A Brief on the Scattered Site Model: Promising Practices and Policy Recommendations

Fall 2017

Introduction
The scattered site model was first introduced into the Emergency Assistance (EA) program in 1993, ten years after the system was established. The model is touted for being able to accommodate larger family sizes and those with accommodation needs. The scattered site model allows families to be more integrated in the community and have greater privacy while experiencing less stigma. The model can be more cost effective, yet it takes valuable housing stock out of the market and can create added challenges to effectively engaging families and providing adequate levels of service.

Over the years, the number of scattered site units in the EA portfolio has since increased, especially as a means to reduce reliance on motels, with most units coming on-line in 2004, 2007, and in the shelter procurement of 2010. In 2012, the co-shelter model was established and the following language was added into the state budget: “the department shall endeavor to convert scattered site units to congregate units and, as allowed by demand, reduce the overall number of shelter beds through the reduction of scattered site units.” According to the Department of Housing and Community Development (DHCD), as a step in eliminating motel use, the total number of contracted shelter units increased by 1,644 units or 82% from 2013 to 2017 (with 2,018 units in September, 2013 and 3,682 units in June, 2017). Based on a 2017 report by the Boston Foundation, 38% of the total EA units were scattered site, compared to 33% congregate and 25% co-shelter, with minimal motel use. DHCD data from October 2017 indicate 41% of total EA units were scattered site, compared to 22% co-shelter and 37% congregate (see Appendix).

The same Boston Foundation report also highlighted that the average per episode length of stay for families is significantly longer for families residing in scattered sites. In response to that data and a member agency’s request, Homes for Families (HFF) partnered with providers and families to better understand the scattered site model. This brief presents promising practices and policy recommendations based on our analysis of the data along with discussion and feedback from families, providers and DHCD.

Methodology
We first conducted a survey with 7 of the 23 MA Emergency Shelter Assistance (EA) agencies with scattered site units. Among these 7 agencies that responded, their scattered site units made up 40%-60% of their agency portfolios. We then held 3 working group meetings with 7 scattered site providers. We also conducted 1 focus group with 5 families (3 mothers and 2 fathers from programs in or near Boston) who were staying in scattered site units except for one parent who had been waiting at a congregate to get into a scattered site unit. Length of stay ranged from 4 months to 2 years. We conducted 2 interviews with scattered site providers suggested by DHCD. Both agencies we interviewed had among the highest number of monthly placements during FY17, indicating these agencies have promising practices to consider in regards to the scattered site model. We were also informed by ideas
from Visioning Day, our annual convening of providers and families from across the state, outcomes from previous Homes for Families surveys with providers and families, and ongoing work with families and EA providers.

The data gathered are not representative of all scattered site providers, however, there was a range in agency size, placement rates for their scattered site portfolios, and geographic location including agencies from the South Shore, North Shore, Merrimack Valley, Western MA, Central MA, and Boston. We gathered information from 9 agencies in total - 30% of all providers with scattered site units.

Promising Practices

Family Engagement

With many families entering EA having experienced trauma, EA agencies have the opportunity, starting at intake, to not only begin to build valuable relationships with families but also to foster stability. Through sharing information about safety, how families will be supported at your agency and connected to community resources, and your agencies’ values around respect, dignity and partnership, families can start on a path towards stability and sustainable housing.

Intake, the first step in building a trusting and productive relationship:

- Providers should consider whether staff expectations on the length of time intakes should take may need to shift. It takes time to provide space at intake to discuss what families can expect from the shelter and to start to establish a trusting and productive relationship. In addition, providing plenty of detail at intake about shelter expectations, safety and rules can help create a greater sense of stability for families and increase compliance down the line. Having conversations up front about the rules while also working to support families in creative ways when needed is helpful (e.g. finding locations to store sentimental items and winter clothes for long-stayers and larger families in particular). One agency in our working group found that their staff were feeling challenged to make enough time during intake to pro-actively address all of the questions families may have without feeling rushed. This agency re-structured intake so that the staff person assigned to meet with a new family would know in advance and could plan to spend the time needed for a thorough intake, even if that meant, for instance, staying late that evening to accommodate the family. In one family’s words:

  “Our experience was good when we got to the scattered site - she talk[ed] to us about the rules, there was a packet, but the rules weren’t stressed/clear enough. We were having company and we thought we were in the rules but since they didn’t say what time we didn’t know that we could get in trouble.”

