RESEARCH REPORT

How Housing Matters for Families
Findings from In-Depth Interviews with Parents in Supportive Housing

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May 2019
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Acknowledgments

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

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

The authors thank Amanda Gold and Lily Posey for their thorough data analysis support and research assistance, and Mike Pergamit, coprincipal investigator of the national evaluation. We also acknowledge the Urban Institute research team that supported data collection for this report: Becca Daniels, Maeve Gearing, Julia Gelatt, Amanda Gold, Devlin Hanson, Marla McDaniel, Molly Michie, Leslie Mullins, and Lily Posey. Most important, we thank the five demonstration sites in the state of Connecticut; Broward County, Florida; Memphis, Tennessee; Cedar Rapids, Iowa; and San Francisco, California, and the families willing to share their time and personal stories in an effort to improve housing and services for families involved in the child welfare system.
Executive Summary

The Urban Institute is completing an evaluation of the Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a five-site initiative that provides supportive housing to homeless and precariously housed families involved in the child welfare system. The study includes many components: a process and implementation study, an impact and cost-benefit analysis, and qualitative interviews with families. This report presents findings from the qualitative interviews. We asked the following questions to guide the qualitative research component of Urban’s evaluation: How are families enrolled in supportive housing faring regarding housing stability and quality, physical and mental health, and employment? How has supportive housing mattered to them? And how are families who did not receive supportive housing through the demonstration faring compared with those who did? We conducted 124 in-depth interviews, across five sites, so we could hear firsthand from parents how housing matters to them and their children. Our interviews focused on a range of outcomes and were designed to follow each family’s experiences with supportive housing and usual care. We heard 124 unique stories that varied both within sites, across demonstration sites, and among those that received supportive housing or usual care. Some common themes emerged from their stories.

Housing Stability and Quality

One participant, Diedre, told us about how supportive housing helped her and her four children find housing after sleeping in a car. She still struggled in low-wage employment and remained daunted by providing for her family, but since moving into her three-bedroom house, her kids were not missing school as much as when they were homeless. Most supportive housing families we interviewed had similar experiences to Diedre’s: they reported strong housing stability and general satisfaction with their apartment or house, but they were still poor and continued to struggle with meeting their ongoing needs. Supportive housing had helped them break the chaotic cycle of homelessness and strengthen their family, but it did not solve all the challenges of being poor. Families in usual care also continued to struggle, and though some had found housing assistance, most remained precariously housed. They were more likely to be living in temporary housing situations (e.g., living with their mother, other relatives, or boyfriends) and reported problems with housing quality and maintenance issues.
Neighborhood Safety

Though some parents we interviewed liked living in their neighborhoods, most, both those who received supportive housing and those who received usual care, were concerned about neighborhood safety. Parents remarked that drug activity, vandalism, robberies, and the sound of police sirens were commonplace, and sporadic shootings and homicides were a concern. Neighborhood crime often left parents feeling anxious about the possibility of home break-ins and nervous about their children playing in the neighborhood. Lydia, a supportive housing parent who had been homeless for almost seven years and became involved in the child welfare system when she tested positive for drugs while pregnant, was one of the parents who was struggling with neighborhood quality. After three months searching for housing with her voucher, she found herself in a neighborhood with a thriving drug economy. She did not want to leave because she could not lose her housing, but she worried about how living there might affect her family.

Partners and Domestic Violence

Domestic violence was a common experience reported by families in supportive housing and those who received usual care, and it was often a factor in the family’s child welfare involvement. Though supportive housing often helped families escape abusive partners, many still worried about their partners and were dealing with the effects of the trauma they experienced. Veronica’s family entered supportive housing after leaving her abusive, alcoholic partner after 14 years. She struggled to work since she often had to pick up her son from school because of his behavioral problems, but she said his behavior had improved in supportive housing and she was hoping to get a job soon. Some partners, however, provided a source of support for families. For families in usual care, living with a partner sometimes provided a stable housing solution, even if they were doubled up with their partner’s family. Other parents tried to maintain connections to partners even in difficult situations because they wanted their children to have relationships with moms or dads they did not live with.

Physical and Mental Health

Parents in supportive housing and usual care continued to struggle with the enduring consequences of poverty, trauma, and domestic violence. They faced a multitude of mental and behavioral health problems, such as post-traumatic stress disorder (PTSD), depression, and ongoing anxiety. Physical health issues—including chronic health conditions such as high blood pressure and diabetes—were
common among both parents who received supportive housing and those who received usual care. Ashley, a formerly homeless mother who spent time doubled up with her sister and in an inpatient drug treatment facility, was one example of a parent living with these challenges. Through supportive housing, she was living in an apartment with her 14-month-old daughter, and she was working on regaining shared custody of her older children who lived with their father and other relatives. Ashley reported that housing enabled her to be more independent, decrease her stress levels, and become a better parent. We heard similar stories—that housing decreased stress triggers and anxiety and improved mental health and physical health—from other parents who found stable housing, either through the supportive housing or on their own.

Parent and Child Relationship and Well-Being

Not knowing where you and your children will sleep at night creates a constant state of worry and anxiety. Parents living in supportive housing reported feeling less stressed, especially those who previously stayed in shelter. They were learning how to parent, and many had attended parenting interventions. Parents identified the importance of strategies like keeping children on routines, about managing stress so it does not trickle down to children, and adopting discipline techniques that encouraged children to share their emotions and focused on behavior management through time-outs and taking away privileges rather than physical discipline. Darlene, a 29-year-old mother of five who was living in supportive housing but still struggled with learning how to be a parent, found that taking parenting classes with her partner gave them something to do together and taught her about discipline and respect. She had her first child when she was still a kid herself and did not learn how to be a mother from her mother. Parenting classes were helpful to some but not others, and not everyone attended them. But it was clear from some parents that they were implementing some of the strategies they learned.

Employment

Despite increases in housing stability, employment barriers remained, regardless of placement in supportive housing. Health problems, disabilities, and access to transportation were among the hurdles parents told us about. Some parents noted that taking care of their children, including what they needed to do to get their kids back, was a full-time job. One parent described his daily schedule getting his daughter to school, which required several buses across the city and a few hours each way. Even among
parents who were working, they were working in low-wage jobs and had trouble making ends meet. Many relied on benefits and support from partners, family, and community-based services. It appeared that housing was a necessary precursor to employment because staying in shelter or a different place every night made it difficult to keep a job. As one parent told us, “I mean, you need somewhere to stay before you can like work, you know, because to be a reliable employee, you have to have reliable housing.” But finding stable housing did not necessarily solve other employment barriers. Most parents have a long way to go before achieving self-sufficiency, and this goal may remain out of reach for some.

Supportive Services

Overall, parents in supportive housing noted that the program helped them gain priority access to housing assistance and reported having positive experiences with their caseworkers. They highlighted receiving help meeting their basic needs, such as diapers, clothing, or furniture, as particularly helpful. In some sites, parents in supportive housing had access to a wide range of services. Since enrolling in the supportive housing program, Vanessa shared she was able to buy a car, enroll her children in subsidized child care, get legal help for her history of domestic violence, obtain budgeting and financial assistance that has raised her credit score, and receive help from a life coach. In contrast, usual-care families often had negative experiences with child welfare workers and felt they were left to find housing and other services on their own while trying to resolve their crises and reunify with their children. Though some found the help they needed, others voiced their frustration with their ongoing barriers to services and turned to family members and other informal support networks.

Understanding Family Outcomes

Findings from these interviews help shed light on how families experience supportive housing, or the lack of housing and services, and how these experiences influence outcomes for both children and parents. Family perspectives are an important piece of Urban’s evaluation, which uses a rigorous, randomized controlled trial research design to learn about outcomes, costs, and program models for family supportive housing. We will use the qualitative data and stories from family interviews to better understand the “black box” in the evaluation’s logic model, or how supportive housing influences family outcomes. These themes will help contextualize findings from the administrative data related to housing stability, child welfare involvement, and parent and child well-being. Comprehensive findings
on the effect of supportive housing will be discussed in the final evaluation report to be released in spring 2019.
Background and Methodology

A healthy environment for children starts with a strong family and a home. Without this foundation, children are vulnerable to abuse and neglect, leading to crisis intervention from child protective services. Many families involved in the child welfare system face deep and persistent poverty, depression and mental illness, domestic violence, and drug addiction. These intense needs are often exacerbated by homelessness or unstable housing, which increase financial, mental, and physical stressors on children and parents. Families sleeping in cars, in garages, in homeless shelters, or doubled up in untenable situations often wind up in the system and at risk of separation. These families often bounce from one social service agency to another, imposing substantial costs to communities, all while their needs remain unmet. Children separated from their families and placed in foster care often grow up to lead troubled lives.

One promising approach to interrupting this cycle is supportive housing, an intervention that combines affordable housing with intensive wraparound services. Supportive housing uses a “Housing First” model that focuses on providing housing as quickly as possible; it does not have requirements for housing, such as sobriety or agreement to participate in services. The supportive services, which focus on long-term housing stability, recovery from addiction, education, and employment, are voluntary and are provided after stable housing is established. Stabilizing a family’s housing allows them to focus on participating in services rather than worrying about where they will spend the night.

In May 2012, the US Department of Health and Human Services (the Administration for Children and Families’ Children’s Bureau), in collaboration with four private foundations—the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, the Casey Family Programs, and the Edna McConnell Clark Foundation—launched Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a multisite demonstration. The demonstration provided $5 million five-year grants to each of five sites across the country—Broward County, Florida; Cedar Rapids, Iowa; Memphis, Tennessee; San Francisco, California; and the state of Connecticut—to provide supportive housing to homeless and unstably housed families who are involved in the child welfare system.

The Urban Institute is conducting the national evaluation by collecting and analyzing data from across the five sites. The evaluation uses a rigorous, randomized controlled trial research design to learn about supportive housing outcomes, costs, and program models. It draws upon child welfare administrative data, program referral data, data on housing assistance, and baseline and one-year
follow-up surveys to answer key research questions on the impact of supportive housing in keeping families stably housed, reducing their risk of entering the child welfare system, and improving their health and social and emotional well-being. In addition to collecting data on program models and outcomes, Urban conducted interviews with families in supportive housing programs and those navigating the other typical services and resources available in their communities. These interviews will help contextualize the evaluation’s quantitative findings and shed light on how families experience supportive housing, or the lack of housing and services, and how these experiences influence outcomes for both children and parents.

What Do We Know Already?

Although the association between homelessness and child welfare involvement has been well documented, the evidence presents a mixed picture on how housing stability and access to services might lead to improved parent and child outcomes. Housing itself includes multiple dimensions that may each influence parent and child outcomes, from affordability to physical condition, neighborhood effects, and residential stability. Below, we review lessons from the existing evidence based on how each of these dimensions of supportive housing may influence parent and child outcomes.

Affordability

Does affordable housing increase family income for other goods and services, decrease parental and child stress associated with financial hardship, and improve parenting relationships?

Policymakers generally define “unaffordable” housing as housing costs that exceed 30 percent of a family’s household income, a point at which housing costs begin to impair a family’s ability to pay for other necessary goods and services (Linneman and Megbolugbe 1992). Most housing subsidy programs require that families contribute 30 percent of household income to housing costs. By subsidizing remaining housing costs, usually through a housing voucher, these programs seek to mitigate the negative effects of the trade-offs, hardships, and economic stresses that low-income families face.

A major new study from the US Department of Housing and Urban Development has added to the evidence base that helping homeless families pay rent through housing vouchers makes them less likely to experience economic stress, food insecurity, and negative health outcomes (Gubits et al. 2015). Further, the study found that making housing affordable through vouchers makes families stronger. The Family Options Study, the most comprehensive study of family homelessness programs ever
undertaken, found that vouchers significantly reduced rates of domestic violence and drug and alcohol dependence. Families with vouchers were less likely to have their children removed, either informally in placements with friends or family or by the child welfare system, for abuse or neglect. Finally, children were less likely to change schools often, which is important because frequent moves could lead to students falling behind academically. The Family Options Study went a long way in examining the effect of making housing affordable on child, parent, and family outcomes.

Before the Family Options Study, the research on such impacts was not nearly as conclusive. The Welfare to Work Voucher demonstration is one of the few other experimental research studies conducted to examine tenant-based rental assistance programs’ impact on family outcomes, including child well-being outcomes. Wood, Turnham, and Mills’s (2008) Welfare to Work Voucher study offered little evidence or support that voucher assistance improved child well-being outcomes. They examined 36 various outcome measures of child well-being and found only a small number of significant differences between families with housing subsidies and those without. But responses from families interviewed as part of the study suggested that these outcomes may warrant longer-term tracking. For example, respondents linked receipt of housing assistance to their ability to spend more money on school materials that would help their children succeed academically. The interviews also suggested affordable housing improved children's emotional well-being and enabled mothers to strengthen parenting relationships by allowing them to work less and spend more time with their children.

