

Supportive Housing for Families:  
How to Help America's Most Vulnerable

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In the current economic conditions, the United States is facing obstacles of historic proportions. Markets are weak and unemployment numbers are high. It is a time when the country must examine its priorities and make difficult decisions. Social problems that even in good economic times strained public resources are looming even larger.

During such times it is tempting to take drastic action, make hasty spending cuts and pull back from innovation. Of course frugality is certainly tantamount, and wasteful spending of years past must indeed be curbed. Yet recovery too is paramount. In this time of insecurity, it is our population of the most vulnerable—homeless families—that requires the greatest stabilization efforts. If we do not, millions of children will be adversely affected, along with several generations to follow. However, if we are able to implement creative strategies to address the factors that destabilize these families, we may very well be able to change generations to come in a positive manner. That would be true recovery.

This paper examines issues surrounding poverty and specifically family homelessness. There are a variety of causes and effects that must be examined in order to look for resolutions to such deep and long-standing concerns. Along with some history and current theories, this paper seeks to present solutions for family homelessness.

### **History of Homelessness**

Homelessness has been an issue on the fringes of social consciousness for many years. For several decades, the image of a homeless person was one of someone (often male) lying on a park bench with a bottle in his hand, begging for spare change. Homelessness was a problem easily marginalized because it was not seen as something

that affected mainstream society. This was especially true because a major cause of modern homelessness arose from the deinstitutionalization of patients from psychiatric hospitals; those who for many years were hospitalized due to severe mental health problems were released to live on their own, responsible for finding their own outpatient mental health treatment at community facilities. This led to large pockets of homeless adults, especially in urban areas, with severe mental health and addiction disorders that were unable to sustain their own housing.

Thus, America's image of the homeless had a difficult and tarnished edge, one full of stereotypes and shame, but one that was far removed from much of the general populace. However, in the mid-to-late 1980s, a different picture of homelessness began to emerge. There began to be an upward trend of families becoming homeless, as budgets for the U.S. Housing and Urban Development (HUD) were drastically cut and social service programs were left unfunded on a federal level (Hunt, 2006); fewer resources were available to the families who needed the most help. Much attention was instead given to homeownership and there arose a conservative backlash to social welfare programs; while many middle-class Americans strove to achieve the American dream, the poor in America became poorer, younger, and made up of more minorities. Combined with rising rates of divorce and high levels of unemployment, more mothers in particular found themselves single and in poverty (Sawhill, 1993). Families, especially single mothers, began showing up in larger numbers at shelters.

What was often more troubling than the numbers of families showing up at shelters, was the fact that a "hidden homeless" population began to emerge in the late 1980s and early 1990s. Remarkably, a landmark piece of legislation was enacted in

1987, the McKinney-Vento Homeless Assistance Act, which did allocate funding to directly aid homeless people. However, the Act was very specific in its definition of the homeless, stating that the term “homeless” includes “an individual who lacks a fixed, regular, and adequate nighttime residence;” *and* must be residing in either a shelter, transitional home or a place not fit for human habitation (U.S. Department of Housing and Urban Development, n.d.). Families facing eviction or losing their housing in some way were unlikely to seek refuge in a shelter as an immediate recourse; they first sought assistance by seeking to stay with friends or extended family members and typically looked for an actual shelter only as a last resort. Any count done by homeless advocacy groups in order to get an estimate of the numbers of homeless was thus unable to include these “hidden homeless” in their numbers; indeed, though these families were without a “fixed, regular, and adequate nighttime residence,” HUD did not see these families as homeless at all. A family staying at a motel, therefore, or a parent who sent her children to different relatives’ houses while herself staying on a neighbor’s couch, would be less likely to adequately receive support and services to assist in recovering appropriate housing.

