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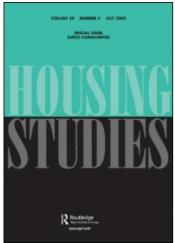
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Has HOPE VI Transformed Residents' Lives? New Evidence from the HOPE VI Panel Study

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ABSTRACT Since the early 1990s, the HOPE VI program has been the United States' largest, most ambitious community revitalization program. HOPE VI sought to transform not only distressed public housing communities, but also to transform residents' lives and help them to become self-sufficient. This paper uses new evidence from the HOPE VI Panel Study on how HOPE VI families have fared. The long-term findings from this research paint a more positive picture than many critics had predicted, showing that the program has had profound benefits for many public housing families—particularly those who have relocated to less poor communities. However, the long-term results highlight the limitations of the HOPE VI approach, particularly the lack of impact on economic outcomes. These findings point to the need for new and creative strategies for addressing some of the worst consequences of concentrated poverty.

KEY WORDS: Housing policy, urban regeneration, social housing, HOPE VI

Introduction

Since the early 1990s, the HOPE VI (Housing Opportunities for People Everywhere) program has been the United States' largest, most ambitious community revitalization program. Under the auspices of the US Department of Housing and Urban Development (HUD), HOPE VI targeted the nation's worst public housing—government-subsidized developments suffering from years of neglect and overwhelmed with drug trafficking and violent crime. Exacerbating the problems, many of these developments were extraordinarily segregated—both racially and economically—and often located in isolated, extremely distressed neighborhoods (Popkin, 2007).

The reasons that some public housing developments in the US became such terrible places to live were complex. By the end of the 1980s, public housing was regarded as one of the biggest and most visible failures of American social welfare policy (National Commission, 1992). The vast majority of public housing in the US was built prior to the

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1970s, when housing segregation was either the law or implicitly condoned. As a result, most central city public housing was located in high-poverty neighborhoods and occupied primarily by African-Americans. The racial and economic isolation of these developments was exacerbated by tenant selection policies that targeted housing subsidies to those with the most severe housing problems (including homeless families), effectively making many public housing developments housing of last resort. By limiting occupancy to the 'poorest of the poor', these policies created even more severe concentrations of distress (Turner *et al.*, 2009).

Administrative failures exacerbated the problems: US public housing was consistently under-funded and many developments were poorly maintained. Ineffective housing authority management and inadequate federal funding left huge backlogs of repairs, creating hazardous conditions that placed residents at risk for injury or disease (Landrigan & Carlson, 1995; Manjarrez *et al.*, 2007; Rosenstreich *et al.*, 1997). Further exacerbating these problems was the lack of effective security or policing; violent criminals and drug dealers dominated many of the developments, and residents lived in constant fear (Popkin *et al.*, 2000a). Finally, the neighborhoods that surrounded the developments generally had deficient public services and few resources—such as stores, financial institutions or hospitals—and even fewer employment opportunities.

The HOPE VI program was a key element of a bold effort to transform US public housing policy. HOPE VI was intended to comprehensively address the challenges of distressed developments—and demonstrate that public housing programs could produce good results for residents and communities. Unlike earlier efforts, HOPE VI sought to not only replace the physical structures, but to improve the life chances of the families who had endured the terrible conditions, offering them opportunities to move into new developments or to use housing vouchers to move to less poor, less distressed neighborhoods (National Commission, 1992). In a departure from earlier efforts to rehabilitate public housing, HOPE VI sought to move beyond "bricks and mortar, and provided funding for supportive services for residents". The program's goals included "improving the living environment for residents of severely distressed public housing" and "providing housing that will avoid or decrease the concentration of very poor families". The hope of the policy makers who created the program was that the combination of the improvements in the quality of their neighborhoods and supportive services would also help residents in other ways, in particular, in becoming self-sufficient and improving their economic circumstances (Popkin et al., 2004a).

With the program now up for reauthorization, it is time to assess how close it has come to achieving these ambitious goals. For much of the history of the program, there has been only limited information about how it has affected residents' lives. Nearly a decade after HOPE VI began, many critics were citing low rates of return to new HOPE VI developments as evidence that relocation and involuntary displacement were leaving residents worse off, sending them to other poor communities that were little better than the distressed developments they left behind (cf. Bennett *et al.*, 2006; Keating, 2001; National Housing Law Project, 2002). To answer questions about what happened to the original residents of HOPE VI developments, the US Congress commissioned two systematic, multi-city studies in 1999: The *HOPE VI Panel Study* and the *HOPE VI Resident Tracking Study*. Both were intended to address the question of how the transformation of public housing has affected the lives of the families who lived in developments targeted for HOPE VI redevelopment. The *Tracking Study* (Buron *et al.*, 2002) was intended to

provide a snapshot of living conditions and well-being of former residents of eight HOPE VI sites in early 2001; the *HOPE VI Panel Study* (Popkin *et al.*, 2002) focused on five sites and tracked living conditions and well-being of residents as they went through the relocation process.

In an earlier paper based on the first phases of this research, the author and colleagues raised critical questions about whether HOPE VI would achieve its potential as a powerful force for improving the lives of low-income families. Findings from the *Tracking Study* seemed to suggest that some relocatees had experienced real benefits, but many were living in neighborhoods that were still very poor and racially segregated and others had simply moved to other traditional public housing developments. Baseline findings from the *HOPE VI Panel Study* suggested that many residents had complex personal problems—with physical and mental health, large family sizes, low labor force attachment—that were likely to make relocation very challenging (Popkin *et al.*, 2004b).

This paper presents new evidence on how HOPE VI families have fared from the follow-up rounds of the HOPE VI Panel Study (Popkin et al., 2002). The long-term findings from the HOPE VI Panel Study paint a more positive picture than our earlier research led us to expect, showing that the program has, in fact, had profound benefits for many public housing families, particularly those who have relocated to less poor communities. However, the long-term results also highlight the limitations of the HOPE VI approach and point to the need for new and creative strategies for addressing some of the worst consequences of concentrated poverty. Finally, these findings raise questions about whether these benefits can be sustained in light of the economic downturn.

Transforming Housing, Transforming Lives?

As discussed above, a central premise of HOPE VI is that it is possible to improve the lives of residents of distressed public housing developments either by helping them to relocate to better neighborhoods or by creating a new, healthier community on the same site. Researchers and policy makers have become increasingly concerned about the negative effects of living in concentrated poverty—communities with poverty rates of 40 per cent or more. In the late 1980s, Wilson (1987) argued that the rise of what he called the 'urban underclass' was a direct consequence of the isolation of poor families in inner-city communities with limited employment opportunities, inadequate municipal services, and a lack of middle and working-class working residents to serve as role models and to support local institutions such as schools and stores.

Since Wilson, many scholars have examined the evidence on how neighborhood environments affect residents' life chances (cf. Ellen & Turner, 1997; Jencks & Mayer, 1990). In particular, researchers have documented the many ways in which growing up in high poverty neighborhoods harms children and adolescents, including poor physical and mental health, risky sexual behavior and delinquency (Ellen & Turner, 1997; Leventhal & Brooks-Gunn, 2000, 2004; Sampson *et al.*, 2002). Boys growing up in these communities are at great risk of becoming involved in criminal activity; girls face high risks of pressure for early sexual initiation and sexual violence (Popkin *et al.*, 2008). Children of both genders are at risk of dropping out of school and becoming disconnected from the labor market.

