



**STRENGTHENING**  
At Risk and Homeless  
Young Mothers and Children

# Evaluating Programs: Strategies and Tools for Providers Serving Homeless Families

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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.

## Introduction

**H**omeless service providers are passionate, caring individuals who come together to respond to the needs of vulnerable people living on the margins of society. Most program administrators and staff are highly motivated and invested in providing services to those experiencing homelessness. Agencies serving homeless individuals and families are working with people who experience extreme poverty, traumatic stress, and residential instability in combination with higher rates of medical illness, and mental health and substance use problems than the general population (Bassuk et al. 1996). Programs are often under-resourced, with providers underpaid and overworked, and often struggling to meet the complex needs of homeless families. Providers may experience program evaluation as an additional, unnecessary burden despite the demands of an outcomes-driven funding climate. Some may be unfamiliar with research processes, methods, and data management. Yet, without evaluations, well-intentioned service providers may remain in the dark about the impact of their efforts (Metz, 2007).

Evaluation is a valuable and necessary addition to the provision of services. Built into regular programming, well-conducted evaluations assist providers in knowing if their services have a real impact on families' lives. In the current climate, programs need to be accountable to their clients as well as to funders. Clients want assurance that the services they are receiving are beneficial. Funders want to know whether their funding directly impacted the population served. Communicating

to others about accomplishments and progress has become essential for homeless service providers in the current outcomes-oriented environment and may be necessary to ensure sustainability of their programs (Organizational Research Services, 2004).

It is critical that individuals and organizations have the knowledge and support to conduct evaluations in order to provide high quality and effective services. This report describes the process of evaluation. Using the Hilton Initiative (The Initiative), *Strengthening At Risk and Homeless Young Mothers and Children*, as an example, we discuss the why, what, and how of the evaluation process, and conclude with a list of resources that providers can use to obtain additional information.

## *Strengthening At-Risk and Homeless Young Mothers and Children:*

### Overview

Families with children account for an estimated 38% of the sheltered homeless population, and are its fastest growing segment. The typical sheltered family consists of a mother in her late twenties with two young children, almost half are less than six years. Overall, one in 45 children in the U.S. experience homelessness each year and the numbers are growing (*America's Youngest Outcasts: 2010, 2011*). Similar to older families, younger families require housing stability and an array of economic, educational, and social supports to move beyond homelessness. However younger families ages 18-25 have unique needs based on their age and stage of development. They tend to have fewer social

supports and limited tenancy histories. They are three times more likely to have experienced earlier family separations and have been in foster care, and experience homelessness on average at least ten years earlier than their older counterparts (Vaulton, 2008). Homeless younger mothers have high rates of mental health issues including depression, post-traumatic stress, and histories of suicide attempts. The children of young mothers are typically under age six. Thirty percent demonstrate developmental delays in at least one functional area, and often demonstrate emotional and behavioral problems as a result of unstable living conditions. Although over 20% of homeless preschoolers and 47% of school age homeless children have emotional problems serious enough to require specialized care, less than one-third receive adequate services (*America's Youngest Outcasts: 2010, 2011*; National Center on Family Homelessness, 2009a & 2009b).

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 the *Strengthening At Risk and Homeless Young Mothers and Children Initiative*. The Initiative evolved from a growing recognition that the child development needs of young children experiencing homelessness were not being addressed by either child development or homelessness service providers. The Conrad N. Hilton Foundation merged two of its priority impact areas – child development and homelessness – targeting at-risk and homeless mothers, ages 18-25, with at least one child five years of age or younger.

The Initiative sought to improve the housing, health, and development of homeless and at-risk young mothers and children by supporting locally-based partnerships that included housing/homelessness and child development agencies.

Added to this were supports to address the need for family preservation and the high rates of domestic violence, mental health, and substance use. It was theorized that implementing age-specific service strategies in a coordinated way through interdisciplinary partnerships would result in improved family and individual outcomes. At the core of the Initiative was an understanding that a “one size fits all” approach would not necessarily result in the most successful outcomes. Therefore, service delivery was designed with the context, resources and needs of each program’s community in mind. All programs conducted comprehensive assessments of families’ needs and then targeted services to meet those needs. Ongoing evaluation was built into the Initiative as a way of measuring individual and family progress, monitoring program development, and assessing outcomes.

