



New Jersey Keeping Families Together

Family Experiences in the Program

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May 2023

As part of the Urban Institute's evaluation of New Jersey's Keeping Families Together program, we interviewed participating families to learn about their experiences in the program, including what program components were most helpful, continued challenges, the impact of the COVID-19 pandemic, and family outcomes. We heard from families for whom the program provided much needed and appreciated housing and therapeutic services that resulted in parents feeling less anxiety, having the space and the ability to work through past traumas and mental health challenges, and building stronger relationships with children. In general, families liked their housing, their neighborhoods, and the safety provided through both. Families continued to struggle economically with many being unable to find employment that would enable them to maintain affordability in their housing in the absence of a voucher.

Background

New Jersey's Keeping Families Together (KFT) program is a supportive housing program that utilizes the tenets of Housing First, including reduced barriers to housing and family-driven, voluntary services, for child welfare-involved families who are experiencing homelessness or housing instability. Administered by the New Jersey Department of Children and Families (DCF) and the Department of Community Affairs (DCA), KFT offers support and services such as housing navigation, case management, therapy, and support groups, in addition to subsidized housing, to families involved with the Division of Child Protection and Permanency (DCP&P). The goals of KFT are family preservation

and stabilization, including family reunification, with child welfare case closure, housing stability, and improved child and family well-being.

First piloted in 2014, the KFT program has continued to expand, currently serving approximately 600 families across New Jersey. To be eligible for the program, families must meet criteria, including (1) current involvement with the child welfare system; (2) currently experiencing homelessness or housing instability and; (3) facing or experiencing at least two risk factors such as domestic violence, medical or mental health issues, or substance use disorders.¹ Potential families are referred to the program through the New Jersey DCP&P and support services are delivered by a network of eight contracted provider partners across the state.

The Urban Institute is an evaluation partner funded by the Robert Wood Johnson Foundation. Part of Urban's work is examining families' experiences in KFT through interviews with program participants. Learning directly from families enrolled in the KFT program is an important component of Urban's work with the KFT program. Families provide key insights into the ways they experience aspects of the programs, which can be used for continued evaluation purposes and to increase positive outcomes for families.

Interviews were conducted with a total of 15 families across three KFT providers between March 2021 and January 2022. To recruit KFT program participants for this study component, we used a multistage recruitment process. First, Urban researchers were connected to three KFT organizations across New Jersey selected because they represented diverse geography in the state. Each organization provided a list of case IDs for all families enrolled in their KFT program at the time ($n = 353$). The research team randomly selected potential participation from two subsamples: those who had been in the program for longer than 24 months and those who had been in the program for 12 to 24 months. Selected families were then contacted by KFT program staff, who informed them of the study and asked them if they would like to consent to be contacted. Random sampling was conducted multiple times through recruitment waves based on how many families consented to have their contact information shared (throughout the duration of the data collection period, 98 families were randomly selected). The list of families who agreed to be contacted ($n = 56$) was given to the Urban research team, and the Urban team conducted continued outreach via phone to contact interested parents to schedule and complete interviews.

We note that we only spoke with families who were successful in leasing up in the program, so our findings are likely not reflective of the experiences of all families who enroll, including those who are not successful in navigating the voucher issuance and lease-up process. It is also possible that families who chose to have their contact information shared and ultimately participate in the interviews may be different than those who declined to share their contact information, who declined participation, or who the research team was unable to reach after contact information was shared. All interviews were either audio recorded with consent or, for those who did not agree to be audio recorded, detailed notes were taken during the interview. Interviews and notes were transcribed and uploaded to NVivo, where they were coded using a codebook based on the interview guide and main research questions.

Although the driving research aim for this component of the study was to identify the pathways through which KFT influences families' well-being and child welfare involvement, limitations including the small sample size and having no comparison group did not give us the power to identify how families' experiences may have differed from the experiences of parents who were not enrolled in the program. We posit that factors including the ongoing COVID-19 pandemic and transition to phone interviews, rather than in person, contributed to low response rates to our interview outreach. We instead present findings of program experiences from interviews that emerged across families enrolled in KFT.

Interviewed Parent Characteristics

A total of 12 mothers and 3 fathers completed the interviews. Parents ranged from ages 24 to 58, with an average age of 36. Out of 10 families for whom we had race/ethnicity data, four parents identified as Black and six as white. The number of children in each family ranged from one child to five children, with the majority ($n = 9$) having two or more children. Children ranged in age from two months old to age 17. Families we interviewed had been in KFT between one and five years, with nine families living in KFT housing between 2.5 and 4 years.

Life before KFT

Ashley, along with her two children, left her partner following a series of episodes of interpersonal violence that resulted in a report of child abuse to DCP&P.² She ended up staying with her sister and her family where she and her kids slept in the living room and had little privacy. Although she left the violence behind, a barrier to resolving her child welfare case was finding stable housing. Ashley was familiar with the child welfare system as she had spent time in out-of-home placement as a child herself. She has past experience working at an arts and crafts store but was unemployed at the time she entered the KFT program. She has family that lived nearby in New Jersey and other family in Florida. She wants to open her own Etsy shop and relocate her children to Florida to be closer to her family there.

Like Ashley, all families lived in New Jersey, had open cases with a child welfare agency at the time of enrollment, and had histories of homelessness and housing instability—sometimes extensive histories.

Families Were New Jersey Natives or Long-Time Residents of Their Communities

Before entering the KFT program, all families were long-time residents of New Jersey with most parents having been in New Jersey for most, if not all, of their lives. Of the two parents who had not lived in New Jersey since childhood, one had been in New Jersey for more than a decade, and the other one had attended high school in New Jersey.

In addition to being long-time New Jersey residents, most of the parents described living in the same region of New Jersey they had grown up in. Some parents described living in the same neighborhood or near family and friends they had known since childhood. One parent described their

children attending the same school system they had as a child. A small number of parents discussed having previously moved to other parts of New Jersey for employment, partners, or housing.

Families Were Subject to Frequent Family Separations, Both Formal and Informal

Parents described challenges keeping their families together before KFT program enrollment. Although housing status itself is not a reason for removal of children in the child welfare system in New Jersey, in some instances, parents described formal decisions where a judge removed their children and placed them with family members. One parent described that they first entered shelter with their daughter, but “due to the homelessness the court decided that my daughter should stay with my grandmother” as the environment was described as “more stable.” Several parents did not provide details on the reasons for their separation from their children but indicated that reunification with their child was contingent on securing stable housing.

I was looking for a place and wasn't having much luck. Financially, I couldn't hack it all the time. My two older children were living with my mom. I was distraught because I was always raising them. I was going back and forth trying to find a place.

