Strengthening At Risk and Homeless Young Mothers and Children

The National Center on Family Homelessness

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CROSS-SITE EVALUATION

of the *Strengthening At-Risk and Homeless Young Mothers and Children Initiative*

2012

STRENGTHENING
At Risk and Homeless
Young Mothers and Children

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EXECUTIVE SUMMARY

The *Strengthening At Risk and Homeless Young Mothers and Children Initiative* was a five-year, multi-site demonstration project, supported by the Conrad N. Hilton Foundation. The Initiative designed and implemented developmentally appropriate services to improve the health and well-being of homeless and at-risk young families. The Initiative also encouraged unprecedented collaboration across homelessness/housing and child welfare/development systems. The project had four locations: Minneapolis, Minnesota; Antelope Valley, California; Chicago, Illinois; and Pomona, California. The Initiative served 398 families headed by women between the ages of 18 and 25 with at least one child under the age of six. All the families were either homeless or at-risk of being homeless.

The four sites developed partnerships among agencies with expertise in housing/homelessness and child development to create multi-disciplinary programs serving young families. Although the service delivery models varied across sites, they all focused on addressing families' residential status as well as the developmental needs of the children. In general, they provided long-term housing options combined with a range of other services for mothers and children including educational advocacy and support, employment assistance, parenting education, and mental health care. By taking a holistic approach to service provision, the Initiative aimed not only to help families achieve better housing situations, but to improve their well-being in all areas of their lives—creating a stronger foundation for long-term stability.

This report describes the evaluation of the Initiative, focusing on the impact of the four programs on women and children. It includes data from 233 women at baseline and 117 women at one-year follow up. The most important outcomes include the following:

- Approximately 80 percent of participants were living in permanent housing at one-year follow up. At baseline they had been literally homeless or precariously housed.
- Participants reported greater residential stability, satisfaction, and safety after one year.
- Many of the mothers had improved their educational levels at one year.
- Most mothers had significantly increased incomes at one-year follow-up. Although their monthly incomes increased by 34 percent, they were still living below the poverty level. This translates to approximately an extra $3,000 on average per year.
- Parental stress decreased over the study period.
- Children with developmental delays were identified and referred for appropriate services. Most improved significantly.

INTRODUCTION

Family homelessness is an urgent public health issue. There are more than 159,142 homeless families in the United States,[1] comprising more than one-third of the overall homeless population. The recent economic downturn has made it increasingly difficult for low-income families to find and maintain affordable housing and earn a livable wage. The needs of homeless families are complex, often extending beyond housing to include education, work skills, physical and mental health, and child development. For homeless and at-risk mothers attempting to stabilize their families, accessing resources to meet these needs can be extremely challenging because the service systems addressing them are typically disparate and fragmented.

The recent Annual Homeless Assessment Report[2] (AHAR) to Congress documented that 157,000 children aged five or under resided in shelter at some point over a year, and 32,000 of these children had not reached their first birthday. A greater number of children lack permanent housing and move from one unstable situation to another. Nearly a quarter of these families are headed by a young mother between the ages of 18 and 24.[3]

The purpose of this evaluation report is to describe the impact of the Initiative on the young homeless and at-risk families they serve. We discuss the program models; present methods and findings from the evaluation using baseline and one-year follow up data; and conclude by discussing the implications of the findings.

1. Annual Homeless Assessment Report to Congress. (2009). US Department of Housing and Urban Development Office of Community Planning and Development. Retrieved from: http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2010/HUDNo.10-124

2. Annual Homeless Assessment Report to Congress. (2010). US Department of Housing and Urban Development Office of Community Planning and Development. Retrieved from: http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf

3. Burt, et al. (1999). *Homelessness: Programs and the People they Serve*. Washington, DC: Interagency Council on Homelessness.

