

Housing *Plus* Services: Supporting Vulnerable Families in Permanent Housing

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The importance of integrating services with housing to help low-income families achieve stability is gaining recognition. The variations in types of existing housing and service initiatives have produced a complex language with multiple meanings and overlapping definitions. The National Low Income Housing Coalition proposes the umbrella term *housing plus services* to refer to these programs. Following a review of the literature on the relationship of housing to child well-being, the article discusses and illustrates the National Low Income Housing Coalition's principles for and typology of housing plus services.

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Housing is a basic need that plays an important role in family well-being, health, safety, and quality of life. Fragile families and vulnerable children have a critical need for stable housing and safe living environments. Yet, as a society, we have not committed the necessary resources to ensure we meet this basic need for all families or for all children, many of whom do not live with family members (Hewlett, 1991). The lack of adequate affordable housing to support family life is a key problem and a contributing factor to family involvement with the child welfare system. Indeed, housing is the bedrock on which families thrive, and some researchers see housing stability as essential to family stability (Crowley, 2002, 2003). Beyond bricks and mortar, adequate and stable housing for vulnerable families includes the integration of services that support residents and build a sense of community.

Agencies have developed a range of housing types and service initiatives to address this challenge. Although the diversity of approaches has been useful, each type of program or development strategy appears to generate its own jargon and understanding of housing and service delivery. When working together across type, both housing and social service providers are confronted with multiple meanings and overlapping definitions as they discuss their common interests. To maximize benefits to vulnerable families in housing settings, clarity is needed for a succinct, detailed analysis of housing and services initiatives.

As a place to begin this work, the National Low Income Housing Coalition (NLIHC) proposed the umbrella term *housing plus services* to describe permanent housing that incorporates services into the operation of housing, with the services provided by people for whom service delivery, not property management, is their primary responsibility (Granruth & Smith, 2001). Following a review of the literature to set a context for this work, this article includes a proposal of 11 core principles illuminated through a case study, and discussion of a common language to guide practice in housing plus services programs.

Intersection of Housing and Child Welfare: A Literature Review

With an increase in social problems, such as poverty; domestic violence; the loss of youthful parents through addiction, illness, abandonment, incarceration, or death (Simon & Burns, 1997); and an increase in homelessness, family child welfare workers are increasingly confronted with the growing inability of families to acquire and maintain safe, permanent housing. This calls for new understandings and new solutions.

Throughout history, America has seen epidemics and rising orphan populations, private troubles, and public responses. Social reformers in such times have urged that social problems be resolved with compassion and care. The social dilemma, then and now, is for policymakers to understand that it matters how, where, and under what conditions the poor are housed, and to care enough to do something about it. Gephart (1997) warned that “the interaction of several forces in America’s cities over the past fifty years has led to the increased spatial concentration of poverty, and the increasing clustering of poverty with other forms of social and economic disadvantage” (p. 3). Social research has played a role over time in helping illuminate such conditions and give direction to social policy through a social justice lens. Some examples that have helped shape an understanding of the housing–family well-being connection are presented here.

Links Among Poverty, Housing, and Family Well-Being

Social reformers active in the Settlement House movement in the early 1900s set the tone for examining poverty, housing, and family well-being. They developed community-based programs and services for very poor immigrants to America’s industrializing cities and also conducted social research to examine the effects of inadequate housing and living environments on residents. They wrote about the interdependence of housing and neighborhood, stress, and family relationships. Armed with convincing data, they advocated at policy levels for an improvement in deplorable ten-

ement housing and neighborhood conditions (Addams, 1910; Wald, 1915).

In the years between then and now, researchers have conducted important social studies to frame the housing–family well-being connection in contemporary social policy terms. Among them are Schorr’s *Slums and Social Insecurity* (1964); Hartman’s *Housing and Social Policy* (1974); Pynoos, Schafer, and Hartman’s *Housing Urban America* (1980); and Dolbeare’s *Out of Reach: Why Everyday People Can’t Find Affordable Housing* (1991). Researchers called more recent attention to the rise of homelessness and to causal factors that include the extension of poverty, the loss of the social safety net, and the vanishing affordable housing market (Dear & Wolch, 1987; Wolch & Dear, 1993).