**Physical Condition**

Does housing in adequate physical condition decrease risk of illness, injury, and stress and improve health, safety, and mental health?

Research has documented the range of diseases that are negatively correlated with the physical condition of housing. Most commonly, physically inadequate housing is linked to elevated incidences of respiratory conditions and asthma (Beck et al. 2014; Hunt 1993; Sandel, Sharfstein, and Shaw 1999). Children, who spend more time in the home and breathe at a faster rate than adults, are disproportionately affected by the triggers found in inadequate homes, such as mold, pest dander as a result of infestation, and other unhealthy particulate matter common in homes in poor physical condition, including inhalable dust and allergens in surface dust (Breysse et al. 2010). Damp and unclean houses provide an opportune environment for pests and molds, and unventilated houses decrease the fresh air supply that improves respiratory health. With elevated rates of asthma, sick children living in inadequate housing miss more school and are hospitalized more than children living in healthier housing.
(Zock et al. 2002). Lead poisoning in children is another physical health outcome linked to poor housing conditions (Brooks-Gunn and Duncan 1997). Deteriorating lead-based paint in older houses (built before 1978) is the primary source of lead exposure for young children, affecting about 240,000 US children. Researchers have documented the harmful effects of lead exposure, even at low levels.

Research has shown a correlation between better-quality housing and improved mental health (Evans et al. 2000). Among parents, poor housing conditions are correlated with increased stress, mental health problems, and the ability to regulate family activities (Coley et al. 2013). Some research has also shown that housing is important to an individual’s sense of self and empowerment (Bratt 2002). Research has also found that housing quality is associated with children’s and adolescents’ functioning in multiple domains (Coley et al. 2013). Studies have shown a correlation between lower-quality housing and greater emotional and behavioral problems among children compared with peers in higher-quality housing. Overcrowded living conditions are also common housing concerns for low-income families, though the research is more limited on the effect of overcrowding.

Housing also can contain physical dangers, such as gas and electricity supplies, steps and stairs, and balconies with inadequate structural safety features (Bonnefoy 2007). Bonnefoy’s research also identified important housing-related factors that affect a family’s sense of safety, including lockable windows, accessible fire escapes, adequate and working lights in the common areas, and accessible views of the street and surrounding areas.

Residential Stability

Does residential stability increase family social networks and connections and decrease the risk of poor future outcomes for children?

Residential stability in childhood, remaining in the same home or in the same community over time, has been associated with a range of long-term positive outcomes. Residential stability is especially important for younger children because early childhood is a critical period for brain development and establishment of physiological systems that will shape future cognitive, social, emotional, and health outcomes (Ziol-Guest and McKenna 2009). For example, neighborhood stability in childhood is associated with a significant increase in the likelihood that an individual will report good health in midlife (Bures 2003). Another study found that moving three or more times during a child’s first five years is significantly associated with greater behavioral problems for children living in poverty (Ziol-Guest and McKenna 2009). Additionally, residential stability for children often lends itself to school stability, and numerous studies find that, on average, students who experience frequent residential
moves perform less well than students who do not. School mobility is related to reduced academic performance (Pribesh and Downey 1999; Wood et al. 1993), increased high school–dropout rates (Astone and McLanahan 1994; Crowder and South 2003), and negative emotional and behavioral outcomes (Pittman and Bowen 1994; Wood et al. 1993).

The Moving to Opportunity demonstration, however, found that some residential moves may be beneficial for children, particularly when families are moving to lower-poverty neighborhoods with increased access to high-quality services, as discussed more in the next section (Johnson, Ladd, and Ludwig 2002; Chetty, Hendren, and Katz 2015). In these cases, moving may represent an opportunity for a family to improve their housing, improve their neighborhood, or move on from a difficult family situation, factors that may enhance family well-being (Coley et al. 2013). But the benefits of moving are strongly related to the age of children when they move, the number of moves, and the ability of the family to maintain positive social connections. Frequent moves and negative disruption of a child’s relationships likely have more costs than benefits (Murphey, Bandy, and Moore 2012; Haynie, South, and Bose 2006; Pribesh and Downey 1999; Chetty, Hendren, and Katz 2015).

**Neighborhood Effects**

Do improved neighborhood environments increase access to high-quality services, increase safety, and improve social networks?

The research is clear that those who live in high-poverty neighborhoods fare worse on a number of outcomes than those from lower-poverty neighborhoods (Brooks-Gunn and Duncan 1997). As discussed above, research on the Moving to Opportunity demonstration found that moving to lower-poverty neighborhoods led to improved outcomes, such as adult mental health, physical health, and well-being, as well as family safety. But not until Chetty, Hendren, and Katz (2015) reexamined the demonstration to better understand its longer-term effect on children did they find that lower-poverty neighborhoods also had a causal effect on children’s outcomes, including college attendance and earnings in adulthood. They found that it matters when families make the move to a lower-poverty neighborhood. For example, children who moved before they were 13 years old later had an annual income that was 31 percent higher on average than children from a control group. Each year the child lived in the lower-poverty neighborhood increased positive outcomes, but children who moved after age 13 did not see the same long-term positive effects, perhaps because of the costs of residential instability discussed above.
Much of the research discussed above has focused on the increased risk families experience in the face of inadequate housing. How housing and services may lead to improved outcomes, and how that affects the risk of child welfare system involvement, is still very much an empirical question. Below, we describe how we sought to learn from in-depth family interviews with families in the supportive housing demonstration to better understand these pathways.

**How Did We Learn?**

Based on the literature review, we designed in-depth family interviews to shed light on the “black box” in the supportive housing demonstration’s logic model—how housing and services lead to outcomes (figure 1). Based on the existing literature, we created a research framework (figure 2) to explore and start to disentangle the different pathways inside this black box from intervention to outcomes.

**FIGURE 1**  
Understanding the “Black Box”  
*How housing and services lead to parent, child, and family outcomes*

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Mediating outcomes</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing subsidy</strong></td>
<td>Increase housing stability</td>
<td>Improve family stability</td>
</tr>
<tr>
<td>Provide assistance paying rent in a housing unit that is safe, sustainable, functional, and conducive to tenant stability</td>
<td>Reduce homelessness; make housing affordable; reduce financial burden; provide a safe, healthy environment in housing unit and neighborhood</td>
<td>Increase employment, increase income</td>
</tr>
<tr>
<td><strong>Case management services</strong></td>
<td>Increase access to services</td>
<td><strong>Improve parenting</strong></td>
</tr>
<tr>
<td>Develop case plan, facilitate access to resources, build support network, advocate for parent, provide referrals, coordinate care</td>
<td>Increase coordination of care across multiple systems, increase evidence-based services for parenting support, increase access to parental mental health services</td>
<td>Increase cognitive engagement, reduce maltreatment, improve child development trajectories</td>
</tr>
<tr>
<td><strong>Parent and family functioning services</strong></td>
<td></td>
<td><strong>Increase child well-being</strong></td>
</tr>
<tr>
<td>Provide evidence-based strategies to promote parenting and family functioning</td>
<td></td>
<td>Develop and improve social, emotional, and adaptive skills; increase academic achievement and engagement; advance communication capability; address and treat mental health concerns; improve developmental and cognitive status</td>
</tr>
<tr>
<td><strong>Child well-being services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess child well-being; provide evidence-based interventions, mental health services, and trauma services</td>
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<table>
<thead>
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<td>Develop and improve social, emotional, and adaptive skills; increase academic achievement and engagement; advance communication capability; address and treat mental health concerns; improve developmental and cognitive status</td>
</tr>
</tbody>
</table>
### FIGURE 2
Research Framework for Exploring How Supportive Housing Influences Child and Parent Outcomes

<table>
<thead>
<tr>
<th>End outcomes: Reduce child welfare involvement</th>
<th>Mediating Outcomes: Supportive Housing (Housing + Services)</th>
<th>Coordinated care and evidence-based services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improve parent outcomes</strong></td>
<td><strong>Increase parental resilience/maternal well-being (physical and mental health)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Less maternal stress related to rent hardship</td>
<td>▪ Less maternal stress related to substandard housing</td>
</tr>
<tr>
<td></td>
<td>▪ More time with children</td>
<td>▪ Lower incidence of disease or illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Improve parenting</strong></td>
<td><strong>Increase parental attachment and cognitive engagement</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Increase time to spend on parenting</td>
<td>▪ Increase in safe space</td>
</tr>
<tr>
<td></td>
<td>▪ Reduce household conflict</td>
<td></td>
</tr>
<tr>
<td><strong>Increase social connections/support in times of need</strong></td>
<td><strong>Increase in safe space</strong></td>
<td>▪ Increase in permanency</td>
</tr>
<tr>
<td></td>
<td>▪ Increase chance to stay close to social networks</td>
<td>▪ Increase safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Increase access to community services</td>
</tr>
<tr>
<td><strong>Improve child outcomes</strong></td>
<td><strong>Increase in safe space</strong></td>
<td>▪ Increase in social networks</td>
</tr>
<tr>
<td><strong>Improve parental attachment and cognitive engagement</strong></td>
<td>▪ Increase in household budget to pay for food, health care, and material needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Improve maternal health and parenting skills</td>
<td>▪ Lower incidence of injury</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Decrease exposure to trauma</td>
</tr>
<tr>
<td><strong>Improve physical health</strong></td>
<td><strong>Lower incidence of injury or illness</strong></td>
<td>▪ Increase in safe space</td>
</tr>
<tr>
<td></td>
<td>▪ Decrease crowding</td>
<td>▪ Increase in public places to play</td>
</tr>
<tr>
<td><strong>Improve child development trajectories</strong></td>
<td><strong>Increase in safe space</strong></td>
<td>▪ Increase access to high-quality schools</td>
</tr>
<tr>
<td><strong>Increase social and emotional competence</strong></td>
<td>▪ Increase housing security</td>
<td>▪ Less frequent school moves</td>
</tr>
<tr>
<td></td>
<td>▪ Decrease exposure to trauma</td>
<td>▪ Increase social networks and connections</td>
</tr>
<tr>
<td><strong>Improve family outcomes</strong></td>
<td><strong>Increase access to transportation, employment, child care</strong></td>
<td>▪ Increase access to health care and connection to primary care</td>
</tr>
<tr>
<td><strong>Improve capacity to meet basic needs</strong></td>
<td>▪ Increase housing security</td>
<td>▪ Increase access to services (including mental health)</td>
</tr>
<tr>
<td><strong>Increase income and financial stability</strong></td>
<td></td>
<td>▪ Increase follow up on referrals and services</td>
</tr>
</tbody>
</table>
We conducted interviews with families in both the treatment and control groups of the supportive housing evaluation and describe these families in more detail in the next section. We used a convenience sample for all interviews and conducted two sets of interviews, one in the summer and fall of 2015 and another in the summer and fall of 2016 with a different set of families.

Based on the literature review, the research team created discussion guides to further explore how housing and services influence child and parent outcomes. We created one discussion guide for treatment group families in supportive housing and another guide for control group families in usual care. In the first round of interviews, the discussion guides included a wide range of questions meant to cover all five of the dimensions of supportive housing from our research framework and understand which were most relevant to families’ experiences and how they affected outcomes. In the second round of interviews, we narrowed our discussion guides to go deeper on those pathways that had been most prevalent in the first round, as well as the outcomes—both promising and puzzling—we had observed in the administrative data collected thus far. The second round focused on understanding how supportive housing affected employment, physical and mental health, and parent-child interactions.

We conducted semistructured interviews with the primary caregiver for each family, designed to follow the family’s story and explore family experiences with supportive housing and usual care. All interviews were audio recorded, with the respondent’s consent, and professionally transcribed. Transcriptions were uploaded and coded in NVivo according to a codebook based on the research framework outlined above. Initial analysis of the coded interviews sought to identify a clear set of themes within each code and any overarching site differences or differences between the supportive housing and usual care interviews. The research team then reread each transcript to test and further refine the emerging themes. Brief family profiles were also created from transcripts to highlight interviews that illustrated primary themes from the research. The details in these profiles have been aggregated and modified to protect each family’s privacy while providing a compelling narrative about life at the intersection of child welfare and homelessness.

Who Are the Families We Talked To?

Overall, we conducted 124 interviews across the five sites, including families in the treatment and control groups of the evaluation, though we planned to interview about twice as many families in the treatment group (figure 3). Families were recruited for interviews when they were at least one year past their enrollment in the evaluation. Some families were two or three years past enrollment.
Families in the treatment group were frequently in supportive housing at the time of the interview, though some were still looking for housing or had moved on to different housing situations. Families in the control group were living in different types of housing they found in the absence of priority access to supportive housing through the demonstration. Often this included doubled-up situations with family or friends and sometimes transitional housing or motels. The sampling process for interview outreach meant that some of the most unstably housed or homeless families in the evaluation were likely missing from our interview sample.