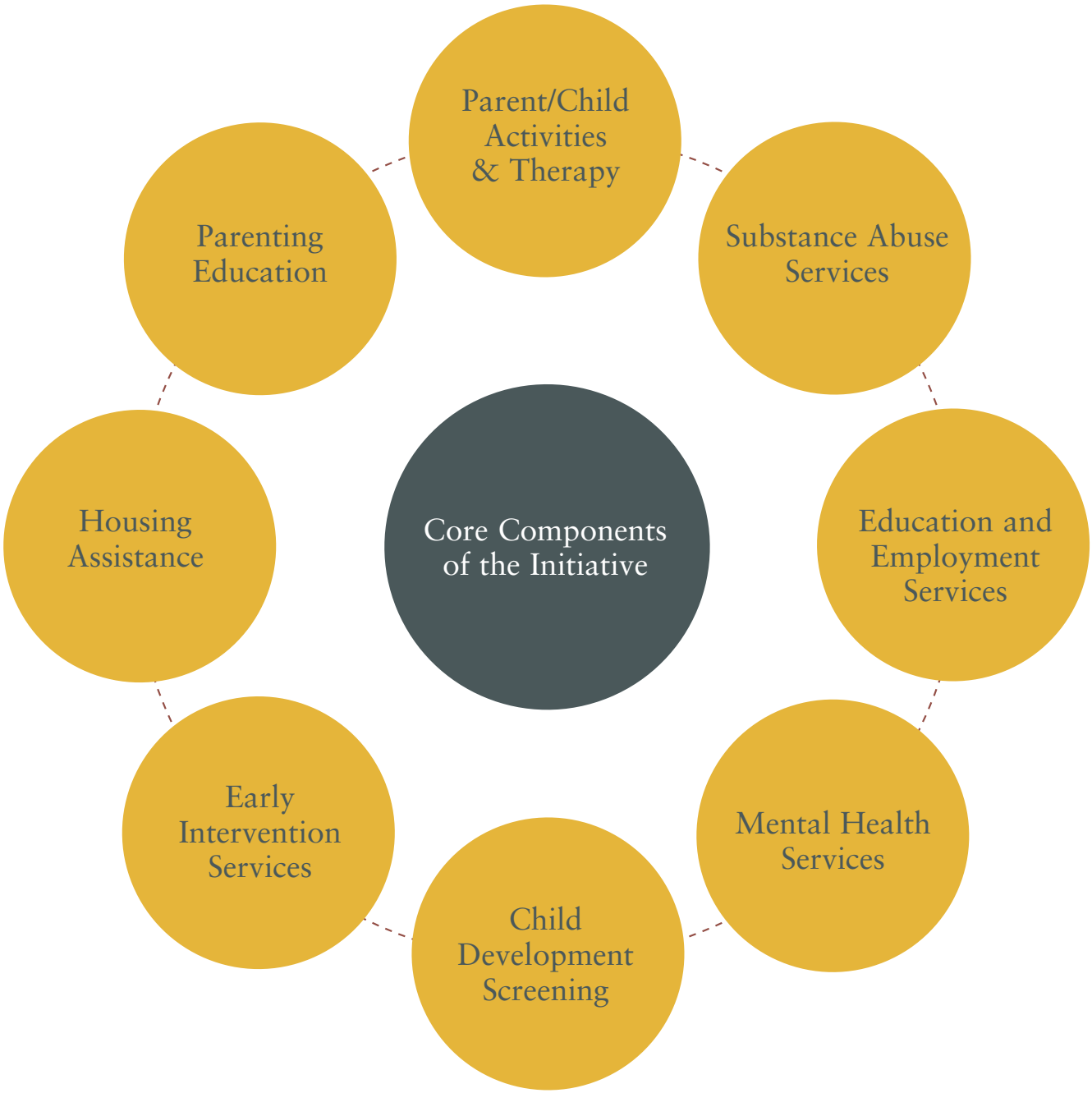
II. Description of the *Strengthening Homeless And At Risk Young Mothers And Children Initiative*

To address the needs of these young families, the Conrad N. Hilton Foundation, in partnership with the National Center on Family Homelessness, National Alliance to End Homelessness, and ZERO TO THREE: National Center for Infants, Toddlers and Families created a five-year multi-site Initiative, *Strengthening At Risk Homeless Young Mothers and Children*. The program served families headed by women aged 18-25 who had young children. The overall Initiative aimed to:

1) Design and implement age-specific services to ensure better outcomes in the areas of housing stability, maternal well-being, and child development;
2) Increase collaboration between the child development and housing/homelessness service sectors; and
3) Influence policy and practice nationwide by evaluating the impact of the program and disseminating the findings.

The Initiative operationalized these goals by funding local collaborations comprised of agencies specializing in housing/homelessness, child development/child welfare and other related areas. Programs were designed with the goal of improving lives of families by developing innovative approaches to service delivery. The sites varied in their ability to offer housing vouchers, but all four programs provided housing assistance that maximized the likelihood that the families would find permanent housing in the community. In combination with housing, each of the four sites developed innovative service models that provided families with family-oriented care to meet the full range of their needs. Figure 1 illustrates the comprehensive nature of the services provided at each location.

Figure 1. Comprehensive services available at each site.



Program sites were established in four cities. Table 1 lists the programs and the number of participants in each program. A summary of the evaluation of outcomes for three of the four sites can be found in the following reports: *An Evaluation of FACT: Family Assertive Community Treatment, Chicago, Illinois*,[4] *An Evaluation of STRong: Strengthening Our New Generation, Minneapolis, Minnesota*,[5] and *An Evaluation of SYF: Strengthening Young Families, Antelope Valley, California*.[6] Because of a restructuring of the Hope & Home program, participation in the evaluation was not feasible. However, a description of the program is provided below. Overall, the Initiative served 398 families and 684 children. A brief overview of each site follows table 1.

