

RESEARCH REPORT

Keeping Children at Home with Supportive Housing

Long-Term Child Welfare Outcomes for Families Who Received Supportive Housing

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Executive Summary

Housing provides families with a foundation of stability critical for children’s healthy growth, development, and well-being. Alternatively, housing instability has enormous consequences for families, potentially compromising parents’ ability to adequately care for their children and putting their children at risk for adverse outcomes. Homeless or precariously housed families are more likely to be involved in the child welfare system than similar families who have stable housing, and inadequate housing is a precipitating factor in about 9 percent of child welfare removals.¹ There is growing evidence that housing interventions such as supportive housing can positively impact child welfare outcomes, such as reducing removals and increasing reunification, but most studies do not examine outcomes beyond three years.

This study examines long-term child welfare outcomes for participants in the Children’s Bureau-funded Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a five-year (2012–16), \$25 million demonstration that provided supportive housing to families in the child welfare system. The demonstration was a randomized controlled trial that enrolled families from five different sites across the country: San Francisco, California; the state of Connecticut; Cedar Rapids, Iowa; Broward County, Florida; and Memphis, Tennessee. Using child welfare administrative data that we received for 815 of the 861 study families, we considered how supportive housing impacted child welfare outcomes up to five years after randomization, including whether supportive housing (1) increased the likelihood that children were living at home, (2) decreased the likelihood that children had an open child welfare case, and (3) decreased the likelihood of children experiencing a new substantiated allegation. We examined these outcomes separately for children who were living at home at baseline (*preservation cases*) and children who were removed from home at baseline (*reunification cases*).

Additionally, in Broward County there were two subgroups for preservation families: (1) *community services in place*, which included families who were diverted from the Broward County’s Sheriff’s Office (which operates the investigation end of the child welfare system) and who could be served through services in the community; and (2) *monitoring needed*, which included families who were new to the Broward County Sheriff’s Office and who had not yet had their children removed but were at imminent risk of removal. There were also two subgroups for reunification families: (1) *brand new*, which included families who had recently had their children removed; and (2) *last step*, which included families with a

reunification goal where housing was the last support needed to reach reunification. Examining the preservation subgroups separately helped us understand how imminent risk affected the impacts of supportive housing, and the two reunification subgroups helped us understand whether the impact of supportive housing differed by how long a child has been in out-of-home care.

Impact of Supportive Housing for Preservation Cases

For children living at home at baseline, we found the following:

- In Broward County and Connecticut, children whose families received supportive housing were less likely to experience a removal than children in the control group after five years. Memphis showed lower removal rates for the treatment group than the control group, though the difference did not show statistical significance at conventional levels. Cedar Rapids and San Francisco showed no impacts of supportive housing on removal rates.
 - » The findings for Broward County are driven by the monitoring needed subgroup, where the treatment group was 28 percentage points less likely to have a removal (12 percent compared with 40 percent), whereas the community services in place subgroup saw only a small difference between treatment groups.
- Across all sites combined, children in the treatment group were about 7 percentage points more likely than the control group to be at home at five years (84 percent compared with 77 percent), and they spent about 108 more days at home on average.
 - » Connecticut showed the biggest impact, with children in their treatment group 18 percentage points more likely to be at home than the control group at five years (87 percent compared with 69 percent).
- Supportive housing did not have a significant impact on any case outcomes at five years; that includes whether the child’s original case had closed, whether a new case had opened, or whether any case (original or new) was open at five years.
- Supportive housing did not significantly impact the rate of new substantiated allegations by five years, except in Broward County and, to a lesser degree, Memphis.

Impact of Supportive Housing for Reunification Cases

For children in out-of-home care at baseline, we found the following:

- Children in the treatment group were about 17 percentage points more likely to be reunified than children in the control group by five years (60 percent compared with 43 percent), and they reunified more quickly. Again, these results were strongest in Broward County and Connecticut.
- Across all sites combined, children in the treatment group were about 19 percentage points more likely than the control group to be at home at five years (53 percent compared with 34 percent), and they spent about 326 more days at home on average.
 - » Broward County showed the biggest impact: children in their treatment group were 29 percentage points more likely to be at home than the control group at five years (69 percent compared with 40 percent).
 - » The brand new and last step subgroups showed similar differences between their control and treatment groups in terms of the percentage of children home at four years, with the treatment group about 35 percentage points more likely to be at home than the control group in both subgroups. However, by five years, the brand new treatment group was about 39 percentage points more likely to be at home than the control group (80 percent compared with 43 percent), whereas the difference between treatment and control in the last step group had reduced to 18 percentage points (69 percent compared with 51 percent), and this difference was no longer statistically significant. The percentage of children at home in the last step subgroup decreased from 81 percent at four years to 69 percent at five years, suggesting that the impacts of supportive housing did not sustain for the last step group as much as it did for the brand new group.
- Children in the treatment group were more likely to have their original case closed and to have a new case opened by five years.
 - » However, children in the treatment and control groups were equally as likely to have *any* case open at five years, and case outcomes varied by site.

Conclusion

Overall, this study found that children whose families received supportive housing were more likely to be living at home. Site context appears to matter, as outcomes varied greatly by site. The greatest impact appears when targeting the highest-need families, as in Connecticut. However, supportive housing does not seem to have much impact on child welfare case outcomes (i.e., original case closures, new case openings, or any case open at five years) or subsequent substantiated allegations. Given that these were high-need families, the limited duration of the demonstration may not have given families services and support for long enough to impact these outcomes.

Keeping Children at Home with Supportive Housing

Introduction

Housing is a crucial issue for child welfare–involved families. The rate of child welfare system involvement is higher among homeless or precariously housed families compared with similar families who have stable housing. A review of the literature suggests that this disparity could be due to health or safety risks from inadequate housing; maltreatment related to parental stress, mental health issues, and substance abuse problems intensified by homelessness; and increased surveillance of parents living in shelters (Dworsky 2014). In 2020, child welfare agencies investigated 3.1 million reports of child abuse or neglect and made determinations about whether to place children in out-of-home care (Children’s Bureau 2022). Inadequate housing was a risk factor in 8 percent of child maltreatment reports and a precipitating factor in about 9 percent of child welfare removals.² A recent meta-analysis found that housing stress is associated with an increased likelihood of substantiated maltreatment reports and out-of-home placements, among other outcomes (Chandler, Austin, and Shanahan 2022). Additionally, for children in care, unstable or inadequate housing can lengthen stays in foster care and delay reunification (Courtney, McMurtry, and Zinn 2004; Dworsky 2014).

There is growing evidence that housing interventions such as supportive housing and housing vouchers can positively impact child welfare outcomes, such as reducing removals and increasing reunification (Collins et al. 2020; Fowler et al. 2018; Rog, Henderson, and Greer 2015; Tapper 2010). However, these studies typically only follow families for one to three years after intervention. Our study examines the long-term impacts of supportive housing on child welfare outcomes by following families for five years.³

In 2012, the Children’s Bureau in the US Department of Health and Human Services’ Administration for Children and Families funded Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a five-year, \$25 million demonstration that provided supportive housing to families in the child welfare system in five sites across the country. The demonstration targeted child welfare–involved families for whom lack of adequate housing was a factor in either (1) the imminent placement of children in out-of-home care or (2) the decision not to reunify children already in out-of-home care. The Children’s Bureau provided sites with a common framework for the intervention and let local grantees determine the program’s design. The framework

included core components of supportive housing: a housing subsidy with supportive services implemented using a Housing First philosophy.⁴ Five sites were included in the demonstration: San Francisco, California; the state of Connecticut; Cedar Rapids, Iowa; Broward County, Florida; and Memphis, Tennessee. Implementation varied from site to site with sites incorporating somewhat different eligibility criteria, though all targeted families experienced homelessness or housing instability and had multiple service needs. Sites also differed in their service offerings, case management models, and housing subsidy type. Child welfare practices and other key context (e.g., big city, regional service area, or rural area) also varied by site (McDaniel et al. 2019).

To conduct the cross-site evaluation, the Urban Institute employed a mixed-methods randomized controlled trial study design that included 861 families who were randomized to either a treatment group ($N = 431$) that was offered supportive housing or a control group ($N = 430$) that was not. Pergamit and colleagues (2019) previously examined child welfare outcomes up to two years after randomization. Here, we examine child welfare outcomes for up to five years after initial randomization. This report includes a total of 815 study families (412 treatment, 403 control) for whom we obtained child welfare administrative data. This is one of the first studies to examine the long-term outcomes of supportive housing for child welfare-involved families.

In this report, we consider how supportive housing impacted long-term child welfare outcomes, including whether supportive housing (1) increased the likelihood that children were living at home, (2) decreased the likelihood that children had an open child welfare case, and (3) decreased the likelihood of children experiencing a new substantiated allegation. We examine these outcomes separately for children who were living at home at baseline (*preservation* cases) and children who were removed from home at baseline (*reunification* cases).

Methods

Data

We drew on child welfare administrative data provided by sites for these outcome analyses. Child welfare data varied by site but contain longitudinal data covering out-of-home placements, reunifications, terminations of parental rights, case closings and openings, and rereports of abuse and neglect and substantiation of those reports.

We also used program referral data. Referral data included information on housing status at referral, the caregiver’s child welfare history, and family factors such as disability, mental health issues, substance use issues, past criminal justice involvement, and history of intimate partner violence. These data were specified differently across sites, so we focused on items that were comparable across sites.

Analytic Approach

We estimated probit regressions for binary outcomes and linear regressions for continuous outcomes. Unless otherwise noted, in all models, we controlled for child’s gender, child’s race, child’s age, whether the family was homeless versus unstably housed at baseline, whether the child’s family had previous child welfare system involvement at baseline,⁵ criminal history for the head of household, intimate partner violence for the head of household, childhood child welfare system involvement for the head of household, head of household’s age, and number of children in the household. For the all-sites models, we also controlled for site. For the models examining outcomes for children removed at baseline, we controlled for the number of months that the child was removed before randomization. For the site-specific models, we controlled for head of household mental health, head of household substance abuse, and Structured Decision Making risk levels for sites that collected these data. In a small share of the site-level models where a control perfectly predicted an outcome, this control was dropped from the model. We imputed missing values using multiple imputation by chained equations.

