



**PATHWAYS TO AND FROM HOMELESSNESS:
WOMEN AND CHILDREN IN CHICAGO SHELTERS**

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EXECUTIVE SUMMARY

For the past several years, the number of women and children seeking shelter from the City of Chicago's Department of Human Services (CDHS) during the warm weather months has far exceeded the supply of shelter beds. Officials at CDHS wanted to know whether this increase was related to external factors, such as the demolition of public housing units, or to public policies, such as women reaching the 60-month time limit for receipt of TANF (cash assistance).

The City of Chicago is determined to end homelessness by 2013 with a "housing first" policy, significantly reducing the number of shelter beds and creating interim housing and increasing permanent housing linked with the necessary social services. By providing more stable housing along with linkages to mainstream resources, the City believes that it can better prevent recurring homelessness. Current information about the causes of family homelessness, as well as the needs of homeless women and children, is critical to the City as it implements its new programs.

To better understand the situations of the women and children currently homeless, CDHS, in collaboration with the Ounce of Prevention Fund, commissioned the Center for Impact Research (CIR) to undertake a study focused on this population. CIR conducted structured interviews with 45 homeless women living in emergency shelters in Chicago during May, June, and July 2003. Shelter supervisors and staff were also interviewed for their observations on the needs of shelter residents. The study provides critical information and insight that can inform CDHS policy and practice vis-à-vis homeless families in Chicago within the limitations of the scope of the study.

The Sample

- A majority of the women had four or more children and were less than 20 years old when they had given birth to their first child; 36% did not have all of their children under 18 with them in the shelter. The mean number of children was 4.3; 40% of the women had five or more children.
- The majority of the women were born in and lived all their lives in Chicago, or had moved to Chicago while young.
- The majority of the women (56%) did not have a high school diploma or a GED certificate.
- Over one-third of the women reported serious health problems.
- The majority of the sample (89%) reported that they did not have a criminal record.
- Over one-half (56%) of the sample disclosed that they had been victims of domestic violence, twice the prevalence found in national research samples.
- Over one-third of the respondents (36%) stated they had suffered physical or sexual abuse in their childhood home.

- Three-fifths (60%) of the women were not receiving child support or TANF (cash welfare assistance) at the time of the interview.
- All of the school-aged children were in school and only a small minority of those eligible for Head Start or preschool were not enrolled.
- The majority of the mothers reported that their children were not suffering from serious physical or mental health problems, but that being in the shelter was traumatic for their children.
- The majority of the women had been in homeless shelters on more than one occasion, with a mean number of stays in a shelter of 1.6. Women with six or more children experienced more shelter stays, with a mean of 2.3.

Factors Contributing to Homelessness

- In approximately one-half of the cases (48%) the women's housing arrangements that had broken down involved living with others, mostly extended family members or husbands, partners, or boyfriends. These women had never lived independently.
- In about 29% of the cases, loss of employment was the immediate cause of homelessness. Most of these women had not been employed at any one job for a substantial length of time, but rather cycled among low-paying entry level, temporary, or seasonal jobs.
- In 22% of the cases, domestic violence was the immediate cause of homelessness. In many of these situations the abusers had prevented the women from working, with the result that when they left the abuser they had no money or work history.
- In 13% of the cases, increased rents, buildings going co-op or being sold, condemned, or destroyed by fire or natural disaster disrupted housing arrangements.
- In 13% of the cases, illness, hospitalization, and high-risk pregnancy caused loss of employment leading to homelessness.

Recommendations

Our research finding of five general types of situations leading to homelessness indicates that effective approaches to interventions must be designed to address these different conditions. For this reason, the recommendations are organized around the needs of the specific groups of women identified in our research.

The many large families contained in our sample challenge Chicago's social service delivery system. Subsidized housing and housing units of sufficient size for these families are currently lacking. We recommend that the City Department of Housing and the Department of Human Services establish a task force to further study and plan how to meet the needs of these large families for subsidized housing.

Women who have never lived independently need TANF benefits and assistance with child care so that they can participate in job training programs and look for work. Without benefits these women are at risk of becoming trapped within the shelter system. The City and the State Department of Human Services should work collaboratively to ensure that all women in shelters who are eligible for TANF have access to these needed transitional cash benefits.

