

Case Study of Impacts of Permanent Supportive Housing on Residents



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Abstract

According to the City of Spokane, Spokane County’s homeless population increased by 21% between 2016 to 2018. Because of this dramatic increase, the city has made it a priority to increase low-income housing availability.

Purpose: This project uncovered and reported on the history, family journeys, and the impact that permanent supportive housing (PSH) imparts on the lives of previously homeless families in Spokane.

Methodology: This case study utilized in-depth interviews with volunteer adult family members living in Spokane’s low-income, low-barrier family apartments. Interview questions focused on these areas: factors that led to living in PSH, what barriers were encountered in acquiring and keeping housing, and impacts from the PSH model housing they have experienced.

Results: Common characteristics of the five interviewees were single female parents, mental or physical health comorbidities, and special needs children.

Conclusions: Positive impacts on health were expressed in four of the five responses. Four of the five participants indicated a harmful impact of PSH on economic status. The economic situation negatively impacted interviewees who wanted to relocate but had no affordable options. A majority of the interviewed family members expressed concern about a lack of safety at this facility for their children, and in one instance, for themselves. However, all interviewees expressed being grateful to have an affordable roof over their heads.

Keywords: homelessness, permanent supportive housing, Spokane, case study, low-barrier, low-income

Introduction

Current responses to local homelessness problems include making housing for low-income and homeless populations a priority for both non-profit organizations and regional governments. This is because these organizations have the means to build, finance, and manage these properties. Some organizations in the Spokane, Washington region, including Catholic Charities, Volunteers of America, Salvation Army, and Spokane Neighborhood Action Partners (SNAP), have put effort into filling the housing needs of the most vulnerable populations. Housing subsidized by non-governmental and governmental agencies, such as the City of Spokane can be categorized as transitional or permanent supportive housing (PSH). “Permanent” within the context of permanent supportive housing is a relative term considering that funding for these initiatives is usually tentative at best (1). Studies

examining the impacts of these programs on residents can provide an overview of the positive outcomes of permanent housing. PSH programs can reduce the use of the child welfare system (2), increase child well-being (2), and improve academic success (4). The benefits of PSH can outweigh the costs to the community. Pergamit, Cunningham, and Hanson determined that child welfare system involvement was lowered when children were in stable, affordable housing (2). The Pauly, Wallace, and Perkin case study explores homelessness interventions, providing an example of how a case study can include contextual information relative to the outcomes of the project (4). Replicating the case study approach used by Pauly, Wallace, and Perkin to describe the impact of PSH on families and their well-being, this study explored five personal journeys to acquire stable housing in Spokane, Washington (4).

Population demographics can give us insights into the Spokane PSH projects. For example, when looking at low-barrier and low-income housing projects currently managed by Catholic Charities, 58% of the units were designated for families. The median size of the families in the housing provided by Catholic Charities are six individuals and primarily single-parent families, with the minimum size being three. The income levels ranged from \$23,030 to \$37,850 for a family of three (5). These family housing projects are HUD Project Based Voucher (PBV) programs. For PBV programs, 75% of a project's tenants need to be at the 30% of Area Median Income (AMI), while the remaining 25% can be up to the 50% AMI. A housing staff member at the studied facility indicated that some residents have \$0 for income, and this was confirmed by three case study interviewees. The organization studied keeps some units open to accommodate both new and chronically homeless families so that they may act quickly when emergent cases arise. The population is comprised of mixed races/ethnicities, but demographic information was not available.

When a family is in a transitional shelter, the goal of the transitional shelter is to move them to permanent housing in the same community. The general availability of affordable housing is critical for the success of the transitional shelter program(4). In Spokane, the process of acquiring PSH is challenging, and additionally, there is a low-income housing shortage locally. Consequently, there is a prioritization or selection process through which families need to navigate.

