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# Supportive Housing: Implications for its Efficacy as Intervention with Special Needs Low-income African Americans

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# Supportive Housing: Implications for its Efficacy as Intervention with Special Needs Low-income African Americans

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*In this pilot study, the authors examine the efficacy of supportive housing, which combines affordable housing with social services, in helping low-income single mothers in substance abuse recovery with relapse prevention and acquiring life skills to improve their economic conditions. Study subjects were residents of Delowe Village Apartments, a supportive housing development in East Point, Georgia, who participated in Project GROW, an on-site program intended to help residents maintain sobriety and reduce their dependence on welfare. The authors hypothesize that the length of residency in supportive housing correlates to prolonged sobriety, improved functioning, and increased employment. Findings indicate a substantial relationship between participants' length of residency and length of sobriety but a weak relationship between length of residency and improved employment. Although the findings fully support only one hypothesis, they suggest that the maintenance of sobriety among African American female heads of households is significantly related to supportive housing.*

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The research efforts of Jayakody, Danziger, and Pollack (2000) speak to the high correlation between substance abuse and mental health problems among female-headed households receiving welfare. Similarly, other research suggests that the behavioral inconsistencies and interpersonal conflicts often associated with addiction and mental health issues pose a significant challenge to job training and job retention for this population (Schmidt, Weisner, and Wiley 1998). Although Temporary Assistance for Needy Families (TANF) administrators consider substance abuse among families a major problem (Woolis 2000), many states have yet to establish adequate data collection,

training, and other systems to identify, assess, and treat such abuse affecting TANF recipients.

For those welfare mothers who do manage to get substance abuse treatment, the inability to secure safe, affordable housing can be a serious obstacle to maintaining recovery (Hirsch 2001). The disorganized behavior that often accompanies substance dependence can affect employability, which in turn affects credit and rental histories, making these applicants less attractive to landlords. The devastating result is the creation and maintenance of a continuous cycle of failure and poverty.

### **Purpose of the Study**

As a result of the 1996 Clinton initiative, the Personal Responsibility and Work Opportunity Act, decades of guaranteed aid and support for economically deprived children and families ended. While this initiative's aim was to eliminate welfare dependency, it contained no specific provision for family members in recovery from drug addiction. Consequently, lack of government aid created tremendous problems families in need relative to childcare, housing, transportation, and employment (Suppes and Wells 2000). Notably, in 1999 in Georgia, the Delowe Village apartments emerged, featuring a supportive housing program called Project GROW, which combined affordable housing and social services for welfare families with heads-of-household in recovery from addiction. The program's intention, then as now, is to assist these families in making the important transition from welfare to the workplace. It provides access to case management, individual and group counseling, Twelve-Step meetings, life skills and computer training, as well as after-school care and other community building activities.

Little is known about the effectiveness of welfare-to-work supportive housing programs like Project Grow. There is equally little known about, the efficacy of supportive housing programs as an intervention strategy for substance abuse addiction. Therefore, our purpose in this study was to examine the relationship between the length of residency in a supportive housing development, using residents of Delowe Village as the subjects, and the length of sobriety. We also examined rates of employment as a corollary interest.

### **Literature Review**

The problems of substance abuse and addiction are well documented, and they continue to adversely and exponentially affect the health and well-being of individuals, families, and communities (Rasmussen 2000; Ray and Ksir 2004). Addicted individuals absorb exorbitant costs related to health risks, as well as social, financial, and economic upheaval (Rasmussen 2000; Ray and Ksir 2004; Durrant and Thakker 2003; Miller and Weisner 2002; Baer, Marlatt, and McMahon 1993). Additionally, communities reflect the costs of addiction through increased healthcare expenses, homelessness, and an increased burden on the child welfare and criminal justice systems (Baer, Marlatt, and McMahon 1993; Miller and Weisner 2002; Ray and Ksir 2004; Wekerle and Wall 2002).

Although the rate of relapse is an indicator of the success of treatment, no particular treatment approach (e.g., Twelve-Step, therapeutic counseling, pharmaceutical) has proven to be more fundamentally effective than any other (Miller and Weisner 2002; Rasmussen 2000; Ray and Ksir 2004). However, there is consensus among scholars that individuals fare far better with some treatment rather than no treatment at all (Miller and

Weisner 2002). Further, studies have indicated that success rates improve when participants adhere to a program of post-treatment aftercare services (Miller and Weisner 2002; Marlatt and Gordon 1985).

