

Strengthening At Risk and Homeless Young Mothers and Children

The National Center on Family Homelessness

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OUTCOME EVALUATION

STRong: Strengthening Our New Generation, Minneapolis, Minnesota

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 STRong program in Minneapolis, Minnesota 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 families in permanent housing, improve well-being, and encourage collaboration across homelessness/housing and child welfare/development service systems. The *Strengthening Our New Generation* (STRong) program represented a collaboration between Reuben Lindh Family Services (a child development agency); St. Stephens Human Services (a homelessness/housing organization); and Wayside House (a behavioral health partner). Overall, STRong served 163 mothers with 282 children over the course of the Initiative.

This report describes the results of the evaluation, focusing on the impact of the program on family members. By analyzing data gathered from the participants at baseline and 12 months, we determined that young mothers and their young children enrolled in STRong received intensive services that led to increased housing stability and improved well-being of mothers and children. The most important outcomes include the following:

- STRong followed a “housing first” model; the program offered a full range of housing assistance strategies and attempted to place mothers in permanent supportive housing as soon as possible after their enrollment in the project. With staff support, seventy-two percent of the mothers received housing vouchers and were successfully housed in permanent housing soon after enrollment in the program. Ninety-two percent of the mothers reported being housed in their own apartment at follow-up.
- Over the 12-month study period, mother’s satisfaction with housing increased significantly and they reported significant improvements in their housing situation.
- Average monthly income increased from \$859 at baseline to \$926 at one-year follow-up. Although still far below the federally established poverty level, this represents an annual increase of 7.2 percent.
- The numbers of mothers with a high school education increased over the course of the study period.
- Mothers described their overall health as improved at follow-up.
- With support from staff, these young mothers experienced a significant decrease in parenting stress.
- All children enrolled in the program were screened for developmental delays. Although almost one-third (N=63) of the children were found to have delays in multiple domains, all were referred for intensive developmentally appropriate services. As a result of these programs, more than three-quarters (N=48) demonstrated improvement as evidenced by their scores on the Ages and Stages Questionnaire (ASQ)¹ screening instrument.

1. Ages & Stages Questionnaires (ASQ), Second Edition, Bricker, et. al.; 1999, Paul H. Brookes Publishing Company.

INTRODUCTION

Family homelessness is an urgent public health issue. There are more than 159,142 homeless families in the United States,² comprising more than one-third of the overall homeless population.³ 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 work skills, physical and mental health, child development, and education. 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 Report⁴ (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 aged 18-24.⁵

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

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

STRong was one of the four programs in the Initiative. The purpose of this evaluation report is to describe the impact of STRong services on the young homeless and at-risk families enrolled in the program. 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.

2. 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

3. 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>

4. Annual Homeless Assessment Report to Congress. (2009).

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

II. Description of Strengthening Our New Generation (STRong)

STRong consisted of collaboration between three highly-respected organizations in Minneapolis with expertise in early childhood development, housing and homelessness services, and behavioral health. STRong was one of four programs across the country 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*,⁶ *An Evaluation of SYF: Strengthening Young Families, Antelope Valley, California*,⁷ and *An Evaluation of the Strengthening Homeless and At Risk Young Mothers and Children Initiative*⁸ for more information.

Table 1. Programs of the Initiative

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

To meet the requirements of the Initiative, Reuben Lindh Family Services—a child development agency—partnered with agencies specializing in housing/homelessness services and behavioral health to form the STRong partnership. STRong targeted at-risk and homeless young mothers with at least one child less than 5 years of age or younger. STRong’s innovative service model provided families and children with holistic, family-oriented care, with a focus on the children’s needs.

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

- Reuben Lindh Family Services⁹ was the lead agency. As the early childhood partner, they were responsible for the fiscal and administrative oversight of the project;
- St. Stephen’s Human Services served as the housing/homelessness partner;
- Wayside House, a chemical dependency agency, served as a behavioral health partner.¹⁰

6. 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.

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

8. 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.

