U.S. Commentary: The Family Options Study and Family Well-Being Outcomes

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Introduction

The Family Options Study, a U.S. Department of Housing and Urban Development-sponsored longitudinal randomized study evaluating homeless service interventions for families with children, is the focus of this symposium. This study enrolled participant families between 2010 and 2012 and followed them for at least 3 years. Nearly 2,300 families experiencing homelessness, in 12 sites across the nation, were assigned to one of four conditions after spending 7 or more nights in a homeless shelter. The 12 participating sites recruited for the study varied across size, geography, and housing markets to capture variation in conditions associated with homelessness. Although sites were not randomly selected, at study entrance, Family Options Study participants shared characteristics similar to families experiencing homelessness across the nation (Gubits et al., 2016).

Random assignment was constructed such that families were assigned to one of four different groups. The four groups were (1) UC—access to the usual care available in the homeless and housing assistance system in a family's locality absent any priority preference for a specific service; (2) SUB—priority access to a long-term housing subsidy; (3) CBRR—priority access to a temporary housing subsidy made available for up to 18 months; and (4) PBTH—priority access to a temporary, service-intensive stay in a project-based transitional housing facility for up to 24 months. The study design allows for comparison between offering a priority preference for each housing option (SUB, CBRR, or PBTH) and UC and between one another.

The unique study structure is particularly useful for housing policy, as each option typifies an approach to housing homeless families based on both explicit and implicit theory about why families become homeless and, therefore, the most effective service model. Comparing outcomes between the SUB and UC groups is the clearest examination of the effect of subsidies on the well-being of similarly situated homeless families. Families who had access to usual care could also receive housing subsidies through their local homeless assistance agencies.

The UC-to-SUB comparisons evaluate the impact of choosing a policy model that prioritizes an initial offer of housing subsidies to homeless families versus the circuitous navigation of local

homeless service providers wherein a subsidy is a potential, but uncertain, outcome. Three years after random assignment, 37 percent of families who did not have priority preference for a subsidy secured permanent housing subsidies (Gubits et al., 2016). As noted previously, Family Options Study-enrolled families who had been in a homeless shelter for 7 or more days—those who could exit homelessness relatively quickly—were not in the study. Concerns that potential differences in the severity of challenges facing families experiencing homelessness might necessitate a differential service model to be effective were not supported. Intervention impacts did not vary appreciably across comparisons according to either the housing barriers or the number of psychosocial challenges reported at baseline (Gubits et al., 2016).

This commentary focuses on several of the psychological and well-being outcomes the study revealed for participating families in the SUB group (compared with UC) that persisted at both the 20- and 37-month followups. At both 20 and 37 months after random assignment, household heads reported decreases in psychological distress, intimate partner violence, the number of schools the focal child attended, and the proportion of families who report food insecurity compared with those assigned to UC.

Reductions in Psychological Distress and Interpersonal Violence: Family Well-Being

At the 37-month followup, 17.3 percent of the UC group reported symptoms of serious psychological distress, 22.9 percent reported symptoms of post-traumatic stress disorder (PTSD) in the past 30 days, and 10.5 percent reported having experienced intimate partner violence in the past 6 months. Rates of both serious psychological distress and PTSD are markedly higher than national rates for homeless families, and this is also evidenced in this sample (Gubits et al., 2016). Having priority preference to a long-term housing subsidy reduced psychological distress by around one-tenth of a standard deviation compared with usual care. A reduction in psychological distress for the household head (91.8 percent in the sample are female and all had at least one child with them in the shelter upon group assignment) is an important and consequential finding for family well-being.

The Family Options Study measured psychological distress with the Kessler Psychological Distress Scale (K6), a six-item psychological screening instrument intended to capture individuals with potentially severe mental illness. Clinical validation studies comparing the K6 with structured diagnostic instruments find the screener consistently distinguishes DSM-IV (that is, *Diagnostic and Statistical Manual of Mental Disorders*) cases and is particularly effective for population-level health surveys (Furukawa et al., 2003; Kessler et al., 2002). For context, at 37 months, adults in the UC group reported a mean value of 7.42 on the distress scale (0–24), wherein higher scores denote more distress while the SUB group adults reported a mean value of 6.69. To get a sense of the implication of this reduction in reported psychological distress, we can look to a large body of research that examines the relationship between mother's mental health and child outcomes.

