



Supportive Housing for Families in the Child Welfare System

Key Model Components and Future Directions

Michael Pergamit, Bridgette Lery, and Mary K. Cunningham

October 2023

What are the key model components of a successful supportive housing program for child welfare–involved families experiencing homelessness and housing instability? To answer that question, the Urban Institute evaluated a five-site federal demonstration project delivering supportive housing for this population, examining both shorter-term (Cunningham, Gillespie, and Batko 2019; McDaniel et al. 2019; Pergamit et al. 2019) and longer-term outcomes (Pergamit and Kuhns 2023).

This brief draws from our research to highlight the design and implementation features that emerged as most robust under the supportive housing demonstration. These features fall into two categories: targeting and implementing programs. The recommendations are also informed by earlier studies, including an Urban Institute study of the US Department of Housing and Urban Development’s Family Unification Program (FUP) (Cunningham et al. 2015; Pergamit, Cunningham, and Hanson 2017). We describe how and why certain programmatic features should be built into supportive housing programs for child welfare–involved homeless families, and we identify features that should be a priority for further testing.

Supportive Housing Principles

Supportive housing benefits homeless populations, including veterans, single adults, adults with severe mental illness, adults with criminal justice involvement, and families.¹ The principle of “housing first” is central to supportive housing: housing is provided without conditions when someone is homeless or at risk of homelessness. In contrast, the principle of “housing ready” requires the person to meet conditions, such as being drug free, before being offered housing. Services under a Housing First model

are voluntary—that is, the tenant does not need to engage in services to retain housing assistance. Services consist of two types: (1) housing search, lease-up, and related services and (2) wraparound supportive services to help address other challenges that may co-occur with homelessness and child welfare involvement.

Single adults experiencing chronic homelessness have experienced success with supportive housing, prompting policymakers to consider whether families could similarly benefit.² 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 (the demonstration), a five-year, \$25 million demonstration. The purpose was to test supportive housing models with a specific subpopulation—families involved with the child welfare system who were also experiencing homelessness or housing instability. Research has shown that homelessness or inadequate housing is related to risk of child welfare involvement (Cowal et al. 2002; Culhane et al. 2003; Park et al. 2004) and that housing problems are often a barrier to reunification for children placed in out-of-home care (Cohen et al. 2005; Courtney, McMurtry, and Zinn 2004). The Demonstration’s primary objectives were therefore to prevent child removal and to expedite reunification or make it more likely.

The Children’s Bureau Demonstration provided sites five years of funding and a common framework to cover planning, management, system coordination, and services. The framework included the central core of supportive housing—that is, a housing subsidy with supportive services implemented using the Housing First philosophy. Further guidance covered the risk factors to consider for program eligibility on the basis of findings in the child welfare literature.

The Children’s Bureau required sites to provide parenting skills training; services and interventions to improve family functioning and assist with family reunification when children have been in out-of-home placements; ancillary services to assist families in securing services, such as safe and stable housing, transportation, and child care; evidence-based, developmentally appropriate approaches to promoting child well-being; and access to appropriate mental health services for children involved in the child welfare system, including services to address trauma. Although sites provided the required services, the services varied in several ways, including which interventions each site selected, how services were provided (directly or through referral), their intensity, and their duration.

Demonstration sites were left to design their programs and identify community housing resources to fund the housing component. For the most part, sites targeted homeless families or those at imminent risk of homelessness. But definitions varied across sites, especially of “imminent risk.” Similarly varied were the risk factors considered, how those risk factors were defined, and the minimum number of risk factors required.

Implementation and impact findings from evaluation led us to consider the minimum program features that should be included in any supportive housing model applied to families in the child welfare system, and what contextual factors affect the choices around structuring those features. We outline these below and identify unanswered questions, suggesting a future research agenda.

Recommendations for Targeting

Supportive housing is an intensive intervention that is relatively expensive and of limited supply. Not all families need such a high-touch program. As with any scarce resource, supportive housing should be allocated to those who are in greatest need and will benefit the most. Several recommendations for targeting supportive housing programs emerged from the demonstration (Packard Tucker and Pergamit 2023).

