



STRENGTHENING  
At Risk and Homeless  
Young Mothers and Children

# Designing Developmentally-Based Services for Young 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.

## The Needs of Young Families: Overview

Families are the fastest growing segment of the homeless population, now constituting more than one-third of the overall homeless population. Single mothers in their twenties with very young children represent the vast majority of this subgroup. Most have experienced extreme poverty, been unstably housed, moved frequently and have limited education and work histories. Research indicates that more than 90% of homeless mothers have experienced physical or sexual abuse. Their children often present with multiple developmental delays (National Center on Family Homelessness, 2009a). As limited research is available describing young homeless families ages 18-25 with at least one child under the age of five, the Hilton Initiative sought to identify their needs and characteristics. Younger mothers have unique needs based on their age and stage of development (Bassuk et. al., 1996; Medeiros & Vaulton, 2010; Vaulton, 2008). This brief is designed to offer service providers a developmental framework for service delivery, highlighting targeted interventions that will ensure better outcomes for this subgroup.

*Strengthening At Risk and Homeless Young Mothers and Children*, funded by the Conrad N. Hilton Foundation from 2007-2012, aimed to improve housing, health, and developmental outcomes of homeless and at-risk young mothers ages 18-25, and their children. The Coordinating Center, a partnership among The National Center on Family Homelessness, The National Alliance to End Homelessness, and ZERO TO THREE: The National Center for Infants, Toddlers, and Families, worked with four programs in Chicago; Antelope Valley and Pomona, California; and Minneapolis. Each site used slightly different service delivery approaches, locally designed with respect to their geographic regions and client needs. However, all sites developed interdisciplinary partnerships in order to meet the housing, education, health and mental health needs of these families. Findings from the *Initiative* indicated that the needs of young homeless families are similar to homeless families overall, but are more intense and require interventions that are developmentally based. Five main domains improved following targeted interventions: housing stability, family functioning, family preservation, maternal well-being, and child-well-being.

## Pathways to Homelessness

Young mothers' pathways to homelessness are similar to those of older homeless mothers and include: housing instability, extreme poverty, limited education, substance abuse, trauma, and domestic violence. Homelessness is traumatic regardless of the person's age. But for younger homeless mothers with more limited resources and support, the demands of trying to find a home, parent, work, and build self-sufficiency can exacerbate the negative impact of homelessness. In addition, younger families typically experience early pregnancies (average age 16) and become parents at a much earlier stage of adolescent development (Vaulton, 2008). They are nearly three times more likely to have been in foster care through the child welfare system and on average experience homelessness 10 years sooner than older homeless mothers (Fowler, Toro, & Miles, 2009; Medeiros & Vaulton, 2010; Vaulton, 2008). Experiences of family separation, foster care, and adolescent parenting are risk factors for homelessness among younger mothers. The developmental impact and service implications of these factors is important for providers to consider when working with this population.

## Developmental Considerations

To address the unique needs of young homeless mothers and their children, developmentally adapted, targeted interventions are necessary. While all homeless families require support to address housing instability, parenting, and maternal and child well-being, for younger homeless families services need to be age-specific and more intensive.

Young homeless families between the ages of 18-25 are still working through typical issues of adolescence and young adulthood. These include: developing skills and mastery in work and school; learning life skills; building support networks; and navigating systems. Individuals at this stage of

development are still building cognitive skills such as decision-making and problem solving, as well as developing a more mature repertoire of social-emotional skills. The latter include: regulating emotions, and developing impulse control and relationship skills. Experiences of trauma and homelessness can often derail a young mother from building these skills and moving toward a healthier developmental path.

Homeless young mothers may be challenged by these normal developmental tasks as they are likely to have experienced ruptured attachments, relational violence, and have had limited opportunities for building life skills (Medeiros & Vaulton, 2010). These experiences can impact a young mother's level of functioning. For example, a 20 year old may likely be functioning closer to the level of a 16 or 17 year old. The young mothers in the *Initiative* at the Chicago site, many of whom had been in the child welfare or foster care system, were found to be functioning at levels that were approximately four years less than their chronological age. They also had more mental health needs. Research shows that the impact of trauma on overall functioning is greater when experienced at younger ages or when fewer social supports are available, increasing the risk for developing depression and post-traumatic stress disorder (PTSD) (Center on the Developing Child, 2010; Guarino, & Bassuk, 2010).

Housing assistance and services, while central for all homeless families, must be adapted to meet the needs of younger families. Mothers in this age group typically have limited or no tenancy history and little experience in knowing how to maintain a household. While some young mothers are capable of independent living, others require substantial support to learn how to live and parent independently. Housing services for younger homeless families need to be focused on obtaining housing, assessing a parent's ability

to live independently, building support networks, and exploring alternative resources such as family reunification.