- Families may benefit from more focus on health starting at intake and shelter staff may benefit from trainings on various health conditions, including the challenges conditions can present related to time management, house chores, and other expectations. As one family shared:
“Because of my sickness, I am a survivor of breast cancer, they were so good to me...they gave us the supplies, the rules, the regulations” They even called the doctor- they told me what to expect in the scattered site.”

Conduct an initial assessment and connect families with housing stabilization staff from the beginning:

**Community Teamwork Inc.’s Re-housing Assessment Plan:** Every family that enters shelter is assigned an EA Case Manager (EACM) and Re-housing and Stabilization Case Manager (RCM). Families that can be housed quickly begin working closely with their RCM right away. RCMs work closely with area Landlords to place families in appropriate housing, and once placed, continue working with families for a year. Families with more complex barriers work intensely with their EACM from the beginning and maintain that relationship throughout their shelter stay. If at any point it is determined a family is ready to move out, the RCM begins to work more intensely with that family. Within the first week, the EACM and RCM will assess a family’s readiness to be housed. **The assessment includes determining:** the areas in which the family may want to live; family assets including current or potential income sources; budget allowance for housing needs; family and/or friends who may be able to co-share an apartment; access to childcare; access to trainings and job search; and the status of housing applications and assisting in applying for new opportunities.

- Assess whether a family can be housed in the short or long term and create a plan from the start to match where the family is at. Families that can be housed quickly are matched with staff focused on housing and stabilization, while families with more complex barriers are matched with case workers who can work intensively to address the families’ needs.
- Connect families with housing stabilization staff from the beginning and maintain that relationship throughout families’ time at the shelter.

**Assessment Resources**
For a resource on comprehensive assessment, see Homes for Families’ **Assessment of Families Experiencing Homelessness: A Guide for Practitioners and Policymakers.** For a tool to evaluate your agency’s needs and progress towards implementing trauma-informed care, see the Center for Social Innovation’s [TICOMETER ©](#). The assessment can be taken online and covers 5 domains: building trauma-informed knowledge and skills; establishing trusting relationships; respecting service users; fostering trauma-informed service delivery; and promoting trauma-informed policies and practices.

Create space to discuss more than just housing:
- Checking in around more than just housing promotes successful partnerships with families and the identification of key stepping stones to overcoming homelessness and challenges that could become barriers. Conversations that include families’ wellbeing help to inform re-housing transitions and stabilization plans and identify opportunities for reunification with other family members or candidates for supportive housing. One family shared:

“...It’s about what do you need from us to make this better. It’s not about judging.”

-EA Provider
“Yesterday, my case worker used her skills to notice that I wasn’t ok and then she listened to me. Yesterday we talked about everything but what the meeting was set for but that’s what I needed and she knew it... when I walked through the door she picked up on it right away. She gave me a chance to say: I’m not ok.”

- A family trying to create a sense of normalcy is very different than that family feeling “too comfortable” while experiencing homelessness. Families were clear in expressing that there was little comfort in living in shelter. For example:
  “I want to be free, I want to be able to go to NY if I need to ... I want to be free... that’s what people want. Freedom.”

There are also families who fear what will happen when they lose support after shelter:
  “For me it's about personality, some people can become institutionalized and need the structure... like my house I want to get out but my wife is scared about not having that support of check ins... she’s not comfortable but she’s scared to lose the support.”