Pioneering research in the late 1970s and early 1980s, under the leadership of Donna Shalala at the U.S. Department of Housing and Urban Development (HUD), broke ground for the scholarship of Eugenie Birch (1983, 1985), Jacqueline Leavitt (1985), Gwendolyn Wright (1983), and Delores Hayden (1981), whose work highlighted the relationship between low-income women, housing policy and programs, neighborhood environments, and family well-being. Researchers conducted a number of studies using HUD and U.S. Bureau of the Census data that showed housing problems were gender related:

- Women who headed households experienced housing problems because of their low economic status and patterns of discrimination.
- Of those households experiencing housing problems, 40% were headed by females.
- In addition to housing quality and owner-renter status, researchers deemed many other environmental factors important in the definition of housing problems, including location, services, and neighborhood quality.
- Any housing policy targeted to maintain and increase the supply of low-cost housing or assist low- and moderate-income groups in gaining decent, affordable shelter would be of particular significance to women (Birch, 1985, pp. 297–299).

Birch (1985) drew some implications: (a) affordable housing is a basic need, and without it families can become unstable; (b) housing must be studied and understood in the context of low-income mothers' day-to-day realities; and (c) low-income families headed by women with children are a fragile group found to have difficulties acquiring and maintaining safe, permanent, affordable housing.

Domestic violence is another contributing factor to family instability and relationship breakdown (Dobash & Dobash, 1980; Faludi, 1991; Gelles, 1972; Gondolf, 1988; Harvard University School of Public Health, 1983). One study found that when women with children took concrete action to leave an abusive domestic relationship, they gave up the physical security of a home with a spouse or a partner to be physically safe and free from pain and fear—a move mothers saw as responsible and in the best interests of their children (Mulroy, 1995). Families are the fastest growing population of the homeless, and battered women's shelters are often the only refuge for women and children who seek to escape domestic violence.

A parent's ability to cope with pending homelessness is exacerbated by very low income from low wages, unreliable child support payments, the high cost of quality child care, loss of health insurance, and eviction for inability to pay escalating rents—all stressors that increase family instability. In turn, these stressors cascade toward frequent residential mobility and a downward slide toward homelessness.

Institutional Barriers to Family Well-Being

Housing programs alone do not necessarily solve housing problems for vulnerable families. Institutional barriers exist that make it difficult for them to find stability. By *institutional*, we mean "established laws and organizational structures, their rules, their interrelations, and the entrenched patterns of behavior built around them" (Downs, 1973, p. 1).

In one study, more than two-thirds of single-mother households searching for affordable housing with tenant-based Sec-

tion 8 certificates reported discrimination by landlords who refused to participate in the Section 8 program (Mulroy, 1988). Moreover, when community agencies attempt to locate homeless shelters for families in safe neighborhoods, they are typically beaten back by resistive coalitions of NIMBY (not in my backyard) residents who argue that “the neighborhoods are not suitable” (Otto, 2003). Such perceptions are typically codified in local zoning ordinances.

Barriers to housing and family stability are especially difficult for parents leaving prison (Figueira-McDonough & Sarri, 2002; Mulroy, 2002). In addition to the barriers cited previously, landlords may consider these parents punished for their deviant behavior but not rehabilitated, therefore making them very poor housing risks.

Three out of four women in prison have custody of minor children when they enter prison, and those children are usually returned to them immediately on leaving prison (Ascione & Dixon, 2002). This often occurs before a woman has been able to obtain housing. She has no resources for rent deposits, household furnishings, or supplies. If she was ever convicted of a felony drug crime, she will be excluded from all types of welfare assistance in 37 states. If she was in prison for several years, she will have limited knowledge of the rental housing market or rental assistance programs, or even about community agencies that could assist her. (For further discussion of institutional barriers for incarcerated women with children see, for example, Ascione & Dixon, 2002; Figueira-McDonough & Sarri, 2002; Pearce, 2002; Whitley & Dressel, 2002).

The role of the child welfare system in this context is an important question for further scrutiny. In sum, economically marginal parents need affordable housing, community support, appropriate services, and resources to nurture and care for their children.