—parent participating in KFT

For parents who did have their children with them before enrollment, they described the challenges of meeting the needs of their children while dealing with the stresses that went along with unstable housing situations or living in shelters. One mother described how her children were scared in the shelter and how she struggled to maintain normal routines for them while there. Other parents described their children as witnessing negative, and potentially distressing, events while in unstable or unhealthy living situations with other family members such as former partners.

Families' Housing Situations Varied before Enrollment

Experiences of housing insecurity and homelessness looked different for each family before entering KFT housing. Some parents were living with their children in a shelter, while some children were in formal or informal out-of-home care while their parents navigated their housing situation. One parent, who said she had stable housing her whole life, lived in two different family shelters with her children over the course of a year, calling it a “culture shock” from her previous living situations.

A couple of parents described unstable and inconsistent housing situations, often described as “couch surfing,” before enrolling in KFT. One parent said, “I was back and forth, couch to couch. From my uncle's to grandmother's to a friend from work. You know, back and forth couch to couch.” Another

parent explained that she had moved between living with her mother, her sister, and in shelter before moving into KFT housing.

A few families had been in the same unhealthy and unstable housing situations for years before enrolling in the KFT program. For example, one parent had been living with her mother for ten years and experienced abuse and a “toxic environment” before enrolling in KFT. Another parent lived with her son’s father for three or four years but stated that the housing situation was not stable and she was connected with services to help find a more stable housing situation.

Families’ Experiences in the Program

Family experiences in the KFT program can generally be broken out into four phases: (1) referral and enrollment, (2) housing search and move-in, (3) case management and clinical service receipt in housing, and (4) moving on or program exit.

Referral and Enrollment

After leaving her housing because of substandard living conditions, Lisa was living in a shelter while her kids were in the care of family members. Her daughter and son were in a formal out-of-home kinship placement. To reunify with her children, she needed to find a stable place to live. Her DCP&P caseworker referred her to the KFT program and explained that acceptance into the program was based on a lottery system, so it was not definite that she would get in. After waiting a few months, Lisa heard back that she was accepted into the program.

Lisa’s experience enrolling in the KFT program was similar to many families’ experiences. Eligible families are referred through their case manager at DCP&P, and many of them were informed that meeting eligibility criteria did not guarantee acceptance or enrollment into the program.

DCP&P CASEWORKERS REFERRED FAMILIES

While all the referrals to KFT came directly through caseworkers, how and when families learned about the KFT program varied. The majority of families were informed of and referred to KFT through their DCP&P caseworkers (formerly known as the Division of Youth & Family Services, or DYFS, which many families used to refer to the agency). Families described being accepted into the program as a “lottery.” One parent said it was explained by their caseworker as, “I heard of this new program—no guarantees, but I could put your name in and see how it goes.”

I was in a shelter and at risk of losing my children, and DYFS was going to remove my children. A DYFS worker came to the shelter and explained that they could help me get on my feet and find a job, and I immediately took it—I was like I will take anything to get me out of here.

—parent participating in KFT

Some parents were informed of the program before referral, while a few others were not told until they had been selected as a potential enrollee. One parent explained that she learned about the program through her own research, talking with participants of other programs she was aware of, and eventually learned about KFT and then brought the information to her DCP&P worker, who then referred her.

Housing Search and Moving In

After enrolling in the KFT program, David was given information about his rental subsidy and told he would need to work with his service provider to find an apartment to rent. He worked with his KFT service provider to find a unit that matched the limitations on rent and number of bedrooms. He looked at three housing units. One was too small and not in the same school district where his children were currently enrolled. Two others were in the right school district but one was closer to his family, so he decided on that one. His caseworker went with him to sign the lease, and the program provided him with a furniture voucher. He bought his two daughters a bunk bed and desk for their room and a bed and end tables for himself.

Like David, many families in KFT received a rental subsidy and were tasked with finding a unit in the general housing market, with support from the provider partner. Others were accepted into project-based subsidies and had a unit set aside for them. KFT case managers provided a continuum of support for families during this process. Families expressed that they found furniture vouchers helpful because they gave them the opportunity to purchase items to settle into their new homes.

PARENTS DESCRIBED NAVIGATING THE VOUCHER ISSUANCE PROCESS WITH EASE

As part of the program design, parents worked with the New Jersey Department of Community Affairs (DCA) to be issued their housing vouchers. KFT service providers and DCA previously told us about challenges with families obtaining documentation and navigating the voucher issuance process, but most parents did not note these challenges. This is notable because service providers described offering support to reduce family frustration with managing the documentation process. Parents did comment on how the restrictions on the number of bedrooms they were allowed based on their family composition could be challenging for how people shared rooms in units. Parents also noted that it was sometimes challenging to find housing units that were under the rent limits and that it forced some

parents into specific neighborhoods. It is important to note again that we only spoke with families who were successful in leasing up in the program, so this ease in navigating the voucher issuance process is not reflective of the experience of all families who enroll, some of who are not successful in navigating the voucher issuance and lease-up process.

Timelines varied by housing type

The timeline from enrollment to moving into housing varied primarily depending on whether the family was provided with a project-based unit or a tenant-based housing voucher to use in the private rental market. The families in project-based units more often spoke about KFT providers finding their units for them and did not describe the same search process that families using tenant-based vouchers did. Two families said that the program found them their unit and they were able to move in immediately. Another parent who had a similar experience, however, also noted, “I had to accept the offer before I could view it. It was a little odd to me.” Parents in these units generally liked their neighborhoods despite not selecting their units themselves. One parent in a project-based unit did indicate a desire to move into a different neighborhood closer to family.

Parents using tenant-based vouchers looking for housing within the community had mixed experiences locating housing and often saw multiple units before locating the one they eventually moved into. In general, families expressed that KFT staff provided hands-on support throughout the housing search and move-in process. Parents spoke about how KFT staff assisted them in looking for apartments online, reaching out to realtors or landlords, and viewing apartments. KFT staff sometimes knew landlords and realtors, which helped the housing search process, and parents thought of these relationships as a strength. As described by one parent, “the program was able to deal with realtors to have more options and better options for apartments.” One parent said that, with the help and support of her worker, she got a place “right away.” In one instance, a family was not sure where they wanted to live, and their case manager found them a spot. They said this process took three months from the discussion of the program to moving in. Multiple parents also noted that KFT staff drove them to look at units, which was greatly appreciated. One parent said that their worker “scheduled appointments with me to see these different places. They transported me there.”

