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How can supportive housing improve outcomes for families in the child welfare system?

Over a quarter million people (259,473) living in families with children were [homeless in the U.S. on a typical night in 2024](#). More than 148,000 of those individuals were children, an increase of more than 36,000 children from the [previous year](#).

Safe and stable housing has been affirmed as a [basic human right](#) essential to quality physical and mental health, as well as overall community and family well-being. Accessible and effective housing supports — such as emergency shelters, Rapid Re-Housing programs, and short-term rental assistance — are vital resources for families to help prevent a housing crisis, de-escalate an existing crisis, or shorten the length of time a family is homeless.

Housing instability can be a contributing factor to a family's child welfare involvement. Child protection agencies therefore must assess and attend to housing needs.

Supportive housing is a combination of affordable housing and wraparound services designed to help individuals and families work on their health, recovery, and personal growth within the platform of stable housing. The model, one of a [range of housing interventions](#) for communities to consider, recognizes that some families have complex needs such as economic hardship, mental illness, domestic violence, physical health challenges, substance use disorder, and histories of trauma. Some child protection agencies have supported a continuum of housing strategies, including supportive housing models that offer voluntary wraparound services for families they serve who also are experiencing housing instability. Supportive housing can be an important resource for some families to avoid the unnecessary removal of children, as well as for some families living in situations where a lack of adequate housing may prevent timely reunification.¹

For more information about the role of child protection agencies in supporting families experiencing homelessness or housing instability, see: [How does homelessness and housing instability impact families involved with child welfare?](#)

Key components

Supportive housing programs aim to assist individuals and families facing multiple challenges to housing stability, including [substance use disorder](#), mental health challenges, unemployment, criminal histories, and substandard credit that makes it difficult to secure a lease. Programs follow a [Housing First](#) approach, which prioritizes providing permanent housing to individuals and families experiencing homelessness before supportive services are in place. The approach recognizes the importance of addressing the basic needs of stable housing and food before beginning to address other challenges. As participants are not required to undergo treatment or achieve certain benchmarks before moving into housing, supportive housing programs reach people who have faced the biggest barriers to securing housing, including people who have experienced chronic homelessness.² Supportive housing also is family-driven: Tenants actively participate in selecting their housing and determining which supportive services they need.

[CSH](#) created a guide to [quality supportive housing](#), which includes five standards (tenant-centered, accessible, coordinated, integrated, and sustainable) across four components (project planning and administration, property and housing management, supportive services, and community planning and engagement).³ The guide also includes descriptions of supportive housing's five core outcomes:

- **Tenants stay housed.** Supportive housing is designed to break the cycle of housing instability and homelessness. Tenants typically pay no more than 30% of their income for rent and their lease is not time limited. Affordability is usually achieved through some type of rent subsidy, and individuals and families live independently in apartments or single-family homes. Housing can be offered at a single location with multiple units, or it can be scattered throughout neighborhoods. Tenants receive support in understanding their rights and responsibilities as renters, and they remain in permanent housing even if they exit the supportive element of the housing.
- **Tenants are satisfied with services and housing.** Tenants have the same rights and responsibilities as other renters, and they have control over their own lives and schedules. They also can direct the array and intensity of services they receive by working with their case manager or service provider to set individual and family goals, but they cannot be evicted for non-participation. They will remain housed as long as they are responsible tenants. Tenants should feel physically and emotionally safe where they live.
- **Tenants increase income and employment.** Tenants are expected to maintain or increase their income through applying for public benefits and obtaining employment. Supports include employment assistance and connections to public assistance programs like SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), and Medicaid.
- **Tenants improve physical and behavioral health.** Tenants can access services to improve their physical and behavioral health for as long as they want or need. Supports include case management, mental health counseling, culturally responsive health care (including preventive care), and treatment for substance use disorders.
- **Tenants have social and community connections.** Supportive housing provides opportunities for tenants to build social support networks and connections to their community through engaging in advocacy, connecting or reconnecting with friends and family, and participating in organizations (such as peer associations and faith communities) and activities (such as volunteering, voting, and gardening).

