternative and nonviolent discipline techniques. Since a number of the children were abused as reported by staff, this was useful. Staff and volunteer attention to the needs of the children helped to lessen children's aggression which Redmond and Brachmann (1990) found had often developed before the children came to the center. Redmond and Brachmann also found children reporting feeling safe at the centers. Enjoying play with other children and staff, and often finding a more attentive environment than they had experienced at home. In our 1989 and 1991 studies the shelters' day care program (or that of an affiliate) gave the children more structured and educationally-oriented periods of the day than found in the past at home. They were also eating at regular intervals and developing a routine often formerly lacking in their homes. In our surveys, staff felt their efforts often improved the mothers' care of the children because of role modeling. The mothers could also enjoy some respite because of the supplemental care.

Mothers also experienced positive aspects of shelter living. By dealing with their family problems in this setting, the mothers' ability to cope with their problems was often enhanced. Cooperation and sharing with other mothers in the shelters created positive group efforts for change. Agency demands that the women look for housing and jobs provided some women the needed incentive, with support, for them to take their lives in their own hands. According to staff, a number of mothers became more assertive. When asked what were the most noticeable strengths or positive behaviors and attitudes of these homeless mothers, 75 percent of interviewed staff said (table 1): "adaptability/perseverance;" fifteen percent said "optimism;" and for shelter children, 57 percent of staff said "adaptable/flexible" and 28 percent said "independent/ responsible" and 15 percent said "loving/protective, etc."

Table 1

Redmond and Huttman 1989 Survey of Shelter Staff

Staff at twenty-five San Francisco Bay Area shelters representing 11 cities responded to these questions. Interviews were attempted with two staff at each center. Variation in number of responses is due to multiple responses by some staff.

	Percent	Responses

Question 1 — What are some of the most striking characteristics, or behaviors displayed by the homeless children?

	Percent	Responses
Depressed/Withdrawn/Insecure	51%	(37)
Aggression/Anger	29%	(21)
Other (Physical neglect, illiterate, no answer)	20%	(14)

Question 2 — What have been strengths, or positive behaviors and attitudes noticed in the children?

	Percent	Responses
Adaptable/Flexible	57%	(30)
Independence/Responsible	28%	(15)
Other (loving, protective)	15%	(8)

Question 3 — What are some of the most striking characteristics, or behaviors displayed by the mothers?

	Percent	Responses
Depressed/Stressed	44%	(34)
Unmotivated/Dependent	20%	(15)
Poor Domestic Skills	12%	(9)
Angry/Defensive	10%	(8)
Other (drugs, suspicious, no answer)	14%	(11)

Question 4 — What have been strengths or positive behaviors and attitudes noticed in the mothers?

	Percent	Responses
Adaptability/Perseverance	75%	(39)
Optimism	15%	(8)
Good Parenting Skills	8%	(4)
Other (no answer)	2%	(1)

Table 1 continued

	Percent	Responses
Question 5 — What would you say are two of the most noticeable emotional problems faced by the mothers?		
Guilt/Fear/Anger	39%	(36)
Concern for future	28%	(26)
Depressed/Hopeless/Alone	15%	(14)
Loss of self esteem	13%	(12)
Other (drugs, no answer)	5%	(5)
Question 5 — What would you say are two of the most noticeable emotional problems faced by the children?		
Confused/Insecure/Withdrawn	55%	(37)
Anger	13%	(9)
Fear/Abandonment	13%	(9)
Other (learning difficulties, lack of friends, growing up too fast)	19%	(13)

Negative Aspects of Shelter Living. The emotional problems of women and their children living in shelters was repeatedly emphasized by interviewed staff in these 25 shelters serving mainly families (also see Molnar et al., 1990; McChesney, 1990). To varying degrees, these emotional problems had developed prior to contact with the shelters; due to family violence, substance abuse, and poverty conditions as well as general mental health problems. From our studies and Redmond's and Brachmann's earlier one (1990), it is clear that most of the children had lived traumatic lives before coming to the shelters. High levels of emotional, physical and sexual abuse were reported for both mothers and children.

The emotional problems of children and parents are often exacerbated by homelessness (Hughes, 1986; Molnar et al., 1990; Weitzman et al., 1990). It is often difficult to sort out prior effects of poverty and/or abuse on the mothers and children from the immediate effects of homelessness. However, there were indications from the surveyed staff and from other studies,

that certain characteristics of shelter life often serve to intensify emotional problems faced by this group (Huttman, 1992).