**FIGURE 3**
Family Interviews by Site and Type

- **Control**
- **Treatment**

Families were also identified based on the nature of their child welfare involvement at the time of their referral to the demonstration (figure 4). Preservation cases refer to families receiving services designed to improve parenting and family functioning while keeping children safe and in the family household. Reunification cases refer to families receiving services intended to resolve the crises that led to the removal of children from the home to ensure their safety. Children may be with family members, foster parents, or in other out-of-home placements, but the goal is to support ongoing family connections and reunite children with their families as soon as possible. We also identified the number of children currently residing with the primary caregiver at the time of the interview (figure 5). This information provides a glimpse into family composition, though it does not tell the full story of children.
who may be living outside the home, partners who may live with or separately from the family, and others who may be supporting the primary caregiver. More on family composition, as well as family experiences with homelessness and child welfare services, is discussed within the family profiles and findings provided in the following sections.

FIGURE 4
Family Interviews by Child Welfare Status

<table>
<thead>
<tr>
<th>Welfare Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>2</td>
</tr>
<tr>
<td>Reunification</td>
<td>21</td>
</tr>
<tr>
<td>Preservation</td>
<td>71</td>
</tr>
</tbody>
</table>

FIGURE 5
Number of Children Currently Residing with Respondent

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>26</td>
</tr>
<tr>
<td>One</td>
<td>32</td>
</tr>
<tr>
<td>Two</td>
<td>37</td>
</tr>
<tr>
<td>Three</td>
<td>16</td>
</tr>
<tr>
<td>Four</td>
<td>9</td>
</tr>
<tr>
<td>Five</td>
<td>2</td>
</tr>
<tr>
<td>Six</td>
<td>1</td>
</tr>
<tr>
<td>Seven</td>
<td>1</td>
</tr>
</tbody>
</table>
Housing Stability and Quality

Deidre is the mother of four children, whose ages range from 2 to 7 years old. Before supportive housing, the family struggled with homelessness because Deidre’s mother would throw her out of the house each time she was pregnant. During that time, Deidre and her children lived out of her car, the children missed school, and it became more difficult for Deidre to get to her job at Dunkin Donuts. The family was referred to supportive housing in Broward County, Florida, when Deidre reported herself to child protective services because she remembered they had once offered her child care. Deidre and her family very much liked their housing; it had three bedrooms, two bathrooms, and a backyard with fruit trees. Since moving into the new house a year and a half ago, Deidre had been able to work more regularly, and she hoped to remain in her house for as long as possible. As a parent, she felt daunted by the number of things she should be able to provide for her children.

Deidre’s story represents many families in supportive housing we spoke with who were satisfied with their housing and hoped to stay there, despite ongoing challenges in other parts of their lives, like work or health. We know from the evaluation’s quantitative data that families in supportive housing had high rates of housing stability across demonstration sites. Our interviews shed light on why families stayed in supportive housing and what other challenges they continued to face while there.

Housing Looked Different in Each Community

From two-story townhomes with yards and fruit trees, to one-bedroom apartments within walking distance of stores and restaurants, we interviewed families in many different types of housing. Each community in the demonstration had to identify local housing resources for families, and the demonstration grant funded services and other program expenses. As a result, the supportive housing in each community had different subsidy sources (table 1) and associated restrictions or requirements.
TABLE 1
Housing Type by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Housing type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broward County, FL</td>
<td>Housing choice vouchers from five Broward County PHAs</td>
</tr>
<tr>
<td>Cedar Rapids, IA</td>
<td>Project-based housing, private operating subsidy, waiting list prioritization for housing choice vouchers</td>
</tr>
<tr>
<td>Memphis, TN</td>
<td>Project-based housing in five affordable housing complexes; operating subsidy funded by HUD Supportive Housing Program</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>FUP vouchers, housing choice vouchers, local subsidies, and project-based housing</td>
</tr>
<tr>
<td>State of Connecticut</td>
<td>State-funded Rental Assistance Program vouchers (like housing choice vouchers)</td>
</tr>
</tbody>
</table>

Source: Interim outcomes memo.
Note: FUP = Family Unification Program; HUD = US Department of Housing and Urban Development; PHA = public housing authority; RAP = rental assistance program.

Some parents dealt directly with private landlords, and others dealt with property management companies. No one type of housing seemed to be consistently better than others—each family had a different experience with their housing. One parent in supportive housing in Connecticut explained, “Honestly, I love my landlord. I really do. He’s a really great guy. I can’t ask for anything better, you know. I like it. I wish it was bigger, but I really like my landlord, so yeah, I think I’m gonna stay.” On the other hand, other parents commonly reported challenges addressing maintenance issues and long delays on the part of landlords and property management.

Usual care housing also looked different in each community. As described in more detail below, families in usual care found housing through Section 8 vouchers, in transitional housing programs, in motels or single-room occupancy units, and with family and friends. Although we did not interview many families currently experiencing homelessness (likely because we were unable to contact them), most families we interviewed had previous experience with homelessness. The San Francisco site in particular referred many families who had lengthy stays in shelter or temporary housing before finding permanent housing.

In both supportive housing and usual care, parents faced barriers to finding housing they could stay in. Even with housing assistance, barriers included difficulty searching for housing, confusing and strict eligibility criteria, long waiting lists, and high move-in costs. One Broward County parent in supportive housing explained, “When you first move in, you still have to make first and last [month’s rent]—you still have to have money to move in, no matter what, even with housing [assistance].” Background requirements present barriers to finding housing, especially processes designed to screen out those with previous criminal justice involvement and bad or nonexistent credit histories. “You know those infamous background checks,” one supportive housing parent in Connecticut said. “So I mean you couldn’t find a place to live. You just can’t. I mean, dumps in the hood, you get declined." Vouchers that
required families to search for their unit in the private rental market were especially challenging. One reason parents said they moved into units they disliked was because of the time limit on finding a house in the voucher program, which put pressure on families to choose a unit before the voucher expired. But some families recognized that the supportive housing program provided priority access to housing resources that otherwise would have come with a multiyear waiting list.

Most Families Find Stability in Supportive Housing

We know from the early data we collected on all families in the demonstration that families in supportive housing are more stable than those in usual care. Families in supportive housing are more likely to be living in an apartment with their own lease, less likely to have recently experienced homelessness or had a shelter stay, and more likely to say they will be living in their current home in the future (table 2). In our interviews, when we asked about stability, parents talked about having a sense of home, as opposed to the frequent moves, uncertainty, and shared space from before supportive housing.

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Interim Evaluation Housing Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Living in an apartment with a lease</td>
<td>293</td>
</tr>
<tr>
<td>Homeless spell in past six months</td>
<td>292</td>
</tr>
<tr>
<td>Any shelter stays in past six months</td>
<td>289</td>
</tr>
<tr>
<td>Do you expect to be living in your current home for the next six months?</td>
<td>289</td>
</tr>
</tbody>
</table>

Parents talked about making their home their own by painting the walls or selecting furniture. One Memphis parent said her children “drew pictures on the walls and just did everything. They even marked their territory. They know it’s home now, so that’s all right with me.” Parents equated housing stability to quiet space, couches and beds that are not shared with others, and a place they can be in whenever they want to. For some families, this was a marked contrast to their experience in shelters with rigid schedules and common kitchens and bathrooms.

Some parents decided to move while in supportive housing, usually because of neighborhood problems, violence, or other situations that made it unsafe for them to stay. Other parents talked about
their plans to move in the future. Commonly, parents wanted to move into a bigger unit or a house with a yard, especially as children get older and need more space.

Families in Supportive Housing Were Generally Satisfied with Their Space

In general, families in supportive housing think their homes are in good shape and provide what their families need. Several families came from overcrowded housing situations where they shared a bedroom and bathroom with multiple children, so having more space was a significant improvement. One San Francisco parent now in supportive housing explained why having two bathrooms made such a big difference to her family. She explained, "Because in the morning it can be kind of chaotic, with somebody’s stomach upset, or something ain't feeling right, and you got five people; two of them got to go to work and three got to go to school.” In some interviews, parents noted the increased maintenance and safety of their current homes, from child locks on stoves to building security.

Parents also commonly received assistance with furniture when they moved in. As one parent in supportive housing in Broward County said, “I didn’t have anything. And when we came, I thought it was going to be an apartment with no furniture or anything. And when we moved in, they fully furnished the apartment. The only thing they didn’t provide was a TV, but it didn’t matter ’cause we had our own place to stay.”

Parents with recent shelter stays were most vocal about the benefits of having their own space. They explained they could never let their guard down in the shelter and were always aware of who was around and thinking about how to protect their things. Several parents talked about the effects of not having their own space on their children. One San Francisco parent now in supportive housing explained, “We were living in motels for a long time. So long that when my kids—my 5-year-old see a motel, he goes, ‘We’re not going to a motel again, are we? Are we moving to a motel, Mommy?’” In stable housing though, parents reported their kids were happy with their own space and beds.

Some parents in supportive housing cited housing quality and maintenance issues. Overwhelmingly, complaints were about the need for more space for children, both inside the house and outdoor space for them to play. Some also complained about maintenance issues, such as pests, appliances that did not work, and doors or windows that needed to be fixed. Unaddressed maintenance issues were often linked to housing stability. As one Broward County parent in supportive housing explained, “This unit is very expensive because of their AC being so messed up, everything being messed up. My power bill is,
like, outrageous. My water bill is outrageous.” Another parent in supportive housing in Cedar Rapids also said, “I didn’t have the income to maintain it. So it got to a point where we had to move.”

Families in Usual Care Found Housing, but Were More Likely to Have Temporary Arrangements

As is common in qualitative research, we likely interviewed some of the most stably housed families in usual care. Those in motels and shelters or bouncing around between friends and family would have been less likely to respond to our outreach and schedule or complete an interview. Those we interviewed were commonly doubled up with family members, receiving some other type of formal or informal assistance to pay the rent, or searching and waiting for assistance so they could move to a more permanent home. Doubled-up situations included parents living with a boyfriend’s grandmother, a boyfriend’s brother, an aunt, an uncle, a cousin, a mother or father, or a friend. These arrangements could be both positive and negative. Some parents talked about the support they received from family both while trying to reunify with their kids and while parenting. One parent in usual care who lived with her mother and young daughter in Broward County explained that her mother helped her learn how to deal with her daughter’s behavior. “But like my mother always tell me, speak calm to her,” she said. “When she gets upset, don’t scream back at her.” On the other hand, some parents discussed the difficulty and stress of keeping family routines and enforcing family rules while living with others. Those living with a boyfriend’s family member also often had experiences of domestic violence and shared how their housing situations could be harmful or keeping them from moving on. One Connecticut parent in usual care shared that her daughters did not visit her where she was living with her boyfriend and his brother because of the abuse and domestic violence she had experienced with her boyfriend.

Some families found transitional housing arrangements or secured a voucher on their own or with the help of another social services agency in the community. One parent in usual care in Broward County explained that after reunifying with her son, they found housing through a local housing program (separate from the demonstration). At the end of this program, however, they had to move again and for the past six months have been living in a one-bedroom apartment that she found on Section8.com. Currently, her friend and her friend’s two young children also live in the apartment. Her friend sleeps on the couch, and a crib and mattress are squeezed into the living room for the friend’s children.
No matter how parents found housing in the community, affordability was a persistent issue. Parents relied on child support payments, assistance from family and friends, and benefits such as Supplemental Security Income and Social Security Disability Insurance. Informal assistance sometimes contributed to precarious housing situations, as parents were never sure how much support to expect. One parent in usual care in Memphis depends on her boyfriend to pay the rent for the apartment she lives in with her two sons. But she needed to have surgery soon and was not sure what would be provided for her sons while she was in the hospital.

Families in Usual Care Encountered Serious Housing Quality and Maintenance Issues

More frequently than families in supportive housing, families in usual care identified serious housing quality and maintenance issues. Issues ranged from lead paint, mold, and poor ventilation to electrical problems and persistent pests. One parent in usual care in Cedar Rapids said her house had major plumbing problems, including a hot water tank that leaked and destroyed the carpet and a sewer that backed up. Some parents identified structural problems in their units and had safety concerns for their families. A parent in usual care in Memphis described how the floor fell in a couple of months ago, leaving a huge hole in the living room, and it took property management months to fix it. Another parent in Cedar Rapids worried about her children walking around the house in the winter when the portable heaters were on, because her unit had no central heating. A small number of parents in usual care housing had responsive landlords who responded to maintenance concerns. But those who had ongoing challenges with housing quality described the negative effects it had on their family’s health and happiness.
Neighborhood Safety and Transportation

After being homeless for almost seven years in San Francisco, child welfare became involved with Lydia’s family when she used drugs while pregnant with her second son. Her children were removed while she went through an eight-month treatment program. Then, with the help of supportive housing, she transitioned from the residential treatment program to a motel, and then to an apartment, along with both children. Lydia found the apartment through a friend, after three months of searching. Lydia’s children’s father still used drugs and had limited interaction with the children. Although the neighborhood was unsafe because of drug use, had unreliable transportation and no place for her children to play because of the homeless camps in the park, Lydia was reluctant to leave because she did not want to lose the housing her family so recently found after the long search. She said that it was important to her to show her sons that she was stable and could be there for them, especially her older son who lived with her while she did drugs.