Table 1. Number of Families and Participants served by the Initiative

Program Name and Location	Number of Families[7]	Total Number of Participants
Family Assertive Community Treatment (FACT) Chicago, IL	70	206
Hope & Home, Pomona, CA	68	177
Strengthening Our New Generation (STRong) Minneapolis, MN	163	445
Strengthening Young Families (SYF) Antelope Valley, CA	97	257
The Overall Initiative	**398**	**1,082**

Family Assertive Community Treatment (FACT) Chicago, IL

The Initiative collaboration in Chicago modified the evidence-based practice, Assertive Community Treatment (ACT), which was developed for adults with mental health and/or substance use problems. They adapted ACT for use with young mothers who were struggling with similar issues by developing a "wraparound services" to meet client needs. FACT—Family Assertive Community Treatment (FACT)—is comprised of a multi-disciplinary team, which included licensed clinicians; the team provided most of the services with more than one worker serving each family member. The FACT partnership also aimed to create a systemic impact by ensuring that lessons learned from its intervention were translated to the broader service community in Chicago. To accomplish this, a full-time position was dedicated to systems integration. This position led the effort to pull

4. The National Center on Family Homelessness (2012). *An Evaluation of FACT: Family Assertive Community Treatment, Chicago, Illinois*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

5. The National Center on Family Homelessness (2012). *An Evaluation of STRong: Strengthening Our New Generation, Minneapolis, Minnesota*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

6. The National Center on Family Homelessness (2012). *An Evaluation of SYF: Strengthening Young Families, Antelope Valley, California*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

7. The variation in number of participants served does not reflect the intensity of services, duration of enrollment, or differences in population. Additionally, each program actively served participants for different lengths of time. For example Hope & Home served participants for 2.25 years and STRong for 3.75 years.

together diverse stakeholders, including private and public sector representatives, consumers, and other community leaders to create a meaningful and effective partnership. A major success of FACT was its strong, productive relationship with the Department of Children and Family Services (DCFS). For example, emancipating from foster care at 18 years can be a highly disorienting experience for young women. In Chicago, young mothers aging out of foster care were referred directly to FACT, ensuring that they continued to receive support in transitioning to a new level of independence. Lessons from this successful collaboration were used to craft partnerships with other public systems that work to support low-income families.

The FACT collaboration adapted to meet the needs of the families; some of the FACT partners shifted over the span of the project. At the project conclusion, FACT drew upon staff and resources from the following agencies:

- Beacon Therapeutic Diagnostic and Treatment Center—Child welfare, family homelessness, and child development expertise. Recognized leader in the area of wraparound outreach family homeless services;
- Heartland Alliance for Human Needs and Human Rights—Homelessness, systems integration, housing;
- University of Illinois, Chicago Program—Evaluation expert;
- Voices for Illinois Children—Leading child advocate proponent, policy expert;
- Inner Voice—Largest provider of family homeless shelters.

Hope & Home, Pomona, CA

Hope & Home targeted families in which the mother required specialized mental health services. Together, the two partner agencies offered intensive clinical mental health support for both mothers and children. The program was a comprehensive, trauma-informed project providing a range of integrated and coordinated services and using a team approach. Hope and Home program adapted the principles from Assertive Community Treatment (ACT) and incorporated a "whatever it takes" philosophy along with community-proven practices to ensure that family member's needs were met. They focused on securing housing and overcoming mental health barriers that had interfered with family functioning.

Each family worked with a therapist who also coordinated and oversaw the delivery of support services offered by other team members. These services included assistance with housing, employment, education, chemical dependency, and parenting skills. The Department of Mental Health, through its Early Periodic Screening Diagnosis and Treatment (EPSDT) and MHSA (Mental Health Services Act) TAY (Transitional Age Youth) funding streams, provided matching funds for this program, demonstrating its commitment to the goals of this program and maximizing the potential for long-term sustainability.

The Hope & Home program was a collaboration between the following agencies:

- PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services;
- Foothill Family Service

Strengthening Our New Generation (STRong) Minneapolis, MN

The STRong initiative primarily served young mothers with young children on the verge of entering shelters, aiming to intervene and help stabilize families before shelter became necessary. With an immediate and primary goal of getting families into housing, STRong offered an array of housing assistance packages to meet the individualized needs of each household. Supportive services—included those addressing child development and parenting—were provided to each family early in the process and continued after the family had obtained stable housing. A central program component was an identified Family Worker who provided intensive one-on-one support to the young women. The program's success was due in a large part to the specialized knowledge of each partner agency and the smooth collaboration that occurred among the partners as they combined their expertise for the good of the families.

