

Strengthening At Risk and Homeless Young Mothers and Children

The National Center on Family Homelessness

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OUTCOME EVALUATION

SYF: Strengthening Young Families, Antelope Valley, California

2012



STRENGTHENING
At Risk and Homeless
Young Mothers and Children

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EXECUTIVE SUMMARY

As part of the *Strengthening At Risk Homeless Young Mothers and Children Initiative*, The National Center on Family Homelessness (The National Center) evaluated the impact of the *Strengthening Young Families* (SYF) program in Antelope Valley, California on at-risk and homeless young mothers aged 18-25 years with at least one child 5 years or younger. This five-year, multi-site demonstration project, supported by the Conrad N. Hilton Foundation, designed and implemented developmentally appropriate services aiming to help stabilize young, homeless families in permanent housing, improve the well-being of mothers and children, and encourage collaboration across homelessness/housing and child welfare/development systems. Five service partners in Antelope Valley with expertise in domestic violence, mental health services, and early childhood development collaborated to form the SYF program. The program's innovative service model provided families with holistic, individualized care to meet the full range of their needs. In a community that had previously failed to acknowledge the presence of this population, the SYF partnership was crucial for its serious commitment to supporting these young families and children.

This report describes the evaluation, focusing on the impact of the program on women and children. By analyzing data gathered from the participants at baseline and 12 months, we determined that young mothers and their young children enrolled in SYF received intensive services that led to increased quality of life for both the mothers and children. The most important outcomes include the following:

- Housing improvements including stability, safety, and independence after one year.
- The mean family income increased from \$752 per month at baseline to \$1052 at one-year follow-up.
- The numbers of mothers with a high school education increased over the course of the study period.
- Mothers reported no new traumatic life events during the study period.
- Children received regular developmental screenings from an early intervention specialist.
- As a result of these programs, 75 percent of the children who received services demonstrated improvement as evidenced by their scores on the screening instrument.

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 physical and mental health, child development, education, and work skills. 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 Report² (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

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 5-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.

Strengthening Young Families (SYF) in Antelope Valley, CA was one of the four programs in the Initiative. The purpose of this evaluation report is to describe the impact of SYF services on the young homeless and at-risk families they served. We describe the program, 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 Strengthening Young Families (SYF)

SYF featured collaboration among agencies in Antelope Valley with expertise in domestic violence, mental health services, and early childhood development. The program’s innovative service model provided families with family-oriented care to meet the full range of their needs. SYF is one of four programs that participated in the *Strengthening At Risk Homeless Young Mothers and Children Initiative*. Table 1 lists the other Initiative programs. See *An Evaluation of FACT: Family Assertive Community Treatment, Chicago, Illinois*,⁴ and *An Evaluation of STRong: Strengthening Our New Generation, Minneapolis, Minnesota*,⁵ for information related to two of the other sites. See *An Evaluation of the Strengthening Homeless and At Risk Young Mothers and Children Initiative*⁶ for a summary of the outcomes of the Initiative.

Table 1. Initiative Programs

Program name	Location
<i>Strengthening Our New Generation</i> (STRong)	Minneapolis, MN
<i>Strengthening Young Families</i> (SYF)	Antelope Valley, CA
<i>Hope & Home</i>	Pomona, CA
<i>Family Assertive Community Treatment</i> (FACT)	Chicago, IL

SYF’s innovative service model provided families and children with comprehensive care, with focus on the children’s needs. They attempted to address the unique needs of these young 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, case management, project management, parenting education, and housing location assistance.
- 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.

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). *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 Outcome Evaluation of Strengthening At Risk and Homeless Young Mothers and Children*. The National Center on Family Homelessness with Nancy Marshall, Wellesley Centers for Women, Wellesley College and Technical Development Corporation. Needham, MA.

- 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.

Antelope Valley is a suburb of Los Angeles that lacks the range of services of urban communities. They share the challenges of many remote communities with large geographic distances, and limited housing and public transportation. Young homeless mothers tend to be isolated in this under-resourced community; the SYF program represented an innovative step in engaging young women in services.

SYF followed a mobile case management model, meeting and serving participants at locations throughout the community. Meeting with families in their own residences allowed SYF specialists to develop supportive relationships with young mothers while providing parenting education, child development, mental health and housing assistance. Children in SYF received regular developmental screenings from an early intervention specialist, who ensured that they received help to address learning and physical delays.