While there are many reasons why an individual may fail to successfully complete treatment, several scholars have observed that the lack of culturally sensitive programs do adversely affect minorities' treatment success rates (Coombs and Howatt 2005; Durrant and Thakker 2003; Loue 2003; Rasmussen 2000; Ray and Ksir 2004; Walton, Blow, and Booth 2001). Similar challenges have emerged for women, particularly low-income women. Male-centered treatment approaches often utilize a confrontational style that can conflict with women's needs (Scott-Lennox et al. 2000; Sun 2000; Walton, Blow, and Booth 2001), as women with substance abuse histories, more often than men, have correlating histories of sexual or physical abuse. Additionally, they often need additional support for child care (Loue 2003; Scott-Lennox et al. 2000; Sun 2000; Walton, Blow, and Booth 2001).

Studies have indicated that minorities in recovery are less likely to seek or complete treatment than Caucasians in recovery (DATA 2002; Howard 2003; Sanders 2002; Walton, Blow, and Booth 2001). A common theme among these studies is that treatment programs that are based on Eurocentric models of practice adversely impact low-income minorities. For African Americans, the legacy of racism and discrimination (Coombs and Howatt 2005; Durrant and Thakker 2003; Loue 2003; Sanders 2002; DATA 2002), the culturally-specific expression of spirituality (Durrant and Thakker 2003; Sanders 2002), and the failure of programs to recognize the importance of culture and community to African Americans (DATA 2002; Schiele 2005) all contribute to a breach in the treatment's goodness-of-fit.

Schiele (1996) contended that the concepts of an Afrocentric approach should be an alternative social science paradigm for social work practitioners. Sanders (2002) reported on the efforts of some among African American recovery communities to adapt the Twelve-Step recovery concept to encompass an Afrocentric perspective:

African Americans are capable of a bifurcated mind-set, that is, they learn to get along in the white, "Eurocentric" worldview, while informally subscribing to an "Afrocentric" perspective that recognizes a majority culture and a minority culture. Assumption of a bifurcated mind-set affords discussion of the dual perspective in the treatment of alcoholism among African-Americans. The dual perspective is the deliberate and systematic process of understanding and comparing simultaneously the values, attitudes, and behavior of those in the 'culture universal' (sustaining system) with those in the 'culture specific' (nurturing system). The concept of dual perspective stems from the idea that every person is a part of two systems. From this position, the dual perspective can be used as a mechanism to inform practitioners about institutionalized disadvantages, in the larger system of society, erected against individuals who belong to minority groups. And, that often these obstacles can be subtle and not easily recognized unless the dual perspective is assimilated into the clinical reasoning of practitioners who work with African-Americans... Inattention to the dual perspective in AA makes an enormous difference, which results in an unspecified number of African-American alcoholics never completing the affiliation process. The suggestion is that culture specific treatment of

alcoholism in African-Americans is more effective when the alcoholic's status in life, society's inconsistencies, experiences and feelings of powerlessness are taken into account. (167)

According to Weiner (1992), "social learning theorists have demonstrated the importance of environmental, rather than intrapsychic, determinants of action" (218). This contention is consistent with the rationale that environmental stressors such as poverty, racial discrimination, lack of affordable housing, inadequate education, and unemployment, which disproportionately affect minorities, can impact treatment efficacy and client recovery (Miller and Weisner 2002; Rasmussen 2000; Ray and Ksir 2004; Ridenour et al. 2005; Walton, Blow, and Booth 2001). Furthermore, African Americans in particular "may face more difficult social situations following treatment than Caucasians, including high-stress and low-support environments. Thus...African-Americans may need relapse prevention approaches that provide more advocacy and teach skills to access community resources effectively" (Walton, Blow, and Booth 2001, 237).

Although they did not implicate specific socioeconomic factors, Marlatt and Gordon (1985) acknowledged the transactional role that environment plays in influencing recovery. For individuals who ultimately complete treatment successfully, their sobriety will be vulnerable to the same environmental challenges of finding affordable housing, gainful employment, child care, and transportation that may have promoted abuse initially (Gallagher 1993; Hirsch 2001; Sun 2000; Woolis 1998). With limited options to meet their basic needs, these individuals may turn to a familiar and/or self-destructive mechanism to cope.

