

Supporting Young Parents Facing Homelessness

Evaluation of First Steps Program to Improve Child Health

Chapin Hall Research Brief

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Introduction

Homelessness during infancy and early childhood can have adverse consequences on child development and health (Brown et al., 2017; Clark et al., 2019; Sandel et al., 2018). The basic needs of young children whose families are experiencing homelessness commonly go unmet and their parents may not have the capacity to support them in responsive and developmentally appropriate ways, leading to negative health and developmental outcomes (Cutts et al., 2018, Sandel et al., 2018). Additionally, mothers who are unable to fully meet their children's needs or find stable housing experience high stress levels and may then engage in poor parenting practices (David et al., 2012, Wu et al., 2018, Sandel et al., 2018).

To address these issues, the First Steps project (January 2023-March 2024) focused on improving health for young, housing insecure, pregnant and parenting persons, their infants, and their young children. The project was led by the Illinois Chapter, American Academy of Pediatrics (ICAAP), and was a collaboration between ICAAP and two Chicago-based housing organizations with transitional living programs for young pregnant or parenting people facing homelessness: New Moms and The Night Ministry. The project aimed to undertake small scale interventions to address health issues facing housing insecure children and their parents. The project's goals included:

Goal 1: Build collaboration and consensus between healthcare and housing partners serving pregnant and parenting persons, their infants, and young children experiencing housing insecurity.

Goal 2: Build capacity for developing training and resources and other interventions to address identified needs of the project partner workforce and target populations and improve connection to local resources and services.

Goal 3: Implement interventions and recommend refinements to improve care and systems.

Organizational representatives met regularly, as part of a First Steps project team, to talk about their services, child and youth health needs, and any gaps in services that might affect health. Chapin Hall was invited to provide research and evaluation support for First Steps and participated as an observer in project team meetings. Our initial research brief was shared in August 2023 and highlighted the perceived gaps related to the health of children born to housing insecure young parents (see Huang, 2023). This final report includes further evaluation of the project at completion.

Study Methods

Our evaluation posed three research questions:

Q1: Was the project able to build collaboration and consensus between healthcare and housing project partners serving pregnant and parenting persons, their infants, and young children experiencing housing insecurity?

Q2: Was the project able to identify training, resources, and other interventions, including systems change, needed by the project partner workforce and target populations?

Q3: Was the project able to implement any interventions to address needs? If so, what were the interventions and how will their outcomes be measured? If not, what barriers prevent their implementation?

To answer these questions, we conducted two rounds of semi-structured interviews with participants on the First Steps project team. We interviewed nine individuals during our first round of interviews and 10 during our second and final round. The respondents were all participants on the First Steps project team, including staff from ICAAP, New Moms, and The Night Ministry, as well as lived-experience experts from each organization. The initial interviews were conducted in June 2023 and the second round was completed in February and March 2024, all via video conference or phone. We recorded and transcribed the second-round interviews and used transcripts to conduct analysis.¹ We used thematic analysis (Braun & Clarke, 2006) to look for patterns and themes in the interviews. Evaluation staff also observed most project meetings between April 2023 and March 2024. Findings from our observations and the second set of interviews are summarized in this report.

¹ Two interviews were not recorded per respondent request and careful notes were taken instead.

This report is organized into three main sections: 1) feedback on the interventions implemented during the project, 2) feedback on the overall First Steps project, and 3) conclusions and recommendations for future initiatives and activities trying to improve the health of young homeless families.

LIMITATIONS

The interview sample had only 10 people and our findings may not represent all viewpoints. The interviews did not cover all potential topics that might be relevant to child and youth health; the scope of themes presented here are limited. Current residents' perspectives are not reflected in this report because we did not have the resources to interview or survey current residents. Furthermore, we were unable to directly measure the outcomes of the interventions implemented due to time and resource limitations.

