



Supportive Housing Research FAQs: Is Supportive Housing Effective for Families?

To date, research on supportive housing has focused primarily on outcomes among homeless single adults often with disabling conditions such as severe mental illness or substance use disorders. Less is known about the impact of permanent supportive housing for families. Research seems to suggest, however, that supportive housing is a promising intervention for many families with long histories of homelessness who face the greatest obstacles to stability and self-sufficiency. This brief summarizes the findings from these studies.¹

FINDING: A subset of families have long histories of homelessness and often return to homelessness after being rehoused. Many permanent supportive housing projects across the country are serving these high-need families.

For most families, homelessness is a short, episodic event that usually can be addressed with a housing subsidy or more affordable housing options. Some families, however, face more serious challenges to housing stability. In a recent study of 100 families living in supportive housing, researchers reported that this group had long histories of homelessness, mental health and substance use problems, were older than sheltered homeless mothers and tended to remain extremely poor and unemployed. The average duration of homelessness as an adult was 44 months. Ninety-three percent of these families reported having been homeless at least once in the past (before the current homeless episode), and 40% had been homeless three or more times previously, roughly double the proportion found in a nationally representative study that examined families in homeless assistance programs. One-third of the women in these supportive housing programs had their first homeless experience as a minor. These households were also extremely poor, with monthly household income ranging from \$716 to \$1,296.

FINDING: Permanent supportive housing has demonstrated success in facilitating housing stability for many families experiencing long-term homelessness and may lead to other positive outcomes, including family reunification.

Four of the supportive housing projects in the Supportive Housing for Families Evaluation tracked outcome data. In two of these four programs, nearly all the residents (95% and 94%) were still housed in the program a year after enrollment. In the other two programs, the proportions were lower but substantial – 71% and 67%. This is a notable achievement given the extensiveness of their homeless experiences and service needs.

Families in some of the programs were able to achieve high rates of reunification – an important issue for many families. Two programs reported high rates of family reunification over the course of a year (73% and 67%), and two other programs reported lower rates (40% and 0%, although this sample was small).

¹ Ellen L. Bassuk et al., [*Family Permanent Supportive Housing: Preliminary Research on Family Characteristics, Program Models, and Outcomes*](#). (Corporation for Supportive Housing, February 2006).

Across the programs, families made limited progress toward economic self-support. The percentage of mothers employed increased slightly during the one-year follow-up period after families moved into supportive housing, but by the end of the first year less than 50% of mothers were employed. Incomes increased slightly over the follow-up period in three of the four programs, but families remained extremely poor with average monthly incomes across the four programs ranging from \$836 to \$1,447.

FINDING: Supportive housing for families should be adapted to the needs of families and children, taking into account the high level of trauma that many of these families have experienced.

A broad array of supportive services must be available to help families become stably housed and work toward recovery and economic self-support. The data suggest that families with long histories of homelessness require readily accessible services, including: income support, education, job training, employment assistance, childcare, case management, and housing/systems advocacy. In addition, the data suggest that many of these families have additional needs requiring services that address health, substance use, mental health, and trauma. Programs should develop flexible, trauma-informed, inter-disciplinary on-site services that can effectively engage and support families with complex needs, as well as well-oiled referral routes to highly specialized services. Finally, developmentally appropriate services should also be created for children living in these settings.