



TOWARD SUCCESS

THE EXPERIENCES AND
RECOMMENDATIONS OF SEVEN
PREVIOUSLY HOMELESS FAMILIES IN
MASHPEE VILLAGE

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Executive Summary

This study explores the factors leading to housing stability for seven families in Mashpee Village who had previously experienced homelessness. Semi-structured interviews were conducted with each head of household, in every case a single mother raising children with little or no support from the children's fathers. Five of the women had come to Mashpee Village directly from a shelter program, and had received assistance on multiple fronts: individual and group counseling of various forms, parenting groups, budgeting classes, housing searches, and assistance applying for benefits. Housing vouchers, food stamps, food pantries, emergency cash assistance, one-time cash assistance to move in, and state-subsidized insurance were common supports that the women considered extremely helpful. Support dwindled considerably after the women moved to Mashpee Village, though the residential services coordinator did provide referrals upon request, typically helping the women identify and apply for resources as needed. Although all the interviewees had obviously managed to maintain housing, they all reported ongoing financial stresses, and particularly emphasized the difficulty of saving money, of getting and keeping reliable transportation, and of providing their children with anything beyond the bare essentials. The women's recommendations for improving assistance to transitioning families included providing case management on a regular basis for at least several months after move-in, and helping families put aside money for special needs, such as education or transportation, without those savings reducing other benefits. They also suggested ongoing budgeting help, flexible rent payment plans during difficult financial periods, healthy on-site activities for children and teens, and on-site groups and classes to help with stress management and parenting. Recommended next steps include conducting a comprehensive resident needs assessment, clarifying the criteria for resident "success," researching promising practices in promoting retention of residents in low-income housing programs, and establishing goals and methods of measuring resident progress toward personal goals.

Introduction

This report attempts to identify factors contributing to the success of seven previously homeless families in Mashpee Village, a privately owned affordable housing development in Mashpee, Mass. The project was commissioned by the management of Mashpee Village in an effort to understand why some formerly homeless tenants are able to successfully maintain housing in the development while many others are not. Retaining tenants – the goal of a new initiative at Mashpee Village – has been a significant problem at the 35-year-old facility, with only about 20% of renters staying more than two years.¹ Of the development's 145 units, about 15-20% are rented to individuals or families referred by homeless shelters. Of the six to nine homeless families who come to the facility every year, most will be evicted within 12 months due to non-payment of rent or violation of rules. Underlying causes of these residents' problems include the loss of a job, poor budgeting or other household management skills, substance abuse or domestic violence, childcare and transportation crises, or other ongoing personal issues.

Recent steps taken by Mashpee Village – including stepped-up screening of prospective tenants, a zero-tolerance policy for rule-breaking, and a campaign to build community spirit and identity – have reduced general turnover of tenants. But turnover of these transitioning families – among the neediest of all tenants – is likely to remain high unless steps are taken to understand what they need and to provide it. In addition to reducing costs to the public system that are incurred when failed tenants go back into shelter or have to start over again in some other low-income housing development, stability brings obvious advantages to both the facility and to the families themselves: uninterrupted schooling for children, the establishment of supportive relationships for their parents, the growth of a mature and stable community that improves the environment for all the residents.

This report should also be understood in the context of a new plan by The Community Builders, Inc., owner of Mashpee Village and nearly 100 other housing developments across the country, to double the income and halve the high-school dropout rate in its facilities within five years. Finally, this project has been undertaken at a time of high stress on Cape Cod, an area with traditionally high homeless rates that is in particular trouble now because of the pressures that the

¹ John Economos and Donna French, Mashpee Village (personal communications, April-June 2009)

economic recession is putting on the poor.^{2,3} Our hope is that the information gleaned from these interviews will inform Mashpee Village management, policymakers and other interested parties about the strategies that can help these families overcome their often desperate circumstances and find their way back to self-sufficiency.

Scope of Project

Predicting who will succeed in permanent housing, and why they succeed, is a vital question for social service agencies and housing providers, and many studies have attempted to identify the variables involved. One of the few things known for sure is that transitioning from homelessness into permanent housing is a difficult process, and that many families will not make it without at least medium-term access to supportive services.⁴

This narrowly focused research project explores the factors that enabled previously homeless families to transition successfully into permanent housing at Mashpee Village. “Successful tenants” in this context refers to individuals who have lived at Mashpee Village with their children for several months to years, maintained their property as required, paid their rent on time, and abided by the rules. The purpose of the project is to identify the factors that seem related to tenant success, and ultimately to make a series of recommendations that will inform efforts to improve tenant retention.

This report is based on interviews with seven women who came to Mashpee Village, with their children, from homeless situations. Five of the seven women had experienced significant domestic violence, substance abuse, or both; all had children, in most cases young children; and only two had acquired the education or job skills necessary to easily support themselves. Yet each woman has been successful creating a stable life at Mashpee Village and maintaining it for a period ranging from several months to several years.

^{2,3} *Trends in the human condition on Cape Cod 2005-2007* (2008). [PowerPoint slides]. Barnstable County Department of Social Services. Downloaded May 30, 2009.
http://bchumanservices.net/page.php?99,,334061p,bar326762,0,0,Index,ck_.html; Presbrey, R. (May 13, 2009). *Homeless advocates face perfect storm*. Downloaded May 20, 2009.
<http://www.haconcapecod.org/NewsDetail.asp?NewsID=123>

⁴ Bassuk, E., Volk K., and Olivet J., (2008). *Supports and services for homeless families: wise or wasteful?* National Center on Family Homelessness. Downloaded June 2, 2009.
http://familyhomelessness.org/sites/default/files/NCFH_SupportsAndServicesPaper.pdf

Such a small qualitative study cannot, of course, be considered representative of all homeless families moving into permanent housing. It does not claim to describe the circumstances and problems of homeless families in general, nor does it make recommendations for all homeless-service and housing providers. It instead offers a close look at a narrow slice of the homeless population, in this case families headed by women with serious personal problems, little or no income, and relatively flimsy support systems. The report suggests that two factors were profoundly important to these women's chances for success: the services they received before and during their move to permanent housing, and their own degree of personal motivation and commitment to the process of change. The report also suggests, however, how vulnerable these women remain despite all their efforts.

The Interviewees

Mashpee Village identified the seven residents to be interviewed for this study (an eighth resident agreed to be interviewed, but missed two scheduled appointments). Each woman was interviewed for approximately one hour, three in their homes and four in the Mashpee Village administrative offices; interviews were tape-recorded and then transcribed.

All the women were considered successful tenants, with four having lived at Mashpee Village for about five years, two for between 12 and 15 months, and one for eight months. All except one were single, separated or divorced. They ranged in age from 30 to 46, and all had children who lived with them. The largest family included five children ranging in age from 17 months to 19 years; the smallest family included just one child, age 14. Six of the women were white; one was African American. All but one was born and raised on Cape Cod or in nearby Massachusetts communities.

Four of the mothers were working at the time they were interviewed; two were on disability and not working; and one was staying at home with her young children while her husband worked. Only one received any child support. At some point, all had received assistance from the state, generally a mix of welfare⁵, housing subsidies, food stamps, shelter and counseling, SSI, SSDI, assistance to secure and move into permanent housing⁶, or state-subsidized health care. The type and amount of benefits each woman received varied a great deal, however, and at least one

⁵ Temporary Assistance to Needy Families

⁶ From the Massachusetts' Residential Assistance for Families in Transition Program

woman had received almost nothing. In general, those who had received the most financial support seemed most financially stable; the woman who had received the least support seemed most stressed.