First Step Interventions

Our initial interviews identified five domains related to gaps in health services or support: parent health, child development and the Early Intervention system, nutrition, parent mental health, and racism in health care. The First Steps project team discussed ideas for potential interventions in each domain and identified activities in four of the five areas. They decided not to pursue interventions in the parent mental health space because New Moms was already implementing new initiatives and The Night Ministry had existing resources available to their residents.

DOMAIN 1: PARENT HEALTH

During the first round of interviews, all interview respondents explained that the health of pregnant or parenting persons is a significant factor affecting their children's health. Parents are primarily focused on their children's health and "put themselves on the backburner" because of stress, time constraints, lack of health knowledge, and inconsistent access to culturally competent and nonjudgmental providers. There are often barriers or confusion regarding the type of provider parents can see; young parents may "age out" of pediatric care or lack a regular primary care physician.

Intervention: Memorandums of Understanding with Federally Qualified Health Centers (FQHC)

The Night Ministry and New Moms signed MOUs with a Federally Qualified Health Center (FQHC) close to their location to better serve the young parents participating in their programs. New Moms renewed its MOU with PCC Family Health Center. ICAAP leveraged their relationship with PCC leadership to help with this process. The Night Ministry has an updated MOU with Erie Family Health Center and it includes positive changes, including that participants up to 24 years old can see a pediatrician.

Interview respondents believe this intervention was valuable and that it has the potential to improve parent health. The process of partnering with the health centers to re-establish the MOUs helped identify access barriers and potential workarounds as well as increase housing staff knowledge of the FQHC's administrative rules and requirements. For example, housing staff now know that their participants have to be an established patient of the FQHC before being able to access services such as vision and hearing and know how to help their participants navigate that process. Across the board, the project team emphasized during our interviews that follow-up with staff at the FQHCs will be critical. As one respondent said, "the MOU won't change a lot without relational follow-up" to ensure improved access for parents and children.

DOMAIN 2: CHILD DEVELOPMENT AND EARLY INTERVENTION SYSTEM ACCESS

One area of concern the project team discussed was the lack of parental knowledge about typical infant and child development and the lack of access to the Early Intervention system when concerns were identified. Additionally, respondents described experiences with health care providers not listening to young parents, or not taking their concerns about their infant or child's development seriously, because of the parents' age or other types of biases (such as racial or economic). Another challenge brought up was how sensitive a topic child development can be for many parents to discuss, especially young parents who may not have access to trusted family members, role models, or other safe sources of information. Those types of conversations can be difficult, and most staff members are not experts in child development (other than their own lived experience as parents or caregivers).

During project meetings, the team brainstormed ideas about how to address these issues and decided to focus on the Early Intervention system as an intervention point. The Early Intervention system has been a huge problem for families due to long wait times, shortage of available providers in the community, confusing administrative procedures, and the lack of responsive information provided to housing staff who refer families. Respondents explained that staff at New Moms and The Night Ministry know how to refer families to Early Intervention, but once referrals are made, the families and staff are left in the dark with little follow up or communication from the Early Intervention system.

Intervention: Mutual trainings between housing staff and Early Intervention staff

ICAAP staff worked diligently to facilitate a conversation with the Bureau Chief of the Illinois Bureau of Early Intervention, to open the lines of communication between the two groups. This resulted in two trainings: the first was a training for housing organization staff to learn more about Early Intervention rules and procedures and the second was a training for Early Intervention staff to learn about the housing residents and their needs. During the first training, the Early Intervention chief presented information about Early Intervention, emphasizing the referral process and how families get started with services. Housing staff had an opportunity to ask specific questions about those processes. In the second training, staff from New Moms, The Night Ministry, and ICAAP presented information about the families they serve and the issues facing young families experiencing homelessness, and Early Intervention staff had an opportunity to ask questions. Additionally, in the second training, ICAAP shared a video recorded by a former resident telling her story of trying to access Early Intervention services for her infant.

