Keeping Families Together

An innovative program brings together city agencies and supportive housing services to strengthen society’s most vulnerable families and protect their children.
“Keeping Families together is about keeping vulnerable families safe, whole and supported. It’s not only about ending homelessness; it’s about creating better futures.”

—Alison Harte, Corporation for Supportive Housing
Few events are more traumatic for children than being removed from their families and entered into the foster care system. Such children often go on to lead deeply troubled lives. Research shows that they are at higher risk for impaired neurodevelopment, psychiatric problems, abuse, poverty, homelessness, incarceration, suicide and early death.

What leads to the dissolution of families and how can it be prevented? How can highly vulnerable families where children are in danger of neglect and abuse be strengthened and become safe and healthy environments for children?

These were among the questions that the Robert Wood Johnson Foundation (RWJF) considered as it sought to address the dilemma of family disruption due to removal of children into foster care. If only, Foundation officials thought, there was a way to prevent the need for foster care in the first place. If only there was a way to target those families at highest risk for child welfare involvement and keep them—and their children—together, safely.

As Nancy Barrand, senior program officer at RWJF, recalls, someone came up with the idea of creating a stronger environment for the entire family—not just the child. Families would then become the focal point for holistic intervention and support, and crises leading to removal of children could be averted.

That discussion, Barrand said, spurred the Foundation to explore supportive housing as a way to keep families together and prevent child welfare involvement. The Foundation reached out to a group with which it had worked before: the Corporation for Supportive Housing (CSH), the nation’s nonprofit leader in combining housing and services to reach society’s most vulnerable citizens.

The conversation between RWJF and CSH resulted in the pilot project for Keeping Families Together, which pairs supportive housing with on-site case management and family preservation services for families experiencing chronic homelessness, substance abuse and mental health problems and child welfare involvement.

CSH designed the Keeping Families Together intervention collaboratively with several New York City agencies, experts and nonprofit organizations experienced in providing supportive housing for families. With the Foundation’s backing, 29 units of permanent supportive housing were made available to homeless families at highest risk of having a child removed. CSH also ensured that the city agencies worked together to overcome the bureaucratic hurdles that can arise when serving highly vulnerable families involved with multiple public support systems.

The Keeping Families Together model turned the usual paradigm for prioritizing affordable housing on its head. Rather than targeting the most “stable” families, Keeping Families Together sought out families with the most complicated cases—those at greatest risk. Thanks to this approach, families once on the brink of crisis now have a permanent place to call home, as well as the services and support they need to stay together.

Very importantly, data from the Keeping Families Together evaluation show that supportive housing can stabilize vulnerable families, so that they become safe and healthy environments for children. Child welfare involvement among Keeping Families Together families declined significantly during the pilot and most families had no new abuse or neglect cases after moving to supportive housing. Six children were reunited with their families from foster care—and were still with them when the pilot ended. Average school attendance improved steadily among Keeping Families Together school children.

“Supportive housing for vulnerable families can break the intergenerational cycle of poverty, homelessness and abuse,” says Barrand. “By providing families with the services they need to stay together, we can protect children who otherwise might be at risk for abuse and neglect and create a better future for them.”
Supportive housing is permanent, affordable housing combined with a range of supportive services that help people with complex challenges—primarily homelessness, poverty, mental illness, alcoholism or drug addiction—live stable, independent lives. Housing and services generally are provided through partnerships of government agencies and private, community-based housing providers that involve low-income housing, government subsidies, such as Section 8, and service contracts and tenant contributions. Social services provided through supportive housing may include case management, counseling and therapy, job training, life skills training, supports to promote mental health and substance abuse recovery, parenting skills training and domestic violence services.

Without these services, many people placed in affordable housing could not succeed. They would fall through the cracks for the very same reasons that led to their loss of housing in the first place.