STRong consisted of staff, resources, and expertise from the following agencies:

- Reuben Lindh Family Services[8] was the lead agency. As the early childhood partner, they were responsible for the fiscal and administrative oversight of the project;
- St. Stephen's Human Services served as the housing/homelessness partner;
- Wayside House, a chemical dependency agency, served as a behavioral health partner.[9]

Strengthening Young Families (SYF) Antelope Valley, CA

Antelope Valley is a rural suburb of Los Angeles that lacks the range of services of urban communities and shares the challenges of most isolated communities with minimal housing and transportation resources. Young homeless and at-risk mothers are particularly isolated in this under-resourced community, and the SYF program was innovative in designing supports and strategies to reach them. Using a mobile, team-based approach, specialists developed strong relationships with the young mothers and worked with them intensively to address their needs—including housing assistance, parenting skills, mental health, and child development. Parenting Groups were offered in accessible locations, which served the dual purposes of building skills and creating a support network for the mothers. The inclusion of the Antelope Valley Hospital's Healthy Homes program enabled young pregnant mothers to receive immediate referrals for prenatal care. Registered nurses visited soon-to-be mothers in their homes and educated them about parenting, nutrition, and what to expect from their children at different developmental stages. Program participants received prioritized, coordinated access to all the partner agencies' resources. The collaboration created a bridge to mainstream service systems that encouraged a deepened understanding of homelessness in the community and strengthened the capacity to respond to this issue.

8. Reuben Lindh Family Services merged with The Family Partnership in January 2011.

9. In September 2010, Wayside House re-evaluated its role in the collaboration. Due to the limited number of STRong participants interested in chemical dependency, they discontinued as a formal partner, but remained supportive of STRong's families.

SYF was comprised of staff, resources, and expertise from the following agencies:

- Valley Oasis operates the largest emergency shelter for victims of domestic violence and oversees the community's one-stop homeless service access center. As the primary point of coordination for SYF, this agency housed the majority of cross-site staff and participant files. Valley Oasis provided services that included temporary housing, housing location assistance, case management, parenting education, and project management.
- Mental Health America provided specialized mental health assessments and support groups, and offered supportive housing to some families in the program.
- A visiting nurse from Antelope Valley Hospital's Healthy Homes Program provided prenatal care and early child development services to pregnant and new mothers.
- Antelope Valley Partners for Health provided additional child development support through a Play and Grow Specialist.
- The United Way of Greater Los Angeles was the co-founder and fiscal agent for SYF.

III. Methods

Data for this report were collected using standardized data collection tools that consisted of commonly used measures in areas such as housing and homelessness, mental and physical health, traumatic stress, and social support.[10] Data included in this report were collected at baseline and at one-year follow up interviews. In addition, each site provided child outcome data to The National Center for this evaluation.

Sample

The Initiative recruited young, homeless or at-risk of being homeless mothers (18-25 years of age), who had at least one child less than five years of age. Two-hundred thirty three participants agreed to be interviewed at baseline and 117 at one-year follow up. The client retention rate varied from site to site, with FACT having the best rate of 87 percent followed by SYF with 53.5 percent. The variation in retention rates does not reflect the program's commitment to serving this population, but reflects the differing data collection strategies at each site. In addition, turnover of site evaluation staff affected attrition rates.

The women participating in the evaluation were on average 21.5 years with an average of 1.6 children. The majority of the participants were African American, 60 percent, followed by 25 percent Hispanic. The remaining participants identified as roughly equal portions five percent white, five percent American Indian/Alaska Native, and six percent other non-Hispanic.

A majority of Initiative participants were in a housing situation that would be considered homeless. At baseline, 49.5 percent of the participants had less than a high school education, 33 percent had a high school diploma or GED, and 17.5 percent had some college or more. Average monthly income was $740.

Data Collection

The interview protocol included multiple psychosocial outcomes for the women and their children. The purpose of the study was discussed with the mothers and they reviewed and signed informed consent forms before being interviewed. The National Center hired and trained the interviewers who collected the data. The vast majority of interviews were conducted in-person, with phone interviews occurring only if a family had moved away from the area. Interviews were conducted in participants' homes, public areas such as parks or restaurants, shelters, or occasionally at one of the partner agencies. Privacy was ensured at each of these sites. In addition, staff from each site provided a summary of the child outcomes at one year.

Measures

This section of the report summarizes various outcome measures. The outcomes include: Housing Status, Satisfaction, and Improvement; Education, Employment, and Income; Functional Health Status; Trauma; Parenting Stress; Child Outcomes; and Social Support.