High-crime communities like the severely distressed public housing developments targeted by the HOPE VI program are among the worst environments for children—and

adults—in the US. In these communities, residents are very likely to suffer some of the most severe consequences of concentrated poverty, including drug addiction, abuse or neglect by drug-addicted parents, being killed or injured in the drug wars, arrested or incarcerated or simply traumatized by the stress of coping with the constant violence and disorder (Popkin *et al.*, 2000a). Profound social disorder and reduced 'collective efficacy' is associated with a range of negative outcomes, including high rates of asthma, high homicide rates and low birth weight (Morenoff, 2001; Sampson *et al.*, 1997). Further, exposure to violence can have profound—and lingering—effects on children's mental health and development (Garbarino *et al.*, 1991; Kilpatrick *et al.*, 2000).

In the US, expectations for how HOPE VI might transform public housing residents' lives were very high, based largely on positive research findings from studies of Chicago's Gautreaux Housing Desegregation Program (Popkin *et al.*, 2000b). This program stemmed from a legal settlement in which the courts found that the Chicago Housing Authority (CHA) and HUD had discriminated against African-American tenants by concentrating them in large-scale developments located in poor, black neighborhoods. The decision against the housing authority in 1969 called for the creation of new public housing at 'scattered sites' in predominantly white communities. In addition, the court ordered the housing authority to provide Section 8 certificates that African-American public housing residents (and families on the waiting list for public housing) could use to move to racially integrated suburban areas (Polikoff, 2006; Rubinowitz & Rosenbaum, 2000).

Gautreaux program participants received counseling to help them find housing—assistance searching in unfamiliar communities, support during the search process, help in negotiating with landlords and referrals for social services (Feins *et al.*, 1997; Polikoff, 2006). Research on outcomes for families who made these moves suggested that adults were more likely to be employed and children did better in school than their counterparts who remained in the city (Kaufman & Rosenbaum, 1992; Popkin *et al.*, 1993; Rubinowitz & Rosenbaum, 2000). Although the Gautreaux research was limited by small sample sizes, retrospective data collection and lack of a rigorous control group, the findings fueled a policy argument that poverty deconcentration might be a means to dramatically improve the life circumstances of poor minority families (Briggs *et al.*, forthcoming).

Buoyed by the Gautreaux experience, the Clinton Administration promoted innovative strategies such as public housing demolition and replacement with mixed-income housing, and assisted housing mobility initiatives for voucher recipients (Popkin *et al.*, 2004a; Turner *et al.*, 2009). Policy makers had high hopes that mixing residents of different income levels—through a combination of mixed-income redevelopment and mobility strategies—would both expose very low-income public housing residents to working and middle-class role models and provide them access to neighborhoods with better services and greater access to economic opportunities. Proponents argued that aggressively pursuing these strategies could lead to a range of benefits including: improved job and educational opportunities for low-income families; positive role models; more stable communities; better public services; better management; and investments in the larger neighborhood (Goetz, 2003; Joseph *et al.*, 2005; Popkin *et al.*, 2000b; Schwartz & Tajbakhsh, 1997).

Similar Strategies in the UK and Europe

Efforts to transform public housing in the US coincided with similar efforts to address the problems of distressed social housing communities in Britain and other European countries. As in the US, during the 1990s, policy makers in the UK and Europe became increasingly concerned about the concentration of very poor households in deteriorating. isolated social housing developments (cf. Andersson et al., 2007). Like the US, policy solutions emphasized the creation of mixed-income, mixed-tenure communities (Beider, 2007, 2009; Van Beckhoven & Van Kempen, 2003). In the UK, initiatives such as the stock transfer from local councils to housing associations, the Housing Action Trust, and New Deals for Communities (NDCs) provided funding for housing regeneration as well as social services. However, while these initiatives were influenced by the US' HOPE VI model, the nature of the welfare state created key differences. In the UK and other European countries, housing is a right rather than an entitlement; as a result, neighborhood regeneration initiatives tend to emphasize engaging and serving current residents rather than relocating them to other, better-off communities. Further, there is the role of the private sector in the US—housing authorities have been encouraged to increase their HOPE VI grants with the result that the federal investment in HOPE VI (about \$6 billion) is about one-third of the overall total (Kingsley, 2009). In contrast, the UK and European governments have made much larger direct investments (Beider, 2007; Hall, 2007). Finally, the role of race is very different; while in the US public housing transformation largely affects low-income African-American or Latino residents, in Europe, residents are largely white and working class or from immigrant communities (Beider, 2009).

The Effects of Public Housing Transformation in the US

In the US, the research evidence to date on the impact of mixed-income and mobility strategies on residents' lives suggests some significant benefits for residents, but not the transformative effects policy makers and scholars had envisioned (Popkin, 2007; Turner et al., 2009). Much of what we know about the US comes from research on HUD's Moving to Opportunity (MTO) Demonstration. Modeled on the Gautreaux program, the MTO experiment targeted very low-income public housing residents located in extremely high-poverty neighborhoods (more than 40 per cent poor) in five cities (Orr et al., 2003). Volunteers were randomly assigned to one of three treatment groups: a 'control group' (families retained their public housing unit and received no new assistance); a 'Section 8 comparison group' (families received the standard counseling and voucher subsidy, for use in the private housing market); or an 'experimental group' that received vouchers usable only in low-poverty neighborhoods (less than 10 per cent poor as of the 1990 Census), and relocation counseling. MTO experimental participants ended up in considerably better housing in safer, if still moderately poor, neighborhoods (Kingsley & Pettit, 2008).

These changes in neighborhood environment seem to have had important benefits for residents' well-being. MTO found that adult women who used vouchers to move to less poor neighborhoods experienced significant and large improvements in mental health. In addition, MTO experimental group movers realized improvements in physical health, such as significant lower rates of obesity relative to the control group. However, the MTO results for adolescents showed puzzling differences by gender, with girls experiencing health benefits and reductions in risky behavior relative to the control group, while boys actually fared worse (Briggs *et al.*, forthcoming; Clampett-Lundquist *et al.*, 2006; Orr *et al.*, 2003; Popkin *et al.*, 2008).

Despite these important gains in quality of life and overall well-being, many have viewed these results as disappointing because they have not fully realized the promise of Gautreaux. For example, MTO findings show no consistent impacts on educational outcomes for youth (Briggs *et al.*, 2008; Orr *et al.*, 2003). Thus far, MTO results show no statistically significant employment or earnings gains across the full sample of MTO families, although there are some indications of modest effects at two sites (New York and Los Angeles) (Cove *et al.*, 2008).

HOPE VI differs from MTO in several important ways; as a result, it is not clear whether it is reasonable to expect even the same positive benefits for residents' quality of life, let alone any impact on self-sufficiency. MTO was an experiment that compared the impact of providing vouchers that could only be used in low-poverty areas with traditional vouchers and traditional public housing. Because it was a demonstration, participants volunteered to be relocated and received counseling and support in finding suitable housing. Finally, participants' developments were not slated for demolition at the time they volunteered, although some later did become HOPE VI sites. In contrast, HOPE VI involved redeveloping entire public housing communities; because of the redevelopment, residents did not volunteer to move, but rather had to relocate as part of the regeneration initiative. While most sites offered some relocation assistance, there was no requirement that residents move to low poverty communities. Finally, although HOPE VI provided funding for *Community and Supportive Services* for residents, there was no consistent requirement for what types of services housing authorities should offer or whether these services should begin prior to relocation.