The program offered parenting and other groups in accessible locations to help participants build peer support networks. Staff members also helped mothers maintain or regain custody of their children by guiding them through complicated paperwork, accompanying them to court, and serving as liaisons and advocates with child protection workers. The inclusion of the Antelope Valley Hospital's Healthy Homes Program enabled young pregnant mothers to receive immediate referrals to prenatal care. Program participants received prioritized coordinated access to all of the partner agencies' resources. The collaboration worked on creating a bridge to mainstream service systems encouraging a deepened understanding of homelessness in the community and strengthening the community's capacity to respond to the needs of young families. Over four years, the program served 97 mothers and 157 children.

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.⁷ Data included in this report were from baseline and one-year follow up interviews. In addition, child outcome data were provided to The National Center for this evaluation by SYF staff.

Sample

The sample included participants who agreed to be interviewed. Among the 90 women in the program, baseline data included 71 of them and 38 at one-year follow up. The sample consisted of women who were on average 21.4 years of age. Sixty percent had less than a high school education, 20 percent had a high school diploma or GED, and 20 percent had some college or more. Seventy-eight percent were unemployed, and the number of children in each family was 1.3.

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 interviews were completed by data collectors hired and trained by the National Center on Family Homelessness at the participants' convenience. Data collectors interviewed participants at shelters, in their apartments or homes, at their workplace, or anywhere that was convenient, agreed upon, and private. In addition, SYF staff provided a summary of the child outcomes at one year.

Measures

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

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 her level of satisfaction.

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.

7. 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: Author.

Functional Health Status

The SF-8 Health Survey was used to measure health. QualityMetric's SF™ health surveys capture practical, reliable, and valid information about functional health and well-being. These surveys can be self-administered or used as part of an interview. The SF-8 Health Survey asks the participant to assess her health over the previous thirty days. The measure was selected because it is a brief, reliable and valid measure of health that is significantly correlated with other health measures.⁸

Traumatic Stress

The Posttraumatic Stress Diagnostic Scale⁹ was used to measure exposure to traumatic events and reactions to any trauma in the last 30 days. 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. 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 experienced in the past 30 days.¹⁰ The Chronbach's alpha, a measure of the internal consistency of the scale, was .92 at baseline.¹¹

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.¹²

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 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; the Chronbach's alpha was .84.

8. 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.

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

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

11. 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.

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

Analysis

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

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.

It is important to note that the SYF sample size was small which resulted in t-tests that lacked statistical power to detect ‘real’ differences. Given a sufficient sample size, many of the ‘real’ differences between women’s baseline scores and their follow up scores would be statistically significant. Therefore, it is critical to consider the trends in the outcomes, most of them being in a positive direction. These trends indicate the positive effects of the SYF program. Many of the findings that were not statistically significant have practical and clinical relevance and have ‘real’ value to the participants. An awareness of this issue is important in interpreting the following results.

Housing Status, Satisfaction, and Improvement

All of the families recruited for SYF were either currently experiencing homelessness or on the verge of becoming homeless, living in unstable doubled-up situations with family or friends. Due to the lack of affordable independent housing in Antelope Valley, a major goal of SYF was focused on helping mothers improve their relationships with participants and other family members so that they could maintain safe and stable doubled-up situations. Positive changes in housing were reflected in the findings. At baseline 60 percent of the participants reported living with their parents in the past six months and at follow up this decreased to 37 percent. Similarly, at baseline 31 percent of the participants lived with relatives within the past six months and at follow up 13 percent reported living with relatives. Finally, at baseline 58 percent of the participants reported living in their own apartment in the past six months, and at follow up 71 percent reported living in their own apartment. These changes reflect greater stability and independence, and improved living arrangements.

The percent of participants who reported being satisfied with their current housing decreased slightly after one year, from 73 percent to 71 percent. In addition, participants were asked if their housing situation had improved over the last year. At baseline, 50 percent reported recent improvement; this percent decreased slightly to 45 percent after one year.

SYF was the only program in the Initiative where participants demonstrated decreased housing satisfaction and housing improvement over one year. These decreases may reflect the severe housing shortages in Antelope Valley. At baseline many participants could not afford their apartment and rental subsidies were unavailable. Therefore, they rented a room from another family member and shared common spaces. This changed at the one year follow up with many women in more stable housing situations.