10. For a more detailed description of the data collection instrument see: National Center on Family Homelessness (2010). *Strengthening At-Risk and Homeless Young Mothers and Children: Evaluation Report Year Two 2008-2009*. Needham, MA: National Center on Family Homelessness.

Housing Status, Satisfaction, and Improvement

Participants completed a "Residential Follow-Back Inventory," an instrument that gathered data on the prior six months of housing. With an interviewer's assistance, the participant completed a calendar outlining where she slept each night in the previous six months, using categories such as "in own apartment" or "doubled up with family or friends." The participant then reviewed the inventory and commented on whether her current housing situation had improved and then rated her level of satisfaction with current housing.

Education, Employment, Income

Level of education was assessed with a single multiple-choice question (e.g. "some high school," "high school diploma," "some college"). Participants were also asked about current employment status. Participants were asked about their sources of income, using a "yes/no" response to a list of sources, such as Food Stamps, employment earnings, and Social Security. They were then asked to consider all of their income sources when providing an estimate of their monthly income.

Functional Health Status

The SF-8 Health Survey was used to measure functional health and well-being. The QualityMetric's SF™ health surveys capture practical, reliable, and valid information. The SF-8 asks the participant to assess her health over the previous thirty days. The measure was selected because it is a brief, reliable and a valid measure of health that is significantly correlated with other health measures.[11]

Traumatic Stress

The Posttraumatic Stress Diagnostic Scale[12] was used to measure exposure to traumatic events and reactions to trauma. At baseline participants were asked whether they had ever experienced any of 12 traumatic events, such as a life-threatening accident or illness or unexpected death of a family member or close friend in their lifetime. Trauma symptoms were assessed by asking about various symptoms such as having nightmares or feeling numb to any traumatic event in the past 30 days. The scale ranged from never to five or more times a week. The items were summed and divided by 17, the total number of items used to create a score that is the average frequency of trauma symptoms. One year later, participants were asked if they experienced these same symptoms in the past 30 days. The Chronbach's alpha, a measure of the internal consistency of the scale, was .92 at baseline.[13]

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11. A. Regula Herzog, James S. House, and James N. Morgan. 1991. Relation of Work and Retirement to Health and Well-Being in Older Age. *Psychology and Aging, 6*, 202-211; Stewart, AL, Hays, RD & Ware, JE Jr. (1988). The MOS short-form General Health Survey: reliability and validity in a patient population. Medical Care 26: 724-735.

12. Foa, E. (1995). Posttraumatic Stress Diagnostic Scale. Minneapolis, MN: National Computer Systems, Inc.

13. Chronbach's alpha is a measure of internal consistency. It generally increases as the intercorrelations among test items increase. In other words, it measures whether all the items are a measure of the same construct. It ranges from 0 to 1, with 1 indicating that all items are fully correlated with each other, and that, in practice, each item on the test measures the same concept.

Parenting Stress

Participants were asked to rate how much they agreed with 23 statements about parenting, such as "I feel trapped by my responsibilities as a parent," "My children rarely do things for me that make me feel good," "Since having children, I feel that I am almost never able to do things that I like to do." They rated these items on a scale from 1 = strongly agree to 3 = not sure to 5 = strongly disagree. The items were summed and divided by 23, to create a score that is the average level of parenting stress experienced. The Chronbach's alpha was .88 at baseline.

Child Outcomes

Ages and Stages Questionnaire (ASQ-3) screens children one month to 5 ½ years on five domains including communication, gross motor, fine motor, problem solving and personal-social. The ASQ:SE screens for social-emotional issues. Reliable and valid, ASQ identifies strengths and challenges faced by young children.[14]

Social Support

Social support was measured by asking participants to indicate the number of people they could count on to provide them with different levels of instrumental and emotional support, such as providing comforting, a ride to a doctor's visit, or a monetary loan. They rated each of these items on a scale from 0=no one, to 5=seven or more people. The average number of supports was calculated. Chronbach's alpha score was .84 for this scale.

Analysis

For each of the outcome measures described above, paired t-tests were used to measure the differences between baseline and one-year assessment. Paired t-tests compare the scores of the same individual at baseline to their scores at one year, providing a direct comparison of individual change, rather than examining change at the group level. Child outcome data were not part of this analysis, but were provided by site staff.

14. Ages & Stages Questionnaires, Second Edition, Bricker, et. al.; 1999, Paul H. Brookes Publishing Company.

Limitations

It is important to note the study limitations. Some limitations accompany all studies using self-response techniques such as interviews. It is possible that participants might provide answers they feel the interviewer wants to hear, or may not disclose a personal or embarrassing issue to an interviewer. Another limitation is the outcome evaluation return rates. The client retention rate varied from site to site, with FACT having the best rate of 87 percent followed by SYF with 53.5 percent. However, the other sites were lower. The low rates introduce a bias in those who were willing to be interviewed. It is not possible to determine the differences between the women who volunteered to be interviewed and those who declined; however, it is possible that these groups varied in significant ways. For example, the women willing to participate may be functioning better than those that declined. Thus, caution must be exercised when generalizing the findings from the Initiative.