Many advocates and researchers argued that the impact of HOPE VI on original residents would almost certainly be negative. While the redevelopment would probably benefit the neighborhood, these critics argued that residents would lose important social ties, and would likely end up in other poor neighborhoods that were just as bad as—or even worse than—those they left.² Advocates pointed to the low numbers of returning residents—11 per cent in an early report—and the fact that plans called for replacing less than half of the original, deeply-subsidized public housing units as evidence that these very poor residents would be left with fewer housing options rather than gaining from new redevelopment (National Housing Law Project, 2002; Wexler, 2000; Zeilenbach, 2002). Other scholars (cf. Fullilove, 2004; Goetz, 2003; Venkatesh, 2004) focused on the potential loss of social ties as a critical issue for these very low-income families, arguing that many of these public housing developments were close-knit communities where residents had highly developed social networks on which they relied to cope with the challenges of daily living.

During the first years of the program, accurate information about what was happening to public housing families displaced by HOPE VI redevelopment was sparse. HUD funded a set of case studies of the effects of HOPE VI on individual public housing sites (Holin *et al.*, 2003), but not a long-term study of impact on residents comparable to the research on outcomes of MTO participants. As noted above, much attention was focused on the relatively low rates of return, but that indicator alone cannot tell whether or not residents are worse off, for example, they could have chosen a voucher so they could move to a better neighborhood.³ Indeed, studies of individual HOPE VI sites suggested that many former residents who had moved to private market housing with vouchers perceived real improvements in their neighborhood conditions, including substantial reductions in crime. Research from Chicago, which had more distressed public housing than any other city and

had launched an ambitious, city-wide transformation of its blighted developments, highlighted both the potential benefits and the pitfalls of the HOPE VI approach. In Chicago, residents who succeeded in moving with vouchers were generally doing well and living in better quality housing in dramatically safer communities, but a substantial number of other households, too troubled to qualify for vouchers, had been left behind and were still living in profoundly distressed housing (Popkin & Cunningham, 2002; Popkin et al., 2003). Another study documented residents from the Robert Taylor Homes struggling with relocation, and especially with the loss of important social supports (Venkatesh et al., 2004). Studies in Seattle, Fort Worth, Philadelphia and Minneapolis found similar results; relocated residents were generally satisfied with the lower crime and better amenities in their new communities, but had some anxiety about living in unfamiliar communities (Barrett et al., 2003; Clampett-Lundquist et al., 2006; Goetz, 2003; Kliet et al., 2003).

Despite the differences in approach, research to date on British and European regeneration efforts suggest similar outcomes for original residents. Generally, as in the US, regeneration efforts seem to have more impact on housing and neighborhood quality than on socioeconomic outcomes (cf. Hall, 2007; Van Beckhoven & Van Kempen, 2003). Although the full evaluation is not yet complete, the UK's NDC initiative, which takes a more holistic approach and emphasizes social services, seems to be showing some evidence of effects on employment and educational outcomes, although not on health (CRESR, 2005).

In the US, the *HOPE VI Resident Tracking Study* provided the first cross-site, systematic evidence about how former residents were faring. Findings from the study generally showed that as in MTO and the single-site research, most relocated residents were living in better housing in safer neighborhoods and, despite the loss of community, were generally satisfied with their move. But there were important differences across sites; where housing authorities handled relocation poorly, residents did not realize even these modest gains and ended up in other, very poor, racially segregated communities. Further, there were worrying indications that some residents relocated to housing in the private market were struggling to make ends meet because of high utility costs (Buron *et al.*, 2002; Popkin *et al.*, 2004b).

While these early studies seemed to suggest a more positive picture for many original residents than the one many advocates had feared, they raised important questions about how residents were faring, especially those who did not end up in better neighborhoods. In addition, these studies all had significant limitations that made it difficult to know how accurately they depicted the situation for HOPE VI residents overall. Single-site studies allowed in-depth exploration of the experiences of residents in a particular city, but could not capture the variation and complexity of the ways the HOPE VI program might be affecting residents across the US. The *Tracking Study* offered considerably more breadth, but was limited by the fact that it was retrospective, had no information on residents' perceptions of their living conditions or economic struggles before HOPE VI, and, further, necessarily included only those residents who were relatively easy to find several years after being relocated.⁴

The HOPE VI Panel Study

The HOPE VI Panel Study builds on the Tracking Study, focusing on the longer-term relocation, neighborhood conditions, physical and mental health, and socio-economic

outcomes for 887 original residents of five HOPE VI developments where redevelopment activities began in mid- to late 2001. The study was designed to address the basic questions of how the program affected the quality of life and life chances for families affected by HOPE VI revitalization. It focuses strictly on resident experiences and outcomes; it does not examine either the effectiveness of the revitalization initiative or the impact of relocation or revitalization on surrounding communities.⁵

Study Methods

The HOPE VI Panel Study tracked outcomes for residents from five sites around the US: Shore Park/Shore Terrace (Atlantic City, NJ); Ida B. Wells Homes/Wells Extension/-Madden Park Homes (Chicago, IL); Few Gardens (Durham, NC); Easter Hill (Richmond, CA); and East Capitol Dwellings (Washington, DC). The research team selected these sites to be typical of those that had received HOPE VI grants in 1999 and 2000, but had not yet begun revitalization activities. A baseline survey was administered to a sample of 887 heads of households across the five sites during summer 2001. In both Chicago and Washington, DC, the baseline sample consisted of a stratified random sample of approximately 200 households living in the development; in the three smaller sites, the sample was a census of all households. The first follow-up survey was conducted in 2003 (24 months post-baseline), and the second follow-up was conducted in 2005 (48 months post-baseline). A total of 736 heads of household were surveyed at the first follow-up in 2003, and 715 at the second follow-up in 2005. The survey asked specific questions about up to two randomly selected focal children per household, one under age 6 and one between the ages of 6 and 14. The baseline survey took approximately 45 minutes to administer on average; the two follow-up surveys, which included longer series of physical and mental health items and more questions about neighborhood conditions, took approximately 60 minutes. The response rate for each survey was 85 per cent; the largest source of attrition was mortality and we were able to locate, if not interview, nearly all sample members (McInnis et al., 2007).

To complement the surveys, the research team conducted semi-structured, qualitative interviews with smaller samples of adults and youth (ages 10 to 14). The purpose of these interviews was to explore residents' experiences with HOPE VI relocation and revitalization in more depth and to identify issues that might have been missed with the more structured survey. At baseline, 39 adult-child dyads were interviewed across the five sites; in 2003, 29 adults and 27 children were interviewed; and in 2005, a total of 69 interviews were conducted with adults and children. Finally, in addition to the resident surveys and interviews, the research team conducted administrative interviews with local HOPE VI staff on relocation and development progress, analyzed administrative data, and identified data on similar populations for comparative purposes.

Sample characteristics. The majority of the HOPE VI Panel Study respondents were African-American, single female heads of household. Just 10 per cent of the respondents (all in Richmond, CA or Atlantic City, NJ) were Hispanic. At baseline, nearly three-quarters (72 per cent) had children under 18; 42 per cent had children under 6 years old. Approximately 10 per cent were 62 years old or older. The majority (72 per cent) had lived in public housing for five years or more. Finally, at baseline 22 per cent reported being employed full-time and 17 per cent reported being employed part-time.

Analysis. The study analyzed the panel data across all three waves of survey data, examining change over time and making comparisons by site and housing assistance status (public housing, voucher, new HOPE VI unit, unassisted, homeowner). A full attrition analysis was conducted and sample weights were created that were used in all difference of means and multivariate analyses of change over time.