Evidence base

Studies have shown that supportive housing programs can result in positive outcomes among families experiencing homelessness or housing instability that are involved with the child welfare system.⁴ For example:

- A [national evaluation](#) of five supportive housing programs found that, although the size and significance of findings varied by site, supportive housing helped children stay with their families overall. After five years, a higher percentage of children who had been separated from their families were reunified after receiving supportive housing (53%) than children in the control group (34%). Supportive housing, however, did not impact the number of subsequent substantiated child maltreatment allegations. Study authors suggest supportive housing be targeted to children at highest risk of removal based on known risk factors (such as intimate partner violence, parental history of maltreatment, and substance use) and local context, noting that [risk factors vary](#) based on whether children are at home or in foster care.
- A randomized controlled trial of the Family Unification Program, which provides housing subsidies for families that come to the attention of the child welfare system, found that families receiving both housing vouchers and support services were less likely to have a child in foster care placement 36 months after program entry, compared to those that only received support services.⁵
- Another study compared outcomes among families that receive supportive housing, families that entered homeless shelters, and families that entered public housing. The findings show that more than half of the families that had a child in foster care and received supportive housing were reunified with their children within one year of being enrolled in the supportive housing program, compared with 23% of families that lived in a homeless shelter during the same period.⁶ It is important to note that the rate of reunification did not differ between families receiving supportive housing and families entering public housing.⁷

Opportunities under Family First

Under the [Family First Prevention Services Act](#), states can opt to use Title IV-E foster care funds for services that help children remain safely in their homes and prevent foster care placements. [One Roof](#) is a collaborative initiative of CSH that brings together housing and child welfare partners, aiming to prevent homelessness and child welfare involvement. One Roof is examining ways to use funding flexibility under Family First to integrate in-home services with supportive housing as part of a state's prevention strategy.

Studies also have outlined the factors that facilitate or hinder program success. A qualitative study of the [Pay for Success \(PFS\)](#) permanent supportive housing program — in which clients, PFS program staff, and child welfare caseworkers were interviewed — demonstrates the importance of several factors in facilitating reunification. These include parent motivation (particularly among parents with substance use disorders), meeting parents' basic needs, PFS workers advocating for and empowering clients, and collaboration between PFS staff and child welfare caseworkers. Barriers to reunification included tenants' complex needs, limited social support systems, attitudes toward tenants by system actors (such as judges and guardians ad litem), and a lack of collaboration between PFS staff and child welfare caseworkers.⁸

A [study](#) using child welfare administrative data on families participating in the Family Unification Program in **Portland, Ore.**, and **San Diego** found little impact of FUP on preventing child removal compared to families on a waitlist. The authors theorized that housing vouchers were being provided to families not at high risk of child removal. They suggested that child protection agencies should target families at the highest risk of child removal for receipt of the FUP housing vouchers. Similarly, an [evaluation](#) by the Urban Institute of five supportive housing sites found that supportive housing can reduce foster care and increase reunification. Results, however, varied by site, likely due to differences in implementation, target populations, supportive housing models, and child welfare practices. A recent [systematic review](#) of housing assistance found that child welfare-involved families receiving supportive housing had significantly higher odds of reunification than those without supportive housing.

Jurisdictional approaches

In 2012, **Connecticut**⁹ was one of five jurisdictions awarded a five-year demonstration grant from the U.S. Department of Health and Human Services to test the effectiveness of supportive housing for families involved in the child welfare system. Using a randomized controlled trial, the state tested contrast across three groups and found that screening for housing instability and homelessness early (before the case is assigned to an ongoing services worker), and providing either standard or intensive supportive housing, leads to better outcomes for children.¹⁰ After 24 months, among families receiving family preservation services, 9% of children participating in the Program Supportive Housing for Families (PSHF) model were placed in foster care or had a substantiated instance of maltreatment, compared to 40% of children in a waitlist control group who received child welfare services only. For cases with the goal of reunification, 30% of children whose families received standard or intensive supportive housing were reunified with their families, compared with only 9% of children of families that received standard services. In addition, Connecticut found the per-child costs to be similar between families that participated in PSHF, which offered access to housing vouchers and case management, and families that received child welfare services in their business-as-usual model, indicating that the state could improve services and outcomes for children and families with its existing resources.

The **New York City** Administration for Children's Services (ACS) [Keeping Families Together \(KFT\)](#) program was the first to formally test the utility of supportive housing for families involved with the child welfare system. The pilot program focused on permanently housing 29 families with high needs, including those who had been experiencing homelessness for an extended period, had a history of substance use, and/or had a mental health diagnosis. The [program proved effective](#) for this traditionally hard-to-serve population. All the children who were in foster care and had a goal of reunification when their parents began participating in the KFT program were reunified with their parents. Additionally, 60% of the child welfare cases that were open before families enrolled in the program were closed after the parents began receiving services. On average, preventive cases were closed within 10 months for KFT families, which was two months faster than ACS's goal of 12 months and significantly faster than the average ACS preventive case. More than 60% of KFT families did not experience a subsequent maltreatment report while in supportive housing, and no children were placed in foster care during the pilot.

