



# Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises

Paper prepared by CSH for “Silos to Systems: Solutions for Vulnerable Families” meeting, October 6, 2011.



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# Preface

Two background papers—“Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises” and “Connecting Vulnerable Families to Work and Incomes to Prevent and End Homelessness”—have been prepared for *Silos to Systems: Solutions for Vulnerable Families*, a meeting to be convened on October 6, 2011, at the Bill & Melinda Gates Foundation. The meeting will focus on new approaches, and policy and systems change solutions that help to stabilize the most vulnerable unstably housed and homeless families.

The *Silos to Systems* meeting sponsors and co-hosts include:

Bill & Melinda Gates Foundation

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Casey Family Programs

Building Changes

Corporation for Supportive Housing

National Alliance to End Homelessness

The purpose of this meeting is to develop a shared agenda for policy and systems change that is informed by the most innovative thinking and promising practices in the fields of child welfare, and income and work supports for vulnerable families, with particular attention to housing needs and solutions for the most vulnerable and homeless families with children. Among these families, there is a need for a differentiated response to varying forms of housing instability and homelessness, as well as varying levels of vulnerability and service needs. Linking housing and service interventions helps to achieve the goals of all of the systems that provide housing, human services, training and work supports for vulnerable parents and children.

At this critical time, policymakers, leaders in philanthropy and their partners at the national, state and local levels face the challenge of responding to extraordinarily high levels of need among vulnerable families, while constrained by revenue shortfalls and pressures to control public spending. Integrated strategies and new approaches across existing systems can provide the greatest impact from public and private investments, and produce better outcomes for vulnerable families and their communities.

These background papers seek to provide a knowledge base for a group of innovative leaders who have diverse roles. These leaders come from different systems in the public and private sectors, including representatives from federal, state and local government, philanthropy, researchers, policy experts and organizations that deliver housing and services to vulnerable families. The systems that impact the lives of vulnerable families often operate in silos, each with its own language, programs and culture. To accompany these two papers, there is also a “Silos to Systems” Glossary, which explains some of the key terminology used in the background papers in an effort to provide a common language that can be used to support discussions during the meeting and collaborative efforts across systems.

*In order to allow us all to start with a shared level of knowledge and understanding of the issues, it is anticipated that participants will come to the convening having read these papers.*

# Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises

## Introduction

Although they still remain largely separate, the set of policy conversations focused on homelessness and those focused on child welfare system reform have been converging upon a growing recognition of the troubling intersection between child welfare system involvement, housing stability and family homelessness. From the child welfare reform side, there is growing awareness of the destabilizing effect that homelessness frequently has on the lives of families involved in the child welfare system, not to mention the negative effects that it has on the well-being of children. Research shows that the cumulative impact of repeat maltreatment and housing instability can impact a child's ability to attach to a parent and ability to interact positively with peers. A child may be impacted socially, cognitively and emotionally. Without intervention, the long term consequences for children can include foster care placement, criminal justice involvement, adolescent teen pregnancy, substance abuse, mental health issues and adult homelessness (Widom, 1994). From the homelessness side, a consensus has more or less been reached that the majority of families with children experiencing homelessness are not substantially different in characteristics and needs from families experiencing poverty more generally, but that there remains a small subset experiencing homelessness on a longer-term basis or in a pattern of repeated episodes, who also appear to have higher service needs and a high degree of child welfare system involvement.

While we are in the early stages of learning what works to solve the complex needs of these families, there is some evidence that the combination of housing with a range of carefully tailored and individualized services can significantly improve housing stability and decrease abuse and neglect. However, implementing these services requires integration of services between the child welfare, housing and homeless systems—both to identify this subset of families routinely touching these systems and to properly coordinate and fund the housing and services necessary to meet their needs. This paper takes a closer look at the characteristics and service needs of this subset of extremely vulnerable families that frequently are involved with both the homeless and child welfare systems, describes early evidence about effective models of serving this population, and outlines the opportunities available and systems changes necessary to bring these interventions to scale.

## **What do we know about the intersection between homelessness, service needs and child welfare system involvement among poor, vulnerable families?**

The research literature that documents the relationship between homelessness/housing stability and child welfare system involvement is not large, but nevertheless presents a compelling picture of the intersections of these two sets of challenges. The following main points emerge from the research:

- the overlap between homelessness and child welfare involvement is substantial and troubling;
- the causal relationship between child welfare involvement and homelessness is likely to be bi-directional, potentially leading to generational involvement in both systems; and
- families with repeated episodes of homelessness and housing instability are similar to families that have recurring involvement in the child welfare system, providing some evidence that there is significant overlap between these two groups.

### **Overlap in System Involvement**

A number of attempts have been made to estimate and document the extent of the overlap between homelessness and child welfare system involvement. Most of these studies involve looking at rates of child welfare system involvement among samples of families with children experiencing homelessness or known to the homeless assistance system. A few studies examine rates of homelessness and housing instability among samples of families known to the child welfare system. However, much of the research that comes from the child welfare perspective is focused on young adults aging out of foster care and their rates of homelessness in adulthood. Together, they present a sense of the intersection between child welfare system involvement and homelessness or housing instability that is difficult to ignore.

A study by Park, Metraux and colleagues (2004) and Zlotnick, Tam and Bradley (2007) estimate a 24-26% prevalence rate of childhood foster care among homeless children—a rate that Zlotnick (2010) points out is more than 34 times the childhood foster care prevalence rate among all US children. Culhane and colleagues (2006) found that approximately 18% of newly homeless children eventually enter foster care placement or other preventive child welfare services within five years of their entry into homelessness.

Findings from the second set of studies examining homelessness and housing crises among samples of child welfare system involved families suggest an even greater overlap. Research by Mark Courtney and Partners for Our Children in Washington State, indicates that 37% of the families with a child who experienced an out-of-home placement were homeless in the 12 months prior to the loss of custody (Courtney, 2010). In addition, the Partners for Our Children data also indicates that the most frequent barriers to reunification for families is homelessness and the lack of a stable environment in which families can be safely reunited. Looking at the problem of housing instability more broadly (as opposed to literal homelessness) expands the extent of the overlap further. A study by Zlotnick, Kronstadt and Klee (1998) found that as many as 48.7% of a sample of children in foster care in one California county were found to have been removed from homeless or unstably housed parents (Zlotnick, Kronstadt and Klee, 1998). Some studies have even suggested that as many as 30% of children in foster care are primarily there due to the lack of housing (Harburger and White, 2004).