Finally, each Initiative program is unique, and each served a slightly different subset of the larger population of homeless families. It is, therefore, difficult to consider "Initiative participants" as a homogeneous group. For example, FACT families had slightly different needs than those of STRong families. While this report describes the needs of participants overall, it is imperative to remember that participants reside in four different cities, and are served by four different programs that have somewhat different eligibility criteria. Therefore, they are not necessarily representative of all young homeless families.

IV. Findings

The findings are presented in seven sections: Housing Status, Satisfaction and Improvement; Education, Employment, and Income; Functional Health Status; Traumatic Stress; Parenting Stress; Child Outcomes; and Social Support.

Housing Status, Satisfaction and Improvement

Upon entering the program, the majority of participants were considered homeless, living in shelters or doubled-up with family or friends in undersized, overcrowded apartments, or on the verge of homelessness. A dramatic increase in housing stability was reported at one-year follow up; approximately 80 percent were in some form of stable housing (e.g., own apartment, transitional housing, or permanent supportive housing).

A majority of mothers reported significant increases in their satisfaction with their housing situations. At baseline, 51.8 percent were satisfied with their living arrangements; by the one-year follow-up, 75.2 percent were satisfied ($t = 3.69$, $p < .001$, $n = 112$). Similarly, when asked if their housing had improved over the past six months, 60 percent of participants reported experiencing improvements in their housing status at one-year follow up.

Education, Employment, and Income

At baseline, 49.5 percent of participants had less than a high school education, 33 percent had a high school diploma or GED, and 17.4 percent had some college or more. By one year, the percentage of participants without a high school diploma had declined to 40.1 percent, and the percentage with some college or more had increased to 26.6 percent. The number of years of education increased significantly from baseline to one-year follow-up ($t = -2.919$, $p < .01$, $n = 114$). Each site generally followed the pattern of improved education at one-year follow-up.

At baseline, 19 percent of participants were employed. The numbers increased slightly over the year to 22 percent, but the increase was not statistically significant. Over the 12-month time frame, the mean total monthly income increased substantially $740 to $934 ($t = -2.369$, $p < .05$, $n = 113$). After one year in the program, average monthly income rose by 34 percent for the participating mothers. This translates to approximately an extra $3,000 on average per year.

Functional Health Status

Using items from the SF-8 at baseline, 16.5 percent rated their health as excellent, 46 percent rated their health as good or very good, 23.5 percent rated their health as fair, and 14 percent rated their health as poor. The percentage of participants whose health changed over the year included 16 percent rated their health as excellent, 46 percent rated their health as good or very good, 27 percent rated their health as fair, and 11 percent rated their health as poor. These ratings did not change significantly over the course of the year.

Traumatic Stress

At baseline, participants reported an average of four traumatic events over the course of their lives. Over the study period, participants reported minimal to no new traumatic events. There were no significant changes in the number of traumatic events over the study period. In addition, there were no significant differences in the reporting of trauma symptoms at one-year follow up.

Parenting Stress

Participants were asked to rate how much they agreed with statements about parenting. The mean score on this scale at baseline was 3.5, indicating that, on average participants were not sure or disagreed with the series of statements about negative feelings associated with parenting. At follow up, participants' disagreed even more strongly with these statements, indicating a significant decline in levels of parenting stress ($t = 5.378$, $p < .001$, $n = 103$ at one year).

Child Outcomes

Therapists from each site conducted regular ASQ[15] screens for each child enrolled in the program to identify developmental delays and mental health issues. Based on these screenings, children received early intervention services through a collaborator or were referred to other mental health services and special educational interventions.

Each site served a varied number of children. At FACT, 100 initial ASQ screens were completed. Nineteen percent of the children fell into the developmentally concerning range. Seventy-nine percent of the children that displayed concerns at their first or second screen improved their developmental scores. Eight children received Child Parent Psychotherapy Services – a trauma-informed, parent-child play therapy model. Children who required higher levels of clinical and/or case management because of developmental delays, early intervention needs, and/or serious emotional/behavior concerns were referred for individual therapy sessions.

STRong staff administered ASQ's to 169 children. Sixty-three children were identified as having delays in at least one domain. All of these children received additional developmental diagnostic screens to confirm the presence of developmental issues and to determine the type of interventions that were needed. Of this group, 48 children have improved their developmental scores.