Marlatt and Gordon (1985) cited studies which showed that community reinforcements, along with newly learned behaviors, can reduce the risk of relapse. One model of community reinforcement is supportive housing. Studies have shown housing to have unique economic, psychological, and symbolic significance. It has a pervasive impact on the quality of life beyond just the provision of shelter. Safe, affordable, non-transient housing is the key that opens the door to meeting other basic needs. At the very least, the search for adequate housing adds undue stress to individuals or families; at worst, individuals or families can become homeless, with the person in recovery at further risk of relapse (Weidemann et al. 1982; Mulroy and Ewalt 1996).

Geared to serve low-income adults with special needs such as addiction or mental illness, supportive (also known as service-enriched) housing integrates affordable housing with on-site social services (i.e., case management, counseling, and job training and referrals) to create an environment that assists residents with personal, economic, and social functioning. Access to these services reduces residents' needs for emergency or institutional care, thus providing a higher quality of life (Proscio 1998). The McKinney Report (1994), a four-year study conducted by the U.S. Department of Health and Human Services, indicated that 85% of formerly homeless mentally ill people living in supportive housing continued in residence and became valuable members of the community. Another study (Proscio 2001) found that graduates of substance-abuse programs who lived in supportive housing stayed clean at a rate of 90%, compared to a 55% for graduates who lived in other types of housing.

### **Supportive Housing as Intervention**

Illustrating the transactional nature of the ecological systems perspective, macro systems, such as societal or cultural attitudes toward the poor (Germain 1979), can shape the physical as well as the social environment or space. For example, the location and design of low-income housing, (i.e., concentrated pockets of poverty featuring isolated high-rises not conveniently near employment centers) can reflect and communicate particular perceptions of the poor (Teymur, Markus, and Woolley 1988). Reciprocally, these symbols and settings influence the self-image and self-esteem of those who live and work within them (Michelson 1977). Germain wrote, “Both the natural and the built aspects of the physical environment also provide opportunities and obstacles to the development of competence, relatedness, and autonomy” (14).

Given this context, supportive housing can be considered a macro-level intervention for addressing substance abuse issues. Supportive housing provides critical environmental support and resources, such as affordable housing, job readiness and training, and childcare, to mitigate the effects of poverty. Supportive housing also provides counseling and crisis intervention to reinforce using newly learned behaviors for relapse prevention. Typically there are also positive influences from the physical environment as these facilities are located in newly constructed facilities or renovated apartments. They are usually near public transportation and employment centers and within the downtown areas of the city.

Historically, supportive housing has served single adult men and women coping with special needs. But as more and more female-headed families are trapped in the destructive cycle of poverty, supportive housing developments are emerging as an option to address the needs of the whole family. In a study of Phipps Houses (Cohen and Phillips 1997), a multifamily supportive housing development in New York City, many residents reported that living in such an environment was a major contributor to increasing their motivation to better their lives and be more independent.

This concept also has implications for providing services for African American clients in recovery. As previously mentioned, African Americans value connection to community (DATA 2002). In the supportive housing setting, one can extrapolate that “community” is created by the shared experiences between neighbors. In many urban settings it is not uncommon for residents not to know the people living next door to them. By contrast, supportive housing utilizes the community as a treatment model (Miller and Weisner 2002; Rasmussen 2000). Neighborliness is actively engaged as residents benefit from peer support, mutual aid, and collective coping with their common problem of addiction (Porteous 1977).

### **Project GROW**

The supportive housing program we chose for this investigation was Project GROW at Delowe Village Apartments. Developed in 1999, Delowe Village is located in Fulton County in the city of East Point, Georgia, fifteen minutes from downtown Atlanta. In 2002, the program received awards for excellence in supportive housing from the MetLife/Enterprise Foundation and the Georgia Department of Community Affairs.

Unlike many supportive housing developments that operate out of high-rise structures, Delowe has nine, two-story buildings on its property that offer sixty-four two- and three-bedroom units. Twenty-eight units, which offer rental assistance and social

service programs, are reserved for Project GROW participant families. Eligible participants are current TANF recipients who are in recovery from addiction.

Delowe Village Apartments owners collaborated with Families First, a well-respected social service agency in Atlanta, the Georgia Department of Human Resources, and the Fulton County Department of Family and Children Services to create Project GROW (Growth, Responsibility, Opportunity, and Well-being), the supportive services component of this housing model. The targets for intervention are lack of affordable housing, substance abuse, limited job or vocational skills, and childcare. Additional intervention objectives include improving parenting and household management skills, and other areas of social competency residents themselves have identified as topics of concern. Project GROW's underlying principle is that by having access to supportive services, residents can experience personal growth, take responsibility, seize opportunity, and achieve well-being.