Photo by Lydia Thompson.
Neighborhood Safety Was a Primary Concern for Most Families

Across sites, and for both families in supportive housing and those in usual care, neighborhood safety was a common topic of conversation. Parents often reported violence and drug activity in their neighborhoods. Violence ranged from vandalism and fighting to parents who had heard of or witnessed homicides around their homes. One parent in supportive housing in San Francisco said, “I don’t like the neighborhood. Um, you know, just, uh, I think it was two months ago, person got shot right across the street.” Another parent in usual care in Cedar Rapids shared, “I hate [the neighborhood]. ’Cause they be shootin’ and stuff, and there was just a shootin’ off 16th, and I’m on 16th. Then there was a shootin’ across the street in an alley, and, you know, I got kids.”

Parents Expressed Concerns

Neighborhood crime keeps parents feeling anxious, especially when they do not feel secure in their own homes. Parents expressed concern about doors or windows that did not lock properly and unsafe buildings that did little to prevent trespassing. Parents’ overall feelings of living in an unsafe environment was made worse by damage to properties, lack of maintenance or repair of damage, lack of security officers, and lack of lighting in parking lots, stairwells, and other outdoor areas. One parent in supportive housing in San Francisco explained, "This is the worst neighborhood here. Um, there’s gunshots every night. [The building] is not very secure, so people are actually constantly walking in and sleeping in the building and—stuff like that. Um, we hear police sirens—24 hours, around the clock. But I think the worst of it is pretty much the gunshots. Like, all night long."

Some parents shared they struggled with extreme anxiety and paranoia because they or a neighbor had experienced a home break-in. One Memphis parent in supportive housing shared that she tried to report potential break-ins to the police but felt there was little done to address her concerns. To deal with the situation herself she said, “I sit up. I wait till the sun come up about 7:00, 7:30. I have all my lights on at nighttime—and I be sittin’ up like this just waitin’ to see who gonna come up through these doors, you know, to make sure we safe. I go to sleep at 7:00 or 7:30 and sleep late. I been goin’ to sleep like that because they keep twiggin’ the door, and I keep tellin’ the officer.”
Parents Kept Children Indoors

Another common reaction to neighborhood violence was parents’ decisions to keep their kids inside and not let them play outside. Even when parents were aware of a frequent police presence in their neighborhood, they said it was still a deterrent to letting their kids play outside because they assumed police were investigating drug dealing or domestic violence. “My kids, we don’t even go out,” said one Memphis parent in supportive housing, “If we go outside, we go to the grocery store…doctor’s appointment. Otherwise, we don’t go out.” Having a safe backyard or outdoor space for children to play was a common theme parents discussed when asked what kind of housing they hoped for in the future.

Several parents expressed that they did not let their children play outside because of their concerns about the other children in the neighborhood and the negative influence they might have. One parent in usual care in Broward County explained, “The only time I let them ride their bicycle outside, if there’s no kids out there at all ‘cause those kids, like, their mouths are, like, filthy. All they do is curse and fight one another and throw rocks at people’s cars and things like that.”

Parents Sometimes Felt Isolated and Distanced from Support Networks

Other parents echoed this sentiment, saying they did not socialize with neighbors to avoid the arguing and drama that frequently occurred within their neighborhoods. Some said they had not tried to make new friends since moving, continuing to rely on their family or friends in other neighborhoods instead. A common theme was that parents “stayed to themselves.” One Memphis parent in supportive housing said, “I mean, I don’t bother nobody. I stay, I stay to myself. I stay in my house. I don’t need no problems coming my way. It’s just the best way to be. I don’t get affiliated. I don’t get involved.” One Memphis parent identified her move to supportive housing as a culture shock that took her far from the safety net she had built and the type of environment she wanted for her family. She said, “I’ve never been the type to cuss at my kids or call them a type of name or nothin’, and people do it all the time around here, and I’m like, ‘There’s somethin’ really wrong with you.’” When asked whether her neighborhood affected how she felt, another Memphis parent in supportive housing responded, “Yeah, ‘cause there’s women over here, they’re startin’ this, and start drama and talk about you and spread rumors about you and stuff. So, yeah. Don’t nobody wanna live around that. I mean, I don’t. I like to be comfortable in my neighborhood, or at least surrounded by nice women who, who don’t do stuff like that. But not around here. It’s too much drama, too much arguin’, too much stuff.”

Though there were no clear neighborhood differences between families in supportive housing and those in usual care, some families in each group had positive experiences with their neighborhoods.
These families cited "nice and quiet" neighborhoods, often repeating that the thing they liked most about their neighborhoods were quiet streets and quiet neighbors. Others enjoyed their neighborhoods because they were able to move closer to their existing social connections or found friendly people within the neighborhood. Parents who had moved into their housing after a shelter stay tended to view their neighborhoods more favorably, as did those parents who felt they had had some choice during the housing search and move-in process. Across the sites, parents in supportive housing programs that used scattered-site housing tended to feel they had more neighborhood and housing choices, though even these families experienced some of the neighborhood issues described above.

Transportation Barriers Were Closely Linked to Neighborhood Challenges

Transportation barriers were commonly linked to the neighborhood challenges parents discussed in both supportive housing and usual care and often created barriers to family routines and goals as well as parents' employment options. One Connecticut parent in supportive housing summed it up by saying, “My biggest thing is transportation. If I had a car, I could travel to work, and I could travel to school, and I could make my appointments and not have to worry about the bus and the timing. Transportation is my biggest barrier definitely.”

Public Transportation Was Costly and Inconvenient

Many families in both supportive housing and usual care relied on public transportation. Some had never had a car, and others had lost cars in accidents or theft. For families who used the bus or other public transportation, proximity of their housing to their children’s day care or school, to jobs, and to stores and restaurants was a big concern. Even for families with transportation vouchers, the bus system did not fit their needs or schedules with inconvenient routes and unreliable service. One parent said the bus stopped running too early for her second shift job and caused her to lose it, and another reported the bus was often late, which made it difficult for her to make and keep appointments, run errands, or hold a job. For families who did not have financial support, public transportation was often too expensive. One parent in supportive housing in San Francisco explained she needed to use multiple forms of public transportation to get to work and other appointments related to her recovery and child welfare case. She shared, “I don’t make enough to be able to afford, um, all my buses. So, especially with me just starting work, I’ve had to walk or was using the car until the accident. Um, sometimes bus, but I—
like I said, I don’t have enough money to be able to bus and [use the] BART [system], ’cause sometimes I have to go to San Francisco for other, um, programs that I’m a part of."

**Commutes to School and Work Were Long**

Parents also talked about navigating lengthy trips on public transportation to take their children to schools far from their homes, especially in San Francisco. Parents reported trips of one or two hours each way, leaving little time in between to balance jobs or other priorities. But some parents reported choosing to continue this routine because they wanted to keep their kids in the same school or thought schools closer to home were poor quality. One parent in supportive housing in San Francisco said he had intentionally chosen a house far away from the city. The isolation was a big benefit for him in terms of finding a safe and secure neighborhood for his daughter, but it came with transportation challenges and other barriers. He explained, "It’s isolated. That’s the main thing. That’s the main thing that makes me feel comfortable in this environment is that it’s isolated. It’s away from any perverts who might snatch my child up. It’s clean out here. The same thing. It’s clean. There’s no, no drugs. No, no dope dealers out here. It’s, it’s lovely." He also detailed their schedule each day using public transportation. "She goes to school from 8:00 to, um, to 2:40. 8:40 to 2:40. Riding the bus, it’s like—it’s an hour and a half up there and an hour and a half back, so I have very little time in between to do anything in between her going to school and her getting out. I have very little time to do anything else.”

As with neighborhood quality, some families in both supportive housing and usual care had much more positive transportation experiences, reporting their homes were close to the things they needed, or they had a convenient bus stop right outside their home. But these families were far fewer in number, and there were no clear trends or trade-offs across sites that seemed to result in some families’ more positive transportation situations than others.
Partners and Domestic Violence

Veronica has four children, two in high school and two in middle school, one of whom is autistic. For 14 years, the family lived with the abusive, alcoholic father of Veronica's children. When Veronica left her husband, she and the children stayed with various family members and in a motel before moving into supportive housing. Since moving into their own house through a supportive housing program in Connecticut, Veronica says her children's mental health had improved, especially her two children who struggle with attention deficit/hyperactivity disorder (ADHD). In the past, she often had to pick up her son from school because of his behavioral problems resulting from PTSD and the trauma of domestic violence, which prevented Veronica from holding a job. She said that his behavior had improved, and she was hoping to get a job soon. She was working toward her GED and was confident that she would be able to provide for her children and get access to the services they need.

Although not a specific topic we initially aimed to address in our interviews, partners and domestic violence became a primary theme as we talked with both families in supportive housing and those in usual care. At least 30 parents we interviewed said they were living with a partner, some in positive situations and some in negative situations. And at least 39 parents we interviewed shared their experiences with domestic violence. Domestic violence often came up in our interviews as a factor in the family's homelessness or child welfare involvement.

Domestic Violence Was a Trauma for Families in Supportive Housing and Usual Care

Experiences with domestic violence were common across all demonstration sites, in households with different family compositions, and for families in all types of housing. Sometimes, it was raised as part of a parent’s history and the trauma they had to overcome to achieve housing stability. For example, one parent in supportive housing in Memphis shared that her family moved around all the time while she was growing up, and she experienced domestic violence from a young age. She was very proud of herself for overcoming as much as she had and lived in supportive housing with her young son and teenage daughter.
Supportive Housing Provided an Escape

For other parents, supportive housing was a key factor in their escape from domestic violence. As one Broward County parent in supportive housing said, “In the beginning, [housing] was the reason—most of the reason—I was able to leave.” Another parent in usual care in Connecticut shared that after moving away from her ex-boyfriend and into her own apartment, her son’s discipline and behavioral problems improved; he was doing well in school and was no longer afraid to be left alone. Even though separating from her ex-boyfriend was difficult, she was starting to feel better on her own. But some families shared they were still struggling to get away from their abusive partners. Domestic violence was a challenge for the few dads we interviewed, as well. A dad in supportive housing with his children in San Francisco shared that he initially sought custody of his children because of his ex-wife’s mental health challenges, including her suicide attempt and subsequent hospitalization, and the children’s exposure to domestic violence while living in her house.

Ongoing Incidences and Past Trauma Remained a Prominent Theme in Families’ Lives

Some parents talked about the counseling, legal help, or credit repair services they used to cope with the trauma and lasting effects of domestic violence. Parents who had some help often shared they had seen an improvement in their own depression and anxiety or their children’s behavior. One parent in usual care in Broward County, however, felt the stigma of domestic violence followed her. “I kept getting denied for homes,” she said, “because nobody wanted to even hear domestic violence.” And a few families said their partners were the reason they moved apartments recently, either because they were evicted after a domestic violence incident or they wanted to be farther away from the partner.

We also heard from a parent in usual care in Connecticut who voluntarily placed her children with family members to protect them from the effects of domestic violence. She lived in the basement of her boyfriend’s brother’s house, while her two teenage daughters lived in another town with their grandmother. She voluntarily removed her daughters because of the condition of the basement and because of the abuse and domestic violence she experienced with her boyfriend. She shared that because of this trauma, she and her youngest daughter have anxiety. Her symptoms included loss of appetite and sleep, and her daughter struggled with hair pulling.
Domestic Violence Was a Factor in a Family’s Child Welfare Involvement

A parent’s experience with domestic violence was often closely tied to their involvement with the child welfare system and their housing instability. Sometimes, the criminal justice system was a factor, too.

Parents’ Experiences Demonstrated Links between Domestic Violence, Homelessness, and Child Welfare Involvement

Sometimes, domestic violence led to an eviction or a homeless episode stay that precipitated a child welfare case. One Memphis parent shared that after a domestic violence incident with her son’s fathers, he went to jail and she could not afford to stay in the family’s house without him. Her homelessness resulted in a child welfare case, and she was then referred to supportive housing. She said she had struggled in supportive housing, though, and thought the incident could have been resolved differently.

Before supportive housing, a parent in San Francisco lived with her grandparents in an overcrowded unit and then received a two-bedroom public housing unit that she had for two years. She had to move out of that unit after a domestic violence incident and became homeless. Another parent in Broward County shared that before supportive housing, her children had been in foster care for a little under a year after reports of domestic violence, while she stayed separately in a shelter.