Initially, supportive housing served homeless singles. As homeless populations—including populations of homeless families—began to increase substantially during the 1990s, many cities produced 10-year plans that relied on supportive housing to help end chronic homelessness. The goal was to place the most dysfunctional homeless people into permanent supportive housing with services to help them get healthy.

Starting in 1990, New York City and New York State entered into three New York/New York Agreements to fund nonprofit providers and developers to create supportive housing for homeless people with mental illness and other disabilities. In November 2005, Mayor Michael Bloomberg and Governor George Pataki signed NY/NY III, committing to create 9,000 units of supportive housing for a variety of disabled homeless people in New York City over 10 years, including 1,100 units for families.

Those new apartments started coming online just before the January 2006 murder of Nixzmary Brown, a 7-year-old girl who was beaten to death by her stepfather in the Bedford-Stuyvesant, Brooklyn, section of New York City, after suffering years of abuse. Public reaction at the brutal killing turned to outrage when it was learned that workers for the city’s Administration for Children’s Services (ACS) had visited Nixzmary’s home several times in the days preceding her death, but did not intervene in time.

In response, the city made sweeping reforms to its child welfare system.

Historically, it can be difficult to pull very different city agencies and bureaucracies together into effective partnerships. But the time was right for something new. And when CSH approached ACS and the New York City departments of Homeless Services, Health and Mental Hygiene, Housing and Human Resources to collaborate on Keeping Families Together, it found a new willingness to work together.

KEEPING FAMILIES TOGETHER GOVERNMENT PARTNERS AND ROLES:

- **The New York City Department of Homeless Services.** Helped identify and recruit eligible families; prioritized child welfare involvement among all families eligible for supportive housing; built awareness of the project among family shelter providers and families.

- **The New York City Administration for Children’s Services.** Helped identify and recruit families; confirmed eligibility status; helped providers overcome bureaucratic obstacles related to families’ child welfare involvement.

- **The New York City Department of Health and Mental Hygiene.** Provided technical assistance.

- **The New York City Department of Housing Preservation and Development.** Coordinated development timeline with recruitment efforts.

- **The New York City Human Resources Administration.** Clarified eligibility application process and eligibility criteria.
Poverty, homelessness, mental illness and substance abuse may be thought of as symptoms or contributors in a syndrome leading to child neglect and abuse, child welfare involvement and family separation. Research demonstrates that families with a history of recurrent shelter stays and greater shelter involvement are also at higher risk for child welfare involvement. Children from these families are more likely to be separated from their parents and entered into the foster care system.

Despite this connection, child welfare and homeless assistance programs remain uncoordinated. “The irony of our public service system is that each agency picks apart the needs of the family and focuses on just one,” says Richard Cho, director of innovations and research for CSH. “All these agencies are very specialized at what they do, but when you have a family that has many complex problems going on, it’s challenging.”

Families facing homelessness, behavioral health challenges, deeply entrenched poverty and involvement with the child welfare system consume the time and energy of child protective service workers, shelter staff, mental health clinicians and many others. For these workers, the temptation to give up and leave such families to the courts and bureaucracy is often great. Or sometimes the families themselves, unable to navigate the system and meet the requirements of the various government agencies with which they are involved, simply throw up their hands.

That is why Keeping Families Together’s family preservation supportive housing approach is such a critical innovation. Keeping Families Together was developed specifically to meet all the challenges facing society’s most vulnerable families.

“Keeping Families Together brings all the services to the table,” says Kerry Flanagan, program director for Women-in-Need, one of Keeping Families Together’s housing partners. “Where are the cracks? How are these families falling through them? What can we do to help these particular families to keep them from falling through?”

Although services and resources may be available to families, many times they are unaware of these services, don’t know how to access them or are afraid to access them. “There’s a missing link,” says Flanagan. “That’s what Keeping Families Together is all about—being that missing link between families and services. With supportive housing, we’re able to provide families with an actual home, stability and crisis management services.”