Define the Target Population

We examined which personal or family characteristics, among the families selected by the demonstration sites, pose the most risk of a child not being able to remain with their family over time. We then examined where supportive housing had the greatest impact on reducing days spent in out-of-home care among the families with these risk factors. From these analyses, we have identified the basics of targeting criteria. However, these analyses are based on the families sites selected, not on a representative set of families. Although the demonstration sites focused on families experiencing or at risk of homelessness who had one or more co-occurring risk factors, the risk factors and their exact definitions differed. We could not examine any other risk factors that were not included across the sites.

Target families with in-home and out-of-home child welfare cases, understanding that their circumstances and needs are different. Child welfare agencies may be reticent to provide supportive housing to intact families (in-home cases), as it can be difficult to assess whether a child is at imminent risk of removal in the absence of housing. Yet, many housing agencies do not like to provide housing to families whose children are not living with them and require the child welfare agency to refer intact families or families whose reunification is being delayed only for lack of housing. Although we found stronger effects for supportive housing when reunifying children who began in out-of-home care, we also found that supportive housing can prevent child removal (Chambers, Packard Tucker, and Pergamit 2023).

Provide supportive housing early in a case, whether after opening an in-home case or soon after a removal. Doing so can keep families intact or reunite the children sooner, allowing cases to be closed more quickly. This means children spend less time in out-of-home care and families spend less time involved in the child welfare system, both of which also reduce costs to the child welfare system.

Most demonstration sites referred families fairly early in their child welfare case, either soon after opening the case if the family remained intact or soon after a removal. The Broward County, Florida, design provided us an opportunity to test how offering supportive housing soon after removal—“brand new”—compared with waiting until a family is ready for reunification but just needs housing—“last step.” Although it is not surprising that the last step group reunified more quickly with their children, the brand new group caught up within two years. Over time, the brand-new group was more likely to have their children at home than the last-step group (Chambers, Packard Tucker, and Pergamit 2023).

It is more difficult to assess the value of offering supportive housing early in the case of an intact family, as we do not have a clear comparison and child welfare practices vary across jurisdictions. However, Broward County had a subgroup deemed “monitoring needed,” which resembles an early in-home child welfare case. The 40 percent removal rate among control families in this subgroup was similar to the rates for intact control families in other sites, indicating a group at significant risk of removal. However, offering supportive housing to this subgroup reduced removals to less than 12 percent. Connecticut also targeted families early in their cases and saw substantial reductions in removal (Chambers, Packard Tucker, and Pergamit 2023).

Target both people experiencing homelessness and the precariously housed, but tightly define the latter. Families selected for supportive housing should have an obvious housing need. This includes families experiencing literal homelessness—meaning sleeping in a shelter, outside, or in other places not intended for sleeping. However, most families find means of being housed—doubling up with family or friends, for example—rather than experience literal homelessness, and many avoid shelters. But many of these housing situations may not be safe or stable. Families living in overcrowded housing may be doing so safely with extended family members, or the arrangement could put children at risk. *We recommend limiting eligibility among precariously housed families to situations in which the child is indicated as unsafe in the housing arrangement.*

Target families with housing needs and other co-occurring factors that place their children at risk. Not all families experiencing homelessness or unstable housing need the intensity of supportive housing or need it for long. Some may need short-term housing support without additional services, especially if housing is the only risk bringing them to the attention of the child welfare system. Supportive housing is designed to provide housing along with other services on the theory that problems are intertwined. Housing First goes further to say that sequencing matters, that housing must be addressed before other problems can be resolved. The presence of other risks contributes to the likelihood of child abuse and neglect (Brook and McDonald 2009; DeBellis et al. 2001; Font and Warren 2013; Marsh et al. 2006). Families with housing needs coupled with co-occurring risks may need and benefit from longer-term and more service-oriented housing supports.

For children *already in out-of-home care*, consider these risk factors:

- their caregiver had a *substance use issue*,
- their caregiver had *experienced abuse or neglect as a child*,
- there was *intimate partner violence in the home*, or
- they had been *removed from home for longer* than other children in the area.

Supportive housing provides substantial benefit for these children, reducing the number of days spent in out-of-home care. Children whose caregiver had a substance use issue showed the biggest benefit, at 15 fewer months in care after five years.