Because the treatment-to-control ratio varied across sites and, within some sites, across time, we created weights to maintain a constant treatment-to-control ratio. All models were weighted, and standard errors were clustered by family.

In the tables that follow, we present results of estimations where the child is the unit of observation at five years. We show results for all sites pooled into a single estimation, followed by the results for each site. We examine results separately for preservation cases and reunification cases.

BROWARD COUNTY SUBGROUPS

In Broward County, there were two subgroups for preservation families and two subgroups for reunification families (McDaniel et al. 2019). For preservation cases, the subgroups were as follows:

1. *Community services in place*, which included families new to the child welfare system, who Broward County determined could be served through services in the community and may not need a child welfare case to be opened; and

2. *Monitoring needed*, which included families diverted from engagement with the lead child welfare agency, who Broward County determined needed additional monitoring and a child welfare case opened.

For reunification cases, the subgroups were as follows:

1. *Brand new*, which included families who had recently had their children removed (average of five months); and
2. *Last step*, which included families with a reunification goal where housing was the last support needed to reach reunification.

In the analyses below, we examine subgroup differences for outcomes that were significant for Broward County overall to determine whether supportive housing was beneficial for a particular subgroup.⁶

Sample

Our sample includes 815 families with 1,627 children (table 1); 855 children in the treatment group and 772 children in the control group. About 63 percent of children were at home at baseline, and 37 percent were removed. Most families had a female head of household (92 percent), and the average head of household age was slightly more than 30 years old. Slightly less than half of children (47 percent) were female, and their average age was 5.4 years. About 44 percent of children were Black, 36 percent white, and 13 percent Hispanic. See table A.1 in appendix A for the baseline characteristics for families and children.

TABLE 1
Sample Size by Site and Treatment Group

	TOTAL	San Francisco	Connecticut	Cedar Rapids	Broward County	Memphis
Total families	815	154	193	189	155	124
<i>Treatment</i>	412	79	96	102	53	82
Preservation	251	36	60	54	19	82
Reunification	161	43	36	48	34	-
<i>Control</i>	403	75	97	87	102	42
Preservation	211	33	60	37	39	42
Reunification	192	42	37	50	63	-
Total children	1,627	260	346	328	369	324
<i>Treatment</i>	855	132	188	191	125	219
Preservation	547	67	122	95	44	219

	TOTAL	San Francisco	Connecticut	Cedar Rapids	Broward County	Memphis
Reunification	308	65	66	96	81	-
Control	772	128	158	137	244	105
Preservation	411	58	107	53	88	105
Reunification	361	70	51	84	156	-

Source: Child welfare administrative data provided by the sites.

Note: Memphis did not serve any reunification cases.

To test whether any systematic differences between the treatment and control groups in our child welfare administrative data sample occurred by chance, we compared observable baseline characteristics in the two groups. No differences in characteristics were statistically significant at the $p < 0.05$ level (see table A.2).

Findings

Preservation Cases

For children who were home at baseline, we tested whether supportive housing would help keep their families intact. We first looked at whether children whose families received supportive housing were less likely to be removed from home. We then looked at the child's long-term living situation to see if they were more likely to be at home after five years. Next, we analyzed whether children in the treatment group were more likely to have their original child welfare case closed or a new one opened, and we ended by looking at the likelihood of experiencing new substantiated allegations.

REMOVALS AND LIKELIHOOD OF LIVING AT HOME

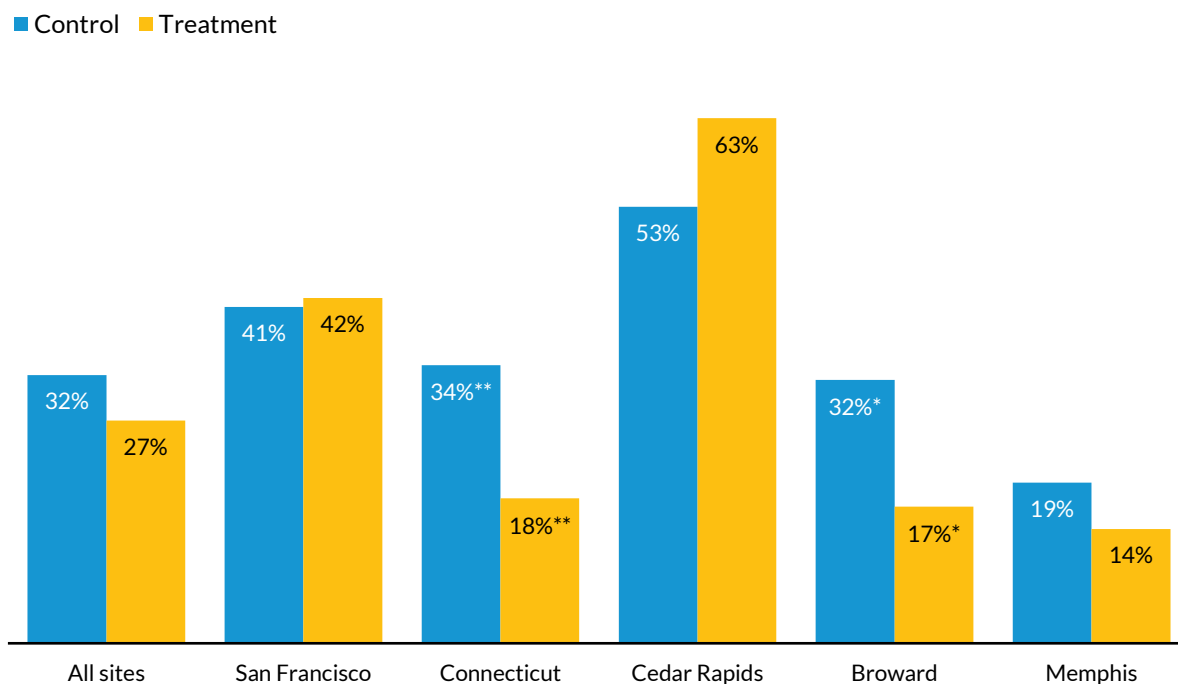
We looked at whether children who were at home at baseline and whose families received supportive housing were less likely to be removed and more likely to live at home. We specifically studied the following:

1. whether a removal occurred by five years
2. whether the child was at home at five years⁷
3. the total number of days that the child was living at home during the five years

As shown in figure 1, children in the treatment group were somewhat less likely to experience a removal than children in the control group, but this difference was not statistically significant for the

overall sample. However, Connecticut and Broward County both saw much lower removal rates in the treatment groups than in the control groups. Both sites had about one-third of the children in the control group removed at some point, while the rates for the treatment groups were roughly half that. The findings for Broward County are driven by the monitoring needed subgroup, where the treatment reduced removal rates from roughly 40 percent to 12 percent (though this reduction was not statistically significant), whereas the community services in place subgroup saw only a small reduction (see table B.2).⁸ Appendix B displays the full removal and likelihood of living at home outcomes by year and by site.

FIGURE 1
Removal by Five Years for Preservation Cases



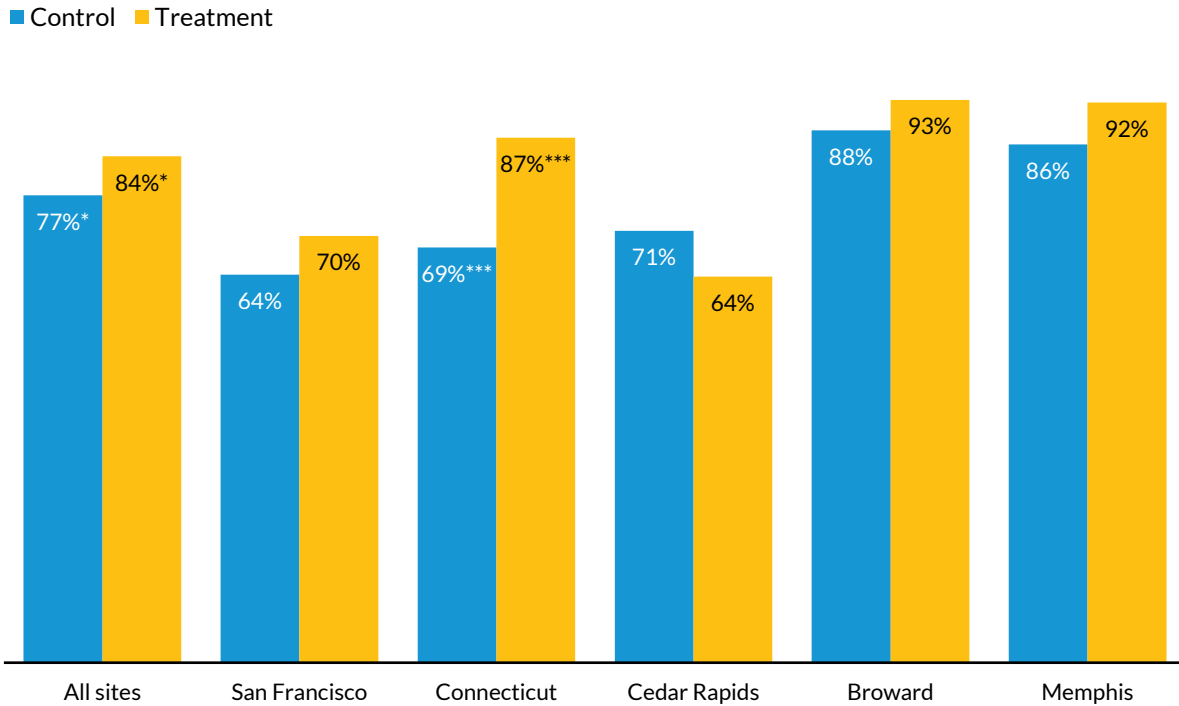
Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Roughly three-quarters of the control group children were at home after five years. Primarily reflecting the lower removal rates, children in the treatment group were about 7 percentage points more likely to be at home (figure 2). Connecticut showed the biggest impact: children in their treatment group were 18 percentage points more likely to be at home than the control group at five years. For the

Broward County subgroups, we again saw better outcomes for the monitoring needed group than the community services in place subgroup (table B.2).