Since the intention was to compare residents with different relocation outcomes, and differences among groups could potentially affect their outcomes, an analysis was also conducted of demographic differences between residents who relocated with a voucher and those who remained in traditional public housing. The analysis showed that voucher holders were more likely to be younger, female and living with children; they were also more likely to be employed and have a high school degree or equivalent education (Buron *et al.*, 2007). Although these differences were statistically significant, since the study compared changes over time, any initial differences were captured in the baseline measures. All findings were confirmed by multivariate analyses that controlled for differences in observed baseline characteristics (e.g. age, gender, site, education and number of children) that might affect the change in the outcome. Thus, the differences in outcomes reported in this paper should reflect real differences in outcomes for the two groups rather than a selection effect.⁶

The approximately 200 hours of resident interviews were taped and transcribed. A team of trained analysts coded the transcripts for key themes and issues, and then loaded the data into QSR software, a database package that allows for coding and sorting of qualitative data. The data were used to make comparisons across time, sites and housing assistance status. Finally, to ensure consistency in coding, an inter-rater reliability analysis was conducted.

Long-term Outcomes for HOPE VI Families

After tracking residents through the relocation process, the *HOPE VI Panel Study* is able to address effectively the question of whether HOPE VI has succeeded in its goal of improving residents' life circumstances or whether the critics' dire predictions have been realized. For the most part, the long-term results show tremendous improvements in quality of life for former residents: most are living in neighborhoods that are dramatically safer and offer far healthier environments for themselves and their children. However, some are struggling with the challenges of living in the private market, and a substantial minority continues to live in traditional public housing developments that are only marginally better than the distressed developments they left. These findings demonstrate the ways in which HOPE VI has improved the life circumstances of many original residents, while underscoring the need to continue to seek solutions for the problems that have kept too many families from being able to take advantage of new opportunities.

Pre-HOPE VI Conditions were Terrible

At baseline in 2001, survey respondents at all five sites reported intolerable conditions—conditions that put their health and safety at risk and that were substantially worse than those experienced by other poor renters in the US. Approximately one-third said that their unit was so cold during the past winter that it had caused discomfort, 42 per cent reported water leaks, and 25 per cent had broken toilets. About one-third of respondents reported

peeling paint or plaster in their units (problems that can cause lead poisoning), about one-quarter reported cockroach infestation and excessive mold in their units, and another 16 per cent reported serious problems with rats and mice. Underscoring the severity of their situations, about one-third reported two or three housing problems, and one in five reported more than three problems (Popkin *et al.*, 2004b).

This substandard housing was located in very high poverty communities; in the census tracts where the *Panel Study* developments were located, poverty rates exceeded 40 per cent. These neighborhoods were predominantly minority, and had high rates of unemployment, welfare recipiency and other social ills. Crime was rampant; at baseline, virtually all (90 per cent) of the respondents reported serious problems with drug trafficking, drug use and gang activity. Even worse, about 75 per cent viewed violent crime (shooting, assaults and rape) as 'big problems'. Interview respondents described witnessing shootings and carefully restricting when and where their children went around their developments. The comments from children were especially poignant, with some recounting harrowing incidents of bullets coming into their rooms or friends who narrowly escaped being shot. In 2001, Jackson and Keiron,⁸ two boys who lived in Durham, NC's Few Gardens described the types of incidents that had left them afraid even inside their own homes. Jackson said:

One time I got shocked 'cause there was a man standing by the fence and they was shooting at him, and then the fence was blocking him 'cause they was in a fight and the man got shot in the leg. So that's why I got scared.

Keiron described a terrifying incident in his apartment:

They was shooting one night ... and they shot into our door and my little brother, he was by the door, but he didn't get shot.

Despite these terrible conditions, at baseline, many respondents were anxious about relocation and most (70 per cent) said that they hoped to return to the new development. By the first follow-up in 2003, about two-thirds of the families had been relocated, most moving to the private market with housing choice vouchers. Most relocatees reported being satisfied with their new housing situation and the proportion who wanted to return had fallen slightly to 64 per cent (Cunningham, 2004).

Most Residents Have Not Moved Back

At the second follow-up in 2005, 84 per cent of the families in the *HOPE VI Panel Study* had relocated from the five *Panel Study* sites. The remaining 16 per cent of the respondents still living in their original developments were from either Atlantic City's Shore Park or Chicago's Wells, where the housing authorities were doing staged relocation. The largest number of families—43 per cent—had received vouchers and moved to housing in the private market and 22 per cent had moved into other traditional public housing developments. Another 10 per cent were renting private market units with no assistance and 4 per cent had become homeowners. Approximately 1 per cent of the *HOPE VI Panel Study* respondents were either homeless or in prison in 2005.

Redevelopment was underway in all of the sites by 2005, although none was completed. Therefore, it is not surprising that only 5 per cent of the *Panel Study* respondents had

moved into a newly remodeled HOPE VI unit by the 2005 follow-up. Atlantic City's Shore Park, where the housing authority was building a revitalized unit for every household that wanted one, had the greatest share of original families (14 per cent) who had moved back into redeveloped HOPE VI units. Other research suggests that return rates to HOPE VI sites overall have varied considerably from less than 10 per cent to 75 per cent, with the largest numbers returning to sites that were rehabilitated rather than demolished and rebuilt—not the case in any of these five sites. Based on this evidence, it seems likely that the final figures for returning for the *HOPE VI Panel Study* sites will increase somewhat over time, but will remain relatively low. Thus, for most original residents, HOPE VI has meant relocation, not living in a new, mixed-income community.

Better Housing in Safer Neighborhoods

Although most residents have not moved back, and probably will not, the majority have experienced meaningful improvement in their quality of life as a result of HOPE VI relocation. *Panel Study* respondents who moved to the private market or mixed-income developments reported substantial improvements in the quality of their housing. The survey asked families to rate their current housing as 'excellent, good, fair, or poor'. In 2005, more than two-thirds of private market movers rated their housing as excellent or good; more than three-quarters (85 per cent) of families living in the new HOPE VI units gave their units high ratings. In contrast, a much smaller share of households in public housing rated their housing as excellent or good. Just over one-third (39 per cent) of those in the original public housing (those that had not yet been relocated) gave their units high ratings in 2005. Only about half of those relocated into other public housing (49 per cent) rated their housing as excellent or good.

At baseline in 2001, respondents from all five sites reported intolerable and hazardous housing conditions. In 2005, circumstances had improved substantially for those respondents who had moved to the private market. For example, while slightly more than half of respondents who ultimately moved to the private market reported having two or more housing problems at baseline, just a quarter of voucher holders and unassisted renters reported two or more problems in 2005. In contrast, those who remained in traditional public housing—either their original development or a different one—experienced virtually no improvement in housing quality over time; about 40 per cent of those living in other public housing and about 60 per cent of those in the original public housing units reported having two or more problems at the baseline and at the 2005 follow-up (Comey, 2007).

Beyond basic housing quality, relocation had a profound impact on residents' life circumstances. While most respondents were not living in new, mixed-income developments, those who had left traditional public housing were living in communities that were much less poor than their original public housing developments. After relocation, half of those renting in the private market were living in neighborhoods that had poverty rates below 20 per cent—despite the fact that the HOPE VI program did not provide mobility counseling to encourage and assist residents to move to low-poverty communities. Another indicator of improved neighborhood quality was that private market relocatees were living in communities with lower unemployment rates—about five percentage points lower than rates in their original public housing neighborhoods. However, while relocatees were living in less poor neighborhoods, there has been little change in racial segregation—nearly all HOPE VI Panel Study families moved into

predominantly African-American neighborhoods. While private market movers were living in less distressed communities, residents who relocated to other public housing developments have not experienced the same benefits—they were living in communities only slightly less poor and no less racially segregated than those in which they lived at the baseline in 2001 (Buron *et al.*, 2007; Comey, 2007).

