

**Understanding and Analyzing the Impact of Family Supportive Housing:
The Upper Valley Haven**

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Word Count: 6270

Literature Review

In 2018, 552,830 people experienced homelessness in the United States (endhomelessness.org). These experiences take on a variety of forms and are categorized into first time, short-term, transitional, episodic, and chronic situations (Nooe and Patterson 2010). Given that homelessness is a major problem nationwide, community members and individuals work together to combat homelessness through various mechanisms. These efforts to prevent, remediate, and end homelessness range from local community policies to sprawling federal programs (Nooe and Patterson 2010). Organizations such as the Upper Valley Haven work to help with food and shelter needs, while also rehabilitating their guests. The Family Supportive Housing (FSH) program of the Haven focuses specifically on strengthening families and providing support to the families throughout their process transitioning into housing. The Haven is nestled between the northern border of Windsor County VT and the southern area of Grafton County NH. The three major Upper Valley towns it serves are Lebanon, NH, Hanover, NH, and Hartford, VT. Although the Haven provides a wide array of support programs to residents of the Upper Valley, ranging from a food shelf to a homeless shelter to educational programs, our research is concentrated on the Haven's Family Supportive Housing program. Family Supportive Housing is a support and intervention-based program that assists families with their transition from homelessness or housing insecurity into more permanent, stable housing.

The focus of this literature review is to examine social forces behind housing insecurity and FSH programs, to research the unique positionality of rural settings, and to highlight aspects of similar programs that may be useful for the Upper Valley Haven to be aware of. We have two central research questions: "What are effective ways to address transitions to permanent housing and combat stigma and status inequalities in rural areas?" and "What practices can the Upper

Valley Haven enact to understand and improve the impact of its Family Supportive Housing program?”

The rural positionality of the Haven lends itself to unique challenges not found in urban environments. In rural areas, there are scarce amounts of available affordable housing and limited transportation methods – an issue compounded by the fact that federal programs often favor urban areas (Cloke, Marsden, and Mooney 2006). Additionally, rural homelessness can often remain hidden, whereas this problem is more visible to the public in urban environments.

Regardless of the setting, housing issues impact both individuals and families (Song et al. 2016). People are vulnerable and susceptible to homelessness due to both structural and individual forces. Individual factors that contribute to the likelihood of experiencing homelessness include race, marital status, substance abuse, educational level, mental illness, age, and childhood trauma (Nooe and Patterson 2010). On the other hand, structural factors such as poverty, declining minimum wage, unemployment, and housing affordability can also play a part in the increasing likelihood of experiencing homelessness (Nooe and Patterson 2010). Overall, individual and societal factors work together to perpetuate the harsh cycle of poverty and homelessness.

In this literature review, we will first survey the relevant social psychological concepts as they relate to homelessness and inequality. While families in the Haven’s FSH program are no longer homeless, the literature is still relevant since many of the families are transitioning from homeless situations. We then examine literature that focuses specifically on rural housing issues and FSH programs. From there, we provide research on similar FSH programs and best practices. We conclude with a summary of the literature and a discussion of how we chose to approach our research based on the previous academic research we reviewed.

Stigma and Status: Negative perceptions integrated into interactions

At-risk populations in difficult financial or housing situations often face stigma because of their status. Being homeless changes how individuals view themselves, as well as how others rank them in socio-structural status hierarchies (Anderson and Snow 2001). People without a certain level of financial resources struggle to meet basic needs like shelter and food, and, as a result, they often need to rely on community resources for support. These services range from the distribution of food and clothing to employment offerings to community housing options (Nooe and Patterson 2010). Unfortunately, homeless people struggle with more than just physical and material needs. Through the negotiation of status and continual stigmatization, dominant groups deem those from marginalized backgrounds as socially unacceptable (Belcher and Deforge 2012).

Determining and defining the societal outsiders is a normal function of socialization; those in the in-group align themselves with the attitudes, beliefs, actions, and behaviors of dominant culture and then “other” individuals of the out-group who do not align. In the case of homeless individuals, this is demonstrated by the efforts of people to socially distance themselves (Belcher and Deforge 2012). This distancing occurs through implicit and explicit acts. Implicit acts or situations augment stigma without direct conscious action, whereas explicit situations involve acts that are consciously performed with the goal of reinforcing inequality. An example of implicit social distancing could be volunteers not sitting with guests or eating alongside them, and an example of explicit social distancing could be direct insults or outwardly labeling them as lazy or incompetent.

Society understands homelessness is an undesirable social problem, yet many people do not recognize the systemic roots of the issue. As a result, many individuals hold negative views

towards the homeless and those who rely upon service assistance resources (Belcher and Deforge 2012). These at-risk populations are regularly labeled as second class citizens, stereotyped, and discriminated against due to the perception that they are threatening and personally culpable for their situation. These unfortunate factors can work together to create a self-fulfilling prophecy which guarantees continual loss of status (Belcher and Deforge 2012). Research shows that blaming the victim for their homelessness may lead them to internalize, externalize, and even objectify the stigmas that have been placed on them (Rayburn and Guittar 2013). Internalizing these stigmas can be seen in individuals who believe that they are solely responsible for their situations. Externalizing is demonstrated through individuals who make an effort to conceal their homeless identity or distance themselves from others in their situation. Objectifying is the process of embracing negative attributes that the broader society has placed on them. Homelessness is often considered an individual problem that requires assistance or behavioral changes, whereas it should be reframed as a systemic issue that is often catalyzed by various structural forces in our society.

The stigmatization of the homeless in society shapes how homeless people interact with the world around them. Link and Phelan (2001: 367) explain that “stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination.” Homeless people and other stigmatized populations do not have the resources to take part in regular, successful social interactions and can become delegitimized socially, politically, and/or economically if they are not able to find more resources, receive positive appraisals, and act in line with behavioral expectations (Roschelle and Kaufman 2004).

Many homeless individuals, including children, utilize stigma management strategies to cope with their positions. However, gaining the social, economic, and cultural resources needed to beat this cycle of stigma is typically harder for those with a “spoiled identity,” identities which have been tarnished by society (Roschelle and Kaufman 2004). As a result, “stigma may be a chronic status until the individual accumulates the resources necessary to break the cycle” (Roschelle and Kaufman 2004: 25). Various community organizations help homeless individuals recognize these systemic issues and work hard to mitigate these societal inequalities.