Criminal Justice Interventions for Domestic Violence Sometimes Prompted Child Welfare Involvement and Family Separations

In other instances, a criminal justice response to domestic violence prompted child welfare involvement. A San Francisco parent in usual care had been living with her boyfriend in his grandmother’s two-bedroom apartment for two years with her 2-year-old son from a previous relationship and her boyfriend’s son. Over this time, she and her boyfriend had several domestic violence incidents, one of which led to her going to jail for 30 days and her son going into foster care for a while.
Partners Could Be an Ongoing Challenge to Housing Stability or Be a Source of Support

For some parents, partners were relied on for support. Other parents expressed concerns about safety, both their own and their children’s, with relation to past partners.

Parents Sometimes Reported Relying on Partners for Financial Support

Some partners provided financial support, paying for child care and utility bills or providing a car for transportation, for example. Some parents also had partners who directly paid for rent or had benefits that helped cover rent. One Memphis parent in usual care lived in an apartment with her sons, and her boyfriend helped pay the rent, even though he did not live there full time. For other families in usual care, living with a partner sometimes provided a stable and positive housing solution, even if they were doubled up with their partner’s family.

Domestic Violence Caused Tension between Child Well-Being and Family Connections

One Connecticut parent shared her anxiety that her family needed to move farther away before her sons’ father was released because he remained a threat. Another Connecticut parent shared that when she first moved into supportive housing, she worried that her ex-boyfriend would try to find her, but those worries decreased over time. In usual care, parents face similar challenges but often without the stability of housing. A Connecticut parent in usual care shared that her ex-boyfriend had borrowed money from her, which ruined her credit score, and his drug dealing led to her eviction. These incidents made it very difficult for her to find housing and reunify with her daughters.

Several parents also shared the tension they felt between keeping their child connected to their other parent while maintaining their own stability and protecting their children. As one parent in supportive housing in San Francisco said, "I’ve always been the type of mom that said I want my child to have his dad, because I know how it feels to grow up without a dad. Just recently met my dad at 21. So, I’m tryin’ to give him that chance to coparent—but he—I feel like it’s not coparenting if I’m paying for everything and, or you don’t wanna do what I’m asking. Like, why don’t you go take a class with your son so you can get to learn how to be with him?"
Similarly, a Cedar Rapids parent in supportive housing shared that she had been in a lengthy custody battle with her abusive partner who struggled with most mental and physical health challenges. She explained that her daughter continued to love her father, but his ongoing abuse pushed her to fight for full custody and only fully supervised visits for her partner. Her supportive housing case manager testified in court that her housing was stable and that she was meeting her goals. She eventually won full custody and shared, “It’s taken me a long time to get passed, you know, it’s taken me years of therapy to realize that even though he’s sick, and I can have empathy for him for that, that does not excuse what he’s done.”
Physical and Mental Health

Before moving into supportive housing in San Francisco, Ashley was homeless off and on for five years because of her drug and alcohol abuse and her mental health challenges, including PTSD and depression. During those years, she spent part of her time in an inpatient drug treatment facility and doubled up with her sister. When we interviewed her, Ashley and her 14-month-old daughter lived in an apartment. Ashley reported that the unit was safe and that she was happy with the neighborhood and her neighbors. She has five other children who were removed from her care because of her struggle with drugs and alcohol. She was working to regain custody of her 14-year-old twins who lived with their father, and her 9- and 10-year-old sons whose legal guardian was her cousin. Her oldest child is 24. Ashley had her daughter in day care, but she did not work because of her mental health challenges, but she made ends meet through cash aid and support from her family. She reported that housing enabled her to be more independent, stable, and less reliant on her family, which eased her stress and helped her become a better parent. And she felt the services she received improved her mental health.

Photo by Lydia Thompson.
Ashley’s story is representative of many we heard from those who had long struggled and continued to struggle with health issues. Across the sites, families who received supportive housing and those who received usual care faced serious physical and mental health challenges. These challenges were present for parents and their children. Parents reported physical health challenges, including chronic health conditions, such as diabetes or high blood pressure. Parents reported high levels of stress and anxiety. Many reported histories of depression, substance use disorders, and PTSD. The most common physical health challenge reported for children was trouble breathing and asthma. Parents often reported that children struggled with behavioral health issues, frequently reporting trouble at school, anger issues, and diagnoses of ADHD.

The presence of these challenges is unsurprising, as one of the goals of the programs was to identify and house families with high service needs, such as households with parents with mental or physical health problems, substance use, or disabled children. Specific targeting criteria varied site to site, which sometimes accounted for variations in the severity or types of physical and mental health challenges faced by participants (table 3). Families who received supportive housing reported that housing improved their physical and mental health.
TABLE 3
“High Service Need” Targeting Criteria by Site

<table>
<thead>
<tr>
<th>Site</th>
<th>Targeting criteria</th>
</tr>
</thead>
</table>
| Broward County, FL          | Families had at least one of the following:  
  - primary caregiver with mental health, drug, or alcohol problem  
  - child with mental health, behavioral health problem, or a developmental, learning, or physical disability  
  - at least two of the following characteristics:  
    - two or more domestic violence incidents in past year  
    - primary caregiver has chronic health condition  
    - youngest child is younger than 2  
    - four or more children live in the house  
    - primary caregiver has a criminal arrest history  
    - household has previously received child protective services  
    - primary caregiver has their own history of abuse or neglect as a child |
| Cedar Rapids, IA            | Families had one or more serious conditions that affect day-to-day functioning and contribute to child welfare involvement or homelessness:  
  - physical/developmental disabilities  
  - chronic health issues  
  - mental health problems  
  - substance abuse  
  - criminal history  
  - trauma or domestic violence history |
| Memphis, TN                 | Families had high scores on Structured Decision Making Risk Assessment Tool and Housing Barrier Screen, and at least one member of the household had a disability of long duration that could be improved with permanent housing, such as a mental health or substance abuse disorder |
| San Francisco, CA          | Family’s primary caregiver had multiple barriers to family functioning, including domestic violence, mental illness, substance abuse, and criminal history |
| State of Connecticut        | Families had parent(s) or child(ren) with apparent functional needs, including mental health, substance abuse, trauma, and other behavioral health concerns. |


Families Faced a Multitude of Physical Health Problems

Across sites, homeless histories, and living situations at the time of interview, parents reported that they and their children struggled with a variety of physical health challenges, ranging from short-term injuries to chronic health issues. Access to health insurance did not appear to be a problem in any site, with most families reporting that they were on Medicaid.
Parents Reported Various Health Issues

Parents reported a variety of physical health issues ranging from short-term problems, such as injuries that interfere with employment, to chronic health conditions, including heart issues such as high blood pressure, sickle cell anemia, diabetes, and spinal injuries and conditions. Parents reported that these medical problems were barriers to employment, and families frequently relied on disability assistance. For example, one parent who received usual care in Broward County described how her knee problems were a barrier to working and that the household supplements income with Social Security and disability benefits: “I can’t stand on my feet too long and stuff like that. So, I got a [disability] check and Social Security.”

Parents Attributed Some Child Health Challenges to Housing Quality

Asthma, allergies, and breathing problems were the most commonly reported child health issues, although, in rare occasions, parents reported more serious physical health challenges, such as cancer, in their children. Research shows a strong link between conditions inside housing, including triggers like pests, mold, and smoking, and childhood asthma. As there were negative reports of housing quality from parents, both those who received supportive housing and those in usual care, it is perhaps unsurprising that parents attributed their children’s physical health issues, particularly their breathing issues, to the quality of housing they lived in. This parent who received supportive housing in Cedar Rapids said, “Um, they’ve been sick…. especially the youngest has been sick since the apartment. So, she’s got a nebulizer that she has to do treatments on and stuff. I’m pretty sure that that is from the mold.”

One parent who received usual care and, at the time of our interview, was living with her three children, her sister, and her niece, had a landlord who was not responsive to her complaints about maintenance, including air-conditioning issues that made the apartment uncomfortably warm. She talked about one harrowing experience with her son’s asthma:

Yeah, I took him to the hospital a couple of weeks ago, because my son almost died in the parking lot. And thank god, I send him to day care and I took CPR classes. They told me that’s what saved my son’s life until the ambulance got there…. And the heat really triggered it…. And I said you guys have to sit down and wait for the sun to go down before you go out, and take your asthma pump with you. And he got out, and he just stumbled and passed out. And I ran out the back and got on the phone. And I had a cell phone and called 911. And they just stood on the phone with the ambulance and told me to start chest compressions and stuff. And that’s what saved him until he got to the hospital. And they took his vitals and his oxygen level. So it was real. He wasn’t breathing. His airway was just shut off. But yeah, he has it bad. And that’s why I got on the landlord about the air conditioning…. It’s so stuffy in here. There’s no air flowing. I got fans and stuff, but they don’t do enough.
Parents Generally Had Access to Health Care for Children

Parents consistently reported that they received Medicaid and shared stories indicating they accessed health services for their children. Some reported using emergency rooms as their primary source of health care and relied on their caseworker to help them get to appointments, but a lack of access to health care did not seem to be a challenge. Despite this, some parents have delayed treatment of their own conditions because of the responsibilities of caring for their children.

Families Faced Serious Mental and Behavioral Health Challenges

The mental and behavioral health challenges families face in many cases were a driver in their involvement with the child welfare system and their experiences of homelessness. Many parents reported suffering from depression, anxiety, substance use disorders, and PTSD, as well as, in some instances, bipolar disorder, paranoia, and schizophrenia. These mental health challenges permeated many facets of parents’ lives, oftentimes interfering with the ability to get or maintain employment and their relationships and ability to care for their children. Parents also reported that children struggled with behavioral health challenges, including ADHD.

Mental Health Challenges Interfered with Employment

Parents reported that depression and other mental health challenges made work difficult. For example, one parent who received supportive housing in Cedar Rapids said, “It’s hard for me to work around a lot of people for a long certain amount of time ‘cause I might just bust out crying for any given reason, or I’ll... think about a lot of stuff and just get real depressed.” Other parents reported that depression prevented them from going to work, such as one parent who received supportive housing in Broward County and said, “I didn’t go to work. I just sat in the corner for days, I didn’t do anything.”

Substance Use Played a Prominent Role in Parents’ Lives

Current and past substance use was a prevalent theme in our interviews. Many adults had histories of substance use and treatment, and parents were sometimes critical of their substance use history. One parent in San Francisco who received usual care stated, “I couldn’t face my family because I felt
ashamed and guilty. And, plus, I was, you know, just under the influence of, just drugs all over. I
couldn’t—I couldn’t just stop on my own.”

For those parents who had successfully completed treatment programs, they highly valued the
sobriety they gained through the programming. A parent who received usual care in Cedar Rapids said,
“Once I got into ASAC [Area Substance Abuse Council] and went through the therapy and found other
ways to deal with my feelings, it definitely helped me get my life back together.” In some instances,
treatment was a key step to reunification with children. In Cedar Rapids, a parent in supportive housing
and participating in drug treatment to satisfy requirements for reunification said, “I’m going to do the
rehab so that they can come home.”

Some adults reported using substances as a coping mechanism for stress in their lives caused by
mental or physical health issues, financial strain, and parenting. One parent who received usual care in
Cedar Rapids said, “[Treatment court] was really good, except for I didn’t have the outside support that I
needed. You know what I mean? Um, I don’t deal with it very well, which is probably why I self-
medicated.”

Parents Frequently Reported Mental Health
and Behavioral Problems in Children

The most common reports from parents were of diagnoses of ADHD and behavior issues in school or at
home. For some children, developmental delays and learning disabilities were also reported. In some
older children, other diagnoses, such as depression and bipolar disorder, were reported. Parents also
expressed concerns about the stress their children experience and the effect that parental stress may
have on their children.

Some parents credited the behavioral problems to a lack of stability either in housing situation or in
the relationships between parents. For example, a parent who received usual care in Cedar Rapids said,
“It was really rocky for a while. They would have behavior attitude problems going back and forth
between the two of us. And then when we would get back together it would be fine.” Another parent
who received supportive housing in Cedar Rapids said, “You know, having housing and stuff like this is
crucial to their development as they get older and being able to, you know, like have a better chance at
life and be able to get into school and stuff.”

Parents also reported symptoms of stress and anxiety in their children. A parent who received
supportive housing in Broward County said of her son, “He gets quiet when he’s feeling worried and
Another parent who received supportive housing in Broward County said her daughter “dreads going to school, so she’s always usually in a bad mood when she gets home because of school.”

**Families Coped Differently but Often Had Access to Treatment When Desired**

Families coped with these challenges in a variety of ways. These ranged from individual preferences for relaxation, including prayer and walking, to support groups, to clinical interventions and medication. Most families reported access to mental health services independent of their assignment to supportive housing or usual care or what site they were living in.