Education, Employment, and Income

At baseline, 60 percent of participants had less than a high school education, 20 percent had a high school diploma or GED, and 20 percent had some college or more. By one year, the percentage of participants without a high school diploma had declined to 48.6 percent, and those with some college or more had increased to 28.6 percent. The participants in Antelope Valley generally followed a pattern of improved education reflecting the cross-site levels, where the number of years of education increased significantly from baseline to one-year follow up.

At baseline, 23.7 percent of participants were employed. These numbers decreased over the year to 15.8 percent at the one-year interview. The main sources of income were earned income, child support, family contribution, food stamps, social security, and unemployment. The mean family income increased \$400 – from \$752 per month at baseline to \$1052 after one year. Although this amount still well below the federal established poverty level it reflects an increase in the money available to these participants each month.

Functional Health Status

Using items from the SF-8 at baseline, 21 percent of participants rated their health as excellent, 50 percent rated their health as good or very good, 18 percent rated their health as fair, and 11 percent rated their health as poor. When we examined the percentage of participants whose health changed over the year, 63 percent of respondents reported that their health was good, very good or excellent at as compared to 71 percent at baseline. The percent of respondents reporting fair and poor health increased from 29 percent at baseline to 37 percent at one year.

Traumatic Stress

At baseline, participants reported an average of 4.2 events over the course of their lives. Over the study period, participants reported minimal to no new traumatic events. 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 3.6, indicating that on average participants were not sure or disagreed with these statements about the negatives of parenting. Over time, participants' disagreed even more strongly with these statements, indicating declining levels of parenting stress.

Child Outcomes

The Early Childhood Specialist conducted regular ASQ screens for each child enrolled in the program. These screens were used to identify developmental delays and mental health problems. Based on these screenings, children received early intervention services through SYF or were referred to mental health services and special educational interventions. 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; forty-three (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

To assess average levels of Social Support, participants answered items regarding the help they received. The mean score indicated that, on average, participants could count on slightly more than three to four people to help them out in these areas. There was no significant change over time in the number of supports reported.

V. Discussion

Los Angeles and the surrounding areas have suffered dramatically in the recent economic downturn, with young homeless and at-risk families bearing some of the harshest consequences. Over five million workers make up the Los Angeles labor force. However, employment in Los Angeles fell by four percent from 5.4 million in July 2009 to 5.1 million by May 2010, remaining at this lower level through May 2011. The unemployment rate, which stood at only 5 percent in 2000, rose to 11.6 percent in the 12-month period ending June 2010 and 11.8 percent in the 12-month period ending June 2011.¹³ Unemployment rates for Antelope Valley are significantly higher than those of the rest of L.A. County. In August 2011, employment rates in the area were 16.6 percent.

Severe housing shortages have compounded these economic challenges. Building activity has fallen substantially in Los Angeles since 2004 and 2006 when production of multi-family units averaged about 18,000 units per year. In the period from 2009-2011, production of multi-family units fell to an average of only 5,000 units. The regional HUD report indicates that the rental market in Los Angeles and in surrounding areas of southern California has been tight. From early 2010 to early 2011, apartment rental vacancy rates in Los Angeles fell from 5.5 to 4.5 percent.¹⁴

The Complex Needs of Homeless Families

Homeless families have complex and numerous needs that often extend beyond just housing to include job skills, education, mental and physical health, and child development. For homeless and at-risk 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 a higher intensity of need that requires responsive and flexible interventions from service providers.

As well as unstable housing situations, many of the mothers and children enrolled in SYF had experienced high rates of traumatic events apart from homelessness, including domestic violence

13. PD&R and Economic & Market Analysis Division. (2011). Market at a Glance: Los Angeles-Long Beach-Santa Ana, CA. Retrieved from: <http://www.huduser.org/portal/MCCharts/php/pdf/063110.pdf>

14. United States Department of Housing and Urban Development. (2011). Regional Reports. Retrieved from: http://www.huduser.org/portal/periodicals/ushmc/spring11/USHMC_1q11_regional.pdf

as adults and sexual assault as children. Symptoms consistent with posttraumatic stress disorder were common among mothers. Additionally, many of the children enrolled in SYF had behavioral problems or undiagnosed developmental delays.