Women who are domestic violence victims need specialized assistance for themselves and their children and should be housed in domestic violence shelters where their needs can be met.

All the types of situations found in our sample demonstrate the need for social services to intervene at critical points before the families arrive at a shelter. The interviews revealed the many times that women's housing arrangements deteriorated and they then took other steps, such as boarding with family and friends or renting apartments they could not afford, before turning to a shelter. Intervention at this early critical point might help to avoid a shelter stay. Families living on the edge for years before they come to a shelter can be assisted much earlier if the services were available and women trusted that they would not lose their children to the child protective system if they accessed them.

Children in shelters understandably suffer trauma due to the fears, insecurity, anger, depression and upset about their situation. The needs of these children are currently going unmet. We recommend that the Illinois Department of Children and Family Services and the Chicago Department of Human Services work collaboratively with experts in child development to determine how best to help the children while their family is in crisis.

INTRODUCTION

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The City of Chicago is determined to end homelessness by 2013 with a "housing first" policy, significantly reducing the number of shelter beds and creating interim housing and increasing permanent housing linked with the necessary social services. By providing more stable housing along with linkages to mainstream resources, the City believes that it can better prevent recurring homelessness. Current information about the causes of family homelessness, as well as the needs of homeless women and children, is critical to the City as it implements its new programs.

To better understand the situations of the women and children currently homeless, CDHS, in collaboration with the Ounce of Prevention Fund, commissioned the Center for Impact Research (CIR) to undertake a study focused on this population. CIR conducted structured interviews with 45 homeless women living in shelters in Chicago. The study provides critical information and insight that can inform CDHS policy and practice vis-à-vis homeless families in Chicago within the limitations of the scope of the study.

RESEARCH METHODOLOGY

Three CIR staff members conducted structured interviews in six emergency shelters throughout the City of Chicago in May, June, and July of 2003. Women with children under the age of six were invited to be interviewed; participants were given a \$10 grocery store gift certificate and a backpack with children's books. Each one-on-one interview lasted from 45 minutes to an hour. The survey instrument used for the interviews was developed with the assistance of CDHS, the Ounce of Prevention Fund, and shelter staff from the study sites. CIR also interviewed shelter supervisors and staff for their observations on the needs of shelter residents.

The women were asked about their childhood and education, and their employment and housing arrangements leading up to becoming homeless. They were also asked about past and current receipt of public benefits, residence in public housing or receipt of subsidized housing, their physical health and mental health, drug and alcohol use, domestic violence, and criminal records. We also asked them about their children: their health and mental health, schooling, and how they were faring while in the shelter.

Through these interviews researchers developed a short life history of each participant. However, determining a primary cause for homelessness proved elusive. The causes of the women's homelessness are complicated and interconnected. In general, a complex of factors, including disrupted relationships, physical and mental health problems, issues around violence, and a range of other unpredictable, negative events occurred at particular points in time resulting in persistent poverty that eventually led to the women's shelter stay. In many interviews the women described a trajectory that enabled the researchers to identify the point at which the family began a downward economic spiral that placed them at risk for homelessness. If they would have had support or assistance in resolving these earlier crises, their eventual homelessness might have been avoided.

Thus, this research provides an overview of the points at which earlier intervention might help women avoid homelessness. It also helps to identify the current needs of these women and their children. This information can be of use to CDHS as it plans to transform its homeless services, moving away from the existing emergency shelter system and developing a program designed to provide a permanent solution to homelessness.

In reviewing these research findings, it must be kept in mind that the project has important limitations. It was undertaken in emergency (not transitional) shelters, which provide only the most basic services. The conditions of some of these shelters are such that no one except those with absolutely nowhere else to go would choose to stay there. Therefore, the interview sample likely includes the most marginalized and difficult to serve women in the homeless shelter system. Furthermore, the small number of women interviewed only allows for the most general extrapolation of the data to the larger population of homeless women with children. Therefore, drawing conclusions based on our prevalence data for the entire homeless population would not be in order.