In some instances, parents, with the goal of shielding their children from additional pressures, attempted to hide their own struggles. One parent who received supportive housing in Cedar Rapids said, “You know, kids pick up on your stress and tension, too, so I do my best to keep that under wraps.” Another parent who received supportive housing in Broward County said her daughter “knows when I’m stressed out…. I try not to get stressed out because when I get stressed out, she gets stressed out…. She has enough stress, just her everyday life.” She said she makes efforts to offset poor housing quality by expressing a positive attitude around her children, saying, “I try to keep a happy—I keep in a happy mood, so that way, the house stays in a happy mood. So when you walk in, you don’t feel like, ‘Ooh, it feels cool and clammy and dark in here.’ I don’t want never nobody to feel like that when they walk in here. I want you to feel positive and happy.”

**Parents Struggled with the Impact of Past and Current Trauma and Interpersonal Violence**

Domestic violence and childhood experiences of trauma and violence were not areas of focus for the interviews, but these experiences sat at the forefront of parents’ lives. As previously discussed above, for many parents, domestic violence was a direct cause of their homelessness, and in some instances remained a presence in their lives, even once they had received supportive housing. Several parents across the sites reported past partners were in jail for domestic violence offenses.

Parents’ experiences of violence, however, were not limited to recent years. Many reported experiences of abuse and foster care when they were younger. One parent in supportive housing in Broward County reported that she “got beat with wire hangers for no apparent reason ’cause [her mom] was drunk.” And others reported ongoing experiences of violence that were traumatizing, from a parent reporting that an ex-partner had come to her new apartment and hit her, to another parent reporting
that her home had been broken into and that she was sexually assaulted. Often, even if the family was not directly experiencing violence, they were seeing it in their surroundings, with reports of fights between neighbors, including instances of domestic violence.

Housing Improved Mental and Physical Health and Decreased Anxiety

Families who found stable housing, either through placement in supportive housing or through their own efforts, reported that housing improved their mental health.

Homelessness Was a Stressful Experience with Physical and Mental Tolls

Parents currently in stable housing noted the stress of previously experiencing homelessness. One parent who received supportive housing in Broward County said, “I was definitely having, like, an anxiety attack a week at the shelters. Bad. And depression. I was crying. Every chance I got to be alone without my son, I would cry. Like, it was bad. So, definitely better now.” A parent in Memphis who received usual care said, “I was just stressed completely. Wake up stressed. Go to bed stressed. I was just stressed. That wasn’t the life for me.” Other parents expressed concern for their children’s safety, such as a parent who received supportive housing in Connecticut who said, “I was very depressed when I was at the shelter. I didn’t feel like it was safe for me or the girls living with every other random person there.”

Other parents reported more drastic effects of the stress of homelessness. One parent who received supportive housing in Cedar Rapids believed that homelessness may have contributed to a heart attack, saying, “And that was just a struggle, like, trying to find somewhere to stay that night.... That’s probably, you know, a lot of the stress that did lead up to my heart attack.” Another parent in Cedar Rapids’ supportive housing group felt the continued stress led to mental health issues, saying, “I mean, it was just really hard ’cause I, I had health problems, um, and financial problems, and those had led to mental health problems.”
Housing Assistance Provided a Financial Cushion That Decreased Stress and Anxiety

For those who received supportive housing, housing assistance played a critical role in decreasing stress and anxiety because of financial pressures. Parents consistently stated that having rent assistance allowed them to comfortably pay bills each month. One parent who received supportive housing in Broward County explained, “Because I have the housing taken care of, and because I have a budget, and because I pay my bills—pay our bills—I have certain, you know, that fee, you know, that I’m not stressed out.” Echoing similar threads, another parent indicated the following:

Because of [the program], I just didn’t have to, you know, worry about how the bills were going to get paid, you know, and it did a lot of good...not stressed about stuff, you know, so I can be more relaxed just to be happy and play. I’m not like, don’t talk to me; I just want to figure out how I’m going to make this money, you know. I need money for the bills or whatever, stressing. Like, I’d always be like, hold on, just give me a minute. Let me just try to figure this out, and I’ll play with you, or I’ll look at that in a minute, or whatever. Now, it’s nowhere near like that. Now, it’s, yeah, sure, what’s going on? Like, no problem.

For families who received usual care and did not find other housing assistance, worrying about being able to afford or stay in housing created stress and anxiety that affected multiple facets of their lives, including their mental and physical health and their relationships with their children. For example, one parent who received usual care in Cedar Rapids discussed her financial troubles, saying, “I don’t want to eat. I can’t keep nothing down. You know. I was at the doctor appointment on Monday, and I passed out at the doctor’s from dehydration, and that’s bad. But I can’t eat. I never—but the worrying, the issues and the problem, you know.” In San Francisco, another parent who received usual care said, “Well, right now I’m worried.... You know, like on the first is when the rent is due. And I know that, I know that we can pay it. Like, we’ll have to save whatever he gets now and then hold on to it until then. But then if we do that, then we won’t be able to, we will be able to get diapers, but it will be tight. It will be really tight.”

Families in Housing Reported Improved Mental and Physical Health and Increased Capacity to Address Health Issues

For families who received supportive housing, they expressed the feeling that it provided them a platform to address other struggles they had in their lives. One parent who received supportive housing in Broward County reported, “Housing was the stabilizer for, the springboard for everything else.” Another parent who received supportive housing in San Francisco expressed a similar sentiment, saying, “I think it helped stabilize us, helped us—having housing has helped us, you know, feel in a sense
normalized, you know. And the stability is really important. So yeah, it has helped a tremendous amount. Freedom, safety. I’m comfortable, I’m kind of content and know that I don’t have to worry about where I’m going to sleep, or I can take my baby to school every day and, you know…. I know that she has her own food, her own space. That’s important.”

Parents also indicated that living independently provided them with more confidence and less stress. One parent said, “Once I actually got in here and started living here for a while, my mental health and stuff definitely started to improve, too, ’cause it’s definitely stressful when you’re living with a bunch of other people.” In another interview in Cedar Rapids, a parent who received supportive housing said, “I like living on my own to show everybody I can do it on my own. And it changed me a lot…. I’m happy to be on my own.”

Parents who found housing also reported improvements in their and their children’s physical health, such as one parent who received usual care but found her own way into housing: “They’ve gotten better. I don’t have headaches. [Housing] played a major role. I’m going to say that’s the number one factor.” Families who found housing also reported being able to cook more meals at home and take better care of their health. One parent in supportive housing in Broward County said, “I went from eating, probably, once every two days to eating every day and cooking meals, so instead of the Dollar Menu.” Another parent who received usual care in Memphis but had found independent housing commented, “It’s easier to manage your health in your home by yourself with your children, rather than managing it with other strangers in a home…. It’s totally different.”
Parent-Child Relationships and Individual Well-Being

Sabrina, a young mother whose children (2 and 3 years old) had just returned to her after 18 months in foster care, was feeling positive and hopeful when we talked with her. At the time her kids were removed, Sabrina had been overwhelmed. She had spent time in foster care as a child, became a parent while most middle-class kids were in college, and struggled with homelessness. She did not have a stable place to live and did not know how to get her life on track. During the year and a half Sabrina was working on getting her kids back, her child welfare case manager referred her to Partners United for Supportive Housing program. For Sabrina, having a home meant becoming a better parent. She no longer had to move from place to place; she was not paying an unsustainable amount toward her rent each month. She could manage her finances. There was less stress in her life. After finding a stable place to live, attending parenting classes, and working with her case manager, Sabrina was doing well by most measures. She was working in a construction job, figuring out how to maintain a routine that provided her young kids stability, and finding enough energy to play with them after a long day at work. Life was still hard, but it was not falling apart.

Sabrina’s story is one of the success stories. Not knowing where you are going to sleep at night or living in a shelter or in doubled-up situations can be chaotic and increase parental stress. Another source of stress is housing affordability—worrying about whether you can pay the rent each month or living under the constant threat of eviction. One potential impact of supportive housing is that housing can provide enough stability to improve parental stress, and this might translate into improved parenting and child well-being.

Parent-Child Relationships Were Stressed by Housing Instability and Parents’ Mental Health Challenges

Previous research has demonstrated the link between housing insecurity and maternal stress, and it has even linked maternal stress to increased risk of child neglect and abuse (Warren and Font 2015). This demonstration seeks to understand how overcoming housing insecurity through supportive housing can have positive effects on maternal stress, which can translate into better relationships with children and improvements in their well-being.
Living in Homeless Shelters Caused Significant Stress

Some parents were aware of how their stress levels affected their children’s stress levels and how their unstable housing situations could exacerbate problems. As one supportive housing parent in Cedar Rapids noted, “You know, kids pick up on your stress and tension, too, so I do my best to keep that under wraps.” Shelters triggered anxiety for parents. One supportive housing parent in Broward County explained, “I was definitely having, like, an anxiety attack a week at the shelters. Bad. And depression. I was crying. Every chance I got to be alone without my son, I would cry. Like, it was bad. So definitely better now.” Parents noticed that their kids were less stressed in housing. A usual care parent in Memphis, who had recently moved into housing, noted a change after moving out of shelter, “They behave better here…. I think they did feel the stress. If they didn’t feel it, they saw it on me.”

Parental Mental Health Struggles Interfered with Parent-Child Relationships

Parents also reported that their struggles with mental health interfered with their relationships with their children. In some instances, the mental health issue may have triggered child protective services involvement. One parent who received supportive housing in Broward County reported, “My sister got my kids, because she thought, my mom thought she had to call the crazy house on me to get mental help.” For others, mental health struggles interfered with the quality of the parent-child relationship and the amount of time parents spent with their children. One parent who received usual care in San Francisco reported that her depression prevented her from spending as much time with her daughter, saying, “I can’t keep seein’ my daughter, because every time I see my daughter, I break down crying.”

In rare instances, parents reported that their mental health challenges raised concerns of possible neglect or danger for their child or children. Some parents reported not being able to get out of bed to care for their children. And in one instance, a parent with depression and schizophrenia who received supportive housing in Memphis reported fears of injuring herself or her child, saying, “If I feel like I’m going to kill myself…. Who wants to be in the house when your momma kill herself? It behooves me to get away from her because I don’t want to take my frustration out on her. I don’t want to hurt her, hurt myself, or hurt somebody else.” In this instance, the parent also described an incident when she called the police on herself because she was concerned she would hurt her daughter.
Parents Sometimes Felt Less Stressed in Supportive Housing

Some parents living in supportive housing noted that their relationship changed for the better after moving into housing. A supportive housing parent in Broward County talked about how her mind was freed up after finding stable housing.

Yeah, yeah. Not stressed about stuff, you know, so I can be more relaxed just to be happy and play. I’m not like, don’t talk to me, I got to figure out how I’m going to make this money, you know. I need money for the bills or whatever, stressing. Like, I’d always be like, hold on, just give me a minute. Let me just try to figure this out, and I’ll play with you, or I’ll look at that in a minute or whatever. Now, it’s nowhere near like that. Now, it’s, yeah, sure, what’s going on? Like, no problem.

Another supportive housing parent in San Francisco reported that her relationship with her two children got better because she was less stressed:

So I have—like, I’ve always been pretty—I’m really patient, you know. People always tell me that. Like, I hear it from everybody, a resounding patient. ‘You’re so patient.’ Like, they say it like that too. ‘You’re so patient.’ Um, but I got patienter ‘cause before, I used to be like, I could listen to them now better. Like, before, I’d be thinking—they’d be trying to talk to me, and I’d be trying to listen to them and, like, kind of nodding and, like, you know—but in the back of my head, I’d be thinking about....okay, what are we gonna do tomorrow? I wonder if they’re gonna have anything edible at St. Anthony’s ‘cause I know the shelter isn’t gonna have any good food. What am I gonna feed them? I hope I get some money on child support card. Like, you know what I mean? Like, I would, do you have, you know, does [my daughter] have any clean socks? Does [she] have any clean underwear? Shit. You know what I mean? Like, I would be constantly stressed out, even when I’m going to sleep, when I’m waking up. Like, I never would feel like—so I know it’s affected our relationship ‘cause I’m better ‘cause I wake up in the morning. I’m like, in my bed like, you know, like [laughing at] a commercial or whatever. Like, literally, I love my bed. I love my linens, you know. It’s awesome. I like waking up there. And I—you know, it’s like, 5:30. I wake up, come out, pop my water in the microwave, make my coffee. I’m a creature of habit too—just like my kids, so when we get to do the same thing over and over, we’re the happiest. Turn on my radio. Listen to KDLX. You know, the kids start hearing music, start frying bacon and make oatmeal. Oatmeal and bacon. I don’t know. Something good for you, something not. Something about that is just, like, a really awesome mix to, you know, throw together. And you know what I mean? That’s our day. And so, like, I’m in a better place, so they’re in a better place. Then we start talking. You know what I mean? It just—Yeah. It’s helped our relationship.