### *Residents' Profile*

Delowe Village serves low-income and very low-income families in the Atlanta metropolitan area. The average annual income for all sixty-four households is less than \$20,000. The average household size is three family members. U.S. Census data released in 2000 for the city of East Point reported that 82% of the female-headed households were at or below the poverty level. At Delowe, low-income, single mothers headed 95% of the households (or sixty-one families). Approximately 97% (or sixty-two families) were African American. There was one Caucasian family and one Hispanic family.

As part of the qualifying criteria for the Project GROW program, the heads of household in recovery had to be confirmed "clean and sober" for a minimum of ninety days prior to move-in. These applicants were referred to Delowe Village by the Fulton County Department of Family and Children Services (DFCS). All had completed treatment at a variety of public and private treatment facilities in the metropolitan Atlanta area. There are twenty-eight apartments reserved for eligible households; twenty-three of them were occupied at the time of the study.

The families in recovery received rental assistance from either the Shelter Plus Care (S+C) program created by the U.S. Department of Housing and Urban Development (HUD) or a rental subsidy program administered by the Georgia Department of Human Resources. With this subsidy (similar to HUD's Section 8 program), residents contribute 30% of their monthly income towards rent. Residents who receive this subsidy must participate in the supportive services program. Unlike transitional housing residents, Delowe tenants can maintain leaseholder status in their apartment as long as they wish. If their household annual income should eventually exceed the maximum to qualify for the subsidy, residents can still remain in their housing as market rate renters. They can also continue to access or reduce services as their household needs evolve.

### *Program Description*

Operated on-site in the Delowe Village community center, Project GROW offers services intended to assist residents in prolonging their sobriety and reducing their dependence on welfare, thus maximizing their economic and personal self-sufficiency. Residents work with the on-site social services staff to develop personal growth plans that identify individual goals, which can range from maintaining sobriety and securing employment to

saving for their first home. The program services staff is predominantly African American. Moreover, services are based on a culturally sensitive design incorporating principles that promote community building and mutual aid. Although participation in Project GROW is mandatory for the families in recovery, many of the remaining forty-four households frequently opt to participate. The families in recovery have signed a lease addendum that outlines their program goals and specific areas of compliance. On-site services provided to address program and resident goals include:

1. Case management
2. Recovery support groups
3. Crisis intervention
4. Individual and group counseling
5. Computer training and (off-site) vocational training
6. Free school-age childcare at the Learning Link Center
7. Personal development workshops that address job readiness, parenting skills, household budgeting, credit counseling, and stress management

The personal development workshops focus on the areas of social competency requiring the most support among individuals in this population (Cohen and Phillips 1997; Ihlanfeldt 1998; McLanahan 1983; Pavetti 1998). Additionally, Project GROW fosters community building and mutual aid by encouraging resident participation in a variety of activities, including volunteering in the after school program, baby-sitting for a neighbor, participating in “neighborhood watch” activities and/or the resident council, volunteering time in the leasing or social service staff office, participating in clean-up projects on the grounds, even off-site activities such as attending PTA meetings. At the end of the year, residents who have given their time are singled out for recognition and receive the “Good Neighbor” award.

## **Methodology**

### *Study Participants*

Twenty-three Delowe Village heads-of-household were eligible to participate in this study; eighteen (78%) completed the questionnaire. Table 1 shows participants’ demographics, including age, race, marital status, education level, number of children, and income. These households were receiving welfare benefits at the time of their move-in. Classified as “hard-to-serve,” the heads-of-household for these families were in recovery from substance addiction and/or coping with mental illness.



**TABLE 1.** Project GROW participants' demographics from staff reports.

<b>Project GROW</b>	<b>Number of Participants N = 18</b>	<b>%</b>
<b>Age</b>		
Mean	38	00
<b>Race</b>		
Black	17	94.4
White	0	0
Hispanic	1	.05
Other	0	0
<b>Marital status</b>		
Never Married	10	0
Divorced	6	00
Married	2	00
<b>Educational level</b>		
Did not complete high school	3	00
High school diploma or GED	13	83.3
Some college/college degree	2	11.1
<b>Annual income</b>		
Median	14,000	00
<b>Number of children per household</b>		
Mean	2	

*Data Collection Procedure*

The Project GROW program participants who comprised the population in this descriptive study represented a non-probability sample, which made randomization unfeasible. Furthermore, due to the unique characteristics of the population, a more rigorous design involving a control group and/or a delayed service design could not be used for ethical considerations: At no time did we and Delowe Village staff want to put participants at risk of relapse.