Below are summary sketches of the seven women interviewed for this report. Although five of the seven agreed to be identified, the information they gave seemed so deeply personal, and many of their opinions so frank, that out of respect for their privacy we deemed it prudent to change their names. All other details are as they presented them. See Appendix A for a complete profile of each interviewee.

- Jill, 43, lives with her 17-year-old twins in one of Mashpee Village's two-bedroom apartments. (A 21-year-old daughter lives on her own.) Jill moved into the development after living for a year in a hotel with her younger daughter and her handicapped sister. The hotel was meant to be a temporary stop after being evicted from their rented house in Falmouth, where Jill had had disputes with her negligent landlord. She couldn't afford to store her furnishings, so she left everything behind. The hotel, where she worked three days a week in addition to her regular job unloading trucks at Wal-Mart, cost \$1600 a month. Jill turned to several local agencies for help finding and furnishing something big enough for the three of them and her son, but was told she would have to quit her job and go into a homeless shelter first. Eventually she was accepted into Mashpee Village. Life hasn't been easy here. Her son has dropped out of school; her daughter, finding the local high school too rough, takes classes by mail (like other families profiled in this study, Jill can't afford internet access). Though she was supposed to take five months off after recent surgery for work-related injury, she exhausted her sick days and vacation, and returned to her night shifts at Wal-Mart after only five weeks. Of all the interviewees, she has received the least cash assistance. Her medical expenses are particularly crushing. The private insurance she has through her employer requires a 20 percent deductible, and she can't afford the \$50 a month it would take to insure her twins. She is currently paying off a \$10,000 bill for emergency surgery her son had 18 months ago, in addition to her own medical bills. She is pinning her hope for a better life on some future date when her children leave home, at which point she'll be free to work all night, rather than only half the night. "I'll move down to a smaller place, and then I'll switch to full overnights, and I get like another \$1-something an hour," she said. "And my bills will go way down."

- Liz, 44, moved into Mashpee Village five years ago after fleeing her violent, heroin-addicted husband. On disability for post-traumatic stress disorder, she gets a housing voucher from the state, works part-time at a sober house for women, and has been taking college classes for four years toward a bachelor's degree in social work. Her main supports have been Alcoholics Anonymous and Narcotics Anonymous groups, which she attends several times a week. Though she feels relatively secure now, "there were times (after moving to Mashpee Village) where we had no food at all. My electricity got shut off. I didn't have a phone; I still don't have a phone. I can't afford a phone." She has relied on a local church for donations of food and clothes, and still depends on food pantries.
- Deirdre, 38, has five children, the youngest still a baby. She split from her partner of 23 years before her last child was born, and she receives no child support from him. While waiting for the birth, she moved in with her mother, squeezing everyone into one bedroom. She said she would take her kids to a shelter before going back to that situation – and that remains a real possibility, she indicated, given that some days she feels like she is "sinking" under her money worries. She works part-time as an overnight shelf-stocker at Toys R Us, but recently the store reduced her hours due to the bad economy. Despite her Section 8 voucher, which keeps her current rent at only \$250 a month, she can hardly make ends meet. Food pantries help a little, and she has MassHealth insurance for the children. As for herself, she is not sure whether she is covered anymore. As she considers her life, she said her biggest problem is asking for help in time, before crisis sets in. Even now, she is not confident that she can do it.
- Pattie, 32, moved from Maine after her chronically abusive partner finally went too far, choking her in front of their three children until she passed out. Packing up her car and fleeing with the kids, she moved in with her sister in Massachusetts. But the apartment was crowded, and after a few cramped months she made her way to a domestic violence shelter and then into transitional housing. It was there that she learned about Mashpee Village – not a place she would have chosen, she said, but one that has a single overriding benefit: it has allowed her kids to finally put down roots. She works full-time as a medical assistant, but is still strapped for cash. MVRP – the Massachusetts voucher program that subsidizes rent over 40% of income – helps, but not enough, especially

when Pattie factors in the cost of transportation. “I have a car payment, which I don’t want, but there’s no transportation out here, and I’ve been stuck,” she said. “I go through cars and jobs like other people go through underwear. It’s just very hard to get things done the way that I would like to get them done. And I spend a lot of time being aggravated because I don’t understand how things turned out this way. How do I not have enough money to get my kids’ hair cut? What am I doing wrong that I have to say, ‘Wait four weeks to get a new pair of shoes’?”

- Bernadette, 44, moved to Mashpee Village almost five years ago, after years of substance abuse and violent relationships that forced her to uproot her four children over and over. Eventually she ended up in a family shelter in Hyannis, which she calls the “turning point” of her life. Though she’s been clean and sober for 10 years, all of her children have special problems: the youngest has been diagnosed with bi-polar disorder, another has severe depression, another attention deficit disorder, and the oldest daughter has had substance abuse problems of her own, and is now in recovery. Bernadette is on disability for physical problems, but hopes to get off it in a couple of years and go back to school for a master’s degree in social work. She’s not sure how she will afford it, though, given that even a scholarship would only pay a portion of the costs. It is another hurdle in a long series of them, and she says it is typical of what people with her problems face. “There’s always something that holds you back. Most people who are homeless are homeless because either they were in a destructive relationship, they had a destructive childhood, or they themselves did drugs or alcohol. There’s mental illness. There’s always something that holds you back. And unless you get connected with the right people that know where to go, what to do, set you up, you’re going to fail.”
- Bonnie, 37, moved to Cape Cod with her daughter after facing eviction from her apartment in Worcester, Mass. At first they doubled up with her mother, but the arrangement was temporary and after a few months her mother asked her to leave. She knew someone at Mashpee Village, and managed to land a one-bedroom apartment quickly. She works as a waitress, part-time cleaner and substitute teacher, and plans to begin working on a teaching degree next fall. Her first husband owes thousands of dollars in child support – she’s almost given up trying to collect it – and the only benefit she currently receives is food stamps. Like some of the other women, she depends on local food pantries. She never applied for a housing voucher because she wants to get used to

paying a near-normal rent; she says she is practicing for the day when she will be able to buy her own condo.

- Celia, 30, sought refuge in a domestic violence shelter with her young son after years of abusive relationships. Absolutely determined to make a fresh start, she took all the advice she could get, earning a certificate as a nursing aid and going to work in a nursing home. After moving to Mashpee Village, she met and married a man with two children, one of whom was actually the daughter of an old girlfriend. Since marrying, they have had two children together, the youngest of whom is still an infant. Her husband does seasonal work as a mason, and their income fluctuates wildly. While she feels that she is finally “exactly where she should be,” and thrilled with her suddenly large family, every month brings new fears about whether they can pay their rent and avoid eviction.