Interview respondents believe this intervention was a positive, helpful intervention that will improve access to these important services. For housing staff, respondents think it was a good reminder about the system's administrative processes and they were able to get answers to specific questions, particularly around the issue of communication. Previously, when staff would refer families, there was no mechanism for the Early Intervention system to communicate with the referrer—only with the family, typically by mail, which is not a timely or feasible process for those living in transitional housing programs. During the first meeting, workarounds were discussed to promote more responsive communication.

The project team also thinks that the second training was a beneficial activity. Most importantly, Early Intervention staff heard directly from a formerly homeless parent who talked about their experience dealing with the system. Additionally, Early Intervention staff had an opportunity to learn more about the

complexities and obstacles facing housing insecure parents, especially those who are young and lack knowledge and experience navigating complex bureaucratic systems. The last benefit cited was having more open lines of communication between the organizations. Respondents were hopeful that this collaboration will continue and lead to more timely services for New Moms and The Night Ministry families. They emphasized the importance of continued relational work in this area, explaining that follow-up will be vital to improving access.

DOMAIN 3: NUTRITION AND COOKING SKILLS

Another high-priority issue reported by interview respondents during our initial sets of interviews was nutrition, for both parents and their children. Many residents lack practical, concrete knowledge and skills regarding nutrition for themselves (especially postpartum) or for their infants and children. Respondents explained that most residents have never cooked meals, planned menus, or made their own choices about food and as a result, their children often do not receive optimum nutrition.

Intervention: Cooking and nutrition class for New Moms residents

To respond to this health gap, the project team decided to explore bringing in an external organization to provide a class for housing residents. ICAAP did the legwork to identify appropriate providers and landed on the University of Illinois Extension Nutrition Education Program.² New Moms wanted to explore this option so collaborated with the Extension Program to set up a cooking and nutrition class for their residents. The Extension Program is a no-cost program; ICAAP provided grocery store gift cards for the residents to incentivize participation. The Night Ministry was not able to pursue this opportunity due to lack of staff capacity and a lower than usual number of residents.

Respondents explained that the high level of participation was encouraging—New Moms reached maximum capacity for participation and began a waitlist. This intervention took quite a bit of time to arrange so it had not yet finished by the project's end, but interim feedback was very positive. Interview respondents said that the classes were engaging and the participants seemed to be enjoying their time with one another and the instructor while learning practical skills. Respondents pointed out the importance of having an instructor who was able to build a strong rapport with young parents, who was culturally informed and responsive, and who was able to meet the participants where they were in a non-judgmental manner. The grocery gift cards were helpful incentives and worked to pique initial interest in the classes. Interview participants believed that this is a successful intervention that has the potential to quickly improve children's health, in part because it was a relatively low-cost, timely initiative that directly engaged young parents.

DOMAIN 4: RACISM IN HEALTH CARE

Racism in health care is a consistent phenomenon for housing program participants and for many staff members, most of whom are Black or Hispanic women. Project team members recognized how frequently the young people they serve face racism in health care settings, and when people feel discriminated against or mistreated, they often choose to stop care rather than have to contend with it, leading to less participation in health care. Neither New Moms nor The Night Ministry systematically raise the issue of

² <https://extension.illinois.edu/inep>

health care racism with residents, possibly because so many staff members face the same issues themselves and it is such an irretractable problem. ICAAP is trying to engage with these issues at a systemic level; it has a committee focusing on anti-racism work and recently published a set of “guiding principles” to frame their work.³

Intervention: Staff and parent workshops

The First Steps project implemented two workshops with New Moms residents and staff focusing on racism in health care. There was one three-session workshop for staff and one two-session workshop for residents, led by an experienced, licensed counselor. The resident workshop began with relationship building and assessing participant needs. The next session focused heavily on self-advocacy skill building, including communication skills and understanding patient rights. The staff workshop focused on racial disparities including facts, opportunities for individual and organizational change, how to support residents in their self-advocacy efforts, and implicit bias.