## **Evaluation Methodology: Overview**

The evaluation used a mixed methods approach consisting of qualitative and quantitative data collection. Site visits elicited descriptive information on how each project was being implemented, including barriers, strategies, and lessons learned, while a standardized data collection instrument was used to obtain client outcome data. The standardized instrument included questions on client characteristics, residential history, education, employment, income, health and mental health status, and parenting stress. Child developmental status was assessed using the Ages and Stages Questionnaire (Bricker & Squires, 1999). Findings from the evaluation indicated that at one-year follow-up, mother’s reported improved housing stability, individual educational and/or economic advancement, less parenting stress and improvements in mental health. Additionally, children made gains across developmental indicators following child specific, developmentally appropriate interventions.

## Lessons Learned for Service Providers

The Initiative exemplifies a multi-site demonstration project that responded to a gap in service delivery—targeting at risk and homeless young mothers and children who had not received specialized services—and combined it with an evaluation to determine the impact of various innovative service models. This Initiative moved from assessing the needs of these young families and children to developing programs, with attention to systems change and then to evaluating the impact of the project. Services started with a population needs assessment to identify what type of services were needed to address an identified problem. Once services were designed, family assessments were completed to identify the individual needs of family members and to link individualized service planning to outcomes. An evaluation design was determined to identify the measures and processes used to assess individual client progress, as well as the programs' overall accomplishments. Evaluating outcomes allowed providers to make mid-course corrections if it was learned that the services being offered were not positively impacting families. It is clear that incorporating evaluation into a program's continuum of services is essential if we are to know if services make a difference for families. The Hilton Initiative demonstrated that conducting comprehensive assessments, targeting interventions to the identified needs of a subgroup, and evaluating outcomes along the way can make a real difference in the lives of young homeless families.

## Building Evaluation Into Your Program

### Why Should Programs Conduct Evaluations?

Conducting evaluations is valuable because it tracks a program's progress, allows for mid-course corrections and refinement of services, and explicitly links a program's services with outcomes for children and families. Program evaluations provide data to enable service providers to determine “what works” and “what doesn't work,” and to “showcase the effectiveness of a program to the community and funders” (Metz, 2007).

Most programs typically identify and report benchmarks, measures of their overall performance. But performance measurement is only one component of program evaluation. These measures are important but they do not expressly link services with outcomes, nor are they specifically targeted to the needs of an identified subgroup. Programs serving subgroups, such as young families, may also wish to add unique measures to their evaluation design to assess impact relative to the specific subgroup's needs. For example, for young families, in the Initiative, unique measures such as parenting stress, maternal mental health, early childhood development, and experiences of trauma in addition to housing stability were crucial.

Evaluations provide data to help providers better understand and improve program processes and outcomes (Metz, 2007). Sometimes, it is assumed that evaluations only prove whether or not an intervention works. In addition, it seeks to improve services and emphasize lessons learned. Evaluations often examine the effects of interventions at the client, program, and systems levels, but they also serve monitoring functions by tracking progress in order to make mid-course corrections.

Evaluation enables programs to answer questions such as “Are client outcomes improving?” and “What factors contributed to success?” Evaluation

results can be used to guide decisions on whether or not to continue with the same program approach or try new ways of helping young families. Evaluation findings can also be the basis for communicating a program's effectiveness to others. On a larger scale, evaluation findings can help a community make informed decisions about resource allocation and strengthen its approach to ending homelessness for young families (Metz, 2007).

## What Should Programs Evaluate?

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*“Conducting a needs assessment for the population you are serving can provide a short list of the gaps in services that are the most important to target.”*

paraphrased from FACT project, Chicago, IL

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When deciding what to evaluate its best to start with a needs assessment that looks at the needs of the community, the characteristics of the group being served, and the literature on risk factors to determine what to target. A needs assessment helps service providers accomplish the following: 1) understand the needs of the target population; 2) identify essential service components; 3) determine which services to implement; 4) link the services to specific desired outcomes; and 5) decide the scope of the evaluation.