Means of Success

Personal Motivation

Though the women’s personal stories vary, a careful reading of the interview transcripts yields these points of commonality:

- They all sought long-term answers to their problems
- They all showed initiative in seeking help
- If they were addicted to drugs or alcohol, recovery was and remains their priority

The ability to take tackle personal problems aggressively requires the readiness to do so. The women interviewed in this study had spent years on the margins of mainstream life, and they had come to believe that Mashpee Village was their best, and even their last, opportunity to put down roots and make an independent life for themselves. For four of the women, that determination came after long periods in therapy. “I recommend that for *everybody*,” Bonnie said, reflecting on her hard-won understanding of why she jumped from one physically abusive relationship to another. Three of the women, however, hadn’t spent any substantial time in one-on-one therapy. For them, motivation came from a determination to provide a stable place for their children. “The five years that I’ve been here, this is the longest that we’ve been in one spot since I’ve had my children,” Pattie, the mother who transplanted her family from Maine, said. “My 13-year-old, he was in nine schools by the time he was in

second grade from moving, from me just trying to make everything okay. I always said I was going to have him committed by the time he was 10, because he was just off the wall. There was a lot of anger, a lot of anxiety, and just things that he was a witness to. Now the change in him – I know that a lot of it is because he’s been in one spot.” Deirdre, with five children, echoed her, saying, “I will do anything for my kids. My kids need their own house. They need security and safety. They want to feel safe.”

Traditional Means of Support

One obvious support system in times of crisis is family, and it is tempting to think that family ties helped these women get their lives back on track. But in fact, family support seemed to have been limited. In some ways, that is understandable. The problems that ultimately led to each family’s homelessness had escalated over several years and, it could be argued, were at least partially the result of each woman’s individual choices; there was nothing family members could do about a woman’s choice of boyfriends, after all, or her decision to use drugs. But aside from sporadic emotional support or the occasional small loan, none of the women said their families were a critical safety net for them. Indeed, given the level of family dysfunction at least four of the women described, it is likely that some families were never capable of stepping in to provide crucial support in the first place. One of Bonnie’s stories illustrates this point:

I was never close with my family. They were never behind me, ever, for really anything. My father left my mother when I was really young. She’s been married two other times. She’s kind of focused on herself. She put me out when I was fifteen, both me and my sister. And my father is on his third wife, I couldn’t turn to him. I had no one to turn to.

She fell into a series of abusive relationships, married, had a baby, and left when she finally realized the violence in her marriage wasn’t normal. She got married again, this time to a solid man with a good job, and they moved into a nice apartment in Worcester. But a year later he divorced her, leaving her to pay the rent on their apartment. She managed for a while, but ultimately fell behind. On the verge of being evicted, she loaded up her car, leaving everything that couldn’t fit behind.

I had this junker and I put my last \$8 in it and drove to the Cape. This is where my mother lives. I showed up at her house. And I was like ‘Look, I can’t do this

anymore, I need help. I'm about to be homeless and I'm scared.' And she wasn't exactly the biggest help. The first thing she did was hand me the phone number of a shelter. My sister through her second marriage said to her, 'Look, she needs help. You need to help her.' So she took me and my daughter in. She let us stay in her basement in one room. And all our stuff was in that room, and in my trunk. And on top of it my mother was charging me. She was like, 'Okay, I'll give you a couple of weeks, but I really need money for you to stay here.'

Six of the seven women said they had never made many friends or gotten to know their neighbors well at Mashpee Village – another potential source of support. Two women mentioned having a few friends in development, but generally the women said they kept to themselves. Three cited drug use as the reason why. “There are a lot of adults here I want nothing to do with, okay?” said Bernadette. “And not because I’m any better than anybody, believe me, I’m equal with everybody here. I just mean that I don’t want to have anything to do with people who are using drugs or alcohol.”

Liz, the former heroin addict whose continued recovery is critical to her family’s stability, said: “I can tell if there’s a house that’s got active substance abuse before the police would even know. And that stuff triggers you. You know, like to know that across the street (my neighbor) has one of the biggest heroin dealers in and out of her house all the time? That’s not good for me.”

Like Bernadette and Liz, Celia noted that Mashpee Village feels safer than it used to. Yet there is still plenty of activity that creates a negative environment for those families who are trying to make it work. “It’s arrogance, the people that come in and go out,” she said. “Either they’re really, really strapped for cash and can’t afford to live here, or they’re just immature and here for fun and want to play and have no idea how to be a good neighbor.”

Bernadette cited the tough youth population in the development as one reason her son has never fit in. “My fifteen-year-old, most of his depression is because he hates it here,” she said. “It’s the kids. When he first came he was bullied by the neighborhood kids. Now he’s older and taller and he’s started to go out and play basketball and do manhunt, but he’s still like – he’s been asked by neighborhood kids, ‘Let’s go smoke a blunt.’ He’s ‘Nope, I don’t do that.’ He knows he has the potential to be an addict.”

Organized religion, another traditional form of support, was unimportant for four of the women, though several had depended at various times on services, such as food pantries, provided by churches. Three said they missed their old churches and hadn't been able to explore new ones yet, or had tried local churches and couldn't find one they liked. "I'm working a lot of jobs right now, so it's hard," said one of the women. "But I have a great faith. My daughter and I definitely have faith, and we're always saying we really need to go."

Finally, what of boyfriends or husbands? The support that romantic partners could provide is obviously enormous, but four of the women in this study had been seriously abused by husbands or boyfriends and all of them had had to chase ex-partners for child support, sometimes for years and usually with nothing to show for it in the end. As previously noted, only one woman received child support, and for only one of her children; in every other case, fathers contributed nothing. Because of destructive histories with men, three of the seven women said they intentionally keep men at a distance, and, aside from the one married woman, none spoke of serious romantic relationships. "I have problems with men," one of the women said flatly. Another said: "As far as men who stay overnight or any of that, no way." Given that boyfriends can bring serious problems into a family – siphoning money away, for instance, or dragging recovering girlfriends back into substance abuse – it is likely that one of the reasons these women have maintained stable housing is that they haven't fallen into new and potentially destructive relationships. Are boyfriends a risk factor for previously homeless families headed by women? This study can't answer that question, but these particular women seem to have decided that for the time being, they are better off without men in their lives.

Services and Benefits

If traditional support systems were of limited assistance to these women as they transitioned into permanent housing, what did help? A great deal of critical assistance was delivered *before* they moved in, through the shelter system: skill-building and planning, personal and group therapy, 12-step groups, parenting groups, budgeting work. Several cited individual counselors and social workers who linked them to resources they would otherwise never have known about. Four of the women had also had private therapy that began in shelter and continued for years afterward. Below they describe the forms of support that seemed most helpful to them.

Services in shelter. Life in shelter was a turning point for at least three of the women

interviewed. Shelters provided them with critical services and, just as important, a chance to figure out what had gone wrong and make a plan to move on. Bernadette said,

(Shelter was) the scariest thing I went through but the best thing in my life, even though my depression was probably the worst it ever was – I was feeling suicidal. But two people there, the director and a counselor, were phenomenal. They got me in touch with the right services, got me in touch with counseling for myself, for the kids. They got (my son) a psychiatrist in the area so I didn't have to go to Boston anymore. They pulled everything together. They saw what I needed and saw that I didn't have the wherewithal to do it myself, and made it happen.

Celia, the one interviewee who has remarried and given birth to children since moving to Mashpee Village, credits the counselors and advocates she met in the shelter with helping her turn her life around.