   Shelter Children's Problems.   In our surveys over half of the staff responses stated that the characteristics or behaviors of homeless children most noticeable to them related to depression and being withdrawn, confused, and insecure. About one-third of the respondents saw anger from children over their present situation, and aggression by these children as being their most noticeable emotional characteristics (See Table 1). They were acting out their unhappiness with the situation; some were acting out to get staff and volunteers' attention. Others were simply very withdrawn. Boxill and Beaty (1987) found similar reactions in their study of homeless mothers and children in a public night shelter. They said "some of the older teens had given up on trying to make the best of a bad situation. They sat silently, sadly and alone. Their words were "I'm okay", but their body language says, "please don't see me. I can't decide how I want to be seen." They said some children showed contradictory behavior; "they avoided conversation with adults, moms or volunteers; they returned shortly with verbal or physical demands for attention."

   Insecurity of the children was another emotional characteristic noted by the respondents of our survey. When asked about unusual fears in the children, approximately half of the staff responses cited fear of abandonment as common (also true in the Daly (1988) study). Some children feared that their mothers would abandon them because of no housing or because of drugs. Some of the children feared that the "welfare people" would take them away from their mothers. Many children were very possessive, clinging to their mothers and crying at any separation, staff told our interviewers. McChesney in their interviews with shelter mothers and children in Los Angeles also found crying and clinging, along with sleep disorders and nightmares (McChesney 1990; 1987). In addition, McChesney found that the very young children experienced developmental delays, they didn't walk, talk or sit up on time. And the children in some cases exhibited developmental regression such as a 12 year old reverting to wetting the bed at night or, for another child, moving from being potty-trained back to diapers.

Older children in our surveys were found by a significant segment of interviewed staff to take on almost adult roles; to be very independent and responsible. Many of the children had become "parents" of younger siblings. Some staff reported instances of role reversals where the children were taking over parenting roles, even making decisions for mothers unable to cope. Personnel often cited the loss of innocence or of childhood as being very common among these children. Boxill and Beaty (1987) also observed teenage girls becoming surrogate mothers who "disciplined, fed, bathed and bedded younger siblings," and "took the leadership in preparing sleeping space and caring for younger siblings." Boxill and Beaty feel mothers had not entirely abdicated their responsibility but "were being soothed and nurtured by the efforts of their older children." (Also see Molnar et al., 1990).

Many of the children suffered from the severe instability of the situation, with the uncertainty as to where home was. Some staff reported that children worried much about the future. Even though these shelters for families did not put them out on the street each day without knowledge of whether they would get back in at night, as is true for many large public shelters, the feeling of lack of permanency of this accommodation existed (Shinn et al., 1990). Redmond and Brachmann (1990) in an earlier study found children dreamed of a better home. The main wish some gave was "that we can be safe and happy;" for others it was that "we have some place to stay." Hughes (1986) found children in shelters for battered women had fantasies about a different home life. (Also see Huttman, 1992).

In these studies of children in shelters, a major theme was the ambiguity of the situation. There was uncertainty about "tomorrow". They considered themselves different from other children (in the Kozol (1987) study of welfare hotels, children called themselves "hotel children," as did the less friendly children at school.)

The school situation was noted as a problem for homeless children in our study. Of the surveyed staff a number mentioned that the children felt ashamed in the school and tried to hide that they were shelter children. Some did not attend school. One shelter for families tried to work with the local school on

meeting the emotional and educational needs of the children. In two shelters, a school was provided (most shelters had day care). Many are behind in school, slow learners, forgetful of their ABC's (Daly, 1985).

In our study, we found children also suffered from the effects of the characteristics of the shelter environment such as communal eating and bathroom facilities with their unhomelike atmosphere (Hu et al., 1989; Wright, 1990); crowding in one room; and general lack of privacy. In addition they suffer from the noise and high population density as well as limited play space. All these problems, one San Francisco shelter director concluded, affected the homeless child's ability to move toward normal adulthood. He said:

> "The long-term effects of homelessness are much more severe on children. How can they develop a healthy self-image? Parents who must devote all their energy to the fight for survival often ignore the educational and emotional needs of their children, according to those who have worked with homeless families. The children live without privacy or the opportunity to develop normally." (Mark Story, quoted by Gorden, 1987).