KFT has been extended to other jurisdictions including Alaska, California, Oregon, Minnesota, New Jersey, Washington, and Wisconsin. A [KFT program](#) overseen by the **New Jersey** Department of Children and Families, Office of Housing, serves approximately 600 families at a time through regional providers (such as family resource centers). Of the 800 families served between 2014 and 2020, 88% were housed. Compared with families that were enrolled but not housed, housed families experienced lower rates of child removals within 12 months of enrollment (3.4% compared to 20.3%) and within 24 months of enrollment (7.6% compared to 24.6%). Interviews with families receiving KFT services indicate that they appreciated the stability, safety, and supports offered by the program.

California established the [Bringing Families Home Program \(BFH\)](#) in 2016 by statute. It currently is being implemented in 53 of the state's 58 counties and 25 tribes and tribal entities. Targeting families that are experiencing or at risk of homelessness and are involved with the child welfare system, BFH offers financial assistance and housing-related supportive services, including case management, housing navigation, rental assistance, security deposits, moving costs, legal services, and credit repair. BFH has led to the development of more effective partnerships between child welfare systems and housing systems. An [evaluation](#) of BFH in San Francisco found that the program increased housing stability and family functioning, and over half of children in foster care (54%) were reunified.

Key resources

CSH's [Child Welfare Family Housing Voucher Briefs](#) describe federal housing voucher programs, such as the Family Unification Program, and include strategies for identifying eligible families and administering vouchers. In addition, CSH and the Center for the Study of Social Policy created a series of practice guidance and frameworks to inform the development of supporting housing programs:

- [Welcome Home: Design and Practice Guidance for Supportive Housing for Families with Children](#)
- [A Practice Framework for Delivering Services to Families in Supportive Housing](#)
- [Tenant Manual and Welcome Home Packet \(sample\)](#)

Together, these documents share the core components of supportive housing, key considerations for delivering supportive housing, strategies for strengthening families, a self-assessment tool, and other tools and resources.

The Urban Institute's brief, [Supportive Housing for Families in the Child Welfare System: Key Model Components and Future Directions](#), provides a description of supportive housing principles, recommendations for targeting services, recommendations for implementation, and suggestions for future research.

The Government Performance Lab at Harvard University's Kennedy School recently released a report, [Coordinated Entry and Permanent Supportive Housing: A National Perspective on Barriers and Opportunities](#), which summarizes findings from interviews with [continuum of care](#) providers throughout the country. The authors identified four primary areas for improvement in the field, including better tracking data, using automated tools to support staff, standardizing processes among providers, and unifying and engaging partners to increase access to resources.

¹ This brief was informed by conversations with and feedback from Andrew Johnson and Theresa Tanoury at CSH, and through interviews with Kimberly Mays, Churmell Mitchell, and Pasqueal Nguyen from Children's Trust Fund Alliance.

² *Chronically homeless* is defined as being homeless for a year or more while dealing with disabling conditions such as poverty, a disability, mental illness, or substance use. It also refers to people who experience repeated episodes of homelessness over time.

³ To align with the wording used in the CSH guide, the word *tenant* is used in this section. *Tenants* refer to all members of a household participating in supportive housing.

⁴ Hong, S., & Piescher, K. (2012). The role of supportive housing in homeless children's well-being: An investigation of child welfare and educational outcomes. *Children and Youth Services Review*, 34, 1140-1447.

⁵ Fowler, P. J., Brown, D. S., Schoeny, M. & Chung, S. (2018). Homelessness in the child welfare system: A randomized controlled trial to assess the impact of housing subsidies on foster care placements and costs. *Child Abuse & Neglect*, 83, 52-61.

⁶ Rog, D., Henderson, K., & Greer, A. (2015). Family stability and child welfare involvement among families served in permanent supportive housing. *Child Welfare*, 94(1), 189-208.

⁷ Some public housing programs do offer additional supportive services, which could contribute to this finding.

⁸ Bai, R., Collins, C., Fischer, R., & Crampton, D. (2023). Facilitators and barriers to reunification among housing unstable families. *Children and Youth Services Review*, 148.

⁹ Farrell, A. F., Britner, P. A., Kull, M. A., Struzinski, D. L., Somaroo-Rodriguez, S. K., Parr, K., Westberg, L., Cronin, B., & Humphrey, C. (2018). Final report: Connecticut's Intensive Supportive Housing for Families Program. Chicago, IL: Chapin Hall at the University of Chicago.

¹⁰ During the demonstration, Connecticut tested the effects of a standard supportive housing program and an intensive supportive housing program. Both programs led to better results than the business-as-usual program; however, the standard supportive housing and the intensive supportive housing program were found to have approximately the same effect, even though the intensive model was more expensive to administer.

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P 800.228.3559

P 206.282.7300

F 206.282.3555

casey.org | KMResources@casey.org



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