**KEEPING FAMILIES TOGETHER HOUSING PROVIDERS:**

Each housing partner volunteered to place up to five Keeping Families Together families into their supportive housing projects, participate in monthly meetings and attend Keeping Families Together-sponsored trainings.

- CAMBA/Church Avenue Merchants Block Association, Inc.
- Palladia, Inc.
- St. John’s LLC
- Lantern Corporation
- Lower East Side Service Center
- Women-in-Need, Inc.
CASE MANAGERS AS CHANGE AGENTS

The onsite case managers are the keystones of the Keeping Families Together model. Case managers are advocates for the families and help them get the services they need—including mental health and substance abuse treatment, job training, parenting classes and crisis management—and navigate the various bureaucratic systems with which families are involved.

“There are a lot of bureaucratic hurdles to jump when you are poor,” explains Alison Harte, CSH’s Keeping Families Together project director. “For example, to receive public assistance benefits, a vulnerable parent may have to comply with mandates from different offices that sometimes require them to be in two different places at once. Parents are left making impossible choices between maintaining food stamps, keeping their kids out of foster care and getting needed medications and other basic necessities. It’s a lot to balance. Coordinating everything would be difficult for the most highly resourced person, and can be overwhelming for those without resources or support.”

Some challenges, however, are more fundamental. Many Keeping Families Together parents have never lived independently before. They’ve never bought furniture, paid utility bills or maintained an apartment. Lacking experience, guidance and control, they struggle to set boundaries for their children, discipline them effectively or monitor their academic progress and behavior at school.

Here, too, supportive housing can make a big difference. Small pass-through grants to participating housing providers can help purchase necessary items like furniture and school supplies for Keeping Families Together families (and even pay for the occasional family outing to the Bronx Zoo or Statue of Liberty). But it’s the case managers who help families overcome their most difficult challenges. Case managers work with parents to help them navigate the multiple systems in which they are involved to meet their obligations, keep their families functioning and maintain their homes. They may convene parenting support groups on-site, provide referrals for services in the community or intervene on a family’s behalf when a difficult situation involving a child arises.
Edward Jacobs, program director at Palladia’s Fox Point development in the South Bronx, where four Keeping Families Together families live, says it takes time for case managers to develop trusting relationships with families. “Living in the shelter system and dealing with different service providers, you become a little bit guarded and leery,” he notes. Feeling that others have failed them or broken promises to them in the past, many parents don’t believe at first that supportive housing is “permanent.” They believe it can be taken away from them at any time.

Mary McKay, Ph.D., a professor at the Mount Sinai School of Medicine Child and Family Mental Health Services and Research, says that the situations that case managers encounter with Keeping Families Together families are among “the most complex you’re going to see anywhere.” McKay trains case managers on how to deal with the complex issues facing these families, including mental illness and substance abuse, violence and risky behaviors among adolescent children. She also provides direction on how case managers can work to gain families’ confidence and trust.

Jacobs says that case managers have to be extraordinarily patient, consistent and go above and beyond the call of duty to provide support. For example, Yolanda Romero, a case manager at the Jasper Hall development in the Melrose section of the Bronx, tells the story of a woman in her 50s who entered the Keeping Families Together pilot with her 7-year-old granddaughter. The woman had an alcohol problem and was very timid; she didn’t want Romero to enter her apartment or talk to her about her needs. But then Romero learned that the woman had bedbugs in her apartment. She arranged to have an exterminator come in, and she had the mattresses and the couch in the apartment replaced.

Afterward, the woman was very proud to have Romero in her apartment and appreciative of her help. Romero was able to do a better assessment of the family’s needs and purchase new clothes for the granddaughter and help the grandmother get proper health care.

“It takes a while to establish a relationship,” Romero says, “but I like to make the families happy and I want to do whatever I can to help them.”
With the support of the RWJF, CSH launched Keeping Families Together in 2007 as a pilot in New York City. Between August 2007 and June 2009, 29 families were identified and placed in the project. These families all had significant, sometimes intergenerational, histories of child welfare involvement, substance abuse or mental illness, interpersonal violence and trauma and homelessness. Most families were female-headed.