Rural Housing: Unique Challenges

Homelessness is a complex issue everywhere, but rural environments in particular face many unique obstacles. The article titled “Social Exclusion and Survival for Families Facing Homelessness in Rural New England” gives us insight into how location affects the context of homelessness. According to the authors, the definition of rural homelessness should be expanded to include people who are at risk of becoming homeless (Carpenter-Song, Ferron, and Kobylenski 2016). In general terms, rural homelessness is oftentimes invisible, both figuratively and literally. The authors mention that rural homelessness is often hard to see and, as a result, is regularly overlooked during discussions aimed at combating homelessness. For instance, people struggling in rural communities tend to live in their cars, with friends or family, or in second-rate housing (Carpenter et al. 2016). Although these populations are not explicitly labeled as homeless, they are still in need of assistance and should fit under the umbrella of homelessness. Additionally, some of the shortage of attention towards rural homelessness can be attributed to the lack of supportive housing programs. In urban areas, the presence of shelters, drop-in centers, and housing programs make urban homelessness very visible to the public (Cloke et al. 2006).

Family Supportive Housing programs

Homeless children and families face many unique issues which family supportive housing initiatives work to address. A 2012 study examines the positive effects of family supportive housing, with particular emphasis on childrens' well-being. This study tracked student outcomes from families that entered supportive housing in 2007 and tracked them through 2009, in order to compare them to homeless students in non-supportive housing. They found that family supportive housing had a positive outcome on the children's education, including attendance, school mobility, math scores, and child protective involvement. Additionally, they observed that children in supportive housing generally had better attendance, less school mobility (moving between schools), higher math proficiency, and less incidents with child protective services. To highlight some statistics, they found that math proficiency of students not in supportive housing dropped from 30.5% to 16.9%, while supportive housing students' proficiency increased from 29.4% to 31.3% between 2007 and 2009. They also found that even though children in supportive housing had higher rates of child protection involvement to start, the rate decreased from 9% to 1%, while the comparison group increased by 2-3% (Hong and Piescher 2012). Evidently, supportive housing initiatives have a strong positive impact on children's lives and academic success.

Community Support Options

The Haven's FSH program is one of many rural FSH programs nationwide. An examination of the different practices and procedures of comparable programs can help the Haven see how closely their model aligns with those of other organizations. Furthermore, comparing programs can provide insight into generally accepted best practices and strategies.

One successful FSH program is a San Francisco-based housing unit called the Cecil Williams House. In this program, the case managers are required to take detailed notes of all the key events and interactions they have with the families. Residents also contribute to the collection of information, by keeping their own notes which can be passed on to the next case manager or other staff members. When new residents move into the Cecil Williams House, they partake in an orientation about all the programs and services provided through the House. Participation in tenant services is purely voluntary, with no mandates for attendance. In order to promote community participation, residents receive monthly calendars informing them about the myriad activities offered at Cecil Williams House—from birthday celebrations to community forums and board meetings. In addition, flyers circulate and are posted on bulletin boards, and staff promote events through word of mouth. Staff at Cecil Williams House “do not have assigned caseloads but work closely with residents, who tend to gravitate toward those staff members in whom they feel most comfortable confiding. The staff has also established a note-taking system that helps keep them updated on residents’ life situations. If an incident comes up and a particular staff person is not available, other staff can read the chart and know what is happening in the resident’s life” (Nolan 2015).

Another successful family supportive housing program, run by San Jose Family Shelter, measures its impact by highlighting the percent of families who moved from its shelter into permanent housing. On their website, they prominently display the following statistics: 85% of families successfully completed the Shelter program, and 75% of families moved from the San José Family Shelter into permanent housing. This exceeds the national HUD goal of 65% (<http://familysupportivehousing.org/>). Highlighting salient and positive attributes using easily digestible data is a powerful way to demonstrate the impact of these programs and services.

In addition to the two aforementioned programs, there are numerous rural organizations that specialize in an amalgamation of health, food insecurity, housing, and family educational support. The most extensive database of rural organization offering various health and housing assistance programs can be found on the Rural Health Information Hub (<https://www.ruralhealthinfo.org/>). From these various supportive housing programs, there are a few key takeaways regarding best practices common to many of the FSH programs. To begin with, open communication and a strong relationship between families and their landlords are crucial to ensuring long-term housing stability. Additionally, community building and development was commonly cited as a necessary component of sustained success for FSH models. In particular, programs found it most beneficial to plan community events and activities to meet the specific desires of families in the program. Finally, programs have found increased success when children are not only included in these community programs, but also have activities designed specifically for them (Nolan 2015). While the Haven already has adopted many of these best practices incorporated by other FSH models, it is useful to know common approaches across the nation to understand the areas to continue to focus on going forward.

Conclusion

Homeless families in the Upper Valley encounter status and stigma obstacles in a region with few support options. The Haven's Family Supportive Housing initiatives changes lives and helps homeless individuals find housing. From our review of the literature, we have identified a number of best practices surrounding interactions with homeless individuals and families. People who have experienced homelessness and those in supportive housing programs face inequalities and challenges because of their status in society and the stigmas they face daily. While family supportive housing models have seen success and tangible results nationwide, it is important to

look closely at rural housing models as the challenges encountered by individuals in less populated areas are fundamentally different. Looking broadly at a number of distinct approaches to FSH across diverse geographic regions provides insight into the various strengths each housing model has to offer.

Overall, the literature on stigma, status, rural homelessness, and other family supportive housing models provides several ideas and best practices that would help the Haven in their mission of having a positive and supportive impact on their guests. A thorough review of the literature on the topic serves to inform on ways to conduct field research to effectively approach the questions at hand. Previous work discussed above was used as a reference in constructing interview guides and understanding what to look for when analyzing the data.