Fear of crime has profound implications for residents, causing stress and social isolation. In both 2003 and 2005, the survey asked respondents a range of questions about neighborhood conditions, including perceptions of crime and disorder, ¹⁰ sense of safety, and neighborhood social cohesion and trust (collective efficacy). ¹¹ The analysis here shows a dramatic improvement in respondents' sense of safety and that the reduction in fear of crime is the biggest and most important effect of HOPE VI relocation overall. For example, the proportion of *Panel Study* respondents reporting 'big problems' with drug sales in their community dropped from 78 per cent at baseline to 47 per cent in 2003 and declined even further to 33 per cent in 2005, a drop of 45 percentage points. The trends for virtually every measure of neighborhood safety showed the same dramatic decline (Popkin & Cove, 2007).

The trends for respondents who had moved to mixed-income developments or to the private market (with vouchers or on their own) were even more striking. Figure 1, which shows the trends in respondents reporting big problems with drug trafficking by housing assistance status, dramatically illustrates the 'safety benefit' these relocatees have gained from moving out of distressed public housing into less dangerous communities. These respondents report extraordinary improvements in their conditions. For example, while about 80 per cent of voucher holders and HOPE VI movers had reported big problems with drug trafficking in their original neighborhoods at baseline, only 16 per cent reported the same problems in their new neighborhoods in 2005.

The trends for perceptions of violent crime were the same; at baseline, more than two-thirds of the respondents reported big problems with shooting and violence in their

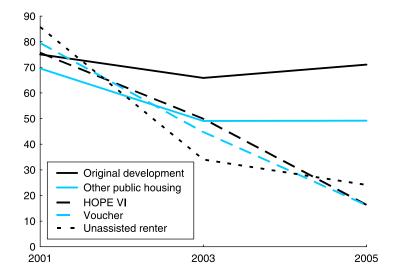


Figure 1. *HOPE VI Panel Study* respondents reporting that drug selling in their neighborhood is a 'big problem', by Housing Assistance (per cent).

developments; in 2005, just 17 per cent of voucher holders reported big problems in their new communities. The trends for the relatively small numbers of HOPE VI movers, unassisted renters and homeowners were identical. Finally, private market movers also consistently reported significant improvements on a wide variety of other neighborhood indicators, including the amount of trash in public areas and quality of schools. Nicole, a voucher holder from Richmond's Easter Hill, described the best things about her new neighborhood in 2005 as:

There's no gun violence. There's no drugs. There is no alcohol. There's no bottles, broken glass, and everything and everywhere ...

Living in safer neighborhoods has had a profound impact on residents' quality of life. Relocatees' comments reflected a wide range of life changes, including allowing their children to play outside more frequently, less fighting among neighborhood children, sleeping better and generally feeling less worried about drug dealing and shootings in the neighborhood. Comparable to findings from MTO, statistical analysis shows that those who have moved with vouchers report less worry and anxiety and have lower depression scores than those who remain in traditional public housing (Buron *et al.*, 2007). ¹²

Respondents' comments reflect the enormous changes in their circumstances. Emma and her granddaughter, Carla were residents of Chicago's Wells development. In 2001, before relocation, they described a community so dangerous that they were afraid to even sit outside on their own porch. Emma said:

Well about two weeks ago the kids was outside, maybe about 7:00, and good thing that my kids ... are actually usually on the porch. They [the gangs] did a drive by. So it's no different between the day and night. There's no difference.

Carla, who was 14 in 2001, also talked of her fears:

I don't really like the neighborhood. There's too many shootings and killings going on. A lot of the little kids are starting to come out and play because it's the summer, and it's really not safe enough, because you never know when they're going to shoot or you know drive by. You never know.

In 2005, Emma had a voucher and the family had moved to a neighborhood of single-family homes on the far south side of Chicago. In her new neighborhood, she felt safe and, as she told the interviewer, more 'relaxed'.

You don't have to worry about shooting. And ain't nobody going to break in your house. You can leave your stuff laying out there in the yard, and it'll be there when you wake up. It's peace and quiet. You can sleep over here. Over there, it made me feel kind of nervous and scary. But over here, you get to feel more—relaxed.

Carla, now 18, said she no longer had to worry about violence:

Up here it's quieter. I can get more peace up here than I would have gotten in the Wells. I can sit out on the porch and just sit there all night, without having to worry

about somebody coming up and messing with [me]. You don't have to worry about no shooting—anything like that.

Public Housing Relocatees got Less 'Safety Benefit'

While HOPE VI relocation succeeded in providing a significantly improved environment for respondents who moved to the private market or new mixed-income developments, many respondents remain in public housing and continue to live in dangerous, unhealthy communities. Respondents who moved from their HOPE VI development to another traditional public housing development did not gain the same 'safety benefit' as those who moved to the private market or mixed-income housing. While public housing movers do report statistically significant improvements in perceptions of safety over time, they are clearly still living in extremely troubled communities, only slightly better than the distressed developments they left behind. For example, as Figure 1 shows, the proportion reporting 'big problems' with drug sales declined from 70 per cent at baseline to just under 50 per cent in 2005. This change represents a statistical improvement, but means that residents are still living in communities that are dominated by drug trafficking and violent crime, only slightly less dangerous than their original developments.

Most interview respondents who moved into other public housing said their new developments still had substantial problems with crime and disorder, and described feeling unsafe because of pervasive drug trafficking and gambling in neighborhood streets and sporadic shootings. Youth, in particular, expressed a sense of loss of protection because of moving away from their friends and family, and talked of feeling threatened by other youth and gangs in their new neighborhoods.

Further, Figure 1 shows that the 16 per cent of respondents who had not been relocated by 2005 were living in conditions that were just as bad as at baseline in 2001. Most of these residents were from Chicago, where conditions seemed to be getting even worse as vacancy rates increased and physical structures deteriorated. As residents who were easier to relocate, i.e. those who did not have problems that kept them from qualifying for a voucher or new mixed-income housing, moved out, the remaining population became increasingly troubled. The families that remained noted that there was some reduction in drug trafficking as other residents left, but they also noted a decrease in police presence. In addition, families from Chicago's Ida B. Wells development described increasing disorder, including problems with squatters and non-residents sleeping in vacant units and hallways, locks and lights not being repaired, and trash collecting in hallways and stairwells.

Relocation Benefits Children

Children are particularly vulnerable to the effects of HOPE VI relocation. On the one hand, children are the most likely to benefit in important ways from improved housing quality—and reduced exposure to risks such as lead paint or mold—and from safer, less distressed neighborhoods. On the other hand, moving can disrupt their education and friendships and even put older youth at risk for conflict with local gangs. The *HOPE VI Panel Study* survey included questions on parental reports of children's behavior—an indicator of children's mental health—to see how children were affected by relocation. Overall, the long-term results showed that children whose families received vouchers and

moved to the private market fared better after relocation than those who moved to other traditional public housing developments (Gallagher & Bajaj, 2007). Parents of children in families that relocated with vouchers reported lower rates of behavior problems in 2005 than in 2001, prior to relocation. In 2001, 53 per cent of children in voucher households demonstrated two or more behavior problems, but by 2005, this proportion dropped to 41 per cent. Although the pattern was the same for both boys and girls in voucher households, only the decline for girls was statistically significant. Again, because the numbers are small, it is not possible to see statistically accurate trends for households who moved to mixed-income developments, but given the similar trends for housing and neighborhood quality, their outcomes are likely similar to those for voucher holders.

Jamal, an 18-year-old boy from Durham's Few Gardens, described how his attitude toward life had changed since he and his family relocated to a private market apartment:

The friends I have now, we hang out. We go to the movies, chill out, go to the bowling alley, go play basketball. But if I would have still been hanging with the other friends now, I probably be in a whole mess of trouble ... used to think of life as a joke. I used to say that I didn't really care ... Now, I just look at life like it's something you got to be glad of. You got to be positive.