For children *remaining at home*, consider these risk factors:

- their caregiver had a *history with the criminal justice system*,
- their caregiver had *experienced abuse or neglect as a child*, or
- they *lived in a larger family*.

Although children with any of these risk factors will spend less time in out-of-home care if the family receives supportive housing, *homes with intimate partner violence benefit the most*.

Our analysis (Packard Tucker and Pergamit 2023) indicates which risk factors should be considered on the basis of those chosen by the demonstration sites. Each jurisdiction should consider whether other risk factors may be important in their local context.

Consider the implementation context: mandates, the local housing market, and child welfare practice norms. Child welfare systems must work within federal permanency timelines under the Adoption and Safe Families Act, which requires states to move toward termination of parental rights if the child has been in foster care for 15 out of the most recent 22 months (GAO 2002). Local practice may favor either more punitive or more permissive casework approaches. In Iowa, for example, children under age 4 in out-of-home care must be reunified with their parents within 6 months or termination of parental rights must be initiated.³ Housing can take time to secure, especially in expensive housing markets, which may interfere with these timelines. The result is a complex interaction between what is generally a long-term intervention and a relatively short window for results. This reinforces the notion of providing housing early in a case and suggests that housing should not be seen as a last resort to prevent permanent family separation.

Identify the Target Population

Most child welfare agencies screen for risks to child safety but may not screen for lack of adequate housing as one of those risks. Including housing as part of a broader risk assessment allows the agency to identify when housing instability appears with a co-occurring risk factor such as substance abuse, allowing early targeting for supportive housing.

To find those families who both need and will benefit from supportive housing, screen for homelessness or precarious housing. At a minimum, screening early in a case, at the investigation or when a case is first opened, may maximize the benefits of housing and the corresponding service supports, stabilizing families sooner and facilitating their ability to complete their child welfare case requirements within federal and state timelines. However, housing stability cannot always be discerned during an investigation, further supporting the necessity of additional screening when a case is opened. Ideally, screening would be ongoing, as housing could become precarious at any time in a child welfare case.

Use universal screening to ensure that all families needing housing are identified. Even if not all housing-insecure families can be served with the limited resources available, child welfare agencies can use systematic data collection to establish a baseline for homelessness among child welfare cases, which can be tracked over time to observe progress in addressing the issue. A reliable count of families needing housing can also be used to justify funding requests with state or county legislative bodies. A

few housing screeners exist. Connecticut developed a housing need screening tool called the QRAFT (Quick Risks and Assets for Family Triage) (Farrell et al. 2017). During the Demonstration, the study regions used QRAFT for all new cases that underwent investigation or child removal (Farrell et al. 2018). San Francisco used a homelessness item on an existing Structured Decision Making (SDM) risk assessment tool given to each family before a case is opened.

Recommendations for Implementation

Implementing a supportive housing model for families in the child welfare system requires development in three areas: a coordinated system, housing provision, and case management.

Develop a Coordinated System

Partner roles, responsibilities, and processes should be clearly articulated long before program launch and be in alignment with the theory of change.

Support the complexity of a multisystem intervention through robust coordination and collaboration among the partners—the child welfare agency, the local housing authority, homeless service providers, and a primary service provider that guides the family through the housing and stabilization process (Burt 2019). Homeless families coming to the attention of the child welfare system tend to have numerous co-occurring needs, such as domestic violence, substance abuse, criminal background, or mental illness, which can further complicate the housing process. The lead agency should have a concrete project management role and processes in place to execute the bureaucratic minutiae required to house families quickly.

Child welfare agencies strive to make children safe and close cases, but the needs of the families continue afterward, thus requiring an external service provider with funding to serve each family well past the end of their child welfare case. While still in the child welfare system, a family with supportive housing will have their child welfare case manager as well as a case manager associated with an external service provider. Coordinating the support for the family will be important so that the family can maximize the benefit from the supportive services while also meeting their case plan goals.

