



STRENGTHENING  
At Risk and Homeless  
Young Mothers and Children

# Strengthening At Risk and Homeless Young Mothers and Children Executive Summary

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An initiative of 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.

## Overview

The Conrad N. Hilton Foundation designed *Strengthening At Risk and Homeless Young Mothers and Children* (the Initiative) at a time when little attention was being paid to responding to the needs of young women aged 18-25 and their young children who were homeless or at risk of homelessness. This five-year multi-site demonstration project was developed to create innovative service models that met the needs of these young families and then measured the outcomes and costs of these interventions. To ensure the success of this project, the Initiative required collaboration among agencies providing housing/homelessness services and those providing child development/ child welfare services. By facilitating systems integration, the Initiative ensured that the sites would address the family's residential instability as well as the developmental issues of the children. These collaborations strengthened and extended services, dramatically increasing the resources available to the program sites and the families.

Located in four different communities, each partnership in the Initiative provided housing assistance combined with comprehensive services targeted to homeless and at risk young families. Although service delivery approaches varied across sites, common elements included: broad-based community partnerships, housing assistance and supports, approaches to increase mother's independence, strategies that strengthened the mother-child relationship, and attention to the developmental, behavioral and emotional needs of the children. Several of the sites primarily served young mothers with mental health and/or substance use issues, and developed innovative approaches for dealing with their needs. All sites provided an array of services that combined housing assistance, case management, counseling and child development services.

The Hilton Foundation's innovative approach facilitated the formation of partnerships in each of the four demonstration sites. They successfully designed various service delivery models to meet the needs of these young families. At the beginning of the Initiative, most of the families were precariously housed or literally homeless. With housing assistance, more than 80% were stably housed in the community. To help families maintain housing and become more independent, the programs also provided services and supports that directly addressed some of the factors contributing to homelessness, including limited capacity to generate income, traumatic stress and mental health issues, lack of robust support networks, and the stress of being a young parent while facing or experiencing homelessness. Unlike many existing family programs, it focused on the needs of young children. They assessed each child in order to identify and respond to developmental delays and then provided appropriate services for these children. Furthermore, systems housing/homelessness agencies and child development service systems enabled every program site to address both housing and service needs, thus increasing the effectiveness

of the intervention. 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.

While providing responsive services to the families, the cost of the Initiative's interventions, when adjusted to exclude program start-up costs, was significantly lower than the cost of providing these families with emergency shelter. Even at lower cost, the Initiative's interventions provided a richer mix of family and children's services. In addition, the Initiative's systems collaboration component allowed local program sites to leverage significant new funding and resources to enhance their services.

## Background

Early studies such as the Worcester Family Research Project<sup>1</sup> (Bassuk, et. al., 1996) documented that homeless families were typically comprised of a young mother, aged 27, and two young children, often under six years of age. The family's path to homelessness was shaped by extreme poverty, limited education and job skills, experiences of domestic violence and physical and sexual abuse, and lack of adequate social supports. Young children manifested developmental delays associated with their experiences of extreme poverty and homelessness. Even with this knowledge, little attention was paid to providing comprehensive family-oriented services that addressed the structural and personal factors that contributed to residential instability.

The young homeless families involved in the Initiative faced many challenges. 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 permanent housing.

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. Many of the mothers 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. Those mothers emancipating from foster care faced especially intense challenges to achieving stability for their families. Many lacked parental role models as well as the maturity to care for young children, many of whom had developmental delays. These experiences contributed to their limited skills, difficulty living independently, and challenges of mothering a young child. 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. Engaging these mothers in trusting relationships with staff helped to overcome some of these challenges, especially those related to homemaking and effective parenting.

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1. Bassuk, E., Weinreb, L., Buckner, J., Browne, A., Salomon, A., & Bassuk, S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Journal of the American Medical Association*, 262, 1352-1357.

## Description of the Initiative: The Coordinating Center and Site Profiles

A request for proposal (RFP) was issued seeking community-based collaborations that would enroll young at risk and homeless female-headed families, and provide them with supports intended to improve housing status, maternal well-being, and child development. In response to the RFP, Hilton Foundation brought three national organizations together to coordinate, oversee, and evaluate the Initiative: The National Center on Family Homelessness to coordinate and evaluate the project, and serve as the fiscal agent; the National Alliance to End Homelessness to provide policy expertise and ensure broad dissemination of lessons learned; and ZERO TO THREE: National Center for Infants, Toddlers and Families, a leader in child development. Program sites were selected in Antelope Valley, CA; Chicago, IL; Minneapolis, MN; and Pomona, CA. Funding for program development and service provision was made available to each site with the stipulation that sites needed to raise matching funds and leverage local resources to support a portion of the program costs.