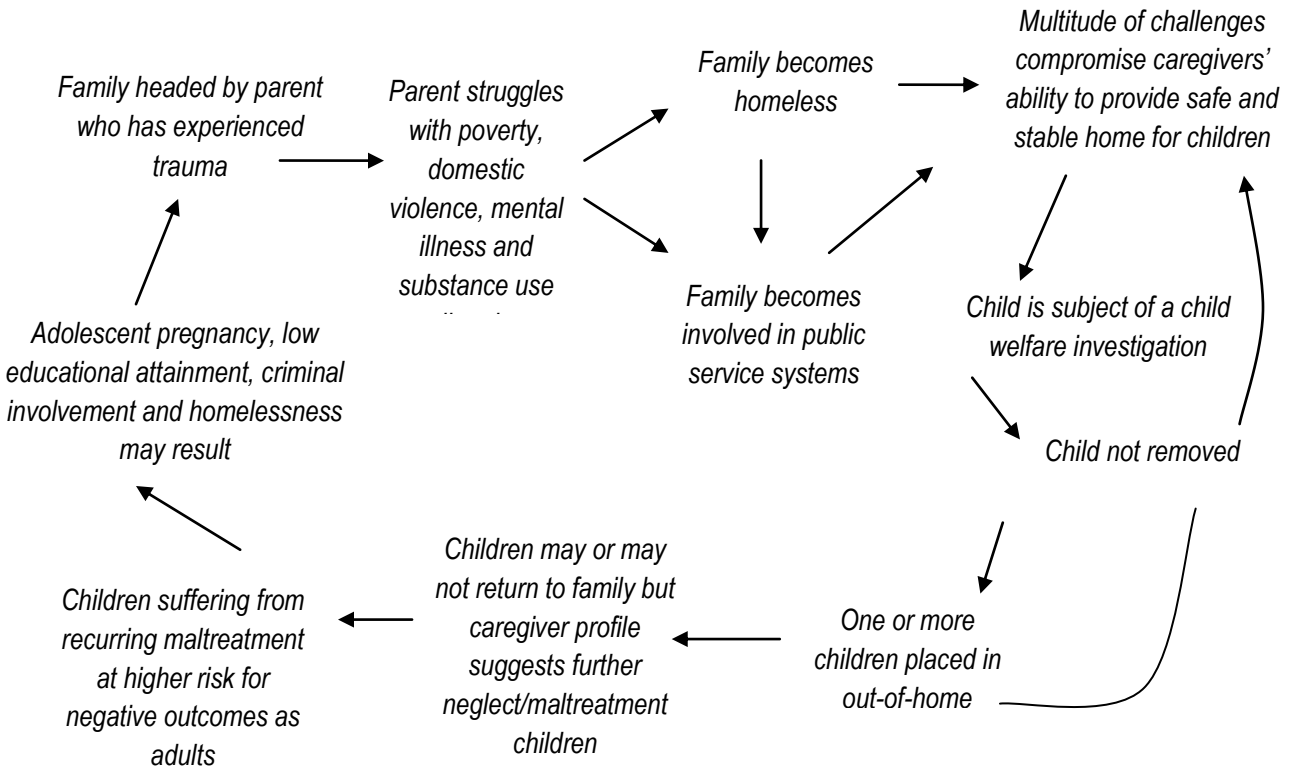


## **Causal Connections and Pathways between Systems**

In addition to the significant overlap between these two systems, research indicates that there is a bi-directional causal relationship between homelessness and child welfare, suggesting an intergenerational dynamic. Numerous studies have examined the extent to which childhood foster care placement is a risk factor for *future* homelessness among *single adults*, and have estimated rates of childhood foster care among homeless single adults ranging from 10 to 38% (Koegel, Melamid and Burnam, 1995; Susser et al, 1991; Bassuk, Buckner, et al, 1997; Piliavin, et al, 1993; Zlotnick, Robertson, and Wright, 1999; Burt et al, 1999; and Park, Metraux and Culhane, 2005; Courtney, 2010.). Conversely, other studies have shown the increased risk of homeless families becoming involved in the child welfare system. The most compelling study is that of Cowal and colleagues (2002) that found that homelessness was more strongly associated with child out-of-home placement than other service needs and risk factors such as substance abuse or mental illness among a sample of families. Moreover, homelessness may be one of the most important barriers to reunification once children are removed from parents. Courtney and colleagues (2004) found that as many as 30% of children in foster care could return with their parents if only they had access to affordable housing.

Zlotnick (2009) explains that the causal relationship between homelessness and child welfare system involvement is likely much more complex than can be explained in a simple one-directional model. She explains that the intersection is in fact cyclical and that the cycle “begins with homeless parents, usually single female-heads-of-households, who have suffered childhood sexual and physical abuse, and adulthood trauma.” More recent research suggests that the complex and compounding challenges of behavioral health issues, childhood maltreatment, extreme poverty, domestic violence and prior reports of abuse/neglect with the child welfare system make-up the profile of those caregivers most at-risk of recurring child welfare involvement (National Survey of Child and Adolescent Well-Being, 2010). Caregivers in these families tend to have persistent challenges that compromise their ability to provide a safe and stable home for their children. As a result, children of these highly vulnerable families may be removed and placed into foster care.

Most children who were maltreated (whether they enter foster care or not) will experience a number of negative outcomes as they get older, including homelessness, substance abuse, mental health issues, criminal involvement and teen pregnancy (Thornberry, 2008). In fact, the risk of becoming pregnant is 50% higher among high school girls who experience maltreatment during childhood (Thornberry, 2008). One study of parenting teens in foster care found that 22% of sampled young mothers were investigated for abuse or neglect and 11% had children placed into foster care—a rate substantially higher than that of children of teen mothers not in foster care (Dworsky and De Coursey, 2009).



This model certainly is not intended to reflect the experiences of all— or even most — of the families involved in these systems, but it underscores the importance of finding interventions that will break this cycle. While this paper is primarily focused on the characteristics, service needs and interventions of families *currently* in both systems, the systems integration that results from serving high-need families in both systems has the potential to impact youth aging out of foster care as well.

### **Characteristics and Service Needs of the Most Vulnerable Families**

As in any public service system, the homeless and child welfare systems work with families with varying levels of need. In the homeless system, for example, Culhane and colleagues (2007) classified homeless families into different need groups. This study found three distinct patterns of homelessness: (1) a “transitional” group that stays homeless for a relatively short time period, (2) a “chronic” group that stays homeless for a longer time period, and (3) an ‘episodic’ group that has repeated episodes of homelessness.

Similarly, a subset of families experience repeated contact with the child welfare system. The National Child and Neglect Data System (NCANDS), a federally sponsored effort that collects and analyzes child abuse and neglect data reports that 6 million children were involved in allegations of mistreatment in 2009. However, of these referrals, 61.9% were screened in and only 22% were substantiated for neglect or abuse. These statistics indicate that a large majority of families who come in contact with the child welfare system are screened out, or are not opened for services. In such instances, vulnerable families, including those experiencing homelessness or housing crises, are overlooked for services because their children are considered at lower risk of maltreatment.