We measured the program participants' self-reports on their length of sobriety and employment status using a six-item survey instrument. We compared staff records with confidential survey results (see Table 2). As this is also a pilot study, we could not pre-test instrument reliability. We mailed surveys to participants with pre-stamped, self-addressed envelopes enclosed. Upon returning the surveys, participants received a \$10 gift certificate to a neighborhood grocery store. We also used staff records to confirm demographic information such as age, race, gender and marital status.

**Research Findings: Data Analysis**

All the respondents who returned completed surveys ( $n = 18$ ) were low-income single mothers with a mean age of 38. All but one (94%) identified themselves as African American. All were current or former recipients of the TANF welfare subsidy. The

majority were Delowe residents for two years or more (77.8%,  $n = 14$ ). Comparatively, the majority of participants also reported lengths of sobriety of three years or more (72.2%,  $n = 13$ ). Table 2 shows the survey results.

**TABLE 2.** Project GROW supportive housing study survey results.

<b>Project GROW</b>	<b>Number of Participants N = 18</b>	<b>%</b>
<b>Employment status</b>		
Employed	9	50.0
Not employed	9	50.0
Receiving TANF	2	11.1
<b>Length of residency (N = 18)</b>		
One year or less	3	16.7
1-2 years	1	5.6
2-3 years	3	16.7
3 years or more	11	61.1
<b>Length of sobriety</b>		
One year or less	1	5.6
1-2 years	3	16.7
2-3 years	1	5.6
3 years or more	13	72.2
<b>Relapse occurrence</b>		
No response	1	5.6
Relapse	2	11.1
No relapse	15	83.3

The relationship between length of residency in supportive housing and length of sobriety ( $H_1$ ) yielded a high Spearman correlation value of .838 ( $p < .05$ ), as Table 3 indicates.

**TABLE 3.** Correlation between length of residency and sobriety.

	<b>Value</b>	<b>Asymp. Std. Error<sup>a</sup></b>	<b>Approx. T<sup>b</sup></b>	<b>Approx. Sig.</b>
Interval by Interval Pearson's R	.681	.157	3.716	.002 <sup>c</sup>
Ordinal by Ordinal Spearman Correlation	.838	.083	6.134	.000 <sup>c</sup>

a. Not assuming the null hypothesis  $p < .05$

b. Using the asymptotic standard error assuming the null hypothesis

c. Based on normal approximation

However, the survey results revealed a lower correlation between the length of residency and employment status ( $H_2$ ), yielding only a modest Spearman correlation coefficient (.208,  $p < .05$ ), as Table 4 shows. Results indicated that 50% of participants were

employed ( $n = 9$ ) and 50% were unemployed ( $n = 9$ ), yet these findings also showed that the majority of residents were off welfare. By contrast, only two residents (11.1%,  $n = 2$ ) reported they were not working but currently receiving TANF benefits. Most importantly, regarding relapse occurrence, 83.3% of participants ( $n = 15$ ) reported no relapse, while 11.1% ( $n = 2$ ) reported some relapse. Only one participant (5.6%) failed to respond to the relapse question (see Table 2).

**TABLE 4.** Correlation between length of residency and employment status.

	Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig
Interval by Interval Pearson's R	.294	.195	1.231	.236 <sup>c</sup>
Ordinal by Ordinal Spearman Correlation	.208	.229	.851	.407 <sup>c</sup>

a. Not assuming the null hypothesis  $p < .05$

b. Using the asymptotic standard error assuming the null hypothesis

c. Based on normal approximation

## Discussion

The purpose of this study was to examine the efficacy of supportive housing as an intervention strategy for helping low-income mothers in recovery with relapse prevention. Specifically, we examined the relationships between the length of residency to sobriety, and the length of residency to employment status. First, we hypothesized that the length of residency in supportive housing would prolong sobriety. Results from a Spearman correlation analysis indicated a substantial correlation between participants' length of residency and length of sobriety. Overall, this finding suggests that the longer female participants are involved with supportive housing services and programs, the longer they abstain from substance abuse/addiction and/or maintain sobriety.

Second, we hypothesized that the length of residency in supportive housing would improve employment status. However, the study results did not support this hypothesis. A Spearman correlation coefficient analysis indicated a weak relationship between length of residency and improved employment. This finding suggests that there is no strong relationship between these two variables. They may very well operate independently of each other in supportive housing settings, even when residents may receive employment counseling and training.