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

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

The Goals of STRong:

- Reduce familial stress through stable housing, improved children’s services, and support of parenting skills.
- Help young, precariously-housed families’ transition to stable permanent housing.
- Identify children’s developmental delays and provide comprehensive assistance to address behavioral, emotional, psychosocial, educational and medical challenges.

STRong implemented a “Housing First” model, where the primary priority was to help families stabilize in permanent housing in the community. The program coupled housing assistance with supports and services aimed at providing early childhood intervention with family components. This combination of services aimed to nurture young families towards healthy relationships and encourage self-sufficiency. STRong Family Workers developed individualized service plans targeted to meet the needs of each mother and child, and helped them access and connect to community resources.

Children in STRong received regular developmental screenings from an early intervention specialist, who ensured that they received support addressing any developmental, learning or emotional difficulties. Each child enrolled in the program was given the ASQ, ASQ-SE, Occupational Screens, Bayley Scale for Infant and Toddler Development, and Miller’s First Step Screening Tool. These screens are used to determine the need for developmental interventions. Based on the findings from the screening assessment, the child was referred to mental health and special education services.

Staff provided counseling, parenting education, parent-child therapy, and play therapy to strengthen bonds between mothers and their children and prevent child maltreatment. 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.

Reuben Lindh Family Services’ First Early Learning Center provided a minimum of 12 slots for children in the STRong Program. Staff members screened all children every six months for developmental, emotional, and behavioral needs. Those who fell below the target range for their age received full evaluations and referrals for supportive services.

Children attended the Early Learning Center program daily from 9 am to 3 pm; transportation was offered to all students. Children with childcare authorization¹¹ also had access to another Reuben Lindh Family Services childcare program—Four Directions Family Center in South Minneapolis. Family Workers helped families who were unable to obtain slots in the Reuben Lindh Family Services programs identify and enroll in other quality child care and Early Head Start programs.

11. For the first two years of the program, several STRong children attended Reuben Lindh’s Multicultural Therapeutic School, which was funded by Family Focus Funds. This preschool was closed because county funds were eliminated. Reuben Lindh has a new preschool--Children’s First Early Learning Center. The slots in this preschool are available to only those clients who have childcare authorization (e.g., clients enrolled in a training or education program, welfare to work program or those looking for work).

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.¹² 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 STRong staff.

Sample

The sample included 88 program participants at baseline and 28 at one-year follow-up. The sample consisted of women who were on average 21.6 years of age. They had an average of 1.5 children. Fifty-four percent had less than a high school education, 23 percent had a high school diploma or GED, and 68 percent were unemployed.

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. The vast majority of interviews were face-to-face interviews, with phone interviews occurring only if a family had moved away from the site area. Interviews were conducted in participants' homes, public areas such as parks or restaurants, shelters, or occasionally at one of the partner agencies. In addition, FACT 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 client 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 client then reviewed the inventory and commented on whether her current housing situation had improved and rated their level of satisfaction with their current housing.

12. 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.

Education, Employment, Income

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

Functional Health Status

QualityMetric’s SF™ health surveys capture practical, reliable, and valid information about functional health and well-being from the participant’s perspective. These surveys can be self-administered or used as part of an interview. We used the SF-8 Health Survey, which 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.¹³

Traumatic Stress

The Posttraumatic Stress Diagnostic Scale¹⁴ was used to measure exposure to traumatic events and reactions to any trauma in the last 30 days. Parents 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. The Chronbach’s alpha, a measure of the internal consistency of the scale, was .92 at baseline.¹⁵

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.

13. 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.

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

15. 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.

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. Chronbach's alpha score was .84 for this scale.

Analysis

For each of the outcome measures described above, paired t-tests were used to measure the differences between baseline and one-year assessment 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, rather than examining change at the group level. Child outcome data were not part of this analysis, but were provided by STRong staff.

IV. Findings

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 STRong sample was somewhat higher than expected.

The small sample size at follow up 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 follow up scores would be statistically significant. Therefore, it is critical to consider trends in the outcomes, most of them suggesting positive outcomes. These trends indicate the positive impact of the STRong program. Many of the findings that are not statistically significant have practical and clinical relevance—and are 'real'. Awareness of this issue is important in interpreting the results reported below.