Determining the needs of the population can be accomplished in many ways, often beginning with a review of the literature. For example, a substantial literature exists describing the characteristics and needs of homeless families (Bassuk et al., 1996, 1997; Rog & Buckner, 2007; Rog et al, 1995; Weitzman, 1989). While homeless families are far from homogeneous, many share common experiences involving extreme poverty, residential

instability, employment challenges, traumatic exposure, and difficulties accessing services. Studies indicate that homeless mothers experience residential instability, extreme poverty, limited education and work histories (Bassuk et al., 1996; Burt et al., 1999; Lowin et al., 2001; Shinn & Weitzman, 1996) severe physical and sexual abuse, domestic violence, and random violence (Bassuk et al., 1996; Bassuk, Perloff, & Dawson, 2001; Browne & Bassuk, 1997). They have higher rates of substance use disorders (Bassuk, et al., 1997; Burt, et al., 1999; Rog, et al., 1995) and mental health problems, including major depression, anxiety disorders, and post-traumatic stress disorder (PTSD) when compared to the general female population (Bassuk, et al., 1998; Shinn & Bassuk, 2004). Many homeless children have physical, emotional, behavioral, and cognitive issues (Rog & Buckner, 2007; Cook et al., 2005). Homeless children have more acute and chronic medical problems, four times the rate of developmental delays, three times the rate of anxiety, depression and behavioral difficulties, and twice the rate of learning disabilities. Almost three-quarters perform below grade level in reading and spelling, and about one-third have repeated a grade (The National Center on Family Homelessness 1999; Weinreb et. al, 1998).

Based on the literature and known risk factors, the Initiative identified various factors to evaluate when providing services for young homeless families. Though the Initiative was focused on the needs of young families ages 18-25 and young children under age five, many of these factors are also relevant to all homeless families. They include: housing, maternal health, parenting stress, and child development. For example, it is well known that housing stability is associated with improved functioning for homeless families (Cohen, 2011; Lubell, et al., 2007). This was also true for Initiative families who reported improvements in housing stability and satisfaction with their housing situations. Additionally, as maternal mental and physical health has been linked to child and family functioning (Center on the

Developing Child, 2009; Shonkoff, et al., 2000) important factors to assess included functional health status, and level of distress. Finally, the Initiative found that approximately one-third of children evidenced at least one developmental delay and that targeted services improved outcomes for children under five years.

## **How Should Programs Design an Evaluation?**

### ***Step 1: Create a Logic Model/Theory of Change***

The needs assessment provides information about what you want to measure, why you want to measure it, and how you are going to measure it; leading to the choice of evaluation design. The evaluation design needs to identify indicators of success and measures that will help you to know whether or not you've achieved these results. The design should also build in mechanisms for eliciting lessons learned from the challenges that arise along the way. A useful way to answer these questions is to design a logic model that links service delivery approaches to outcomes and also considers contextual factors.

Logic models are graphic depictions of the relationship among the needs of the target population, the context of your program (including barriers), values and assumptions underlying program design, service interventions and then desired outcomes. By linking these factors, you will have identified a “theory of change” underlying your service delivery model. A logic model can provide a roadmap for program administrators to guide service delivery. A logic model is a tool used to connect theory to practice by directly relating service interventions to the needs of a particular population and to the context in which services are delivered (Organizational Research Services, 2004).

Without a theory of change or a logic model it is difficult to understand the impact of the program. Be aware that in spite of your best intentions, the unexpected always occurs. Therefore, logic models should be regularly reviewed and adjusted to reflect

changing circumstances. In fact, logic models can be used over time to track changes, refinements, and growth of your program approaches. Logic models can also be used as a consensus building document among the program, staff, and the funder to together determine the parameters of the program and its intended outcomes. When “drift” from the original goals occurs, it may be useful to review the original logic model to remind staff of what they are trying to accomplish. For programs serving primarily young families, it is worth the time to develop a logic model specifically related to this subgroup as the services and outcomes may be somewhat different than for older families experiencing homelessness.