Each family had at least one open child welfare case at the start of the pilot. Sixty percent of the 105 children born to Keeping Families Together families were not living with them at the time of placement: 40 percent were living in foster care and 22 percent had been freed for adoption.

Keeping Families Together parents had extremely high rates of mental health and substance abuse issues, and most lacked informal support networks like friends and family members on whom they could rely. Only 10 percent of Keeping Families Together heads of household had worked in the three years prior to placement in the pilot.

After moving into supportive housing, all families received individual case management services from on-site social workers, as well as access to substance abuse treatment, medication management, parenting skills training and other services as needed. Case managers met with each family at least twice a month to check in and monitor progress.

These families faced major challenges. Many were distrustful of government programs and "promises." But Keeping Families Together provided the services and support that made a difference.
RESULTS OF THE KEEPING FAMILIES TOGETHER PILOT

The pilot was designed to determine whether supportive housing works for families. Specifically, the pilot asked whether supportive housing with child welfare preventive services can prevent family separation and child removal, increase housing stability and improve the functioning of very vulnerable, high-risk families.

STRONGER FAMILIES

- More than half (61.1 percent) of child welfare cases that were open at time of move-in were favorably resolved during the families’ involvement with Keeping Families Together.

- Keeping Families Together families had fewer incidences of repeat maltreatment while living in supportive housing.

- Several Keeping Families Together parents said that being in supportive housing helped them become better parents for their children: “I didn’t like having my kids in a shelter. I could make do by myself, but since I have kids, I had to do better for them. Now I don’t worry anymore… My daughter comes first now. She is a happy child and I must be doing something right to have a great child.”

STABILITY

- Twenty-six of the 29 families placed in Keeping Families Together’s supportive housing units remained housed and intact at the pilot’s end. The remaining three families, all headed by single women, voluntarily moved out of their supportive housing apartments. Two returned to shelter during the pilot period. By comparison, 15 control group families that meet Keeping Families Together eligibility but were not placed in supportive housing typically remained in homeless shelters, with an average stay ranging from 15 to 39 months.

- Nearly all the families that entered Keeping Families Together with a substance abuse problem were reported to be clean and sober at the end of the evaluation period.

WORKING TOWARD A BETTER FUTURE

- School-age children of Keeping Families Together families showed steady average increases in school attendance.

- Heads of household who participated in Keeping Families Together focus groups reported that being in supportive housing had a positive effect on their ability to maintain relationships with others and rebuild their support systems. Some said they had joined religious services in the community and reconnected with family members.

- About one-third of families participated in job readiness or employment skill training during the pilot. Six adults in Keeping Families Together families were employed at some point during the project period.

- Twelve adults participated in substance abuse programs while living in supportive housing, while seven heads of household received psychiatric treatment to manage their mental illness.

The results of the evaluation are limited by a number of factors, most notably the small sample size. Nevertheless, Keeping Families Together had a very successful pilot, demonstrating the ability of supportive housing to provide stability and permanency for highly vulnerable families and improve the safety of their children. Supportive housing can in fact bring families back from the brink of crisis, breaking the intergenerational cycle of poverty, homelessness and child neglect.

Mets Associates conducted the evaluation, which included two components:

- A process evaluation focusing on issues relating to the Keeping Families Together partnership and implementation of activities provided to target families; and

- An outcome evaluation examining the progress of participating families in achieving program outcomes, including housing stability, family reunification, health and mental health outcomes and use of supportive services.

Results are based on interviews with CSH staff, the program’s clinical consultant and partner providers; in-depth, structured interviews with Keeping Families Together family members; administrative data from participating agencies and the Department of Education; program documents and databases; and a literature reviews.
The birth of Jose’s daughter Destiny nearly broke his heart. At the time, Jose and his wife Evelyn were living together in a homeless shelter. When Destiny was born, Jose went to the hospital to get her. He walked away empty-handed, crying.