Common Principles for Housing Plus Services Programs

The proliferation of housing plus services programs has occurred with few tested models and standards for service delivery. Be-

ginning with a review of the existing literature on guidelines for services in housing settings (Cohen & Phillips, 1997; Cohen, Phillips, Mendez, & Ordóñez, 2001; Granruth & Smith, 2001; Reynolds & Hamburger, 1997; Tull, 1999), NLIHC's Housing *Plus* Services Committee engaged in a consensus-building process with participants representing a range of housing types to develop a set of core principles to guide effective service delivery. These principles, based on the historical and contemporary linkage of housing and services, are proposed as comprehensive, multifaceted, and interlocking.

Agencies have used these 11 principles (see Table 1) in training at national conferences and intend them to serve as a foundation when planning and implementing programs in the community (Housing *Plus* Services Committee, 2004a). Although applicable in all permanent housing settings, the principles are particularly relevant for working with families who are involved or at risk of involvement with the child welfare system. The principles are not meant as prescriptions or policies. Rather, they are intended to maximize freedom of choice in their application and encourage innovation (Lewis, 1982).

As the first two principles indicate, the Housing *Plus* Services Committee drew these guidelines from their common beliefs about the rights, strengths, and needs of residents. Principles 3 through 9 address the essential integration of services in housing settings and provide guidance on how these services can be delivered to maximize partnership, collaboration, self-determination, and empowerment. The final two principles suggest the imperative to look beyond actual buildings and to focus on the surrounding neighborhoods of housing programs to provide quality services for residents and build community capacity and strength.

These principles provide a framework for designing programs that link housing and services. They are based on the belief that effective programs focus on resident and community strengths and the improvement of economic and social well-being. As the following case study indicates, these principles are ideally suited to inform quality practice for families involved with child welfare systems.

TABLE 1**Principles for Design and Implementation of Housing *Plus* Services Programs**

1. Housing is a basic human need, and all people have the right to safe, decent, affordable, permanent housing.
2. All people are valuable and capable of being valuable residents and valuable community members.
3. Housing and services should be integrated to enhance the social and economic well-being of residents and to build healthy communities.
4. Residents, owners, property managers, and service providers should work together as a team in integrated housing and services initiatives.
5. Programs should be based on assessments of residents' and communities' strengths and needs, and supported by ongoing monitoring and evaluation.
6. Programs should strengthen and expand resident participation to improve the community's capacity to create change.
7. Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable.
8. Community development activities should be extended to the neighboring area and residents.
9. Assessment, intervention, and evaluation should be multilevel and should focus on individual residents, groups, and the community.
10. Services should maximize use of existing resources, avoid duplication, and expand the economic, social, and political resources available to residents.
11. Residents of Housing *Plus* Services programs should be integrated into the larger community.

The James Family Case Study *

Mrs. Dorothy James is 62 years old and has resided with her 22-year-old daughter, June, in a two-bedroom apartment in a five-story renovated building owned and managed by Phipps Houses in New York City for more than 10 years. Mrs. James came to see Lisa, the community service worker in the building, because she was upset that her oldest daughter Brenda might be on drugs and needed help. Mrs. James felt that she had a good relationship with Lisa, and she felt that she could confide in her to discuss

* The authors drew this case study from the experience of a particular family and their work with the Phipps Houses Community Development Corporation in the Bronx, New York City. The names and other identifying details in the case study have been changed to protect the confidentiality of those involved.

confidential matters. Lisa had assisted several clients with matters such as Mrs. James's.

Mrs. James wanted to move her grandchildren into her apartment so that she could better care for them, and she wanted to know if it would be okay with Phipps. As the discussion with Lisa unfolded, Mrs. James explained that Brenda James already had an open case for child neglect, and Mrs. James was sure the city would take the children if the city authorities visited Mrs. James's apartment in Manhattan. Mrs. James felt she must move quickly. Lisa offered to advocate on her behalf and spoke with the property manager, Joe Harper. Joe stated that as long as Mrs. James had temporary custody of the children, they could move in and be placed on the lease. In addition, Mrs. James would be placed on a waiting list for a three-bedroom apartment.