Interventions for young homeless mothers need to be adapted to meet their developmental level and individual needs. This often means providing more intensive concrete supports; teaching and role modeling; helping with problem solving, planning, and organization of daily tasks; and providing consistent relationships within which to teach emotional regulation. Clinical screening is critical for identifying mental health issues and ensuring that mothers receive adequate treatment.

## Needs of Children Experiencing Homelessness

The children of young homeless mothers require intensive support and intervention. Children of young mothers are typically under the age of 5 or 6—a critical stage of development. Early Intervention is essential for children to overcome developmental delays and to reduce the risk of future difficulties (Center on the Developing Child, 2010). Across

all four Initiative sites, staff reported that mothers became more frustrated with their children's behavior at around 18 months. As children increasingly explore the world around them, mothers need parent education to better understand child development and respond appropriately to their children's changing behaviors.

Recent research has demonstrated that early life experiences impact children's development. Significant adversity at this stage can alter the developing brain's architecture and the body's ability to respond to stress. Toxic early experiences can lead a child into unhealthy developmental pathways that can persist far into adulthood. Early childhood screenings are key to identifying developmental delays. Safe and supportive child friendly environments; appropriate nutrition; stable and responsive caregiver relationships; and the delivery of targeted early intervention services are necessary to reverse the negative impact of trauma and homelessness on children and build a foundation for healthy life long development (Center on the Developing Child, 2010; Parlakian, 2010).

## The Importance of Involving Fathers

Fathers have a direct impact on the well-being of their children. The quality of the mother-father relationship influences both the health of the mother, and subsequently the health of the child. Children with involved fathers demonstrate better school readiness and more positive educational outcomes. In addition, children who have good relationships with their fathers demonstrate an ability to better tolerate stress, have better health and mental health indicators, and fewer behavioral problems (U.S. Department of Health and Human Services, 2011b).

Anecdotal evidence from the *Initiative* indicated that engaging fathers with their children, and the quality of the relationship between young mothers and fathers contributed to positive family functioning. Though no formal partnerships with fathers' programs existed, providers in some sites provided case management to help address the needs of these young men. Sites reported that young mothers often expressed concerns regarding their relationships with their children's fathers, and that addressing these relationships is an important component of working with young homeless families.

## Risk Factors for Mothers and Children

The risk factors for homeless mothers of all ages and their children are numerous. Mental health, substance abuse, trauma, violence, and limited education are highly prevalent and need to be directly addressed through treatment and intervention. Adolescent pregnancy and parenting, family separations, and time spent in foster care represent added risks for early homelessness. Developmentally, young homeless mothers face these challenges at a time when they are less cognitively and emotionally mature to manage the demands placed upon them. They typically have fewer resources, more limited social networks, limited or no tenancy and work history, and more limited educational skills (Medeiros, D. & Vaulton, W., 2010).

### Prevalence of Risk Factors for Homeless Mothers and Children (in America's Youngest Outcasts 2010, (2011); Bassuk et al., 1997; National Center on Family Homelessness, 2009a).

#### The Moms

92% experienced interpersonal trauma (abuse, sexual assault)

63% experienced domestic violence

43% experienced child sexual abuse

20% spent time in foster care (moms 18-25)

85% have history of major depression

50% experience major depressive episode while homeless

41% experience substance abuse

33% have chronic medical problem

33-50% experienced PTSD

High rates of attempted suicide

\*In the Worcester family study, nearly 33% of homeless mothers reported that they had made at least one suicide attempt before age 18

\*More than 25% in Rog's (1995) sample, had attempted suicide, with 57% reporting multiple attempts particularly by overdose.

#### The Kids

42% are under age 6

97% move 3X per year

40% attend 2 schools per year

66% experience physical violence

25% witnessed domestic violence

22% separated from family

12% experienced foster care

16% less proficient in reading and math

50% perform below grade level

33% demonstrate aggressive or delinquent behavior

50% school age children experience depression or anxiety

20% preschoolers demonstrate clinically significant emotional disturbance

More than 75% do not receive adequate treatment

## Protective Factors

Research supports interventions targeted towards reducing the impact of various risk factors for young homeless mothers and their children. This can be accomplished by targeting interventions that build resilience and are protective. These include: 1) facilitating nurturing relationships and secure attachments; 2) ensuring parents' knowledge of child development; 3) strengthening parental resilience; 4) supporting social and emotional competence in children; and 5) providing concrete supports for parents (Center on the Developing Child, 2010; Center for the Study of Social Policy, 2011; U.S. Department of Health and Human Services, 2011a).