### The four program sites were:

- *Family Assertive Community Treatment* (FACT), Chicago, IL.
- *Hope & Home*, Pomona, CA.
- *Strengthening Our New Generation* (STrong), Minneapolis, MN.
- *Strengthening Young Families* (SYF), Antelope Valley, CA.

While the program sites operated in different social and economic contexts, all the communities were characterized by lack of affordable housing, high unemployment, and increasing rates of homelessness. Program models were structured as local collaborations comprised of agencies specializing in housing/homelessness, child development/child welfare and other related areas. 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 housing assistance and family-oriented care to meet the full range of their needs.

**Family Assertive Community Treatment (FACT)** modified the evidence-based practice. Assertive Community Treatment (ACT) for use with young mothers who had mental health/ substance use issues. A multi-disciplinary team, which included licensed clinicians, provided “wraparound” services. A full-time position dedicated to systems integration led to a strong relationship with the Department of Children and Family Services (DCFS) and supported the referral to FACT of young mothers aging out of foster care. FACT consisted of Beacon Therapeutic Diagnostic and Treatment Center (child welfare, family homelessness, and child development); Heartland Alliance for Human Needs and Human Rights (homelessness, systems integration, housing); University of Illinois, Chicago (program—evaluation); Voices for Illinois Children (child advocacy, policy); and Inner Voice (provider of family homeless shelters).

**Hope & Home** targeted families in which the mothers required specialized mental health services. The program provided a comprehensive, trauma-informed team intervention that offered a range of integrated and coordinated services. Each family worked with a therapist who coordinated and oversaw delivery of support services, including housing, employment, education, chemical dependency, and parenting skills. The Department of Mental Health, using its Early Periodic Screening Diagnosis and Treatment and Mental Health Services Act funding streams, provided matching funds for the program, demonstrating a commitment to the program model. Key program collaborators were PROTOTYPES: Centers for Innovation in Health, Mental Health, and Social Services, and Foothill Family Services.

**Strengthening Our New Generation (STRong)** primarily served young mothers with young children who remained outside of the county's emergency shelter system. This allowed the project to intervene before families entered shelter. With an immediate goal of moving families into permanent housing, STRong offered an array of housing assistance packages to meet individualized needs of each household. Support services—including those addressing child development and parenting skills—were provided to each family early in the process and continued after the family had been re-housed. Family Workers who provided intensive one-on-one support to the young mothers was a critical part of the team. The specialized knowledge of each partner agency and the sharing of expertise and resources contributed to the program's success. The team consisted of Reuben Lindh Family Services—the lead agency (early childhood expertise and fiscal and administrative oversight); St. Stephen's Human Services (housing/homelessness); and Wayside House (chemical dependency, behavioral health).

**Strengthening Young Families (SYF)** used a mobile, team-based approach to serve an isolated population in a sprawling suburban setting. Teams of specialists addressed housing assistance, parenting, mental health, and child development needs. Parenting groups were offered in accessible locations to build skills and create a support network for the young mothers. Collaboration with Antelope Valley Hospital's Healthy Homes program enabled young pregnant mothers to receive immediate referrals for prenatal care. Mothers and children received prioritized, coordinated access to resources from all the partner agencies. The program collaboration created a bridge between the families and mainstream service systems that deepened an understanding of homelessness and strengthened the capacity to respond. The SYF collaboration brought staff, resources, and expertise from Valley Oasis (temporary housing, case management, project management, parenting education, housing assistance); Mental Health America (mental health assessments and support groups, supportive housing); Antelope Valley Hospital's Healthy Homes Program (visiting nurse to provided prenatal care and early child development services); Antelope Valley Partners for Health (child development); and United Way of Greater Los Angeles (co-founder of collaboration and SYF fiscal agent).

Across the four program sites, the Initiative served 398 families and 684 children (Table 1 below) between 2007 and 2011.