FIGURE 2
Likelihood of Being Home at Five Years for Preservation Cases



Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Similarly, children in the treatment group spent significantly more days at home than children in the control group. At five years, children in the treatment group spent an estimated 108 more days at home on average, or roughly three and a half months (table B.3). Connecticut had the largest treatment impacts, with the treatment group having 296 more days at home at five years, the equivalent of roughly ten months. At five years, the monitoring needed subgroup in Broward County had an estimated 128 more days at home for the treatment group compared with the control group, whereas the community services in place subgroup had an estimated 78 fewer days at home for the treatment group, although these differences did not rise to statistical significance for either subgroup (table B.4).

CASES

For children who were at home at baseline, we also examined if supportive housing impacted whether children later had an open child welfare case (either in-home or out-of-home).⁹ We examined the following:

1. whether the child's in-home case that was open at baseline had closed by five years
2. whether the child had a new case opened by five years
3. whether the child had any case open at five years

Nearly all cases in both the treatment and control groups had closed by five years. Roughly half of all children in both groups had a new case opened by five years; however, this varied widely across sites. Looking at whether any case was open at a point in time, at one year, about half of the children in each group had an open case. Cases closed over time, and by five years, about 14 percent of the treatment group and 20 percent of the control group had an open case, although the difference was not statistically significant. Appendix C displays the full case outcomes by year and by site.

ALLEGATIONS

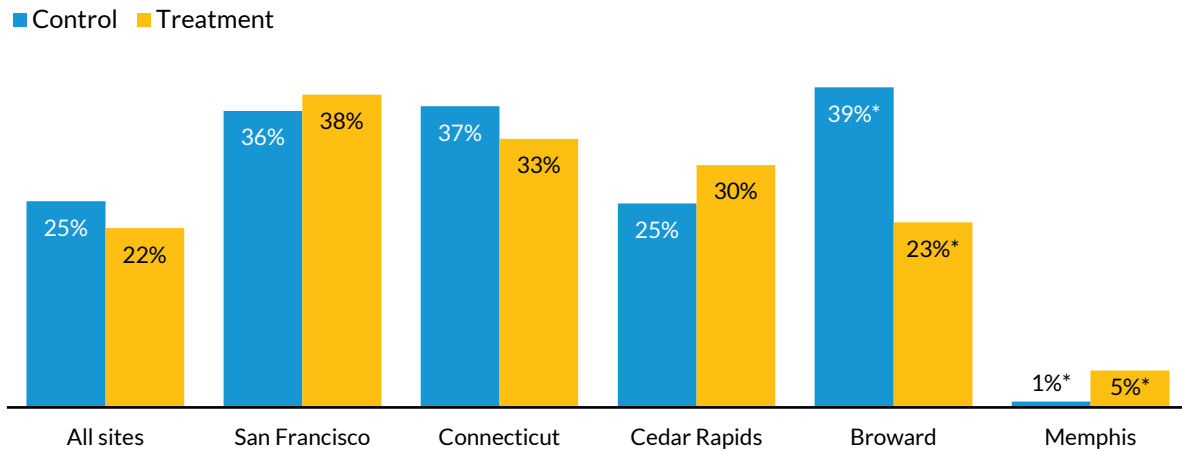
For children who were at home at baseline, we examined whether children whose families received supportive housing experienced fewer new substantiated allegations compared with children whose families did not receive supportive housing.¹⁰ Specifically, we studied whether a new substantiated allegation occurred by five years.

In the first year of the program, treatment families had lower rates of substantiated allegations, roughly half the rate of families in the control group. This finding held across three of the five sites, with Memphis having virtually no substantiated allegations in either group. However, over time, this difference dissipated as both groups saw increased rates, and the treatment group's rate was only slightly less than the rate for the control group at five years (table D.1).

Broward County was the only site where children in the treatment group saw significantly lower rates than the control group of new substantiated allegations over time (figure 3). By five years in Broward County, the rate of new substantiated allegations for children in the treatment group was roughly half the rate for children in the control group, a difference that was statistically significant at the $p < 0.1$ level. This finding is driven by the monitoring needed subgroup, where rates of new substantiated allegations in the treatment group were roughly half those in the control group, whereas the community services in place subgroup saw only a small reduction. We also note that between the two Broward County subgroups, the control group rates for the monitoring needed subgroup were

nearly double the rates for the community services in place control group, indicating a higher risk in the monitoring needed subgroup (table D.2). Memphis had a slightly higher rate of new substantiated allegations in the treatment group, but the rate of new allegations was overall very low for both groups.

FIGURE 3
New Substantiated Allegation by Five Years for Preservation Cases



Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Reunification Cases

For children who were in out-of-home care at baseline, supportive housing is intended to help them reunify with their families. To test this, we analyzed first whether children whose families received supportive housing were more likely to be reunified and less likely to have a termination of parental rights (TPR). We then looked at the child’s long-term living situation to see if they were more likely to be at home after five years. Finally, we examined the likelihood of having their original child welfare case closed or a new case, either in-home or out-of-home, opened.

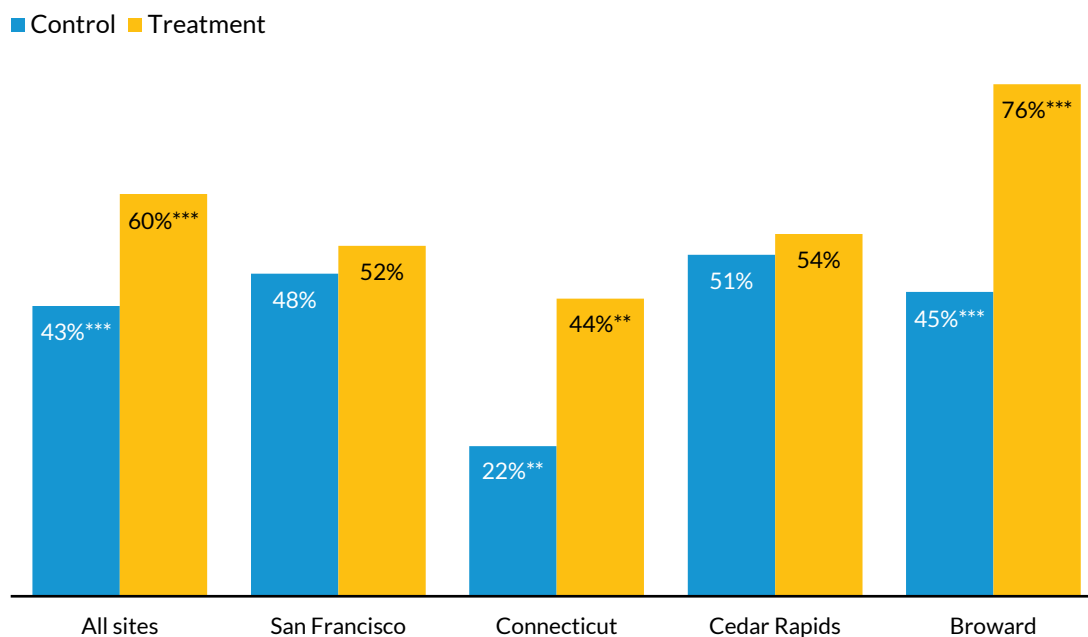
REUNIFICATION AND LIKELIHOOD OF LIVING AT HOME

For children who were removed at baseline, we examined the following outcomes:

1. whether reunification occurred by five years
2. whether the child had a parent with a TPR by five years
3. whether the child was at home at five years
4. the total number of days that the child was living at home during the five years

As shown in figure 4, children in the treatment group were about 17 percentage points more likely to be reunified than children in the control group at some point within five years. All except one of these reunifications occurred within the first three years post-randomization. This treatment effect was only significant in Connecticut and Broward County, where children in the treatment group were especially more likely to reunify. Appendix E displays the full reunification and likelihood of living at home outcomes by site and by time. While the Broward County brand new and last step subgroups had similar rates of reunification at five years, the last step group reunified faster. For example, about 84 percent of the treatment group in both subgroups reunified by five years; however, the rate of reunification at one year was 79 percent for the last step treatment group and only 49 percent for the brand new treatment group (table E.2).

FIGURE 4
Reunified by Five Years for Reunification Cases



Source: Child welfare administrative data provided by the sites.

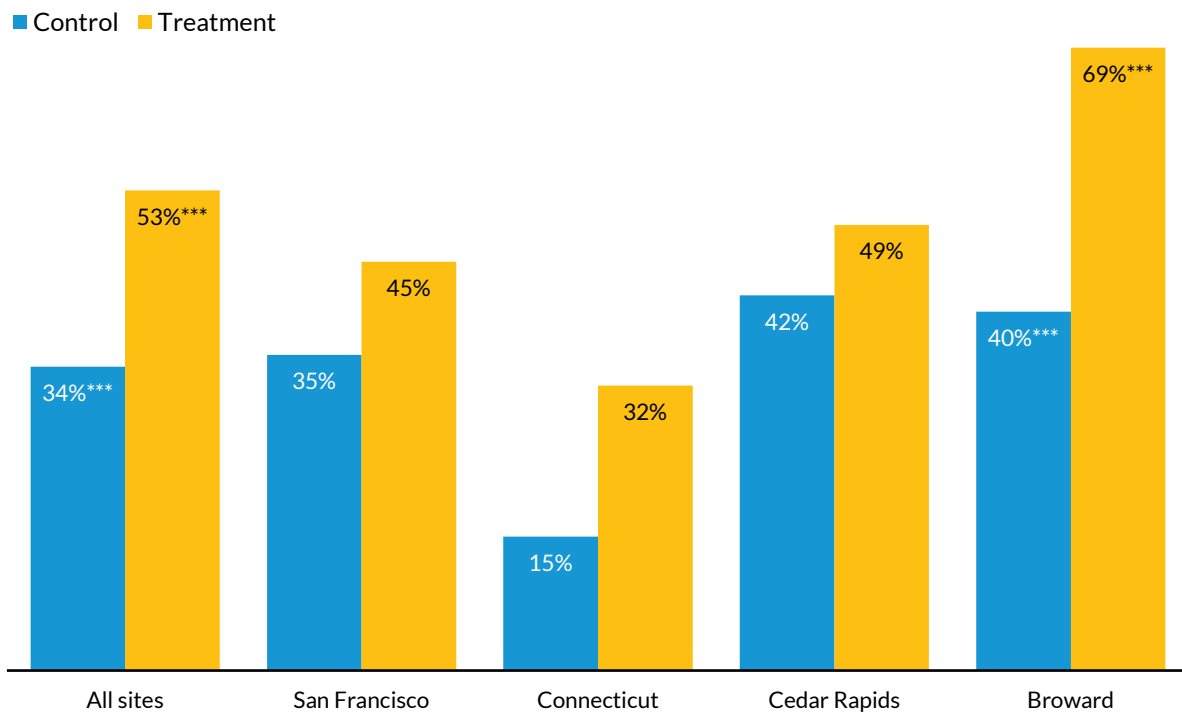
Notes: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Children in the treatment group were more likely to be living at home at all time points, being about 20 percentage points more likely to be living at home at the five-year mark than children in the control group (figure 5). Broward County showed the largest treatment impacts among the sites. Connecticut also showed large differences in reunification, though the differences were no longer statistically significant after the third year.¹¹ An important distinction between Broward County and Connecticut is that the apparent rates of rere-moval in Broward County were similar across the treatment and control

groups, but in Connecticut rates were higher among children in the treatment group than children in the control group.