Ensure the child welfare agency is invested in the supportive housing program, even when the agency does not receive the funding directly. When funding does not come through the child welfare agency, the agency often does not see the supportive housing program as a piece of their strategy for helping families on their caseloads but merely a resource available in their community. One example is FUP, through which HUD awards housing choice vouchers to public housing authorities, who then partner with local child welfare agencies for referrals. Often this partnership is not strong, and the child welfare agency does not view FUP as their program. Once child welfare refers a family for vouchers, the agency frequently considers its role complete (Cunningham et al. 2015).

Build in a program planning period, a pilot phase, and a continuous quality improvement system, and track outcomes. Processes and procedures that govern partnerships must be specified,

communicated, and monitored to ensure that they are operating as intended. Processes for sharing information related to cases and to ongoing monitoring and continuous quality improvement efforts are equally fundamental and should be arranged early on. Importantly, outcomes should be tracked. The partnership should know whether families are getting housed, how quickly they are getting housed, whether the children and families leave the child welfare system, and whether they return to the system.

Coordinate Housing Provision

Searching for housing can be a daunting task for someone dealing with instability. Families in the child welfare system are managing multiple issues that can limit their ability to search effectively for housing. Support should be coordinated not only between housing and child welfare agencies, but also among family courts, nonprofit organizations, child care providers, transportation agencies, and even landlords.

Ensure that the supportive housing model is consistent with local child welfare practice. The theory of change behind Housing First is that housing is necessary to stabilize a family, rather than that families must be stable before they are given housing. Many housing agencies with their child welfare partners historically reserved FUP vouchers for families who were stable but for housing. Child welfare workers and judges, who direct the course of each case and ultimately determine the outcome, should be willing to participate in the Housing First approach. Supportive housing will be a weak mitigator in a child welfare system that has a low threshold for child removal and a high threshold for reunification. *This suggests that judges should be included as partners in the local supportive housing program.*

Public housing agencies should streamline their application procedures and reduce the impediments to receiving a voucher. Families involved in child welfare cases can have difficulty meeting public housing agencies' (PHAs') screening criteria. Many families involved in the child welfare system have bad credit and poor rental histories (e.g., evictions, owing back rent or money for property damage, vacating without notice), and many have criminal records. However, PHAs have discretion in whom they select for their housing programs.

Some PHAs have taken a "screening in" approach to eligibility. Using this approach minimizes the factors that would prevent a family from program participation. For example, if the family owes back rent to the housing authority, the PHA can allow the family to pay back the amount owed, in installments if necessary. Child welfare agencies or local nonprofits can also help clear rent or utility arrears. In addition, the PHA can review each criminal background check on a case-by-case basis and evaluate time since last offense, the nature of the offense, and the circumstances. If denied, the family can be allowed to appeal the decision; then the housing agency can consider the level of risk the criminal background poses. Furthermore, to facilitate family reunification, PHAs should not expect or insist on children being in the household at the time of lease-up.

Provide support for housing application, search, lease-up, and move-in, with follow-up to help the family maintain their housing. Housing voucher applications can be a stumbling block for families in crisis. Limited literacy, complicated forms, and document requirements can prevent a family from

completing the voucher application. As found in a study of three FUP sites, programs that did not provide application assistance saw substantial failure rates of families completing the application, whereas nearly all families receiving support completed their applications (Cunningham et al. 2015). Support includes helping the family obtain documents required for the voucher application, completing the application, searching for available apartments, liaising with the landlord during application and move-in processes, keeping contact with the family through the first year to help resolve conflicts with the landlord or other residents, and helping the family recertify their voucher after one year. Some activities specific to the search for housing are eliminated under a single-site model, but the other aspects of securing and maintaining housing remain critical.

One key challenge to leasing up is that households need money up front to pay application fees and security deposits. Low-income families frequently cannot afford the \$1,000 to \$2,500 it may cost to secure an apartment. The program should therefore identify a source of funding to support the costs of leasing up and moving into a new apartment.

Support housing search by providing hands-on assistance, not just listings of available units. Families' search for housing can be hampered by lack of transportation and lack of child care, among other things. Furthermore, families must identify a unit that fits their family size and needs, has a rent they can afford, can pass inspection, and is in a safe area reasonably convenient to services they require, family supports, and jobs. Even if a family can find such a place, the landlord may be unwilling to rent to them because of their criminal background or other circumstances. A supportive housing program should help with locating appropriate housing, provide transportation to see and apply for housing, help arrange child care, and advocate with reluctant landlords.