Final Research Portfolio

The Haven offers a wide variety of programs that positively impact the Upper Valley community and help individuals work through a range of problems. Thousands of people come to the Haven every year and utilize the various services at their disposal. All of the services are extremely valuable and important to those in need, but the scope of our project could not realistically cover everything that the Haven offers. During our meeting with the Haven directors, they asked us to focus on the Family Supportive Housing (FSH) program. All of the Haven's services have unique data metrics and group of people it serves, but the FSH program had enough data for us to perform some analysis. After this discussion, we focused our research on the question: "What is the impact of the Upper Valley Haven's Family Supportive Housing program and how can the Haven better show its effectiveness?"

One of the primary goals of our research was to discover and make sense of tangible metrics that measure the overall success of the program. Haven volunteers were particularly interested in examining the overall trends of individuals and families who enter the Supportive Housing program and their whereabouts (physical and socioeconomic) once they leave. During the course of our research, we conducted interviews with different Haven staff who work with the Family Supportive Housing program. In particular, we talked to the FSH service coordinators about their work and experiences with FSH. The interviews helped us answer our groundwork questions and get the data we needed for our analysis. Our primary goal here was to gather as much information as we could from the interviews with service coordinators and get a sense of their work. Furthermore, we wanted to better understand which specific aspects of the program were currently the most successful and which were in need of improvement.

Qualitative Analysis

Our qualitative work generated some useful initial observations about the Haven's FSH program. Speaking with a wide variety of Haven employees in an array of different roles gave us a holistic overview of the program. The FSH program has many clear strengths that the Haven should continue to provide. For example, Haven employees and volunteers must go through training about how to interact with guests. Leslie explained that employees and volunteers treat all guests with "respect and dignity" and that Haven workers constantly monitor their language, environment, and how they set up the space. Employees use trauma-informed language during guest interactions and spend time making sure that physical spaces are clean and welcoming. Making guests feel welcome and respected is critical to the Haven's mission; most homeless people face significant stigma on a regular basis because of their low status. Homeless individuals constantly deal with negative attitudes about their homeless status, which in turn makes them internalize, externalize, and objectify stigmas that have been placed on them (Rayburn and Guittar 2013). The Haven is very thoughtful about negating this stigma and works hard to help build positive self-esteem in guests. One strategy to humanize the homeless experience is giving guests choices. Ellen and Leslie explained that the Haven encourages self-determination instead of more defeatist attitudes. For example, guests go and choose what options they want from the food shelf rather than being handed some pre-packaged, standardized option. Additionally, during their time in the FSH program, service coordinators have the families outline what problems they want to focus on solving instead of telling them what they must do.

This term, we conducted a series of meetings with the Haven, including two in-depth interviews with the operational team of the Family Supportive Housing program. Our interviews

took place with the Director of Organizational Development and Learning Leslie, Data Entry Manager James and both of FSH's Service Coordinators, Ellen and Amy. Alongside these interviews we have been in continual email correspondence with the Leslie and the Executive Director Michael. To prepare for our meetings with the Haven's leadership staff, we thoroughly researched the operations of the organization and the sociological factors that may apply to the processes and interactions that take place in the FSH program. We prepared for our interviews by constructing intentional and thorough questions that looked for insights through both quantitative and qualitative lenses to advance our knowledge surrounding the impact of the Upper Valley Haven on homelessness in relation to the FSH program. In order to effectively accomplish this, we split our interview guide into five focal areas including: Individual Perspectives, FSH Program centered, Outreach Oriented, Narrative Focus, and Quantitative. The interview guide used from from both our initial and follow-up interviews are attached in our appendix. To ensure that our questions were clear, concise, and rooted in research, we referred to our previous meetings with staff, background research on the Upper Valley Haven, and takeaways from our literature review. In addition, both our core qualitative and quantitative team members attended Haven meetings to ensure well-rounded understanding for the later clarification processes.

1st Interview

From our first interview, conducted on October 30, we were able to further understand the role of the Family Supportive Housing program. Family Supportive Housing is a statewide program under the branch of Economic Opportunity. The framework of the program is focused on strengthening families and providing support throughout the housing process. Ellen explained to us that families are prioritized in terms of need through coordinated entry. Some of the factors

that are considered include: children under the age of six in the household, multiple instances of homelessness, chronic homelessness, and homelessness for over a year. Often times guests who enter the FSH program begin in the Upper Valley Haven's shelter; however, this is not a prerequisite for assistance. We learned that service coordinators assist the family and follow them along the process of securing and transitioning into stable housing. There is no time limit to the program, which allows individuals to receive ample support before leaving the program. This unlimited length of use is one of the FSH program's greatest strengths because it allows the service coordinators to work with families until they no longer need services. These unlimited timeframes enable service coordinators to dive deep into each individual case, even when they have full caseloads. Ellen reported that the average length of stay is two years for a family (Figure 1); however, these lengths vary significantly depending on each situation.

The Upper Valley Haven's employees help guests navigate every aspect of the processes from applying for vouchers to finding housing and transitioning into new homes. This support is extremely beneficial to the families and ensures comfort in the transition process. The service coordinators also have limited caseloads (Ellen works part-time and has 10 families, Amy works full time and has 16) to promote strong connections, lasting relationships, and personal interactions. The program can also be tailored to meet the needs of different families. For example, some families meet with the coordinators every few weeks, while others who may need more support because of their circumstances can meet every day until comfortable (the minimum requirement is one meeting per month).

While the FSH program has many strong components, it also faces numerous challenges. Based on our interviews, many of these problems are systemic and not easy to solve. Ellen explained that the Upper Valley does not have enough affordable housing available. This makes

it much more difficult for the Haven to help transition guests into housing, even with supplemental housing vouchers. Many people in the Upper Valley are not aware of how serious this issue is; homelessness and other housing issues are less visible in rural communities, unlike urban environments where they are more evident to the public (Song et al. 2016). Additionally, the families that qualify for Family Supportive Housing face other barriers in their search for housing. Numerous factors such as marital status, race, substance abuse history, education, mental illness, and childhood trauma contribute to an individual's likelihood to experience homelessness (Nooe and Petterson 2010). Family Supportive Housing aims to help participants address these issues before they leave the program. Ellen specifically mentioned mental health needs, schooling, substance abuse issues, healthcare needs, and transportation issues as common challenges faced by the guests.