The two Broward County subgroups demonstrate the impacts of providing supportive housing soon after removal compared with waiting for the last step. As one would expect, control group rates of children being at home after five years are higher in the last step group than in the brand new group, as the latter were considered “ready for reunification” by child welfare staff. However, children in the treatment portion of the brand new group were more likely than control children to be at home after five years. Children in the last step treatment group were also more likely to be at home than control group children, with rates at four years very similar to the rate for children in the brand new treatment group.¹²

FIGURE 5
Likelihood of Being at Home at Five Years for Reunification Cases



Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

At five years, children in the treatment group had an estimated average of 326 more days (essentially 11 months) at home after randomization compared with children in the control group (table E.3). Each site showed more days at home for children in the treatment group, although only Connecticut and Broward County were statistically significant. Broward County displayed large

differences between treatment and control, with the treatment group having 578 more days (or roughly 19 more months) at home at five years. Connecticut also showed large differences, with children in the treatment group at home 310 days (or about 10 months) more than children in the control group.

Both Broward County subgroups showed a large, significant increase in in the number of days at home for children in the treatment group, with differences of 665 days (about 22 months) in the brand new group and 642 days (about 21 months) in the last step group (table E.4). Of course, we should note that at the start of the demonstration children in the last step group had already spent many more days in out-of-home care than children in the brand new group; however, because of the quicker reunification, the last step group had more days at home after randomization than the brand new group.

Finally, the likelihood of having a TPR by five years was not significantly different between the treatment and control groups (table E.1). Sites varied greatly in their overall TPR rates, with Memphis having the lowest rates and Cedar Rapids having the highest rates. The high rates in Cedar Rapids are likely because of a state law that allows courts to order a TPR if a child is three years old or younger and has been removed from the parents' custody for at least six months.¹³

CASES

For children who were in out-of-home care at baseline, we examined whether supportive housing impacted whether children had an open child welfare case after five years. We looked at the same case outcomes that we examined for preservation cases.¹⁴

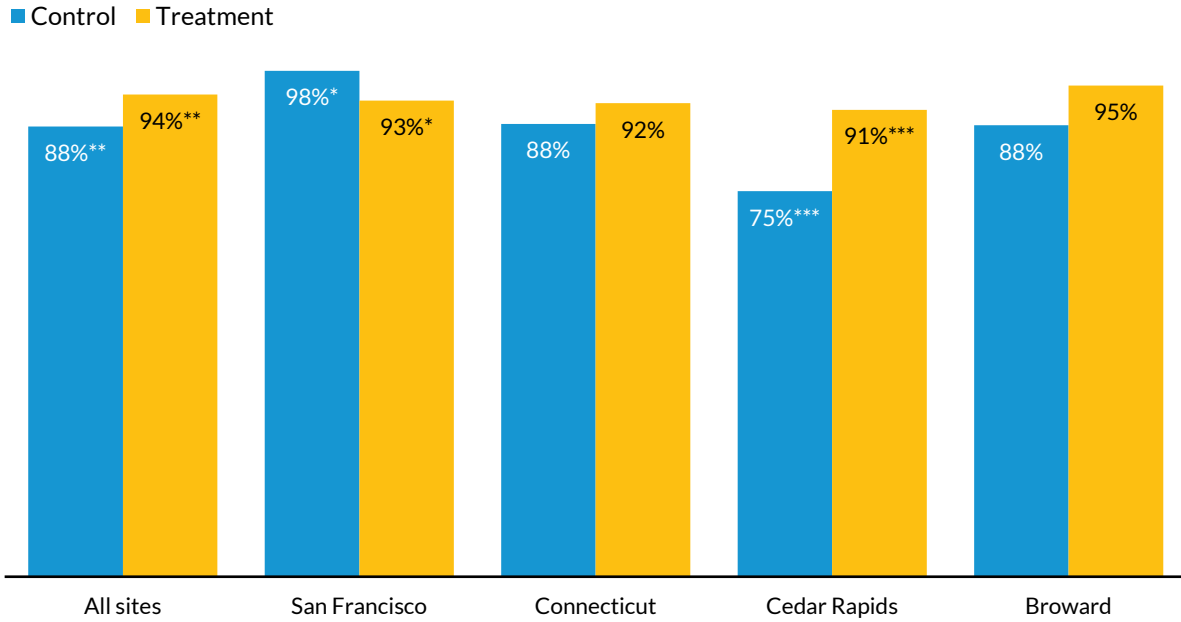
Children in reunification cases were more likely overall to have their original case closed by five years if their family received supportive housing (figure 6), though almost all children in reunification cases saw their original case close by five years. However, children in the treatment group were also more likely to have a new case opened by five years (figure 7). It is also important to note that having a new case opened is conditional on having the initial case closed. Thus, a child could not have a new case opened unless their original case had closed, so children in the treatment group had more opportunities for new cases to open since they were significantly more likely to see their original case close compared with the control group. Overall, an estimated 42 percent of children in the treatment group and 35 percent of children in the control group had a new case opened by five years. Overall, there were no significant differences between groups for having any case open at five years. Appendix F displays the full case outcomes by year and by site.

Case outcomes for reunification cases varied by site:

- In **San Francisco**, children in the treatment group were about twice as likely to have a new case opened compared with children in the control group by five years after randomization (11 percent compared with 5 percent; figure 7), despite the treatment group being significantly *less* likely to see their original cases close (93 percent compared with 98 percent; figure 6). However, the rates of new cases opening in San Francisco were much lower than any of the other sites (figure 7). The overall rate of original cases closing was higher for the control group in San Francisco compared with the control group in the other sites, whereas rates of original case closure for the treatment group were about the same for all sites.
- **Connecticut** showed very little difference in the likelihood of the original case closing (figure 6) but a large significant difference between treatment and control for the likelihood of a new case opening. In Connecticut, nearly half the children in the treatment group had a new case open, a rate about 17 percentage points higher than children in the control group (figure 7). Much of this difference occurred four or five years after baseline, but after five years, the treatment group was only somewhat more likely to have open cases than the control group, and the difference was not statistically significant.
- In **Broward County**, almost all children had their original case closed by five years, and about three quarters of children had a subsequent new case opened. However, children in the control group were more likely than the treatment group to have a case open at five years (30 percent in the control group, 18 percent in the treatment group), although this difference was not statistically significant at the $p < 0.05$ level.

 - » As expected, last step cases closed more quickly than brand new cases. Last step families also showed larger treatment impacts than brand new families. The last step treatment group was less likely than the control group to have cases open at all time points starting at two years (table F.2).

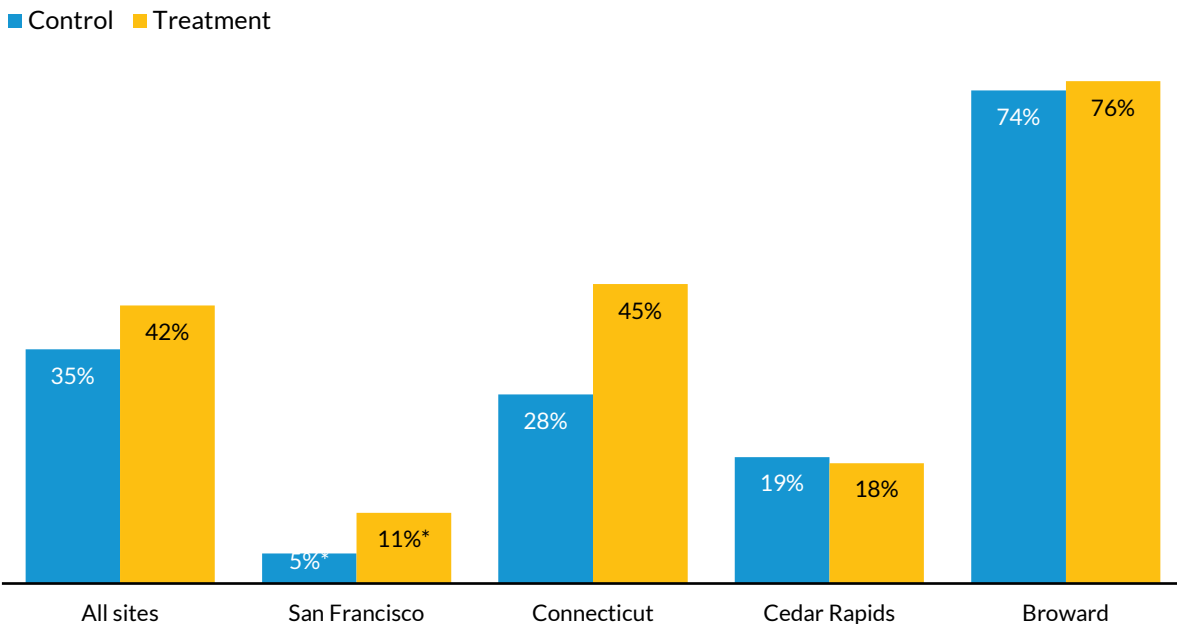
FIGURE 6
Original Case Closed by Five Years for Reunification Cases



Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

FIGURE 7
New Case Opened by Five Years for Reunification Cases



Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Conclusion

This study is one of the first to examine the long-term impacts of supportive housing for families involved in the child welfare system. We examined child welfare outcomes up to five years after randomization to understand how supportive housing impacted family separation and child welfare system involvement. We highlight key findings and implications below.