Logic models provide a framework to help you:

- *Organize your thoughts and plans,*
- *Be intentional about your goals and allocation of resources to support your goals,*
- *Link service delivery approaches to outcomes,*
- *Ensure common understanding of goals by all program stakeholders, and*
- *Communicate the purpose and value of your efforts in a brief snapshot.*

The logic model can be used as a tool to communicate your program's story. You will need funders and your program staff to buy in to the goals, objectives, and activities outlined in the logic model. Programs should regularly update their logic models in order to assess whether they are satisfied with their results or whether they need to refine approaches or implement new strategies.

# Strengthening At Risk and Homeless Young Mothers and Children

## Logic Model Template

Agency/Program Name:

**Problem, Need, Situation:** This is the problem that your program is trying to address. Programs should describe and provide evidence of the magnitude of the problem.

Community Context Resources & Barriers	Model or Assumptions about the Program	Services Provided	Outcomes
<p>Identify the context of where service delivery will occur, the resources available and any barriers.</p> <p><i>Realistically</i> assess what type of services can be delivered (ex. housing availability in community), by whom and how (in-house capacity, through collaborative partnerships), and in what context (in shelter, in the community, in the home).</p>	<p>State the model, theory, or assumptions about the program.</p> <p>What is the program's philosophy?</p> <p>Knowing this allows providers to test assumptions about how the program's services impact families.</p>	<p>List what services are provided and by whom</p>	<p><i>Client level</i> Identify intended impact on children, parents individually (i.e. health and mental health indicators, parental stress levels, child development)</p> <p><i>Program Level</i> Identify intended impact at the program level (i.e. # of families housed, # of children in school, # of families obtaining employment)</p> <p><i>System level</i> Identify expected system level impact (i.e. reduction of homelessness; reduction of ER visits for homeless families; reduction of reports of child abuse and neglect)</p> <p><i>Cost</i> Identify cost of services and anticipated cost savings (ex. Cost savings of obtaining permanent housing with voucher vs. 1 year in shelter)</p>

### Step 2: Decide how you can gather information

Homeless service providers are faced with a challenging job; to address family member's needs including education and employment, maternal mental health and substance use treatment, child assessment and early intervention, parenting issues, in the context of the search for permanent housing. Providers are confronted daily with increasing numbers of families in an environment where resources are scarce. "The human service workforce faces...high staff turnover rates, poorly defined core competencies and professional development guidelines" and yet is

challenged to meet the needs of some of the nation's most vulnerable children and families (Mullen, 2010).

The delivery of effective services depends, in part, on knowing what works. Research indicates that services for homeless families need to be evidence-based, culturally competent, trauma informed and strengths based, and focused on the developmental, social, and emotional needs of both mothers and children. To improve outcomes for homeless families, programs need to systematically evaluate the impact of their services and not operate in the dark.

Developing an evaluation component may seem daunting. Providers struggle to meet day-to-day challenges, and are often waylaid by crises that can absorb significant time. Many providers feel that conducting program evaluations is a luxury, but not one they can easily afford. Evaluating program outcomes can feel like a burden to providers who are stretched to meet multiple demands. In order to minimize the burden, program evaluation activities can be incorporated into the structure of routine, daily programming (Metz, 2007). For example, all programs conduct intakes and some form of assessment. A good deal of what programs want to measure can be gathered in the context of regular intake and assessment. Programs may need to revisit these procedures and ensure that they are comprehensive, addressing all factors identified as areas of need for homeless or young homeless families. This may mean redesigning the intake and assessment process to include questions about family functioning, mental health, and child development--not just about housing or income. Assessment is an ongoing process, as families' stories tend to unfold over time. Information initially collected can become the baseline for measurement. Case managers can regularly review assessment items, track the services provided, and note relevant changes in the program's logic model. This creates a built in system for evaluating outcomes, measuring progress, and making corrections to the service plan if needed.