Mother's mental health, depression in particular, is associated with a host of negative child outcomes across a number of studies and populations ranging from reductions in the quality of

interactions, safety, and development (Conners-Burrow et al., 2014, 2012; Hwa-Froelich, Cook, and Flick, 2008; Surkan et al., 2014). Eligibility for the Family Options Study required families to have at least one child age 15 or younger at baseline, and one-half of the families were in shelter with a child younger than 3 years old (Gubits et al., 2016). Studies have found that young children with depressed mothers are at risk of inadequate preventative care (Chung et al., 2004; Flynn et al., 2004; Logan, Riley, and Barker, 2008) and less-effective management of childhood asthma (Perry, 2008). Using longitudinal data from the Fragile Families and Child Well-Being Study (FFCWS), Corman et al. (2015) found that maternal depression is associated with experiences of multiple hardships in the domains of housing inadequacy, housing instability, and food insecurity. Research focusing on mother's depression is instructive. Reductions in reported psychological distress for those with a priority preference for a long-term housing subsidy, compared with those without specific access to any particular service, is noteworthy. A significant reduction in psychological distress, given the evidence previously, may result in improved well-being for homeless families, particularly those with younger children. The Family Options Study also found reductions in reported interpersonal violence (IPV) by household heads in the SUB group compared with the UC group. Breiding et al. (2017), using data from the National Intimate Partner and Sexual Violence Survey and controlling for personal characteristics, found associations between housing and food insecurity for both women and men (associations are larger for women) and suggested that economic scarcity creates the conditions for vulnerability to violence. These cross-sectional data cannot disentangle the directionality of the association but are suggestive of the role housing and food insecurity may play in vulnerability to violence. Using the FFCWS, Suglia et al. (2010) found that children of mothers experiencing chronic IPV, compared with those not exposed, had a twofold increased risk of developing asthma. Taken together, these studies suggest that, beyond the health benefit of reductions in experiences of personal violence, less obvious health impacts may also radiate from reductions in IPV. Further, the one-third reduction in IPV experienced by the SUB group 37 months after random assignment is convincing evidence that policies that reduce economic insecurity via a long-term housing subsidy reduce the incidence of IPV.

Increases in Food Security: Family Well-Being

Priority preference to a long-term subsidy versus usual care appears to be associated with improved financial well-being for families. Although no difference in income is evident between the SUB and UC groups 3 years after random assignment, the percentage of households that are food secure increased among the SUB group, from 51.5 to 61.1 percent (Gubits et al., 2016). Household food insecurity is associated with negative physical, developmental, and health outcomes for both children and adults (Ashiabi, 2005; Belsky et al., 2010; Seligman, Laraia, and Kushel, 2010; Whitaker, Phillips, and Orzol, 2006; Zaslow et al., 2009). Gundersen et al. (2003) found lower levels of food insecurity among low-income, stably housed families relative to homeless families. The Family Options Study results provide support that offering a priority preference for long-term subsidies reduces the incidence of food insecurity for families compared with usual care.

Conclusion

This commentary has attempted to look at some of the nonhousing outcomes found in the Family Options Study that persisted 3 years after random assignment. Specifically, this commentary addressed reductions in psychological distress reported by the household head, decreases in experiences of IPV, and increases in food security for those assigned to the SUB group compared with those accessing usual care (37 percent of whom secured housing subsidies by the followup). Contextualizing these results, within the larger bodies of related research, can provide some insight into the nonhousing benefits potentially associated with a policy regime that prioritizes initial access to a long-term subsidy. Several caveats are important to mention. Measuring psychological distress with the K6 is not the same as measuring maternal depression. Much of the literature in this area distinguishes quite carefully among post-partum depression and depression more generally. Note also that general reductions in psychological distress may differ in their impact on family functioning. In sum, however, the positive impacts reported by families with priority preference to a long-term subsidy versus usual care evidence increased well-being, in a number of important health domains, that decrease distress and increase personal safety and food security, which are all associated with positive family outcomes across studies.

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