To speedily house families in sound units in safe neighborhoods, consider landlord recruitment an important component in a scattered-site supportive housing model. Similar to labor market intermediaries in employment programs, a housing specialist can cultivate and maintain relationships with landlords, serving as a liaison for tenants. Landlords with multiple units may be persuaded to continue to partner with the supportive housing program if they have an initial positive experience. Providing a contact for landlords assures the landlord that problems can be dealt with when necessary.

Provide bridge support during housing search. In a supportive housing program that uses vouchers, housing application, search, and lease-up can take four to six months—or much longer in a tight housing market. Alternate housing mechanisms can help when permanent housing is not immediately available. San Francisco used a multifamily building as bridge housing for families completing the long process of voucher application and housing search. Both Connecticut and San Francisco provided bridge subsidies, which can pay the rent and hold an apartment for a short period during voucher administrative approvals, so that a landlord does not reject the family in favor of a market-rate tenant who can pay immediately.

Include Supportive Services

Just because a program has a well-targeted high-need service population does not mean that these needs are uniform in nature or intensity. The model for a supportive housing program should be able to respond to variation in need levels across families and with families over time. Plans for service provision should be realistic according to the targeting criteria.

Case management ancillary to the child welfare case plan should follow a well-defined model whereby a case manager regularly assesses the family for their needs and steps services up or down accordingly. A high-need population of child welfare-involved families likely requires longer and more intensive case management than an organization's typical clients. Casework models should include ongoing assessment benchmarks and guidelines about number of hours of direct client contact marked by phases of a family's trajectory in the program—housing search and acquisition, stabilization, and maintenance. Service providers should recognize that the family's path may not match uniform improvement, as families may face setbacks. The multisystem nature of supportive housing necessitates a well-organized team-based approach to achieve a family's goals, as well as a strong case management model that defines distinct roles among the child welfare worker, the case manager, and any housing-specific roles such as a housing navigator. This team approach can include multiple people with similar functions to help smooth service provision when there is turnover, as there nearly always is with such positions.

The model should include the services most associated with risk and benefit. Drug use and domestic violence are the two most cited risk factors in child maltreatment reports (Children's Bureau 2023). Caregiver substance use is a major risk factor preventing children from being with their families, but supportive housing is shown to reverse the trend. A supportive housing model should include substance abuse treatment as well as parenting support so that children can remain with their parents. Intimate partner violence was a major risk factor, but supportive housing helped parents leave abusive situations and keep their children. Finally, several caregiver characteristics put children at risk of removal, including caregivers having a childhood history of abuse or neglect. These characteristics suggest that therapy aimed at helping parents deal with past trauma would be beneficial. In a related study of New Jersey's Keeping Families Together program, families reported that they valued the clinical and therapeutic supports (Batko, Williams, and Bond 2023).

Plan for providing supportive services well past the end of the child welfare case. Families who experienced homelessness with co-occurring conditions and were involved with the child welfare system are likely to require support on and off for quite some time. The New Jersey Keeping Families Together program has seen families continue to receive services, particularly therapeutic services, for several years (Batko, Williams, and Bond 2023).

Future Research: Priority Program Features for Further Testing

Supportive housing has shown strong promise as an intervention for high-need child welfare–involved families. The demonstration allowed each site to design its own program, and there is no clearly defined model. The few examples of supportive housing programs vary in substantial ways that make it impossible to know for sure which components drive impact. Policymakers should further test defined models that can be adopted with fidelity and scaled. Yet, a few specific findings emerged from the process evaluation as particularly ripe for further exploration:

1. **Identifying all homeless or unstably housed families through universal screening.** As noted earlier, routine practices should be developed to identify all eligible families. Two research questions arise: (1) what screener works best and (2) how to best implement universal screening within current child welfare practice. This screener could also help child welfare officials triage families with fewer needs and lower risk to other housing resources, such as rapid rehousing or housing vouchers.
2. **Using specific targeting criteria.** Above, we identified caregiver characteristics associated with a negative child welfare outcome and the benefits of supportive housing. Our analysis was based on risk factors used by the demonstration sites. While these risk factors were derived from the literature on predictions of child welfare involvement, there was inconsistency across sites in which factors were used, how they were measured, and how many conditions were required or in what combinations. Additional research is required to determine the best measures as well as to identify whether other characteristics should be considered. Additional research should also further examine the timing of the child welfare case to determine when it is best to offer supportive housing.
3. **Using single-site versus scattered-site housing.** In the demonstration, single-site models in Memphis and Cedar Rapids facilitated rapid housing and on-site case management, but families in single-site programs have less choice on where they live than do families receiving housing vouchers. Scattered-site housing, generally obtained using housing choice vouchers, offers families more options for living in areas they prefer—near family, service providers, public transportation, schools, and parks—but finding an available unit can be time consuming while a child welfare case hangs in the balance. Furthermore, families must travel to obtain services, or else program workers must travel to meet families in various locations. Additional research is required to understand better which type of housing is best suited for child welfare–involved families and how it might differ by context, recognizing that the choice may be limited by the local housing market, what types of housing are available, and other factors.
4. **Pinpointing which services matter most.** All demonstration sites coupled services with housing, so it is unknown to what extent each service component uniquely contributed to impacts. Each site used services considered evidence based. However, the evidence likely differed in its rigor and may not have been developed based on a child welfare–involved population. We also do not know to what extent the services were implemented as designed. Furthermore, evidence for individual services does not tell us how the services will perform

when combined. Demonstration sites found that some services had to be altered to reflect the high needs of the target population, making established evidence on those services less informative. Finally, the models used by demonstration sites included many components, and no two models were sufficiently similar to allow for conclusions about which is better. Future programs could adopt (and adapt) one of the developed case management models from the demonstration or another model and measure fidelity to the model, as well as estimate costs and benefits from different model choices.

5. **Adding an employment component to services.** Families who received supportive housing in the demonstration were less likely to work than comparable families who did not receive supportive housing (Mackenzie-Liu and Pergamit 2023). But that allowed them to take care of their children and complete their child welfare case plan. Over time, as families stabilize, they may wish to enter the workforce or expand their job skills. Families in the New Jersey Keeping Families Together program have been in the program longer than most demonstration families and noted that they could use help with gaining employment (Batko, Williams, and Bond 2023). Most organizations providing supportive services are not specialists in providing the supports needed to gain employment, suggesting that supportive housing programs need a partner organization with these skills.

Conclusion

Only a well-designed and well-implemented program can be expected to produce results. Certain program components are crucial for a supportive housing model in a child welfare setting and appear to contribute to successful implementation. These components fall into two categories: targeting and implementation. Programs should screen broadly for housing need, target high-need homeless or precariously housed families whose children are at risk of removal or have been removed with a case plan goal of reunification, and serve them early in their child welfare case. Implementation should include extensive, careful planning related to the geographic and child welfare practice context, an appropriate housing mechanism, related services, and perhaps most importantly, the cross-system collaboration necessary to carry out the numerous components of a supportive housing program for families with complex needs.

Notes

- ¹ For evidence on the benefits of supportive housing for homeless populations that include veterans, see Montgomery and coauthors (2013). For homeless populations that include single adults, see Tsemberis, Gulcur, and Nakae (2004). For homeless populations that include adults with severe mental illness, see Culhane, Metraux, and Hadley (2002). For homeless populations that include those with criminal justice involvement, see Cunningham and coauthors (2021). For homeless populations that include families, see Fowler and Schoeny (2017).

² “CSH Literature Review of Supportive Housing: Housing Outcomes,” Corporation for Supportive Housing, accessed October 23, 2023, <https://www.csh.org/wp-content/uploads/2018/07/CSH-Lit-Review-Housing-Outcomes.pdf>.

³ Grounds for Termination, Iowa Code § 232.116 (2023).