To develop improved responses to these lower-risk cases, some child welfare jurisdictions have elected to employ a new approach known as a 'Differential Response' system. Differential Response is an approach in which reports of maltreatment in non-serious instances are viewed as a moment for engaging families in services rather than use "investigative" protocols which are often experienced as punitive and can create an adversarial relationship between the child welfare system and the family. While further research is needed to test this assumption, it is possible that the same families whose issues are resolved through Differential Response may also be the same families who experience transitional or short-term homelessness. For such families, short-term rental or financial assistance may be part of the package of assistance received through Differential Response.

While according to the National Child and Neglect Data System (NCANDS) 75% of child victims have no history of prior child welfare involvement, there is a subset of families who once encounter the child welfare system, will encounter it again and again. According to Loman (2007), 55.5% of families reported to CPS had a subsequent report within five years. According to the National Child Well-Being Assessment Survey, at the time of investigation, 60% of families had a prior CWS report of maltreatment, 57.3% had a prior investigation, and 29.7% had a prior incident of substantiated child maltreatment (National Child Well-being Assessment Survey, HHS). This subset of high-need families experience chronic and repeated episodes of child welfare system involvement over a period of years, which often results in multiple investigations and out-of-home placements of one or more children.

The evidence indicates that there is considerable overlap in the characteristics and service needs of families that are repeatedly homeless and families with chronic child welfare involvement.

Research shows that caregivers in families where chronic neglect is present face many challenges and barriers including extreme poverty, mental health and substance abuse issues, multiple impairments, low levels of education, childhood maltreatment, domestic violence and social isolation. These families are more likely to have young children, children with special needs and a child that has had a previous out-of-home placement (Loman and Siegel 2006; Nelson, Saunders and Landsman 1993).

Research shows similar patterns among frequently homeless families. In the Culhane et al. (2007) study, it was members of the episodically homeless group, instead of the long-term stayers, that were more likely to be vulnerable and have complex service needs. These families had higher rates of receiving psychiatric inpatient services and substance abuse treatment compared to members of the other two groups in the two jurisdictions where the data was available (Massachusetts and Columbus). Members of the episodically homeless group were less likely to be receiving earned income, more likely to be receiving SSI and more likely to be involved in the foster care system (Culhane et al, 2007).

Unfortunately, research has yet to fully examine the needs and characteristics of this "episodically" homeless, high-need subset of child welfare system-involved families or to develop an effective method for distinguishing these families from other homeless or child welfare-involved families. What is known about the characteristics and service needs of this subset of families comes from evaluations of interventions that have sought to specifically target this group. Specifically, evaluations of family supportive housing initiatives provide some sense of the service needs and characteristics of this subset of high-need families:

- **Significant housing instability.** In a San Francisco evaluation, 60% of the families had been homeless more than once before entering supportive housing. Many of the heads of household had

experienced homelessness or been in foster care as a child. In San Francisco, one-fifth of the parents had been placed in foster care (Nolan and Matsunaga, 2011).

- **Mental health and substance abuse issues.** Adults in a high-need family supportive housing pilot in Washington State had high levels of mental health problems and substance use. Close to two-thirds had one or more mental health indicators and 62% had past alcohol or drug treatment (Rog, 2011.)
- **Significant health problems.** Half of the adults in the San Francisco study, for example, reported being in fair to poor health. In both San Francisco and Washington, however, almost all of the families had some form of health insurance and had regular access to care. In Washington, over 80% of the adults and over 90% of the children had a place for routine medical care (Nolan and Matsunaga, 2011; Rog, 2011).
- **Involvement with multiple systems.** In both of these programs, high need families are characterized by multiplicity of issues/barriers and the use of multiple public systems. In Washington, over 70% the families had three or more barriers. In addition to the homeless system, most of the high need families in both locations were involved in the TANF and child welfare systems at some point (Nolan and Matsunaga, 2011; Rog, 2011).

Probably the best information about the characteristics of high-need, vulnerable families comes from the *Keeping Families Together* pilot, which identified and placed 29 families who were homeless and child welfare involved into supportive housing. The pilot was designed to ensure that families at the highest risk of separation were prioritized for placement into supportive housing and worked to trouble shoot various policy issues that create barriers for families involved with multiple systems.

At move in, the 29 *Keeping Families Together* families reported that they had borne 105 children, of whom 16 were adults and three were deceased. (One child was born after move-in.) These families had an average of two children (1.6) living with them in supportive housing, though this ranged from one child to as many as three children. These families faced numerous challenges, including:

- **Substance use/abuse.** Most adults were users of marijuana (42.3%) and about one-quarter of the families reported past or current abuse of alcohol or cocaine (26.9%, respectively). Over half (54%) of the families had a diagnosed mental health issue but many more had mental health symptoms such as anxiety, depression and suicidal ideation.
- **Complex trauma histories.** All 29 parents had long and complex trauma histories and many parents' childhoods were characterized by the same challenges of their own children. For example, as children, *Keeping Families Together* parents were raised by parents with substance abuse and mental health issues and were homeless and/or spent time in foster care in another setting without their parents. For many *Keeping Families Together* parents, violence has punctuated their lives, including child maltreatment and then later victimization through rape and assault, and domestic violence as adults.
- **Significant child welfare histories.** Although *Keeping Families Together* was designed as a preventive model and sought to target families where foster care placement had not yet occurred, it was discovered through administrative data that many of the families had as many as twenty years of ACS involvement prior to the pilot period. In fact, of the 86 minor children borne to the families: 43 (50%)

moved into supportive housing with their family; 25 (29.1%) were living in foster care; and 3 (3.5%) were in an informal placement. Parental rights had been terminated for 15 children (17.5%).

Of the total children, 48 had at least one foster care spell that averaged over three years. Children's length of stay in foster care ranged from 35 to 5,369 days. Fourteen of these children had a second spell in foster care lasting an average of three and a half years with a range of 74 to 5,165 days. The total cost in foster care dollars spent on these families is estimated at \$7.4 million.

- **Significant homeless histories.** Before moving into supportive housing families had been homeless for about 1,200 days on average, equivalent to nearly 40 months or more than three years of residential instability.<sup>1</sup> The median length of homelessness was 20 months, with a range from 10 months to 12 years. *Keeping Families Together* families' cumulative shelter use prior to the pilot totaled 17,451 days. The total cost of shelter use by these families is estimated at \$1.4 million.

Despite the families very difficult histories, child safety, well-being and permanence was improved during the pilot period as indicated by measures of child welfare and housing stability. Namely, all of the children in foster care with a plan to return to a parent came home and stayed home. Incidents of abuse and neglect decreased, families remained stably housed and the majority of open child welfare cases closed.