2nd Interview

After our first interview with Ellen, we agreed it would be useful to meet with Amy, the other service coordinator assigned to the FSH program, in order to supplement our initial findings. We asked many of the same questions as in the first interview to get a second perspective. The second interview also followed up on some lingering questions our team had after reviewing the transcript from the previous interview and the data in more depth. Lastly, this interview was more quantitative in nature since we had thoroughly analyzed the data; many of our questions focused on the specifics of how the data was collected.

Overall, we were able to come up with six main takeaways from our second interview. To begin with, the quarterly group meetings between the service coordinators are a great way to share information, compare situations, and educate one another on best practices. In comparing the two interviews, there was significant overlap in responses from both service coordinators,

indicating good collaboration and mutual understanding despite working with two entirely different sets of families. Based on this finding, we would encourage certain Haven administrators, especially those who might oversee FSH, to attend those quarterly meetings if their schedule permits. In addition, the shared recognition of the importance of data collection is a positive. There was a common sentiment between all members of the Haven who we talked to that collecting and understanding data from the program was useful in a variety of ways.

The third takeaway was that the knowledge of the service coordinators is impressive and boosts the efficacy of the program. For example, the service coordinators enter the majority of the data from memory, using their in-depth knowledge of each family's situation. This facilitates the data collection process and would make it easy to start recording data at different time intervals, should the Haven desire to do that going forward. Coordinators also have a wealth of information about various voucher, housing subsidy, and support programs, which enables them to effectively navigate families through the landscape of often confusing options and resources. Finally, it was clear that the coordinators are professionals with lengthy backgrounds in mental health and social work, giving them the breadth of experience necessary to deal with the variety of issues faced by families in the program.

The FSH process and the uniqueness of each family situation makes systematic quantitative data collection particularly difficult. In other words, there are certain challenges outside of the Haven's control simply due to the nature of the Haven's work. Amy repeatedly acknowledged that each family went through a unique process in the program and came from diverse backgrounds prior to entry. The nature of variance from family to family given the Haven's wide-reaching support and flexibility makes it inherently difficult to quantify certain variables. For example, the metric "Active in Case Management" currently recorded by the

Haven is hard to assess. Sometimes, being active is a positive sign, indicating that families are engaged and trying to improve, whereas other times, lack of activity indicates progress as the family no longer needs all the support of the Haven. This example demonstrates that there are various metrics which the Haven may be required to report but are not all that important to analyze. Furthermore, it underscores the challenge of collecting and interpreting quantitative information in a complicated, family-focused, sensitive environment.

Although we've outlined the difficulties of assigning numbers to families and individuals, there is still plenty of opportunity to collect more data and to use that information to assess the program. Amy noted that since each family situation is unique, success looks different for each family. The service coordinators already sit down with families upon entrance to the program and discuss what success looks like for them. The Haven currently measures "success" using three different classifications based on specific goals that the family sets: identified, in progress, and achieved. The Haven could consider expanding this classification using a five point progress scale to account for the nuances of each goal and family.

Lastly, a lengthy portion of our discussion focused on better understanding and unpacking the process of exiting the FSH program. This discussion was important because "exit" can be used as a dependent variable or outcome measure that could be crucial towards assessing the overall effectiveness of the program. We discuss exit measurements further in the quantitative section, but our interview helped lead us to many of our quantitative recommendations on this category. Amy detailed the multitude of meanings the different exit categories could have such as "Other" or "Moved Away." For example, "Moved away" could either indicate that a family found a more stable situation outside the area or that they moved

away due to the lack of options in the local housing market. We all noted that creating a more standardized, scaled exit variable could be helpful going forward.

Overall, our two interviews proved to be informative and constructive, allowing us to guide our research and form many of the observations and suggestions throughout this report. Ultimately, the Upper Valley Haven can benefit from continuing to utilize their strengths, sharing the narratives of those who have used the FSH program, and using data points to aid their assistance to families and supplement their funding outreach.

Quantitative

After conducting these initial interviews, we felt confident diving into the quantitative segment of our field research. With newly acquired FSH data in the wake of our first service coordinator interview, our goal shifted to performing a comprehensive review of the FSH data offered by the Haven. We focused on collecting quantitative insights about the FSH's successes and shortcomings. The combination of information from the interviews and the data collection help tell a more complete story of the program.

The Upper Valley Haven provided us with existing data on their guests with the intent for us to analyze it and find trends regarding the impact of the Haven. The data was sent on 11/5/2019 in the form of multiple excel spreadsheets. The time periods given were 2015 Q4, 2016 Q4, 2017 Q4, 2018 Q4, 2019 Q1, 2019 Q3, and 2019 Q4 (their Q4 ends on June 30). Over time, there is a clear trend of improved data collection as the data has been much more thorough in the last two years.

The first tab of the workbook highlighted the reasons guests were leaving, along with their entry exit date. Some other information the workbook included: number of children with client; family's engagement in programs; community engagement; enrollment in Reach Up;

employment and education information; financial empowerment; child safety; adult and child health and wellness; income at entry; and rental support. We first noted that enrollment in the program has been steadily increasing since inception, going from 11 in 2015 to 33 in 2019. We then attached “reasons for exit” with Client IDs, and went through all the information trying to find factors that could lead to trends.

From our initial analysis we realized that while data collection is a good first step, some changes to the ways and times at which data is gathered would be helpful going forward. To begin with, the type of data that the Haven is collecting covers an extensive and diverse range of metrics capturing various aspects of the well-being of the families in FSH. However, given that a small sample size is inevitable with an average of 24 families in the program since 2015, complete and consistent information is extremely important to be able to analyze the results. Additionally, measuring the data at two additional “checkpoints” (entry and exit) will supplement the ability to assess the impact of the Haven on the lives of their guests.

Ultimately, the Haven will benefit greatly from gathering and analyzing more information about the FSH program. This data can help the Haven clearly measure and illustrate the longitudinal impact that engagement with Haven has on the lives of guests. In order to accurately measure the intervention effect of the Haven, it is important to collect before and after data to be able to analyze changes in the lives of guests that could be attributable to the Haven’s interactions. For example, collecting the existing data points, 2 quarters before, 1 quarter before, the quarter of enrollment, each quarter during enrollment, and then 1 and 2 quarters after enrollment would give us a clear picture of time trends related to participation in the program. At this point in time, the Haven does not collect any information on guests following their exit, except for noting the quarter during which they exited the program. However, we recognize that

it can be difficult to collect before and after information given that entry and exit situations are unique to each family and that many families move away from the Upper Valley. A more feasible “checkpoint” would be to conduct entry and exit data records every time a family joins and leaves Family Supportive Housing. These collection “checkpoints” could simply take the form of entering in the exact same metrics that the Haven is currently tracking through their quarterly reports.