### Facilitating Nurturing Relationships and Secure Attachments

The earliest relationships shape a baby's nervous system and influence brain development. Nurturing secure attachments with a consistent, caring adult in the early years are associated later in life with better academic grades, better mental health and behaviors, more positive peer interactions, and increased ability to cope with stress. Young mothers who may have their own experience of repeated separations or insecure familial attachments require extra support from providers. Providers must work to build trusting relationships, be caring and consistent, and model healthy emotional boundaries with the mothers they serve.

### Ensuring Knowledge of Child Development

Extensive research links healthy child development to effective parenting. Accurate information and appropriate developmental expectations are associated with decreased risk for child abuse and neglect. Young homeless mothers require education to increase their knowledge of child development, parenting skills, and discipline techniques. This type of psycho-education can be delivered in a group format, which is effective with adolescent female populations.

### Strengthening Parental Resilience

A parent's capacity to manage stress, solve problems, seek help, and build trusting relationships is associated with a decreased risk of child abuse and neglect and the promotion of an environment that enhances more cohesive family functioning and child development. Specific interventions need to build parental resilience by teaching young mothers how to solve problems, think critically, cope with setbacks, and know when to ask for help.

### Supporting Social and Emotional Competence in Children

Teaching social emotional skills fosters healthy growth and development in children. These include teaching children prosocial behaviors (helping others, responding empathically, sharing, and cooperating); self-regulatory capacities (self-soothing, de-escalating, managing feelings, asking for help); and effective communication. Children of young homeless mothers are vulnerable to developmental delays, educational deficits, and behavioral dysfunction. Providers working with these children need to target interventions that improve these capacities through education and play activities in classrooms, shelters, and during family meetings. In addition, staff should also teach young mothers the importance of these competencies for their child's development, and help them learn how to foster these skills through parenting.

## Providing Concrete Support for Parents

All families need support, and young homeless families often require more concrete supports due to their age and developmental level. They often require additional support in meeting basic needs for food, shelter, clothing, and accessing healthcare; as well as assistance in obtaining employment, pursuing educational goals, and accessing treatment for domestic violence, mental health, and substance abuse issues. Young homeless mothers may not know where to find resources, how to access them, or how to go about applying for jobs, tenancy, or educational services. They may require added support to navigate these resources without becoming overwhelmed.

## Results from the *Initiative*

Evaluation of the Hilton *Strengthening At Risk and Homeless Young Mothers and Children Initiative* has been completed. Positive outcomes were noted across all four sites in multiple domains, though greater gains were made in programs that were able to offer more intensive clinically oriented services, and where staff received supervisory support. Self-care and supervision to help prevent burn-out for staff was critical. Overall, young mothers reported improved housing stability, increase in income and educational advancement, decrease in parental stress, and improved physical and mental health. Children also demonstrated improvement across multiple developmental domains. Results varied across sites based on services that were delivered, but overall the *Initiative* found that at one year with intensive interventions, child and maternal well-being was significantly improved, family functioning and housing stability improved, and the risks for continued homelessness were reduced (National Center on Family Homelessness 2009b & 2010).

## Developmentally Based Interventions for Young Families

### Five Program Components

The goals of working with young homeless families can be broadly defined as: 1) stabilizing families in housing; 2) reducing risk factors; and 3) building solid foundations for individual and family development. Lessons learned from the *Initiative* point to five program components to target service delivery in order to accomplish these goals. These include: 1) housing, 2) maternal well-being, 3) child well-being, 4) family functioning and, 5) family preservation. All areas need to be addressed in a coordinated collaborative fashion and within a developmental framework. These five areas represent critical components of service delivery and provide a platform from which programs can design interventions and evaluate outcomes including stabilization, reduction of risk factors, and improving developmental markers.

### Nurturing Relationships and Secure Attachment: Building a Foundation for a Healthy Future

Young homeless mothers often have many risk factors that can lead children and families toward unstable developmental trajectories. A primary goal of all interventions is to reduce the impact of these factors by building mothers' and children's resilience.

Trusting relationships are the cornerstone of any service. The quality of the relationship between providers and families is the foundation upon which all other work occurs. Relationally driven approaches require staff to not just be respectful and client focused, but to model healthy emotional and physical boundaries, respect privacy, and empathize with a family's experience of what it is like to be homeless at such a young age. This demands skills in active listening; being able to engage as a teacher, role model, and therapeutic agent of change; effectively managing emotional crises; setting

limits; establishing safety; and not taking away control. Quality relationally driven interventions help to create a stable foundation of emotional and physical safety, allowing a young mother to have choice and be empowered to make decisions, while simultaneously providing her with the support she may need.

Relationally driven interventions between providers and families model the development of secure attachments between young mothers and their children. For example, staff may help a young mother calm down by teaching her developmentally appropriate coping skills such as breathing, walking, or writing. A young mother's ability to better regulate her emotional responses puts her in a better position to learn how to manage her child's emotional responses and teach various coping skills. When staff teach a young mother about coping skills, they empower her to parent in ways that match the child's developmental stage. Research shows that neurophysiological regulation occurs in the early years of life when the development of neural pathways and brain development are at its peak. Within the context of early caregiving relationships, through the actual give and take between a mother and her child, children develop the capacity to better regulate their emotions and manage stress (Center for the Developing Child, 2011).

