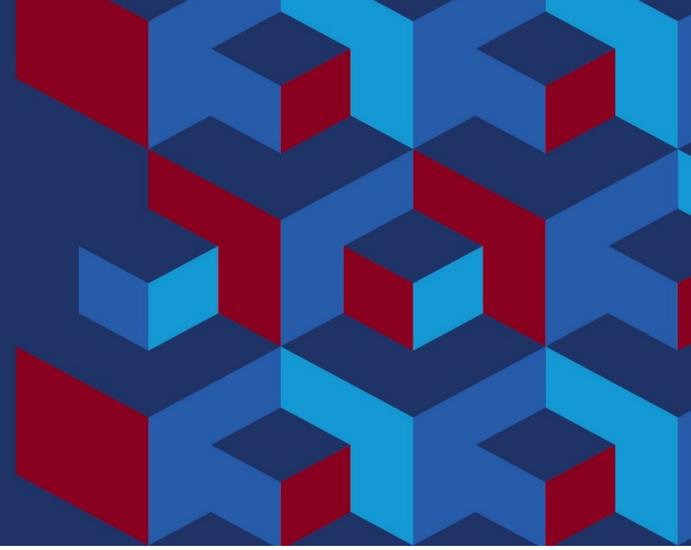


Chapin Hall Research Brief



Home Visiting with Families Experiencing Homelessness

This brief summarizes findings from a formative evaluation of the Home Visiting for Homeless Families project.

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 **CHAPIN HALL**
AT THE UNIVERSITY OF CHICAGO

INTRODUCTION

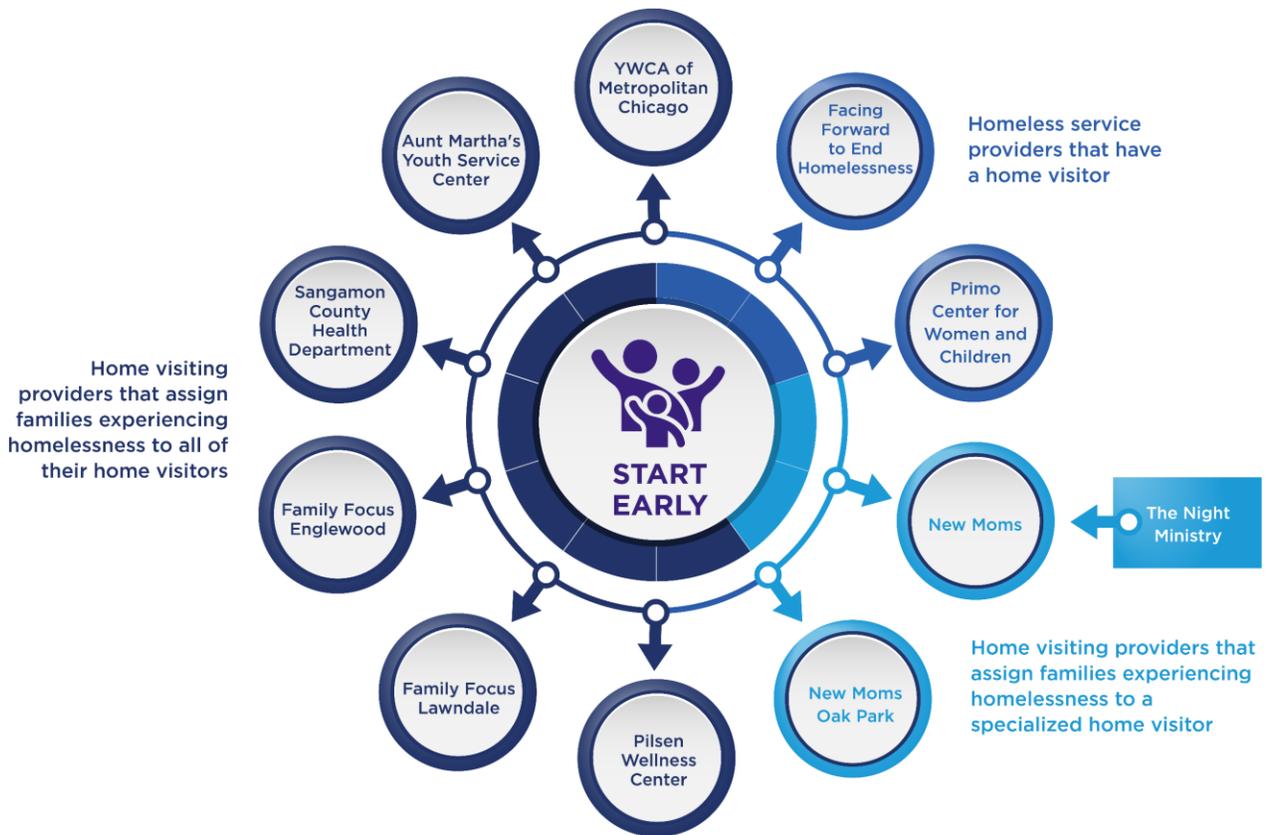
Homelessness during early childhood can have long-lasting negative consequences for children's health and development. It can also heighten levels of parental stress, lead to less responsive parenting, and interfere with parent-child bonding.^{1,2} Providing evidence-based home visiting services to homeless families with young children, including families living doubled up, could potentially mitigate those adverse impacts. Specifically, evidence-based home visiting has been shown to have positive effects on a range of parent and child outcomes including parent-child attachment, child health and development, parenting practices, maternal health and life course development, and social support.³⁻⁵