In terms of the existing questions and metrics collected, the various housing, demographic, family, and socioeconomic factors being measured offer a substantial and thorough range of data and information. To supplement this data, it could be helpful to record the number of families that enter the program in each quarter. Additionally, greater continuity across the different areas being measured would facilitate future data analysis. For example, for Q4 2019, the “Aggregate” tab notes 35 adults in the program, yet 33 unique clients have demographic information whereas 50 clients have employment information. Going forward, adopting a more standardized approach, in which each area being measured tracks the same number of adults or clients, would allow for a better comparison of individuals across a variety of metrics. Lastly, more granular, ordinal exit data would be useful as an outcome variable. The five categories used in recent years have been “No longer needing services,” “Moved Away,” “Other,” “Moved on Unsuccessful,” and “Removed.” Some of these categories are open-ended, and in our discussion with Amy, it seems like different coordinators have slightly different interpretations of the categories and that categories such as “Moved Away” are case-dependent and cannot be clearly defined as good or bad (Figure 2 and 3). While this categorization is helpful, it would be insightful to construct a five- or ten-point scale to quantitatively measure the “success” of the exit (Figure 4).

Upon making the additions and slight modifications to the data collection methods described above, we can lay out the three primary ways that the Haven should be analyzing this data in the future. First, the Haven should understand the impact of the program on the lives of the guests by measuring change over time for families. To do this, they can take specific metrics such as employment and track the change in employment for an individual from quarter to quarter to understand if statistics are improving or worsening over the period individuals and families spend in the FSH program (Figure 5). Second, the Haven should track changes in the actual program itself over time. For example, how does the distribution of exit outcomes change from quarter to quarter (Figure 4)? To analyze the data this way, it is critical to measure outcome metrics as percentages rather than aggregate numbers to ensure uniformity across quarters (i.e. measuring it as 30% exit successfully in Q4 as opposed to 4 families). Lastly, the Haven can measure effectiveness of specific programs that they offer within FSH (i.e. job training, enrollment in Reach Up, substance treatment). This will help them get a better sense of which programs they offer to families are correlated with the best outcomes for those families. To analyze data in this way, it would be necessary to compare outcomes such as exit outcome, employment, or sobriety between families that engaged in certain programs and those that did not. Analyzing the data in these three ways will help the Haven obtain a much better understanding of best practices, the impact they are making on the lives of the guests, and the parts of their program that are most effective.

Areas for Improvement and Potential Implementations

The Haven's Family Supportive Housing (FSH) program has changed lives and made an extremely positive impact on the community. The Service Coordinators who work with this program have helped many people struggling to find housing and get back on track. We think

that these accomplishments could be better illustrated to the community and potential donors if the Haven tracks a few specific data points and synthesizes key patterns. Clear, quantitative data and statistics will help the Haven tell a story and send a message about how powerful the FSH program truly is.

Following our interviews with members of the Haven, we began to analyze the quantitative data that was provided to us from Leslie. Our goal was to find trends that would help illustrate the effectiveness of the program. A variety of details were given about the guests in the supportive housing program. Due to a small sample size and lack of data from past years, we ran into some issues. The Haven collects valuable data that can be used in the future to help evaluate the effectiveness of their program. In sum, the three suggestions to analyze the data in the future should help the Haven improve their data tracking and reach more definitive conclusions about the programs' effectiveness in future quarters.

Conclusion

The Haven is currently excelling in its support programs and initiatives benefiting members of the Upper Valley. It is important that this critical work and the numerous success stories is being highlighted and presented to the community and corporate sponsorships. The first-hand narratives coupled with data can demonstrate the impact these services have had on the community. One way to exhibit this impact would be to create a promotional video highlighting some of the experiences of the coordinators, staff members, and people who have benefited from the Haven's services. This video would give the audience insight into the work that occurs while also creating an emotional appeal through the first-hand testimonies of guests. Other ways the Haven could highlight its success include produce an annual fact sheet to be posted in a newsletter or creating a marketing brochure targeting specifically towards donors. Overall, we

hope this research and future research will both support the Haven's internal practices and assist the Haven in crafting their narrative to the broader community.

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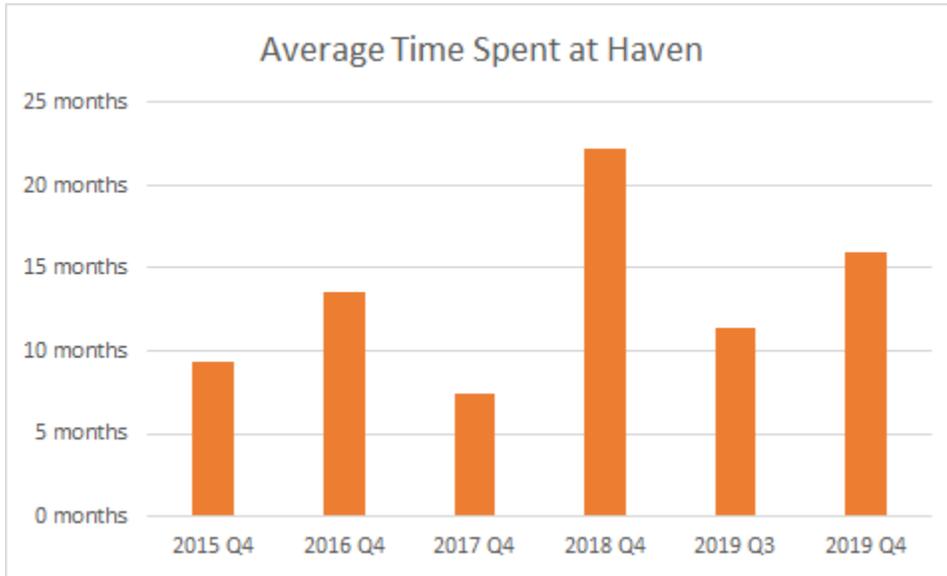
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Appendix

Figure 1:



This chart tracks the quarterly average amount of time current guests have spent at the Haven. There is no significant trend from the data.