Evelyn, who is from the Dominican Republic and speaks little English, had an open child welfare case related to an older daughter from a previous relationship. Because of Evelyn’s open child welfare case, officials refused to let him have his daughter. In fact, they wanted to put Destiny in foster care—immediately.

Jose went to court the next day. He fought for sole guardianship and got it. Then he took his baby daughter with him to a family shelter and thought about how he was going to give her a better future. Because of her open child welfare case, Evelyn was not allowed to live with Destiny. For now, at least, Jose was a single father.

But Jose did what he had to do. He took parenting classes and continued getting treatment for his longtime heroin addiction. Then, a case worker at the homeless shelter put him in contact with Diversity Works, which operates a supportive housing development for families on Crotona Parkway in the Bronx. Diversity Works got Jose enrolled in Keeping Families Together, and he and Destiny moved into their new apartment. That was more than two years ago.

“This is way different than the shelter,” Jose says. Here, Destiny has her own bedroom and toys. “At least she’s growing up in her home and not a shelter.” When he moved in, Keeping Families Together gave him furniture for his new apartment. His caseworker helps him manage his paperwork and requirements from various city agencies. Keeping Families Together also organizes family outings to places like the Statue of Liberty and the Bronx Zoo.

Jose says he’s made friends with other people in the building. “They help you out here,” he says.

Still, it’s not perfect. At first, Jose put Destiny in child care during the day so that he could work. But he took her out after two weeks because he felt the neighborhood was too dangerous. Instead, he stays home with Destiny.

After Evelyn’s child welfare case was closed, she was allowed to move in with her husband and daughter. Now they all live together in the cozy apartment in the big orange building that has become their first home as a family. Jose is waiting for Evelyn’s name to be added to the lease, so that he can leave Destiny with her during the day while he looks for a job.

Jose thinks a lot about the future. “I don’t want to be here forever,” he says. “It’s a good start, but it could be better.”

For her part, Evelyn is glad to be with her family and out of the women’s shelter where she lived before. At the shelter, she says, drug and alcohol use and fighting were common occurrences.

Now, for the first time, she is living with her husband and daughter in their own apartment. “Soy muy contenta,” she says. “I am very happy.”
For the first time as an adult, Michelle had finally gotten her life together. After years of struggling with poverty, using drugs and shuttling back and forth between homeless shelters with her children, she entered Keeping Families Together. She managed to establish a stable home in a sunny, two-bedroom apartment in the South Bronx with her three young sons.

But then, crisis struck.

One of Michelle’s sons, Donovan, now 13, has serious behavioral and emotional problems, including oppositional defiant disorder and attention deficit disorder. He can be physically aggressive. One night, Donovan attacked his mother with a broom. She struck back to defend herself.

The next day, Donovan reported his mother at school for hitting him. The city’s Administration for Child Services (ACS) opened a child welfare case against Michelle. Suddenly, she was in danger of losing all three of her sons because of her problems with Donovan.

Michelle’s Keeping Families Together case manager Denise stepped in, interceding with child welfare on Michelle’s behalf and ensuring that Donovan received proper medication. Now Donovan is in psychiatric day care. Meanwhile, the family remained intact.

“I don’t know what I would do without the services here,” Michelle says of Keeping Families Together. “Sometimes when you need support, you need it right then—not tomorrow or next week.” Keeping Families Together has allowed her to have that kind of support. As a result, she is able to raise her children together—as a family.

A good-humored, charismatic woman with a youthful face and a tendency to talk fast, Michelle grew up on the Lower East Side of Manhattan and married at 18. She went on to have seven children, and developed a drug problem. “I just kept having babies and using,” she says.