Although families experiencing homelessness might benefit from evidence-based home visiting, the literature on home visiting with homeless families is sparse. Studies demonstrating the benefits of home visiting have generally not included families experiencing homelessness, and at least some research suggests that homelessness may adversely affect participation in home visiting programs.^{6,7} This could be due to high rates of mobility, questions about eligibility, distrust of service providers, or a lack of documents required to enroll.

Recognizing that families experiencing homelessness could benefit from home visiting services, Start Early launched the Home Visiting for Homeless Families (HVHF) project to 1) remove barriers to home visiting for homeless families; 2) make home visiting programs more responsive to those families' needs; 3) inform changes in policy and practice; and 4) increase integration and alignment across homeless service providers and home visiting programs. The project defines homelessness broadly to include unsheltered families, families staying in shelters or transitional housing, and families couch surfing or living doubled up.

Figure 1 depicts the HVHF project partners. Start Early brought together six home visiting programs that assign homeless families to all their home visitors, two home visiting programs that assign homeless families to a specialized home visitor, and two homeless service providers that have home visitors on-site. The figure also includes The Night Ministry, a homeless service provider that refers homeless families to New Moms.

Figure 1. HVHF Project Partners



Start Early invited Chapin Hall to conduct a formative evaluation of the HVHF project. Unlike a summative evaluation, which looks at program's impact on outcomes, a formative evaluation aims to understand whether a program is being implemented as designed and what factors are affecting implementation. Chapin Hall applied for and received a grant from the Pritzker Family Foundation to support that work. This brief describes findings from the formative evaluation, which aimed to address six overarching research questions.

- What are the characteristics of the HVHF project participants and their families?
- For how long were HVHF project participants and their families enrolled in home visiting programs?
- What services did the HVHF participants and their families receive?
- How did project participants describe their experiences with home visiting services?
- Did the HVHF project enhance the ability of home visiting programs to serve homeless families?
- What challenges does providing home visiting services to homeless families present?
- How did the COVID-19 pandemic affect home visiting with homeless families?



HOME VISITING FOR HOMELESS FAMILIES PARTICIPANT AGREEMENT

The Participant Agreement lays out the respective responsibilities of all partners.

- Homeless service providers are responsible for recruiting and referring eligible families to home visiting services.
- Home visiting programs are responsible for identifying homeless families already being served, tracking information about families enrolled in the project, and reporting that information to Start Early.
- Start Early is responsible for supporting home visitors through monthly group consultation meetings.