It was really smooth—getting the paperwork, filling it out. My DCP&P worker helped me with the applications. It was really helpful.
—parent participating in KFT

For most, the support provided by KFT staff throughout the housing search and move-in process was satisfactory. However, a few parents expressed that they ended up doing “the majority of the work,” whether by choice or because they felt like they had to. One parent, after enrolling in the

program, said she did not want to wait for assistance in looking for housing, so she did it herself and was able to find an apartment on her own in less than a month. Another parent explained that she preferred to do most of the housing search on her own because, thanks to her employment history in a real estate office, she felt she knew more than her case manager about how to manage landlords and conduct real estate transactions.

Parents navigating the private rental market alone described difficulties using their housing vouchers and spoke about the discrimination and stigma they faced while looking for housing. These challenges are common in voucher programs (Cunningham et al. 2018). As one parent described, “I called around for two months and I couldn’t find anything, and as soon as they heard I had Section 8 they said ‘oh hell no.’” Another parent said, **“It’s like no one wants you there and you have to use Section 8. And people believe all the stereotypes—it is really sad”** (emphasis added).

Parents had specific preferences about what they wanted in a unit and neighborhood, such as good school districts, a certain size unit, proximity to family or friends, and outdoor space. Most parents were able to find a unit that met most, if not all, of their criteria. One parent said, “I wanted a good school system for my children—so far so good.” Another parent said that when looking for an apartment they “wanted a single unit where we had a backyard or front yard—someplace quiet with decent schools in the area.” Parents also noted that even if their unit did not meet all their needs perfectly, they preferred it over their previous insecure or homeless living situations. One parent explained, “I [am] in a small apartment right now, but I was in the shelter and when I saw it, I took it.”

Furniture allowance turned a house into a home

Parents spoke highly about the tangible resources provided to them upon move-in, specifically the furniture allowance. For most families, they were able to furnish their homes with the items they needed and wanted. Families spoke about purchasing beds for themselves and their children, kitchen essentials like pots and pans, and furniture for the living room. One parent said, “They got my couch, my daughter’s bed, it was crazy how much they got. They took me shopping for all of it. They got kitchen appliances; bathroom stuff to set up the apartment really nice.”

KFT Services and Staff

After moving into housing, Kelly met with her case manager monthly to set goals and check in about her daily needs, including housing. She also met with a clinician to work on coping skills and her emotional well-being. She really values the time with her clinician and says that it has changed the way she approaches her daily life (box 1). She and her daughters have participated in a number of group activities hosted by the KFT program, including a Valentine’s Day party and family-fun night where they painted flowerpots. Since joining the program, she met the goal of purchasing a vehicle to drive her daughters to school and doctor’s appointments. After the pandemic ends, she hopes to go back to school for cosmetology, which KFT staff told Kelly they can help with, and work in a salon. Eventually, she would like to own her own salon.

The KFT staff and the services they provided were important to the families we interviewed. Families knew that they could contact KFT staff for support when they needed it, whether it was emotional, tangible, or something else. As one parent described, the spectrum of services provided through KFT was a “lovely safety net.” The way families described services aligned with earlier data collection from KFT providers. Providers structured their services teams differently, but parents consistently reported participating in three primary types of services: (1) case management to support housing stability and well-being (including regular meetings with a staff member related to daily living skills such as managing tasks, maintaining budgets, and making and keeping appointments); (2) clinical services provided by a therapist or clinician related to mental and emotional health; and (3) group activities focused on supporting the overall well-being of parents and children and providing parents with peer support opportunities.

BOX 1

KFT’s Therapeutic Services Supported Overall Well-Being and Daily Living

Parents shared that healing from trauma, caring for their mental health, and addressing stress were ongoing goals supported by KFT’s therapeutic services. For example, one parent described that the clinicians helped them deal with problems they did not know they had and said they planned to continue therapy, highlighting the impact of these therapeutic services on daily life, including reduced personal stress and increased confidence. Similarly, parents also described how helpful it was to have someone to talk to, whether through the individual or group services provided by KFT. One parent said that they had learned coping skills from their KFT clinician, which had helped them be able to get things done that they needed to do. Another parent spoke about how their KFT workers taught them steps to manage their stress and depression and meet their goals. Overall, parents spoke highly of the clinical services provided by KFT staff.

Source: Interviews with families participating in KFT.

PARENTS KNEW WHO THEY COULD TURN TO

In general, parents described positive relationships with KFT staff and knew that they were there to help. Parents described distinct KFT staff members who filled key roles: caseworkers, clinicians, and employment specialists. Sometimes, this could result in families being unsure of who they should turn to for specific requests, but in general, families seemed aware of who to turn to in what types of situations. For example, one parent described, “[With the therapist] we are working on trauma, she has one of those papers with goals on it—it is more family based with my kids and going through the circus with my neighbor who we are being harassed by. With [the case manager] it is more life skills and goals and things like that.” Another parent differentiated between workers as “My case manager helps with my welfare work...My therapist, I talk with her about my personal problems.”

I have built a bond with people in the office—my therapist, my financial person, and [name], the supervisor.

—parent participating in KFT

Parents also recognized, however, that their support system with KFT was robust and they could reach out to multiple people if they needed. One parent said, “They said when I had problems, I could call both of them—the DCP&P worker or housing case manager, even the clinician. I was probably closest with the housing manager. And if they can’t answer the question, they will refer me to someone else.” And parents said that KFT staff made sure that they updated families and kept in communication, with one parent saying, “They are helpful about sending text messages about opportunities and emails and texts about giveaways for children, free meals, food pantries.”

If we fall, they will help us catch up. Having that sense of security, you know that you will be able to keep going, it is a sense of confidence.

—parent participating in KFT

One concern that came up was KFT staff turnover. One example mentioned by a few families was a provider policy that had caseworkers rotating yearly. As one parent described, “I think [the change] is unnecessary honestly, and confusing, and can be overwhelming—you have to go over [everything] with the new person about what was done and what was finished and what the other person didn’t complete.” Other parents described situations in which their clinician had left and they had not been able to connect with a new one yet or there had been long gaps between therapists.

CASE MANAGERS PROVIDED ESSENTIAL DAY-TO-DAY SUPPORT

Families spoke about KFT case managers as people they go to for information and support around their housing, education, and for general questions. Parents expressed that their case managers provided information on accessing utility assistance and rental assistance, in addition to tangible support like cleaning supplies or other basic necessities. For example, one parent, when asked what they go to their case manager for, said, “Any issues with the house, she called me about the rent because I was running behind and she called because she found a way that they could help with that.” Other parents also described that they worked with their case managers to address housing-related concerns.

Families repeatedly noted that their case managers said they could reach out if they ever needed something, and usually, when discussing their case manager helping them, it was something related to their housing. A couple of parents described their case managers as “home” and “housing” managers who could help with resources. But case managers also provided other types of support. One parent said, “[Case manager] always tries to reach out to me to check on my well-being and my children to keep track of what is going on with us.”