Figure 2:

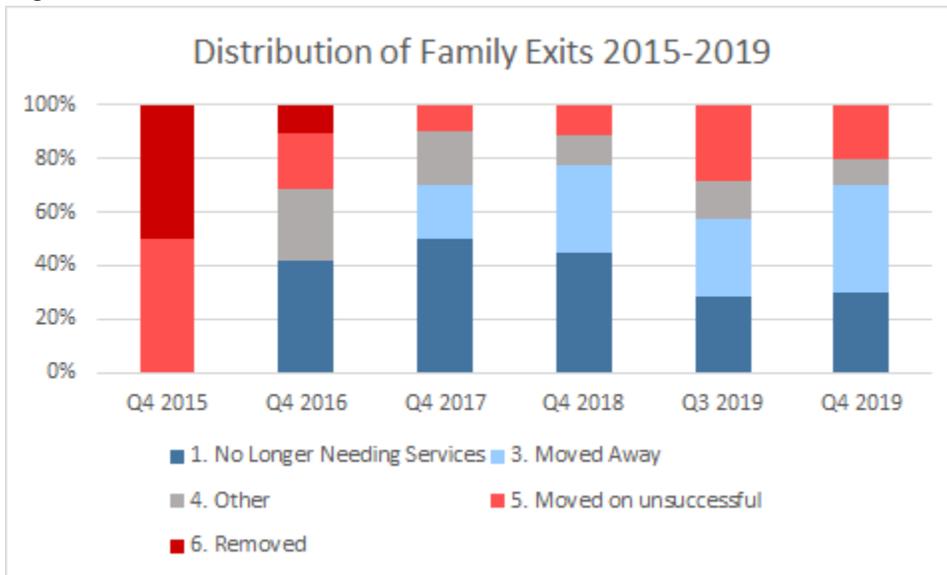
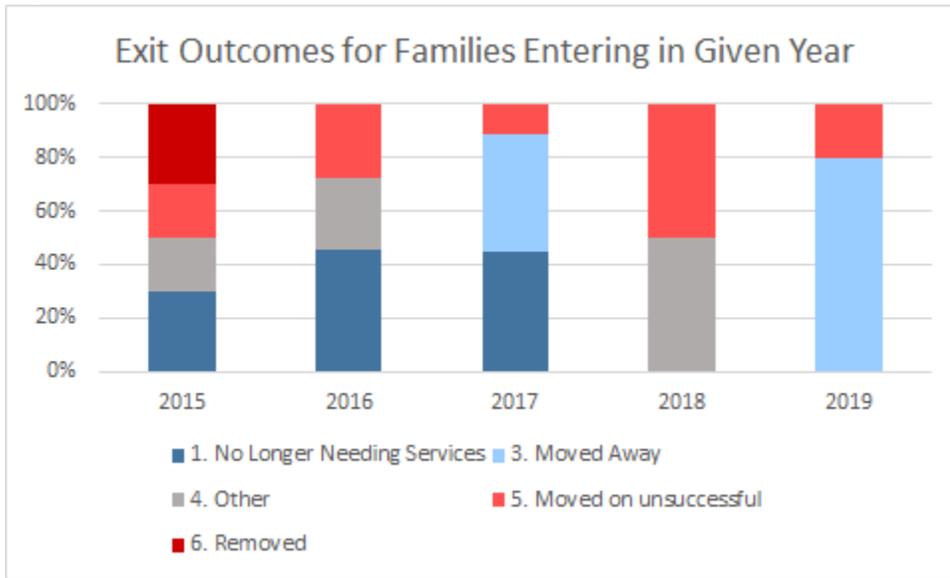


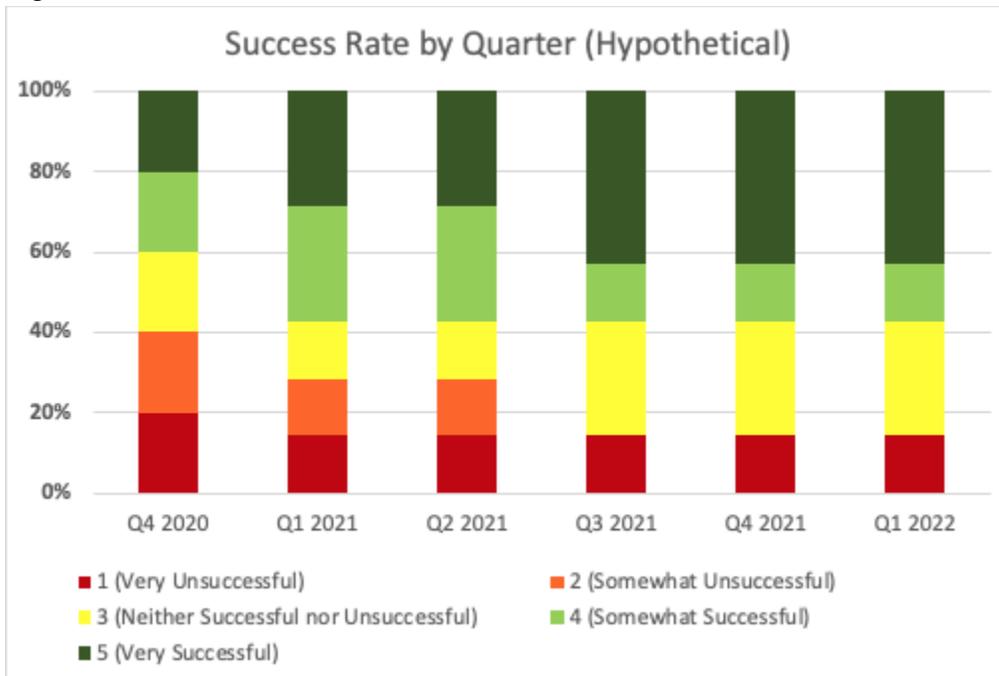
Figure 2 shows the breakdown of exit reasons for families exiting the program in a given quarter. The chart shows modest improvement in exit outcomes over time. However, more specificity in some of the exit categories is needed to reach more definitive conclusions.