Methods

This research collected five case studies from local PSH housing long-term residents in Spokane, Washington, and analyzed how the Spokane implementation of homeless housing had impacted the lives of participant families. All five interviewees had one or more children younger than 18 years of age. Interviewees had lived for a minimum of one year in a low-barrier (Housing First model) housing program in Spokane, Washington. The median length of time in the housing was two years. All interviewees were women, single parents, and the sole provider for their families.

The specific research questions this study sets out to answer are: What are the barriers, facilitators, and general experiences of families surrounding acquiring and living in permanent supportive housing (PSH)?

Discussion and Implications for Practice

There is a multitude of factors that lead to families becoming homeless (7). The family members that were interviewed shared various stories about how they

experienced unstable housing. At times, pre-existing health conditions, children with special needs, and relationship issues with partners were barriers to economic security. Economic status was also negatively impacted, as some participants did not wish to pursue child support due to family safety concerns. A majority of participants told stories about relationships where domestic violence forced them to leave under duress or threats to their own and their children's safety. Three of the five interviewees in this case study described having been in abusive relationships prior to becoming homeless.

As voiced by Participant ID (PID) 1, the recurring theme of abusive relationships and domestic violence makes it appropriate to prioritize these parents and children for housing, which was evident in the PSH projects that were studied for this article.

Quote 1. "So, uh, we had some issues with domestic violence where my partner threatened to set our home on fire. And then law enforcement wouldn't do anything about it. And he is setting containers of lighter fluid by the back door. And said he could make us disappear like we never existed." (Interviewee PID 1, 2020)

Poor health status of the parent and children was also a risk factor for needing PSH. In two cases, there were pre-existing medical conditions. Quote 2 highlights how pre-existing medical conditions of parents can lead to children that have mental, physical, or developmental problems. This development limits the options for childcare, even in cases where it might be affordable or subsidized. PID 3 related the following:

Quote 2. "...And that led to the injury itself, it went on for seven years until I was properly diagnosed and started getting treatment. Um, and by that time, I had really gotten myself really messed up. I was maybe 23 when I was injured. They put me on high-dose pain medication. I wasn't able to think, function, you know. You just eventually kinda lose yourself. So, when I was finally diagnosed, I was pregnant, I moved to Washington in 2006. I had my son. I met two doctors that said I was born with hip defects. They laughed at me, they diagnosed me, and they treated me, and they got me walking again." (Interviewee PID 3, 2020)

Ruel, Oakley, Wilson, and Maddox found that pre-existing health conditions can provoke situations where a person needs support and housing functions as a safety net (6). This appears to be the case with several of the families interviewed; one interviewee indicated they had suffered through multiple work-related injuries and treatments. This family ended up living in a sub-standard and pest-infested apartment building. The presence of pre-existing

conditions is consistent with other studies, which indicate that when there is an inadequate supply of safe, low-income housing, people can be subjected to unhealthy living conditions (8). A study by Collins et al. found that low-barrier housing focused on populations experiencing chronic homelessness can be associated with health status risk and comorbid (mental and physical) health challenges (9). In different ways, the presence of children with special needs in the household increased barriers to housing acquisition and permanence. One family described a child with autism who required therapy several days a week at home. Another family described a situation where they were evicted due to an event that occurred because of their child's behavior issues. Health conditions like these indicate the great impact that both parent and child health conditions have on securing and retaining permanent housing.

Financial barriers to securing adequate housing existed for all five of the families surveyed. This is consistent with the findings of several studies on housing and homelessness (10) (11) (12). This housing program initially alleviates the financial burden on the family when they are first housed. However, the interviews illuminated the means by which financial solvency can deteriorate over the long run. Several respondents had been "couch surfing" for quite a while and eventually needed to use limited economic resources to stay with friends or family members. Currently, none of these families indicated receiving funds from the other parent of their children. PID 5 noted that there were no Washington State welfare system housing assistance options if you were not in the Temporary Assistance for Needy Families (TANF) program. TANF has stipulations in place for recipients to receive assistance, such as work requirements. This particular parent with infant children had no income and was unable to pay for the discounted daycare offered by TANF.