CLINICIANS WERE INTEGRAL IN FAMILIES’ LIVES

The majority of families chose to participate in clinical services through KFT and described how they benefited. One parent described their clinician as “really helpful” and that they had “helped deal with problems I didn’t know I had.” Parents appreciated the services that clinicians provided; as one said, “it is so nice to have someone to sit down with and check in. She is like a saint and has the most patience of anyone I have worked with.” Similarly, another parent said of meeting with her therapist, “It is nice to catch up and talk about my mental health. She is like my rock.”

While clinicians primarily worked with parents, some parents said that the clinicians also spent time working with their children. One parent said, “My daughter had a situation and I needed to get her into some therapy. And I was able to get [a] clinician onto the case.” Another parent said that their clinician “has been meeting with my girls recently—we are working on chores and respect.”

FAMILIES APPRECIATED GROUP OFFERINGS

Most families we spoke with enjoyed the group services offered by KFT providers. Parents described group activities that ranged from topics including opening a bank account to how parents spend time with their friends and families, as well as a specific group for single fathers. Parents expressed appreciation for the opportunity to connect with other families. One parent said, “It is helpful to hear others’ experiences and what they are going through.” Families also talked about other events that KFT hosted for them and their families, like Easter egg hunts and monthly family-fun nights. Multiple parents noted that COVID-19 disrupted group activities and that they and their children missed those opportunities.

Even families who did not participate in the groups offered through KFT recognized their usefulness. For example, one parent described that while they felt the groups did not “apply to [them] very well,” they had heard how helpful it is for other families and that the groups can teach important things.

KFT PROGRAMS OFFERED OTHER IMPORTANT RESOURCES

Tangible resources provided by KFT staff were well-received by families. Families reported that KFT staff provided financial assistance for things like emergency car repairs, laptops for pursuing educational goals, or diaper and food assistance. One parent explained that when the pandemic started their provider sent pizzas to the house for the children during virtual group sessions. Another parent said that when they were concerned about school clothes for their children, a KFT program was able to secure a grant for KFT families to order school supplies and clothing. Similarly, a parent told us about a situation where “they helped me pay the electric and one of my bills was in the \$600s—I paid half. They help me

when I need it.” Families also described that during the holidays, including Valentine’s Day, Christmas, and Easter, KFT staff provided festive items to families, including an Easter ham and gifts for children at Christmas.

For them to make my kids’ Christmas the way they did was unbelievable. They provided polaroid cameras that my kids wanted.

—parent participating in KFT

Some families also spoke about other types of services provided by KFT staff when needed, such as assistance with employment. One parent also said, “[My employment specialist] is awesome—they have tried everything. That woman has been working double time to try to find me something...she has been lifting up any stone she can find to help me.” Another parent said the employment specialist helped both her and her son with employment-related tasks. One parent noted that she also had a clinician specifically for substance use challenges.

FAMILIES VALUED PERSONAL CHOICE AND FLEXIBILITY OF SERVICES

Parents spoke about how across all services that KFT provided there was choice and flexibility about when and how they participated. Families explained that they were not required to participate in services they were not interested in, including counseling and groups. One parent described this as, “They are flexible with the schedule and asked what my availability was,” rather than dictating the timing and frequency of meetings. Parents were also the drivers of the goals they worked to achieve while in the program and participating in services.

Goal-setting is family driven

Across interviews, parents spoke about goal-setting as both a personal process and an activity actively integrated in KFT services. Goal-setting was described as a collaborative process led by family objectives. Parents explained that KFT staff asked about goals and supported their decisions, but they mostly chose their own goals. One person described the process as follows: “[My therapist] asked me questions about what I wanted to work on in our first few meetings. I needed advice on parenting skills. Methods to help me sleep. She had a paper, and we created a list of goals.” Others shared that they identified goals in response to issues as they arose (see box 2 to read about how staff supported the identification and meeting of goals). Parents named wide-ranging short- and long-term goals related to housing, employment and education, health and mental health, and meeting immediate needs. Obtaining enhanced stability and security was an overarching goal for many families.

For families with open child welfare cases, completing any follow-up necessary to close their case was often an immediate and pressing goal. One parent shared that once his child’s case is closed, “we

will be able to actually relax, because it feels like it's a burden that they're there. We want to be able to breathe and not worry about what is going to happen next."

Many parents shared goals directly related to improving their relationships with their children, partners, extended family, and loved ones. These goals included taking parenting classes, attending couples counseling, and improving communication patterns with the support of therapy.

As one parent explained, "I come from a long history of drug abuse, and mental and physical abuse. And my mother and me have a very toxic relationship, so we fought all the time. And **now the way I am handling myself, and what I am trying to teach my girls, is that we cannot control anything or anyone but ourselves**" (emphasis added).

Many parents also articulated goals arising from life stressors as they occurred, including car breakdowns and obtaining forms needed to access services. Purchasing and/or fixing a vehicle and obtaining or reobtaining a driver's license was a goal shared by many families. Vehicle-related goals were often related to enhancing employment options, transporting children, responding to public transit gaps, and getting around more easily within busy lives.

In addition to these individual and family well-being goals, most parents expressed both short- and long-term goals related to education and employment. Multiple parents shared ways in which the KFT program supported their education and career goals through tangible help such as purchasing a laptop, helping sign up for GED classes, and suggesting available jobs. One parent shared, "I want to go back to school. I have started college courses and I would like to finish them." This example was echoed in many interviews as parents described goals to take continued education classes, go back to school, increase training related to their careers, and find new or better employment. Many parents also expressed goals for their children's current and future education. One parent shared that he wanted to see his son attend college or a computer tech program. Another parent shared that she wanted to see her daughter, "learning more and obtaining a degree in a career field."

BOX 2

KFT Programming Supported Parents in Setting and Meeting Important Goals

While parents described goal-setting overall as personally driven, in some cases, particularly within the bounds of therapy, families shared that KFT staff suggested goals. For example, one parent shared, "it is basically what I am having issues with at that present moment. Or they will suggest something. [My therapist] has suggested the trauma and work[ing] through that." In this instance and in some other examples described by families, KFT staff observations and input were critical to the goals set by parents. Additionally, KFT staff provided supports and motivation to families in achieving those goals that they may not have received outside the program. One parent summarized the intangible support that KFT staff provided on meeting goals by saying, "they motivate you and push you to success."

Source: interviews with families participating in KFT.