Mothers' Emotional State and Shelter Living.   Staff, when surveyed about the emotional situation of mothers (1989) said they see them as often depressed when in the shelter and above all had feelings of "guilt, fear and anger." (See Table I) Some staff saw "stress over concern for the future" taking an emotional toll on these mothers. The fact that these mothers have to play the mothering role in a large public setting might also have a negative effect on the mother. Boxill and Beatty (1987) state that for their public shelter:

> "Someone other than mother decide when and where the family should rest, bath or secure housing and health care. Others determine when her family eats, evaluate her abilities as a parent, judge her need for supportive services, parent training for fitness to retain custody of her children."

In these shelters they say: "mother/child relationships are out of order. The absence of a home distorts the role of mother and child. Mothers lose opportunities to act as primary nurturers, teachers negotiators, and survival guides. A host of

rotating volunteers, human service professionals and varied strange intruders... assume with confidence and authority the functions normally and previously assumed by mother."

Characteristics of the Shelter Environment—A Problem. Above all, the makeshift temporary nature of shelters is responsible, as the above indicates, for many of the mothers' problems, even though they came to the shelter with unfortunate circumstances. These surveys of 25 shelters for families provide information about the general characteristics of these shelters. These shelters are small and in most cases, interviewers found, homelike. The majority of the shelters surveyed house only families, though a few also serve singles; and almost a third are concerned mainly with battered women. The families have a type of communal living in most, although one shelter actually has apartments, and in most the family has their own room. Many are converted houses, often in pleasant neighborhoods, but the inner city ones have more crowded quarters and the facilities are used for several functions, including religious activities for several, a senior's lounge for one, and a restaurant.

These shelters as a family place to live could be distinguished from the normal family "home" not only by the above aspects (Huttman, 1992) but because the meals are communal. The meals are sometimes provided by staff and volunteers, though in many shelters the women share cooking and other housekeeping responsibilities. Living is not family-centered but groupcentered with most activities in a public place. Agency personnel and volunteers control eating, sleeping and recreational hours.

The surveyed shelters have regulations that make them unhomelike. With many children in residence and few staff, such regulations become mandatory. This however produces an institutional atmosphere. For example one shelter has an 8:30 p.m. curfew and allows no visitors except family.

Many of these shelters have rules on discipline for children, especially outlawing physical discipline. Some shelters have rules demanding users attend counseling sessions. Those shelters with religious orientations encourage participation in religious services. Shelters often have rules regulating use of kitchen facilities.

The most unpleasant regulations concern closed daytime hours. These impede a normal family living situation, forcing families to wander the streets during the day, possibly with one or more children in day care. Some shelters were closed all day but most were closed in the mornings; in most they could return in the afternoon. Many of our surveyed shelters, especially the ones for battered women, have day care facilities on site or nearby; two have schools of their own. One inner city shelter has a 24 place school serving shelter children and also children of ex-shelter parents. In a few shelters women share the day care job. One has a special afternoon and evening program for children. However, some have no programs for children, so not only mothers, but children are relegated to the park, library or other facilities during the morning or day. Of course, the expectation is for the woman to be looking for permanent housing and for a job, difficult tasks with children along. This unpleasant situation is common. In the Congressional Hearings on the effect of homelessness on children (1987) the Association for Children in New Jersey complains of this aspect of shelter life and how parents have the problem of caring for small children during the shut-down period at the same time they are looking for housing.

The major aspect of the shelter that reminds one it is temporary accommodation assistance, is the limit on the number of days of use. Unlike the massive city dormitory-type shelters with their short stays, in these family shelters it is usually fairly long. Normally it varies from a few weeks to two or more months,, with shorter stays in the inner city shelters (Shinn et al., 1990). Some have transitional housing. All these characteristics show the shelter as a short term way-stop for the family after the loss of their home; they do not show it as a long-term solution (McInar, 1990). It is too institutional, too communal, too makeshift.

Long-Term Services Needed for Women and Children. These findings indicate short term shelters are not the answer. The data show that homelessness produces extremely negative socio-psychological effects for homeless mothers and their children, many of whom already had problems in their lives before becoming homeless (Weitzman et al., 1990). Shelters often have

limited resources for meeting the societal factors, such as lack of affordable housing or employment, that are a major cause of homelessness. As Tracy and Stoecker (1991) reported in interviewing shelter and transitional housing service providers, these providers found systemic approaches (to housing provision etc.) outside their capacity. While these providers saw the ideal solution "building and/or rehabilitating to provide safe, affordable housing," they mainly saw themselves trying to improve the individual's coping capacities to meet society as it is, to apply a "bandaid".