In her report to ICAAP on the workshops, the facilitator cited two main points of feedback from residents who participated in the workshops: 1) feeling hopeful about the recognition of health care racism and its impact; and 2) appreciating processing experiences of trauma and frustration at being devalued because of their race. For staff, their feedback centered on feeling a commitment to fostering organizational change. Both staff and residents agreed that the workshops encouraged compassionate sharing and finding some relief at having an opportunity to share painful memories of discrimination.

When asked about this intervention, project team members had mixed feedback. They said that participants seemed engaged in the workshops and that it was a good idea to have workshops for staff and residents separately. On the other hand, respondents pointed out that this was an individual-level workshop to deal with a systemic-level problem. As one respondent said, “I’m not sure this was helpful. There isn’t much participants can do to change the culture of racism in health care. That is advocacy work.” Respondents think that the onus for change should be on the providers themselves rather than on individuals accessing health care delivered in biased ways. Fortunately, respondents believe that ICAAP is in a good position to challenge the status quo in health care at a systems level and continue to push providers to dismantle racist practices.

First Steps Implementation

Our evaluation examined what went well with the project’s implementation and what could have been improved. The section below highlights implementation successes as well as challenges.

IMPLEMENTATION SUCCESSES

Space for reflection: The First Steps project provided an important and helpful space for individuals to gather and reflect on issues that go beyond the daily tasks required to maintain their organizations’ services. It is rare for direct service staff or organizational leaders to have an opportunity to spend time

³ <https://illinoisaap.org/guiding-principles-on-anti-racism-and-bias-awareness/>

with others brainstorming and exploring concerns about the health of their residents and their children. As seen in the next section, there was some disagreement about whether the meeting frequency, length, or structure was appropriate to delve effectively into the issues, but there was broad agreement that regular meetings were necessary and valuable.

Partnerships: The project facilitated new or deeper relationships between ICAAP, New Moms, and The Night Ministry. There was hope that spending this time together, getting to know one another better, and sharing insights and knowledge will result in new ideas and better service provision. Respondents thought that who is at the table really matters (this topic is discussed further in the next section), and positive relationships were built and nurtured during the First Steps project.

Lived experience experts: There were two individuals on the project team who had children when they were young and experiencing homelessness; one previously received services from New Moms and the other from The Night Ministry. Respondents believed that having them on the project team was incredibly important to ensuring resident perspectives were authentically represented. The individuals we interviewed believed that the lived experience experts were welcomed by the rest of the team and that their input was listened to and acted on. There were some suggestions about how to enhance this component during future endeavors (discussed below).

ICAAP leadership: ICAAP led the First Steps project and respondents explained that ICAAP's openness to ideas and suggestions was key to the project's success. ICAAP staff consistently asked questions and sought input from all project team members and were very responsive to ideas and requests. When New Moms and The Night Ministry had different priorities and staff capacity to implement interventions, ICAAP remained flexible and responsive. ICAAP created an agenda for each meeting, took notes, and maintained consistent communication amongst the partners and team members appreciated these efforts.

Evaluation: Interview respondents explained that the evaluation was helpful to the project, especially via the initial round of interviews. The interview findings helped identify gaps in services and knowledge regarding children's health, and it helped build momentum for choosing potential interventions.

IMPLEMENTATION CHALLENGES

Needs assessment: Interview respondents noted that the lack of an initial comprehensive needs assessment related to child health was a challenge when identifying effective interventions. The project would have been more powerful if a thorough needs assessment had been completed with each organization to ascertain resident and staff concerns about children's health. Respondents posited that starting with this would have ensured that parent and staff perspectives were systematically considered and used as the foundation for strategic decision-making.

Timeline: There was broad agreement that the project's timeline was too short, even with the short extension. It was simply not enough time to get the project set up, identify health threats to the families being served by New Moms and The Night Ministry, select reasonable and feasible interventions, execute the interventions, and evaluate their outcomes. Even though the project was focused on "small" interventions, it was difficult to select, plan, and employ programs that met the diverse needs of the two housing organizations in 15 months. In addition, the project set-up obligations (i.e., contracting, setting up

regular meetings, identifying lived experience experts) needed to be completed before the project could begin, and that requires sufficient time to complete.