I reflected so much on myself and my life and the circle of violence and on everything that they said related to me. I felt completely alone in the world. I saw all these other girls that were there that hated what they were doing and they hated their lives, and their children were feeling it. And I refused to be a victim any more. I refused to be angry at everybody and blame everybody for what I was going through. I'm the one that didn't have a good job. I'm the one that didn't do anything with my education. I decided to chase a man. And chase a high (of intimacy through physical abuse). And it wasn't even a good high. I'd just get slapped and I'd fall down, you know? I refused to do it anymore. So I listened and I worked that program and every opportunity that they threw my way, I took it.

Stabilization care once housed. Only one woman in the study, Bernadette, was visited by a housing caseworker after she arrived at Mashpee Village. She had gotten a job in order to get into housing, but was so depressed that she lost it soon after moving in. The small child-support check she was receiving didn't cover her rent, let alone her other bills. She was overwhelmed and had no idea what to do next. Her eyes filled with tears as she remembered the woman who showed up, unbidden, to help.

This woman, this social worker, she came in, and she was like 'Yeah, something needs to happen here or this family is going to fall apart.' She was a godsend. She

said, 'Why haven't you applied for Social Security for your son? He's been diagnosed with bi-polar disorder. He can get disability. I'm like, 'I don't know.' I was just so depressed. I couldn't make another appointment and do that paperwork. So she sat here with me and made a list of phone numbers. She sat here with me while I called. She said, 'Come on, this is what you're doing to do. You're going to do this now.' She didn't just say, 'Okay, this is what you have to do' and walk out the door. Had she not sat there with me, I probably wouldn't have done it. I probably wouldn't be living here now.

Money to secure housing and move in. Several of the women received cash assistance from the state's RAFT program in order to move in. For Bernadette, the help was vital. "They actually paid, I think, \$1,000 for a moving company because all of my stuff was in storage. I don't know how I would have done that if I didn't have that money. They paid whatever was necessary, I don't know if it was first, last and security, but they paid it. But as far as money goes, that's all I had." In contrast, Jill, who had a job and didn't qualify for such assistance, recalls having to wait for her tax refund in order to pay her first month's rent and security deposit. A few days later, at the beginning of the next month, she had to make her first regular payment. Since she had also had to make a deposit for her disabled sister, who was moving into another Mashpee unit, the strain was almost too much for her. She hadn't had enough money to store her belongings from her last house, so she and her twins moved in with nothing (three other women interviewed for this study also arrived at Mashpee Village with no furnishings). She managed to get a couple of beds from friends, and a couch from a food pantry, but otherwise the apartment was nearly bare. Where could she turn for help? No where, she said. Aside from a short time on welfare when she was pregnant with her twins and couldn't work, she had never needed assistance before. Now, when she did, she couldn't get it, supposedly because her income was too high. It still rankles her. "I think if you don't work – I think if you've been involved with DSS and things like that, you're more apt to get help. Because I know people that I work with who were involved with DSS because their husband hit the kids. So they got housing, they got this, they got that, no waiting, nothing, they got day care. But if you don't have problems, they don't seem to help people."

Someone to help with budgeting and short-term financial problems. Five of the seven women said that they had needed help learning how to budget. Celia's story was typical:

When I was in the shelter and in transitional (housing), the advocates, they make you take a

budgeting program. I never learned it at home. When I came here, I did fall a couple of times and needed to pick up the phone and call Community Action and say 'Oh, my gosh, help me! I have to pay my electric, and the insurance on my truck, and now I'm behind on my rent.' Because I wasn't getting any financial help. I wasn't on anything. I didn't get food stamps, I didn't get cash assistance, MassHealth, nothing. Just my salary, just me. So even with my own budgeting, I was still kind of overwhelmed.

Ongoing help with long-term, complicated problems. Liz's story shows how much help it takes to stabilize a family after trauma, and how long the process can take. While living what she calls a standard middle-class suburban life, she was diagnosed with ovarian cancer in the late 1990s and given a prescription of Oxycontin for the pain. Within a few weeks, she was addicted. Her husband, who worked in law enforcement and had been shot in the line of duty, had already become an addict. They quickly lost everything: the house, the kids, their marriage. He "went crazy" from the drugs and chased her from place to place, threatening to kill her. Eventually Liz turned to a domestic violence program, who recommended that she move out of state. She refused. Having gotten her youngest child back, she was afraid of losing the other two for good.

We decided that I would go to Sage House in Framingham. It's for women who are sober and clean and you have to work a program and go to meetings. I think that was probably the best decision I ever made. It was safe for me and my son. I got a lifetime restraining order on (my ex-husband). The judge in Framingham impounded my address so that he couldn't find it. It was crazy. So here I was, trying to stay clean and I was worried about my kids and I'm like, where am I going to go? What am I going to do?

Once I realized what I had done with the drugs, I was never going back. I couldn't believe it when I finally woke up and started going to the program. I didn't even know what had happened. Sage House has you start working on the housing. I applied to like 200 places, and I got it here. I got an apartment. The manager that was working here was wicked supportive. She would check on me and make sure I was okay. (My ex-husband) came here twice, he broke through the sliding glass doors and it was like this big thing. So they arrested him and then he came back a week and a half later after he got bailed out. Marty (the manager) was really hands-on with me. They placed me in the end building up in the top corner, so in order for

him to get in, he would have to go through the locked bottom doors and then come upstairs past like three other apartments. She would come check on me and she would call me and she made sure that the Mashpee Police were following through with the domestic violence. Knowing that they put me there, they cared enough, they knew what was going on That was a huge thing.

Recommendations

Can the transition to permanent housing be made easier for homeless women and their children? Several women said that success is largely dependent on an individual's willingness to ask for help, and on her determination to live a self-sufficient life, free of "the system." (Three women, reflecting on their lives in shelter, said that it was clear to them even then that very few of the women in those programs would make it, given their dependent mentality, depression, low self-esteem, and addiction issues.) Even so, the women made several recommendations about how their own transition experiences could have been made easier, and how Mashpee Village could make changes that would encourage even well-established families to stay.

1. **Provide case management/stabilization workers to families after moving in.** Six of the seven women mentioned the need for help that a case manager or stabilization worker could offer. As noted above, only one woman, Bernadette, was assigned a stabilization worker to follow her after moving to Mashpee Village. Looking back, she believes it made the difference between her success and failure in housing. The stabilization worker had been assigned by Housing Assistance Corporation, the Hyannis-based housing organization that operates Cape Cod's homeless shelters and works to place shelter residents in permanent housing. Originally, stabilization workers were meant to follow residents for a year after move-in, helping them troubleshoot problems, locate resources and stay on track. But caseloads were enormous and sometimes follow-up was spotty; as state funding declined, eventually the caseworker positions were eliminated altogether. Recently, the state restored funding for two positions, but at the same decreased the amount of cash assistance available to those moving from shelter.⁷ Service providers agree that follow-up work with newly placed residents is key to their success, usually because the problems that led to their homelessness in the first place are so complicated.

⁷ Delores Barbati, Housing Assistance Corporation. (personal communication, April 2009)

“If they come from shelter, I’d say they’re definitely there for a *reason*, you know?” Bernadette said. “It’s not ‘Oh gee, I just lost my job and I can’t pay my mortgage.’ I mean there are a few of those, but everybody I knew in the shelter, either they were in an abusive relationship, or they said they were there for domestic violence, but a lot of them were just addicts. They just needed someplace to be. You might look at people from a shelter and say, ‘Oh, they look stable.’ People would have said that about me.... If I hadn’t opened up, nobody would have known, but I was at the breaking point.”