These research findings indicate that emergency services, while crucial, are not the long range solution to problems with deep seated etiology. These findings finally show that the major problem of these homeless families is the lack of proper economic, psychological, environmental and social support systems—as well as housing. These points are made in reports by Thorman (1988); Bassuk and Rubin (1987); Hughes (1986). What is required is a long term response, with a coordination of health, employment, as well as mental health services, and, of course, housing assistance. Help should be in terms of a continuum rather than the current patch-work approach to meet particular needs in a time of crisis.

Shelters as the Main Answer to Homelessness. These arguments on the worth versus negative effects of shelters are especially important, because shelters have become the major new institution in our society. Homeless advocates and government legislators have subscribed to a three tier housing plan. Short term care shelters are the first tier. Transitional housing is next. Permanent low rent accommodation is the third. As Hoch and Slayton (1989) state: "emergency and transit shelters have created a response to compassionate appeals but officials and the public are slow to take up the cause of affordable housing for the poor." They add: "municipal officials once they acknowledged the problem (of homelessness) quickly began to lobby for additional federal funding for shelters...In Chicago the number of emergency beds skyrocketed...(Nationwide) the level of public funding allocated to support the operation and rehabilitation of shelters increased from $277,000 in 1982 to $6,597,000 in 1989." They also speak of a "new generation of

multi-purpose large-scale shelters (that) have recently been con-
structed." Even advocates, who realize the need is to go beyond
these shelters to permanent housing, (Hope and Young, 1986),
still are mainly pressuring for this stop-gap housing at city halls
or state legislatures. Hope and Young give many examples of
advocates pressuring state and municipal governments for more
shelters. As they say: "only a few private groups have the time,
trained personnel and financial resources to move people into
permanent housing." And they add: "even when municipal
governments do face the homeless issue they generally think
only in the framework of emergency solutions, solutions that
often become more expensive than long term arrangements".

Hoch and Slayton (1989) add: "although most large shelters
are unpopular with the homeless and their advocates, they re-
main the primary source of housing for the homeless in big cities
because of their own operation cost." (Below we argue whether
this cost is not so low, taking into account indirect costs and
their quality and temporary nature, all factors Hoch and Slayton
themselves emphasize). Hoch and Slayton complain that the
city may pay as much as $3000 per month in 1986–7 to house a
family of four in a single room in a New York SRO.

The data shown below, confirms that the government,
through the McKinney Act, has in the last few years continued
to focus on use of temporary accommodations for the homeless.
Before giving that data however, we must point out that the
1990 housing legislation, with its help for 240,000 households,
makes some attempt to move away from this approach. But we
argue that shelters and related services are still the main focus of
aid to the homeless, and represent a superficial approach (San
Francisco *Chronicle*, October 1990).

The federal McKinney Homeless Assistance Act of 1987 has
been the main federal source of housing assistance for the home-
less, although considerable funds from the federal Community
Development Block Grants (CDBC) have also been used for
such, as well as state funds and even local funds. The several
billion for the McKinney programs, 1987 through 1990, include
monies for the part called the HUD Emergency Shelter grants.

Another smaller funding part is the Transitional Housing, or
supportive housing, with less communal and more apartment-

like facilities for families. Though often lacking cooking ameni-
ties, these usually have support counseling and services.
Another minor program of the McKinney Act is the Section
8 ten year rehabilitation for SROs (transient hotels). In addition
there is an ADFC Homeless Demonstration project which for
FY 90 helps give a rent supplement to the AFDC payment for
those homeless, and in some cases for those finding permanent
homes. As one can see most of this funding is for temporary
shelter assistance. Ironically, because the government in the
past has provided so little subsidized housing and otherwise
abandoned giving help for low rent units, in the McKinney
Act the federal government must also give funds for housing
counseling which, under present conditions is sorely needed,
even though, due to the shortage, it often leads to blind alleys,
with no cheap units to be found. The McKinney money in
one county in California even went for sleeping bags. (Contra
Costa, 1988).