As is discussed in more depth below, housing enabled parents to build healthy routines for children, create family time, and rebuild children’s confidence. A parent who received supportive housing in Cedar Rapids described their routine as “Get ready for school, drop-offs. And then, after school we do, um, like a healthy snack and then we go play outside, and then we have supper. Sometimes, they get to help me make supper.” Another parent who received supportive housing in Broward County expressed that housing seemed to improve her child’s confidence, saying, “And I’m like, having a home and everything may have given her a voice or something.”
Caregivers Were Still Learning How to Parent Effectively

The design of the supportive housing demonstration was intended to identify parents who were involved in the child welfare system and provide them with parenting supports. All five sites in the demonstration provided evidence-based services that focused on improving parenting skills. These programs, in an even more direct way than housing, were expected to improve parenting and child well-being because they provided technical knowledge about how to navigate the day-to-day of parenting: how to talk to kids, the importance of routines and stability, and disciplining strategies.

**TABLE 4**

**Evidence-Based Parenting Programs by Site**

<table>
<thead>
<tr>
<th>Site</th>
<th>Parenting programs</th>
<th>Description</th>
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<tbody>
<tr>
<td>Broward County, FL</td>
<td>Strengthening Families</td>
<td>Focused particularly on families with children ages 3 to 16 and designed to build skills to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. It consists of 14 sessions and has been validated through multiple studies.</td>
</tr>
<tr>
<td>Cedar Rapids, IA</td>
<td>Strengthening Families</td>
<td>See description above.</td>
</tr>
<tr>
<td>Memphis, TN</td>
<td>Nurturing Parenting</td>
<td>Designed to build nurturing parenting skills as an alternative to abusive and neglectful parenting and child-rearing practices. It was offered in a format of between 5 and 18 sessions in a group setting. Studies of the program for children ages 5 to 12 years old have found evidence of effectiveness.</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>Triple P (Positive Parenting Program)</td>
<td>Designed for families with children up to age 12 with behavioral and emotional problems. It is a tiered system with multiple interventions available to families, depending on family needs and multiple delivery methods. Although the home visiting component does not meet HomVEE standards for evidence based, its other components have been validated.</td>
</tr>
<tr>
<td>State of Connecticut</td>
<td>Triple P</td>
<td>See description above.</td>
</tr>
</tbody>
</table>

*Source: Evidence-based services memo.*

*Note: HomVEE = Home Visiting Evidence of Effectiveness.*

Many of the parents we talked to reported that they already knew how to parent. These responses were not defensive but matter of fact. Parents shared they did not need parenting classes or help figuring out how to raise their children. Some attended prescribed parenting classes, but others did not seem interested. Some found parenting classes helpful. One supportive housing parent in Memphis noted, “I’m not hard on my kids. The stuff they was teaching you, I had already knew it. Like instead of whooping them, you can talk to them. If you give them a punishment, you can take away their electronics and things like that.”
Other parents, such as Darlene, a supportive housing parent in Memphis, found the parenting classes valuable. She had been in the program for two years, but recently her five children were placed with family members. The school had made reports to the Department of Child Services because the children did not have clean uniforms and had some bumps and bruises. The apartment also needed serious repairs (e.g., windows were broken). Darlene says parenting has been challenging, especially learning how to give her kids the love and support they need. She noted that having stable housing helped end her homelessness, but she needed more to become a better parent. At the time of our interview, she recently had taken a parenting class with her partner, which made her feel like they were doing something together. The class taught her about discipline and respect, which she said was very helpful because she had her first child when she was 17 and was never taught how to be a mother. “When you get kids, like, a mother is supposed to teach their child what to do in case they do have children, or what. I wasn’t taught none of that. So, it’s like I constantly had children and never developed maturely as a woman to know what to do…. Even though I’m 29, I still need to work on things as a mother and as a parent.”
Routines for Children Were Important but Difficult to Keep without Stable Housing

When families lack housing, it affects children and parents; it is difficult to stay in a routine or on a schedule. Previous research on homeless and doubled-up families shows that parents may adapt their routines to those they are living with. Shelters’ rules and chaotic living environments may prevent parents from keeping their routine. In doubled-up living situations, parents reported adapting their routines to those of the household and having parenting interrupted by opinions of friends and family members (Mayberry et al. 2014).

In our interviews, parents talked about the importance of keeping their kids on routines and about how housing is a key factor in that. One supportive housing parent in Broward County talked about their schedule: “So far as get up at 6:00. They brush their teeth. They, we put on their uniform, you know. They, um, 6:30 they eat their cereal. We got to take the dog outside for their walk. We bring the dog inside. We wake up their brother at 6:40, the older brother, ’cause he goes to school a little later than them.” Another supportive housing parent from Cedar Rapids talked about the activities they do weekly, including family game night, football practices and games, and eating out at a restaurant on Tuesday nights.

Discipline Techniques Varied among Parents

One key component of parenting is disciplining children when they are exhibiting poor behavior. We asked parents how they discipline their children if they misbehave, and we received a range of answers that did not differ between the parents in supportive housing and the parents in usual care. Parents talk about disciplining the children using time-outs and taking away privileges. Talking to their kids about their emotions. Service providers give clients parenting strategies, including using charts tracking performance and time-outs.

Housing is key to successful discipline, as many doubled-up families in the control group noted the inability to discipline their kids without interference, saying that the relatives they were living with often got involved. One usual care parent in Memphis that was doubled up with her mother, sharing a room with her two daughters, ages 4 and 15, reported that parenting is much harder in their current housing situation because her mother contradicts her and makes it harder to discipline her children or be consistent. ”It’s kinda stressed, ’cause she will listen to me, but [my mother] will call her and have her do something else.... She’s like, ‘Grandma said.’” Her discipline technique is to take things away when her children are not listening.
Some parents openly talked about how they previously used physical discipline, such as spanking, but have reconsidered the approach after going through parenting classes. One supportive housing parent from Broward County noted her improved ability to discipline her children: “They give you tools on how to discipline your kids better. Old school, you spank. You got popped, and that was it. Now, there’s a dialogue between me and the kids.” Another supportive housing family in Broward County talked about how physical discipline was what she knew, what she had grown up with. She spoke about how that experience is shaping the way she parents, saying, “To me, actually being a good parent and taking what I learn and not hitting my son and, you know, putting [him in] time-out, not cursing around him.” A small number of families talked about the need to physically punish their kids through “whooping.”
Employment and Income

Broward County’s supportive housing program enabled Kayla and her 12-year-old son to stop moving between shelters and friends’ couches, as they had been doing for the previous 11 months. She was unable to work because of a back injury. She received disability income, child support, and food stamps. To supplement her income from these sources, she cooked meals for her neighbors and sold empanadas from a cart in her neighborhood.

Kayla’s experience was one that we heard repeatedly. Across the sites and assignment groups, parents identified the important connection between housing and employment and income, but they continued to struggle with employment, even after placement in supportive housing. One parent who received supportive housing in Cedar Rapids summed it up, saying, “I mean, you need somewhere to stay before you can like work, you know, because in order to be a reliable employee, you know, you have to have reliable housing.” Even when families could find housing, adults reported barriers to employment, underemployment, participation in underground economies, and reliance on benefits, community programs, family, partners, and neighbors for income and economic support.

Families Faced Barriers to Employment Regardless of Placement in Supportive Housing

Parents described losing jobs or other sources of financial support as the start of their path to homelessness. In many instances, the reasons they lost employment was beyond their control, such as an employer passing away or a business closing, receiving a short-term or chronic injury that prevented them from continuing to work, or losing a job after a temporary absence for a child’s illness. They also described the desire to find housing and exit homelessness as a big motivator in searching for employment. Despite this, they expressed frustration with the difficulties and challenges in being able to find positions for a variety of reasons. One parent who received supportive housing in Broward County said, “I have been looking. I just—it’s, it’s very unsuccessful.”

Lack of Accessible, Affordable Transportation Was the Most Commonly Reported Barrier to Employment

As was noted, families commonly reported struggles with transportation. Unsurprisingly, given how prevalent transportation issues were mentioned, this was also one of the most commonly reported
barriers to employment. Parents said that public transit systems or schedules did not meet their needs or that they needed, but could not afford, a vehicle. Across the sites, and for families in both supportive housing and usual care, the location of housing in relation to employment seemed to challenge parents. For example, one parent who received usual care in Memphis said, “It’s not a lot of jobs out here. They’re all out east or downtown. And then the bus ride’s kind of twisted. And then I don’t have no transportation, so it’s really hard.” Similarly, those who received supportive housing had similar struggles, such as one parent who received supportive housing in Connecticut who said, “I’m sort of far out, so transportation’s an issue.”

Often, parents saw personal vehicles as an alternative to nonexistent, insufficient, or expensive public transportation options. One usual care parent in Broward County reported needing a car to secure employment, saying, “I do need a car. I... get a car, what I’ll do. I’ll go through some and apply for a job and deliver the newspaper early morning.” In some instances, parents saw personal vehicles as more affordable compared with public transportation options, such as this supportive housing parent in Cedar Rapids, who said, “I pay my electric bill, and I pay my cable bill. We pay our rent. Transportation seems to be the next logical step.”

Health Challenges and Disabilities Made Work Difficult, If Not Impossible, for Many Parents

Parents in both supportive housing and usual care reported that physical health challenges were barriers to employment. These physical health challenges could be long-standing, such as the case from one Broward County parent in usual care, who said, “I can’t stand on my feet too long and stuff like that. So I got a disability check and Social Security.” In other instances, short-term health challenges resulted in job loss or an inability to pursue a new employment opportunity. Parents in supportive housing in Cedar Rapids reported, “I lost my job because I’ve been sick for almost a month” and “I got a really great job offer in Oregon and decided to go and take the girls, and then I slipped and fell.”

Several parents reported one particular temporary health condition as preventing them from working: being pregnant or having recently given birth. One parent in supportive housing in Connecticut who was pregnant at the time of the interview said, “I don’t want to be at work if—‘cause I was doing night work, and I don’t want to be at work and end up going into labor.” Another parent, who received usual care in Memphis, reported anxiety about losing her job because of her pregnancy, calling her employer regularly to assure them she would be returning to work. She said, “I pretty much call them every month to let them know I’m coming back when I have my babies.”
Taking Care of Children Could Be a Full-Time Job

As is the case for many low-income families, a lack of high-quality affordable child care was reported as a barrier to employment. Further, many families reported that completing child welfare requirements for the purposes of retaining to reuniting with their children also interfered with work because of the time necessary to complete those requirements. A parent who received usual care in Cedar Rapids said, “It was more stressful than anything ‘cause you have all this stuff you’re required to do. Plus, you have to keep a job. And I just had no time in my day to do everything that they needed me to do.” Parents who worked while they were in supportive housing expressed similar sentiments, such as one parent in Cedar Rapids who said, “When you get a day off, it’s not even a day off. It’s—it’s more like play catch-up for treatment court.” In addition, parents often expressed a desire to stay home with their children instead of working. One of the few dads we interviewed who received supportive housing in San Francisco opted to not take a second job to make his family more financially comfortable, choosing instead to spend more time with his children.
Families with Employment Still Faced Challenges Meeting Basic Needs

Parents who were able to overcome the barriers to employment often held low-wage jobs that could be physically demanding. Jobs frequently included cleaning services, fast food, health aides, construction, and telemarketing. Regardless of whether a parent received supportive housing or usual care, both groups expressed that the minimum wage is not sufficient to pay for needed monthly expenses such as rent, child care, and gas and utilities. A parent who received supportive housing in Cedar Rapids said, “The fact is, you’re not gonna make it off of $7.25 or what minimum wage is.” For parents who were in usual care, this acknowledgement was daily life. A parent who received usual care in Connecticut said, “But makin’ minimum wage, it’s hard to get a one-bedroom. I’m tryin’. It’s hard to get an apartment period.” Another parent who received usual care in Cedar Rapids said, “It’s hard to live on what I’m making. It’s basically enough to pay for child care, and, like, my bills, you know, and then I’m left with barely enough money for gas to get there.”

For those who were unemployed and for those whose wages from employment were insufficient to cover their monthly expenses, they sometimes turned to alternative opportunities for making money, such as Kayla selling empanadas in her neighborhood and making meals for her neighbors. Another parent reported babysitting and pet sitting for additional income.

Families Relied on Benefits, Support from Partners, Other Family Members, and Community-Based Services

Regardless of employment, many families relied heavily on benefit programs, community-based services, child support, partners, and family support networks. The majority of families reported receiving Medicaid and Supplemental Nutrition Assistance Program assistance, and a significant number received disability assistance. Some parents who received supportive housing reported that the programs helped them apply and secure disability assistance, which can be a difficult administrative process. One parent who received usual care in Memphis reported the anxiety of waiting to hear if she would receive disability assistance. She said, “So I’m just like on pins and needles just waiting, waiting, waiting.”

Community-based services and resources were an integral way for families to make ends meet, whether or not they received supportive housing. One parent who received usual care in Cedar Rapids
commented on the value of local food assistance saying, “I mean, if you know what outreaches to go to, there’s food banks all over Cedar Rapids.” A parent in San Francisco reported similar access to food programs, saying, “San Francisco is one of the few places that you can go—you don’t have to go hungry. You don’t. There’s so many agencies and so many programs that, there's different food banks that, you know, you don’t have to go hungry here.”