## **What is needed to help high-need, child welfare system-involved families succeed? What interventions and approaches hold promise for fully addressing the needs of this subset of high-need families involved in the child welfare system?**

While much of the cyclical pattern of homelessness, trauma, behavioral health problems and child welfare system involvement (both within and across generations) has to do with the complexity and multiplicity of needs among the subset of families in question, it is also indicative of the lack of capacity of any one public system to respond to the needs of these families. Any successful intervention must begin with considerable integration between, at a minimum, the homelessness/housing and child welfare systems for two important reasons: (1) the problems that homeless and child welfare-involved families face are too complex for one system to address alone, and (2) without stable housing it is extremely difficult to address the other challenging issues these families face.

For families with involvement in both the homeless and child welfare system—those in the highest need category with multiple service needs and frequent systems involvement—there are few evidence-based interventions. Many of the most promising interventions on the child welfare side are home-visiting models, like Nurse Family Partnership, Family Functional Therapy and Homebuilders. These interventions are likely to work best for families that are stably housed. Ironically, some of these approaches may work better when families are in shelter where case workers can find families and coordinate with shelter staff, then when families are precariously housed. It is essential to identify a variety of interventions for these high need families that go beyond immediate safety and focus on long term, sustainable recovery for parents promoting positive growth and development of children.

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<sup>1</sup> This estimation includes the data for two families that had extreme lengths of homelessness (i.e., 11 and 12 years).

For those highest-need families where children’s safety and well-being are at risk and where there is not a stable place to live, this paper describes two models in more detail—permanent supportive housing and Critical Time Intervention. Both of these interventions are on a continuum of subsidized housing and on-site services that address three domains of need among these families: (1) housing, (2) behavioral health conditions (including parental and child trauma) and (3) parenting/family cohesion. Moreover, the intensity and duration of these interventions, particularly permanent supportive housing, is appropriately suited to address chronic and possibly intergenerational challenges among families, as opposed to families with shorter-term, acute needs.

### **Permanent Supportive Housing**

Permanent supportive housing (also known as “supportive housing”) is a model of affordable housing connected to supportive services typically targeted at individuals or families experiencing or at-risk of homelessness and who are likely unable to retain permanent housing without ongoing supports (e.g. those with chronic behavioral health challenges). Originally created to help homeless single adults exit homelessness into permanent housing, supportive housing models have since been adapted to serve people exiting correctional facilities, transition-age young adults and families with children. Supportive housing should not be thought of as a separate and distinct intervention, but rather a combination of:

- affordable housing with deep subsidies and tolerant landlords/property management;
- care management (services engagement, motivational client-centered counseling, goal setting and services planning, services coordination, and connection to mainstream services); and
- evidence-based services models rooted in cognitive behavioral and family systems approaches.

Supportive housing models come in a variety of forms and configurations ranging from apartment buildings that exclusively or largely house formerly homeless (special needs) families or individuals to apartment buildings that mix special needs housing with general affordable housing units to rent-subsidized units leased on the private market to long-term set-aside units designated for special needs tenants within privately owned buildings. While the physical configuration may vary, supportive housing generally shares the following common features:

- Units are intended and designated for families or individuals who are homeless, at-risk of homelessness, and who have multiple barriers to independent living.
- Tenant households ideally pay no more than 30% of household income towards rent and utilities, and never pay more than 50% of income towards housing expenses.
- The tenant household has a lease (or similar form of occupancy agreement) with no limits on length of tenancy, as long as the terms and conditions of the lease or agreement are met.
- The unit’s operations are managed through an effective partnership among representatives of the project owner and/or sponsor, the property management agent, the supportive services providers, the relevant public agencies, and the tenants.
- All members of the tenant household have easy, facilitated access to a flexible and comprehensive array of supportive services designed to assist the tenants to achieve and sustain housing stability.
- Service providers proactively seek to engage tenants in on-site and community-based supportive services, but participation in such supportive services is not a condition of ongoing tenancy.
- Service and property management strategies include effective, coordinated approaches for addressing issues resulting from substance use, relapse and mental health crises, with a focus on fostering housing stability.

For families with children, supportive housing models may have the following additional adaptations and features:

- Family-centered focus that encompass the needs of the entire family, rather than just the adults or heads of household.
- Trauma-informed services delivery that recognizes the enduring effects of interpersonal violence and traumatic experiences among parents and children.
- Physical designs that provide ample community and recreational space.
- Educational supports and leadership development among children and youth.
- Greater use of mixed-tenancy housing settings where units for formerly homeless families are integrated with other low-income or even private market units.

Given supportive housing's deep rental subsidies and moderate to high intensity in services, supportive housing is typically targeted at families experiencing or at-risk of homelessness who have higher levels of both housing and service needs, often those with multiple and complex challenges including chronic behavioral health (e.g. mental illness and substance abuse) among parents. Given the higher levels of need and vulnerability among its targeted families, one might expect supportive housing to have somewhat modest effects on family outcomes. Nevertheless, the research and evaluation literature on family supportive housing, although limited, reveals that the model holds promise for these high-need families:

- Rates of housing stability are high, particularly in supportive housing programs that do not require participation in services as a condition of tenancy. An analysis of outcomes from four family supportive housing projects found that the two programs with voluntary services had retention rates of 94% - 95% after one year, while the two programs with mandatory services had retention rates of 71% and 67% (Bassuk et al, 2006).
- For families with children in foster care, supportive housing can facilitate successful reunification. The *Keeping Families Together* supportive housing pilot was able to successfully reunify all six children that were in foster care upon entry into the program (Swann-Jackson et al, 2010). Outcome evaluations of two supportive housing programs in Minnesota found family reunification rates of 73% and 67% (National Center on Family Homelessness, 2009).
- Supportive housing programs may be effective in preventing out-of-home placement. In *Keeping Families Together*, all of the families had open indicated cases of child abuse and neglect at entry into supportive housing. Two years after entering supportive housing, none of the families had a subsequent foster care placement and the number of open indicated cases was reduced by more than 60% (Swann-Jackson et al, 2010). Furthermore, the number of substantiated abuse and neglect reports decreased from 101 prior to the pilot to 13 after move-in.
- Supportive housing may lead to reduced substance use. In *Keeping Families Together*, nearly all the families that entered supportive housing with substance abuse problems were clean and sober by the end of the pilot period.
- There is limited information on the cost-effectiveness of family supportive housing. A cost analysis of the Minnesota Supportive Housing and Managed Care Pilot found modest cost offsets for families involved in the program (National Center on Family Homelessness 2009). A very preliminary cost

analysis of the *Keeping Families Together* pilot shows savings to the shelter and foster care system after entry into supportive housing.