For programs with adequate resources, it can be highly beneficial to add a few key clinical and child measures to the intake and assessment process. Incorporating reliable and valid measures that can be administered by case managers or clinical staff allows programs to track specific changes among family members. For example, adding such measures as a trauma symptom inventory, a depression scale, and a child development scale at intake and then again at discharge allows program's to measure how their services impact families. If programs do not have clinical staff on site, when feasible, consultants or outside evaluators can be hired to identify

measures and participate in data collection and analyses (Metz, 2007).

A note on identifying specific outcomes: Be as concrete as possible! For example think about *how many* clients you want to serve and what it will require to get to that number. You may want to know what *proportion* of clients will have permanent housing by discharge. Express the outcome as a measurable goal such as "the number of housed clients will increase by 20% in six months." You may want to know what percentage of the population experienced at least one traumatic life event in the last year, or how many evidenced symptoms of depression, or what proportion improved with mental health counseling. Targets should be set by evaluating your current performance on those indicators and then setting a realistic expectation for improvement. Target outcomes for homeless families may include:

- Housing stability: number of days in permanent housing, , number of days in shelter, number of times homeless, threat of or actual eviction, number of moves, number of times doubled-up
- Employment or progress toward job readiness: completion of training program, number of months holding a job, income level, benefits, and career advancement
- Mental health of the mother: diagnosis, symptom reduction, severity of symptoms, treatment attendance
- Early childhood development: developmental delays, behavioral problems, early intervention services attended, child care or preschool attendance

## The ASQ: Evaluating Children's Needs (Bricker, D. & Squires, J., 1999)

The Ages and Stages Questionnaires (ASQ) second edition is known as “A Parent-Completed, Child –Monitoring System.” This scale is a comprehensive, first-level screening measure that to accurately identifies the needs of infants and young children who may be struggling with developmental delays or disabilities. Conducting ASQ screenings at the Initiative sites enabled service providers to identify children with delays and ensured the timely delivery of specialized child services. Initiative sites found that approximately 30% of children had at least one developmental delay. All children received services and most demonstrated significant improvement after early intervention.

### *Step 3: The Process of Gathering Information*

At this point, you know what you want to measure, why you want to measure it and how you are going to measure it. You may have redesigned your intake and assessment process to accommodate your program needs, or obtained and gotten training in how to administer a new clinical or child development measure. You have a logic model to guide you and an evaluation plan to follow. It's time to start gathering data.

### **Evaluations are Relationships Too**

Evaluation, as with all other services, occurs in the context of a relationship. Your first step is to build trust with the participants who will be involved in the data collection. You will need to design a protocol for the data collection that includes explaining how the assessment or evaluation measure will work, how much time it may take, and how confidentiality will be maintained. Despite the pressure to do so, you cannot rush the process. Every mother, every family, needs to move at her/ their own pace. It is important for providers to recognize that assessment of homeless families is an ongoing process. Young families, simply due to their developmental stage, may need even more support and more time to build trust with service providers. Homeless providers should assess a family's need comprehensively, even if it requires several meetings over a few weeks to complete the process. The assessment is only as good as the relationship in which the process occurs. If questions are asked

insensitively, in a rushed manner, or disrespectfully families may disengage, provide incomplete responses, or simply refuse to participate. The better the assessment, the more targeted the services, the greater likelihood of evaluating outcomes that made a difference.

### **Evaluations Need to be Trauma-Informed and Culturally Relevant**

Assessment and evaluation entails asking families to answer a lot of questions, some of which they may have answered in other settings or previous placements. It is important to remember that homeless families have been severely destabilized and are in the midst of a traumatic experience. Families should not be pushed, triggered, or further destabilized by the assessment or evaluation process. A trauma-informed approach demands that attention be paid to the relationship and the impact of the assessment process on families. If families demonstrate any sign of distress, the process needs to be stopped until the family is more stable. Evaluations should also attend to the cultural context of the participants, program, and community in question. What works with one cultural group may not necessarily be appropriate for another group. Typical issues to consider may include race, ethnicity, gender, migration, and language. A culturally relevant and trauma informed evaluation considers the specific needs of a group and matches those needs with culturally relevant services and evaluation methods to obtain the best outcomes.