Quote 3. "So, if you don't like getting TANF, you don't qualify for like discounted daycare, so to get daycare, to go find a job, but you don't have income to pay for that daycare. And also, it's like a lose-lose situation. So, that's a big part of it. So yeah, it was a struggle." (Interviewee PID 5, 2020)

The above interviewee explains how childcare options are difficult to find and often financially not feasible. This is especially true for families with special needs children or with infant(s).

One family described relying on a non-profit organization's support to apply for rental properties. The application fees (\$40 per application) are often barriers. Since housing fees are not supposed to exceed 30% of a families income, the HUD housing vouchers cover 70% of

the remaining cost determined by market value for each house or rental property for the families. However, there are situations where the voucher may not compensate when increases occur with market value. In these instances, the housing project can petition the Housing Authority to allow them to raise the rent. Rent will also be raised to the 30% limit when the tenant's income increases, even if it is due to disability income or cost-of-living increases. This makes it very difficult for tenants to become financially stable and eventually be able to leave this type of housing. In cases where the rent had increased and families were living on fixed incomes, certain families could be priced out of the program.

This points to potential problems for the future economic viability of the program. Economic viability is dependent upon the tenant's income increasing over time and a stable, local real estate market. For new tenants to move in, the current tenants would need to be able to afford housing at market value, as well as be able to come up with deposits, first and last month's rent, application fees, etc. Even then, the market-rate housing providers may deny HUD vouchers. The housing program manager that was contacted for this article mentioned that there are certain loopholes that housing providers can take advantage of in order to avoid accepting vouchers from tenants that allow them to pay rent. The housing reform literature speaks of how the privatization of low-income housing leads to certain changes in ownership and management (13). These changes eventually lead to instability and, thus, less permanence for residents of the housing projects (13). This situation is applicable to the housing program studied in this article as it is not publicly owned or operated. However, it does heavily rely on HUD funding for future financial viability.

Lukemeyer, Meyer, and Smeeding found that out-of-pocket costs for families severely impact a family's economic status when children were disabled or suffered from chronic disease (14). This study also noted that these families had foregone earnings in order to care for their children. Without suitable work options, family economic statuses could deteriorate.

Quote 4. "I can't work because I am on disability. Because of my mental health issues. They have jacked up my rent, so I pay almost 2/3 of my social security check to my rent. So, I struggle to make ends meet and use food banks because my rent is 2/3 of my social security check. Because these guys jacked up the rent beyond what Section 8 housing will even pay. So, I have to pay the difference." (Interviewee PID 1, 2020) From the evidence supplied in the literature and in the testimonials gathered in this study,

economic burdens create a barrier to securing permanent housing.

Some of the impacts of living in PSH are a result of the PSH program itself. Three of the five families interviewed in this study indicated that any effort to eliminate or minimize the stigma associated with living in a PSH housing complex would be beneficial to residents. The name of the housing complex may indicate a resident's economic or housing status that may bias others if it is widely known as a low-income housing project. When talking about issues their children had at school, it was clear that the children had felt the stigma of living at this facility, as well, but did not know how to name this discomfort. In efforts to help these children, the school was giving preferential access to programs such as Early Childhood Education and Assistance Program (ECEAP) preschool, but this assistance left the families feeling stigmatized.

PID 4 described that their children had done very well at the local school since they had been living in this housing program. In contrast, PID 1 noted that their child, who had never had problems in school before, did not want to attend school once they moved into PSH. The child was being harassed and bullied at school by other children living at the same housing facility. If a resident's children had any problems with other children at the apartment complex, those problems followed them to school. Since 90% of the children who live in the complex attend the same school district, this is an issue. PID 1 decided to move their child to another school which resulted in the child's attitude and performance improving significantly. PID 5's children were not yet in school. This interviewee was counting on the above mentioned ECEAP program when the children reached preschool age.