- Ask questions if a family is not engaged with staff and/or the re-housing plan: families may be experiencing a host of challenges related to medical, emotional or mental health, or domestic/sexual violence.

More points of contact with families lead to better relationships between staff and families:
- This includes finding ways to connect with parents, but also supporting children in a family on a frequent basis, enabling providers to remain aware of the health and safety of the whole family. For example: offering families a variety of times of day to meet, whenever possible, to support the family, including the children’s needs (e.g. before and after school hours or on the weekend). One provider explained:
  “One thing we pay attention to is really quiet families because most of the time something is going on. It may be a medical issue or mental health, DV or any number of things. It could be just that they don’t want to be placed in housing because they don’t know how to have that conversation and are scared. If we are in the units every day and building that partnership than you are less likely to have that kind of stuff happening.”
- Have a staff person responsible for doing transportation coordination and school attendance tracking with schools. For example, the Center for Human Development has a children service coordinator, focused on working with children, who will seek information release forms in order to gather information about attendance, number of absences, and if they are suspended, the reasons for suspension.
- Consider requiring staff to enter notes in Efforts to Outcomes on both parents and children.
- When possible, bring a laptop and mobile hotspot to make off-site meetings with families more feasible, frequent and productive.

“[Providers should have] training around engaging without fear, asking questions like ‘are you well’. They are the connection to the outside world and that means sometimes we are going to need to vent or tell them things, and they should be trained to be able to handle it “

-Family
Utilize linkages to external community supports and internal community building along with incentives to increase access to opportunity:

- Link to community based supports (e.g. health centers, community centers, workforce development programs) with an eye towards creating linkages that can last after a family is permanently housed.
- Whenever possible find flexible ways to address transportation. For example, provide a gas card for families with a car, stipends for families who can transport other families in their car, offer T passes, organize a van, or subsidize cab service.
- Food is an important way to build community and connection and address any food insecurity and nutritional needs. Providers can pair food and community partnerships to help meet families’ basic needs, while fostering relationships and connections to workshops and job opportunities.
- Vary incentives and tailor them towards each family. For example, have an incentives tree with a variety of different gift cards and incentives, such as an extra overnight, that families can choose from.
- Scattered sites can be isolating - build in opportunities for peer support and community building through workshops, shared meals, fun nights, etc.
- Connect families to advocacy opportunities that enable them to learn about and influence the very systems and policies that impact their access to stable housing. These opportunities increase families’ sense of power to create change in their lives and improve our collective policy advocacy efforts.
- Follow through is a critical component to building trust, modeling behavior, and reassuring families that staff have their backs. Staff follow up steps can include: checking in via phone calls, circling back once parents express interest in an opportunity, encouraging families to go as a group, and a reminder call a day or 2 prior.

Deepen community partnerships to promote connections to work and housing:

- Enhance relationships and communication with housing authorities, regional housing networks, and partnerships with cities/towns to find opportunities for work, connections to other initiatives/programs, and housing opportunities for families.

**ABCD Mobile Food Pantry:**
Originally created to serve families staying at EA hotel/motel placements, the ABCD mobile food pantry now serves ABCD scattered site guests. Through a partnership with the Greater Boston Food Bank, ABCD collects food based on families’ needs and requests, ranging from fresh vegetables, fish, meat and other produce. The staff work as a team to transport the food, and families from the Brighton scattered site location are transported to the Mattapan scattered sites where the pantry is operated.

The pantry runs for 2 hours every month: the first hour is based on a nutrition workshop by BOND Nutrition Inc. Outside agencies from the Mattapan community are invited to set up resources tables. This resource fair showcasing job opportunities, community health centers, child care centers, community supported agriculture programs and more has been an important incentive for families to participate.
Family Engagement Resources

Trainings and frameworks that providers should consider in preparing staff for the family engagement practices we recommend include: The Center for Social Innovation’s Trauma-Informed Care trainings, National Network to End Family Homelessness Best Practices on Comprehensive Trauma-Informed Assessment, motivational interviewing and active listening trainings, Homes for Families policy advocacy and other trainings, and the Full Frame Initiative’s 5 Domains of Well Being.