Tracking progress on goals

Most parents shared that they checked in on their goal progress at regular intervals with KFT staff. Timelines varied from “once every few weeks” to “every 3 to 4 months” to “every 6 months or so.” As one parent shared, “I guess it depends on what they are, I think because they are so personal...it depends what we are working on.” Some shared that they broke down their goals into action steps in collaboration with KFT staff. As one parent explained, “[We] basically go through things we have to do, and I get them done.” Families also shared that as they achieved specific goals, they set new ones in collaboration with KFT staff.

Many families highlighted their progress and goal achievement throughout the program. As one parent explained, “everyone needs help and I don’t know what the future holds, but I work towards my goals every day.” One parent described her pride and gratitude in reuniting with her children. Another parent shared that she was particularly proud to receive her parenting course certificate. Others outlined their progress toward education and employment goals, including signing up for GED and college-level courses.

They make me feel proud of myself, and they don’t take the credit. I tell them all the time, “You are awesome!” And they say, “No, that is your home, and you got your kids back. If you weren’t doing the things that the court...and DYFS [required], they wouldn’t be able to do these things.” But they wanted me to reunite with my family. I like to say together we reached the goal. It was a little bit of them and a little bit of me, and we came together and made it happen.

—parent participating in KFT

Some families expressed difficulty developing and/or meeting goals because of uncertainty given the ongoing impacts of the COVID-19 pandemic. As one parent noted, “I haven’t achieved anything, but I have stayed stable—I will say that much throughout all of this craziness.” Some others shared that unexpected health issues had made it difficult to make progress on their employment goals. Even outside of the pandemic, some families expressed that it was difficult to plan goals given the unexpected nature of life. One parent noted that it was “difficult to plan in the future [because you] never know what curveballs might come up.”

Moving On from KFT

After four years in KFT, Ana and her family were starting to think about the next phase of their lives. In general, she was interested in continuing to live in the same neighborhood, if she could afford it. Ana has

also considered moving out of state closer to family. Ana’s biggest concern about the end of the program was securing a permanent rental voucher. If her current voucher ended without something to replace it, she would not be able to afford her current apartment. Ana appreciated all of the case management services that KFT provided and would be interested in continuing with them if they were offered but did not think she needed them any longer. She was also interested in continuing a relationship with her clinician; she wanted to continue to participate in therapy but did not want to have to build a new relationship with a new clinician.

While only one family we spoke with was in the process of moving on from KFT housing and services, many had begun thinking about moving on. When thinking about “what’s next?” parents spoke about obtaining a long-term rental voucher, like Section 8. Families had begun to think about what they might like their lives to look like in the future, including moving to a new state, moving to a larger house, getting a new job, or adding a pet to the family.

HOUSING WAS FRONT AND CENTER IN FUTURE PLANS

When families spoke about their future plans and where they saw themselves in five years, they often had clear thoughts about what type of housing they would like to be living in and where they would like to be living. Families wanted bigger units, nicer homes, or better neighborhoods. As one parent said, when they move on from KFT, they would look for “a nice house with a yard, a neighborhood with good schools—my kids have learning disabilities so I want them to get into a good school that can give the education they need and the support they need.” Similarly, one parent said, “I want to work on credit and finances so that we [can] get our own home that is ours, with a yard.” Another family also wanted a place with a yard, saying “I would like to go out and grow a vegetable garden and plant flowers, which I cannot do here.” A few families had thought about moving out of New Jersey, for reasons such as being closer to family, living in a warmer location, or having more employment opportunities.

I am on another Section 8 waiting list through the county, not the state. I [want] assurance that if the [program] does end, I would like to know that I have secure housing.

—parent participating in KFT

Across interviews, these future housing goals hinged on receiving some type of ongoing housing assistance. Parents spoke about their plan to secure affordable housing in the future; for most, including those planning on moving out of the state, this was getting a permanent Section 8 voucher. Some families had already applied and were on waiting lists; others knew this was the next step in the process but had not yet started. One parent, when asked what supportive services they would like to keep, said, “The housing services—they do provide assistance with utilities, furniture, transportation, and paperwork, basically everything.”

FAMILIES WANTED TO MAINTAIN CLINICAL SUPPORT

Families were open to, and generally interested in, continuing supportive services, specifically clinical and therapeutic services, after leaving the KFT program. One parent said that after leaving the program they would like to be able to continue therapy, “and just [keep] the support system, being able to reach out with any questions.” Another parent who expressed an interest in continuing therapeutic services expressed a concern about finding a new counselor and developing a new rapport after many years with their old one. They said, “I would rather still continue with [the clinician] after our case closure and continue therapy, but she is part of the program and I would lose her as a counselor and [would have to] seek out a new counselor and build that relationship and rapport and get to where we already had been.” Similarly, another parent said they would like to bring their support services with them after moving, saying, “If I had any issues, I can know who to trust and they are there for me if something comes up.”

The clinical services I would continue. [I] definitely will continue with those services. That helped me out a lot. I will always do therapy.

—parent participating in KFT

FAMILIES WERE AWARE OF THE PROGRAM’S LIMITATIONS

Parents clearly understood the housing subsidy and associated supportive services were part of a time-limited program (Batko and Thomas 2023). In its current form, the KFT program provides a five-year rental subsidy coupled with supportive services, with the goal of families reaching self-sufficiency and transitioning out of the program. A few parents did not feel that five years was long enough and felt that they were not prepared to move on. As one parent described, “I think that the program should stress that this is the issue, of we only have five years to get on our feet or gather ourselves together—that should be stressed in the beginning.”

One limitation families described as a challenge with being able to afford housing after the program was that available employment opportunities offered through the employment specialist were not consistent with the types of positions that would enable the household to be able to afford market-rate housing. While families attributed that to the employment specialist, it is unclear whether that was also a reflection of the broader employment market. While lack of employment opportunities themselves were not a limitation of the program specifically, they added to concerns around being able to maintain stability at the end of the program. One parent, when asked if they could leave the program sooner than the five years allotted, said, “If I had a better income and [was] able to make a living wage to afford an apartment at a living rate, [then I would],” recognizing the barriers posed by low-paying jobs and a lack of affordable housing options. For parents who were receiving disability payments, they knew they

would need housing support long term as their disability payments would not cover most market-rate rents. For other parents, access to child care was a key challenge to being able to seek employment that could improve the family's financial security.

Family Outcomes

The goals of KFT are family stabilization, including family reunification, with child welfare case closure; reduced recidivism within the child welfare system; housing stability; and improved well-being. Interviewed parents were asked to describe their experiences across these domains during their participation in the program.