### Providing Integrated Services

When designing programs, attention should be paid to delivering integrated services. While individually each service area is needed, integration of services and collaboration among partners makes the real difference. For example, when providing housing services, providers either can offer site based housing services or collaborate with a housing agency. Specific interventions to improve housing stability and family functioning include providing classes on responsible tenancy, financial literacy, and budgeting; assistance with housing search and the

inspection process; as well as flexible funding for rental assistance. Case management meetings should focus on assessing needs and making referrals, and developing a young mother's skills. For example, an assessment may reveal a child's developmental delay and need for early intervention, and a mother's need to receive mental health treatment and develop independent living skills. Referrals can be made to partners specializing in early child intervention and mental health, and teaching independent living skills can become the focus of case management meetings. Specifically, case management meetings can be used to review checklists of items needed to set up a household, create a budget, review safety issues, and walk through tasks such as childproofing a bathroom, changing batteries in smoke detectors, and setting up a child's room so that it is safe (use of outlet covers, cribs without pillows, safety bars on windows, tying up low hanging cords). Through integrated and collaborative services a family's needs in all five component areas can be addressed.

### Facilitating Collaboration

Strong collaborations are essential for ensuring comprehensive service delivery. All sites in the *Initiative* partnered with local agencies to meet the needs of young families. Specific strategies used to create and maintain successful collaborations included frequent team meetings and case conferencing to share information; treatment planning; and implementing appropriate interventions. In addition, cross-training of providers across agencies was implemented, and frequent systems meetings for all partners were held. These were aimed at sharing ideas, getting support, building relationships, and discussing challenges and how to overcome them.

### Matching Services with Individual Needs

Young homeless families are not all alike. Some mothers are emancipating from the foster care system; some are in the teen parent or adult shelter systems, while others live in the community outside of the shelter system. Some are pregnant for the first time, and others are parenting one or more young children. Still other young mothers require specialized mental health and substance abuse services. All families require some combination of case management, counseling, housing assistance, and child development services; but assessment and individual service plans are necessary to appropriately match services with families' needs. In the *Initiative*, program staff worked with families to create individualized service plans targeted to the needs of each mother and child.

Though a Housing First approach is generally best for young adults ages 18-25, there can be some variability in their readiness for independent living, especially among the younger cohort. For example, based on their developmental level of functioning, some 18 and 19 year olds may need additional supports to achieve stability and self-sufficiency compared to older mothers. A comprehensive assessment is needed to develop an individualized plan best suited to each family's needs. Factors to assess include: economic and life skill readiness for tenancy, educational level and/or job readiness, the mother's level of developmental functioning, degree of social support, and the level of risk for child abuse or neglect. While securing independent permanent housing is generally the goal, systems should remain flexible and programs should remain open to exploring other options, such as family reunification, that may be better suited to the developmental needs of a mother who is herself just entering adulthood.



## Summary

Young homeless families have unique developmental, clinical, and housing needs that must be properly assessed. The *Initiative* focuses on the resilience of young mothers and their children, their need for coordinated, intensive interventions delivered within a relational context and developmental framework, and the positive impact such an approach can have on their future. Providing concrete housing supports, mental health services, and education on parenting and child development in the context of clinically informed, trusting relationships accomplishes the intervention goals described in this Brief. First, families must be stabilized. *Initiative* interventions resulted in improved housing stability and overall family functioning. Second, risk factors associated with family homeless were reduced. For example, *Initiative* children demonstrated improved developmental functioning and reduced parenting stress. Finally, safe relationships and secure child-parent attachments lay the foundation for future individual and family development, ultimately reducing the economic and social implications of family homelessness.

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

*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.

*Designing Developmentally-Based Services for Young Homeless Families* was written by The National Center on Family Homelessness. The primary author was Carmela J. DeCandia, Vice President, The National Center on Family Homelessness, with support from Sonia Suri, Senior Research Associate, The National Center on Family Homelessness, and Ellen Bassuk, President, The National Center on Family Homelessness. The *Designing Developmentally-Based Services for Young 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.



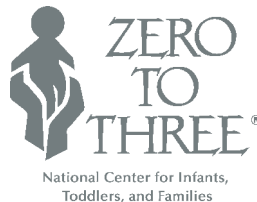
For more information on this *Initiative*, please contact The National Center on Family Homelessness, 200 Reservoir Street, Needham, MA; (617) 964-3834 or at [www.familyhomelessness.org](http://www.familyhomelessness.org).



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