However, in contrast, while children who moved to the private market were doing better, those whose families moved to other public housing were not faring as well. In 2005, children in voucher households were more likely than children in other public housing to exhibit five out of six positive behaviors (62 versus 43 per cent). 15 They were also marginally less likely to exhibit two or more delinquent behaviors (3 versus 12 per cent). 16 The trends for delinquent behavior for the children still living in traditional public housing were especially disturbing. The incidence of delinquent behaviors increased for youth still living in their original development (by 12 percentage points) and youth in other public housing (by 10 percentage points), while it changed in no significant way for youth in the voucher households. The analysis here shows that the incidence of delinquent behaviors skyrocketed (by 24 percentage points since 2001) for those girls still living in their original development—mostly in Chicago—waiting for relocation. This spike is primarily driven by increasing rates of school suspensions (28 percentage points) and going to juvenile court (24 percentage points). This finding suggests that girls, in particular, are suffering from the ill effects of being left behind in developments that are becoming increasingly dangerous and chaotic as vacancies increase.

Private Market Challenges

While HOPE VI residents who have moved to private market housing with vouchers are doing well in many ways, as in earlier research (Buron *et al.*, 2002), findings from the *Panel Study* show that many are having difficulty making ends meet (Buron *et al.*, 2007). Moving out of public housing presents new financial management challenges: private market property managers can be less forgiving of late rent payments than public housing managers, making it imperative that rent is paid on time. In addition, since utilities are generally included in the rent in public housing, many former public housing residents are inexperienced in paying utility bills. They can find coping with seasonal variation in utility costs, particularly heating costs in the winter or spikes in gas costs, very daunting.¹⁷

At the 2005 follow-up, it was found that voucher holders were significantly more likely than public housing movers to report financial hardships related to paying utilities and providing adequate food for their family. Nearly half (45 per cent) of voucher holders reported trouble paying their utility bills, compared with just 8 per cent of residents in other public housing. Likewise, voucher holders (62 per cent) were more likely than public housing households (47 per cent) to report financial hardships paying for food. However, voucher holders were significantly less likely than public housing residents to be late paying their rent. In essence, these findings suggest that, when faced with the trade-offs, most voucher holders chose to pay their rent on time to avoid risking their housing and instead delayed their utility payments and cut back on food or other items. This problem is one that is likely to also affect residents who move to mixed-income developments where utilities are not included in rents.

Comments from Shenice, a voucher holder from Chicago's Wells, illustrate the financial challenges that private market relocatees face:

We really had to use our gas, and it was high, and got behind and I was at risk... I did end up getting on the payment plan. But this is the school season, so what am I going to do about uniforms and everything?... My kids have school fees, my high school kids, and it's hard on me right now.

HOPE VI did not Affect Employment

In addition to providing residents with an improved living environment, the HOPE VI program sought to help them attain self-sufficiency. However, while the *Panel Study* results document dramatic improvements in quality of life for many respondents, there have been no changes in employment or self-sufficiency for either private market movers or those who remain in traditional public housing (Levy & Woolley, 2007). At baseline, 48 per cent of the working-age respondents were not working, even part-time, the same share as at the 2003 and the 2005 follow-up. Findings from the *Panel Study* suggest that HOPE VI relocation and community supportive services are unlikely to affect employment or address the many factors that keep these extremely disadvantaged residents out of the labor force.

A major factor affecting employment status is health, and the findings here show that *HOPE VI Panel Study* respondents are in extremely poor health. In 2005, two out of every five respondents (41 per cent) rated their overall health as either 'fair' or 'poor' (Manjarrez *et al.*, 2007). At every age level, *HOPE VI Panel Study* respondents are much more likely to describe their health as fair or poor than other adults overall and even than black women, a group with higher-than-average rates of poor health. ¹⁸ Further, *HOPE VI Panel Study* respondents report high rates of a range of chronic, debilitating conditions, including arthritis, asthma, obesity, depression, diabetes, hypertension and strokes. Mental health is a very serious problem for these respondents—not only depression, but reported rates of anxiety and other indicators were also very high: overall, 29 per cent of HOPE VI respondents indicated poor mental health. ¹⁹

As in MTO, relocation seems to have had a major impact on mental health, reducing anxiety and depression for private market movers (Buron *et al.*, 2007). However, despite expectations that relocation might improve environmentally-triggered conditions like asthma or stress-related conditions like hypertension, there has been no improvement in

physical health conditions overall; in fact, respondents' physical health appears to have deteriorated over time, with more rating their health as 'fair' or 'poor'. A housing-only intervention may not have been sufficient to address the serious, chronic health needs of these vulnerable residents. They may require much more targeted and intensive health services than HOPE VI provided. But even the more holistic intensive NDC intervention in the UK has failed to improve health outcomes for adult residents (CRESR, 2005). It may be that a more realistic goal for these vulnerable individuals is helping them better manage their chronic health conditions.

Analysis of the panel data shows that for HOPE VI respondents, health problems are by far the biggest barrier to employment, and that moving to the private market or mixed-income housing made no difference for employment outcomes. Among working-age respondents, nearly a third (32 per cent) reported poor health, and most of them (62 per cent) were unemployed. The strongest predictor of not working was having severe challenges with physical mobility. Forty per cent of respondents reported moderate or severe difficulty with mobility; less than half (38 per cent) of these respondents were employed in 2005. As Figure 2 shows, a typical respondent with no employment barriers had a roughly 82 per cent chance of being employed; severe mobility problems lowered this probability by 40 percentage points. Depression also substantially reduced the probability of being employed, as did having been diagnosed with asthma. Obesity did not have a direct effect on employment but rather was associated with other serious health problems. Relative to non-obese respondents, obese respondents were more likely to report having mobility difficulties, asthma, and an overall health status of 'fair' or 'poor'.

While health was clearly the biggest obstacle to obtaining and keeping a job for *HOPE VI Panel Study* respondents, other factors also affected employment.

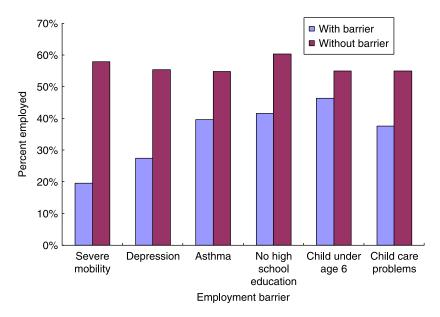


Figure 2. Barriers and low employment. *Source:* Authors' calculations from the 2005 *HOPE VI Panel Study.*

Specifically, not having a high school diploma, having children under the age of 6 years and having problems with adequate child care also reduced the probability of employment for working-age respondents.

HOPE VI is not the Solution for the 'Hard-to-House'

Finally, the *Panel Study* results show that 'hard-to-house' residents—families coping with multiple complex problems such as mental illness, severe physical illness, substance abuse, large numbers of young children, weak labor-market histories and criminal records, were less likely than other residents to realize significant improvements in their quality of life as a result of HOPE VI revitalization. Findings from the first follow-up of the Panel Study showed that these residents made up a substantial proportion of the population at all five sites and more than two-thirds of the households in Chicago's Wells and Washington's East Capitol developments (Popkin et al., 2005). In 2005, analysis showed that, at every site, hard-to-house families were more likely to end up in traditional public housing than in the private market, and so ended up little better off than they were at baseline. Placing them in other traditional developments—or, as in Atlantic City's Shore Park and Chicago's Wells, leaving them in the parts of the development awaiting revitalization—may well have kept them from becoming homeless. However, concentrating multi-problem families in a few traditional developments may well mean that those developments rapidly become as distressed—or even more distressed—than the developments from which these families came. Further, without adequate services and support, there is a risk that these families could become literally homeless. If they fail to meet even the minimal requirements of traditional public housing, they could face eviction, a very real risk as housing authorities in the US begin to more strictly enforce lease requirements (Popkin et al., 2008).