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

Housing Status and Satisfaction

All the families recruited for STRong were either currently homeless (e.g., sheltered) or on the verge of becoming homeless, living in unstable doubled-up situations with family or friends. At the one-year follow-up, the majority of participants were receiving rental subsidies and were in stable housing situations. Ninety-two percent reported living in their own apartment and 72 percent were receiving vouchers to assist with the rent.

Mothers who participated in the STRong program reported significant increases in their satisfaction with their housing situations. At baseline, 64.3 percent of participating mothers were satisfied or

somewhat satisfied with their living arrangements. At one-year follow-up, 84.4 percent were satisfied or somewhat satisfied. The differences were statistically significant from baseline to one-year follow-up ($t = 3.69, p < .01, n = 28$).

The findings were similar when participants were asked if their housing situation had improved. At baseline, 50 percent reported recent improvement; at one year 73 percent reported improvements. The differences were statistically significant from baseline to one-year follow-up ($t = 2.345, p < .05, n = 28$).

Education, Employment, and Income

At baseline, 53.8 percent of participants had less than a high school education, 23.1 percent had a high school diploma or GED, and 23.1 percent had some college or more. By one year, the proportion of participants without a high school diploma had declined to 38.5 percent, and the proportion with some college or more had increased to 30.8 percent. The majority of participants followed a pattern of improved education.

At baseline, 32.1 percent of participants were currently employed. These numbers increased slightly over the year to 39.3 percent after 12 months, but the increase was not statistically significant. Over the 12-month time frame, the average total monthly income increased slightly from \$859 to \$926. This slight increase is below the income increases of the other three programs in the Initiative. Two factors may explain this differential: only 15 women chose to report their income at the one-year interview and there was a delay between the time when the STRong program began enrolling families and the time when the interviewer could begin conducting the baseline interviews.

Functional Health Status

Using items from the SF-8 at baseline, 21.4 percent of participants rated their health as excellent, 35.7 percent rated their health as good or very good, 28.6 percent rated their health as fair, and 14.3 percent rated their health as poor. The proportion of participants whose health changed over the year was large; nearly 84.9 percent of respondents reported that their health was good, very good or excellent as compared to 57.1 percent at baseline. The percent of respondents reporting fair and poor health declined from 42.9 percent at baseline to 25 percent at one year.

Traumatic Stress

At baseline, participants reported an average of 3.1 events over the course of their lives. Over the study period, participants reported minimal to no new traumatic events. There were no significant changes in the number of traumatic events over the study period. In addition, there were no significant differences in the reporting of trauma symptoms at one-year follow-up.

Participants rated the degree to which they were distressed in the past seven days. Participants reported slightly more distress at baseline than at one-year follow-up. The differences were not statistically significant.

Parenting Stress

Participants were asked to rate how much they agreed with statements about parenting. The mean score on this scale at baseline was 3.7, indicating that, on average parents were not sure or disagreed

with these statements about the negative impact of parenting. Over time, parents' disagreed even more strongly with these statements, indicating declining levels of parenting stress.

Child Outcomes

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

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

Challenges facing young, homeless families in Minneapolis

Minneapolis enjoys a national reputation as a prosperous city. Although the Twin Cities area has felt the effects of the national recession, economic conditions in Minneapolis have remained above average. Unemployment in late 2009 and early 2010 crested at just less than eight percent and fell to under seven percent by early 2011. Yet relatively positive conditions for many Minneapolis residents leave some people in difficult circumstances, particularly in terms of affordable housing.¹⁶

- **Poverty** – In Minneapolis, approximately 23 percent of the city's population falls below the poverty line according to their income. The city's unemployment rate is 6.5 percent. There is a need for more mainstream assisted housing and more or better-paying employment opportunities to reduce homelessness.
- **Rental Housing** – The Minneapolis-St. Paul metropolitan area has a significant shortage of rental housing that is affordable for low-income residents. Overall rental unit vacancy rates from 2007 to 2009 held steady in the range of 5.8 to 6.5 percent.¹⁷ However, in Minneapolis, the vacancy rate for multifamily rental housing recently fell significantly, from 7.2 percent in late 2009 to the three percent range in late 2010.