However, these women's complex and varied accounts of their situations are eloquent and informative testimony about the holes in the safety net. The accounts also tell us about the ways the safety net might be repaired—not only to better assist women and children from becoming homeless, but also to help them when they are homeless. We thank all the women who participated in this study for so willingly sharing their often painful stories. We also thank the shelter staff for assisting with the logistics and sharing their insights and experience so that families might be better served.

THE SAMPLE

Mothers and Children

A majority of the women had four or more children and were less than twenty years old when they had given birth to their first child. About one-third did not have all of their children under 18 with them in the shelter.

The women in our sample had an average of 4.3 children, considerably above the national average. These figures include the women's total number of children, some of whom may not have been with them in the shelter (Table 1).

**Table 1
Number of Children**

Number of Children	% of Respondents
1-2	31%
3-4	29%
5-6	22%
7-15	18%

Sixteen of the women, or 36% of the sample, reported that their families were split up, with some children living with them in the shelter and others (under 18) living with relatives, including the children’s fathers, grandparents, and aunts. Male teenagers, too old to be admitted to shelters, were most often separated from their mother and younger siblings. However, within the larger families, younger children were often living with other relatives as well. A total of 38 children were living separated from their mother in this way. In only one instance were the children in foster care.

The majority of the women had their first child while in their teens. Thirty-one of the 45 women, or 69%, had their first child while under the age of 20. Twenty-two of the women, or 49% of the total sample, had their first child while under the age of 18; and seven women, or 16%, under the age of 16. Three of the women in the sample had their first child at age 16; and three at age 14.

Age of the Women

The women’s mean age was 30.6, with the distribution shown in Table 2.

**Table 2
Age of Respondent**

Age	% of Respondents
19-25	27%
26-30	20%
31-35	31%
36-45	22%

Residence

The majority of the women were born in and lived all their lives in Chicago, or had moved to Chicago while young.

Twenty-seven women, or 60%, were born and had lived in the Chicago metropolitan area all of their life. Several of these women had sought better opportunities elsewhere, most frequently in Indiana, Wisconsin, or Minnesota, but returned after a few months.

Four women, or about 9% of the sample, were born elsewhere, but had spent the majority of their lives in the Chicago metropolitan area. Two were from Mississippi, one from Tennessee, and one from Belleville, Illinois. An additional three women were born in Chicago, moved to other states for a few years, but had moved back to Chicago some time ago.

An additional five women were born outside the United States (Mexico, Brazil, Haiti, and Nicaragua), but all had lived in Chicago over five years.

Six women, or 13% of the sample, can be termed recent arrivals from other states, having lived in Chicago for less than a year. All but one of these women had been born outside of Chicago.

Education

The majority of the women do not have a high school diploma or a GED certificate.

Fifty-six percent of the women do not have a high school diploma or GED certificate. Nine women, or 20% said they had been in special education while in school. Ten women, or 22% reported current problems with reading, writing, or math, with the majority of these reporting problems with reading.

The mean highest grade completed in school for the sample was 11.4. The distribution is shown in Table 3. Seventeen women had received certification as a result of successfully completing a job training course, in the fields of security, computer, health care, or office technology.

Table 3
Educational Level

Level	% of Respondents
Eighth grade	2%
Ninth grade	5%
Tenth grade	16%
Eleventh grade	34%
Twelfth grade	25%
One year college	5%
Two years college	9%
Three years college	2%
Four years college	2%

Health

Over one-third of the women reported serious health problems.

Sixteen of the women, or 36% stated they had health problems that appear to be serious enough to justify an application for federal disability benefits (SSI). Health problems included diagnosis of bipolar disorder, severe depression, epilepsy, heart problems (congestive heart failure, recent heart attack), spinal injury, diabetes, and severe asthma. Only three of these women were receiving SSI benefits for themselves. Most had not applied for SSI, although several said they had been turned down. Many other women reported problems with asthma and depression that were not included because the severity of the problem was not indicated.

Twenty percent of the women stated they had experienced problems with drugs or alcohol, with the majority of these reporting past problems and not current ones.

Criminal Records

A large majority of the sample reported that they did not have a criminal record.

Eighty-nine percent of respondents reported that they did not have a criminal record; 11% percent of the women stated they had criminal records.