We found that **supportive housing helped families keep their children home**. For both preservation and reunification cases, children in the treatment group were more likely to be living at home after five years, and they spent significantly more days at home than children in the control group. **Among reunification cases, children in the treatment group were also more likely to be reunified than children in the control group.**

However, **supportive housing generally did not appear to reduce subsequent substantiated allegations or child welfare cases five years after randomization**. The only exception is that **children in the treatment group who were removed at baseline were more likely to have their original cases closed by five years, but they were also more likely to have new cases opened in the interim**. This may be because these children were more likely to go home, meaning that more of these children had the opportunity to experience a new case. Put another way, a new case cannot be opened if the original case has not closed. It is important to note that when conducting a randomized controlled trial, one cannot truly examine conditional outcomes (i.e., outcomes that rely on some other event happening first). Therefore, we consider the conditional outcomes we examined (new case opening and subsequent substantiated allegations) as informative but not definitive. Substantively, this finding also suggests that the resolution of a child welfare case may not always be dispositive of child maltreatment concerns. It is also possible that the limited duration of the demonstration may not have given families services and support for long enough, particularly for those families who enrolled later in the demonstration and only received services for one to two years. Other studies of supportive housing for child welfare-involved families have found that families valued continued services (Batko, Williams, and Bond 2023). It is possible that a longer duration of services for families in this study may have helped the treatment group avoid future child welfare involvement.

Across outcomes, **the size and significance of outcomes varied by site**, with Connecticut and Broward County showing the largest treatment impacts in general. This suggests that factors such as system context, eligibility criteria, program design, and implementation quality could influence the effectiveness of supportive housing. Connecticut's outcomes are particularly remarkable given that they appear to have targeted families with more complex needs. About 72 percent of families in

Connecticut had prior child welfare involvement, 66 percent had a substance abuse concern, and 78 percent had a mental health concern. These rates are all notably higher than any other site (table A.1). Additionally, there were differential impacts of treatment on the Broward County subgroups. For preservation cases, treatment had a larger impact for the monitoring needed subgroup than the community services in place subgroup, indicating that supportive housing was particularly important for families who the child welfare agency determined needed additional support and intervention. For reunification cases, supportive housing had a large impact for families in both subgroups, but the brand new group showed slightly larger treatment effects. This may be due to children in the brand new control group having worse outcomes than those in the last step control group. Because the last step group was nearing reunification, it is possible that families in the control group were going to reunify regardless of whether or not they received supportive housing.

Although specific results varied across child welfare outcomes and across sites, overall this study showed that supportive housing can help keep families intact and increase the amount of time children spend at home. Supportive housing is one method for reducing economic hardship for child welfare-involved families, and it can be an important resource for child welfare agencies to consider as they work to improve families' lives.

Appendix A. Baseline Characteristics and Equivalence

Tables A.1 and A.2 display the baseline characteristics of the sample and testing for baseline equivalence, respectively.

TABLE A.1

Baseline Characteristics by Preservation Status and Site

	Total	Preservation	Reunification	San Francisco	Connecticut	Cedar Rapids	Broward County	Memphis
Household level	N = 815	N = 462	N = 353	N = 154	N = 193	N = 189	N = 155	N = 124
<i>Household head: Female</i>	92.0%	93.1%	90.5%	93.5%	93.2%	93.4%	83.2%	97.6%
<i>Household head: Mean age</i>	30.4	30.9	29.8	31.5	30.7	28.9	29.3	31.8
<i>Household head: Race</i>								
Hispanic	15.5%	13.9%	17.6%	38.6%	20.2%	5.1%	16.1%	0.0%
Black	40.2%	46.4%	31.5%	24.8%	9.0%	22.8%	64.3%	91.1%
White	38.7%	34.5%	44.6%	15.8%	67.0%	69.9%	15.4%	7.3%
Other race	5.6%	5.2%	6.2%	20.8%	3.7%	2.2%	4.2%	1.6%
<i>Prior criminal justice history</i>	49.2%	47.3%	51.7%	49.3%	48.1%	63.2%	31.4%	51.6%
<i>Prior intimate partner violence</i>	36.5%	37.6%	35.2%	33.3%	31.6%	46.5%	36.6%	33.1%
<i>Prior child welfare case</i>	45.7%	45.5%	46.0%	28.9%	71.7%	44.9%	43.1%	31.5%
<i>Caregiver prior child welfare case as a child</i>	55.1%	57.4%	52.0%	55.3%	61.5%	54.1%	44.4%	59.7%
<i>Substance use issue at randomization</i>	50.6%	46.3%	54.8%	51.9%	66.2%	-	30.1%	-
<i>Mental health issue at randomization</i>	61.3%	64.0%	58.7%	52.6%	78.1%	-	49.7%	-
<i>Caregiver experienced abuse or neglect</i>	64.3%	65.2%	62.9%	68.6%	61.0%	66.3%	57.9%	70.9%
<i>Homeless at randomization</i>	45.2%	49.0%	40.2%	58.4%	19.8%	31.9%	40.5%	92.7%
<i>Number of children, mean</i>	2.1	2.2	1.9	1.7	2	1.7	2.4	2.6
<i>At least one child removed at randomization</i>	43.3%	0.0%	100%	55.2%	37.8%	51.9%	62.6%	0.0%
<i>All children removed at randomization</i>	37.7%	0.0%	87.0%	52.6%	32.6%	48.7%	45.8%	0.0%
Child level	N =							
	1,627	N = 1,023	N = 604	N = 260	N = 346	N = 328	N = 369	N = 324
<i>Female</i>	47.2%	47.3%	47.0%	45.4%	45.5%	50.6%	45.8%	49.1%
<i>Mean age</i>	5.4	5.8	4.7	4.7	5.7	4.1	5.5	7.0
<i>Child race</i>								
Hispanic	13.4%	15.1%	11.0%	22.3%	30.3%	8.3%	1.0%	1.3%
Black	44.0%	46.7%	40.1%	42.7%	9.5%	28.0%	65.7%	92.9%
White	35.7%	32.6%	40.3%	22.7%	48.8%	62.5%	26.1%	4.9%
Other race	6.8%	5.5%	8.6%	12.3%	11.3%	1.2%	7.3%	0.9%
<i>Removed at randomization</i>	37.1%	0.0%	100%	50.4%	31.2%	51.8%	52.8%	0.0%

	Total	Preservation	Reunification	San Francisco	Connecticut	Cedar Rapids	Broward County	Memphis
<i>Mean months removed at randomization</i>	6.1	-	6.1	0.3	1.8	4.2	14.0	-

Sources: Referral data and child welfare administrative data provided by the sites.

Notes: Cedar Rapids and Memphis did not provide data on substance use and mental health issues. Memphis did not serve any reunification cases.

TABLE A.2

Difference in Treatment and Control Group in Child Welfare Administrative Data Sample at Baseline

	N	Treatment mean	Control mean	p value
Household level				
<i>Household head: Female</i>	761	94%	91%	0.288
<i>Household head: Age</i>	761	30.4	30.4	0.986
<i>Household head: Race</i>				
Hispanic	692	15.5%	15.0%	0.856
Black	692	40.6%	40.4%	0.965
White	692	38.5%	38.8%	0.939
Other race	692	5.3%	5.7%	0.827
<i>Prior criminal justice history</i>	801	50.8%	47.7%	0.381
<i>Prior intimate partner violence</i>	802	35.7%	35.9%	0.940
<i>Prior child welfare case</i>	801	48.2%	42.5%	0.112
<i>Caregiver prior child welfare case as a child</i>	801	58.2%	52.3%	0.104
<i>Substance use issue at randomization</i>	494	48.3%	51.4%	0.497
<i>Mental health issue at randomization</i>	494	64.6%	58.6%	0.178
<i>Homeless at randomization</i>	803	46.0%	43.8%	0.544
<i>Number of children</i>	815	2.1	2.0	0.078
<i>At least one child removed at randomization</i>	815	42.3%	44.7%	0.497
<i>All children removed at randomization</i>	815	37.0%	39.2%	0.531
Child level				
<i>Female</i>	1,584	46.9%	47.8%	0.739
<i>Age</i>	1,568	5.4	5.4	0.741
<i>Child race</i>				
Hispanic	1,458	14.5%	12.1%	0.179
Black	1,458	43.2%	46.2%	0.260
White	1,458	36.2%	34.4%	0.489
Other race	1,458	6.1%	7.3%	0.383
<i>Removed at randomization</i>	1,627	35.8%	39.1%	0.179
<i>Months removed at randomization</i>	604	6.3	5.9	0.799

Sources: Referral data and child welfare administrative data provided by the sites.