Editorial note: Though this narrow study does not attempt to describe innovations in the homeless services field at large, it is worth noting that home-based case management is a feature of all “housing-first” programs, where it is an assumption that troubled families need continuing, on-the-ground assistance after moving into new housing. Those programs link participants with mainstream social services; ensure children are attending school; provide crisis management; and help participants work toward established goals. Case management is provided from two to eighteen months, and is sometimes mandatory.⁸

2. **Hire more resident services specialists.** Mashpee Village’s resident services coordinator, Donna French, was praised by several interviewees as a highly knowledgeable resource who offers nonjudgmental support to residents in times of need. “Donna: that’s it,” said Bonnie. “They need to have Donna at other places. They should clone her.” Liz suggested that there should be two or three more such coordinators at Mashpee Village, but added that they needed experience with tough issues like drug addiction. If local stabilization workers are not available from outside the development, or not in the quantity truly needed, then Mashpee Village itself can approximate the work they do, but it will have to invest in more specialists and formalize and expand their duties. One woman outlined what the scope of their work might be:

In my opinion (success) is about the case management thing. To make sure there’s food in the house and that they have electricity and all that kind of stuff.

⁸ LaFrance Associates (2004). *Housing first for families, research to support the development of a housing first for families training curriculum*, The National Alliance to End Homelessness, Washington, DC. Downloaded May 30, 2009. <http://www.endhomelessness.org/content/article/detail/1225>

But then there's the group stuff: mother's groups or substance abuse things, or meetings where there's anonymity. Because I'd say 90 percent of this place has substance abuse issues.

(Editorial note: Americorps volunteers who either work as residential services coordinators, or as interns to coordinators, are a potential resource for Mashpee Village.)

3. **Be proactive and non-punitive about substance abuse.** While some women were unsympathetic to the drug-users in the development, the two women who had struggled with addiction themselves said that helping substance-abusing residents is in fact part of Mashpee Village's mission. "Why else do people need to come here?" one asked. "Most of it's because they've lost everything because of drinking and using drugs." Rather than punishing drug use, she suggested that Mashpee Village insist on treatment and/or drug testing for drug-users, and only evict if they refuse and problems persist. She also suggested hiring a cultural liaison for resident Native Americans with substance-abuse problems, and offering Alcoholics Anonymous and Narcotics Anonymous groups on site.

4. **Allow tenants to save money rather than adjusting housing subsidies and other benefits downward as their household income rises.** Of all the issues the women identified, the loss of benefits due to increased job income (either theirs or their over-17, live-at-home children) seemed to frustrate them the most. Four of the women talked at length about the absurdity of a system that keeps them and their children at a near-subsistence level, unable to save money for the education that would improve their earning potential, or even for routine emergencies such as a broken down car. Bernadette, for instance, lost her eligibility for food stamps when she began getting SSDI payments. Between disability and child support for one of her four children, she has an income of \$2,500 a month, but that barely leaves her enough to put food on the table. "If they had some kind of program where they could give you the food stamps, and you take the same amount of money that you would put towards food and put it into a fund. Put it into something that can be used for housing or towards school or towards a car or something that someone needs to get a job."

The issue seemed most frustrating for the women with children old enough to begin working themselves. For instance, Bernadette's financial situation is made even more complicated by the fact that her oldest daughter now has a part-time job, and her salary counts toward household income, creating a ripple effect through the family's other benefits. She said: "We make too much money on disability and her working part-time to have MassHealth. I was kicked off MassHealth because of that, and I only have Medicare now, and Medicare doesn't pay for a lot. I have already started recently to have to pay for doctor bills. One was \$80, one was \$40." Deirdre, the Wal-Mart worker with twins at home, also worries about what will happen when her son, who is also almost 18, gets a job. "That counts toward my income and my rent will go up," she said. The policy seems unfair, she said, because "if he moved out, my rent wouldn't go down."

Pattie, the woman who fled Maine with her children to get away from her violent partner, wonders why she wasn't allowed to take a cash benefit she didn't need and put it toward something that she did need. "I think that the best thing that they could do is to really listen to what somebody is saying that they need and take it seriously," she said. "Because if I was able to take any of that money they said that I could use for moving and put it to the side, I wouldn't be stuck with a car payment right now. I feel like I'm always starting over. And I've been here five years and I shouldn't be starting anything anymore."

(Editorial note: Individual Development Accounts could be one way of helping such tenants take financial control of their lives. IDAs are matched savings accounts that help low-income individuals put away money for education, homeownership, a small business, or in some cases, transportation. Matching funds are provided by an array of public and private organizations. Many groups around the country offer IDAs. One such organization is Compass Working Capital in Boston.⁹)

5. **Families initially need help managing their budgets. Don't insist on perfect compliance too quickly.** All seven women said they had ongoing financial difficulties, and five of the seven talked about the particular problems they experienced immediately after moving in. One of the women said, "If they had programs that, like for the first six

⁹ See CFED at <http://www.cfed.org/> and Compass Working Capital at www.compassworkingcapital.org

months maybe you can pay like \$200 towards the rent, especially for people who aren't used to paying bills, then that can slowly get them into the habit. Like you know, 'I have to make sure I have X amount of dollars for this or that.' ” Another woman complained that, even after five years at Mashpee Village, a recent late rent check resulted in an immediate letter of eviction, no questions asked. “They need to just ease up a little,” she said. “It's so stressful. Just thinking about that letter, my heart starts pounding.” Mashpee Village management may feel that it is fairly lenient about rent payments, always willing to make arrangements with tenants acting in good faith. But the women in this study did not seem to expect leniency; instead, they feared immediate eviction. (*Editorial note: A partial remedy might be found in a compromise: residents with temporary problems could arrange to pay late, or pay a decreased amount for that month only, if they agreed to do community service, working in the communal garden, doing landscaping, or helping in the food pantry or computer lab.*)

6. **Don't wait for a crisis.** Mashpee Village should be proactive in providing assistance to families on the verge of crisis, but not yet in it. One woman, Jill, is a case in point. As one of the two interviewees without a housing voucher, she pays full rent and works a job that recently cut her hours due to the bad economy. To make matters worse, she injured herself at work several months ago and is still paying off the medical bills. She has approached agencies for assistance before, but been refused because she makes too much money; now believes that no one can or will help. She might be wrong about that, of course; because she didn't come to Mashpee Village through the shelter system, she has never been thoroughly briefed on resources and may simply not know what is actually available to her. At this point, however, she seems too depressed to continue asking for help. What she needs now is the assertive intervention of a knowledgeable person – one who can help her sift through potential solutions, come up with a plan, and see that plan through.

7. **Offer positive activities for teens.** “What else is there to do but walk around and vandalize things?” one of the women asked rhetorically. Three of the women had heard about the new internet-wired computer lab and agreed it is a start, but said it will take more to engage bored teenagers who might already be on the wrong path. One woman suggested youth-oriented lectures; another suggested equipping the computer lab with video games.