Supportive housing works for highly vulnerable families where: (1) the service approach is multi-faceted and encompasses multiple need domains; (2) services address needs on a long-term basis; and (3) housing creates a platform for effective service delivery. Despite its promise, family supportive housing is not yet well known to or integrated within child welfare contexts. Other than the *Keeping Families Together* pilot, only one other family supportive housing-like model, Connecticut Supportive Housing for Families, has been known to have a direct link to the child welfare system. The Connecticut model, in fact, represents the one instance where a supportive housing-like model has been directly funded by the child welfare system.

### **Critical Time Intervention**

Another intervention arising out of homelessness field is Critical Time Intervention (CTI). Like supportive housing, CTI was originally designed and applied as an intervention for homeless single-adults, but has since been adapted to families with children experiencing homelessness. In this original application, researchers and clinicians at Columbia University attempted to provide a time-limited intensive services model to homeless men with serious mental illness exiting shelter and entering permanent housing with rental subsidies such as Section 8 Housing Choice Vouchers. Services in CTI were structured as a nine-month intervention with three distinct phases:

- “Transition” phase (months 1-3), during which clients are assisted with moving and transitioning from homelessness into permanent housing and where services primarily emphasize relationship-building, engagement and the development of service goals.
- “Try Out” phase (months 4-7), during which clients’ problem-solving and “system navigation” skills are tested and improved.
- “Transfer of Care” phase (months 8-9), in which clients are assisted in developing and transferring to their own support system comprised of a combination of natural and mainstream supports.

In addition to the phased-approach, CTI also incorporates a number of evidence-based practices (EBPs) such as motivational interviewing, wellness self-management and/or cognitive behavioral therapy, reflecting its rootedness in the behavioral health system. In its applications for families with children, CTI retains the same basic time-limited and phased structure, but incorporates EBPs focused on parenting and trauma such as “Strengthening Families” or “Seeking Safety”.

The original CTI model was tested through a randomized clinical trial (RCT) which found that the intervention was successful in significantly reducing re-entry into homelessness among the treatment group of homeless men with serious mental illness who received CTI in permanent housing compared to controls who only received permanent housing assistance (Susser et al, 1997). Based upon the results of this RCT, researchers conducted a randomized controlled trial of a Family Critical Time Intervention (FCTI) for sheltered homeless families with children headed by mothers with diagnosable serious mental illnesses and/or substance use disorders in Westchester County, New York. In addition to increasing tenure in permanent housing and reducing returns to homelessness, FCTI had the additional goals of reducing children’s mental health and behavioral health problems, improving school performance and attitudes and reducing separations of children from mothers. “Treated” families would receive FCTI along with more rapid



placement from shelter into transitional subsidized apartments in the community. Families in the control group were to receive “usual care,” in which they would reside in shelters and obtain housing through the usual systems.

Ultimately, policy changes enacted by Westchester County altered the experiment from its original design. After witnessing the potential of rapidly re-housing families through the FCTI experiment, county officials instituted a new policy of expediting the placement of *all* homeless families into transitional apartments, thus reducing the contrast between the treated FCTI group and control group families. Because of this, the study did not find statistically significant differences in either housing or maternal outcomes. However, the study found modest, but positive impacts on child outcomes, including improved mental health outcomes for children and decreased probability of school trouble for school-aged children (Shinn et al, unpublished manuscript).

## **Where are the most significant opportunities for developing an improved response and set of interventions for high-need families experiencing homelessness and child welfare system involvement?**

The substantial intersection of child welfare system involvement and homelessness/housing instability—and the impact of the interaction of these challenges on the prevalence rates of both domains of need—should compel and mobilize policymakers towards the pursuit of new and improved responses that bring multiple systems into more fully integrated relationship. For families at this intersection, the prevailing approach wherein child welfare system involvement and housing crises are treated as separate conditions, addressed through separate sets of interventions and considered the responsibility of two separate public agencies and systems, results in failures in both areas of need. On the other hand, a more coordinated and cross-system approach that tackles both child welfare and housing needs could result in improved outcomes for around both need domains and for both public systems.

Such a coordinated response would entail a number of systems changes beginning with increased collaboration and cross-sector planning on the part of federal, state and local child welfare and housing agencies, and greater investment in interventions and approaches that address housing needs and child well-being/family functioning at once. In fact, research shows that an improved response might entail two levels or tiers of assistance in which families with less severe and persistent housing crises and child welfare system involvement are provided with short-term housing assistance coordinated with evidence-based preventive services models, and the smaller subset of chronically homeless and chronically child welfare system involved families are provided with targeted housing and services interventions like permanent supportive housing.

The following outlines a more complete set of elements in the envisioned improved response:

- **Increase federal/state/local collaboration between child welfare systems, public and private housing agencies, homeless service providers and the health sector.**  
Meaningful collaboration and cross-system planning are needed between child welfare agencies, homeless services systems, health and behavioral health agencies, and the agencies that administer housing resources and assistance. Activities of this type at the state and local levels could be stimulated by more visible partnerships between HHS and HUD at the federal level. Through

collaborative interagency planning, partners at all system levels can begin to identify ways to develop a more integrated and comprehensive response like improving family case planning at the front-line level and integrating those services into housing programs, troubleshooting bureaucratic and administrative barriers and obstacles that work at cross-purpose, coordinating funding and resources, and developing more comprehensive interventions. A starting point may be to conduct interagency data matches wherein child welfare system data is matched with data on families experiencing homelessness (i.e. Homeless Management Information Systems) and at-risk families in public or subsidized housing to identify shared family clients and the high-need subset who are chronic users of both systems.

- **In line with the child welfare system’s movement towards “differential response,” reframe child welfare system encounters as intercept or engagement points for identifying (and responding to) vulnerable families experiencing housing crises.**

The philosophy underpinning differential response in the child welfare system holds that encounters with the child welfare system might and should provide opportunities to engage vulnerable families into services (rather than simply triggering an investigation regarding whether or not maltreatment has occurred.) In the same vein, encounters by the child welfare system afford opportunities for identifying vulnerable families experiencing homelessness or other forms of housing instability that need various forms of housing assistance. In other words, the child welfare system may be considered a critical intercept point for preventing and ending homelessness among families. Child welfare agencies should therefore be equipped with tools for identifying and assessing housing needs among reported families at multiple “tracks” or risk levels, as well as with clear procedures for responding to identified housing crises. In some instances, child welfare agencies, like the New York City Administration for Children’s Services, have created specialized housing departments solely focused on designing and managing agency responses to housing needs. At a minimum, families identified as currently homeless or experiencing housing crises might be referred to homeless services providers or housing assistance organizations. Similarly, both public and private housing agencies should develop the tools needed to increase awareness of, and supportive interventions to stabilize, families in their housing programs that are at risk or involved with the child welfare system.