Appendix B. Removal and At Home Outcomes—Preservation Cases

TABLE B.1

Removal and Likelihood of Living at Home by Site and by Time (Children at Home at Baseline)

	Removal by time T				At home at time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference
All sites								
1 year	1,023	12.1%	15.7%	-3.5	1,023	89.9%	85.1%	4.8
2 years	1,023	19.7%	24.7%	-5.0	1,023	85.3%	79.2%	6.0
3 years	1,023	22.8%	27.4%	-4.6	1,023	84.4%	78.2%	6.1*
4 years	1,023	24.1%	31.3%	-7.2*	1,023	85.3%	76.7%	8.5**
5 years	1,023	26.9%	32.4%	-5.5	1,023	83.5%	77.1%	6.4*
San Francisco								
1 year	129	14.0%	21.5%	-7.3	129	86.0%	78.5%	7.3
2 years	129	31.8%	18.9%	13.1	129	78.6%	85.7%	-7.1
3 years	129	32.8%	20.8%	12.0	129	78.5%	82.6%	-4.1
4 years	129	34.1%	32.5%	1.7	129	78.2%	72.1%	6.0
5 years	129	41.7%	40.6%	1.1	129	70.4%	64.0%	6.3
Connecticut								
1 year	238	7.1%	18.2%	-10.5**	238	92.9%	81.8%	10.5**
2 years	238	11.0%	28.1%	-16.7***	238	90.2%	72.4%	17.3***
3 years	238	14.7%	30.9%	-15.8**	238	86.5%	71.3%	14.9***
4 years	238	16.2%	31.6%	-15.1**	238	87.9%	70.5%	17.0***
5 years	238	17.5%	33.6%	-15.8**	238	86.6%	68.5%	17.8***
Cedar Rapids								
1 year	158	43.0%	29.3%	13.8	158	70.4%	71.8%	-1.4
2 years	158	51.5%	45.6%	5.9	158	60.9%	60.9%	0
3 years	158	57.3%	46.1%	11.1	158	63.9%	71.1%	-7.3
4 years	158	63.4%	52.7%	10.5	158	62.5%	68.1%	-5.6
5 years	158	63.4%	52.7%	10.5	158	63.7%	71.2%	-7.6
Broward County								
1 year	174	8.6%	18.6%	-10.7*	174	92.3%	83.3%	9.9*
2 years	174	15.7%	25.5%	-10.4	174	89.0%	86.3%	2.7
3 years	174	14.2%	29.3%	-17.2*	174	91.1%	82.3%	9.7
4 years	174	15.2%	31.7%	-18.2**	174	94.6%	83.0%	13.6*
5 years	174	16.5%	31.8%	-16.8*	174	92.8%	87.8%	5.4
Memphis								
1 year	324	2.2%	3.9%	-1.6	324	97.8%	96.1%	1.6
2 years	324	7.5%	14.3%	-6.2	324	93.9%	85.7%	7.3*
3 years	324	11.1%	17.8%	-6.3	324	92.1%	82.0%	9.0**
4 years	324	11.1%	20.0%	-8.2	324	92.4%	84.0%	7.6*
5 years	324	13.8%	19.4%	-5.4	324	92.4%	85.5%	6.4

Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

TABLE B.2

Removal and Likelihood of Living at Home by Time—Broward County Subgroups (Children at Home at Baseline)

	Removal by time T				At home at time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference
Community services in place								
1 year	66	7.0%	13.9%	-6.8	66	92.7%	91.1%	1.6
2 years	66	18.3%	18.1%	0.2	66	88.2%	93.0%	-4.7
3 years	66	18.3%	18.1%	0.2	66	88.2%	93.0%	-4.7
4 years	66	18.7%	23.7%	-5.0	66	88.2%	93.0%	-4.7
5 years	66	18.7%	23.7%	-5.0	66 ^a	90.6%	100%	-9.4
Monitoring needed								
1 year	80	6.1%	23.6%	-21.6	80	94.9%	78.3%	20.2*
2 years	80	13.7%	33.8%	-22.4	80	89.4%	84.2%	5.5
3 years	80	11.8%	40.1%	-32.9	80	90.9%	79.5%	13.4
4 years	80	11.8%	40.1%	-32.9	80	97.9%	82.8%	21.7
5 years	80	11.8%	40.1%	-32.9	80	97.5%	87.7%	12.9

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County preservation subgroups include the following control measures: age of household head; number of children in the household; and child’s age, race, and gender. For the Broward County preservation subgroup outcomes, we dropped children from the community services in place or monitoring needed subgroups who were removed at baseline because we could not examine preservation outcomes for a child removed from home.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

^a Due to this model perfectly predicting an outcome for the treatment or control group, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

TABLE B.3

Days at Home by Site and by Time (Children at Home at Baseline)

	N	Treatment mean	Control mean	Difference
All sites				
1 year	1,023	338.8	330.6	8.1
2 years	1,023	661.1	633.4	27.7
3 years	1,023	971.9	921.0	50.9*
4 years	1,023	1,284.6	1,202.8	81.8**
5 years	1,023	1,591.5	1,483.8	107.7**
San Francisco				
1 year	129	317.4	317.9	-0.5
2 years	129	623.9	618.8	5.1
3 years	129	907.7	928.3	-20.6
4 years	129	1,191.5	1,208.7	-17.2
5 years	129	1,456.1	1,460.2	-4.1
Connecticut				
1 year	238	359.2	323.2	36.0*
2 years	238	701.3	598.6	102.7**
3 years	238	1,029.9	861.0	168.9***
4 years	238	1,350.7	1,120.0	230.7***
5 years	238	1,671.4	1,375.1	296.2***
Cedar Rapids				
1 year	158	268.9	306	-37.2
2 years	158	507.6	554.6	-47
3 years	158	729.8	798.8	-69
4 years	158	979.4	1,043.9	-64.4
5 years	158	1,211.3	1,299.5	-88.3
Broward County				
1 year	174	357.4	332.3	25.1*
2 years	174	697.4	654.4	43.0
3 years	174	1,029.8	965.4	64.4
4 years	174	1,361.9	1,280.8	81.1
5 years	174	1,706.3	1,591.4	114.9
Memphis				
1 year	324	358.5	353.3	5.1
2 years	324	708.4	689.3	19.1
3 years	324	1,050.7	995.5	55.2
4 years	324	1,389.6	1,292.7	96.8
5 years	324	1,725.8	1,598.8	127.0

Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

TABLE B.4

Days at Home by Time—Broward County Subgroups (Children at Home at Baseline)

	<i>N</i>	Treatment mean days	Control mean days	Difference
Community services in place				
1 year	66	358.5	351.6	6.9
2 years	66	700.0	702.8	-2.8
3 years	66	1,021.8	1,044.0	-22.2
4 years	66	1,347.7	1,405.9	-58.2
5 years	66	1,669.7	1,747.8	-78.1
Monitoring needed				
1 year	80	356.1	329.7	26.4
2 years	80	692.9	647.1	45.8
3 years	80	1,024.0	957.9	66.0
4 years	80	1,362.3	1,264.8	97.5
5 years	80	1,716.1	1,588.2	127.8

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County preservation subgroups include the following control measures: age of household head; number of children in the household; and child's age, race, and gender. For the Broward County preservation subgroup outcomes, we dropped children from the community services in place or monitoring needed subgroups who were removed at baseline because we could not examine preservation outcomes for a child removed from home.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Appendix C. Case Outcomes— Preservation Cases

See table C.1 on next page.

TABLE C.1

Case Outcomes by Site and Time (Children at Home at Baseline)

	Original case closed by time T				New case opened by time T				Any case open at time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference	N	Treatment	Control	Difference
All sites												
1 year	572	47.9%	49.7%	-1.9	632	12.4%	17.3%	-4.8	632	55.5%	57.0%	-1.5
2 years	572	76.4%	73.3%	3.1	632	33.4%	32.6%	0.8	632	40.6%	45.8%	-5.2
3 years	572	85.1%	85.1%	0	632	44.8%	40.8%	4.0	632	32.4%	28.1%	4.3
4 years	572	91.9%	93.1%	-1.2	632	47.1%	47.8%	-0.6	632	20.3%	20.9%	-0.6
5 years	572	96.1%	96.6%	-0.5	632	52.6%	50.2%	2.4	632	13.5%	19.9%	-6.3
San Francisco												
1 year	129	50.2%	44.2%	6.0	129 ^b	0%	3.3%	-3.3	129	50.4%	58.1%	-7.7
2 years	129	84.7%	80.1%	4.6	129	20.0%	9.0%	11.3	129	30.1%	27.2%	3
3 years	129	89.6%	85.9%	3.6	129	22.0%	15.5%	6.7	129	23.7%	19.9%	3.8
4 years	129 ^a	95.7%	90.0%	5.7	129	22.8%	22.0%	0.8	129	17.9%	24.1%	-6.1
5 years	129 ^a	98.6%	93.3%	5.3	129	30.8%	27.2%	3.5	129	13.1%	26.9%	-13.8**
Connecticut												
1 year	238	66.1%	57.1%	9.0	238	8.8%	15.9%	-7	238	39.8%	57.8%	-18.1*
2 years	238	83.9%	78.5%	5.4	238	45.1%	40.3%	4.8	238	39.1%	52.9%	-13.9
3 years	238	91.9%	91.3%	0.6	238	61.9%	52.9%	8.8	238	33.9%	26.5%	7.5
4 years	238	94.5%	94.5%	0	238	66.0%	62.9%	3.1	238	28.3%	18.1%	10.3
5 years	238	97.6%	96.4%	1.2	238	73.2%	64.2%	9	238	17.3%	23.1%	-5.7
Cedar Rapids												
1 year	114	20.2%	37.1%	-15.8	157	25.5%	12.9%	13.3*	157	78.5%	52.3%	24.1***
2 years	114	58.6%	55.0%	3.5	157	31.5%	19.9%	12	157	49.4%	45.2%	4.2
3 years	114	76.9%	80.0%	-3.1	157	35.4%	23.5%	12.2	157	33.0%	26.9%	6.1
4 years	114 ^b	97.3%	100%	-2.7	157	39.7%	28.1%	11.8	157	12.1%	11.9%	0.2
5 years	114 ^b	98.7%	100%	-1.3	157	39.7%	29.8%	10.1	157	7.0%	7.1%	-0.1
Broward County												
1 year	91	28.0%	49.1%	-21.2	108	18.0%	37.9%	-20.5*	108	59.3%	60.2%	-0.9
2 years	91	48.8%	74.4%	-22.7**	108	33.4%	52.0%	-18.0*	108	51.3%	50.4%	1.0
3 years	91	50.6%	77.2%	-21.7***	108	53.0%	61.0%	-7.8	108	59.2%	32.0%	25.6**
4 years	91	62.2%	84.9%	-16.6**	108 ^c	51.6%	62.6%	-10.9	108	28.1%	24.2%	3.8
5 years	91 ^b	70.6%	100%	-29.4	108	58.0%	66.3%	-8.2	108	15.3%	17.6%	-2.4

Source: Child welfare administrative data provided by the sites.