The Participant Agreement allows home visiting programs to be more flexible with families experiencing homelessness by:

- Enrolling mothers or pregnant women through age 25 and babies until their first birthday even if the program's eligibility criteria are more restrictive
- Continuing to serve families that move outside the catchment area after they enroll
- Reducing the caseloads of home visitors serving homeless families
- Disregarding completion rate requirements for homeless families
- Adding a home visitor with specialized training in working with homeless families
- Creatively incorporating program components and adjusting timelines

The Participant Agreement encourages home visiting programs to:

- Keep homeless families on active status, rather than placing them on creative outreach, even when they are disengaged for long periods
- Extend the period that homeless families remain on creative outreach before the case is closed
- Use alternative communication strategies such as e-mail, text message, or social media to stay in touch with homeless families
- Give homeless families the option of visiting at nontraditional locations

STUDY METHODS



We analyzed data reported to Start Early by the eight home visiting programs that are participating in the HVHF project through OunceNet, a web-based data tracking system that captures information about the families the programs serve and the services they provide. The OunceNet data included records for 237 homeless families that first enrolled in a home visiting program participating in the HVHF project between January 1, 2014, and December 31, 2020. The OunceNet records for each family include information about the participant (that is, a mother or pregnant woman) and one target child.

We also conducted semi-structured interviews with two groups of study participants. First, we interviewed 17 home visitors and 12 supervisors from each of the 10 HVHF project partners as well as one project consultant. Second, we interviewed 13 mothers and one pregnant woman whose families received home visiting services from seven of the 10 HVHF project partners. We conducted all of the interviews virtually. They were audio-recorded and transcribed. Then we analyzed the transcripts to identify key themes.

FINDINGS FROM THE ANALYSIS OF OUNCENET DATA

What are the characteristics of the HVHF project participants and their families?

HVHF project participants are predominantly Black (84%) and their mean age at enrollment was 19.8 years old. Forty-one percent did not have a high school diploma or GED, 21 percent were enrolled in school, and 19 percent were employed. Nearly two-thirds (65%) enrolled while they were pregnant. On average, participants who gave birth before enrollment enrolled when their target child was 6.6 months old.

For how long were HVHF project participants and their families enrolled in a home visiting program?

As of December 31, 2020, 25% of the HVHF project families were still enrolled in a home visiting program. The families whose cases were closed had been enrolled in a home visiting program for an average of 8.6 months. Forty-six percent of these families had ever been placed on Creative Outreach, which is typically used to re-engage families that have become disengaged after receiving at least one home visit. On average, these families had been placed on Creative Outreach for 2.9 months or about 36% of the time they were enrolled.

What services did the HVHF participants and their families receive?

Families enrolled in a home visiting program can receive services from a doula (if the participant is pregnant), from a family support worker (FSW) or both. Table 1 provides information about the services that participants and their families received. Additionally, of the participants who received doula services and gave birth post-enrollment, 91% had a birth plan and 62% had a doula-attended birth.

Table 1. Receipt of services from doulas and family support workers

	Doula Services	FSW Services
Percentage receiving services	74% of participants who were pregnant at enrollment ⁸	78% of families ⁹
Average duration of services	3.8 months	10 months
Average frequency of visits	2 visits per month	2 visits per month
Location of visits	51% at home	62% at home
	37% in another location	17% in another location
	12% virtually	21% virtually

Many home visiting programs use the Edinburgh Perinatal/Postnatal Depression Scale (EPDS) to screen participants for depression.¹⁰ Many also use the Ages & Stages Questionnaires (ASQ) to screen children for development delays in five domains (communication, gross motor, fine motor, problem solving, and personal-social) and the Ages & Stages Questionnaires: Social Emotional (ASQ-SE) to screen children for delays related to social-emotional development.^{11,12} Table 2 shows the percentage of participants and target children in the HVHF project families who were screened using these assessment tools.

Table 2. Prenatal and postnatal depression screening

	Percentage screened	Percentage screened > once
Prenatal depression screening	78% of participants who enrolled prenatally	N/A
Postnatal depression screening	75% of participants	49% of participants
ASQ screening	73% of target children ¹³	59% of target children
ASQ-SE screening	66% of target children ¹³	46% of target children

Finally, home visiting programs frequently connect families to other services and supports for which they are eligible. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a good example. At enrollment, 70% of the HVHF project families were participating in the WIC program. Another 28 percent were referred to the WIC program by their doula or home visitor, leading to a cumulative WIC participation rate of 86%.