In the 1990s, despite the enactment of the McKinney-Vento legislation, homelessness continued to be problematic. There were more shelter beds and soup kitchens available to serve the homeless, but this did not stem the tide. Policies that had been enacted in the 1980s that had so drastically reduced funding to HUD were not fully reversed, and that, along with an increase in levels of people living in poverty and no new investment in affordable housing, continued to put undue stress on low-income families. Housing subsidies were very limited and adults who went off cash assistance due to

welfare reform and went to work at minimum-wage jobs were still well below the poverty line. In fact, by 2004, research showed that children and families were the largest growing segment of the homeless in America (Donohoe, 2004).

In 2004, the U.S. Conference of Mayors cited the lack of affordable housing as the most significant factor in homeless numbers, along with a lack of necessary services (2005). The number of low-income renters nearly doubled in the U.S. during the past 30 years, while the number of low-income housing units remained essentially static and actually decreased by 17% during the 1990s (National Low Income Housing Coalition (NLIHC), 2009). In fact, though household incomes nationally have gone down in the last decade, housing prices have continued to rise at a dramatic rate. Currently, in 30 of the 50 states, it takes more than two full-time minimum-wage jobs to afford the Fair Market Rent (FMR) for a two-bedroom apartment (NLIHC, 2009); this despite the fact that most homeless families are single-parent households.

At the current time, family homelessness continues to rise; a December 2009 report from the U.S. Conference of Mayors reported significant increases in numbers of homeless families over the past year (2009). The recession affecting the entire country is exacerbating the housing problems that low-income families were already experiencing and producing even more homelessness than ever before. Both the foreclosure crisis, which has forced many renters from their homes, as well as the rise in unemployment contribute to the fact that low-income families are having even more difficulties remaining stable and housed. It is now estimated that 40-50% of the homeless consist of families (National Coalition for the Homeless (NCH), 2009).

Families living in poverty are the most likely to end up homeless (NCH, 2009). A family already living at or around the poverty line, which currently for a family of four in the United States is \$22,207, frequently has a variety of situational factors occurring simultaneously: often there is a lack of education and/or employment skills, possible disabilities, and a lack of familial or community resources. There may be mental health or addiction issues, or violence occurring in the home. Frequently, the head of household is a young parent, and has children under the age of 5. A family in this situation, many times barely making ends meet, that goes through a time of severe hardship or crisis, such as a family break-up, domestic violence or job loss, may be unable to withstand the financial implications that coincide with that crisis and end up homeless.

#### **Effects of homelessness**

It has been well documented that homelessness has tremendous negative impacts on all members of a family. Families are often fragmented due to children being sent away or being taken out of the family's care by child welfare during a family's homeless episode. Shelters frequently cannot accommodate children, or do not allow older boys or fathers to stay with the rest of the family, so the family is split. A family already undergoing great stress because of a lack of housing is placed under even more duress when families are torn apart. The disruption of familial bonds is traumatic for both children and their parents, and can lead to relational difficulties later in life (Del Giudice, 2009). It is estimated that 30 percent of children in foster care are there primarily because a lack of housing (Harburger, & White, 2004).

Children from homeless families are exposed to increased violence, crime and drug use, and are 2-3 times more likely to experience sexual and physical abuse than their

housed counterparts (Kelly, 2007). Because adults who are homeless tend to have experienced homelessness, violence, abuse or neglect as children themselves (Kelly, 2007), they may grow up and continue in similar patterns. Shelters are often located in less than desirable neighborhoods, and conditions within are commonly chaotic and crowded. In addition, families looking to avoid going to shelters attempt to find the most affordable housing possible, which may end up being in crime- or drug-ridden neighborhoods, in unsanitary or unsafe units barely fit for habitation. Families who double up with friends or family also find themselves in stressful situations, as there is little space or place for them to sleep, do homework, or any other activity.