Child Welfare Outcomes

Angela has lived in her housing unit and been receiving services from her KFT service provider for almost a year. Before her enrollment in the program, her two children, a 9-year-old daughter and a 2-year-old son, were living with her sister at the order of a judge. The final hurdle to Angela being reunited with her children was being able to secure safe and stable housing. After finding a unit with her KFT service provider and moving in, the reunification process started. First, she had short visits with her children at her home and then overnight visits. Within a month, her children were living with her full time, and six months after that her child welfare case was closed.

Family reunification and reduced future involvement with child welfare systems are key goals of the KFT program. All interviewed parents reported reduced involvement with DCP&P upon enrollment into KFT. For some, housing was a requirement to having their case closed, so once that requirement was met, child welfare involvement decreased very quickly. As one parent whose case was closed after moving into KFT explained, “after I got involved in KFT, DCF stepped back.” Most parents reported that their cases with DCP&P were closed during their time in KFT. For those who had not yet had their cases closed, they felt they were on their way to doing so. One father said that he previously had met with his worker a few times a month, then transitioned to once a month, and now is waiting for the official closure of the case once the supervisor signs off on it. He explained that DCP&P worker was “very proud of how far I have come to get my son.”

FAMILIES REUNIFIED SOON AFTER MOVE-IN

For parents whose children were in out-of-home care before enrollment in KFT, they reported positive experiences in the process of reuniting with their children and felt the process went quickly. When asked about the timeline for their children moving back in, one parent said, “It was almost instant—the way that DYFS worked it out, they started the reunification process. They did day visits, then sleepover, and then we worked up from there.” Another parent said that their children had moved back in with them after two days. One father explained that when he moved into his housing, he spent the first two months “getting the apartment set up so that my son has a place to sleep, doing meetings with KFT, and having the apartment ready for him” and reported that his son moved in two months after he did.

Housing Outcomes

Chris and his two children, a 6-year-old daughter and a 5-year-old son, moved into a two-bedroom apartment through the KFT program. Chris says he likes the unit, specifically because it has a nice kitchen and a back patio, but wishes that program voucher allowed him to get a three-bedroom instead of a two-bedroom apartment so each child could have their own room. Right now, his children are sharing a room. Chris says he likes the neighborhood he is in because he can walk to things like the store and the park, and it feels safe to him. However, despite liking the unit and the neighborhood, he's experienced issues with the landlord responding to maintenance concerns in a timely manner and with his neighbors, who have been verbally aggressive toward his children at times. When asked how the housing provided by KFT has changed his life, Chris says that he finally feels stable and that the program helped him and his family get back on their feet by providing a place he could afford to live in addition to supportive services to help him meet his goals. As Chris begins to think of his future housing plans, he's undecided if he will stay in his current unit or try to find something bigger closer to his family as his children get older, and it would become more challenging for them to share a room.

Chris's experience is exemplary of many families' experiences in the KFT program. As previously noted, families in KFT programming live in various types of housing. Some programs offer project-based supportive housing, with residents living in their own apartment or townhome within a complex of other families also engaged in a supportive program. Other families live in scattered-site units such as houses or apartments that are leased through tenant-based vouchers. The maximum rent that the program will pay for and the number of bedrooms allowed through KFT correspond with the size of the family and the age of the children. Most units are in suburban or urban communities. Many of these aspects of housing were discussed across interviews.

FAMILIES WERE GENERALLY SATISFIED WITH HOUSING

There were a range of experiences with housing type, size, and quality among families. Most families were satisfied with their housing situation, with one parent noting that what they liked most about their housing was that they were "thankful to have a roof over my head." Discussion of housing features and the general quality of apartments came up among parents. Having a yard for children to play in was cited by a few families as a benefit to their housing situation, with one family even saying that it was something they would specifically look for in their future home. Some described their apartments as "awesome" and "beautiful" and noted specific aspects of the units they liked, including the layout and the kitchen size.

While many families felt that their housing met their needs, a few families reported issues with the physical condition of their housing that ultimately impacted their housing satisfaction. One of the most common concerns that came up was the maximum number of bedrooms allowed by the housing subsidy. In most instances, families were fine with the bedroom arrangements; however, some expressed that the number of bedrooms did not seem to meet their family's needs. The maximum number of bedrooms were based on guidelines around family size and age and gender of children. One parent said their voucher only covered a one-bedroom apartment for them and their child, so they shared a bedroom and the space was cramped. Similarly, a family with three children had a subsidy that only covered a two-

bedroom apartment, with a toddler sharing a bedroom with a parent. Another family described that, although they had two children, a boy and a girl, because of their ages, their voucher only covered a two-bedroom apartment, leading to both children having to share a room. A couple of families who had concerns with the number of bedrooms had said that they would eventually be eligible for a larger unit but would have to wait for their children to be older.

They said we would have to wait another year here before we could move into the three-bedroom. And that made no sense to me.

—Parent participating in KFT

Most housing-related issues were common household concerns such as a broken toilet, leaking gutters, or a broken shower. The process of addressing general maintenance issues was not consistent across families. For example, some families reported informing their KFT case managers of any maintenance issues, with communication occurring between the landlord and program staff: “I will tell the caseworker and they call the landlord, and then the landlord will send a maintenance.” Others communicated directly with the landlords or property management to make repairs. As one parent said, “As far as issues with other tenants or issues with landlord, they handle everything great.” In one case, a parent described that he reached out to KFT for assistance with a repair issue when the landlord was slow to respond. In general, parents reported that regardless of who contacted the landlord, the repairs were eventually made. Some families said the response was quick, while others waited on either communication from the landlord or the actual repair.

I had an issue with the sewer, but I contacted the landlord and immediately they sent someone to fix that. They are on top of it; they are responsive when I call.

—parent participating in KFT

A couple of families reported instances in which there was significant damage to their units caused by forces of nature or other incidents outside of their control. One family described that the landlord was responsive in cleaning up the damage immediately. Conversely, after the ceiling caved in, one parent said that their landlord did not take responsibility for the damage, saying she was “not responsible for acts of God” and that the family should “have had renters insurance.” The parent described that it took weeks for the repairs to begin.

A small number of families moved into a new, second unit while already in the program. These families relied less on the support of KFT staff for their second move but felt that KFT would be there to assist if they needed it. One parent, when asked if KFT staff helped with the search for her second unit, said, “This one was kind of more on my own. But I knew the information and I knew what to tell the property manager and landlord. I did it more on my own because I felt more comfortable doing it on my own. I could explain everything.” Families moved for various reasons, including to be closer to family members, in a different school district or neighborhood, or escape poor unit conditions or unresponsive landlords.