- **Create tools or approaches for assessing families based on their level of housing needs and the chronicity of their child welfare system involvement.**

As discussed above, a two-tiered response system is needed in which families with less severe forms of housing crises and non-chronic child welfare system involvement are provided with one type of assistance and high-need, chronically involved families are provided a more intensive form of assistance. To implement this two-tiered response system, communities need a tool or approach for assessing families and determining what level and types of response are appropriate. Such a tool might consider and weigh several factors in making this determination including the history and severity of child welfare system involvement, various caregiver characteristics and challenges (e.g. behavioral health challenges and trauma), the number and ages of children and the history and severity of housing crises and homelessness. Moreover, such a tool should be easy-to-administer (not requiring clinical expertise, for example) and able to be integrated into regular child welfare practice, for instance, as part of child welfare investigations or assessments.

- **Create and provide forms of housing assistance or short-term rent subsidies to families with less chronic involvement in the child welfare system and non-persistent forms of housing crises.**

The majority of families at the intersection who have momentary encounters with the child welfare system and less severe forms of housing crises may simply need short-term, non-intensive housing assistance coupled with preventive services and connection to health and social services. For instance, some families may simply need housing relocation services, one-off rent payment assistance, short-term rental assistance and/or housing counseling to stave off homelessness and improve the conditions affecting their children's well-being. Child welfare agencies could adopt or replicate approaches developed by homelessness prevention approaches like the Homeless Prevention and Rapid re-housing Program (HPRP), in which short-term financial assistance is coupled with housing counseling services to help families either avoid eviction or housing loss or rapidly resettle in permanent housing settings. Partnerships with housing providers could help to expedite this type of activity. HPRP-like approaches may furthermore be provided in concert and coordination with evidence-based preventive services once families are settled in housing.

- **Create and/or prioritize existing permanent supportive housing for homeless families identified as high-need and chronically involved in child welfare system.**

Evaluations of permanent supportive housing indicate that it holds tremendous promise for permanently addressing the housing crises and risk of child removal among the highest-need subset of families with chronic child welfare system involvement and complex behavioral health challenges. While the base of evidence is further being built regarding its effectiveness, the early findings should encourage child welfare agencies to begin integrating permanent supportive housing as part of the range of interventions offered by their system, as well as engage in interagency planning efforts with public housing authorities, private housing providers and responsive landlords to create permanent supportive housing targeted at high-need child welfare system-involved families. The integration of permanent supportive housing by and into the child welfare system may in fact enable a new adaptation of supportive housing as well as a new means of creating and financing supportive housing, namely, through a three-way partnership between child welfare, housing and the health sectors. For instance, permanent supportive housing might be created by linking existing intensive preventive services capacity to affordable housing units, made available by securing designated housing units or set-asides of subsidies from state or local housing agency partners, where ongoing care management could be funded or provided by health and behavioral health systems. In doing so, permanent supportive housing may be enhanced through integration of evidence-based services approaches tested and refined in child welfare practice, thereby serving as an improved platform for family preservation and reunification among highly vulnerable families with complex needs.

- **Increase federal agency coordination of resources to support state and local systems integration.**

The federal government not only can play a key role in providing resources to incentivize and support efforts at the state and local level to improve collaboration and systems integration between child welfare, housing and health systems; but it can also model that collaboration through increased federal interagency collaboration. The coordination of federal resources on the housing side at the US Department of Housing and Urban Development, and on the human services and child welfare side, at the US Department of Health and Human Services and more specifically the Administration for Children and Families, can serve as vehicles for creating promising interventions like permanent supportive housing for high-need child welfare system-involved families, as well as less intensive HPRP-like forms of housing assistance for other child welfare system-involved families experiencing housing crises. Federal agencies can encourage state and local child welfare and housing systems to collaborate

through federal demonstrations that require as a condition of funding, collaboration and partnerships between these agencies.

The above list is by no means a full and comprehensive set of system changes, but represents a foundation upon which an improved system response could be further built. Moreover, even these system changes will be challenging to implement, particularly in times of fiscal austerity. At the same time, there are a number of potential opportunities that support the enactment of these changes:

- **The child welfare system (at the federal and state level) recognizes the need for intensive interventions that address the complex needs of their highest need families**

Within the child welfare system, there is growing attention and concern regarding the subset of families experiencing chronic neglect (including families in which the caregiver/parent has one or more behavioral health challenges) and recognition that new interventions and approaches are needed to help these high-need families avoid continuing encounters with the child welfare system. One of the reasons for this growing attention is the trend in child welfare policy towards reducing the number of children in foster care with a focus on keeping children with parents and caregivers. With this trend comes increased concern that children at home may still be at-risk or at least exposed to their families' and caregivers' vulnerabilities. In response to this concern, child welfare agencies have attempted a number of programmatic responses ranging from increased intensive preventive services models to mother-child residential treatment programs, reflecting the recognition that the service needs of this subset of families are often beyond the capacity of the child welfare system alone. Permanent supportive housing and other interventions would likely be welcomed by child welfare agencies seeking solutions to the needs of these high-need families, particularly if they present opportunities to leverage the resources and capacity of other public systems such as housing, health and behavioral health.

- **With advocacy and increased proscription, federal housing resources may be available through Family Unification Program vouchers that could be linked to services for this population.**

While the overall prospect of substantial new federal resources remains dim in the current climate, one potential opportunity for creating permanent supportive housing for the high-need subset of dual-system involved families is the US Department of Housing and Urban Development's (HUD) Family Unification Program (FUP) vouchers. On June 2011, HUD awarded 1,931 new FUP vouchers at a value of roughly \$15 million to Public Housing Authorities and child welfare agencies in 16 states.

Closely resembling Section 8 Housing Choice Vouchers, FUP vouchers provide rental assistance to help targeted families rent and afford apartments on the private market, subsidizing rents such that tenants are required to pay only 30% of their gross income towards rent. FUP vouchers differ from standard Section 8 Housing Choice Vouchers in two respects. First, they are specifically targeted families reunifying after child out-of-home placement or young adults transitioning to independence from foster care. Second, they are awarded through a competitive solicitation to a partnership between a Public Housing Authority and a state or county child welfare agency, who jointly administer the program. Through this partnership, the expectation is that the child welfare system will provide services to the family in conjunction with the housing subsidy. In this sense, FUP vouchers embody, at least in theory, the idea of improved coordination between housing and child welfare systems.