Children and adults who are homeless have higher rates of medical problems. In one report, 26% of adults had acute medical problems, such as pneumonia and tuberculosis, and 46% suffered chronic conditions such as high blood pressure, diabetes and cancer (Burt et al, 1999). Children have higher incidences of asthma, low birth weight and speech and developmental problems (Kelly, 2007). This might be in part due to problems of hunger and homeless families having reduced access to healthy foods. This may also be due to these families having little access to medical insurance, thereby limiting their access to adequate preventative medical care or illness management.

The mental health of homeless families is similarly affected; both children and adults suffer high rates of depression, anxiety and withdrawal. Homeless children are more likely to display emotional or behavioral problems, such as severe aggression and hostility (Hart-Shegos, 1999). Homelessness places such an emotional and psychological toll on families that members have reduced abilities to deal with stressors and even sometimes lowered cognitive functioning. The impact may be so severe that it

actually alters the brain chemistry in these children, causing higher rates of mental illness, which affects them into adulthood; as such, they are much more likely to have mental illness as adults, decreasing their abilities to obtain an education or stable employment (Mattias, 2010). Mental illness can also lead to substance abuse, thus multiplying the extent of the problem. Unfortunately, just as with access to medical care, homeless families often have little access to proper mental health counseling or other important services.

With such physical, psychological and emotional barriers, homeless children's ability to learn is drastically reduced. Homeless children are four times as likely to have developmental delays and twice as likely to have learning disabilities as housed children (National Center on Family Homelessness (NCFH), n.d.). Perhaps already behind their peers because of developmental delays, children who are moving from house to house and shelter to shelter are also frequently changing schools and fail more often (Lucas, 2008). Many miss significant numbers of days of school, and lack sufficient follow-up to ensure that their educational needs are met. Because so many homeless children have special educational needs, they require even more support than their peers, but because of their housing instability, rarely receive it.

Thus, cycles of poverty are perpetuated: adults who themselves are often victims of trauma and abuse, homelessness and poverty grow up without adequate access to proper health care or without adequate education (many do not even complete high school) to assist them in acquiring high-paying jobs. They become parents, responsible for raising children, not realizing that their abilities to maintain adequate employment and run a household are severely impaired because of all they have experienced. As David

Shipler writes in his book, *The Working Poor*, “Poverty leads to health and housing problems. Poor health and housing problems lead to cognitive deficiencies and school problems. Educational failure leads to poverty.” (2004)

Truly considering the toll family homelessness takes on families, communities, states, and indeed the entire country is staggering. The National Alliance to End Homelessness states that each year approximately 600,000 families and 1.35 million children are homeless (National Alliance to End Homelessness, n.d.). Considering how drastic the effects of homelessness can be to those children, one generation of homelessness will have far-reaching consequences for decades to come. All of the aforementioned factors increase financial costs to child welfare, public school, healthcare, human service and criminal justice systems at an estimate of \$12,000 annually for those who face short-term homelessness (six months or less), and \$40,000 annually for those who are homeless for a year (CT Coalition to End Homelessness, 2008). However, the emotional and psychological cost is much greater. Family homelessness disrupts communities and school systems, neighborhoods and relationships.

### **Treating homelessness**

#### **Shelters**

What are the solutions to homelessness? In the U.S., the most common response has traditionally been the emergency shelter. In 1984, funds were provided to assist the homeless living on the street with beds in a shelter, often along with a soup kitchen to serve a hot meal. Though better than allowing the homeless to sleep under bridges, this did little to alleviate the true issues surrounding homelessness; it dealt more with the effects than the causes of homelessness. Some provided some psychiatric counseling in

conjunction with the bed, but this was known to be sporadic at best. Those who had issues with mental health or addiction disorders and who suffered from chronic homelessness were frequently unable to access the services they needed to adequately address the underlying causes of their instability.

Shelters today continue to be a much-utilized resource for those facing imminent eviction or other immediate crises. However, as previously mentioned, the majority of shelters that exist in this country do not allow families to stay with their children. In addition, most have policies that do not permit residents to stay during the day; they are only allowed to return during the evenings to sleep. Understandably, shelters are often a short-term and last resort for families, and cannot offer a long-term solution to families undergoing extreme amounts of stress due to any number of situational factors that may be occurring.