FAMILIES WERE GENERALLY SATISFIED WITH THEIR NEIGHBORHOODS

Overall, families spoke positively about their perceptions of and experiences in their neighborhoods. Families sought out and appreciated proximity to social supports including family and friends, and relationships with neighbors varied across families. A couple of families were able to use the flexibility of the rental voucher to move units and move to an area closer to family and friends. For example, one family, who said they did not love the location of their first unit for being “too far out” was subsequently able to find a unit in a neighborhood that was closer to family. Another parent, who moved units during their time in KFT, ended up moving a ten-minute walk away from their cousin. A few families discussed having their friends and families in their former neighborhoods, and that for reasons such as unaffordability and having difficulty finding a landlord who would take their voucher, they ended up living in neighborhoods where they did not know anyone. Some families made friends with their neighbors and described how their children play with each other.

Many parents reported liking their neighborhood and discussed being in close proximity to useful services and amenities such as shopping, restaurants, social services, and parks. Parents also talked about being able to walk to places such as public transportation and doctor’s offices. For some, access to a new school district was a benefit, and they transferred their children once they moved. For others, their children remained in their previous school, with at least one family noting that because of remote learning in the COVID-19 pandemic, they were able to keep their kids in the same school until at least the end of the year.

When we moved in, we were so grateful...We made it to the light at the end of the tunnel. It was the biggest weight off our shoulders.

—parent participating in KFT

In general, most families we spoke to felt safe in their neighborhoods. One family noted that their car had been broken into, but despite this they still felt like their neighborhood was safe. Only two families identified potential safety concerns about their neighborhoods, saying that their neighborhood

was starting to feel unsafe, and another described their neighborhood as somewhere “between good and bad.”

Well-Being Outcomes

After living with her mother and two children for nearly four years, Kim moved into housing through KFT three years ago. Since then, she has been able to focus on the stability and well-being of herself and her family. Kim said that being able to move out of her family’s house has provided the space necessary to rebuild the relationship with her mother, and now that they do not live together, they are on good terms. In addition, she has been able to connect her and her teenage daughter to therapy through the KFT program providers, which she says has been great for her daughter’s mental health. In addition, since enrolling in KFT and moving into housing, her kids are both doing well in school and have increased their grades. Kim identified getting a job as one of her goals but has not yet been able to find one that works with her children’s schedules.

Like many of the families we interviewed, Kim’s journey to stability came after a tumultuous and unstable living situation. Across interviews, we heard how the housing and support services offered through KFT increased families’ well-being. These increases spanned domains like physical health, mental health, relationships with extended family, and parent-child relationships.

KFT SERVICES AND HOUSING IMPROVED OVERALL FAMILY WELL-BEING

For most families, the services and housing opportunities provided by KFT brought a sense of stability and resulted in positive outcomes in their relationships, ability to meet goals, and general well-being.

KFT families described decreased stress and anxiety for all family members

Families consistently described the benefit of their KFT services, including their interactions with therapists and case managers, on their lives. Across interviews, parents explained that their physical and mental well-being was tied to program involvement, and their well-being had improved (box 3). One parent said that after joining the program, they “have a lot less stress—now it’s not chaotic.” Another described being able to manage her mental health despite multiple mental health conditions. Similarly, a parent spoke about how the KFT staff have provided support for them to work on their stress and depression and have given them tools to be able to handle things.

Everything is more stable. Before, we never knew what was going to happen. I was living a different life. Since we lost stability, we worked hard to get it back, and we are fighting to keep it.

—parent participating in KFT

KFT families described improved relationships

Parents described that the privacy and stability afforded to them by housing provided the opportunity to give their kids the attention they need and deserve. In general, families reported good relationships with their children after moving into housing. One parent explained that after moving into housing from a shelter, she was able to do more things like movie nights with her children. Another noted that their relationship with their daughters has gotten better since moving into housing, as they were living with their mother before, which was difficult for them.

Several parents also described the impact housing had on their relationships with extended families and older children who they do not live with. For example, one parent explained that her relationship with her children's grandmother has improved because, now that she has housing through KFT, she is able to meet their needs and show her that her children are her number one priority. Other parents described how having their own housing provided the space they needed to improve relationships. One parent spoke about her relationship with her mom improving after she moved out of her mom's housing into her own independent housing. Another parent described the impact of housing on seeing their family: "for Christmas I was able to have my family over, which was awesome. I always wanted to have my family come over to my place. It has improved my relationship a lot."

BOX 3

Housing and Services Were a Foundation of Reduced Stress and Feelings of Independence

Many parents spoke about how once they had housing and the support systems from KFT in place, other things started falling into place for them. For example, one parent said that having "a roof over my head" and being independent in the program gave them the opportunity to focus on other aspects related to their well-being and stability, including finding a job. Similarly, another parent described that KFT "helped a lot getting onto my feet," including preparing for employment and enrolling kids in school. Other parents also spoke about how housing was fundamental in being able to focus on other goals and beginning to prepare for the future.

Source: Interviews with families participating in KFT.

KFT families described improved outcomes for children

Families also discussed specific impacts of housing and KFT services on their children. One parent described that, now that they have housing, her daughter has improved in school and is doing so much better. One parent also described that after reuniting with her daughter, KFT helped her advocate for her daughter to get an educational aid in school. Another parent said that her children's health has improved since moving. After moving into KFT housing, one mother described how her son, who previously was hardly speaking, became "free and happy." Multiple parents also described how KFT supported their children in their mental health: one father described how he was able to get his son into therapy since they were reunited through KFT. Another parent explained how after five years in foster care, his son is happy and doing well living with him.

PARENTS CONTINUED TO STRUGGLE WITH EMPLOYMENT AND CHILD CARE

While many families described gaining stability through KFT services and housing, employment was one domain that several families were still trying to navigate. Parents noted lack of child care, their own or their children's health issues, or underpaid jobs as reasons why, despite wanting to work, they were unable to. One parent described that she had to leave her job because she needed to drop her child off at school at the same time she needed to be at work. Another explained that they had held multiple positions while in the program but had to quit one of them because of health issues that prevented them from doing a job and then was fired from another one because their child was sick. Another parent, upon learning she was accepted into KFT, declined a job offer to ensure she could move into housing and support her children. For those who were employed, they described additional support that allowed them to navigate employment and parenting. For example, one parent was able to work a schedule where he was off on the days his child was with him and work on the days his child was with their mother; another family had a parent who stayed at home while the other parent worked full time.

I have applied for remote [jobs], but everything they want to send me to is onsite—I can't get there, I don't have child care, even if I could walk to it. At the end of the day, where am I putting my child?