At SYF the Early Childhood Specialist conducted regular ASQ screens for each child enrolled in the program. The Specialist performed a total of 175 ASQ screenings. Eighty-eight (67%) of the 131 children enrolled in the program received at least a baseline ASQ; 43 (33%) children did not receive an ASQ because of their short enrollment in the program or an inability to be reached. Twelve children were identified as having delays in at least one domain. Subsequently, these children received intensive early intervention services either directly from the SYF program staff or through referrals to specialized agencies. Eight of these 12 children showed improved developmental scores; three continue to receive support and services.

Social Support

The mean score on the Social Support scale indicated that, on average, participants could count on slightly more than three people to help them out. There was no significant change over time in the number of supports reported.

15. Ages & Stages Questionnaires, Second Edition, Bricker, et. al.; 1999, Paul H. Brookes Publishing Company.

V. Discussion

Homeless families have complex needs that often extend beyond housing to include education, job training, mental and physical health, and child development. For homeless and at-risk young mothers attempting to stabilize their families, accessing resources to meet these needs is a challenging process of navigating fragmented and disparate service systems. Additionally, homeless families experience intense needs that cut across service systems, requiring that service providers collaborate with each other. The Initiative combined the expertise of agencies working in child development and those involved with homelessness services at four sites across the country. Each site developed an innovative service delivery model that provided comprehensive wrap-around care for young mothers and their children.

The homeless families involved in the Initiative faced many challenges. In addition to unstable housing situations, a majority of the mothers had a high-school degree or less, limiting their prospects for earning a livable wage. At all four sites, mothers emancipating from foster care faced especially intense challenges to achieving stability for their families. Furthermore, many had experienced high rates of traumatic events apart from homelessness, including domestic violence and sexual and/or physical abuse. Symptoms consistent with post-traumatic stress disorder were common among mothers. These experiences contributed to their limited skills, which interfered with their capacity to live independently and care for their children. Most had limited knowledge of available community resources and of the steps necessary to accomplish goals such as enrolling themselves and their children in school, or accessing health care. Many of the children enrolled in the Initiative had behavioral problems or undiagnosed developmental delays. While this study did not include a comparison group, it is likely that homeless families in general face similar challenges to those enrolled in the Initiative.

The collaboration requirement of the Initiative encouraged integration among service systems. Agencies cross-trained each other in their areas of expertise, shared resources and knowledge, and built lasting collaborative relationships. At two of the sites, staff from different agencies were co-located at the same office. Even where co-location did not occur, the Initiative helped forge a team atmosphere that united the staff and leadership of disparate agencies around the common goal of serving young homeless families. All sites provided an array of services that combined housing assistance, case management, counseling and child development services. Program staff worked with families to create individualized service plans targeted to the needs of each mother and child.

Improved Living Situations

Helping families find permanent housing was a primary goal of the Initiative. In Minneapolis and Chicago, the sites were able to offer subsidized long-term housing slots for some enrolled families. These were a crucial resource, removing the barrier young families often face in obtaining adequate housing, and allowing mothers to gain independent living skills in a supportive environment. Many young, homeless mothers lacked knowledge of tenant rights, bill-paying skills, and tenant-landlord relations, critical for maintaining housing. Initiative staff served as liaisons and advocates with landlords, and guided mothers through the steps necessary for sustaining stable housing. As a result, mothers' housing status improved dramatically. Upon entering the program, the majority of participants were considered homeless, living in shelters or doubled-up with family or friends

in undersized, overcrowded apartments, or on the verge of homelessness. A dramatic increase in housing stability was reported at the one-year follow up; approximately 80 percent were in some form of stable housing.

Housing shortages in LA County are especially severe, and as a result, the sites in Antelope Valley and Pomona were more restricted in their ability to provide subsidized permanent housing slots for mothers in the Initiative. However, the staff at these programs were resourceful in helping mothers improve their housing situations. Many mothers in SYF and Hope & Home were able to find reasonably-priced independent housing in the community; in other cases, staff worked with mothers to facilitate transitions to safe housing situations. Additionally, the two programs had housing options available for families that met certain criteria. SYF was able to offer temporary housing to families that had experienced domestic violence, and long-term housing for mothers with mental health diagnoses through Mental Health America. Hope & Home provided sober housing for mothers recovering from substance abuse issues.

Reflecting their change in housing status, a majority of the mothers reported increased satisfaction with their housing situations. At one-year follow-up, 75.2 percent were satisfied with their housing. At one year, 60 percent of participants reported experiencing improvements in their housing. Mothers at the Minneapolis and Chicago sites reported particularly dramatic improvements in housing. In the Chicago FACT program, the percent of mothers reporting that their housing had improved in the past six months rose from 23 percent at baseline to 63 percent after one year. In Minneapolis, the percentage rose from 50 percent at baseline to 73 percent after one year.