### **Family Separation**

Because of the fact that few family shelters exist, families that face homelessness are often separated. For example, a parent facing eviction may send the children off to different relatives and him- or herself go to the shelter. In addition, child protective services may take the children into protective custody because they classify homeless parents as negligent or the family conditions injurious to the children's wellbeing. The Institute of Children and Poverty, in fact, states that "homelessness is the most important predictor of the separation of mothers from their children," and 62% of children that go into foster care come from families that were previously homeless (Institute for Children and Poverty, n.d.).

Though some might consider the removal of children from their parents while they are homeless a viable solution, the effects of that can actually be more traumatic. This breaks up a family already fighting for survival and can bring further trauma to both the children and the parents. Once removed from a parent, a child in the foster care system is more likely to end up there than return to his or her household, even in cases where the parent is able to regain housing. This only brings more dire consequences; nationally, as many as 50% of children released from foster care at age 18 end up homeless (Piasecki, 2006).

### **Recent Progress**

Over the past decade, programs for chronically homeless individuals have evolved significantly. As a result of an effort put forth by the National Alliance to End Homelessness (NAEH) in 2000, a 10-year plan to end homelessness was proposed. This was backed by federal funding in 2002 by grants and initiatives offered by HUD and the Department of Labor to assist the homeless in accessing employment. Some shelters instituted transitional housing programs, where the homeless can stay until they find more adequate housing, and some states initiated short-term rental assistance programs. In addition, there have been programs such as Shelter Plus Care (targeting individuals with severe mental health disabilities) and Housing First Campaigns to house the homeless quickly. Housing First, in particular, strives to house people immediately, regardless of ability to maintain a household or willingness to participate in any services. This has been mostly used to assist homeless individuals, though it is being considered for homeless families as well.

## **Vouchers**

While significant strides have been made in reducing homelessness in homeless adults, however, family homelessness continues to rise. The largest federal source of housing assistance for families has typically been the Housing Choice Voucher Program, or Section 8, funded by HUD. This program allocates vouchers to families, allowing them to choose housing in an area of their choice, and then subsidizes the rent so that families do not pay over 30% of their gross income towards rent. This program offers significant relief to low-income families, alleviating the financial burden that housing costs place on family budgets.

Unfortunately, while the Section 8 program can be beneficial to low-income families, it is also extremely difficult to access. In order to become eligible for a Section 8 voucher, a family must submit an application at the local Public Housing Authority (PHA). The waiting lists are so long for the vouchers that waiting lists are rarely open even for application. If a family is finally able to apply, the lists are thousands of families long, and it is common to have to wait 3 to 5 years, if not longer in some instances, to receive the voucher.

## **Current Debate**

Presently the issues surrounding family homelessness have been a source of much discussion. There are those who opine that merely providing housing vouchers for families will “cure” homelessness. In their argument, many service dollars have been wasted on trying to provide case management to people to lift them out of poverty, when the mere housing voucher would be enough. Dennis Culhane, a researcher who is a proponent of the Housing First model, maintains that “housing subsidies are...sufficient

to end homelessness for nearly all homeless families,” whereas “services..., and their necessity for the housing outcome has not been demonstrated.” (as cited in Bassuk, 2006, p. 785)

On the opposite side of the debate, there are those who claim that more services are what homeless families need to get back on their feet. There are some who oppose any increase in funding for Section 8 programs, claiming that its lifetime subsidy given to tenants only decreases their motivation to find higher-wage employment and leave public assistance (Swope, 2003). Perhaps also because of the realistic understanding of the shortage of housing vouchers, they advocate for shorter-term assistance, such as time-limited rental vouchers that only provide subsidies for a certain number of months or years. In this framework, the thought is that providing more services, such as care coordination or job training programs might be all that is needed to move families forward. If a family ends up homeless and in a shelter, the argument states that they may need some “skills improvement” and within a few weeks or months of training or case management should be able to find a job sufficient to pay the rent and bills.