References

- Batko, Samantha, Abigail Williams, and Lynden Bond. 2023. “New Jersey Keeping Families Together: Family Experiences in the Program.” Washington, DC: Urban Institute.
- Brook, Jody, and Tom McDonald. 2009. “The Impact of Parental Substance Abuse on the Stability of Family Reunifications from Foster Care.” *Children and Youth Services Review* 31: 193–198.
- Burt, Martha R. 2019. *Sustainability of Supportive Housing for Families in the Child Welfare System: The State of Services Integration and Systems Change in Participating Communities as a Federal Demonstration Ends*. Washington, DC: Urban Institute.
- Chambers, Jaclyn, Laura Packard Tucker, and Michael Pergamit. 2023. *Keeping Children at Home with Supportive Housing: Long-Term Child Welfare Outcomes for Families Who Received Supportive Housing*. Washington, DC: Urban Institute.
- Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, US Department of Health and Human Services (HHS). 2023. *Child Maltreatment 2021*. Washington, DC: HHS.
- Cohen, Carol, Elizabeth Mulroy, Tanya Tull, Catherine White, and Sheila Crowley. 2005. “Housing Plus Services: Supporting Vulnerable Families in Permanent Housing.” *Child Welfare* 83 (5): 509–28.
- Courtney, Mark, Steven McMurtry, and Andrew Zinn. 2004. “Housing Problems Experienced by Recipients of Child Welfare Services.” *Child Welfare* 83:393–422.
- Cowal, Kirsten, Marybeth Shinn, Beth C. Weitzman, Daniela Stojanovic, and Larisa Labay. 2002. “Mother-Child Separations among Homeless and Housed Families Receiving Public Assistance in New York City.” *American Journal of Community Psychology* 30 (5): 711–30.
- Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. 2002. “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” *Housing Policy Debates* 13 (1): 107–63.
- Culhane, Jennifer, David Webb, Susan Grim, Stephen Metraux, and Dennis P. Culhane. 2003. “Prevalence of Child Welfare Services Involvement among Homeless and Low-Income Mothers: A Five-Year Birth Cohort Study.” *Journal of Sociology and Social Welfare* 30 (3): 79–95.
- Cunningham, Mary, Sarah Gillespie, and Samantha Batko. 2019. *How Housing Matters for Families: Findings from In-Depth Interviews with Parents in Supportive Housing*. Washington, DC: Urban Institute.
- Cunningham, Mary, Devlin Hanson, Sarah Gillespie, Michael Pergamit, Alyse Oneto, Patrick Spauster, Tracy O’Brien, Liz Sweitzer, and Christine Velez. 2021. *Breaking the Homelessness-Jail Cycle with Housing First Results from the Denver Supportive Housing Social Impact Bond Initiative*. Washington, DC: Urban Institute.
- Cunningham, Mary, Michael Pergamit, Abigail Baum, and Jessica Luna. 2015. *Helping Families Involved in the Child Welfare System Achieve Housing Stability: Implementation of the Family Unification Program in Eight Sites*. Washington, DC: Urban Institute.
- DeBellis, Michael, Elsie Broussard, David Herring, Sandra Wexler, Grace Moritz, and John Benitez. 2001. “Psychiatric Co-Morbidity in Caregivers and Children Involved in Maltreatment: A Pilot Research Study with Policy Implications.” *Child Abuse and Neglect* 25: 923–44.