—parent participating in KFT

KFT Support Continued during the COVID-19 Pandemic

Across interviews, families spoke of pandemic-related disruptions, concerns, and experiences. Like many others, families had changes in employment and education, and the pandemic affected their health and health care decisionmaking. Families enrolled in KFT spoke about the programmatic changes specifically related to the pandemic. For example, families described that in-person individual and group sessions had been changed to virtual, and providers minimized face-to-face contact, instead turning to phone, text, email, or Zoom when possible. However, despite all of these changes, families overwhelmingly described positive experiences with KFT staff and services during the pandemic. One parent described the response by KFT staff: "They tried to make the pandemic not a big deal. They are really on top of things." Another parent described the creativity of program staff, explaining how KFT providers would meet outside when the weather allowed and others noted that providers were flexible in scheduling for appointments.

Conclusion

Overall, families enrolled in the KFT program reported positive experiences and the important impact that KFT housing and services had on their lives. Families appreciated the housing, robust services, and the stability that these things brought. It was clear that families associated being housed in the program with an end to their child welfare involvement as well as a multitude of other positive outcomes, including decreased stress and better relationships with family. Families remained concerned about being able to afford housing if their participation in the program ended.

Interviews with families highlighted some particular areas of strength for the KFT program:

- **Housing assistance provided through KFT gave families much needed stability, especially when compared with prior living situations.** Many parents described long periods of housing instability, including time spent in homeless shelters and other traumatic environments. The housing assistance provided by KFT gave families safe, independent housing. Additionally, most families reported being happy with the quality of their housing and neighborhoods. Parents reported that this housing and stability reduced their stress and provided a foundation from which they could work on other important goals in their lives, such as improving their relationships with their children and other family members and employment and education.
- **Clinical and therapeutic supports were highly valued by parents.** Parents described many ways in which their clinicians or therapists provided through KFT supported their lives, including supporting parent-child relationships, parental mental health and well-being, and, in some instances, child mental health and well-being. Parents also consistently described clinicians as a support in identifying and working toward goals, and parents expressed frustration when clinical support was disrupted because of turnover at service providers. And when asked about what type of services they would like to retain if they were to leave the program, parents most frequently mentioned their clinician.
- **The extra resources the KFT program connected families to made a big difference to families.** When describing their experiences in the KFT program, families frequently raised examples of the program providing them with additional resources, such as furniture vouchers, connections to community programs, and holiday and back-to-school gift packages. These small packages enabled families to provide their children with complete homes, including beds, Christmas presents off of their children's wish lists, and new clothes and supplies for back to school. These small additional resources seemed to create a complete package for families and parents repeatedly raised the instances where KFT filled these gaps in what parents could afford independently.

Interviews with families also highlighted some areas of opportunity to improve the KFT program operations:

- **Develop relationships with landlords to make it easier for families to locate housing once enrolled in the program.** Particularly among families looking for housing within the community

(as opposed to KFT-designated units), finding housing that met their needs and preferences was difficult. In addition, multiple parents reported experiencing source-of-income discrimination while searching for housing. Developing positive relationships with landlords would increase landlord buy-in to the program and could reduce the likelihood that families would have negative experiences with their landlords. Some programs have had success by making it clear that the program will be there to support the family. Others have set aside resources for mitigation funds to refund landlords if there is damage to a unit or other financial losses because of a program participant's tenancy.

- **Eliminate policy-driven staff shifts.** Only a small number of families reported disruptions in clinical staff access because of turnover, but a subset of families reported confusion about who their point of contact was at their service provider as a result of a provider policy to shift caseworkers annually. Families did not describe any benefits of these shifts and only described negative associations with them.

Finally, interviews with families also offered key insights into ways in which the program can help prepare families for moving on. Currently, families felt unprepared to move on from the program because of the gap between what families can earn and what they can afford. Without a significant shift in the wages for the types of employment families can secure or the availability of affordable housing, KFT will need to do the following:

- **Ensure all families have access to permanent vouchers upon completion of KFT and can remain in the program until one is obtained.** At the time of interviews, no families expressed confidence in being able to move on without additional rental assistance. A first step in this could be developing a "moving on" protocol for families and beginning to think about next steps during early stages of the program, including identifying what type of voucher families may be eligible for and their preferred location, which may impact housing and voucher availability. While families knew this was a time-limited program and had thought about their future, increasing conversations and support around being ready to transition from the program could benefit families' feelings of readiness and preparedness.
- **Expand support and services to increase income and opportunities for living-wage employment.** Even with the housing subsidies and other tangible support provided by KFT, families expressed that they often still had trouble meeting all their daily expenses. Families appreciated the employment, educational, and benefits assistance from KFT staff, but many needed employment options that would pay them a living wage and work with their caretaking priorities. For this, KFT could consider adding more significant education and employment support through a partnership that focuses on career development and helping participants secure living wages. Another strategy to support families in this would be increasing support related to child care for parents who are actively seeking work or actively employed during enrollment in KFT.

While we only spoke with a small number of families being housed by the KFT program, learning directly from these families provided key insights into the way they experience aspects of the programs.

Future research with families should include samples of families who enrolled but did not successfully lease up; those who did successfully lease up but had negative exits from the program; and families who have moved on from the KFT program after exiting to a positive housing destination. Information from interviews with families in these groups would provide additional insights to areas for improvement in the KFT program. Regardless, the insights from the interviews conducted as part of this evaluation can be used for continued evaluation purposes and to increase positive outcomes for families.

Notes

- ¹ The expansion of the program in 2017 was funded by a statewide opiate initiative that resulted in a requirement that parents have a current or previous substance use disorder in addition to at least one other risk factor.
- ² Throughout the brief, vignettes like this one about Ashley are included. The names are pseudonyms and the stories are composites of interviewed families with details modified or added from another parent's story to protect the confidentiality of interviewed families. These vignettes include experiences we heard from participants but do not necessarily reflect all families enrolled in KFT.

References

- Batko, Samantha, and Kate Thomas. 2023. "Keeping Families Together in New Jersey: Findings from Program Model Interviews." Washington, DC: Urban Institute.
- Cunningham, Mary, Martha M. Galvez, Claudia Aranda, Robert Santos, Doug Wissoker, Alyse D. Oneto, Rob Pitingolo, and James Crawford. 2018. *A Pilot Study of Landlord Acceptance of Housing Choice Vouchers*. Washington, DC: Urban Institute.

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Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at urban.org/fundingprinciples.

This brief would not be possible without the participation of parents in the New Jersey KFT program. This includes the DCF program and research teams who facilitated access to the programs as well as reviews of drafts of this brief. It also includes the staff at the three service provider agencies who participated in and supported recruitment of families for the interviews. Finally, the authors greatly appreciate the time parents took to participate and the information they shared about their experience in the program.

Many people reviewed and contributed to this brief. The authors appreciate the feedback and support that Michael Pergamit, Bridgette Lery, and Mary Cunningham provided throughout data collection, analysis, and writing.



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