It is important to note that both claims have valid elements. There are certainly families that only need a Section 8 voucher and with that thrive. There are other families who have even fewer needs that hit financial roadblocks, end up temporarily homeless, and need some minimal assistance to get back up on their feet. However, it is also of importance to truly analyze which population of families needs what service, and to realize that many families need more than an either/or approach.

For example, the Section 8 program does relieve families of being financially overburdened by rental costs, but by itself can be somewhat of a stop-gap solution to a larger problem. Families who are awarded Section 8 vouchers have stringent eligibility requirements in order to participate, but once they are housed, have only occasional contact with any type of housing case worker. These families, many of whom have undergone homelessness and all of whom are in poverty receive this assistance, albeit extremely important, but also without any type of follow-up care.

As has been seen, homeless families and those coming from extreme poverty are dealing with a myriad of difficulties that got them into and kept them in distressed financial conditions. Many, coming from chaotic upbringings themselves, have a need for budgeting and financial management assistance. Those who have had struggles with mental illness and addiction issues may need therapy or treatment. Many lack education and job skills, so continue to live at a subsistence wage, even with the rental subsidy provided. The mere provision of rental assistance can hardly address these deep and long-standing problems.

In analyzing the standpoint of simply providing more services, one must take into account that many of these families who are raised and mired in cycles of generational poverty, are young parents, isolated and without skills or resources and then end up homeless. It is implausible to think that families can get “case-managed” out of homelessness with a few months of training, especially in the current economic climate. Those who have college degrees are currently finding it difficult to find employment; unemployment among those who do not even have a high school diploma is at 18%.

There needs to be another solution, a way to break the cycle and help these families with more than a temporary fix.

### **Proposed Solution**

One such proposed solution is the combination of rental subsidies with intensive case management in a supportive housing program. Supportive housing itself has come to the forefront of treating chronic homelessness in recent years. It provides a combination of project-based housing with supportive services to engage tenants in long-term rehabilitation. Some tenants are able to move on after one to two years of intensive support with a housing voucher. However, supportive housing has primarily focused on homeless single adults with severe mental illness and/or substance abuse disorders.

There are few programs that exist that provide this type of support for homeless families, and there is not widespread knowledge about their effectiveness (Corporation for Supportive Housing, n.d.).

The position that is taken in this paper is that supportive housing can be extremely effective with families and should be used as a best-practice model in assisting the most vulnerable families. Supportive housing for families uses a unique approach to provide an array of services to both allay immediate needs as well as work long-term skills in order to prevent recurring homelessness. The program needs to be solely dedicated to serving families in that most vulnerable and most disenfranchised group: parents who are homeless or on the brink of homelessness and who are facing or have already suffered separation from their children due to housing issues. As such, the program can coordinate with both social service agencies and with state Public Housing Authorities to create partnerships; an advantageous relationship for both the social service agencies that

are charged with protecting children that come from high-risk situations, as well as for PHAs that can receive assistance in following up with families that have many needs and can be difficult to house.

First, the supportive housing for families program needs to provide case management. A trained case manager can meet with the family to understand their history and initially assess their needs. Housing, though likely the most urgent problem, is almost never the only barrier; most likely there are treatment needs for members of the whole family around mental health, substance abuse, court involvement, parenting, budgeting, and transportation, among others. In this way, the case manager can work together with the family and any other providers involved to build a comprehensive plan of goals and objectives, both short-term and long-term, that are tailored directly to their needs.