Notes: We included only the Broward County monitoring needed subgroup for the case outcomes, as it appeared that the community services in place group may have had child welfare cases opened only to establish services.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

^a Due to this model not achieving convergence, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

^b Due to this model perfectly predicting an outcome for the treatment or control group, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

^c The predicted probabilities appear to go down over time for this outcome. Probits can lead to this inconsistent direction in predicted probabilities; however, the raw data shows that the share of families with a new case opened continue to increase over time as expected.

Appendix D. New Substantiated Allegations—Preservation Cases

TABLE D.1

New Substantiated Allegation by Site and Time (Children at Home at Baseline)

	N	Treatment	Control	Difference
All sites				
1 year	1,023	6.5%	11.9%	-5.3**
2 years	1,023	16.3%	18.3%	-2.0
3 years	1,023	19.2%	21.8%	-2.6
4 years	1,023	20.1%	23.8%	-3.7
5 years	1,023	21.9%	25.2%	-3.3
San Francisco				
1 year	129	5.0%	12.7%	-7.7*
2 years	129	27.4%	19.3%	8.1
3 years	129	28.1%	25.7%	2.3
4 years	129	29.1%	32.1%	-3.0
5 years	129	38.2%	36.2%	2.0
Connecticut				
1 year	238	8.2%	18.9%	-10.2*
2 years	238	23.1%	28.6%	-5.4
3 years	238	28.8%	33.3%	-4.5
4 years	238	30.6%	34.8%	-4.2
5 years	238	32.8%	36.8%	-3.9
Cedar Rapids				
1 year	158	13.7%	12.7%	1.0
2 years	158	20.4%	18.2%	2.2
3 years	158	26.0%	18.9%	7.3
4 years	158	28.6%	21.5%	7.1
5 years	158	29.6%	24.9%	4.7
Broward County				
1 year	174	6.3%	25.1%	-21.7***
2 years	174	17.4%	37.2%	-21.5**
3 years	174	22.5%	38.2%	-16.4*
4 years	174	22.6%	39.1%	-17.1*
5 years	174	22.6%	39.1%	-17.1*
Memphis				
1 year	324 ^a	0.9%	0.0%	0.9
2 years	324 ^a	2.3%	0.0%	2.3
3 years	324	4.0%	0.7%	4.4
4 years	324	4.5%	0.7%	5.2*
5 years	324	4.5%	0.7%	5.2*

Source: Child welfare administrative data provided by the sites.

Notes: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

^a Due to this model perfectly predicting an outcome for the treatment or control group, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

TABLE D.2

New Substantiated Allegation by Time—Broward County Subgroups (Children at Home at Baseline)

	N	Treatment	Control	Difference
Community services in place				
1 year	66	8.1%	17.8%	-9.9
2 years	66	19.5%	23.1%	-3.6
3 years	66	19.5%	23.1%	-3.6
4 years	66	20.5%	25.0%	-4.6
5 years	66	20.5%	25.0%	-4.6
Monitoring needed				
1 year	80	4.2%	19.0%	-19.7
2 years	80	13.5%	42.0%	-31.9*
3 years	80	21.7%	45.4%	-25.3
4 years	80	21.7%	45.4%	-25.3
5 years	80	21.7%	45.4%	-25.3

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County preservation subgroups include the following control measures: age of household head; number of children in the household; and child's age, race, and gender. For the Broward County preservation subgroup outcomes, we dropped children from the community services in place or monitoring needed subgroups who were removed at baseline because we could not examine preservation outcomes for a child removed from home.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Appendix E. Reunification and At Home Outcomes—Reunification Cases

See table E.1 on next page.

TABLE E.1

Reunification and Likelihood of Living at Home by Site and by Time (Children Removed at Baseline)

	Reunified by time T				At home at time T				TPR by time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference	N	Treatment	Control	Difference
All sites												
1 year	604	42.5%	25.0%	17.3***	604	40.0%	23.0%	16.9***	604	3.1%	8.2%	-5.2**
2 years	604	57.4%	41.0%	16.2***	604	51.4%	32.2%	18.9***	604	17.2%	25.5%	-8.2**
3 years	604	59.2%	43.1%	15.9***	604	54.2%	34.8%	19.0***	604	23.2%	28.8%	-5.5
4 years	604	59.7%	43.1%	16.4***	604	54.3%	33.5%	20.4***	604	25.0%	32.1%	-7.1*
5 years	604	59.7%	43.1%	16.4***	604	53.1%	33.6%	19.2***	604	26.6%	32.3%	-5.7
San Francisco												
1 year	131	53.1%	42.8%	10.2	131	50.4%	41.0%	9.3	131 ^a	1.6%	2.9%	-1.3
2 years	131	52.0%	47.9%	4.1	131	45.3%	37.6%	7.7	131	10.0%	22.0%	-12.3*
3 years	131	52.0%	47.9%	4.1	131	42.2%	34.6%	7.6	131	11.3%	21.8%	-10.8
4 years	131	52.0%	47.9%	4.1	131	43.9%	32.8%	11	131	15.6%	20.7%	-5.2
5 years	131	52.0%	47.9%	4.1	131	45.2%	34.9%	10.2	131	15.6%	20.7%	-5.2
Connecticut												
1 year	108	33.5%	11.0%	22.8***	108	29.4%	9.9%	19.8**	108 ^b	0.0%	2.0%	-2.0
2 years	108	42.0%	19.5%	22.2**	108	35.5%	12.5%	23.2**	108	20.0%	27.7%	-7.6
3 years	108	44.2%	22.3%	21.9**	108	37.4%	15.3%	22.2**	108	34.1%	34.4%	-0.3
4 years	108	44.2%	22.3%	21.9**	108	31.5%	14.8%	16.9	108	36.6%	37.6%	-0.9
5 years	108	44.2%	22.3%	21.9**	108	31.5%	14.8%	16.9	108	42.7%	38.5%	4.3
Cedar Rapids												
1 year	170	23.1%	19.4%	3.7	170	20.8%	18.1%	2.7	170	10.4%	22.6%	-12.0*
2 years	170	49.1%	48.5%	0.5	170	42.4%	43.9%	-1.4	170	37.1%	40.3%	-3.2
3 years	170	53.8%	50.7%	3.1	170	51.6%	44.1%	7.5	170	43.1%	46.2%	-3.2
4 years	170	53.8%	50.7%	3.1	170	53.0%	41.3%	11.5	170	43.1%	51.9%	-8.7
5 years	170	53.8%	50.7%	3.1	170	49.3%	41.5%	7.8	170	43.1%	51.9%	-8.7
Broward County												
1 year	195	59.5%	24.2%	33.4***	195	57.8%	20.9%	33.9***	195 ^b	0.0%	1.6%	-1.6
2 years	195	72.7%	43.7%	28.5***	195	66.3%	31.6%	32.4***	195	5.6%	11.3%	-6.3
3 years	195	74.8%	45.1%	29.2***	195	71.6%	37.8%	32.8***	195	10.0%	12.9%	-3
4 years	195	76.0%	45.2%	30.2***	195	71.1%	39.1%	30.9***	195	11.8%	16.9%	-5.3
5 years	195	76.0%	45.2%	30.2***	195	68.9%	39.7%	28.5***	195	13.5%	16.7%	-3.3

Source: Child welfare administrative data provided by the sites.

Notes: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

^a Due to this model not achieving convergence, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups. ^b Due to this model perfectly predicting an outcome for the treatment or control group, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

TABLE E.2

Reunification Outcomes and Likelihood of Living at Home by Time—Broward County Subgroups (Children Removed at Baseline)

	Reunified by time T				At home at time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference
Brand new								
1 year	103	48.8%	29.3%	17.7	103	49.7%	26.8%	20.3
2 years	103	83.1%	46.2%	38.0***	103	78.4%	35.7%	40.4***
3 years	103	84.3%	47.1%	37.4***	103	83.3%	38.4%	45.2***
4 years	103	84.3%	47.1%	37.4***	103	79.0%	43.8%	35.2***
5 years	103	84.3%	47.1%	37.4***	103	79.7%	42.0%	39.0***
Last step								
1 year	72	79.0%	31.4%	60.2***	72	77.3%	24.8%	59.8***
2 years	72	81.1%	51.1%	32.1***	72	69.8%	38.0%	28.1***
3 years	72	82.0%	52.8%	31.4***	72	79.1%	47.6%	33.5**
4 years	72	83.9%	53.4%	32.6***	72	81.0%	45.6%	37.2***
5 years	72	83.9%	53.4%	32.6***	72	68.5%	50.5%	17.5

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County reunification subgroups include the following control measures: age of household head; number of children in the household; child’s age, race, and gender; family homelessness at randomization; family history of child welfare involvement; head of household’s history of child welfare involvement as a child; head of household’s criminal history; head of household’s intimate partner violence history; how long the child was removed before randomization; whether the head of household had a substance abuse concern; and whether the head of household had a mental health concern. For the Broward County reunification subgroup outcomes, we dropped children from brand new or last step subgroups who were at home at baseline because we could not examine reunification outcomes for a child who was not removed.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

TABLE E.3

Days at Home by Site and Time (Children Removed at Baseline)

	N	Treatment mean	Control mean	Difference
All sites				
1 year	604	78.0	44.1	33.9***
2 years	604	252.9	149.8	103.1***
3 years	604	445.4	272.3	173.1***
4 years	604	643.3	395.4	248.0***
5 years	604	842.2	516.4	325.8***
San Francisco				
1 year	131	127.4	95.9	31.6
2 years	131	301.4	238.5	62.8
3 years	131	464.5	366.1	98.4
4 years	131	624.1	483.6	140.5
5 years	131	794.5	608.3	186.2
Connecticut				
1 year	108	45.8	13.5	32.3
2 years	108	160.9	63.9	97.0*
3 years	108	297.2	113.4	183.8*
4 years	108	420.1	167.6	252.4*
5 years	108	534.7	224.4	310.3*
Cedar Rapids				
1 year	170	23.4	25.5	-2.1
2 years	170	151.5	144.8	6.8
3 years	170	329.6	305.6	24.0
4 years	170	520.5	455.7	64.8
5 years	170	709.8	604.8	105.0
Broward County				
1 year	195	116.6	38.6	78.0***
2 years	195	358.5	144.8	213.8***
3 years	195	606.5	273.0	333.5***
4 years	195	873.4	417.8	455.7***
5 years	195	1,136.0	557.9	578.1***

Source: Child welfare administrative data provided by the sites.