The majority of mothers had not received a high school diploma upon entering the program, limiting their ability to earn a livable wage to support themselves and their children. Mothers emancipating from foster care faced especially high barriers to achieving stability for their families. In general, they had not had sufficient opportunity to develop the skills necessary to live independently and care properly for their children. Many mothers who had been involved in foster care had little awareness of available community resources, and limited knowledge of the steps necessary to achieve goals such as enrolling themselves and their children in school, and accessing health care.

Another important factor was the strong social stigma that young homeless and at-risk mothers faced in Antelope Valley. Prior to the SYF program, public services for single mothers and their children were extremely lacking, due in part to the community's reluctance to acknowledge this growing population and its legitimate needs. This attitude created an additional barrier that adversely affected the daily lives of these young families. While this study did not include comparison or control groups, it is likely that young homeless families, particularly those in Antelope Valley, are likely to face similar challenges to the families enrolled in SYF.

Higher Levels of Education

This evaluation results suggest that mothers enrolled in SYF for one year gained additional education, improving their ability to find employment to support their families. Educational services were a core component of the SYF program. The SYF team worked one-on-one with mothers to help them enroll in GED, medical assistant, and other educational programs. They also supported mothers' educational goals by helping them access childcare and loan assistance. After one year, the percentage of participants without a high school diploma had declined to 48.6 percent, and those with some college or more had increased to 28.6 percent.

Mental Health

Mental health services, an area not traditionally included in homelessness programs, were a key component of SYF. Through Mental Health America, many mothers received therapy and counseling from psychologists and licensed social workers. SYF team members met with families in their homes to provide individualized parenting education, helping young mothers understand what behavior to expect from their children at different ages, and how best to support their children's developmental needs. Many of the mothers enrolled in SYF lacked positive parental role models during their own childhoods, often due to involvement with child protection services; the support provided by the SYF team was especially crucial.

Housing and Employment

Helping families improve their housing situations was a primary goal of SYF and the Initiative as a whole. Despite housing shortages in Antelope Valley, SYF program provided families with several forms of housing assistance. For mothers with mental health diagnoses, independent long-term

apartments were available through Mental Health America. Valley Oasis also offered short-term housing for mothers leaving domestic violence situations – a crucial resource that allowed young women and their children to leave dangerous environments without needing to enter a shelter. The SYF team also worked intensively with families to find affordable market-rate housing when possible, and provide some limited financial assistance for rent. Due to the lack of affordable independent housing in Antelope Valley, the SYF team also focused on helping mothers improve their relationships with participants and other family members so that they could maintain safe and stable doubled-up situations.

The housing services from SYF were a vast improvement on the very limited housing assistance available to young families in Antelope Valley prior to the Initiative. Positive changes in stable and safe housing were reflected in SYF staff efforts and services. Participants were living more independently in their apartments after one year and experienced improved safety conditions in living arrangements.

Participants' satisfaction with their housing and their report of recent improvements in housing decreased over the year. These results likely reflect the severity of the challenge finding affordable housing for young families in Antelope Valley. Similarly, the percentage of participants currently employed did not improve between baseline and one year. This decrease in employment may be due in part to the fact that more participants were enrolled in school at the one-year follow-up. It may also be explained in part by the worsening economic conditions in the Greater Los Angeles area.

Healthy Growth and Development of Children

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 take an extremely negative toll 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. These factors create serious consequences for children's educational achievement and future opportunities.

SYF professionals conducted screenings to identify developmental delays among enrolled children. The majority of children with emotional or developmental challenges demonstrated improvement after enrolling in the program, many of them overcoming their delays completely. These children will have a strong foundation for healthy growth and development in the future.

VI. Conclusion

The overall findings reflect the intense challenges present in Antelope Valley, from shortages of affordable housing to lack of transportation. SYF took an innovative and crucial step in integrating and strengthening services for young homeless families in the area, laying the foundation for improved health and well-being for mothers and children. The evaluation findings suggest that the lives of homeless and at-risk families improved after a year of involvement in the SYF program. SYF provided young homeless families with essential services, and young mothers appear to be better equipped to achieve stability for themselves and their children in the future. The data suggest that mothers increased their current income and level of education, improving their chances for earning a livable wage to support their families. Children appear to be receiving essential services to address their educational, emotional and developmental issues. As a whole, the impact of the SYF program makes a powerful argument for the potential of 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 *Outcome Evaluation for Strengthening Young Families* (SYF) 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 *Outcome Evaluation 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, Suite 200, Needham Heights, Ma; (617) 964-3834 or at www.familyhomelessness.org



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