Domestic and Sexual Violence

The women in our sample are victims of domestic violence at rates far in excess of national rates for women. Over one third of the sample experienced physical and sexual abuse as children.

Twenty-five women, or 56% of the sample, disclosed that they had been victims of domestic violence. National surveys find that 25% of all women will be victims of domestic violence during their lifetime.¹

Sixteen women, or 36% of the sample, stated that they had suffered physical or sexual abuse in the childhood home. Eight women, or one-half of this group, had been in foster care or within the jurisdiction of state child protective services while growing up as a result of these problems.

Some of the women recounted tragic childhood experiences. One woman recalled having gone to the hospital with a broken ankle at age 13 and her mother refused to take her home when she was discharged. Another tried to hang herself at age seven after her father shot himself in front of her. She was later sexually molested at her mother's home and placed in foster care at age 11. One woman said that at age 13 she was brutally raped by an 18-year old man in the gangway of her apartment building. She was the victim of further physical and sexual abuse at home and ran away, taking her sisters so that the Department of Children and Family Services would not take custody of them. The women seldom attributed their current problems to past events. One woman's statement was typical: "It's no help to think about the past. I kept it a secret. I don't want counseling now."

Child Support and Public Benefits

The majority of women were not receiving child support or TANF (cash assistance) at the time of the interview.

Although most of the women, given their homeless status, should have qualified for TANF, only 18, or 40% were currently receiving benefits. Twenty-one women, or 47% had actually lost TANF benefits, some before, and others after becoming homeless.

The women cited the following reasons for loss of benefits: missed appointments; failure to bring in documentation such as rent receipts; or failure to cooperate with mandatory requirements, including office appointments and work-related assignments. One woman missed her TANF appointment because she was in a 21-day inpatient substance abuse treatment program, and another was in the hospital. Another stated that she had been sanctioned and lost half of her cash assistance for three months because she was late for an appointment at the welfare office.

Some women explained that they lost their TANF benefits when they had become employed, but after losing their job did not reapply or had difficulty re-enrolling. One woman said that after she was laid off, she tried to apply for TANF but was denied and told to apply for unemployment compensation. However, she was denied unemployment compensation. Still other women stated they had applied and did not know why they were turned down.

Some women explained that when they tried to reinstate their TANF benefits, they were told they had to speak with a caseworker at their original TANF office, now many miles away from the shelter; when they managed to visit that office, they were told they had to reapply at the office near the shelter. Others were told that the case had to be transferred to the new office, an event that took weeks to occur. Still others lacked the necessary identification for themselves and their children and lacked the funds to procure the documents, making TANF application or reapplication impossible. One woman who did not speak English, explained that a Spanish-speaking TANF worker recently chastised her for applying for TANF benefits and treated her abusively, even though the worker knew she and her children were in a homeless shelter. One shelter worker spoke of observing a woman call the TANF office on a daily basis trying to obtain her LINK card (electronic benefits transfer card): "We've been watching her try and get something as

¹ Patricia Tjaden and Nancy Thoennes, "Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey," U.S. Department of Justice, 2000.

straightforward as that, and she is just getting the run-around. Caseworkers are probably stressed out, but people aren't getting their needs met."

Eighty-four percent of the respondents, however, were receiving food stamp benefits at the time of our interview. Of the seven women not receiving food stamps, three had been cut off due to missed appointments, and the others had yet to apply or were in the process of applying. Approximately 90% of the women had Medicaid for themselves and their children.

Not having any cash severely hampers the ability of the women, once in the shelter, to take steps to become self-sufficient and exit the shelter system. For example, many women mentioned that the lack of cash meant that they were unable to use public transportation to apply for jobs, obtain documentation needed for benefits applications, or even visit the TANF office to apply. As one woman explained, "It's hard to get on the bus with no money." Said another, "There is no support here for job-hunting." Shelter staff also frequently mentioned the lack of bus passes as a major problem. Some of the women receiving TANF explained that they were saving their money for a security deposit and rent.

Lack of affordable childcare also prevents women from participating in job search activities. In most cases, women are not allowed to leave the children in the shelter during the day. Many talked of the need to find a babysitter before they could begin to look for work, but lack of cash, and lack of knowledge about the subsidized child care program for low-income families prevents them from making these arrangements.