Project team members: Although everyone agreed that all team members contributed positively to the project, team members were not sure whether or not the “right people” from the housing partners were at the table during project meetings. Respondents said that if the project was focusing on systems level issues, then organizational leaders would be the most helpful to have on the team; alternatively, if the project was focusing on parent or program level issues, then having front line staff at the table would be best. The consensus was that it would be ideal to have varying levels of staff participating to ensure that different perspectives are represented, but that staff representation should be equivalent across participating organizations.

Lived experience experts: Respondents agreed that having lived experience experts at the table was incredibly informative and helpful. They also noted some enhancements that might have elevated this component. Both experts were understandably unable to attend every project meeting and respondents suggested having additional parents participating in order to ensure parent perspectives were consistently represented. Another suggestion was to have a “liaison” assigned to communicate regularly with the experts, outside of project meetings, to fill them in on discussions and seek their input. Respondents pointed out that it is imperative to equitably compensate experts. A final idea was to start the project with lived experience experts “sharing their story” in a supportive and sensitive manner to ensure they felt heard and to ground the entire project in those experiences. As one respondent stated, “I think it would have been nice to do in the beginning...to pay [lived experience experts] to really spend a while sharing their story if they want to. Maybe it would have helped with keeping them engaged in the project if they felt a little more considered and that their story was really driving [the project].”

The Night Ministry: Unfortunately, The Night Ministry was unable to participate fully in the interventions. Respondents explained that was because they had some key staff changes and their program was being underutilized. However, respondents felt like The Night Ministry’s contribution to the project meetings was very valuable and provided important insight, even when they were not able to participate in the specific interventions selected.

Project Meetings: As noted above, there were many positive aspects to the regular project meetings (e.g., clear agendas, sharing information), but respondents also questioned whether they were utilized to their full potential. Some individuals thought there needed to be more tangible action steps after each meeting; others thought that the time would be better spent reflecting and sharing questions and ideas rather than being task oriented.

Evaluation: Although the findings from the initial round of interviews were helpful in moving the project forward, there were no resources available to evaluate the interventions themselves. Respondents also expressed disappointment with not having more opportunities to solicit feedback from residents or staff members directly.

Conclusion and Recommendations

Our evaluation of the First Steps project had three research questions. Each question is listed below followed by our evaluation findings.

Q1: Was the project able to build collaboration and consensus between health care and housing project partners serving pregnant and parenting persons, their infants, and young children experiencing housing insecurity?

Respondents believe the First Steps project was able to build collaboration between partners. As noted earlier, relationships were developed and deepened between New Moms, The Night Ministry, and ICAAP. In addition, the project team members and their organizations collaborated with two FQHCs, the Early Intervention system, and the UI Nutrition Program. Project team members built some consensus about the health threats facing young children and the gaps in services and knowledge, as evidenced by the five domains identified during the initial round of evaluation interviews (i.e., parent health, child development and Early Intervention access, cooking and nutrition, parent mental health, and racism in health care).

Q2: Was the project able to identify training, resources, and other interventions, including systems change, needed by the project partner workforce and target populations?

The First Steps project did identify interventions to implement, although the interventions were based on a less than comprehensive needs assessment. Through project meetings and evaluation interviews, the project team identified five domains that needed additional attention and resources (parent health, child development and Early Intervention access, cooking and nutrition, parent mental health, and racism in health care). These all affect individual families, and changes could be implemented at individual, program, and systems levels—however, respondents were clear that the project’s timeline did not allow enough time for systems-level change.

Q3: Was the project able to implement any interventions to address needs? If so, what were the interventions and how will their outcomes be measured? If not, what barriers prevent their implementation?

The project implemented four interventions, as explained earlier in this report. Unfortunately, due to staff turnover and unusually low numbers of residents, The Night Ministry was not able to participate in two of the interventions (racism in health care workshops and cooking classes). Due to resource and time limitations, it was not possible to directly measure the interventions’ outcomes.