HVHF PARTICIPANT INTERVIEW SAMPLE

The 14 women we interviewed ranged in age from 18 to 29 years old; their average age was 23. Most identified as Black ($n = 11$). A majority were pregnant when they enrolled in their home visiting program ($n = 8$). Most had a high school diploma or GED ($n = 10$), two were enrolled in school, and five were employed. The women had between 0 and 3 children. Their children ranged in age from 0 to 24 months; their average age was 1.6 years old. Six mothers were living doubled up, primarily with family; four were living independently but receiving rental assistance; three were staying in an interim shelter; and one was living in transitional housing.

FINDINGS FROM THE HVHF PROJECT PARTICIPANT INTERVIEWS

How did project participants describe their experiences with home visiting services?

Most of the mothers we interviewed had very positive experiences with home visiting. They described home visiting services as helpful, saying things like “the program has helped me a lot” or “they helped me out so much.” Mothers also described their home visitors using positive words like “professional” and “caring.” Many had developed a close and trusting relationship with their home visitor. Some mothers compared this relationship to the relationship a daughter would have with her mother. A few mothers reported that their child looked forward to the visits.

Because of the relationship they had developed, mothers felt comfortable talking with their home visitor about personal problems. They trusted that their home visitor would keep what they talked about confidential. Most mothers also felt comfortable asking their home visitors for help.

Mothers repeatedly talked about the social and emotional support they received from their home visitors. That support increased their self-confidence, reassured them that they were doing a good job caring for their child, and made it easier to ask for help. Mothers also noted how their home visitors helped prepare them for the “ups and downs” of being a parent and normalized the difficulties they were experiencing.

Mothers valued the information their home visitors provided on topics ranging from pregnancy to breastfeeding to child safety. They trusted their home visitor’s advice and appreciated that home visitors let them make their own decisions rather than telling them what to do.

Many mothers reported that their home visitor had shown them how to engage their child in activities that would promote their development using things like building blocks and puzzles that the home visitor provided. Several mothers also reported that they learned how to regulate their own emotions and to respond to their child’s behavior in more developmentally appropriate ways.

“

Everything that I need to know or that I didn't know, she helped me with. . . . If I'm going through something with my personal life. . . she actually helped me break it down for me or she tell me about her experience. . . . She just got a good bond very good heart, and she take her time with teaching you things.

“

She always makes sure I know like I'm not doing this alone. I'm doing a good job. . . . [Of] all the services that they offer, the emotional support for me is the most important because sometimes I be needing [it] especially as a single mom.

“

They said, “Sometimes you got to ask, like, why is this child acting this way? You got to figure out why...So I'm like okay. You're right. Maybe this is the issue. This is how you handle it.

Mothers described their home visitors as very responsive to their needs. They could count on their home visitors to help them if they “needed help with anything.” Mothers reported receiving diapers, wipes, and clothing as well as other essential items from their home visitor and being referred to “giveaways” where they could get those items for free. Mothers also received referrals to other services, such as childcare or early intervention.



She’s been really helpful with the development of my son as far as like getting him the resources he needed. . . He didn’t start walking until recently. He’s almost two. . . I’m sure he’ll be talking soon.

Several mothers reported that their home visitors had tried to help them secure housing by sharing information about programs or assisting them with applications. However, a few mothers seemed disappointed that their home visitor could not help them more with their housing needs.

FINDINGS FROM THE HOME VISITOR AND SUPERVISOR INTERVIEWS

Did the HVHF project enhance the ability of home visiting programs to serve homeless families?

Start Early received permission from model purveyors and funders for HVHF project partners to be more flexible when serving families experiencing homelessness. Supervisors had hoped that this increased flexibility would allow them to provide services to homeless families and still meet the performance benchmarks established by their funders and model purveyors.

The degree to which home visiting programs took advantage of this increased flexibility varied widely. For example, two programs had reduced the caseload of their specialized home visitor who only served homeless families. However, the caseloads of most home visitors who served both homeless and non-homeless families remained the same. Additionally, although project partners can disregard visit completion rate requirements for homeless families, both supervisors and home visitors expressed concerns about meeting other performance benchmarks. Some wondered whether placing homeless families they have lost touch with on Creative Outreach for an extended period, as project partners can do, might jeopardize their accreditation.



Sometimes the data makes it look like we might not be making our milestones. . . or benchmarks. But if the reason we’re not making our benchmarks is because we’re trying to provide services to homeless families, how can we be flexible in that way? But I think that’s the whole point of this project.