**Table 1: Number of Families and Participants Served**

Program Site	Number of Families	Total Number of Participants
<i>Family Assertive Community Treatment (FACT), Chicago, IL</i>	70	206
<i>Hope &amp; Home, Pomona, CA</i>	68	177
<i>Strengthening Our New Generation (STRong), Minneapolis, MN</i>	163	445
<i>Strengthening Young Families (SYF), Antelope Valley, CA</i>	97	257
<b>Total</b>	<b>398</b>	<b>1,082</b>

The project included two evaluation components; an evaluation of the psychosocial program outcomes and an evaluation of the program costs. Below is a summary of the results of the outcome evaluation reports followed by a summary of the cost analyses.

## Program Outcomes for Mothers and Children

Evaluation data were collected at baseline for 233 women and for 117 women at one-year follow up to measure program impacts. This evaluation is based on a longitudinal study design; we gathered data from the same women over time. The process of tracking, finding, and interviewing the participants at follow up was challenging. Many of the women moved often, others had disconnected phones, and some lacked family members or friends who could assist researchers and interviewers in finding or contacting them. Attrition rates in longitudinal designs are often high, and especially so among homeless individuals. Attrition in the project sample was somewhat higher than expected. Despite the size of the sample, it is important to note that the statistical tests conducted, primarily paired t-tests, had sufficient power to detect real differences between baseline and one-year follow up data.

Data were collected in the following areas: housing status, satisfaction, and improvement; education, employment, and income; functional health status; trauma; parenting stress; child outcomes; and social support.<sup>2</sup> Among the significant outcomes at one-year follow-up:

- Approximately 80% of participants were permanently housed.
- Participants reported greater residential stability, satisfaction, and safety.
- Many of the mothers improved their educational levels.
- Average income for mothers increased by 34% per month or approximately \$3000 per year.
- Children with developmental delays were identified and referred for appropriate services. Most children improved significantly.
- Mothers' parental stress decreased significantly.

No significant change was found in employment, health status, trauma, or social support at one-year follow-up. Evaluation reports of three program sites as well as a Cross-Site Evaluation Report are available at [www.familyhomelessness.org](http://www.familyhomelessness.org) by accessing *Strengthening At Risk and Homeless Young Mothers and Children* under the "Children & Families" tab on the home page. Because of a restructuring of the Hope & Home program, participation in the evaluation of the psychosocial outcomes was not feasible. However, the site was included in the cost analyses.

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2. 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.

## Program Costs

The costs of family homelessness are extremely high for both individuals and communities; these. Costs include health care, long-term shelter stays, and low levels of educational achievement for children. Each of the Initiative’s pilot sites created an integrated service delivery model that offset these costs. For example, the sites provided long-term care for families at an average cost that was significantly lower than that associated with shelter care. Sheltering a family long-term can cost between \$30,000 and \$55,000 per year.<sup>3</sup> In contrast, the average annual cost of serving a family enrolled in the Initiative, which provided a range of supportive services in addition to stable housing, ranged from \$11,150 to \$26,752, with an average enrollment of just over one year.<sup>4</sup>

Table 2: Comparison between cost of sheltering a family in the U.S versus the cost of providing housing and wrap around services to families by the *Initiative* and each program.

<i>Program/Service</i>	<i>Average Annual Cost</i>
Sheltering a family	\$22,000 to \$55,000
<b>The Initiative</b>	<b>\$15, 611</b>
Family Assertive Community Treatment	\$26,752
Hope & Home	\$15,825
Strengthening Our New Generation	\$11,150
Strengthening Young Families	\$14,919

3. Culhane, Metraux, Park, Schretzman, and Valente (2007). Testing a typology of family homelessness based on patterns of public shelter utilization in four US jurisdictions: implications for policy and program planning. *Housing Policy Debate* 18(1): 1-28. Also, Heading Home: Hennepin. Best Practices . Retrieved from: <http://www.headinghomeminnesota.org/hennepin/our-progress/best-practices>. Unfortunately, there is a lack of further site-specific data on costs of sheltering families long-term.

4. For a more detail see: *Strengthening At-Risk and Homeless Young Mothers and Children: Cost Study Executive Summary* (2011). Needham, MA: National Center on Family Homelessness. Note: This annual cost excludes costs during the sites start-up periods.