16. Minneapolis Trends, "A Quarterly Review of Socioeconomic and Housing Trends in Minneapolis," fourth quarter 2010.

17. PD&R and Economic & Market Analysis Division. (2011). *Market at a Glance: Minneapolis-St. Paul-Bloomington*. Retrieved from: <http://www.huduser.org/portal/MCCharts/MsasCharts.html?msalID=273346,33460&msaName=Minneapolis-St.%20Paul-Bloomington,%20MN-WI%20CBSA&dt=April%2029,%202011>

- **Wages** – An imbalance between wages and rents at the low end of the income scale is a key contributor to the problems homeless families experience. The Family Housing Fund reports that, “Housing costs remain far out of reach for most low- and moderate-income families in the Twin Cities.” Average rents for two-bedroom apartments (\$930/month in 2004) would require an income of about \$37,000 per year, while half the jobs statewide paid less than \$31,000.¹⁸

Homeless families have complex and numerous needs that often extend beyond just housing to include mental and physical health, child development, and education. 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. STRong, part of the *Strengthening At Risk and Homeless Young Families Initiative*, featured collaboration between partner agencies working in child development and homelessness services. STRong’s innovative service model provided comprehensive wrap-around care that improved the health of the mothers and diminished their level of parenting stress.

The homeless families involved in STRong faced multiple challenges. In addition to unstable housing situations, the majority of mothers had not received a high school diploma upon entering STRong, limiting their ability to earn a livable wage to support themselves and their children. In addition, many mothers and children had experienced high rates of traumatic events apart from homelessness, including domestic violence as adults and sexual assault as children. Symptoms consistent with posttraumatic stress disorder were common among mothers. Mothers emancipating from foster care faced especially high barriers to achieving family stability.

As a result of these and other factors, the homeless mothers in STRong were more likely to lack the skills required to live independently and to properly care for their children. Most did not know the community resources available to them or the steps necessary to accomplish goals such as enrolling themselves and their children in school, or accessing health care. Additionally, many children enrolled in STRong had behavioral problems or undiagnosed developmental delays. While this study did not include comparison or control groups, it is reasonable to suggest that homeless families, particularly those in Minneapolis, are likely to face similar challenges to the families enrolled in STRong.

STRong provided families with intensive services to help them stabilize all areas of their lives. The results in this report suggest that the well-being of mothers increased substantially after being enrolled in the STRong program for one year. There were significant improvements in several areas, including participants’ housing status and satisfaction, health, education, and monthly income, as well as improved child outcomes.

Improved Living Situations

One of the most significant findings was the improvement in mothers’ housing status, satisfaction with their housing situation, and reported improvement in their housing. Helping families improve their housing was a primary goal of STRong, and of the Initiative as a whole. STRong provided an array of housing services. The program followed a “Housing First” model, which placed families in housing immediately upon enrollment whenever possible. Team members were trained to administer and monitor housing vouchers and conduct housing inspections. Family Workers and other staff

18. Family Housing Fund. *Affordable Housing*. Retrieved from: http://www.fhfund.org/affordable_housing.htm

built relationships with landlords and property managers to help families access subsidized and affordable market-rate housing.

Housing assistance included identifying and applying for housing, advocating for families with landlords and housing agencies, training mothers on their rights and responsibilities as tenants, and helping them develop the skills necessary to maintain stable housing. STRong also offered some direct financial supports, including a housing “flex-fund” to cover security deposits and other housing costs, program-specific housing subsidies obtained through additional fundraising, and a limited number of long-term homelessness housing vouchers provided by Hennepin County. The strong housing services in Minneapolis were a crucial resource, allowing mothers to gain independent living skills in a supportive environment.

Greater Independence

The STRong team worked with mothers to build their ability to provide independently for themselves and their children. To achieve this goal, Family Workers helped mothers enroll in school or other educational programs, coached them in job-searching and interviewing skills, and guided them through the complicated process of accessing public benefits.