Mrs. James was greatly relieved and talked with Lisa about moving forward. Lisa informed her that there seemed to be several options: (a) register the extended family in a preventive services program, two of which were located in the surrounding community; (b) call her daughter's case into the Administration for Children's Services (ACS) hotline for immediate action; and (c) petition to adopt her grandchildren. The next day, before any option could be taken, Mrs. James received a call from her daughter, who stated that ACS had removed her children and that Brenda had admitted herself into a substance-abuse program at a local hospital.

ACS visited Brenda's home because her children had missed a couple of days of school. When they arrived, they found disarray, a lack of food, and Brenda coming down from a PCP high. Within an hour of the visit, Brenda told her mother that she no longer had control of her life. Brenda said that she loved her children and did not want to lose them to the city—she wanted them to stay with family until she could get her act together. An ACS worker

came to Mrs. James's house to make an extensive assessment for a kinship foster care placement of the children with their grandmother, including her employment history, education, a background check, and a reference check. The ACS worker referred Mrs. James to mandatory parenting-skill classes and provided assistance with referrals for enrolling the children in Medicaid.

Mrs. James felt that the ACS worker was not helpful in providing information about local services for children during this difficult time. Because this experience was new to her, Mrs. James feared that she would not be successful, and she left a message for Lisa to discuss her concerns. The next day, they agreed that Lisa would escort Mrs. James to the local school to enroll the children and check out the afterschool program. They also arranged for Mrs. James to meet with the enrollment facilitator at Phipps's onsite health clinic to see if the children were eligible for the New York State Child Health Plus Program. In addition, Lisa arranged to provide Mrs. James with food from the food pantry and clothing for the children until vouchers arrived from ACS. Two weeks later, her grandchildren were temporarily placed with Mrs. James. With the addition of a rollaway bed, the children moved into June's room, and June moved in with her mother.

After the experience with Mrs. James, the Phipps Family Services Department started a support network for grandparents raising their grandchildren. Brenda completed a six-month substance-abuse program and received a certificate. She currently attends Narcotics Anonymous and has received her general equivalency diploma. She is employed, has rented a two-bedroom apartment nearby, and has regained custody of her children after a one-year placement with their grandmother. After graduating from a training program sponsored by a local nonprofit corporation, Mrs. James received a license to care for children

in her home. She was a founding member of the grandparents' network.

The James family case study paints a compelling portrait of how principles can serve as the foundation for effective service delivery. It is clear that the relationship between Mrs. James and Lisa was one of mutual respect and acceptance. In the midst of a family crisis, Mrs. James reached out to a service provider right in her building who was prepared to support, provide information, and when necessary, advocate for Mrs. James's rights and interests. The work in Phipps Houses demonstrates that the power of teamwork and the extension of work into the surrounding area was built on collaboration and community-building approaches.

Lisa and her colleagues worked diligently for Mrs. James and her family and recognized that probably many more people were in Mrs. James's position. In the classic social work tradition, this program worked from case to cause (Schwartz, 1969) as the workers validated and supported Mrs. James and moved to address the wider issue of family vulnerability. They worked to expand a program to train and license tenants to provide child care in their apartments and established a self-help network for grandparents raising their grandchildren, building on the strengths of residents to help each other (Cohen & Pyle, 2000). They linked these initiatives with existing programs, such as a health center located in the building and a voluntary child welfare program elsewhere in the community. Such efforts were integrated into the service delivery program for all tenants and led to the founding of a men's network and groups for teenage girls.

Among the most powerful dynamics in this case was the voluntary nature of Mrs. James's engagement with Lisa. Mrs. James had gotten to know Lisa through building meetings and social activities and turned to her in a time of crisis, during which the family's level of self-determination was severely compromised through its involvement with the child welfare system. This case serves to demonstrate why housing providers should make services available on a voluntary basis to residents. In the rare situ-

ations when a mandate is necessary, it should be limited in time and scope to the extent possible.

By virtue of the danger to the children and the need for intervention, Ms. James and her family lost many of their basic rights in this process. Clearly, it is not the role of housing plus services programs to compound the encroachment on self-determination for families in crisis, but rather to expand opportunities for empowerment. Given the constraints imposed by other institutions, housing plus services programs should offer needed services to the James family and others, as vital members of the community.