Where Do We Go From Here?

The expectations for US public housing transformation initiatives such as HOPE VI and MTO, which offered the promise of helping very low-income families to move to low poverty and mixed-income communities, were very high. Indeed, because of the findings from research outcomes for participants in the Gautreaux program, scholars and policy makers hoped these initiatives would be truly transformative for residents, not only improving the quality of their lives, but providing them with access to opportunities that could help them improve their economic circumstances. Advocates hoped that by moving to better neighborhoods or living in mixed-income housing, residents would find jobs, earn more, gain access to role models and have better schools for their children. On the other hand, many critics and advocates predicted that HOPE VI was simply another version of urban renewal, one that would simply displace residents of distressed communities to make way for higher-income households.

Results from the *HOPE VI Panel Study* show that, for the most part, the critics' worst fears have not been realized—many former residents now have a considerably better quality of life as a result of HOPE VI relocation. Specifically, for those who have moved to the private market with vouchers, become homeowners, moved off assistance, or moved to new mixed-income developments, the HOPE VI program has more than met its goal of providing an improved living environment. These residents are living in

communities that are much less poor and have dramatically lower rates of crime and disorder. There is no question that the enormous improvement in safety and consequent reduction in fear of crime is the biggest benefit for many original residents. With these major improvements in life circumstances, it is possible that living in these safer neighborhoods may have long-term benefits for the mental and physical health of adults and children.

However, even with these very real benefits for residents, the findings raise serious questions about the full extent of the impact of HOPE VI on residents' lives. In many ways, the program has not lived up to its optimistic vision for how public housing transformation could affect residents' lives. First, with low rates of return, relatively few original residents will ever have the experience of living in new, mixed-income housing; for most original residents, the major impact of HOPE VI will be relocation. Only a small number of Panel Study respondents have returned to revitalized HOPE VI communities; past experience suggests that the proportion will increase as new units become available, but will never exceed more than about 30 to 40 per cent. The reasons for this low rate of return are both positive and negative. With the shift to mixed-income developments, there are simply fewer public housing units on site. Some sites have imposed relatively stringent screening criteria that have excluded some former residents. On the positive side, as the Panel Study results show, many former residents who have received vouchers are satisfied with their new housing and are not interested in returning—this lack of interest in returning suggests that the loss of social ties was not as great a concern for HOPE VI families as some critics feared. Finally, at a few more troubled sites, long histories of mismanagement and neglect mean that residents do not trust the housing authority's promises of better conditions and choose not to return (Buron et al., 2002; Popkin et al., 2004a).

Second, while HOPE VI relocation has helped many residents move to lower poverty communities, it has not reduced racial segregation. The communities these residents have moved to are moderate income, predominantly minority neighborhoods. While offering a better quality of life in many ways, these communities still lack the resources such as good schools, excellent municipal services, and amenities such as stores and restaurants offered by comparable white communities. It is not clear that HOPE VI, and public housing transformation overall, can achieve its full potential to improve the lives of poor, minority families without explicitly acknowledging the ways racial segregation has contributed to the problems in distressed public housing and developing strategies to address the problem directly (Popkin, 2007; Turner *et al.*, 2009).

Third, while relocation has improved the life circumstances for many former residents, a substantial minority of original residents (about one-third) have not gained the same benefit. A relatively small number—about 16 per cent of *Panel Study* respondents—remain in their original developments, living in conditions that are rapidly deteriorating as vacancies increase. This problem is the result of both the housing authorities' choice to stage relocation and redevelop sites in phases and of some families' complex personal situations, which make it very hard-to-house them in either the private market or in new mixed-income developments that have stringent screening criteria. Another group of residents (about 22 per cent of the survey respondents) moved to other traditional public housing developments. Although these residents report statistically significant reductions in perceptions of drug trafficking and violent crime, the reality is that these communities are still extremely dangerous and few would regard them as an improvement from their original distressed developments. Further, the most troubled families are the most likely to

end up in these traditional developments and thus are less likely to have truly benefited from the HOPE VI intervention.

Fourth, it is also clear that HOPE VI, like MTO, has not lived up to expectations that it would truly transform residents' lives and help them achieve self-sufficiency. The HOPE VI Panel Study results indicate no impact on employment overall; more than half of working-aged residents continue to be disconnected from the labor force. In part, this finding highlights the limitations of a housing-only strategy; although HOPE VI included community and supportive services, there was no consistent employment strategy. Other research has documented the potential for place-based employment strategies in distressed public housing to improve employment rates and earnings (Turner & Rawlings, 2005). However, HOPE VI had no such employment component. Moreover, residents were being relocated, making a place-based program impractical. Even if HOPE VI had included a more systematic employment strategy, the reality is that these residents face such serious physical and mental health challenges that most of them are unlikely to be able to hold a job that requires even a basic level of fitness (e.g. ability to stand for two hours, climb a flight of stairs or walk four blocks). Again, HOPE VI services did not consistently target health and a housing-focused intervention was probably not enough to help these vulnerable individuals. Given their level of debility, for these residents a strategy focusing on helping them to effectively manage their health challenges may prove more effective in promoting self-sufficiency than a traditional employment program (Levy & Woolley, 2007).

Finally, these results indicate that HOPE VI has not been a solution for the most troubled residents—those 'hard-to-house' families with multiple, complex problems that make them ineligible for mixed-income housing or even for vouchers. In many US cities, public housing has served as the housing of last resort for decades, with the poorest and least desirable tenants warehoused in the worst developments. As these developments are demolished, these vulnerable families are simply being moved from one distressed development to another, and with a concentration of extremely troubled families and a lack of adequate supportive services, these new developments have the potential to become even worse environments than those from where these families started.

In the 17 years since its inception, HOPE VI has benefited many former residents of distressed public housing developments, offering them opportunities to live in communities that are considerably less poor and distressed. With the HOPE VI program now up for reauthorization, there is an opportunity to learn from the challenges identified by the HOPE VI Panel Study and help the program truly realize its potential for transforming the lives of very low-income families. For example, the next generation of HOPE VI should encourage more families to choose vouchers rather than rely on traditional public housing as a relocation resource. If the goal of HOPE VI is to improve families' living environments, then relocating them to other public housing undermines the program's intent. While emphasizing vouchers, HUD should also require housing authorities to offer meaningful relocation counseling to help residents make informed choices and provide long-term support to help more families succeed in the private market or, ultimately, to return to new, mixed-income housing. A 'vouchers-plus' model where relocatees receive ongoing case management and support for a period of at least two years would ensure that families make a successful transition and are able to remain in safer neighborhoods. Housing authorities should track and maintain contact with voucher movers so those families can make effective choices about whether or not to return to the revitalized development. Finally, policy makers should make sure that utility allowances for voucher holders and mixed-income movers keep pace with heating costs so that they are not at risk of hardship and housing instability.