8. **Help working mothers of young children access low-cost, quality childcare.** Two mothers in the study are unemployed, and a third is employed only a few hours a week. Three others have children old enough to care for themselves and younger siblings. But for the one working mother who still has young children, the strain of finding and paying for childcare is enormous. Pattie, who moved to Mashpee Village when her oldest son was only 8, and whose youngest child is in the third grade, spoke about the constant difficulties of meshing her work schedule with the children's school schedules. "I'm like stressing and struggling," she said. "There's no before-school care, there's no after-school care. There's very limited vacation; that's horrible, you know what I mean? Like the April vacations and the summer vacations. I can't afford to put them in summer camp any more. The first year that we were here they went to Camp Lyndon in Sandwich. Because I still had a voucher from being at the shelter. But you lose that once you leave shelter. I know that if I wanted to try and get a voucher to at least have a smaller portion (of the camp tuition) to pay, it's like a six-year wait. Six years! They'll be in college in six years." Her children walk to the local Boys and Girls Club after school and she said she "scrambles to pick them up" every day before it closes. As for the summer? She's not sure what arrangements she will make. "That to me is the hardest struggle of being here," she said. (It is perhaps not coincidental that the woman who complained of the fewest post move-in problems was Bonnie, who has just one child. Bonnie's daughter was already 11 when they moved to Mashpee Village, and thus childcare was never the serious issue for her that it has been for the other women.)

9. **Understand that many residents won't seek help on their own.** Understand that some people are "afraid of the office," in one woman's words, and won't seek help or take advantage of services on their own. While management may believe that it is doing an adequate job of disseminating information, special outreach will be needed to pull reluctant residents in. Parenting classes, for instance, are unlikely to be utilized by the very parents who need them most; skillful personal appeals may need to be made to encourage individuals to attend.

10. **Build community.** Celia, who moved to Mashpee Village five years ago with her young son, recalled that her first months at Mashpee were lonely. "I cried my eyes out every morning," she said. Eventually, though, she made connections, dropping by the office

just to chat. According to her, the small-town feel was part of a pleasant but temporary phase in the community's life.

The (manager) that was here before really stressed community and she put together all these little luncheons and did tons of stuff for people in the community to try and get the neighborhood to come together and be supportive of one another. And to introduce us to one another, because a lot of people were afraid of each other. If they would have had that in the beginning, when I first moved in here, I think it would have worked a lot better – if I had that sense of community where everybody was helpful of one another and if you had a problem, somebody was there to help you. (Residents) were close with the people in the office and the people in the office knew their lives. They knew that Sharon in A2 needed a crib, and knew that Crystal in 14W was moving out and going to throw her crib away. They would say, 'Hey, don't throw that away, A2 needs it.' I miss that. I miss that a lot.

Bernadette, who has also been at Mashpee Village long enough to have a historical perspective, agreed, saying: “At one time, I know they did things for singles here. They did things for seniors. I don't know if they still do. But they had like day trips, things for adults. (They should) just offer something. Yoga, journaling class, writing class.” She pursues such opportunities off-site, recently finishing up a two-part reiki training course that she hopes will improve her marketability once she gets back into the workforce.

- 11. Increase access to reliable transportation.** The lack of public transportation on Cape Cod is a well-known problem for the poor, and all the women interviewed had been affected by it. Though all of them currently had cars, keeping them in working order was a constant source of stress. One woman, Pattie, had lost numerous jobs because of unreliable cars; another, Bonnie, was forced to pay \$100 a week for a used car under an expensive pay-as-you-go plan. She had no choice, because without a car, she could not have gotten to work, and without an income she wouldn't have been able to support her daughter or been eligible to move into Mashpee Village. She said, “There should be some kind of bus or something to go to Falmouth or Hyannis for people to go to work because

there's not a lot of jobs in Mashpee, and you need transportation.” (*Editorial note: Given that Mashpee Village has little influence over public transportation, it might consider a shared-car program that allows two or more residents to share vehicles, either for a small fee or free of charge. Residents with cars but not currently working might also be willing to volunteer as drivers for residents temporarily without a vehicle, either as part of an ongoing resident volunteer program, or in exchange for a stipend.*)

12. **Remember that all residents are unique human beings.** Some have the attitudes and life skills necessary to be responsible Mashpee Village residents; others don't. Labels and assumptions merely create mutual suspicion. The women in this study were painfully aware that they are on the bottom rung of the social ladder, and clearly, some of them were still struggling with their shame at having “ended up” in a low-income housing project. “I just wish I could say telepathically, ‘Don't forget that every individual here has a life,’ said Celia. “We all may live in poverty, or some sort of poverty, but we're human beings, and I didn't ask to be in this situation. I want to feel comfortable here; I don't want to feel like I'm a loser.”

Making Temporary Success Permanent

This report has focused on tenants who have been successful in maintaining housing at Mashpee Village. It is important to note, however, that “success” for each of these women could be temporary. The complicated arrangements upon which each of their lives is built – a fluctuating mix of state benefits combined with low-paying jobs – could collapse at any time, and they know it. Celia, suddenly the mother of five after marrying a man with two children of his own, spoke to this persistent anxiety:

I'd say almost 98.9 percent of the time when I pay my rent, it is late. Always late, by a day, by four days. But it's always late. Not because I don't want to pay it or because I'm trying to skip out on it – just because I don't have the money to give it to you. I have to wait for my husband's check to clear and then I can give it to you. Because I have no cash in my pocket. I can't go anywhere because I have no gas. So I always fear that I'm going to get an eviction letter. I'm always afraid when my electric bill comes in, because I can't pay it. I haven't paid it in months. I can't.

Deirdre, the mother of five with a seventeen-month-old baby, said she is keeping her “options open” about whether she will ever go into a shelter. “I don’t think my kids would be devastated by it,” she said. Of all the women interviewed, her grasp on middle-class stability seems most tenuous, and it was hard to avoid the impression that, try as she might, she could one day tumble back into homelessness.

If homelessness remains such a persistent threat to them, how is it possible that they have gotten this far? All of these women were highly motivated to make their new lives work, but six of the seven encountered obstacle after obstacle. By some confluence of luck and grit, they happened to get what they needed in time to avert disaster. Sometimes they managed to get it on their own; more often, though, help was given to them, sometimes without them even having to ask for it. “So many things happened that were not of my own making,” Bernadette said, recalling her long rise out of homelessness, and referring especially to the stabilization worker who visited her for months after she moved in. “People sent the right people to my door to help me.” Given how touch-and-go life at Mashpee Village has been for some of these women, it is likely that given slightly different circumstances, they could just as easily have failed. It is also likely that there have been at least some others who did fail, but could have succeeded if a few targeted services, delivered at just the right time, had been offered.

The broadest lesson for those interested in helping homeless families succeed in housing would thus be to make sure families get what they need, and in time for it to make a difference. There are several ways to deliver such assistance, but the most obvious involves assigning case managers to check in with families for at least several months after move-in, helping them figure out child care, transportation, jobs and benefits, and making sure that they can get to support groups and therapy if they need it. It is also important to understand that while families who come from homeless or near-homeless situations may vary in competence, all need some assistance, however slight. Families like Jill’s and Deirdre’s, who were never in shelter and thus never received transitional services, are a special concern. Though outwardly they may seem more capable than families from shelters, they can actually be just as vulnerable. They may have never received any of the services and referrals available through the shelter system, and may not be comfortable asking for help. Reaching out to them with persistence will be necessary in order to gain their trust and help them truly get back on their feet.