Figure 3:



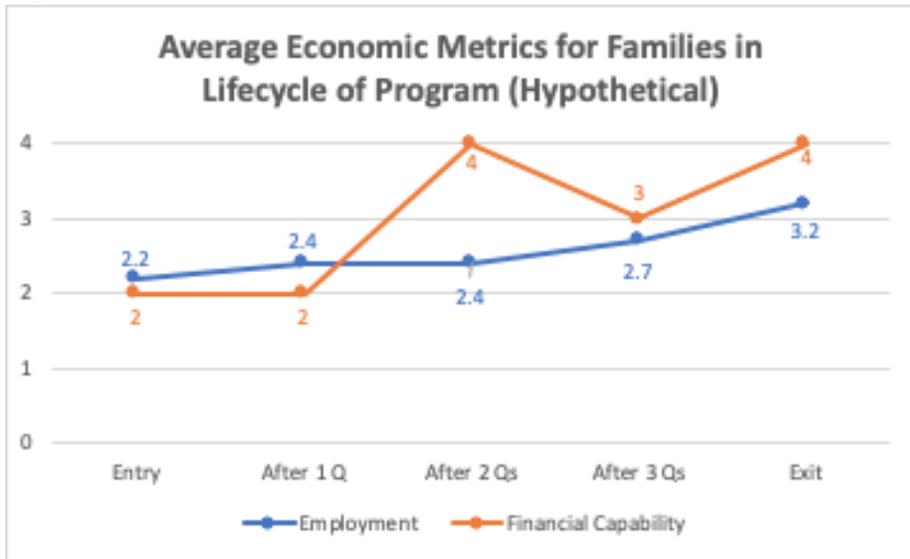
This chart looks at the eventual exit outcomes for all the families who entered the program in a given year. More data is needed to tell a story. For example, only 2 of the families who entered in 2018 have since exited the program.

Figure 4:



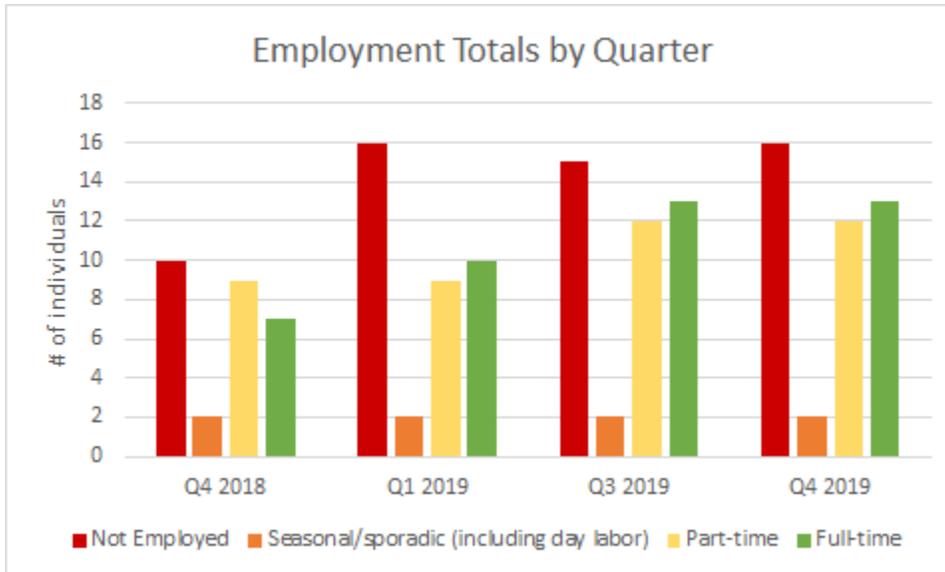
This chart shows hypothetical data to illustrate how the Haven could visualize their data on exit outcomes if they were to adopt a 5-point scale to assess families exiting the program. This would be one way to assess the change in the FSH program over time.

Figure 5:



This chart also uses hypothetical data to show how to visualize changes in families over time. Figure 5 maps the quarterly average of all families using employment and financial capability scores over the time a family spends in the FSH program.

Figure 6:



This chart looks at aggregate employment numbers by employment category. There is not much change in the distribution of employment over time.

Figure 7:

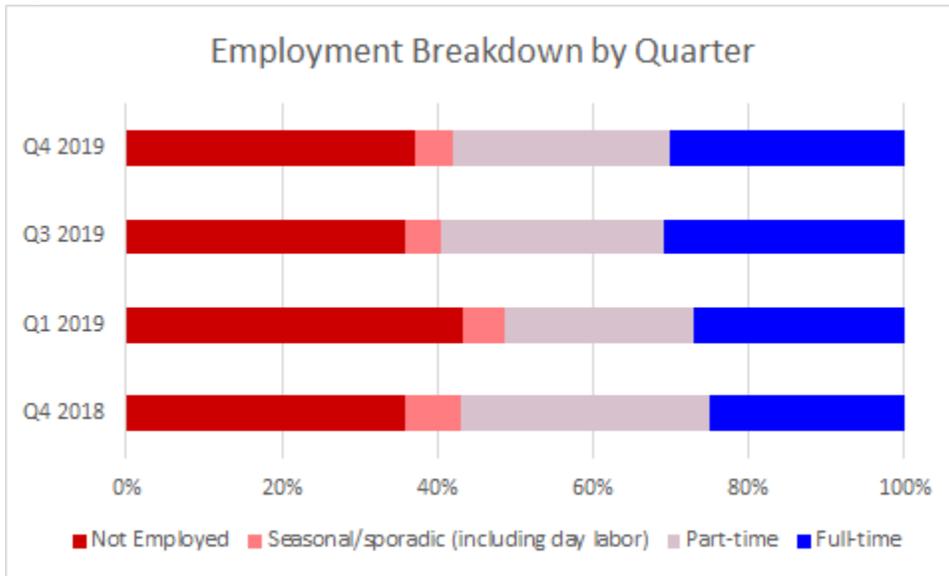
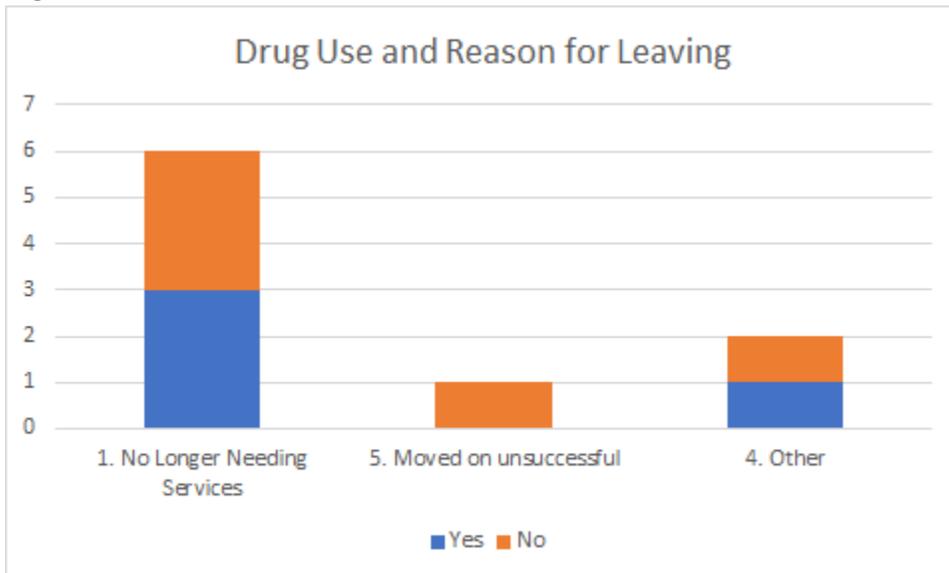


Figure 7 looks at the distribution of employment of adults in the program over the last 4 quarters measured (Q2 2019 did not have data). The chart shows that employment breakdown has stayed relatively consistent over the past year. More years of data are needed to assess this statistic, as many of the same adults were measured over these four quarters and maintained the same employment status.

Figure 8:



This chart looks at correlations between drug use and exit outcomes. Given the lack of complete data, there is not much to infer from the graph.

Interview Guide from our meeting with Ellen, Leslie, and James:

Individual Focus:

1. How long have you worked at the Upper Valley Haven?
2. Could you tell us about your job responsibilities on a day-to-day basis?
3. What programs do you personally work with the most?

FSH Program Focus:

4. Can you tell us more about how the Parkhurst program works?
5. What are the key differences between the Parkhurst program and the Family Supportive Housing program?
6. Are the guests mostly single adults, couples, or families?
7. How long has the Haven been doing the Family Supportive Housing program?
 - a. What are some of the program's biggest strengths? What are some areas that could be improved?
 - b. In your best estimation, how many guests go through the Family Supportive Housing program every year?
 - c. How long are most guests in the program for? (*We should be able to get answers from b and c from the data from 2017 - present, so try and get a sense of a longer time span (in the last 10 years or so)*)
8. Who staffs the Family Supportive Housing program? How many people are involved, and how are the staff organized?
9. How does the voucher application process work? When people join the program do they already have a voucher?
10. Have you noticed any significant shifts or changes in the way the Haven operates since you implemented any new programs?
11. What strategies do you and other workers/volunteers use to make guests feel welcome and comfortable at the Haven?

Outreach Orientated:

12. How do guests become guests at the Upper Valley Haven? Are there other, similar programs in the area that guests also use?
 - a. If there are similar programs, what sets the Haven apart from other centers?
13. If the Upper Valley Haven acquired more money, what do you think they could invest it in?
14. Where do most of your current donations and funds come from? Do you receive any grant money?
 - a. Is there a presentation or slideshow that you guys use to present your impact?

Qualitative / Narrative Focus:

15. What are the attitudes of the families with regards to the program? How would they evaluate the impact of the Haven?

Questions from Quantitative Team:

16. There are 4 families characterized as “homeless” in the data even though they’re in the program: can you please clarify this discrepancy?
17. Do all families in FSH initially stay in the Haven’s shelter?
18. Is there an ideal length of time that a family is in FSH?
 - a. Is the eventual goal to leave the program? What are the program’s other main goals?
 - b. Of people who leave, what percent (approximately) move onto a better situation and no longer need housing support? What percent become homeless? What percent move away to other areas (outside the upper valley)?
19. Have there been any strange or unusual situations in recent years that would have produced outliers in the dataset?

Follow Up Interview Guide from our meeting with Amy and Leslie:

Individual Focus:

1. How long have you worked at the Upper Valley Haven?
 - a. What did you do before working at the Haven?
2. Could you tell us about your job responsibilities on a day-to-day basis?
3. How many families do you work with? What is your maximum caseload?

FSH Program Focus:

4. Can you tell us more about how the Family Supportive Housing program works?
5. What are some of the program’s biggest strengths? What are some areas that could be improved?
6. Have you noticed any significant shifts or changes in the way the Haven operates since you started working here?
7. What strategies do you and other workers/volunteers use to make guests feel welcome and comfortable at the Haven?
8. Is there an ideal length of time that a family is in FSH?
9. Do all families you work with initially come from the Haven’s shelter?
10. To what extent does the Service Coordinator navigate families through the various voucher, housing subsidies, food shelters, and other government programs?

Qualitative / Narrative Focus:

11. How do families feel when entering the FSH program? How does that differ from their initial impressions at the shelter?
12. Can you talk about the reaction of the children who move from the shelter to the FSH program? How do they adjust to this change?
13. What are the attitudes of the families with regards to the program? How would they evaluate the impact of the Haven?
14. What are your current ways of assessing the impact of the program on the lives of the families? How do you measure success?

Questions from Quantitative Team:

15. Have there been any strange or unusual situations in recent years that would have produced outliers in the dataset?
16. Can you describe how the data collection process works?
17. How and why does a family exit from the program? Can you breakdown each of the “reason for exit” categories?
18. How do you currently use data and in what ways do you think the data should be used?
19. Do you have anything else you’d like to mention or anything else you think would be important for us to research heading into our presentation and final report?