RECOMMENDATIONS

As explained in the preceding Implementation Challenges section, project team members had several ideas about how to elevate this type of initiative to ensure it is as effective as possible. In addition to those suggestions, they had the following recommendations about how to address the health needs of young families facing homelessness.

Directly support parents: Most individuals interviewed think that interventions that provide direct assistance to parents will have the biggest impact on children’s health, especially when it facilitates stable housing, stable economic support, or meets specific needs of individual families. As one respondent

explained when asked about recommendations for future initiatives, “Ideally, spending money more towards the residents to participate in whatever intervention they might personally need. Like we could have paid for cooking classes or something off-site for 1-2 moms who were interested rather than try to have classes for everyone.” Project team members speculated that if you have very short-term funding it might be more helpful to consider individual level interventions that meet specific needs rather than program or systems-level efforts.

Supporting parent health, skills, knowledge, and well-being: The project team recognized that children’s health is inherently linked to parent health, skills, knowledge, and overall well-being. Young parents experiencing homelessness face incredible challenges, and the stress levels they are under inevitably affect their children (Wu et al., 2018). Respondents explained that their residents are focused more on survival than they are on their children’s social-emotional development or whether they meet typical developmental milestones—and many parents have little information about milestones in the first place. Team members cited their belief that interventions that successfully address parenting knowledge and skills, parent health, and overall parent well-being are highly likely to improve child health. As one respondent explained, “I really focus on the mom’s well-being, kind of the toxic stressors that she is facing, which impacts her ability to be that ‘good enough’ parent that they all want to be. So they’re not really able to act as that buffer because they too are swimming in it.” Another respondent suggested focusing on parent-child bonding in educational environments, outside of typical daily survival tasks: “I think I would focus on social-emotional type activities with the parent and child to try to get them into some more engaging things, out of the building, to know how to connect and bond with their kids in an educational setting, whether it be like a museum or something like that. To build that bond and enlighten parents on how important it is for early exposure for their children.”

Effectively engage lived experience experts: This is discussed earlier in the report but was raised by all team members as a global recommendation for initiatives purporting to help homeless families—it is critical to include a sufficient number of formerly homeless young parents on any project leadership team to ensure their voices are heard, and it is important to also solicit ideas from current parents when choosing project activities. Families, and the frontline staff who work directly with them, are quite literally the “experts” on their needs and their voices should be the foundation of all efforts to help. Fortunately, the First Steps project incorporated lived experience experts in an authentic way, and individuals had suggestions about how to further elevate their involvement in future projects.

Set realistic goals and measure outcomes: This was a very short initiative that aimed to address a large and complex problem. Although most project team members agreed it had a positive effect on intervention participants, they also recommended setting feasible goals that can be realistically evaluated in the time allotted. One respondent explained it is critical to “right size” a project based on identified needs, goals, and resources. Furthermore, many respondents expressed disappointment at the inability to measure intervention outcomes due to resource limitations.

CONCLUSION

The First Steps team collaborated to identify and implement four interventions aimed at improving the health of housing insecure young families: MOUs with health providers, Early Intervention trainings, a cooking class, and workshops addressing racism in health care. Most respondents believed these interventions were and will continue to be helpful to these families, especially if the organizations involved continue to follow-up with one another. However, when asked what the most pressing threat to the health of young children in the families they serve is, First Steps project team members clearly and overwhelmingly identified homelessness itself. They recognized that the First Steps project did not set out to directly address homelessness but rather sought to address children's health, an often overlooked issue in the housing and homelessness arena. They appreciated the opportunity to collaborate with one another and spend dedicated time discussing the complex problem of health, and they expressed hope that the interventions would result in improved health outcomes. At the end of the day, however, they expressed hope that finding solutions to homelessness itself, as well as its impacts on child and parent health, would be prioritized by organizational decision-makers, funders, and policymakers.

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