The impact and implementation of FUP has not been evaluated to date, but anecdotal evidence indicates that FUP has not always been considered a solution for the highest-need subset of child

welfare involved families. In fact, FUP has often been used by child welfare agencies to reach families who simply need secure housing in order to obtain approval for reunification of children, and also to young adults transitioning from foster care. Moreover, families may not be provided with child welfare services, despite the intent and premise of FUP. In a few instances, most notably in Washington State, FUP vouchers have been successfully paired with services and targeted at vulnerable child welfare-involved families. In Washington State, Building Changes facilitated a Memorandum of Agreement between the Washington State Department of Social and Health Services, public housing authorities around the state and community partner agencies to ensure the use of FUP to reach higher-need families and to be linked to services from the child welfare system.

Washington State's implementation more closely approaches the original intent and purpose of the FUP program, and also provides a template for pairing FUP with services from the child welfare system to create supportive housing capacity for the high-need subset of child welfare-involved families. One way that this use of FUP could be further supported would be to increase the program's proscription regarding how it should be targeted (i.e. to the highest-need subset of child welfare-involved families experiencing housing crisis), as well as around the type and level of services to be provided by the child welfare system in conjunction with FUP. Such proscription is certainly not unheard of; other rental subsidy programs administered by HUD like Shelter Plus Care require a very specific dollar-for-dollar match in the form of supportive services.

- **With advocacy and program redesign, federal resources to finance supportive services connected to housing may be available through programs like Promoting Safe and Stable Families.**

Although the majority of federal resources directed at child welfare systems tend to support the provision of services and care to children in foster care, a few programs support services and interventions focused on preserving families and preventing out-of-home placements. Most notable among these is the Promoting Safe and Stable Families (PSSF) Program, operated by the federal Department of Health and Human Services' Administration for Children and Families. Promoting Safe and Stable Families Program funds are directed at programs focused on preventing unnecessary separation of families, improving quality of care and services and reuniting families when possible. Funds are distributed in two ways: to states through a formula grant process and to individual programs through competitive grants.

In the first instance, states receive funding through a formula based on the number of children receiving food stamps over the last three years. States must provide a 25% match but have flexibility in how they distribute these funds. The second funding mechanism is a competitive grant process operated by the federal government directly to local providers. These grants could be 1–3 years in length and can be renewed for up to 5 years.

The Administration for Children and Families (ACF) has the authority to create new program initiatives that meet the PSSF goals based on funding availability. For instance, ACF could designate a portion of PSSF funds to support services interventions or models targeted at high-need families at-risk of separation who also experience homelessness or housing crises and which must be linked to or provided in conjunction with affordable/subsidized housing. Short of this, ACF could also issue guidance and encouragement to eligible applicants that use of PSSF funds in programs that also provide affordable housing and which target at-risk families who are homeless or unstably housed.

- Health reform creates new opportunities for providing “high-touch” care management services along with coordinated primary and behavioral health care for vulnerable families and children**

Health reform through the passage of the Affordable Care Act creates new opportunities to provide vulnerable families and children—particularly those with chronic conditions—with both care management services as well as integrated primary and behavioral health services. Most notable among these are new federal incentives given to states to implement patient-centered medical homes (referred to as “Health Homes”) that improve access to and the delivery of care, as well as improve the integration of primary and behavioral health services. States adopting the new Health Homes option as part of their Medicaid plans could encourage designated Health Home lead organizations (Federally Qualified Health Centers or certain hospitals) to partner with housing providers and the child welfare system to provide improve the delivery of comprehensive primary and behavioral health services to high-need child welfare-involved families who have chronic health challenges.
- Engage philanthropic partners who can provide leadership and funding.**

Philanthropic partners have been playing a key leadership role in supporting both research and innovation around the needs of vulnerable families and highlighting the needs of families experiencing both homeless and high needs. The Bill and Melinda Gates Foundation, for instance, has provided substantial support to Building Changes’ Washington Families Fund, which has assisted the State of Washington in becoming a pioneer, adopting new housing and services models for various homeless populations reunifying families, including the State’s adoption of community-wide definitions of housing and services needs, and developing and implementing tools that assess families as being “high-need,” “moderate-need” or “low-need.” In addition, the Washington Families Fund has also piloted a number of housing plus services interventions for moderate need families, supportive housing models for high need families, as well as models of housing and services for mothers reunifying with children after foster care outplacement. Similarly, through its Strengthening At-Risk and Homeless Mothers and Children, the Conrad N. Hilton Foundation has supported both research and programmatic innovation through pilot programs focused on vulnerable homeless families. The Robert Wood Johnson Foundation has supported several research studies and programmatic demonstrations including support to the Fragile Families study, a multi-year research study examining the needs and characteristics poor and vulnerable families, as well as CSH’s *Keeping Families Together* initiative, the first permanent supportive housing model specifically targeted at high-need child welfare-involved families experiencing housing crisis.

Although the time has come for federal, state, and local governments to take greater action around the needs of child welfare system-involved families experiencing homelessness, philanthropy can and should play a continuing role in supporting innovation. One particular role might be to support the federal government around increased interagency collaboration, for instance, by providing matching funds towards (or resources to support evaluation and research of) federal demonstration programs that pair housing with services for child welfare-involved families.

- A new body of evidence provides a foundation for the development of tools and approaches that enable better matching of interventions to levels of need.**

Recent studies have begun to shed light on ways to distinguish families who have complex and high service needs from those with challenges more easily overcome through short-term and less intensive interventions. These include evaluations of supportive housing programs, which examine the characteristics of families identified as having long-term residential instability and chronic child welfare

involvement. The evaluation of *Keeping Families Together*, for instance, found high rates of childhood trauma along with behavioral health challenges parents (Swann et al, 2010). Early attempts to develop assessment tools designed to select high-need cases appear to be promising. Baseline evaluation reports of Building Changes' High Need Family pilot in Washington State and three family supportive housing projects in the City of San Francisco both found that families targeted for intervention were headed by parents with chronic behavioral health challenges, long-term histories of residential history, low educational attainment, and higher rates of children's involvement with the child welfare system (Rog, 2011; Nolan and Matsunaga, 2011).

Innovation strategies used to identify and target high-need and vulnerable homeless single adults may also be adapted to identify high-need families involved in the child welfare system. One such strategy involves the targeting of individuals based on their level of consumption of multiple costly public service systems like inpatient hospitals, emergency departments, detox and jails. In some of the more sophisticated examples, cost analyses have served as the basis for the creation of relatively easy-to-administer assessment tools or vulnerability indices which are scored using predictive algorithms to identify individuals who are most likely to be within a high-cost cohort (Flaming et al, 2011). Similar data-driven strategies could be easily adapted to identify homeless or unstably housed families likely to be chronically involved in the child welfare system.