As soon as the initial assessment and goal-planning are completed, the case manager can move forward to help the family get into a better living situation—the second aspect of a supportive housing program. This is key, because though the family may have many other treatment needs, the lack of housing is such a barrier that treatment may be ineffective without it (as previously mentioned). Providing an initial rental subsidy to the family or moving them straight to a housing voucher, the case manager can help them look for a living situation that is adequate to suit the needs of the whole family: one that has enough bedrooms for all the children, one that meets safety and cleanliness standards, and one that hopefully is in a secure neighborhood, nearby to transportation and other resources. The case management involvement in this phase is crucial to truly helping a family achieve greater stability—and is often part of what is missing for those

who receive vouchers with no other support. Families who come from homelessness and poverty often suffer from poor self-esteem and are likely unable to envision a life for themselves or feel that they may deserve better than what they currently have. Even those that strive to imagine that face many difficulties in negotiating the rental process with landlords who may be eager to take advantage of them. A case manager who is trained in this area can be both an advocate and an inspiration to assist the family in moving to a better place than they might have thought possible.

One of the primary goals of the supportive housing for families program is to be able to house the families as soon as possible. When a family is homeless or facing eviction, three years of waiting on a Section 8 list does nothing to solve the immediate crisis. For this reason, it is important to have the relationship established with the PHAs that have rental assistance vouchers targeted for the program. They may come in increments or sporadically throughout the year, so it is also necessary to have funds available for program-provided rental subsidies, as well as trained housing inspectors that can assure that quality housing stock is available. Such expediency brings immeasurable relief to families, allowing them to get out of crisis and move towards stability. The process also builds an important trust in the family's relationship with the case manager. Both adults and children with traumatic backgrounds have many fears and concerns about safety, and much difficulty trusting others (NCFH, n.d.), especially those in positions of authority. The process of assessment, goal-making, and immediate completion of at least one very important family goal (housing) builds a rapport and can pave the way to begin the family on a road towards success.

One important resource when trying to access the scant quantity of Section 8 or rental assistance vouchers are the Family Unification Program (FUP) Section 8 vouchers. These FUP vouchers are designed specifically to reunify and preserve families involved with the child welfare system that might otherwise be split apart due to housing issues. A memorandum of agreement (MOU) must be signed to establish the partnership between the aforementioned child welfare agency and local PHA in order to be eligible for the FUPs. Though the program was left unfunded for several years in the last decade, since their inception, over 39,000 vouchers have been awarded enabling over 200,000 children to be housed and reunited with their families (National Center for Housing and Child Welfare, n.d.).

A third aspect of a supportive housing program is the availability of flexible funds. In housing a family, the program may need to provide more than just a rental subsidy; barriers besides the affordability of rent may exist. When a family is homeless, for example, they have usually lost most of what they own, especially furniture. Families who are precariously housed may have little more than mattresses on the floor on which to sleep, especially if they have been bouncing from place to place with no money to spend on anything besides rent. Often, families also owe large utility bills, and find it impossible to get back into housing because the utilities cannot be transferred or turned on. Some may owe large amounts of money to previous landlords for back-owed rent that they find impossible to repay. Most have little to no money available to them for a security deposit, usually one to two times the amount of the rent. Without a security deposit or a previous landlord reference they cannot find a new apartment. Assuring that funding is available for these needs, if only once per family, is also important; the goal of

a supportive housing program is to continue to stabilize families with more than just shelter.

Once a family is housed and stabilized, the real work of a supportive housing program begins: long-term intensive case management. This phase is equally as vital to the families as the actual housing, because it is then that work begins on a family's long-range goals. The case manager, who has already established the beginnings of a relationship with the family and some trust, can begin to delve deeper into assisting them in many different areas. Through weekly home visits and consistent contact with other providers, the case manager can work intensively with the family. Identification of the root causes of the family's homelessness or instability is a critical step. So, too, is the assistance of the case manager to help the family deal with the effects the instability has had on the whole family; behavioral or educational challenges with the children, for example, or physical or mental health issues. The case manager aids the family on multiple levels: assistance with transportation and accessing community resources; advocacy with landlords, schools, or providers; teaching and reinforcing budget and household management; facilitating finding job or educational training; encouragement with implementing better parenting skills; support in working towards reunification with children; and reinforcement of a family's strengths.