Some home visiting programs viewed the HVHF project as an opportunity to develop partnerships with homeless service providers through which they could reach more homeless families. Because each of the two homeless services providers participating in the project has its own home visitor, they were not referring families to home visiting programs. At the same time, home visiting programs were struggling to develop referral pathways with other homeless service providers.

Start Early convened regular HVHF Project Advisory Committee meetings to support project partners. Some supervisors viewed these meetings as opportunities to learn about resources, hear about the experiences of colleagues engaged in similar work, and leverage the group's collective knowledge to better support families experiencing homelessness. Others questioned their utility or were unable to attend due to competing responsibilities. Start Early also supported project partners through a monthly consultation for home visitors. Home visitors who participated in these meetings valued the support they received from other home visitors experiencing similar challenges and appreciated the information that was shared. However, some home visitors were not aware of this resource.

What challenges does providing home visiting services to homeless families present?

Although a major goal of the HVHF project is to remove barriers to home visiting for homeless families, our interviews with home visitors and supervisors highlighted some of the challenges that home visitors who serve homeless families continue to face.



Identification

Under the HVHF Project Participant Agreement, home visiting programs are responsible for identifying homeless families already being served and enrolling them in the project. Although home visitors reported working with their supervisors to determine which families to enroll, this proved to be a challenge because their understanding of homelessness was narrower—and more aligned with U.S. Department of Housing and Urban Development's definition—than Start Early's understanding—which was more aligned with the definition of homelessness under McKinney Vento. Home visitors also struggled with how to explain the project to families—particularly families living doubled up—that do not consider themselves as homeless.



Engagement

Although some homeless families recognized their need for additional support and were immediately receptive to home visiting services, other families were reluctant to engage with yet another service provider, didn't seem to understand what home visitors do, or questioned how they could be eligible if they do not have a home. In some cases, the main barrier to engagement seemed to be lack of trust. Mothers experiencing homelessness may be afraid of opening up to a mandated reporter about their parenting or may be wary of being judged. Indeed, home visitors had to build a relationship with mothers before they felt comfortable opening up. Home visitors also noted that families experiencing homelessness are often dealing with other issues related to mental health or family violence that can be a barrier to engagement.



I think sometimes people are really afraid to get involved with programs like this. . . . A lot of their mistrust issues are built on a way that they were treated in their childhood. They don't trust people and then they end up having issues with poor parenting and these kinds of things.



Staying in touch

Home visitors and supervisors from every program acknowledged that it can be difficult to stay in touch with families experiencing homelessness. Their phones may become disconnected, they may lack access to WIFI, and their addresses may change. Families living doubled up may “overstay” their welcome and need to quickly relocate. Home visitors worried about these families when they lost touch and reported using several strategies to maintain contact with homeless families such as asking for the phone numbers of family or friends or reaching out to the family’s case manager if they family was in a shelter or housing program.



Lack of privacy

Home visitors reported that visits with families staying in shelters often took place in common spaces where staff or other residents could overhear conversations. Lack of privacy was not just an issue when families were staying in shelters. Privacy can also be difficult to come by when families are couch surfing or living doubled up.



And I know I’ve had home visitors who ended up doing the visit in the bathroom. Because it’s the only place that the participant could go that she could have her own space.



Extra time and effort

Home visitors and supervisors agreed that serving families experiencing homelessness requires additional time and effort. Visits with these families often last longer than visits with families that are stably housed. Home visitors use that extra time to talk with families about their housing situation, deal with crises, address basic needs, and provide transportation. They also spend time between visits making referrals, obtaining essential items, and checking in with families.



A home visit is technically supposed to—they say 45, 60 minutes...But when you think about these families, and all of the challenges that they encounter, a lot of times these visits end up being significantly longer than that.



Emotional toll

Every home visitor reported that working with families experiencing homelessness exacts an emotional toll. Home visitors felt that it was their responsibility to support these families when they were in crisis but they didn’t always know how. Several used words like “helpless” and “hopeless” to describe how this made them feel. Hence, building in time for supervision and self-care was vital to avoiding burnout.