Her last stay in the homeless shelter lasted three years. During that period, she divorced her husband. At 41, she became pregnant with her youngest son, Darryl, now 3-years-old. It was a difficult pregnancy and Michelle, still living at the shelter, was put on bed rest. She took up marijuana again. When Darryl was born, he tested positive for marijuana. Child welfare became involved.

At one point, Michelle’s mother had custody of all Michelle’s children. “She had them for about 14 or 15 months,” Michelle says. “I looked at her, and she was so tired. I felt really bad.

“We went to court,” she continues, “and they told me I had a year to get myself better.” But the message didn’t hit home right away, and Michelle continued to use. “I was going to outpatient treatment during the day and then doing what I wanted when I got home.”
As the one-year deadline for rehabilitation drew closer, Michelle entered a residential treatment program for six months. This time, she was serious. “I made up my mind,” she says. “My mother had all my children, and I was the only one who wasn’t there. I decided I wanted to raise my kids.”

A friend who worked as a case manager at the shelter told Michelle about supportive housing for families and offered to help her get a unit. To Michelle, it sounded too good to be true. “I didn’t believe it,” she says.

She moved into the apartment at the Fox Point housing development with her three youngest sons on June 17, 2009. (Michelle’s two adult daughters live on their own, and her two older teenage sons live with her ex-husband, who shares custody with her.) At first, she didn’t trust anyone. “I just wasn’t open, but I knew I didn’t want to go back to the shelter. Then I realized that supportive housing was here to help me.”

For now, Michelle says she is focusing on making sure her sons are healthy and doing well at school. “I went to high school and college, and I graduated, thanks to my mother,” she says. “I want my kids to do the same.” Eventually, she would like to get work again as a parent advocate, helping parents with problems similar to hers navigate the often bewildering maze of bureaucratic rules and requirements that overwhelm so many people.

Of Keeping Families Together, she says: “They should welcome this program in other states. This is a really good program. They should have had this program 20 years ago.”

At first, she didn’t trust anyone. “I just wasn’t open, but I knew I didn’t want to go back to the shelter. Then I realized that supportive housing was here to help me.”
The evaluation results and the experiences of the Keeping Families Together families show that supportive housing can strengthen vulnerable families with highly complex needs while protecting their children. Clearly, there is a great deal to gain by helping these families attain stability—not only for the families themselves, but for society as a whole.

Lessons learned from the Keeping Families Together experience underscore the importance of:

Commitment. The NY/NY III partnership to spend $1 billion on 9,000 new units of supportive housing for disabled homeless people in New York City over 10 years represents the largest commitment to create housing for homeless people in the nation’s history. “A state that does this has to have commitment,” says Chris Carter, program director at the Jasper Hall development.

Collaboration. Keeping Families Together pulled together five very different city agencies and six private housing providers in different parts of New York City to establish supportive housing for families. “It takes a lot of people to create supportive housing,” notes CSH’s Constance Tempel. Although not all the agencies had worked together before, CSH had a history of working with all of them. “They trusted us,” says Tempel. “The city and the state took a leap of faith.”

Patience. Change is slow. “You can’t have short-term interventions and expect people to be fine,” says Tempel. “You can’t let up. That’s the lesson we learned from Nixzmary Brown.” Yet many people involved with the pilot said they were surprised by the resiliency that so many Keeping Families Together families demonstrated. “A lot of them have bounced back from some really difficult situations,” Cho says. “They struggled very hard to stay together.”

Ultimately, supportive housing can stabilize and strengthen vulnerable families with highly complex problems, helping them lead healthier, more productive lives—and at a lower cost than housing them in homeless shelters or correctional facilities.

“Given the right resources, families are their own best source of strength,” Cho says. “I want to take Keeping Families Together to every state and community.”

Carter agrees. “Supportive housing is starting to flood the South Bronx. If it can work here, it can work anywhere in the country.”

“This is the only kind of intervention that thinks about families as a whole, instead of breaking them apart into little pieces. It starts with housing, with having a home.”

—Richard Cho
Corporation for Supportive Housing