Development of a Common Language

As described previously, workers generally recognize the importance of housing plus services in the context of social policy for low-income people across many sectors. Those involved in the development, planning, and operations of housing plus services include policy analysts, direct practitioners, community organizers, urban planners, human service and child welfare agencies, housing developers and management companies, public and private funding sources, and government agencies at all levels. As with the need for the development of core principles to guide both policy and practice, a need emerges for a common language to help simplify a complex set of issues.

Whether housing is subsidized or market-rate rental, located in an inner-city neighborhood or in a rural community, it is generally agreed that housing plus services can help protect children and youth and strengthen families and neighborhoods. How to accomplish the task, however, is often both challenging and problematic. Although many similarities exist in the housing types that have a social service component, they also have many differences.

For example, a few of the terms most commonly used to describe housing plus services include *service-enhanced housing*, *service-enriched housing*, *supportive housing*, and *self-sufficiency programs*. Agencies use these terms, and others, loosely and interchange-

ably, often to the detriment of successful program and policy development. In the affordable housing field, the confusion has caused some nonprofit developers to either develop housing completely devoid of services or to create permanent housing in which participation in social services is mandatory for residents, with possible eviction resulting from refusal to participate.

In response to the need for a common language, over the past few years, NLIHC's Housing *Plus* Services Committee has developed a housing plus services typology and matrix. At the same time, the committee has identified two general characteristics of all housing plus services programs, regardless of type. First, the mission of the housing initiative remains broad, that is, "to enhance quality of life." Although it may have more specific goals and programs initiated to achieve these goals, they do not overshadow this general purpose. Second, residents, property managers, and service providers work as a team—landlords and residents communicate about the resident's service needs, which may be helped through tenant councils, interagency agreements, and so on, regarding the operation of the property.

Adapted from the Housing *Plus* Services Matrix (Housing *Plus* Services Committee, 2004b), the following provides an overview of the types of housing families in the child welfare system most commonly use—federally assisted housing, supportive housing, special-needs housing, and, most recently, service-enriched housing. In addition, as the James case indicates, agencies must also consider housing targeted to older adults in the paradigm, as increasing numbers of grandparents take on the care of their grandchildren.

Federally Assisted Housing. *Federally assisted housing* refers to housing publicly funded and owned through HUD. In this context, however, federally assisted housing also refers to housing that is privately owned by either nonprofit or for-profit entities and that Section 8 vouchers or certificates make affordable. The major goal of this housing is to provide affordable housing for low-income populations, including intact and single-parent families with children, individuals, disabled people, people with spe-

cial needs, extended families, couples, elderly people, and so on. Federally assisted housing in which social services are made available to low-income residents also helps to facilitate the move for some families into nonsubsidized housing. Examples of the housing plus services link include the Hope VI partnerships with federally assisted housing authorities; the now-defunct Public Housing Drug Elimination Program, which provided funds for afterschool programs and job training; and the service coordinators working in family self-sufficiency programs to help residents in the transition from welfare to work.

Supportive Housing. The term *supportive housing* generally defines housing that offers supportive services to help homeless people live independently in permanent housing. The major goal of supportive housing is to prevent homelessness or a recurrence of homelessness through the provision of a comprehensive support system to help residents live independently and interdependently in the community. Although supportive housing is most often targeted to individuals who are homeless, formerly homeless, or at risk of homelessness, agencies have also developed it for families. Supportive housing also serves chronically mentally ill people, disabled people, or people in recovery from addictions.

Special-Needs Housing. Long in use in the disability and mental health fields, this term generally describes permanent housing targeted specifically to residents with special needs, including those with mental, developmental, or physical disabilities, or those who require ongoing treatment or attention (e.g., people with HIV/AIDS, people with psychiatric or physical disabilities, and people in recovery from addictions). Services in special-needs housing are generally focused on health, mental health, or recovery services, in addition to lifeskills and stabilization services, crisis intervention, and case management. As with many other types of housing linked to services, agencies provide programs and activities to promote quality of life for residents and to enable them to live both independently and interdependently.