Child support is not a regular source of income for the women in our sample. Five women (11%) currently receive child support from the fathers of their children. Of those not receiving child support, nine women, or 20%, have applied, have applications pending, or court orders that are not being honored. In several cases the father cannot be found, or is in jail or prison.

Children and School

All of the school-aged children of women in the sample were in school and only a small minority of those eligible for Head Start or preschool were not enrolled.

We asked the women whether they had experienced any problems with keeping their children in school since they had come to the shelter. Three mothers reported a problem; one child was out of school for one month, and another could not obtain a necessary transcript from a suburban school system. In some instances, the children were able to attend the same school because they were either bussed there or their mother took them to school on public transportation. Some of the women explained that they had tried to maintain their living situation as best they could during the school year so that homelessness would not affect their children's continuity of schooling. This provides a potential explanation of why the demand for shelter space for families peaks during the warm weather months.

Many of the children eligible for Head Start and preschool were currently enrolled at the time of the interviews. Twelve children between three and five, or 41% who were presumptively eligible due to age, were not enrolled. A handful of the mothers did not know that children under five years of age were eligible for Head Start. Two stated they had tried to enroll their children but were never called back. Another said that since she only planned to be in the shelter a short period of time, she decided not to enroll her children in a nearby program, and another stated that the nearby program was full.

Children's Health

The majority of the mothers reported that their children were not suffering from serious physical or mental health problems, but that being in the shelter was traumatic for their children.

The 45 women in this sample had a total of 194 children. Twelve children had physical or mental health issues considered severe by their mothers, and of these, five had learning disabilities. Some of the other problems were potentially serious, including seizure disorders, severe asthma requiring a breathing machine, and a heart problem. One mother said that her two-year old, who has lived all his life in shelters, had stomach surgery and remains too small for his age. A six-year old was recently in a car accident and is still under observation, although not in the hospital. One child had a birth defect limiting the use of her arm; her mother said they have not been able to obtain the medical treatment necessary to correct it. Mothers also reported that their children experience more colds and illnesses due to the germs in the shelter.

Only one child was receiving SSI and another received a social security death benefit.

Although the majority of mothers did not report that their children were experiencing serious health or mental health problems, almost all the mothers said their children were adversely affected by being in the shelter, and they expressed their concerns for their children’s well-being. The most common observation was that the children were more aggressive, wilder, and more difficult to control, which the women understood was due to the children’s anger, fear, anxiety, or lack of security. Temper tantrums, fighting with siblings and with other children, and talking back are the norm. “They act like crazy people,” explained one mother. “I can’t control them. They are mad and angry.” Said another, “He’s angry about being homeless for the seventh time.” Another mother said her son has frequent temper tantrums and is very aggressive: “He used to be in Boy Scouts and Little League in Harvey but now he is picking up bad ways. It makes you want to cry.” According to the mother, her child says, “It isn’t fair. I hate it here.” One mother said that another child in the shelter bit her son on his back three times within two days; another mother said that her daughter is afraid of a boy in the shelter who hits the other children. Another mother reported that her child stole from a store, and took money from a child at school.

Mothers report that some of their children cry a lot, wet the beds, do not talk, and are withdrawn and depressed. Thumb-sucking, talking in their sleep, nightmares, and general despondency are also commonplace. Some children had difficulty sleeping on the cots or mattresses in the communal sleeping rooms at some of the shelters.

Shelter staff suggested that the children’s lack of security causes trauma. They believe that the children are fearful and disappointed by their mothers, which comes out in aggression and disobedience. Said one, “Kids wonder when and if this ordeal will ever be over.” Another explained, “It’s not enough for mothers to say it’s going to be all right. Some of the kids have no hope. I see some depressed kids.” Concluded another, “No matter how good the shelter is, being in a shelter is an awful experience for children.”

Repeated Homelessness

The majority of the women have been in homeless shelters on more than one occasion.

The sample had a mean of 1.6 stays in a shelter. The distribution is shown in Table 4. Women with six or more total children (including those not with them in the shelter) experienced more shelter stays overall than the entire sample, with a mean of 2.3.