Over the course of the Initiative, a total of \$8.2 million in funds was accessed from a combination of sources. The Hilton Foundation provided a solid base of \$3.04 million in total for the four programs, about 37 percent of the Initiative’s total resources. The program sites were creative and effective in generating additional funding—primarily from matching funds and leveraged resources. Overall, the four sites raised a combined \$3.52 million in matching funds, exceeding the Initiative’s 1:1 match requirement by 16%. The programs drew the greatest portion of these funds from local sources. Partner agencies at each site also contributed significant resources to ensure the Initiative’s success. Partners amassed over \$1.64 million in leveraged resources that included additional services and staff that benefitted families but were not funded by the program.

Table 3. Total resources for the pilot programs and for the *Initiative*

<i>Pilot Name</i>	<i>Hilton Funds</i>	<i>Matching Contributions</i>	<i>Leveraged Resources</i>	<i>Total</i>
FACT	\$684,000	\$929,818	\$1,006,570	\$2,620,388
Hope & Home <sup>11</sup>	\$532,185	\$543,922	---	\$1,076,107
STRong	\$912,000	\$1,120,068	\$394,704	\$2,426,772
SYF	\$912,000	\$922,000	\$238,184	\$2,072,184
<i>the Initiative</i>	\$3,040,185	\$3,515,808	\$1,639,458	\$8,195,451

Cost reports on each program site as well as a Cost Study Executive Summary are available at [www.familyhomelessness.org](http://www.familyhomelessness.org) by accessing *Strengthening At Risk and Homeless Young Mothers and Children* under the “Children & Families” tab on the home page.



## Conclusion

Rapid transition to permanent housing is now widely accepted as an effective response to homelessness. While housing is clearly a central component of any solution to homelessness, housing alone will not end homelessness for many young families who need additional services and supports to remain housed and to progress towards independence.

*Strengthening At Risk and Homeless Young Mothers and Children* provides important insights into the services and supports at risk and homeless young mothers need in addition to housing to make progress toward independence and ongoing stability. Some of the lessons learned from this Initiative include:

- **Address young mother’s full range of needs.** In addition to the lack of permanent housing, programs should directly address the multiple factors that have contributed to a young mother’s homelessness, including limited capacity to generate a livable wage, impact of the traumatic experiences that precede and characterize homelessness, her lack of a robust social support network, and the stress of being a young parent who is facing or experiencing homelessness. Providers must engage the mother’s in trusting relationships and whenever possible, provide wraparound services.
- **Assess and respond to the needs of homeless and at risk children.** Programs in the Initiative carefully assessed young children and identified and responded to developmental delays. Left untended, these delays become more profound and less easy to treat. Most programs for young homeless children do not routinely assess the children, missing the opportunity to help children grow and thrive. Most of the young children in the Initiative referred for services improved significantly—indicating the critical importance of routine assessment in all programs for homeless children.
- **Promote collaboration across service systems.** Every program site increased the effectiveness of its intervention by collaborating across service systems, in this case housing/homelessness agencies and child development agencies. These collaborations not only strengthened and extended services but dramatically increased the resources available to the program sites and the families. By the end of the program period, the sites and their community partners were able to generate resources that exceeded the match mandated by the Initiative and the investment made by the Hilton Foundation.

*Strengthening At Risk and Homeless Young Mothers and Children* produced more than 20 publications on the Initiative’s findings, costs, and programs and policy implications. These are available at [www.familyhomelessness.org](http://www.familyhomelessness.org) by accessing *Strengthening At Risk and Homeless Young Mothers and Children* under the “Children & Families” tab on the home page.

The National Center on Family Homeless is grateful to the Conrad N. Hilton Foundation for its vision in developing and supporting *Strengthening At Risk and Homeless Young Mothers and Children*. We also thank the National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families for their assistance with this Initiative, and the program sites for their dedication, commitment and hard work in making this Initiative a reality and most of all for supporting many homeless and at risk young families and 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 *Executive Summary for Strengthening Young Families* was written by staff from The National Center on Family Homelessness. The contributing authors were John Kellogg, Vice President, Mary Huber, Director of Research and Evaluation, and Ellen Bassuk, President. The *Executive Summary for Strengthening Young Families* 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.

*Strengthening At Risk and Homeless Young Mothers and Children* is an Initiative of the Conrad N. Hilton Foundation.



For more information on this Initiative, please contact The National Center on Family Homelessness, 200 Reservoir Street, Needham, MA; (617) 964-3834 or at [www.familyhomelessness.org](http://www.familyhomelessness.org).