In addition to strengthening relocation assistance and supportive services overall, the next generation of HOPE VI should focus particular attention on the most vulnerable residents. Partially vacated HOPE VI sites are not safe places for children, possibly because of increased gang activity, social disorder and isolation. It is also critical that redevelopment plans consider the needs of families with children by scheduling family moves during the summer and giving priority to families with children so they are not left in partially vacated HOPE VI sites. Relocation services also need to be strengthened to take into account the needs of residents with serious health challenges

If self-sufficiency is to remain a goal of the HOPE VI program, then efforts that address key barriers could prove more effective than job training or placement efforts alone in improving the chances that former and current public housing residents move into employment or retain jobs they already have. From this perspective, efforts to improve the physical mobility of adults and help people manage their asthma more effectively could be considered employment-related initiatives (Levy & Woolley, 2007). Identifying adults with severe mobility limitations and working with them to stabilize or improve their mobility could improve health and possibly even employment rates more effectively than directing them first to employment-related services. Similarly, assessing mental health and encouraging treatment could also be viewed as an employment-related service, as could helping people access safe and affordable child care for both preschool-age and school-age children. Encouraging adults without a high school education to earn a General Equivalency Diploma (GED)²¹ might also lead to improvements in employment rates over time. Housing authorities should consider incorporating work-related initiatives into new, mixed-income developments that include supports and incentives for employment. They also need to structure flexibility into their screening criteria to reflect the fact that some otherwise good tenants are not going to be able to meet employment requirements because of health or other barriers.

A new HOPE VI needs to include a real strategy for serving hard-to-house families so they do not remain concentrated in high-poverty, traditional public housing developments. If housing authorities continue to move their most troubled residents to other public housing, those communities will rapidly become as unpleasant and dangerous as the distressed developments that received the HOPE VI grant. To avoid perpetuating the problem, we need new and creative approaches to help this very needy population, including intensive case management and family-supportive housing that offers a rich package of services on site. There are no simple solutions to this problem and none that are low cost, but it is both cost effective and a way to try to help these families find safe and stable housing situations.

Finally, because relocation has been the main impact of HOPE VI on original residents, it is still not known whether or how these very low-income public housing families might benefit from living in a mixed-income community. Other poor families will ultimately move into the new housing developments, but they may not be as distressed as the public housing families who were displaced. Regardless, there is still a need for high quality research that tracks the experiences of both low- and higher-income families who move into mixed-income developments, and answers to critical questions about the

sustainability of these communities, especially during economic downturns such as the one we are currently experiencing.

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The authors wish to thank their collaborators on the *HOPE VI Panel Study* research: Megan Gallagher, Jennifer Comey, Mark Woolley, Elizabeth Cove and Beata Bajaj.

Notes

- ¹ The studies were conducted by The Urban Institute and its partner, Abt Associates Inc. The HOPE VI Resident Tracking Study was supported entirely by a grant from HUD. The HOPE VI Panel Study was supported by a consortium of funders, including HUD; the John D. and Catherine T. MacArthur Foundation; the Annie E. Casey Foundation; the Rockefeller Foundation; the Robert Wood Johnson Foundation; the Fannie Mae Foundation; and the Chicago Community Trust.
- ² For critiques of HOPE VI and the potential impact on residents, see Bennett *et al.* (2006); Goetz (2003); Keating (2001); Venkatesh *et al.* (2004).
- ³ See Popkin *et al.* (2004b) for a discussion of the rate of return issue.
- ⁴ Because of the retrospective design, the sample under-represents unassisted tenants and others who were more difficult to locate. In general, those who are difficult to find are those who move frequently, double-up with another family, are homeless, or have moved out of the area. These former residents are likely to have experienced more problems than those we were able to survey.
- ⁵ Other research has examined the issue of neighborhood impact. For a review, see Turner *et al.* (2009).
- ⁶ For a full discussion of this issue, see Buron et al. (2007), p. 2.
- ⁷ The level of problems reported was substantially higher than that for poor renters nationally in the American Housing Survey. See Popkin *et al.* (2002) for a discussion of these issues.
- ⁸ All respondent names are pseudonyms.
- 9 For other studies that have examined rates of return, see Buron et al. (2002); Holin et al. (2003); and National Housing Law Project (2002).
- Perceptions of disorder are highly correlated with crime rates, and are often a better predictor of levels of fear (Perkins & Taylor, 1996).
- See Sampson et al. (1997). The concept of 'collective efficacy' comes from the Project on Human Development in Chicago Neighborhoods and is intended as a measure of neighborhood health. It is highly correlated with crime rates and other indicators such as low birth weight.
- With such small numbers of respondents living in mixed-income communities, it is not possible to see accurate statistical trends, but given that they experienced the same improvements in housing quality and neighborhood safety, it is likely that they have experienced the same benefits in terms of quality of life as those who received vouchers.
- ¹³ Trends for the small numbers of homeowners, unassisted renters, and mixed-income movers were similar, but the sample sizes are too small to permit meaningful analysis.
- Behavior Problems Measure: Respondents were asked to indicate how often the child exhibited any one of the seven specific negative behaviors, taken from the Behavior Problems Index: trouble getting along with teachers; being disobedient at school; being disobedient at home; spending time with kids who get in trouble; bullying or being cruel or mean; feeling restless or overly active; and being unhappy, sad, or depressed. The answers ranged from 'often' and 'sometimes true' to 'not true'. The study tracked the proportion of children whose parents reported that they had demonstrated two or more of these behaviors often or sometimes over the previous three months.
- Positive Behavior Measure: This scale requires respondents to rate how closely each of the following six positive behaviors describes their child: usually in a good mood; admired and well liked by other children; shows concern for other people's feelings; shows pride when doing something well or learning something new; easily calms down after being angry or upset; and is helpful and cooperative. The list of behaviors was derived from the 10-item Positive Behavior Scale from the Child Development Supplement in the *Panel Study* of Income Dynamics. Each behavior was rated on a scale ranging from 1 ('not at all like this child') to 5 ('completely like this child'). The study tracked the

- proportion of children with at least five out of six behaviors rated relatively high ('a lot' or 'completely like this child').
- Delinquent Behavior Measure: Respondents were asked if over the previous year their child had been involved in any of the following five activities: being suspended or expelled from school; going to a juvenile court; having a problem with alcohol or drugs; getting into trouble with the police; and doing something illegal for money. The study tracked the proportion of children involved in two or more of these behaviors.
- $^{\rm 17}\,$ See, for example, Buron et al. (2002) and Orr et al. (2003).
- Many health problems vary significantly by gender and race, and because over 88 per cent of the adults in the *HOPE VI Panel Study* are women and 90 per cent are black, a sample of black women nationally is used as the comparison group. The national data cited in this testimony are published by the US Department of Health and Human Services, calculated from the National Health Interview Survey in 2005. National Health Interview Survey data are broken down by sex and race, but not further by poverty status. Nationally, approximately one-third of all black women live in households with incomes below the poverty level. Therefore, the comparison data are biased slightly upward in terms of better health because of the relatively better economic well-being of the national population of black women compared with the HOPE VI sample. However, even limiting the comparisons to similar gender, race and age groups, adults in the HOPE VI study experience health problems more often than other demographically similar groups.
- ¹⁹ Indication of mental health was based on a scale derived from the CIDI-12, or Composite International Diagnostic Interview Instrument. The series includes two types of screener questions that assess the degree of depression and the length of time it has lasted. The index is then created by summing how many of the seven items respondents reported feeling for a large share of the past two weeks. If a respondent scores three or higher on the index, their score indicates a major depressive episode.
- The study tested the difference in the probability of employment with and without a specific employment barrier for an unmarried, high-school-educated, African-American female respondent using a housing voucher and facing no additional employment barrier. Unless otherwise noted, statistical significance is reported for probability values of 5 per cent or less.
- ²¹ A GED is the equivalent of a high school diploma.

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