Note: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

TABLE E.4

Days at Home by Time—Broward County Subgroups (Children Removed at Baseline)

	N	Treatment mean	Control mean	Difference
Brand new				
1 year	103	80.3	32.5	47.8*
2 years	103	354.3	152.7	201.7***
3 years	103	653.1	277.2	375.9***
4 years	103	951.5	430.3	521.2***
5 years	103	1,241.6	576.9	664.7***
Last step				
1 year	72	202.7	58.3	144.4***
2 years	72	454.2	176.7	277.5***
3 years	72	717.0	330.7	386.3***
4 years	72	1,018.7	497.3	521.4***
5 years	72	1,308.8	666.7	642.2***

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County reunification subgroups include the following control measures: age of household head; number of children in the household; child's age, race, and gender; family homelessness at randomization; family history of child welfare involvement; head of household's history of child welfare involvement as a child; head of household's criminal history; head of household's intimate partner violence history; how long the child was removed before randomization; whether the head of household had a substance abuse concern; and whether the head of household had a mental health concern. For the Broward County reunification subgroup outcomes, we dropped children from brand new or last step subgroups who were at home at baseline because we could not examine reunification outcomes for a child who was not removed. * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Appendix F. Case Outcomes— Reunification Cases

See table F.1 on next page.

TABLE F.1

Case Outcomes by Site and Time (Children Removed at Baseline)

	Original case closed by time T				New case opened by time T				Any case open at time T			
	N	Treatment	Control	Difference	N	Treatment	Control	Difference	N	Treatment	Control	Difference
All sites												
1 year	585	19.0%	24.6%	-5.5	454 ^c	10.8%	10.6%	0.2	585	83.4%	72.3%	11.0***
2 years	585	63.8%	60.5%	3.3	585	24.3%	16.9%	7.4*	585	44.8%	43.6%	1.2
3 years	585	79.8%	76.3%	3.6	585	31.1%	26.4%	4.7	585	29.0%	31.0%	-2.0
4 years	585	88.3%	83.9%	4.4	585	34.9%	30.7%	4.2	585	18.1%	22.0%	-3.9
5 years	585	93.7%	87.5%	6.2**	585	41.8%	35.2%	6.6	585	13.3%	16.1%	-2.8
San Francisco												
1 year	131	22.6%	22.8%	-0.2	131 ^b	0.0%	0%	0.0	131	77.4%	77.2%	0.2
2 years	131	59.5%	64.3%	-4.7	131 ^b	6.3%	0%	6.3	131	45.2%	35.9%	9.2
3 years	131	82.7%	89.9%	-7.2	131	10.6%	4.5%	5.9*	131	27.7%	13.8%	13.5**
4 years	131	92.5%	98.3%	-6.5*	131	10.6%	4.5%	5.9*	131	16.6%	6.3%	10.0**
5 years	131 ^a	96.8%	98.5%	-1.7	131	10.6%	4.5%	5.9*	131	8.9%	5.0%	4.1
Connecticut												
1 year	108	14.9%	11.3%	3.5	108 ^a	0.0%	2.0%	-2.0	108	90.5%	91.2%	-0.7
2 years	108	63.7%	53.8%	9.8	108 ^b	8.0%	8.6%	-0.6	108	41.0%	55.3%	-14.2
3 years	108	82.6%	79.8%	2.8	108	16.3%	20.0%	-3.7	108	22.9%	37.4%	-14.7
4 years	108	92.6%	82.9%	9.5	108	31.3%	24.6%	6.8	108	14.5%	25.7%	-11.3
5 years	108	92.0%	88.0%	3.9	108	45.0%	28.4%	16.6	108	26.7%	16.5%	10.1
Cedar Rapids												
1 year	151	17.9%	20.7%	-2.9	151	2.3%	1.6%	0.6	151	76.1%	58.4%	17.2**
2 years	151	65.8%	60.7%	5.2	151	5.7%	13.7%	-7.5**	151	26.8%	26.1%	0.6
3 years	151	83.1%	70.0%	12.8*	151	11.6%	15.4%	-3.7	151	10.7%	8.9%	1.8
4 years	151	89.0%	73.7%	14.5**	151	12.5%	17.2%	-4.6	151	2.1%	5.3%	-3.1
5 years	151	90.7%	74.9%	14.9***	151	18.1%	19.0%	-0.9	151	4.6%	4.7%	-0.1
Broward County												
1 year	195	24.6%	31.9%	-7.4	195	22.5%	21.8%	0.7	195	85.5%	73.4%	12.7
2 years	195	71.7%	56.8%	15.3*	195	56.0%	37.9%	17.3**	195	51.5%	61.9%	-10.4
3 years	195	76.7%	66.0%	10.9	195	63.6%	56.4%	7.2	195	43.3%	61.1%	-17.5
4 years	195	86.9%	74.5%	13.1	195	67.6%	64.2%	3.3	195	29.6%	47.0%	-17.6
5 years	195	95.4%	87.7%	9.0	195	75.5%	74.1%	1.5	195	17.6%	30.3%	-13.1

Source: Child welfare administrative data provided by the sites.

Notes: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

^aDue to this model not achieving convergence, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

^bDue to this model perfectly predicting an outcome for the treatment or control group, we are unable to provide predicted probabilities for both groups but have instead included the unadjusted outcome rates for both groups.

^cThe *N* for new case openings is lower in the first year because San Francisco did not have any reunification cases with a new case opened by one year. Therefore, the variable site perfectly predicts the outcome for the first year, and the model dropped the San Francisco observations.

TABLE F.2

Any Case Open by Time—Broward County Subgroups (Children Removed at Baseline)

	N	Treatment	Control	Difference
Brand new				
1 year	103	97.5%	80.6%	29.0**
2 years	103	55.9%	55.7%	0.2
3 years	103	45.0%	54.2%	-9.4
4 years	103	39.4%	37.9%	1.5
5 years	103	19.7%	28.8%	-9.2
Last step				
1 year	72	72.4%	65.8%	6.8
2 years	72	41.8%	77.1%	-38.9***
3 years	72	45.2%	86.3%	-41.7***
4 years	72	22.8%	58.2%	-42.3***
5 years	72	14.2%	36.3%	-24.3***

Source: Child welfare administrative data provided by the sites.

Notes: The regression-adjusted models for the Broward County reunification subgroups include the following control measures: age of household head; number of children in the household; child's age, race, and gender; family homelessness at randomization; family history of child welfare involvement; head of household's history of child welfare involvement as a child; head of household's criminal history; head of household's intimate partner violence history; how long the child was removed before randomization; whether the head of household had a substance abuse concern; and whether the head of household had a mental health concern. For the Broward County reunification subgroup outcomes, we dropped children from brand new or last step subgroups who were at home at baseline because we could not examine reunification outcomes for a child who was not removed.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

Notes

- ¹ “The AFCARS Report: Preliminary FY 2021 Estimates as of June 28, 2022,” US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Children’s Bureau, last updated October 28, 2022, <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>.
- ² “The AFCARS Report: Preliminary FY 2021 Estimates as of June 28, 2022,” HHS, ACF, Children’s Bureau.
- ³ We obtained data through 5.5 years for many families but not for all of the sample. There were minimal differences between outcomes at five years compared with 5.5 years.
- ⁴ According to the National Alliance to End Homelessness, “Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.” See “Alliance Pressure Points Resource Series: Housing First Fact Sheet,” accessed October 24, 2023, https://endhomelessness.org/wp-content/uploads/2022/08/Housing-First-Fact-Sheet_Aug-2022.pdf.
- ⁵ The definition of previous child protective services involvement varied by site, ranging from having multiple reports and/or investigations to receiving child protective services in an open case.
- ⁶ For the overall preservation outcomes, our inclusion criterion was that the child was at home at baseline. For the preservation subgroup outcomes, we dropped children from the community services in place or monitoring needed subgroups who were removed at baseline because we could not examine preservation outcomes for a child removed from home. Similarly, for the overall reunification outcomes, our inclusion criterion was that the child was removed from home at baseline. For the reunification subgroup outcomes, we dropped children from the brand new or last step subgroups who were at home at baseline because we could not examine reunification outcomes for a child who was not removed.
- ⁷ For several of our outcomes, we measured whether an outcome was true at a given point in time (e.g., whether the child had an open case at five years after randomization). These measures allowed us to observe the child’s situation at various points after randomization. However, a point-in-time measure is subject to some bias regarding how it captures cases that are short versus long. Long cases are more likely to be picked up in this measure, whereas a child who was in and out of care a few brief times would be less likely to be counted because the window of measurement is only a given day.
- ⁸ The lack of statistical significance may be due to the small sample sizes when we stratified into treatment cells, as the percentage point difference between treatment and control groups in each subgroup was high.
- ⁹ We examined case outcomes for all sites except Memphis, where case data were not available.
- ¹⁰ We did not examine new substantiated allegations for children removed at baseline. For children removed at baseline, experiencing a new substantiated allegation is most often conditional upon them first returning home.
- ¹¹ The five-year difference in Connecticut was substantial, with the treatment group being 17 percentage points more likely to be at home (32 percent compared with 15 percent), which translate to an effect size of 0.59. This difference was on the cusp of being statistically significant at the 0.1 level ($p = 0.101$).
- ¹² Due to small sample sizes, changes for only a few cases cause the rates to shift dramatically. Although the difference in rates for the groups in the last step treatment group are not statistically significant, the treatment group does have notably higher rates than the control group.
- ¹³ Iowa Code 2023, § 232.116 (31, 2).
- ¹⁴ These included (1) whether the child’s case that was open at baseline had closed by five years, (2) whether the child had a new case opened by five years, and (3) whether the child had any case open at five years.

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STATEMENT OF INDEPENDENCE

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