Funds under the McKinney Act are also for a variety of food
programs, again made more necessary in a housing shortage
situation where apartments are not available so people live in
transient hotel rooms, motels, or shelters without cooking facil-
ities, and thus need soup kitchens and the like. The McKinney
Act includes funds to help with health problems caused by
street and shelter living, and educational problems of shelter
children who because of their housing circumstances get behind
in school. Again, the non-permanent nature of the housing
causes a problem that the McKinney Act tries to address, a
problem much less likely to be there to pay for if permanent
apartment units were available.

The high cost of providing temporary shelter can also be
shown from figures on costs of welfare hotels and motels. The
city using such, has a monthly outlay, per household, of $1000
to $1500 per month, or $12,000 to $18,000 per year. In addition
if it is judged the teenage children should not be kept in such a
facility, there is added cost for foster care. In 1987 The Associ-
ation for Children of New Jersey, in Congressional hearings on
homeless families, gave shelter costs at transient hotels/motels,
without cooking facilities or other normal amenities, as $720 for
a parent and child, or $1084 for a parent and two children. In

New York and San Francisco, heavy city users of welfare hotels, it is much higher. In New Jersey, they added $227 for every child put in a foster home, so that a family of four, with one teenage child in a foster home and the others in a transient hotel room, would cost the government, $1111 per month. Few apartments in New Jersey in 1987 cost more than this, and the normal benefits would be family unity and a normal "home" atmosphere.

This New Jersey study also illustrates that the AFDC payment ($404 for a family of three in 1987) falls below HUD's allowable fair market rent for the area ($492), indicating that the whole AFDC benefit would not cover the cost of an apartment. Even if the government gives a larger subsidy, such as under the McKinney Act, it hardly covers the cost of housing and means that many AFDC families cannot pay the rent. When evicted, if placed as homeless in a welfare hotel, it would cost the state at least $1084 a month. Many experts have decried the government's use of such expensive, and deteriorating, temporary accommodations. Rossi (1989) has complained that these hotels are not only bad for families but expensive for the city, in New York costing the welfare department three to four times the going rent for low cost apartments. Thorman (1988) in his denunciation of these costly units, describes them as old dilapidated buildings where clean linen and bedding are rare and rats and vermin share rooms with the residents. He adds that they are often dangerous places where robbery, rape, assault and drug dealing are common. And Kozol, in describing New York's Martinque Hotel (1988) says "it is hard to do full justice to the sense of hopelessness one feels on entering the building." Yet this is what housing money in many cities goes for.

One can even question use of funds to rehabilitate such hotels, especially since the rehabilitation is often patchwork of an inadequate living arrangement in an inner city area. Sometimes such rehabilitated units may adequately serve single homeless but if used for families, the appropriateness is questionable. And these rehabilitation efforts are not cheap. For example, in late 1990 in San Francisco a 61 unit Cambridge Hotel cost more than $1.3 million to be brought up to standard by the San Francisco Chinese Community housing group (the $1.3 million was the

amount this group got from bond measures 77 and 84 and not total cost). The Midori and El Dorado Hotels, 134 units, run by Conard House Inc., received $3.4 million for rehabilitation. (Bay Area Council Housing and Development Report, January, 1990).

Certainly investment in apartments that have long term use and a homey, non-temporary, atmosphere seems a better use of government money. A twenty unit apartment building could be built for around $2 million in many parts of the country ($100,000 a unit); substandard or abandoned housing might be renovated for somewhat less. With a mortgage and low property tax, these units would have carrying charges of $1100 to 1300 a month, including insurance. This amount is the same as the cost cities now pay for a room in a welfare hotel or motel; and while somewhat higher than costs and purchasing and rehabilitating a shelter (at about half a million for a Contra Costa County Pittsburgh shelter) there are tremendous advantages of apartments over such shelter. And of course the investment in apartments is an investment for 20 to 30 years for the unit, hardly a situation true for the shelter or the welfare hotel. The monthly charge paid for a private non-upgraded hotel room by the city is money spent today and never seen again. An apartment unit lasts for decades.

Adequate rent subsidies for apartments, while not providing additional permanent low rent housing are still better than putting the money into temporary shelter assistance. At present the Section 8 rental subsidies have fair market rents so low in many areas, that those certified to use the program cannot find a unit with a rent acceptable to HUD; in San Francisco in 1989 40 percent of those with Sec. 8 certificates could not find a rental (Huttman, 1991). Secondly, there are not enough certificates due to program cutbacks, so one million nationwide are waiting for such (Dreier, 1988). Increasing the amount of rent subsidies and the number of people covered would prevent evictions causing homelessness. Additionally programs assisting with the first month's rent, last month's rent, and a deposit, would help. Such programs exist on the state level in California and elsewhere for a limited number.