## Conclusion

As this paper has demonstrated, there are a range of significant correlations between family homelessness and involvement in the child welfare system. In fact, families that become involved with the child welfare system are at high risk of homelessness; many of them fall into homelessness before they even lose custody of a child and, for others, the absence of stable housing is one of the most significant barriers to reunification. These correlations, increasingly well-documented in the literature of both systems, have led to some interesting and important conversations and pilot studies that are actively seeking to integrate work going on among housing providers in both the public and private sectors and the service agencies that touch those families who are either involved or at risk of involvement with the child welfare system.

Creating improved housing and service linkages for these families not only holds the potential to best assist a group of fragile families as they seek to achieve greater stability, but to maximize the most efficient use of increasingly limited resources. Out-of-home placements should be an intervention of last resort; these placements are both more costly and possibly less effective than interventions that preserve family configurations while ensuring safety and health for vulnerable children.

Policymakers at the local, state and federal levels will benefit from continued dialogue and action in this arena, even as it means challenging existing service system configurations and moving away from a siloed approach to assisting families that have multiple, complex needs. No one system, on its own, has the resources, expertise or capacity to resolve this issue. Only through collaborative efforts that integrate resources in pursuit of the best possible response to each family will we move forward in our shared efforts to end family homelessness and promote long-term well being for America's children.

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# Glossary of Select Terms

**Caregiver:** One who provides for the physical, emotional, and social needs of a dependent person. The term most often applies to parents or parent surrogates, child care and nursery workers, health-care specialists, and relatives caring for children, elderly, or ill family members.

**Case closure:** The process of ending the relationship between the caseworker and the family. This often involves a mutual assessment of progress and includes a review of the beginning, middle, and end of the helping relationship. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated or the child has achieved his/her permanency goal.

**Case management (*child welfare*):** Coordination and monitoring of services on behalf of a client. In general, the role of the case manager does not involve the provision of direct services but the monitoring of services to assure that they are relevant to the client, delivered in a useful way, and effective in meeting the goals of the case plan. A key element of case management in child welfare is the ongoing assessment of the client's needs and progress in services.

**Central registry:** A centralized database of child abuse and neglect investigation records. Reports contained in central registries are typically used to aid social services agencies in the investigation, treatment, and prevention of child abuse cases and to maintain statistical information for staffing and funding purposes. In many States, central registry records are used to screen persons who will be entrusted with the care of children.

**Child abuse and neglect:** Defined by the Child Abuse Prevention and Treatment Act (CAPTA) as any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm. Child abuse and neglect are defined by Federal and State laws. CAPTA is the Federal legislation that provides minimum standards that States must incorporate in their statutory definitions of child abuse and neglect.

**Child maltreatment:** (see child abuse and neglect)

**Child protective services (CPS):** The social services agency designated (in most States) to receive reports, conduct investigations and assessments, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as departments of social services.

**Child welfare services:** A continuum of services, ranging from prevention to intervention to treatment, for the purpose of protecting children and strengthening families to successfully care for their children, providing permanency when children cannot remain with or return to their families, and promoting children's well-being. Services should be family-centered, strengths-based, and respectful of the family's culture, values, beliefs, and needs.

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**Community-based:** Organizations that offer social services to community residents as a major part of their missions. They have firsthand knowledge of local problems and are committed to serving and improving the community.

**Cycle of abuse:** A generational pattern of abusive behavior that can occur when children who have either experienced maltreatment or witnessed violence between their parents or caregivers learn violent behavior and learn to consider it appropriate.

**Differential response:** An approach that enables child protective services (CPS) to differentiate its response to reports of child abuse and neglect based on several factors, including the level of risk associated with the report, indicators of child safety, and the family's need for services and support. Differential response is an area of CPS reform also referred to as "dual track," "multiple track," or "alternative response."

**Educational neglect:** Failure to ensure that a child's educational needs are met. Such neglect may involve permitting chronic truancy, failure to enroll a child in school, or inattention to special education needs.

**Family preservation services:** Short-term, family-focused, and community-based services designed to help families cope with significant stresses or problems that interfere with their ability to nurture their children. The goal of family preservation services (FPS) is to maintain children with their families or to reunify the family, whenever it can be done safely. These services are applicable to families at risk of disruption/out-of-home placement across systems and may be provided to different types of families—birth or biological families, kinship families, foster families, and adoptive families—to help them address major challenges, stabilize the family, and enhance family functioning. Also see: intensive family preservation services.

**Home visiting:** Method of delivering preventive and family support services directly to the family in the home. Home visiting programs support positive parent-child relationships, promote optimal child health and development and academic success, enhance parental self-sufficiency and parenting skills, connect the family with community resources, and prevent child abuse and neglect. They focus on the importance of children's early years and on the role parents play in child development.

**Permanency:** A legally permanent, nurturing family for every child and youth. As defined in the Child and Family Services Reviews, a child in foster care is determined to have achieved permanency when any of the following occurs: (1) The child is discharged from foster care to reunification with his or her family, either a parent or other relative; (2) the child is discharged from foster care to a legally finalized adoption; or (3) the child is discharged from foster care to the care of a legal guardian.

**Recurrence of child abuse and neglect:** A substantiated report of child abuse or neglect following a prior substantiation that involved the same child victim or family.

**Risk factor:** Behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future. Major risk factors include substance abuse, domestic/family violence, and mental health problems.

**Unsubstantiated (not substantiated):** An investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that a child has been maltreated or is at risk of maltreatment. A child protective services determination means that credible evidence does not exist that child abuse or neglect has occurred.

All terms above available online: <http://www.childwelfare.gov/>

**Federal definition of homelessness (www.HUD.gov)**

The United States Code contains the official federal definition of homeless in Title 42, Chapter 119, Subchapter I: the term "homeless" or "homeless individual or homeless person" includes-

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is -
  - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
  - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Supportive housing:** Housing linked with social services tailored to the needs of the population being housed. Supportive services can be either on-site or off-site. Nonprofit housing developers and social service providers have long recognized the importance of comprehensively addressing the needs of their residents and clients. Housing and supportive services are interdependent; both are less effective in the absence of the other.

**Family Unification Program (FUP):** Section 8 vouchers funded by the U.S. Department of Housing and Urban Development (HUD), used to provide access to affordable housing for families involved or at-risk of becoming involved with the child welfare system.

**Promoting Safe and Stable Families (PSSF) :** PSSF is the second part of Title-IV B of the Social Security Act and provides a maximum of \$505 million for four core services: family reunification, family support, adoption support and family preservation. Mandatory funding (does not require an annual approval by Congress) is set at \$305 million a year. The law also allows Congress to appropriate an additional \$200 million a year for a possible total of \$505 million.

PSSF also provides an additional \$40 million a year in mandatory funds that are designated for two programs, one to address substance abuse and one to address child welfare workforce development. Finally, PSSF includes two \$10 million a year programs targeted to state court improvements and coordination with the state child welfare system.