Operations

Dedicate a portion of your agencies’ budget to support families in removing economic and logistical barriers:

- Whether it is through DHCD funding or resources via private fundraising or grants, have a dedicated line item that can be used to help families clear debt or pay for car repairs, a drivers license, arrearages, past rent, utilities, summer camp, etc.

Promote staff knowledge and communication on available housing and successful tenancies:

- Support families to consider all of their options and whether they are flexible on location, looking at leased housing for families with disabled individuals, and utilizing strategic re-housing initiative dollars, when available, to target larger families or those with unique challenges.
- DHCD should share information about waitlists and new projects coming on line as quickly as possible with providers.

Operations Resource

Consider staff training on fair housing laws, techniques for tenancy preservation, and how to support families in how to be good tenants (e.g. how to communicate frustrations and avoid conflict).

Facilitate positive landlord relationships through engaging landlords and families:

- When possible, dedicate staff to support in the development and maintenance of landlord relationships.
- Multi year leases and sufficient maintenance staff to maintain units can be used as bargaining chips with landlords, as can programs offered by agencies that landlords may be able to capitalize on.
- Ensure landlords are well educated around HomeBASE and that they understand, for example, that families are not just provided cash, but stabilization support, that the HomeBASE payment is guaranteed, and all units will be repaired by agency staff.
- Facilitate introductions between families and landlords. This sets the tone for a family and landlord to develop a relationship and allows for the landlord or family to ask questions. There are simple ways to remove some of the stigma around EA families in scattered sites, for example removing agency labels from tenant mailboxes can reduce the ‘us, them’ sentiment amongst residents.

“Where we live, it’s mixed with market rent ... and the way they labeled our name... We should have been labeled like a regular family. We were labeled like [program name] or something, yeah... so it separated us and we felt like the management of the building and tenants was kind of against us. The lady before us created like a problem in the
building so I guess that set up the experience for us (the next tenants) to be the bad guys.”  -Family

“We should have met the landlord so he could see that we aren’t like the last tenant.”  
-Family

Use different models as a step-down or step-up and partner on transfers:
- For agencies with different models, some families may benefit from moving from a scattered site into congregate or co-shelter or vice versa.
- For agencies without the flexibility to transfer families internally, explore partnering across agencies to increase system flexibility.

Consider the “Hybrid Model” as a means to increase contact with families:
- When scattered site units can be located all on the same property, with staff present for most hours of the day, and possibly a front desk and space to run workshops, more frequent contact with both adults and children is possible. We call this a “Hybrid Model”.

Engage in strategic planning and cost analyses:
- Review budgets and policies with DCHD and engage in strategic budgeting of resources that enables the training and staffing levels, including maintenance staff, needed to deeply engage families, to turn over units, and to facilitate positive landlord relationships.

To increase maintenance staff capacity explore hiring people form Work Express (people from individual shelters looking to gain experience and earn money) or an internal internship/apprentice program to complete tasks such as cleaning, moving boxes, etc.
- As training and staffing levels are important for fostering relationship building with families and family engagement, allocations for these resources should be intentional pieces of strategic budget planning.