**Table 4
Previous Shelter Stays**

Number of Previous Stays	% of Respondents
0	29%
1	33%
2-3	25%
4-6	13%

Because the women’s situations and histories are complex, it is difficult to attribute a single cause to each experience of homelessness. Their accounts, however, indicate that cases can be grouped into at least five basic situations, with some overlap between the groups.

Situation 1: Breakdown of Shared Living Arrangements

In approximately one-half of the cases (48%) the women had affordable housing arrangements that involved living with others, mostly extended family members or husbands, partners, or boyfriends. Disagreements or stress led to 17 women having to leave; in other cases the family member providing shelter died or became too ill or elderly to continue the arrangement. In some cases, the boyfriend or roommate stopped contributing to the rent, causing the arrangement to collapse, or the husband or partner ended the relationship, causing the women and their children to become homeless.

One 21-year-old woman lived all her life with her mother, who died of AIDS seven months earlier. When she was finally evicted from her mother's apartment, she sought shelter at the police station and was directed to a homeless shelter on the West Side, in close proximity to her two younger siblings who were placed in foster care. Another, who had lived with her aunt for years, was forced into a shelter when her elderly aunt could not cope with the noise of the children. Others rotated between friends, boyfriends, and family members such as their brother and their father. One woman, who had recently suffered a heart attack, had lived with her sister for years. After her sister's building turned co-op, the woman had to leave and became homeless.

In an effort to design an affordable housing arrangement, some women exchanged their labor such as babysitting and doing household chores for living space. Over time these arrangements broke down and only had delayed subsequent homelessness. One woman became homeless when her partner left her and the two children. For eighteen months this low-wage factory worker lived with the family of a co-worker. She paid \$300 a month in rent and helped with housecleaning and childcare. However, the company closed and she was laid off; she received unemployment compensation benefits for a period but when the family moved to Waukegan without warning, with the assistance of the police, she and her children went to the homeless shelter.

Situation 2: Loss of Employment

In this type of situation involving about 29% of the cases, loss of employment can be said to be the immediate cause of homelessness. One 34-year old woman with six children, ages two to 16, had worked for the post office for eight years as a mail carrier. She was laid off in December 2002 for attendance problems, which she said were due to childcare issues. She explained that she had a year to "straighten herself out" and might be able to be hired back. The woman fell behind on her rent and was evicted. She could not find another affordable apartment and spent her savings on a motel room for her family; they went to a shelter when her money ran out.

It should be emphasized that most of the women who have been employed had not held down a job for a substantial length of time, but rather cycled among low-paying jobs such as telemarketing, seasonal construction, cashier jobs, shipping and receiving, packaging, bar tending, liquor store, and restaurant work. Many of these entry-level jobs were only temporary, seasonal, or in marginal and unstable enterprises. One woman referred to work as doing "anything that would have me." Women frequently reported losing a job due to the collapse of childcare arrangements when family members suddenly became unavailable.

Situation 3: Domestic Violence

In 22% of the cases, domestic violence can be said to be the immediate cause of homelessness. In many of these situations, the abusers prevented the women from working, with the result that when they left their abusers they had no money or work history. These women who eventually left their partners had no housing or resources and had to rely on shelters. In one case the woman had lived with her boyfriend for 13 years. He was abusive and controlling; he supported her and did not allow her to work. When she moved out, both she and her mother, who was also escaping an abusive boyfriend, moved in with a sister. She found a job as a cashier at a restaurant but was recently laid off. Another woman worked for two years

earning \$6.80 an hour, but her abusive and jealous husband made her quit her job. He beat her up so badly that she had to go to the hospital, and while there was referred to a shelter.

For some of these battered women, their search for relief can compound the difficulties. One 31-year old woman escaped domestic violence and moved to Minneapolis working in security. She returned to Chicago when her grandmother took ill and cared for her until she died. Working at a liquor store, she went from her mother's house to her aunt's house; she became despondent and then tried drugs, which "made everything worse." Inpatient treatment and ongoing outpatient treatment has helped, but she needs now to start over with a job and an affordable apartment. With five children, from ages four to 15, it will be difficult for her to find housing on her entry-level wages.