- Farrell, Anne F., Kate E. Dibble, Kellie G. Randall, and Preston A. Britner. 2017. "Screening for Housing Instability and Homelessness among Families Undergoing Child Maltreatment Investigation." *American Journal of Community Psychology* 60 (1-2): 25–32.
- Farrell, Anne F., Preston Britner, Melissa Kull, Debra Struzinski, Kim Somaroo-Rodriguez, Kathryn Parr, Lindsay Westberg, Betsy Cronin, and Chelsea Humphrey. 2018. *Final Report: Connecticut's Intensive Supportive Housing for Families Program*. Washington, DC: Administration for Children and Families, US Department of Health and Human Services.
- Font, Sarah, and Emily Warren. 2013. "Inadequate Housing and the Child Protection System Response." *Children and Youth Services Review* 35: 1,809–15.
- Fowler, Patrick J., and Michael Schoeny. 2017. "Permanent Housing for Child Welfare-Involved Families: Impact on Child Maltreatment Overview." *American Journal of Community Psychology* 60 (1-2): 91–102.
- GAO (US Government Accountability Office). 2002. *Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long-Standing Barriers Remain*. Washington, DC: GAO.
- Mackenzie-Liu, Mattie, and Michael Pergamit. 2023. "Does Supportive Housing Help Child Welfare-Involved Families Move to Better Neighborhoods?" Washington, DC: Urban Institute.
- Marsh, Jeanne, Joseph Ryan, Sam Choi, and Mark Testa. 2006. "Integrated Service for Families with Multiple Problems: Obstacles to Family Reunification." *Children and Youth Services Review* 28 (9): 1,074–87.
- McDaniel, Marla, Sarah Gillespie, Ashley Hong, Mary Cunningham, and Michael Pergamit. 2019. *Stabilizing Families in Supportive Housing: Lessons from a Federal Demonstration for Families in the Child Welfare System*. Washington, DC: Urban Institute.
- Montgomery, Ann, Lindsay Hill, Vincent Kane, and Dennis Culhane. 2013. "Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH." *Journal of Community Psychology* 41 (4): 505–514.
- Packard Tucker, Laura, and Michael Pergamit. 2023. *Effectively Targeting Supportive Housing in Child Welfare: Where Can Supportive Housing Make the Biggest Impact in Keeping Families Together?* Washington, DC: Urban Institute.
- Park, Jung, Stephen Metraux, Gabriel Broadbar, and Dennis Culhane. 2004. "Child Welfare Involvement among Children in Homeless Families." *Child Welfare* 83 (5): 423–37.
- Pergamit, Michael, Mary Cunningham, and Devlin Hanson. 2017. "The Impact of Family Unification Housing Vouchers on Child Welfare Outcomes." *American Journal of Community Psychology* 60 (1-2): 103–13.
- Pergamit, Michael, Mary Cunningham, Devlin Hanson, and Alexandra Stanczyk. 2019. *Does Supportive Housing Keep Families Together?* Washington, DC: Urban Institute.
- Pergamit, Michael, and Catherine Kuhns. 2023. "Evaluation of Supportive Housing for Child Welfare Involved Families: Overview of Findings." Washington, DC: Urban Institute.
- Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. 2004. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis." *American Journal of Public Health* 94 (4): 651–56.

About the Authors

Michael Pergamit is a senior fellow in the Center on Labor, Human Services, and Population at the Urban Institute. He conducts research using experimental, quasi-experimental, and nonexperimental methods. Trained as a labor economist, his research is focused on vulnerable young adults and families, particularly young adults aging out of foster care, runaway and homeless young adults, and disconnected young adults. He also conducts evaluations of child welfare programs and homelessness. He was coprincipal investigator of the evaluation of Partnerships to Demonstrate the Effectiveness of

Supportive Housing for Families in the Child Welfare System. Pergamit earned a PhD in Economics from the University of Chicago.

Bridgette Lery, MSW, PhD, is a senior fellow in the Center on Labor, Human Services, and Population. She has spent the past two decades working within or on behalf of child welfare agencies to understand the implementation and impact of their programs and policies and to make use of their administrative data for better decisionmaking.

Mary K. Cunningham is a senior fellow and the vice president of the Metropolitan Housing and Communities Policy Center at the Urban Institute. Her research focuses on homelessness, housing instability, and concentrated poverty. She was coprincipal investigator of the evaluation of Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System. Cunningham is coprincipal investigator of the Denver Supportive Housing Social Impact Bond Initiative and leads studies that examine the impact of a homeless prevention program for at-risk veterans.

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 here do not necessarily reflect the views of the Foundation. 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.



500 L'Enfant Plaza SW
Washington, DC 20024
www.urban.org

ABOUT THE URBAN INSTITUTE

The Urban Institute is a nonprofit research organization that provides data and evidence to help advance upward mobility and equity. We are a trusted source for changemakers who seek to strengthen decisionmaking, create inclusive economic growth, and improve the well-being of families and communities. For more than 50 years, Urban has delivered facts that inspire solutions—and this remains our charge today.

Copyright © October 2023. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.