Greater Independence

The four sites in the Initiative worked with mothers to build their capacity to independently provide for themselves and their children. To meet this goal, staff helped mothers enroll in school or other educational programs, coached them in job-searching and interviewing skills, and guided them through the complicated process of accessing public benefits.

Mothers demonstrated significantly improved financial stability after one year. Average monthly income increased steadily from $740 at baseline to $934 at the one-year follow-up. These numbers represent a 34 percent increase in average income after one year, and approximately an extra $3,000 on average per year. For young, homeless families, this improvement can mean improved financial security and peace of mind for mothers, allowing them to focus on other goals for themselves and their children.

Intensive educational advocacy from Initiative staff may also have played an important role in the improved level of education that mothers demonstrated after one year. This ranged from assistance with enrollment to emotional support to securing childcare so that mothers were able to attend classes. At baseline, 49.5 percent of participants had less than a high school education, one-third had a high school diploma or GED, and 17.4 percent had attended some college or more. One year later, the proportion of participants without a high school diploma had declined by 9.4 percent (to 40.1 percent), and the proportion with some college or more had increased by 9.2 percent (to 26.6 percent). The increase in the mothers' number years of education was significant from baseline to the one-year follow-up.

Mental Health

Mental health services are an area not traditionally included in homelessness programs, and were a key component of the Initiative. Mothers received therapy and counseling from psychologists and licensed social workers. Each program took a different approach; the clinical mental health services provided by Hope & Home in Pomona and FACT in Chicago were particularly strong. These sites also focused on enrolling mothers with mental health and/or substance use issues. However, at all four sites, the mental health supports seemed to have a positive effect on mothers' well-being.

Decreased Parenting Stress

After one year in the Initiative, mothers reported a decrease in parenting stress. Initiative staff met with mothers in their homes to provide individualized parenting education, helping them understand what behavior to expect from their children at different ages and how to support their developmental needs. Child development specialists offered family therapy that helped strengthen family bonds. Raising children as a young mother is extremely challenging, and especially so for the mothers in the Initiative who had often lacked positive parental role models during their own childhoods. In addition, due to the age of the women, many had not developed the maturity necessary for raising children without additional supports. The support provided by the programs was especially crucial. Despite the challenges of being a young mother, parenting stress was reduced over the study period.

Children's Healthy Growth and Development

Children are especially vulnerable to the adverse effects of homelessness. Children need safe, stable home environments where they can play and grow; the instability and emotional stress associated with homelessness can have a negative effect on children's healthy development. Furthermore, mothers experiencing homelessness often lack an awareness of the resources available to support their children, such as therapy or special education programs, and the steps necessary to access these. This can have serious consequences for children's educational achievement and future opportunities.

The majority of children were screened to identify developmental delays. Most of the children with emotional or developmental challenges demonstrated improvement after enrollment in the Initiative, many of them overcoming their delays completely. Early intervention helped ensure that these children began school with the skills necessary to succeed. As a result, these children had a stronger foundation for healthy growth and development.

VI. Conclusion

Overall, the findings indicate that the lives of homeless and at-risk young women and their children improved in several important ways over a year of involvement in the Initiative. Young mothers appear to be better-equipped to achieve long-term stability for themselves and their children. After one year, 80 percent of the women were living in stable housing situations and were connected to adequate supports and services in the community. Children received the help needed to address educational, emotional and developmental issues, and mothers had gained parenting skills and strengthened family bonds. These components, a result of the Initiative's collaborative, inter-disciplinary approach, increased the likelihood that these at-risk children will succeed in school and thrive. The overall findings make a powerful argument for the potential of housing assistance combined with comprehensive service delivery to help homeless young families build a better future for themselves and their children.

Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

This *Cross-Site Evaluation of The Strengthening Homeless and At Risk Young Mothers and Children Initiative* was written by The National Center on Family Homelessness. The contributing author was Nancy Marshall, Senior Research Scientist, Wellesley Centers for Women, Wellesley College and Technical Development Corporation (TDC) with support from Mary Huber, Director of Research and Evaluation, Sonia Suri, Research Analyst, Annabel Lane, Research Associate, and Ellen Bassuk, President, The National Center on Family Homelessness. The *Cross-Site Evaluation of The Strengthening Homeless and At Risk Young Mothers and Children Initiative* is a product of The National Center on Family Homelessness on behalf of the *Strengthening At Risk and Homeless Young Mothers and Children* Coordinating Center, which is a partnership of The National Center on Family Homelessness, National Alliance to End Family Homelessness and ZERO TO THREE. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations and develops a range of application products from the study sites.

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For more information on this Initiative, please contact The National Center on Family Homelessness, 200 Reservoir Street, Suite 200, Needham Heights, Ma; (617) 964-3834 or at www.familyhomelessness.org

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