For others, the combination of problems and experiences makes it extremely difficult to imagine a solution. One 40-year old woman was gang-raped by her husband's friends eight years ago. She then lived with the father of her youngest child for four years but was sent to the hospital with a blow to her head and went into a shelter from there. Four years ago an accident on the job caused a spinal injury, resulting in constant pain. Cook County Hospital currently treats her for that injury as well as depression.

Situation 4: Rent Increases, Changes in Building Status

In another 13% of the cases, rent increases, buildings going co-op or being sold, condemned, or destroyed by fire or natural disaster disrupted existing housing arrangements. These arrangements were difficult to replace, and even when the women were employed, they were not able to afford to pay rent. In some instances, crime, violence, and other neighborhood safety issues compelled the women to move from housing that was affordable.

When women attempted to find new housing, the large size of their families often compounded the problem of affordable housing. In one instance, a 31-year old woman with four children had to leave her affordable apartment (\$350 per month) when the water was cut off and the electricity failed due to improper wiring. After that she lived with a sister-in-law for a year, paying \$250 a month, but had to leave when her sister-in-law wanted more money, and came to the shelter. Another 21-year old with two children, a TANF recipient pursuing her GED in a formal adult educational program, had to leave her apartment after two years when it was condemned, ending up in a shelter. She stated that she had not been to the GED program in a few weeks due to her being in a shelter.

Situation 5: Health Problems

In this type of situation, illness, hospitalization and high-risk pregnancy cause loss of employment (13%). For example, one woman explained that on doctor's advice she quit her job to prevent a miscarriage.

Complexity of Situations and Experiences

We asked women to tell us, in their own words, what they thought were some of the causes of the difficulties in their lives. Some of the women did not seem comfortable or able to answer, and some responded more to their current predicament, saying that they lacked family support or "ran out of places to go," or were simply unable to earn enough money to afford housing for their family.

For those women who did answer this question in the context of their life history, the responses varied, falling into several categories. Several cited lack of education and job training as hampering their ability to find employment. Others identified their parents' alcoholism or domestic violence in their lives. Those with criminal records cited that as the cause of their inability to find a job because no one would give them a chance. Two women pointed to having too many children and the inability, as single mothers, to support them.

The 45 women whom we interviewed had significantly different life experiences, health conditions, job histories, and ages. Although they are all housed together, sharing space in close quarters, their needs can

be quite different. However, they all face an immediate and enormous barrier common—the lack of resources to house their families.

KEY ISSUES AND RECOMMENDATIONS

Our research, finding five general types of situations leading to homelessness indicates that effective approaches to interventions must be designed to address these different conditions. For this reason, the recommendations are organized around the needs of the specific groups of women identified in our research.

Large Families

The many large families contained in our sample challenge Chicago's social service delivery system. It is difficult to imagine how some of these women will ever be able to afford and sustain housing adequate for their family size without substantial subsidies. Subsidized housing and housing units of sufficient size for these families are currently lacking.

We recommend that the City Department of Housing and the Department of Human Services establish a task force to further study and plan how to meet the needs of these large families for subsidized housing.

Women Who Have Never Lived Independently

In almost half of our cases, the women had never lived independently, or had their own apartment, having lived with others, most notably parents, other relatives, or boyfriends. Many of these women now lack education, work histories, and the skills to obtain and keep a job, their only real path out of homelessness.

Income support benefits. For these women, receipt of federal TANF benefits, Food Stamps, and child care assistance, along with referral to a job training or job search program constitutes a proven and effective pathway to self-sufficiency. Without TANF benefits many of these women had no means to pay for public transportation to seek employment. Because the shelters are not licensed and cannot provide childcare when the women are off site, the women are effectively barred from applying for jobs unless they take the children with them, which is not appropriate in most settings. When women did try to apply for TANF benefits, they were often buffeted between welfare offices.

The TANF program represents one important means to deliver needed cash to homeless women on a temporary basis that can enable them to begin to take the steps out of homelessness. Without cash, they become trapped in the homeless shelter. Insufficient attention to the need for these temporary welfare benefits creates a barrier for women seeking employment and traps them in shelters. We recommend that the City Department of Human Services devise a system to link homeless women with TANF benefits in an efficient and timely fashion so that they have cash to save for a security deposit and rent, transportation, and other expenses that support self-sufficiency efforts.