A significant finding surfaced after asking participants about their sense of permanence. In three of the five interviews the tenants expressed feelings that there was a sense of too much permanency when it has to do with little or no choice of where to live. These three interviewees had lived in this complex for the longest time period and reported feelings of depression and/or feelings of being trapped. The feelings were related to the inability to choose where one lives. The Tsemberis et al. project allowed the residents a choice of where they lived in projects that were spread out in the community (7). These projects were where the maximum success was achieved. Regarding this article and the PSH studied, choice of living facility was not an option.

When interviewees were asked about their perception of safety at the surveyed facility; four of five spoke about a large police presence and fear for lack of safety should

they leave the PSH for an alternative housing option. With the prevalence of on-site drug dealing and lack of parental oversight of older children, participants shared that this was not a healthy place in which to raise children. The implications of these mental stressors are consistent with the findings of Turcotte et al., where housing was shown to be an essential element when improving the safety of children (16).

An intervention approach designed to strengthen the support services provided by this particular PSH may include adopting evidence-based PSH models that have previously been successful. Positive impacts were found in research by Tsemberis et al. where the project was based on the Housing First concept (7). This model provides a wide variety of support services that typically include substance use disorder counseling, social services coordination, regular medical professional visits to the facility, peer support, and case management.

For PSH to be successful in accomplishing their mission of providing permanent versus transitional housing, efforts should be made to improve the social context of this housing. Resident meetings empower residents in the decision-making process, allowing for them to feel their PSH housing is more permanent versus transitional. Key descriptive terms that surfaced in this literature review that were characteristic of successful outcomes included having resident participation in the decision-making process (15). If residents feel a sense of being included in the decision making, ownership and management, they may be more likely to respect the rules and adhere to them. Furthermore, it is important to be sure that any rules and regulations are applied equally and fairly. The residents interviewed spoke about how the new management has made significant improvements through organizing social activities that are helping with social networking, building social capital, and connecting residents to resources in the community. Upstream efforts to expand the choices of housing available in the community are recommended for future interventions. Findings in this case study support the existing body of literature which indicates that health, financial, and social barriers limit the potential positive impacts of PSH. The study also highlighted that medical and social issues contributed to the need for PSH and that PSH largely alleviates the financial issues initially when housing is first acquired. Families experiencing unstable or unsafe shelter desperately need support for health issues within the timeframe the program is designed to span. HUD's reference page defines permanence as having a minimum initial lease of one year, and options extend leases on a monthly basis. The page also details how tenants can be asked to leave the housing for justified cause (17).

The findings in this study highlight reasons for needing PSH, barriers to getting it, and potential impacts of PSH. Comments from residents and their families focused on the challenges faced in PSH, as well as opportunities provided to residents in areas of health, security, and education. Problem areas needing improvement are resident safety, sense of permanence, and economic long-term viability. Additional findings indicate improvements can be made to help reduce the stigma felt by residents that are associated with living in housing programs such as the one this study focused on.

Limitations and Future Research

The families interviewed were residents at one particular housing complex and in similar living situations for approximately the same amount of time. This would mean that the results may or may not be applicable to other locations of homeless housing populations or projects. Results may be applicable to projects with similar locations, similar PSH models, and located in Spokane under the same management as what was studied in this article. Each family had differing experiences which could contribute to varying outcomes. Given the use of the snowball sampling method, where residents were approached based upon recommendation from other residents, volunteers, or staff, bias could have been introduced as the volunteers all knew each other.

Future research could include surveying residents when they come into the housing program and again after they have been in the program for two years. Present research indicates changes occurring over time that could be addressed prior to such issues becoming detrimental to the health and welfare of the residents, should they be approached with an intervention sooner. Additional elements such as emergency room visits, interaction with the law, child protective services, health status, and economic status could be gathered. With these new research data elements, it may be possible to determine what has changed during the time families have been living at this facility or similar PSH projects. Additional insights could be gained by comparing this local housing program with other local programs that implement low-barrier family housing projects that are operated by different providers.

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