Position Statement on Sustainable Housing for Families in Child Welfare

Access to sustainable housing is a critical tool to ensure that children and families remain intact. The CWLA National Blueprint for Excellence in Child Welfare articulates that entities and communities should collaborate to ensure that families have access to and eligibility for supports and services that address basic needs, including food, clothing, housing, employment, financial resources, mental health and substance abuse treatment, education, health care, and transportation.

Issue

Affordable and sustainable housing are vital for children and families’ well-being. The right to adequate housing is a fundamental one. The child welfare system’s focus is protecting children and families, prioritizing positive outcomes of safety, permanency, and well-being. Meeting the needs of families who are inadequately housed is a complex issue that many agencies face.

Housing instability and homelessness among children and families is a significant issue, with an estimated 180,413 people in families or 56,342 family households identified as homeless on a single night in January 2018.¹ Housing and homelessness is a public health issue that impacts children and families in child welfare: Of the 269,690 children who entered foster care in 2017, 10 percent (27,929) were removed due to inadequate housing.² Supportive housing aims to address the complex causes of child maltreatment and homelessness. Risk factors for family homelessness include inadequate social support, domestic violence, a history of children being placed in foster care, parental drug or alcohol use, parental mental illness, and racial/ethnic minority family background.

The number of children who entered foster care can be associated with the opioid epidemic between 2012 and 2016. Of the 269,690 children who entered foster care in 2017, 36 percent were removed due to a parent’s drug abuse.³ Efforts that focus on treatment for the entire family, from prevention through collaboration across agencies, is most effective in supporting families and children involved with child welfare. Supportive housing, integrated with promising models in which parents can address addiction problems, allows for families to remain intact and receive services and resources in community-like settings, rather than removing a child from his/her home and placing them in foster care. Investments in prevention strategies and effective programs—including the increase of funding for plans of safe care through the Child Abuse and Prevention Treatment Act (CAPTA) and the passage of the Family First Prevention Services Act to support Kinship Navigator programs—helps to address the opioid epidemic and meet the needs of children and families. These efforts build on the Family First Act—in particular the parts of the legislation that deal with family-based treatment and treatment facilities. The challenge

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³ Ibid
right now is that despite the modifications made by Family First, there are a limited number of facilities for parent-child treatment. Some of the challenges have to do with whether or not treatment centers accept children, have the capacity to do so, or can handle sibling groups or older children. Building cross-system collaborations to minimize barriers is required to assist a parent in successfully completing treatment.

Youth who age out of the foster care system, with no legal permanency or social capital, also are impacted by housing instability. Each year, nearly 20,000 youth “age out” of foster care or exit care to emancipation. Youth exiting foster care are at high risk of homelessness due to lack of social supports, poorer health outcomes, and unemployment, any many young families struggling with homelessness are headed by young people who recently exited foster care. A decade after the passage of the 2008 Fostering Connections to Success and Increasing Adoptions Act, only half of U.S. states and the District of Columbia have extended foster care through the Title IV-E program. Young people who transition from foster care without stable housing face many challenges that can affect their employment prospects, physical and mental health, and ability to remain in school. Approximately between 11 and 36 percent of young people who age out of foster care become homeless and find themselves “couch surfing” for extended periods of time. Collaboration with both child welfare agencies and housing agencies allows for better coordination of streamlining services and supports for this population.

Research

Research shows that sustainable housing prevents children from entering the foster care system and keeps families intact. Partnerships between local housing authorities and child welfare agencies have been proven to keep families permanently housed and improve outcomes for children. Enrolling families and youth involved in child welfare into the Housing Choice Voucher (HCV) program, Public Housing programs, or the Family Unification Program (FUP) comes with its limitations and challenges. The timeframes imposed by the HCV program are unrealistic given the time that is necessary for effective substance use disorder treatment and recovery and the child welfare 12-month clock. Successful strategies that address families facing homelessness, provide supportive services, and assure access to safe and affordable housing options are solutions to this crisis. The Housing First Model and One Roof are evidence-based models that have been effective in meeting housing instability needs of children and families impacted by the child welfare system.

The Housing First model is a permanent housing placement solution that utilizes the wraparound services approach to address the needs of families or individuals experiencing homelessness. This model is flexible and responsive to the housing stability and well-being of the person or family. The philosophy of the Housing First model is to “provide housing first and then combine the housing with appropriate level of mental health, substance abuse, or other services needed” for the individual or the family. One Roof is a program created by the Corporation for Supportive Housing (CSH) that is dedicated to breaking the “inter-generational cycle of homelessness.” One Roof understands that many of the parents struggling to provide their children with stable housing once faced those same issues when they were kids. One Roof funds various programs across the country that are dedicated to keeping families together and providing them with housing—specifically focused on families and reuniting parents with their children who have entered the foster care system.


CWLA’s special Child Welfare journal issue *Housing, Homelessness, and Economic Security* examines the critical link between housing stability within the context of child welfare. Developing the partnerships that are necessary to provide for the housing needs of children and families involves cross-system collaboration between local public housing agencies, child welfare, mental health systems, and more, and involves investments in expanding housing availability and accessibility. Investments in evidence-based models and programs that prevent the removal of children from their homes and keep families together should be priorities, as should sustaining dedicated funding to youth aging out of the foster care system and youth who are at risk of homelessness.

**Recommendations**

CWLA recommends that the 116th Congress prioritizes investments in:
- Cross-system coordination and implementation between HUD and HHS
- Evidence-based housing models, which are effective in addressing the needs of families with complex needs like the Housing First model that encourages the provision of supportive wraparound services
- Flexibility with HUD’s Housing Choice Voucher (HCV) program, which will allow families who have case plans that extend beyond the time limit and/or need residential treatment for an addiction
- Extending the time limit for Family Unification Program (FUP) vouchers past 36 months for youth at risk of homelessness and young adults transitioning from the foster care system, and prioritizing funding to local public housing agencies (PHAs) to administer the program