Service-Enriched Housing. The term *service-enriched housing* has emerged over the past decade to define what is essentially a simple, adaptable mechanism to provide housing linked to services for the low-income population at large. The major goal of service-enriched housing is to promote the quality of life and improved social and economic well-being of residents, while encouraging community development, interaction, and interdependence. Residents of service-enriched housing often reflect the neighborhood and community in which the housing is situated and may include: two-parent and single-parent families with children, individuals, disabled people; extended families, couples, the elderly, and people with special needs.

Although not necessarily targeted to people who are at risk or have special needs, crisis intervention and service coordination are available to all residents, regardless of need. Service-enriched housing is also a viable option for homeless, formerly homeless, and at-risk families with children. Service-enriched housing can expand limited housing options for families in the child welfare system by providing a simple, cost-effective mechanism for the integration of stable housing linked to service coordination in the community.

Housing for Older Adults. Senior housing has traditionally included service coordination to prevent institutionalization and to enable older adults to live semi-independently and interdependently while providing, as needed, for their basic needs. Recently, the term *naturally occurring retirement communities* has evolved to describe aging in place, with services most often provided by an outside senior service agency or program.

Housing plus services can be multifamily housing or single-family homes owned by a nonprofit developer, master-leased by a nonprofit agency, or owned by a private landlord who collaborates with a service provider. Many nonprofit housing and community development agencies incorporate social services into their housing developments, directly or through agreements or contracts with community-based organizations and social service agencies.

Depending on size and the structure of the service program, they may have an onsite, full-time service coordinator or service personnel, or one service coordinator, case manager, or social worker shared with multiple sites, working a few days or a few hours per week at each. Where housing is scattered, that is, individual apartments or homes are located in different areas, home visitation is the most common practice for service delivery. In some housing plus services programs, workers provide services primarily through collaborations with outside agencies that are funded to work in the community. At the same time, private owners of assisted housing often incorporate social services into the operation and management of their properties through the practice of enhanced management.

HUD's Family Unification Program provides another model. Families get Section 8 subsidies for rental housing in the community, then receive services to help reunify or stabilize families in which a child has been in out-of-home placement. The emerging "housing first" approach to ending and preventing family homelessness uses a similar model, in which agencies help homeless families move from the homeless service system into permanent, affordable rental housing quickly, often with a Section 8 subsidy; agencies then provide families with intensive, home-based case management services for a limited period (often six months to one year), while connecting vulnerable and at-risk families to community-based resources and services for longer-term support.

Although many differences in the various housing plus services programs described exist, a review of common practices indicates that they hold many general practices or defining characteristics in common. For example, housing plus services programs generally offer, in varying degrees and levels of importance, the following services to residents: lifeskills/stabilization, crisis intervention, case management, service coordination, and the provision of specialized programs and enrichment, recreational, or educational activities.

Many housing plus services programs also provide a means for resident participation in the development and operation of

programs, policies, and services. The key differences in housing plus services programs are most often dictated by the needs of the residents or general target populations living there, the main goals or expected outcomes desired by the developer or owner of the housing, and the requirements of the funding sources for the housing itself, which are often targeted to a specific population of residents or to specific, desired outcomes.

Conclusion

The context, core principles, and common language explored in this article are important steps in understanding and advancing the provision of services in housing settings. More must be done, however, to ensure that vulnerable families receive the highest quality housing and services in their time of greatest need. In addition to policy initiatives such as advocating for the National Housing Trust Fund, NLIHC has recently launched a study of the effect of funding on housing plus services programs to explore the significant correlations between sources and conditions of funding on the types and delivery models of service. When completed, these findings will further inform the use of guidelines for practice across a wide spectrum of housing types.

Since the dramatic expose of Jacob Riis (1890) and the call for community renewal of Jane Addams (1910), the social work profession has asserted that housing and social services are interrelated and critical in helping distressed communities. Leaders of Charity Organization Societies and Settlement Houses agreed that solid housing and social work services to assist families should be intertwined, proposing a variety of methods to link their provision. They initiated the contemporary challenge that if we are interested in the health of children, families, and communities, we must be interested and invested in their housing (Richmond, 1930). The evolving principles and common language proposed in this article can serve as a catalyst toward a new perspective on housing plus services programs—one that can engage housing professionals in new ways of looking at service provision to vulnerable families and children.◆

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