Mothers participating in the evaluation increased their incomes over the study period after their enrollment in STRong. The reported mean monthly income at baseline was \$859; at one year, the mean total monthly income was \$926. These numbers represent a small increase, which may be due to the fact that the program had helped many mothers access state and federal income supports by the time the baseline interviews were conducted. Regardless, for young, homeless mothers, \$926 can provide a degree of financial stability and peace of mind, allowing them to focus on other goals for themselves and their children.

Improved Mental Health

Mental health services, an area not traditionally included in homelessness programs, were a key component of STRong. STRong Family Workers conducted mental health screenings and risk assessments, and connected participants with mental health services through Adult Rehabilitative Mental Health Services, a mental health treatment center in Minneapolis. Mothers and children received therapy and counseling from psychologists and licensed social workers. After one year in the STRong, the mental health status of the mothers had improved, and children with identified emotional and developmental difficulties had received appropriate services.

STRong Family Workers met with families in their homes to provide individualized parenting education. They helped young mothers understand how best to support their children’s developmental needs and what behavior to expect from their children at different ages. Child development specialists provided family therapy that helped strengthen family bonds. All of the mothers enrolled in STRong were only in their teens or early twenties, and many had lacked positive parental role models during their own childhoods, often due to involvement with child protection services. In addition, because of their young age and the stressors of homelessness, the majority had not yet fully developed the responsibility and maturity necessary for raising children independently. The support provided by the STRong team was especially crucial.

Children's Healthy Growth and Development

Children are especially vulnerable to the negative 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 healthy child 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.

STRong Family Workers conducted screenings to identify developmental delays among enrolled children. The majority of children demonstrated at least one emotional or physical developmental delay upon entering the program. Reuben Lindh Family Services contributed extensive expertise in early child development to the STRong program, and offered these children intensive support services that ranged from speech therapy to enrollment in a therapeutic preschool. STRong Family Workers also worked with mothers to develop stronger parenting skills, and assisted them with enrolling their children in school. The majority of children with emotional or developmental challenges demonstrated improvement after enrollment in the STRong program, many of them overcoming their delays completely. These children will have a strong foundation for healthy growth and development in the future.

The following case illustrates the impact of the STRong program on young children:

Mary, age 4, was screened with the ASQ and Occupational Screens after she was enrolled in the STRong program. They identified delays in speech and language development, social-emotional functioning, cognition, and fine motor skills. These delays interfered with her pre-reading and pre-writing skill development as well as her ability to interact and communicate her needs to her peers and adult caregivers. She was enrolled in the Reuben Lindh Therapeutic Preschool Program five days a week, and received speech/language therapy services twice a week, with goals focusing on the language and preschool concept development. Additionally, she received occupational therapy services to improve her fine motor and visual perception skill development and play therapy to help her focus on emotional regulation.

Mary and her brother have also participated in sibling music therapy to strengthen family relationships and cooperation. The therapists sent home activities to engage parents in the therapy process. Mary's mother and younger brother attended a weekly parent-child support group. Mary has also received hearing, vision and dental screenings.

As a result of these interventions, Mary has been able to reach age appropriate goals in speech/language and fine motor/visual perceptual areas. She was discharged from speech and occupational therapy. Though she has demonstrated progress in her ability to regulate her feelings and interact with peers, she continues to participate in play therapy until her goals are fully reached.

The comprehensive screening process implemented at Reuben Lindh Family Services followed by specific interventions have helped many young children overcome various developmental and emotional issues and catch up with their peers. Parental involvement increases the likelihood of ongoing support through the challenging school years. Early intervention helps ensure that these children begin school with the skills necessary to succeed.

VI. Conclusion

Overall, the findings indicate that the lives of homeless and at-risk mothers and their children improved over a year of involvement in the STRong collaboration. Young mothers appear to be better-equipped to achieve stability for themselves and their children in the future. After one year, the majority were living in permanent housing and were connected to adequate supports and services in the community. After extensive screening, children appeared to be receiving the services needed to address educational, emotional and developmental issues. This comprehensive approach increases the likelihood that these children will succeed in school and thrive. The findings of the STRong program and the *Strengthening At Risk and Homeless Young Families Initiative* as a whole make 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 Our New Generation* (STRong) 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 Our New Generation* 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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