Policy Recommendations
On the programmatic level, more resources are needed to enable shelters to support staffing, trainings and incentives that foster family engagement. While we recommend providers assess their approaches and investments in family engagement as a critical intermediary to successful placement, we also recommend DHCD engage in a strategic assessment of EA contracts and funding for scattered site units for immediate modifications and consideration as part of the system re-procurement. On a systemic level, all families would benefit from access to affordable housing and opportunities for economic mobility. We also need greater flexibility within the system to address challenges particular to scattered sites including the greater proportion of families of four or more and families with accommodation requirements.
We recommend that DHCD, in partnership with providers and with the support of advocates:

- Consider embedding increased staffing capacity to support holistic family engagement, including funding for on-site licensed social work clinicians and child focused staff.
- Implement fair rate structures tied to family size and complex accommodation requirements to address the additional time and resources needed to support such families. Fair rate structures should also take into account resources required for the maintenance of units (which can require additional repairs at scattered sites) as well as staffing ratios, trainings, and incentives needed for optimal family engagement.
- Explore whether a portion of scattered sites could be utilized as a step down or transition-to-housing model. This would require giving EA providers more control over where families are placed and more flexibility within when and where families are transferred. Certain agencies or regions may be better positioned to do this in the short term. Smaller, single model programs could explore formalized partnerships.
- Engage in an assessment of the scattered site portfolio, in partnership with providers, to explore the use of scattered sites as a step down model and determine what the right number of units is, where units should be located, and what space accommodations units should include to best meet the needs of the whole system.
- Develop a plan for addressing system capacity to support ADAs and whether there needs to be further vetting of the ADA process and how to best meet family needs. Scattered sites are not always the best placement for families with ADAs and flexibility within the system is significantly limited because scattered sites are disproportionately being used to accommodate families with ADAs.
- Continue to use flexible resources and innovative strategies, such as the rolling stock model and Strategic Re-housing Funds, to re-house families with significant barriers.
- Explore ways to make the HomeBASE resource a more sustainable tool to lead families to stable housing and bolster efforts relative to workforce development and economic mobility.
- Work to increase MRVP vouchers, the Commonwealth’s affordable housing stock, and permanent supportive housing, especially units to accommodate larger families and those with accommodations.

**Conclusion**

We believe that the solutions to family homelessness must come from families and the dedicated staff who work with families in EA shelter every day. These promising practices and recommendations come from providers and families directly connected to the scattered site model. We hope this brief offers some useful ideas on areas to shift practice and policy for family shelter providers and policymakers with the intent of reducing the average length of stay in the scattered site model and ensuring a standard baseline of positive practice and policy. As the Commonwealth and EA providers strive to reduce homelessness and move towards a re-procurement, it is important to assess program outcomes, approaches to practice, and the policies and resources that create barriers and opportunities. The scattered site model and innovative provider practices can truly be a foundation for the next stage in how Massachusetts addresses homelessness.
Appendix

Homes for Families
Scattered Site Agency Checklist

This list is intended to help your organization identify and prioritize areas of focus for your scattered site program. Check the areas that apply to your program.

☐ We have completed a trauma informed service delivery self assessment
☐ Our staff have participated in intensive trauma informed service delivery trainings
☐ We have time at intake, or within the first two weeks, to fully explain services, supports, expectations and rules
☐ We have an assessment process with families that helps to identify candidates for rapid re-housing and households that may require most intensive and/or clinical supports
☐ We always make time in meetings to ask “how are you?”
☐ We have contact with families at least 3 times per week; we have frequent interactions with the children
☐ We use technology, such as cell phone, Wi-Fi hot spots, tablets/laptops
☐ We connect with families around basic needs such as food, transportation, clothes, health care and information; we make linkages with community supports
☐ We facilitate group workshops and events
☐ We have funding for incentives
☐ We have funding for addressing barriers
☐ We have internal formal staff training, including on model specific issues
☐ We provide opportunities for staff to attend trainings
☐ We frequently analyze our budget to address staffing levels and resources to meet contractual obligations
☐ We do satisfaction surveys and/or have ways to collect feedback from families
☐ We have strong partnerships for referrals for key services
☐ Our housing staff explore alternative housing options such as reunification with family members and relocation
☐ We introduce families to landlords/property managers
☐ We engage in landlord education around HomeBASE and unit repairs
☐ Sites are in relatively clustered geographic areas for efficiencies in service delivery
☐ We engage in advocacy for more permanent housing and other resources