## Data and Confidentiality

When gathering data it is important to determine how, where, and who will collect it. In addition, how participants are tracked and how the data is entered and managed needs to be determined. Most mixed methods designs, like the Initiative, involve more than one data collection point. Many involve a baseline interview, and one or two follow-up interviews typically six or 12 months after the baseline data is collected. This is essential to compare participants' outcomes over time. Many homeless families remain transient, even when they are involved in studies like the Initiative, so it is easy to lose touch with families in between data collection interviews. This leads to missing data which complicates the data analysis and the interpretation and generalization of the results. Therefore, staying in contact with families in between data collection points is imperative. Techniques to track families include contacting participants in between data collection time points to inquire about phone number updates or address changes, and having additional contact information for other family members.

A data management system should include these tracking techniques as well as a protocol for data entry and data management. This may range from a less sophisticated data entry system that involves a less stringent protocol to a more elaborate double entry and data management process. If a program has the resources data should include double entry to ensure integrity. Unfortunately, many programs lack such resources. Given limited funds, careful data entry and management should be emphasized and training provided to all staff involved in the process. Regardless of how the data is tracked, entered and managed the information gathered is sensitive and highly personal and must be kept confidential to protect the rights of homeless families.

## Participatory Evaluations and Consumer Involvement

Evaluations have the most credibility when project stakeholders are actively engaged in the process.

This is called “participatory evaluation”, which emphasizes including the consumer, or families, in the design and implementation of the evaluation. When the individuals from whom data are collected are engaged in determining the questions, the data tend to be more meaningful and complete. Focus groups are one way to facilitate this involvement. Consumers can offer a valuable perspective on the types of questions to be asked, potential challenges and barriers, and culturally relevant evaluation practices. Be sure to engage families with lived experience of what it is like to be homeless or at-risk for homeless in the design, data collection, data interpretation, and reporting phases of the evaluation process.

## Conclusion

Homeless providers are being asked to not only deliver services to families with complex needs, but to incorporate evidence-based best practices and outcomes evaluations in their service delivery system. Evaluation is an essential component of high quality services. It is only when we systematically evaluate services do we know their real impact. The Conrad N. Hilton Foundation *Strengthening At-Risk and Homeless Young Mothers and Children* evaluation utilized multiple quantitative and qualitative data collection methods to develop a complete picture of the Initiative's programs, successes, and challenges, as well as to better understand the families that these programs serve. Findings from the evaluation were intended to not only improve the services of the Initiative, but to inform the broader field on the needs and means of serving young, homeless and at-risk mothers and their children. Programs serving homeless families can learn from the Initiative's efforts and incorporate comprehensive intake, assessment, and special evaluation measures into their overall design. This will not only enable programs to better track their accomplishments and report to funders, but ultimately will improve services to ensure the best outcomes for children and families.

## Resources

National Alliance to End Homelessness (2008). *What's Measured Gets Done: A Toolkit on Performance Measurement for Ending Homelessness*. Retrieved on March 15, 2012 at <http://www.endhomelessness.org/content/article/detail/2039>

*The Program Manager's Guide to Evaluation* (2003). This guidebook, developed by the Administration for Children and Families, provides program managers with information and instruction on how to use evaluation to improve programs and benefit staff and families. Available online at: [http://www.acf.hhs.gov/programs/opre/other\\_resrch/pm\\_guide\\_eval/reports/pmguide/foreword\\_pmguide.html](http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/reports/pmguide/foreword_pmguide.html)

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# Strengthening At Risk and Homeless Young Mothers and Children Evaluating Programs: Strategies and Tools for Providers Serving Homeless Families

*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.

*Evaluating Programs: Strategies and Tools for Providers Serving Homeless Families* was written by The National Center on Family Homelessness. The primary author was Carmela J. DeCandia, Psy.D., Vice President, The National Center on Family Homelessness with support from: Ellen Bassuk, M.D., President & Mary Huber, Ph.D., Director of Research, The National Center on Family Homelessness. *Evaluating Programs: Strategies and Tools for Providers Serving Homeless 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).



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