Other Costs of Use of Short-Term Housing Accommodations. The nature of shelters and welfare hotels means other indirect

costs to the government, either now or at a later date. These include health costs, deviant behavior costs such as for teenage delinquency, educational costs for children kept out of school and unemployment costs.

Long Term Housing Needed

While the above description of shelter life has indicated that stays should be of short duration and that transitional or permanent apartment units should be found quickly, this is not currently easy to accomplish. (U.S. Senate Subcommittee on Housing, Homelessness in America: The Need for Permanent Housing, 1989). Few "transitional" housing complexes exist even though many homeless women need such a supportive home environment (Salvation Army 1989), with their own apartment for satisfactory family living, counseling for their emotional needs, and possibly for substance abuse needs.

Apartments at reasonable rents are now unavailable in many cities as we face a private housing rental crisis. (U.S. Conference of Mayors, 1989). It is lacking to such a degree that a housing counseling service is urgently needed to help these mothers, already burdened with children, emotional worries, and financial and employment problems, to do their housin search.

This shortage of affordable housing, one could say, is partly due to the federal government trying to save money and keep out of the housing subsidies arena. Authors of a *Harvard Business Review* article state, the government abandoned its role as a catalyst for affordable housing production. "The Reagan Administration cut the federal housing budget by nearly 75 percent from $33 billion (in 1981) to $8 billion (in 1987)." They add: "this reduction places our federal housing investment well below that of any other industrialized country on a per capital basis—a major reason for the recent epidemic of homelessness. The U.S. Conference of Mayors reports that the number of homeless has grown by almost 25 percent each year since 1983" (Dreier, Schwartz and Greiner, 1988).

Lack of subsidized units has been long a problem causing waiting lists for public housing in all major cities (Huttman and

Franz, 1989), hitting a total of over one million (San Francisco *Chronicle*, 1990) with another million waiting for rent subsidies.

Some 6.6 million pay more than half of their incomes for rent, often in substandard housing. Vacancy rates are very low for even median rent units in most northern central cities (Huttman, 1991). Rents keep increasing (Bay Area Council, 1991; Hartman, 1991); in San Francisco median rents were around $950 in late 1990, and Oakland, $600 for two bedroom apartments. Loss of transient hotels was dramatic, 1975–1981, in New York City from 50,454 to 18,853. Conversion and demolition, nationally, meant displacement of 1.7 to 2.4 million persons by 1981 (Palen, 1988; Appelbaum, 1991).

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Appendix

The 1989 Survey and its 1991 follow-up of the same shelters are an extension of an earlier study by Redmond and Brachmann (1990) in which the experiences of homeless mothers and children were examined on three levels; participant observation, formal interviews with mothers and children, and interviews with staff. These studies increased the sample size of the latter component; in the 1989 survey we selected forty shelter staff from twenty-five homeless shelters in the San Francisco Bay Area. All staff interviewed had direct contact and responsibility for meeting the psychological and/or social needs of the mothers and children in their facilities. In the 1991 survey staff of these same 25 shelters were interviewed, with the same questionnaire; changes in perceptions and shelter situations were noted.

Data were collected regarding the professional's perceptions of major psycho-social problems and strengths of both homeless mothers and children, services offered by their facilities, gaps in services and their suggestions for addressing some of their most salient concerns. Precautions were taken to protect the identity of all involved.

For the 1989 study these face to face interviews were conducted on site and lasted between thirty minutes to one hour. While most of the staff interviewed were trained social workers or psychologists, a few respondents were para professionals with experience in the field. In the 1991 follow-up survey staff were again interviewed on site.

In the 1989 survey the research plan was for two human service providers from each of the twenty-five shelters to be interviewed. The final sample included twenty-five shelters and forty

interviews: Fifteen facilities where two staff were interviewed and ten facilities where one provider each was interviewed. The nonresponse was due primarily to the unavailability of facility staff for interviews within the time of the research. While the sample size of 40 human service providers may seem small, it represents contacts with over 1300 homeless mothers and children annually (Emergency Services Network Report 1987).