Other ways to assist homeless families go beyond providing practical help. They involve creating or advocating for policy changes that allow heads of poor families to earn more money without reductions in current benefits. Such an approach would allow families to climb out of poverty far more easily by helping them keep jobs, pay for quality child care, pursue secondary and vocational education, and buy health insurance for their children. Investing in poor families with the goal of increasing their earning potential would obviously make it possible for them to transition off public assistance earlier. The benefits of such a shift would accrue to everyone: to the public system; to Mashpee Village; and, of course, to the families themselves, who could finally take control of their own lives and potential.

In the final section of this report, we move from broad outlines for assisting transitioning families to more specific steps Mashpee Village might take.

Next Steps

Given the recommendations of the seven women in this study, and the desire of Mashpee Village to craft strategies that support them and their families, several courses of action seem indicated.

Define more precisely what “success” means. This study defines successful tenants as those who paid their rent on time and behaved responsibly. Using those criteria, we might reasonably conclude that Liz and Bernadette, both at Mashpee Village for more than five years and both financially stable, are the most successful of this particular group of women. They were the most calm and thoughtful of the interviewees, and the ones whose lives seemed most organized and under control. Yet these two women were also the least self-sufficient. They both receive SSDI payments, and thus have been spared the challenging task of maintaining a job while arranging and paying for child care and managing the daily need for reliable transportation. Liz expects to be receiving her disability payments for at least another 10 years, while Bernadette expects hers to end soon. Her real test as a model resident is coming, and she knows it. “I can’t even think about the future,” she said. If Mashpee Village wants to develop services to help transitioning families, it needs to decide whether on-time rent and responsible behavior are powerful enough indicators of success, or whether it instead wants to promote true financial self-sufficiency in residents – a goal that is certainly better for families in the long term, but that may present some difficulties both for them and Mashpee Village in the short term.

Conduct a needs assessment that asks families precisely what kind of on-site resources they need, want, and would use. This project was based on semi-structured interviews involving both a standard set of closed-ended questions and more free-flowing discussion about the women’s own thoughts and experiences. In the course of these conversations, women mentioned many resources that had either helped them in the past, or that they believed might be helpful now: yoga classes, 12-step groups, parenting groups, journaling groups, lectures of various sorts, community get-togethers, activities for adolescents. But how interested are they really in such services, and would they participate in them if they were offered? Mashpee Village should survey tenants to determine which various services, classes or groups they think might be helpful, and ask them for their own ideas. The survey should also gather information on how those services should be delivered. Some residents, for instance, may need child care to attend classes; working residents might only be able to attend a lecture or course in the evening. Ideally, management should not simply distribute the survey in residents’ mailboxes and hope for a response; this sort of “convenience sampling” yields uneven and unreliable information. Quick door-to-door or phone interviews with as many individuals as possible would produce far more useful data. Only in this way will management get a true picture of resident reaction and interest.

Research promising practices in resident-assistance programs. Quickly moving families out of shelters and into permanent housing is an important recent trend in homeless services, and in the last several years, a great deal of information has been generated on what such families need to secure and maintain permanent housing. Mashpee Village should take advantage of that information, much of which is readily available on the internet. See, for instance, *Creating Opportunities for Families through Resident Services: A Practitioners’ Manual. Guidance and Resources for Offering Effective Services to Residents*, from Enterprise Community Partners, and its companion guide, *Program Costs and Staffing Benchmarks for Planning Resident Services for Families*.¹⁰ Among other things, these resources discuss how to decide what services residents need, and how to plan and budget for them. Employment programs, financial literacy programs, and afterschool childcare programs are all discussed in detail. The issues particular to

¹⁰ Hyde, C., ed. (2006) *Creating Opportunities for Families through Resident Services: A Practitioners’ Manual. Guidance and Resources for Offering Effective Services to Residents*, Enterprise Community Partners, Inc.: Columbia, MD, at <http://www.practitionerresources.org/cache/documents/556/55682.pdf>

Flynn, G. (2006) *Program Costs and Staffing Benchmarks for Planning Resident Services for Families*, Enterprise Community Partners, Inc.: Columbia, MD at <http://www.practitionerresources.org/cache/documents/56842.pdf>

previously homeless residents are addressed as well, along with the recommendation that housing developments with high numbers of formerly homeless individuals employ more residential services staff than those with fewer such individuals.

Establish clear goals, objectives and indicators for each service offered. This would seem an obvious step, yet many organizations fail to do it, or at least not in ways that end up being particularly useful to either client or program. For example, the overarching goal of a service might be to help residents obtain higher-paying jobs. Objectives might be to help individuals write a career plan; determine which skills need to be improved; improve those targeted skills; learn how to write an effective resume; tackle transportation difficulties; etc. The tasks the clients must complete to achieve each of those objectives are small and concrete: Under “improve targeted skills,” for instance, these tasks might be listed: 1) identify appropriate certificate programs; 2) identify entrance requirements for certificate program; 3) find out how much programs cost; 4) determine if the location and time requirement of the program fit personal schedule; 5) complete application to enter certificate program; 6) attend skills-building classes; and 7) complete requirements to get certificate. For people with few life skills and little experience in the work world, this kind of precise breakdown of tasks, with attention given to both *knowing* what to do and then actually *doing* it, is vital. The benefit for the client and program is that there is complete clarity about the client’s plan and a means of measuring his or her progress toward the objective. For other examples of objectives and indicators toward likely client goals, see Appendix B.

Ask one or two previously homeless residents to provide ongoing consultation to the resident services program. No outsider, however well informed, will ever understand these residents’ lives as well as they do. Treating them as experts would provide Mashpee Village with accurate information about the needs of previously homeless families, and at the same time provide these consultant-residents with skills that could improve their own job chances. One or more previously² homeless residents, for instance, could take on the task of surveying residents for a needs assessment, or even of acting as three-month “interns” for the residential coordinator. Perhaps they could research and arrange courses for residents, investigate how an on-site childcare “pool” might work, or explore the feasibility of a shared-vehicle program. Since two of the women in this study are interested in careers as social workers (one is currently studying for her bachelor’s degree in social work, and one wants to pursue a master’s degree in it), these

projects might dovetail perfectly with academic requirements, and at the very least would give them the kind of hands-on, real-life experience in teamwork and organization that all social work programs stress.

Conclusion

As suggested throughout this report, the families profiled here have succeeded in Mashpee Village for a variety of reasons: they were personally determined to overcome their problems and achieve stability for themselves and their children; they had received practical help through the shelter system in locating benefits and housing, and emotional help in the form of therapy; all had received public assistance, and for most of them, that assistance was ongoing, at least in the form of housing vouchers; all of them had depended at various times on private charity in the form of food banks or donations of furniture; and those who had struggled with alcohol or drug addiction were in long-term recovery. None had become romantically entangled with destructive boyfriends, and all were clearly willing to work hard to achieve a better life for themselves and their children. However, as noted, their stability remains fragile, and any of these families could slip back into homelessness. Therefore, this report ends on a cautionary note, with the recommendation that any services for newly arrived families at Mashpee Village include support for these older, more established families as well. Preserving success is as important as achieving it in the first place, and each of these families will benefit from the extra attention and resources that a new, targeted set of services could provide.

Appendix A

PERSONAL PROFILES OF INTERVIEWEES

Following are profiles of the seven women interviewed for this study. All information was provided by the interviewees themselves, and may not be comprehensive.