Many parents reported that they frequently relied on child support from past partners or, as previously discussed, financial support from current partners to make ends meet monthly. Parents also reported turning to family for financial assistance in instances where they could not make ends meet. But parents who received housing assistance or found employment often said they were happy to not have to rely so heavily on family. One parent who received usual care in Cedar Rapids said of her employment, “If my kids need anything, then I can take care of it versus having to ask for things—ask my family for money.”
Supportive Services

Vanessa has three children. Before supportive housing, she lived in a shelter for two years with her oldest children, who were 4 and 2 years old. About two years ago, the family moved in to a two-bedroom supportive housing apartment, and her youngest child, who was 1 year old, was born in that apartment. Four months ago, the family had to move apartments because of a domestic violence incident involving the father of the two older children. Vanessa believed he used his position as a police officer to track her and the children. Since enrolling in the supportive housing program, Vanessa had been able to buy a car, enroll her children in subsidized child care, get legal help for her history of domestic violence, obtain budgeting and financial assistance that has raised her credit score, and receive help from a life coach. She also had steady employment for two years with Comcast and had 18 months left in a program to become a registered nurse. Vanessa sought to be a good role model for her children and thought it was important that they were raised without physical discipline.

Supportive housing aims to integrate services across the child welfare agencies, housing and homeless service providers, and other community service agencies in the community. In addition to helping find housing and paying the rent, each site offers some coordinated or team-based case management; evidence-based strategies to promote parenting, relational problems, and family functioning; assessments of child well-being, evidence-based interventions, and medical health services, including trauma services; and referrals to connect parents to resources, such as food and income supports, employment and job training, and legal services. The specific structure and focus of services varied across sites (table 5).
**TABLE 5**  
Supportive Services Model by Site

<table>
<thead>
<tr>
<th></th>
<th>Broward County</th>
<th>Cedar Rapids</th>
<th>Connecticut</th>
<th>Memphis</th>
<th>San Francisco</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ratio of clients to case managers</strong></td>
<td>10:1</td>
<td>12:1</td>
<td>7:1, higher as service intensity stepped down</td>
<td>17:1</td>
<td>15:1</td>
</tr>
<tr>
<td><strong>Frequency of contact</strong></td>
<td>Weekly, service intensity decreasing over time</td>
<td>Frequency varied based on stage of service and family need</td>
<td>Eight home visits a month, with protocol for stepping down services as needed</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td><strong>Case manager credentials</strong></td>
<td>Master’s degree in social work</td>
<td>Master’s degree or bachelor’s degree and two years of experience</td>
<td>Bachelor’s degree in social work and two or more years of experience</td>
<td>Bachelor’s degree in social services–related field</td>
<td>Bachelor’s degree or three years of comparable life/work experience</td>
</tr>
<tr>
<td><strong>Supportive services</strong></td>
<td>Clinical intensive case management team</td>
<td>Intensive Service Coordination and case progress management to tailor service timing and intensity</td>
<td>Teaming model</td>
<td>Clinical intensive interdisciplinary case management</td>
<td>Intensive case management, housing search assistance</td>
</tr>
<tr>
<td><strong>Evidence-based practices</strong></td>
<td>Healthy Babies Project, Strengthening Families Program, trauma-focused cognitive behavioral therapy, Center for Working Families</td>
<td>Parents as Teacher, Strengthening Families, Parent Child Interaction Therapy, trauma-focused cognitive behavioral therapy, Motivational Interviewing, Family Team Decision Making</td>
<td>Multisystemic therapy, trauma-focused cognitive behavioral therapy, Child FIRST, Family-Based Recovery, Positive Parenting Program</td>
<td>Nurturing Parenting, cognitive behavioral therapy</td>
<td>Trauma-focused cognitive behavioral therapy, child-parent psychotherapy, Positive Parenting Program, peer mentors, Safety-Organized Practice, family team meetings</td>
</tr>
</tbody>
</table>

*Source: Interim outcomes memos.*

We asked families about the services they received, what types of things they got help with, and how valuable the help was. We found a mixed response from both the families who received supportive housing and those who received usual care. No clear pattern about supportive services emerged. Families have intensive needs, and their connection to their case manager and child welfare caseworker depends a lot on how much they value the help they provide and how much they trust the caseworkers and their intentions.
Enrolling in Supportive Housing Helped Families with Priority Access to Housing

In most sites, housing assistance is scarce, and waiting lists for vouchers or public housing are long. One Broward County supportive housing parent noted that the local waiting list for vouchers was eight years long and that enrolling in the Housing, Empowerment, Achievement, Recovery, Triumph Alliance for Sustainable Families helped them secure a voucher right away. Finding housing, particularly in sites that used vouchers, required assistance. Families who received supportive housing in places that used housing vouchers expressed the need for help identifying units and paying security deposits. They also named other housing-related assistance, such as furnishing the house, as very helpful. Many of the usual care families did eventually receive some type of housing assistance. This appeared to be particularly true among the families we interviewed in Memphis. San Francisco’s struggle to find housing for families enrolled in their supportive housing program was also evident in the interviews. Some noted that they did not get their voucher or that they never received the help they needed to find housing.

Families Reported a Mostly Positive Experience with Services in Supportive Housing Programs

Most supportive housing families reported general satisfaction with supportive services and good relationships with their case managers (though some did not connect with their case managers). Many families spoke of getting “whatever it takes” help from their caseworkers, noting they felt the caseworkers were there for them. One supportive housing parent from Broward County noted, “She just checks to see how we’re doing, you know. She will come for an hour, see how we’re doing…. She’s like a mother. She still calls and checks up on me, ‘You better come and see me,’ so they help you—they genuinely care.”
Parents expressed strong appreciation for help providing basic needs such as diapers and clothes, bus passes and rides places, or extras, such as Christmas presents. Supportive housing parents also noted connections to public benefits (e.g., Social Security Disability Insurance), parenting classes, family therapy, General Education Development programs, vocational training, and trauma services for children.

A few supportive housing parents noted their caseworkers were very helpful intervening with child welfare services and advocating on their behalf. One supportive housing parent in Connecticut’s Intensive Supportive Housing for Families program, noted “A lot of times they intervened, you know, with my interactions with [the Department of Children and Families] ’cause, once you get caught up in that bureaucratic crap, man, I could see how people have a hard time getting out of it. And a lot of times she was a good liaison because my delivery wasn’t well.”

Satisfaction with their supportive services was not universal, though. Some respondents had a negative experience with services in the supportive housing program, including frequent changes and infrequent communication with case managers.
Families in Usual Care Experienced Negative Interactions with Child Welfare Workers

Usual care families experienced negative interactions with child welfare workers. A few parents expressed a low level of trust with their social workers because of previous judgmental statements about their parenting, persistent scheduling conflicts, and infrequent communication. A parent in San Francisco said, “I was not getting calls from the [child protective services] worker, the last one. He did not call at all. He did not worry about me. He didn’t even know the time I took a pee test.” Families’ relationships with the Department of Children and Families (DCF) and their caseworkers is often negative because DCF workers “like to look at the negative,” often make accusations based on whether they like the parent, try to force children into foster families and adoption, and are geared more toward termination of parental rights instead of reuniting families. Another usual care parent in Connecticut noted, “My DCF worker wanted to put her into foster care, and we were like, ’You know, she’s like 3 months old. I don’t want her going into foster care…. And I was like, ’I have plenty of family members who will take her.’… I was her first case out of adoption…. She was pushing her into adoption.”

One usual care parent in Broward County talked about how she believed that her advocate did not want to reunify her with her kids and described how a caseworker picked her daughter up from school without telling her and claimed that she had abandoned her daughter. “Cause, you know, not all the advocates have the best intentions behind helping their clients be reunified with their kids. And, um, she’s one of those people…. Lady just went to the school and picked her up and then take her and didn’t tell me nothing and said abandoned.”

Other parents spoke about their frustration when child welfare agencies required parenting classes but did not provide help finding housing, when housing was the primary barrier to reunification. One parent in Connecticut said, “When [the Department of Children and Families] opened my case, I asked them for help. They did not help me…. I asked them for help with housing ’cause I lost my job, and I was going to lose everything. They didn’t help me. They said, ’We’re not here for you. We’re here for your kids.’” Another parent in San Francisco said, “If I—if the [Child Protective Services] lady would have first offered me housing, and then showed me how to go about it…but she wasn’t even like that direct or nothin’…. So all she told me to do was do a parenting class…and then I go through this hellhole over here. It, it just messed up.”

Although we interviewed only a few fathers, they felt particularly disadvantaged in the child welfare system, either because they thought the resources were geared more toward mothers or because they were unaware of their parental responsibilities. One father in Connecticut noted, “It’s like
the system is fining me hard because I’m a single male. There’s lots of people are homeless with they kids and they ain’t taking custody of their kids... You trying to take my son outta my life ’cause I can’t get housing right now, which I’m trying and fighting hard to do.”

Parents in Usual Care Sought Assistance on Their Own and Turned to Informal Networks for Support

Families receiving usual care reported navigating social services on their own and relying on family members and other support networks for help. Some usual care families could find the supports they needed, such as credit score assistance, education, food stamps, and mental health services, but they had to seek out these services on their own. “Like I said, you gotta go reach out,” said one Memphis parent in usual care. “So if they don’t know you need help, they not gonna help you,” said another parent. Families in usual care in San Francisco frequently mentioned CalWORKs, a public assistance program that provides cash aid and services to families with children as a helpful resource. Other usual care parents had received services from nonprofits in the community.

Other parents in usual care tried but failed to access services on their own and expressed their anger at the lack of support they felt from some social service agencies. Supplemental Security Income and child care benefits were especially hard to navigate. One parent in San Francisco said, “Um, I tried to apply for Supplemental Security Income. I just can’t seem to do the, have the ability to go to the office, and go through paperwork, and go see the therapist.” A Memphis parent said she had been to the Department of Human Services multiple times but had not yet been able to finish her application for child care benefits. Another parent said her food stamps were terminated recently, and she did not know why or how to reinstate them. Legal services were also especially difficult for families in usual care. Parents in several sites spoke about needing more assistance with divorces, custody cases, and dealing with prior offenses on their records. “The next steps for me would be to get the divorce, get custody finalized between me and my husband, to get our [US Department of Homeland Security] case closed,” said a parent in usual care in Cedar Rapids, “but with divorce cases, they do not give public attorneys.” Speaking about her frustration navigating social services, another parent said, “It made me angry at the beginning, but there’s nothing I can do, so I have to get out there and do what I have to do.”

Respondents that had not found assistance turned to informal resources or relied on themselves to get what they needed, such as employment and financial assistance. One parent said she attempted to find employment help but ended up relying on word of mouth, family connections, and online job search
engines, such as Monster and Job Finder. Parents in Connecticut identified family members and friends who provided them with support while their children were in foster care. “They know that I’m strugglin’ to get [my son back],” said one parent, “so I see a lotta support comin’—a lotta people comin’ in to helpin’ me, my family wise. My mom, my cousins. My mom, I mean, she’s very good support.” A Memphis parent in usual care said her church was her greatest support during her time of crisis: “So I just went on and called [our pastor] and told him I’m not doing so well. Can you help me find somebody to take care of the kids? Or can I put them in the state? I got to do something. I say we can’t keep living this way. And he just reached out and grabbed us, and we’ve been okay since.”
Conclusion

A healthy environment for children starts with a strong family and a home. Supportive housing aims to provide stable housing as a platform for improving the lives of parents and children. Our interviews indicated that supportive housing provided families with such housing and that families felt more secure and less stressed because of that housing. Families reported improved parent-child relationships, more consistent family routines, and some improvements in physical and mental health. Despite this, families still faced significant challenges. Families expressed deep concerns about their neighborhood quality. Violence—both interpersonal and neighborhood—was prevalent in their lives. They continued to struggle with physical, behavioral, and mental health challenges and faced ongoing barriers to employment and self-sufficiency.

Our interviews were primarily conducted in the first year after families were assigned to supportive housing or usual care. It is possible that families had not been in supportive housing long enough to see impact in some of these other areas. Nonetheless, themes from our interviews raise continuing questions about the impact of supportive housing and how to best align supportive housing service models to meet the full range of family needs, especially families seeking to end their involvement in the child welfare system.

Findings from these interviews are an important piece of Urban’s evaluation of the Children’s Bureau’s demonstration, which uses a rigorous, randomized controlled trial research design to learn about outcomes, costs, and program models for family supportive housing. We will use the qualitative data and stories from family interviews to better understand the “black box” in the evaluation’s logic model, or how supportive housing influences family outcomes. These themes will help contextualize findings from the administrative data related to housing stability, child welfare involvement, and parent and child well-being. Comprehensive findings on the impact of family supportive housing will be discussed in the final evaluation report.
References


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