There is also a need to make certain that TANF policies are flexible enough so that women in crisis in homeless shelters can meet them. Sometimes being homeless makes it difficult to comply with certain TANF requirements, especially in the period before TANF benefits begin. Especially critical is linkage of the women with the childcare subsidy program so that they have the childcare necessary for participation in job placement and training activities.

Connection to community-based resources. Connection to community-based job resources was often lacking. At one shelter, none of the women interviewed were aware of a well-known job placement agency near the shelter. We recommend that all job placement programs with city contracts be required to make

regular outreach visits to homeless shelters to provide needed linkage. We know that many providers have not found that individuals currently in crisis make good candidates for job training or educational programs. However, if the women do not participate in these programs, how will they ever be able to earn the money they need to leave the shelter? The Mayor's Office of Workforce Development and the City Department of Human Services should begin a dialogue with funded job training providers on this issue.

Domestic violence. For a substantial portion of the sample, housing arrangements unraveled due to intimate partner violence. The fact that so many of these women were found in homeless shelters in which specialized services for domestic violence victims and their children were not available is troubling. This was because at the time that shelter was needed, the beds in battered women's shelters were not available. However, there does not appear to be a procedure in place to track these women and children once they are in an emergency shelter to transfer them when beds free up in domestic violence shelters in which they and their children can obtain specialized case management, therapeutic support, and linkage to needed legal services to remain safe. We recommend that the Mayor's Office of Domestic Violence and the Department of Human Services fine-tune its current domestic violence assessment and referral procedures at central intake to make certain that current domestic violence victims do have a meaningful opportunity to obtain shelter, or, in the alternative, to be linked to the specialized services that they need. Additional shelter beds are also required. If this does not occur, the risk is great that, due to economic necessity, the women will return to their abusers.

Early Intervention

All five of the situations demonstrate the need for social services to intervene at critical points before the women arrive in the shelter. We have seen time and time again how women actually become homeless before they come to the shelter. Some board with family and friends, while others rent an apartment they cannot afford. Others stay in abusive situations because of lack of available alternatives, and still others leave one man and go with another, who also turns out to be abusive. Some women take a temporary job as a stopgap measure, only to lose it several months later.

These are families who have been living on the edge for years before they come into the shelter system. As one shelter staff member explained, many of these families are afraid to ask for help earlier because they fear that if a city or governmental agency learns the facts of their situation, they will lose their children to the child protective system: "The City should institute a user-friendly campaign to alert people that before you get homeless, come to some office. But they are afraid to show how on the edge they are." And another staff member stated: "If the families were aware of some place that they could go before they became homeless when they see it on the horizon, maybe they could get the help needed to prevent it."

We recommend that the Mayor's Office provide the leadership to work with relevant city agencies, such as the Department of Human Services, Aging, and Health, and the Chicago Housing Authority to devise a community-based system to provide case management services to families before they actually become homeless, and publicize its availability across Chicago communities. Such a system would need a well-defined community entry point and a level of effectiveness that can build trust with these families on the edge. Seventy-one percent of our sample had been in a shelter more than once. Such a system could go far to obviate the need for emergency shelter and repeat shelter visits.

Children

Our data show that the children in homeless shelters understandably suffer trauma due to the fear, insecurity, anger, depression, and upset about their condition. Increasing the availability of subsidized, affordable transitional housing is the only real way to eliminate this serious trauma. If the City proceeds to eliminate emergency shelters, replacing them with subsidized transitional housing, some of the trauma to children will be reduced, and if our recommendations are adopted, the length of time in emergency shelter is likely to be minimized. During this period of transition in policy and service delivery, it is important that the urgent needs of children are addressed and met. We recommend that the Illinois Department of Children and Family Services and the Chicago Department of Human Services work collaboratively with experts in child development to determine how best to help the children while their family is in crisis. It is likely that therapeutic intervention for the families can assist these young boys and girls to better cope with the experience and to reduce its potential for long-term damage.