This type of intensive and comprehensive case management is not something that can be completed quickly. As one source states, "engagement in relationships may be the linchpin that stabilizes clients" (as cited in Bassuk, 2006, p. 793); there needs to be a long-term relationship that evolves, bringing the family from crisis to stability, from dependence to independence. The recommended time frame for such casework should be

from 1-2 years. The families that a supportive housing program aim to serve have lived poverty and trauma for many years; some, their entire lives. It often takes a long time and much support to learn new skills and habits, as well as to create a new self-image.

Thus, a supportive housing for families program is a radical departure from current trends and what is commonly available for housing disadvantaged families. Because of the lack of programs or research on them, it has been difficult to determine if this approach is successful. One research study done by the University of Connecticut, however, has studied the Supportive Housing for Families (SHF) Program of The Connection, Inc. in Connecticut. Their findings reflect some of what is stated in this paper: a housing *plus* intensive services model makes a difference in homeless families. Over the course of their 10-year study, they found that homeless families involved in the SHF program showed improved access to permanent housing, health care and employment, with a 73% successful discharge rate. In addition, they found that a variety of other domains improved during the course of care as well: environment, parental capabilities, family interactions, safety, and child well-being. As the published report endorses the SHF model, as “housing vouchers combined with individualized support appear to be an effective form of assistance for families.” (Farrell et al., 2009)

### **Conclusion**

Though such an intensive program might appear costly, especially during these difficult economic times, it is crucial to understand that our country cannot afford to not invest in these families in this way. Studies show that supportive housing improves physical and mental health, reducing needs for community services and costly inpatient mental health care. In New York City, each unit of supportive housing saved \$16,282 per

year in public costs for shelter, health care, mental health and criminal justice (NAEH, n.d.). The Connection Inc., SHF Program has found that their program helps families to increase their incomes and opportunities for employment, elevate prospects of long-term recovery, decrease involvement with the judicial system, and become active and productive members of their communities. By reunifying families, supportive housing for families relieves the government of costly expenditures produced when children are in foster care. Moreover, the investment in these vulnerable families produces dividends for generations to come. The cycles of instability and destitution can be broken for not just the single family, but for the children who grow up and can give a better future to their own children.

In conclusion, supportive housing for families is not only a good theory, but a model program that can be instituted across the country. Vulnerable families exist everywhere, in both urban and rural areas, and if ignored, will continue to suffer in increasing numbers. Implementing such a program is a viable and proven solution that strengthens both families and their communities; that is true recovery.

### References

- Bassuk, E. and Geller, S. (2006). The Role of housing and services in ending family homelessness. *Housing Policy Debate*, 17(4): 781-806.
- Burt, M.R. et al. (1999). *Homelessness: Programs and the People They Serve*. Retrieved from <http://www.urban.org/url.cfm?ID=310291>
- Corporation for Supportive Housing. (n.d.). *Is Supportive Housing Effective for Families?* Retrieved from <http://documents.csh.org/documents/policy/FAQs/FamilyFAQFINAL.pdf>
- CT Coalition to End Homelessness. (2008). *New strategies to solve family homelessness in Connecticut*. Hartford, CT.
- Del Giudice, M. (2009). Sex, attachment, and the development of reproductive strategies [Abstract]. *Behavioral and Brain Sciences*, 32. Retrieved from <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=3920652> doi: doi:10.1017/S0140525X09000016
- Donohoe, M. (2004). Homelessness in the united states: history, epidemiology, health issues, women, and public policy. *Medscape Ob/Gyn & Women's Health*, 9(2), Retrieved from <http://www.medscape.com/viewarticle/481800>
- Family Housing Fund. (1999). *Homelessness and its Effects on Children*. Minneapolis, MN: Hart-Shegos, E.
- Farrell, A.F., et al. (2009). Supportive housing for families in child welfare: Client characteristics and their outcomes at discharge, *Children and Youth Services Review*. doi: 10.1016/j.childyouth.2009.06.012

Harburger, D.S., & White, R.A. (2004). Reunifying families, cutting costs: housing-child welfare partnerships for permanent supportive housing. *Child Welfare: Journal of Policy, Practice, and Program*, 83(5), 495.