Name/age: Jill, 43
Race: Caucasian
From: Cape Cod area
Marital status: Single
Children: Three, ages 21, 17 and 17 (twins) two youngest in residence
Length at Mashpee Village: 1 year, 2 months
Prior to Mashpee Village: in a hotel for one year with her sister and one child
Homelessness due to: disputes with landlord over repairs
Education: one year of college
Employed: full-time, overnight, as truck loader at Wal-Mart
Salary: app. \$28,500
Insurance: 80-20% insurance for herself through employer, MassHealth for oldest child, twins not covered
Previous services/benefits: welfare payments for one year
Current services/benefits: received four months' rent through RAFT program when recently disabled due to injury
Child support: none
Transportation: owns car
Rent: \$736/mo for two-bedroom apartment

Name/age: Liz, 44
Race: Caucasian
From: Hanson, Mass. (South Shore)
Marital status: Divorced
Children: Three, ages 22, 21 and 12, two youngest in residence
Length at Mashpee Village: 5 years, 7 months
Prior to Mashpee Village: lived in shelter
Homelessness due to: domestic violence and substance abuse
Education: high school, attending college part-time for past four years
Employed: part-time at program for women in alcohol/drug recovery
Salary: varies, about \$50/week
Previous services/benefits: welfare, Dept. of Social Services, shelter services, domestic violence services, substance abuse services, RAFT program for car repairs
Current services/benefits: SSDI (disability) payments for self, SSI for one son, MRVP housing voucher, ongoing therapy
Child support: none
Insurance: MassHealth for herself and youngest child
Transportation: owns car
Rent: \$301 for three-bedroom house

Name/age: Deidre, 38
Race: African-American
From: Cape Cod area
Marital status: Single
Children: Five, ages 20, 14, 8, 6, and 17 months, all in residence
Length at Mashpee Village: 8 months
Prior to Mashpee Village: doubled up with mother
Homelessness due to: breakup with partner
Education: voc-tech high school diploma, one college course
Employed: part-time overnight shelf stocker
Salary: app. \$15,000/yr
Previous benefits and services: welfare for several children, including youngest
Current benefits: Section 8 housing voucher, food stamps
Insurance: MassHealth for children, unsure of own MassHealth status
Child support: none
Transportation: owns car
Rent: \$250/mo for four-bedroom house

Name/age: Pattie, 32
Race: Caucasian
From: Maine
Children: Three, ages 13, 12 and 8, all in residence
Length at Mashpee Village: 4 years, 7 months
Employed: full-time as medical assistant
Education: high school, certified nursing assistant diploma, medical assistant diploma
Salary: app. \$24,000
Prior to Mashpee Village: lived in shelter
Homelessness due to: domestic violence
Special issues: domestic violence history, trauma to children
Previous benefits/services: shelter services
Current benefits/services: MVRP housing voucher
Insurance: MassHealth for children; state-subsidized deductible plan for herself
Child support: none
Transportation: owns car
Rent: \$0/mo for three-bedroom house

Name/age: Bernadette, 46
Race: Caucasian
From: Bridgewater, Mass.
Marital status: Separated from husband
Children: Four, ages 18, 15, 11, and 8, all in residence
Length at Mashpee Village: 4 years, 9 months
Prior to Mashpee Village: in shelter
Homelessness due to: long-term instability due to substance abuse and relationship break-ups
Special issues: history of substance abuse, in recovery for 10 years; three children with mental health problems; health problems that make her eligible for SSDI in short term
Education: bachelor's degree, hopes to pursue master's degree in future

Employed: no (previous jobs teaching school, working in bank, running own daycare center)
Income: app. 30,000/yr.
Previous benefits/services: welfare payments and casework; Dept. of Mental Health caseworker for son; parenting classes and other services through shelter; food stamps; RAFT move-in assistance; stabilization caseworker who visited at least 12 times after move-in
Current benefits/services: SSDI (disability) payments for self, SSI for one child with bi-polar disorder, housing voucher, ongoing therapy
Insurance: MassHealth for children; Medicaid for self
Child support: \$125/week for one child
Transportation: owns car
Rent: \$682/mo for three-bedroom house

Name/age: Bonnie, 37
Race: Caucasian
From: Worcester, Mass.
Marital status: Divorced
Children: One, age 14, in residence
Length at Mashpee Village: 16 months
Prior to Mashpee Village: doubled up with mother
Homelessness due to: abandonment by second husband
Education: two years of college, plans to go back part-time in September 2009
Employed: 30 hours a week as waitress, part-time as substitute teacher, occasional cleaning jobs
Salary: app. \$19,000/yr
Special issues: history of domestic violence by first husband
Previous benefits/services: shelter services, transitional housing
Current benefits/services: food stamps, ongoing therapy
Insurance: MassHealth for herself and child
Child support: none
Transportation: owns car
Rent: \$650/mo for one-bedroom apartment

Name/age: Celia, 30
Race: Caucasian
From: Rhode Island
Marital status: Married
Children: Five, ages 8, 7, 4, 18 months and 2 months, all in residence
(two are non-biological, from her husband's previous relationship)
Length at Mashpee Village: 5 years
Prior to Mashpee Village: in shelter
Homelessness due to: domestic violence
Education: associate's degree, certified nursing assistant diploma
Employed: no (previously worked as aide in nursing home)
Salary: app. \$16,000/yr (from husband)
Current services/benefits: Section 8 housing voucher, food stamps, ongoing therapy
Previous benefits/services: food stamps, RAFT move-in assistance, Community Action emergency cash assistance
Special issues: domestic violence history
Insurance: MassHealth for self and children
Child support: none

Transportation: owns car

Rent: \$303 for a four-bedroom house

Appendix B

EXAMPLE: OBJECTIVES / INDICATORS CHART

Program or Category: Financial Independence

Date of this form: 6-16-09

Objectives <i>(Behavioral and measurable)</i>	Progress Indicated By (Indicators) <i>(source of data or method for measuring objective)</i>
1. Learns to manage personal finances	1. Identifies components of personal budget 2. Creates personal budget sufficient for one month – completes budget packet 3. Identifies three kinds of bank accounts and explains their differences and similarities 4. Describes what an “interest rate” is and explains how interest is charged on a credit card balance 5. Explains the difference between a credit card and a debit card 6. Describes the consequences of defaulting on a credit card debt and explains at least two ways that one can avoid credit card debt. <i>(fill in remaining indicators, to be decided upon with client)</i>
2. Manages personal finances	1. Opens a checking account 2. Opens a savings account 3. Follows personal monthly budget for three months 4. Uses checking account to pay bills for three months 5. Balances checkbook for three months 6. Pays bills on time for three months

	<p>7. Saves \$250</p> <p>8. Saves \$1000</p>
	<p><i>(fill in remaining indicators, to be decided upon with client)</i></p>
<p>3. Adjusts budget to accommodate changes in financial status</p>	<p>1. Assesses changes in income and adjusts month budget to accommodate changes</p> <p>2. Increases percentage of budget designated to go to savings as income increases</p> <p>3. Creates new budget to manage unexpected expenses such as medical expenses or transportation needs.</p> <p>4. Negotiates with employer, landlord and others to meet financial demands within the context of the budget.</p> <p><i>(fill in remaining indicators, to be decided upon with client)</i></p>