



## Connecticut's Intensive Supportive Housing for Families Program

Findings of a 5-year randomized study of housing as a platform for child welfare

### History and Context:

Safe, stable housing is critical to family safety, permanency, and well-being. Decades of research demonstrate the benefit of housing subsidies for families living in poverty. Until recently, there was less attention to housing as a platform for child welfare. Since 1998, Connecticut's Department of Children and Families (DCF) partnered with The Connection, Inc. to design and deliver supportive housing (SH) services for families involved in child welfare. In 2010, researchers from The University of Connecticut and Chapin Hall published a report that examined characteristics and outcomes for 1,720 families who participated in Supportive Housing for Families® (SHF). Positive shifts in housing, environment of care, and employment were evident, suggesting clear promise.

Complementing these findings were other studies and initiatives across the country which suggested the potential power of a "housing first" approach to support families in the child welfare system. The Children's Bureau of the U.S. Department of Health and Human Services provided an opportunity to test the concept through funded SH demonstrations for child welfare-involved families. In CT, the demonstration leveraged a longstanding statewide SH program, solidified emergent practices, and synergized cross-systems partnerships. The CT project targeted resources to families who were newly involved with the child welfare system, experienced substantial housing instability or homelessness, and demonstrated high service needs.

### What we did:

We conducted a randomized controlled trial (the gold standard in research) comparing child welfare business as usual (BAU) with two levels of supportive housing. To assist in identifying eligible families, we designed a screening tool that helped social workers apply a "housing lens" very early in family child welfare involvement. We examined the extent to which implementation was faithful to the model and how well state and community partners collaborated. We looked at the impact of SH on child and family outcomes, and we measured costs. Families in the demonstration were enrolled in one of three groups:

- 1) Supportive Housing for Families® (SHF):** Existing statewide SH model, including case management, mental health and related services, temporary rental assistance and housing supports, and access to housing vouchers.
- 2) Intensive Supportive Housing for Families (ISHF):** Intensive SH model; similar to SHF, with a family teaming approach and an explicit vocational component.
- 3) Child Welfare Business as Usual (BAU):** Control group; standard DCF child welfare services.

## What we found:

A combination of supportive housing and case management produced significant benefits through two years. Families had high lease-up rates and housing stability. SH interventions had significantly superior impacts on family outcomes than the business as usual (control) condition.

Compared with the BAU group, families in both intervention groups had approximately 20-30% fewer child removals into foster care. Likewise, family reunification was about 20% higher in the SH groups.

Importantly, the SHF intervention produced those superior outcomes for approximately the same cost as child welfare business as usual.

## What it means:

These findings are **clear evidence of the effectiveness of supportive housing** for families with housing instability or homelessness and related challenges in functioning (e.g., parenting, mental health).

SH is not only an effective platform for child welfare intervention; it can produce **superior outcomes at similar cost to child welfare business as usual**.

A higher “dosage” of case management (ISHF) costs more and produces only slightly better results than CT’s longstanding SHF model.

**A housing screening tool helps public child welfare workers identify housing concerns** early in family involvement and effectively target resources to families with a combination of housing and other challenges.

## Implications and Recommendations:

**CT is leveraging this evidence into action.** CT is screening for housing instability and homelessness statewide at entry into child welfare and has expanded screening into early childhood education and care. The SHF® model integrates vocational supports targeted to families most likely to achieve self-sufficiency and utilizes permanent vouchers for families who need continued housing support.

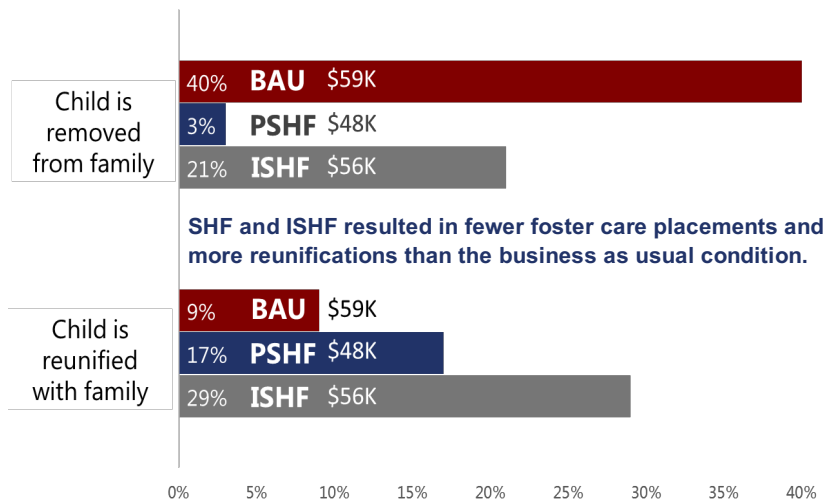
**Additional study is warranted.** The duration of this study did not enable a full examination of family movement to self-sufficiency, which likely occurs across a longer duration than the 24-month study window. Continued follow-up and access to additional data (e.g., education, vocation/employment, health care) would provide a deeper understanding of costs and benefits across time.

Given the effective and significant reduction in foster care placement, future initiatives implemented under the **Family First Prevention Services Act** might consider “housing first” approaches.

The SHF® program serves 750 to 800 clients annually, with a waitlist of up to 600 families. When housing vouchers are scarce, families stay enrolled in the program longer than necessary, delaying additional access to the program. **Additional vouchers would increase significantly the number of families served**; given the significant housing and child welfare impacts of the program, this is a worthwhile investment.

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*Figure: Percent of child removals and family reunifications by intervention group, with median costs, for 24 months*