Hunt, D.B. (2006). Review essay: rethinking the retrenchment narrative in U.S. housing policy history [Abstract]. *Journal of Urban History*, 32(6), doi: 10.1177/0096144206289268

Indiana University Center for Health Policy. (2008). *Homeless youth in Marion County face grim prospects*. Indianapolis, IN: Lucas, B.

Institute for Children and Poverty. (n.d.) *National data on family homelessness*. Retrieved from <http://www.icpny.org/index.asp?CID=4&PID=106>

Mattias, K. (2010). *Assisting Individuals Living with Mental Illness* [Power Point Slides], presentation at The Connection Inc., Supportive Housing for Families Program, Middletown, CT

National Alliance to End Homelessness. (n.d.). *Fact sheet: Family homelessness*.

Retrieved from <http://www.endhomelessness.org/content/article/detail/1525>

National Alliance to End Homelessness. (n.d.). *Supportive Housing is Cost Effective*.

National Alliance to End Homelessness. Washington, DC.

National Center on Family Homelessness. (n.d.) *What is Family Homelessness (The Problem): Children* Retrieved from

<http://www.familyhomelessness.org/?q=node/5/>

National Center on Family Homelessness. (n.d.) *What is Family Homelessness (The Problem): Families* Retrieved from

<http://www.familyhomelessness.org/node/4>

- National Center on Housing and Child Welfare. (n.d.). *HUD's Family Unification Program*. Retrieved from <http://www.nchcw.org/fup/>
- National Coalition for the Homeless. (2009). *Homeless Families with Children*. Washington, DC: Retrieved from <http://www.nationalhomeless.org/factsheets/families.html>
- National Low Income Housing Coalition. (2009). *Out of Reach*. Washington, DC: Wardrip, K.E., Pelletiere, D., Crowley, S.
- National Policy and Advocacy Counsel to End Homelessness. (2007). *The Long-Term Effects of Homelessness on Children*. Washington, DC: Kelly, E.
- Piasecki, J. (2006). Throwaway kids: Thousands of area foster children leave county care for a dangerous and desperate life on the streets. *Pasadena Weekly*, Retrieved from <http://www.pasadenaweekly.com/cms/story/detail/?id=3559&IssueNum=25>
- Sawhill, I.V. (1993). Poverty in the United States. *The Concise Encyclopedia of Economics, Library of Economics and Liberty*. Retrieved from <http://www.econlib.org/library/Enc1/PovertyintheUnitedStates.html>
- Shipler, D. (2004). *The Working poor: Invisible in America*. New York, NY: Vintage Books.
- Swope, C. (2003). Section 8 is broken. *National Housing Institute Shelterforce Online*, Issue #127. Retrieved from <http://www.nhi.org/online/issues/127/section8.html>
- U.S. Conference of Mayors, (2005). Hunger homelessness survey summary. Washington, DC: Retrieved from [http://usmayors.org/usmayornewspaper/documents/01\\_10\\_05/hunger\\_survey.asp](http://usmayors.org/usmayornewspaper/documents/01_10_05/hunger_survey.asp)

U.S. Conference of Mayors, (2009). Hunger and homelessness at record levels in US cities. Washington, DC: Retrieved from

[http://www.citymayors.com/features/uscity\\_poverty.html](http://www.citymayors.com/features/uscity_poverty.html)

U.S. Department of Housing and Urban Development. Federal definition of homeless (Title 42, Section 119, Subchapter I). Washington, DC: Retrieved from

<http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/definition>