These findings seem to support the theory that supportive housing may offer tangible benefits for welfare-dependent households coping with recovery. Moreover, they tend to corroborate the findings of other researchers who espouse supportive housing as a viable intervention strategy for relapse prevention (Proscio 1998, 2001). Although only one hypothesis in this study was fully supported, it is a very significant finding, suggesting that the maintenance of sobriety among African American women who solely head their households is significantly related to supportive housing and related programs and services.

### *Limitations*

Correlation analysis provides useful information relative to the strength of the relationship between identified variables (i.e., length of residency and length of sobriety; length of residency and employment status). However, research attempting to answer the question of causality requires the use of appropriate research designs and controls that offer protection against the intrusion of extraneous variables. It also requires a greater number of program participants than the eighteen in this study. Thus, a small sample size may have limited external validity, and it would not be advisable to make any generalizations about populations reasonably different from the one in this study.

Second, the potential effects of multiple treatment interaction are unavoidable given the nature of Delowe's programs and services coupled with the seriousness of people's needs (e.g., adequate housing, sobriety, employment, and relapse prevention). Multiple interventions tend to have a cumulative effect that seriously limits any definitive conclusions concerning a specific intervention. Therefore, this study cannot provide any conclusive determinations regarding the efficacy of specific programs or services. It can only speak to the efficacy of Delowe Village programs and services as a whole. To answer questions about specific interventions, future research efforts with Delowe Village should incorporate a more rigorous experimental design with a larger, more heterogeneous population.

### *Implications for Social Work Practice*

Delowe Village is a promising model of supportive housing. For certain households struggling with the transition from welfare to self-sufficiency, it offers a crucial mixture of independence and support. The guiding principles that give shape to Project GROW are based on an empowerment model approach to service delivery. The premise is that as long as the resources are available, clients have the power to make the necessary changes to improve their own lives. The staff draws on this strengths-based perspective when working with both individual and family client systems. Still there is a tension between the idea of empowerment and the nature of service delivery (McMillen, Morris, and Sherraden 2004). The architects of the program hoped to encourage self-direction among residents, yet there are firm rules regarding program compliance. Failure to adhere to the rules could cause loss of residency. It is unclear if compliance is the result of a resident's self-motivation, or the fear of losing hard-won housing.

Delivering social services within the housing context is a relatively new arena for social workers. The traditional model for service delivery is that clients go to the agency to have their needs met. Working within the supportive housing model, a social worker may interact with clients in the office or in their apartments. The ability to observe clients in their natural environment allows social workers to construct a more holistic approach to their work within the client system.

Because this is a new area of service, there are new challenges for social workers as they navigate new working relationships not only with clients, but also with the on-site property management staff. Social workers must be able to act as advocate and broker as they are often asked to resolve conflicts between management and residents, particularly residents in recovery. Many of these residents are readjusting to the responsibility of running a household. Property managers view timely rental payments and housekeeping as critical to the preservation of the property. If a resident does not adhere to policy regarding these issues, it could jeopardize their occupancy. The social

service staff may have to negotiate agreements to address improving household budgeting skills or housekeeping techniques with the resident in order to ensure continued housing status. Further, since social worker files on clients are confidential, there could be pressure from management to know more about the client's personal issues than is appropriate, or allowed by the National Association of Social Work Code of Ethics (1980).

### **Conclusion**

Given its sample size, this study has several methodological shortcomings; however, it also has some significant strengths that deserve attention. Delowe Village and its Project GROW provide appropriate and necessary long-term supportive housing programs and services to troubled mothers and their families. Lack of supportive housing can exacerbate the problems facing these single mothers and result in poor employment opportunities, homelessness, incarceration, and very limited life choices. Thus, the Delowe Village programs appear to offer an effective way of intervening with support, community, and hope for residents. It is a promising model of how to deal appropriately with persistent problems of housing, drug abuse, addiction, and unemployment that impede the mental and social health of certain African American families and their children.

The implications that supportive housing can contribute to the success of special needs populations who are also heads of households suggest the need for further research. The personal development programs and resources, such as on-site social workers, within supportive housing initiatives like Delowe Village give participants a second chance to enter the mainstream of self-sufficiency. Moreover, supportive housing goes beyond increasing the inventory of affordable housing: Over time, it can contribute to a reduction in the ranks of the poor.

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