Helping families access services and supports

Several factors make it difficult for home visitors to help homeless families access the services and supports they need. First, home visitors are often working with families that are living doubled up and doubled up families are ineligible for some services and supports because they are not considered homeless according to the definition used by HUD. Second, some home visitors do not know enough about coordinated entry, the shelter system or housing programs to assist families. Third, homeless families often live far from where the resources they need are located, and this geographic mismatch is compounded by a lack of transportation.



The lack of transparency in the housing process in Chicago. There is a lot of things like hoops that we don't always know to help participants get through.



Educating parents with unmet basic needs

Home visitors find it exceedingly difficult to do their job when families are struggling to meet their basic needs. Parents cannot focus on improving their parenting skills, enhancing their parent-child relationship, or learning about child development if they do not know where their children will sleep at night or whether they will have enough food to eat. Home visitors want to support these families and address their needs but feel ill-equipped to do so. At the same time, supervisors expressed concern that home visitors were trying to help families with their housing and other basic needs when their job is to provide parenting education.



You try to talk about parenting. What are your questions about child development? [It's] a lot harder for us to kind of go into that conversation when they are trying to figure out where to lay their kid every night.

How did the COVID-19 pandemic affect home visiting with homeless families?

Home visitors observed that the virtual visits necessitated by the COVID-19 pandemic were extremely effective in engaging families, particularly families that might have been reluctant to engage in services due to fears about surveillance. At the same time, most of the mothers did not think that the shift to virtual visits had a negative effect on experiences with home visiting or the relationship they had with their home visitor.

RECOMMENDATIONS

Here we offer recommendations for addressing some of the challenges that emerged from our interviews.

 <p>Involve additional homeless service providers</p>	<p>Involve additional homeless service providers in the HVHF project to facilitate the development of referral pathways, increase cross-system collaboration, and help home visitors understand and navigate coordinated entry, the shelter system and housing assistance programs.</p>
 <p>Promote awareness of increased flexibility</p>	<p>Work with HVHF project partners to promote awareness of the increased flexibility home visitors can use to better support homeless families.</p>
 <p>Document home visitors leverage of this flexibility</p>	<p>Systematically document how home visitors are leveraging this flexibility and use this information to educate funders and model purveyors about why supporting families experiencing homelessness requires flexibility.</p>
 <p>Give families optional virtual home visits</p>	<p>Give families the option of doing virtual home visits post-pandemic to increase the number of families that take up services and allow home visitors to continue serving families that move outside their program's catchment area more easily.</p>
 <p>Provide home visitors with additional training</p>	<p>Provide home visitors with additional training on how they can help families access temporary shelter, more permanent housing, and other essential resources.</p>
 <p>Implement a coordinated care model</p>	<p>Implement a coordinated care model for homeless families that would allow home visitors to focus on parent education while other service providers address their basic needs.</p>
 <p>Adopt a single data system for home visiting programs</p>	<p>Require all home visiting programs in the state to use the same data system for tracking enrollment and service provision regardless of their funding source(s).</p>

CONCLUSION

Taken together, our findings suggest that the HVHF project has made progress toward increasing access to home visiting services among families with young children experiencing homelessness. This is important given the long-lasting adverse effects that homelessness during early childhood can have on developmental outcomes. They also suggest that homeless families receiving services from HVHF project partners perceive their home visitors as responsive to their needs. At the same time, our evaluation identified ongoing challenges to providing home visiting services to homeless families. Home visitors are frustrated by their inability to meaningfully respond to the complex needs of families experiencing homelessness within the context of an under-resourced and sometimes inaccessible social service system.

Statement of Independence and Integrity

Chapin Hall adheres to the values of science, meeting the highest standards of ethics, integrity, rigor, and objectivity in its research, analyses, and reporting. Learn more about the principles that drive our work in our [Statement of Independence](#).

Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of Start Early or the Pritzker Family Foundation.

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ENDNOTES

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- ⁸ Most of the participants who did not receive doula services were probably enrolled in one of the three home visiting program that did not have doulas.
- ⁹ Most of the families that did not appear to have received services from an FSW probably did receive those services but their FSW was not funded by Start Early, and hence, did not enter data into OunceNet.
- ¹⁰ The Edinburgh Postnatal Depression Scale (EPDS) is a 10-item screening tool used to assess when a woman is experiencing symptoms commonly associated with depression or anxiety during pregnancy or the year following the birth of a child. See Cox, J., Holden, J., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, *150*, 782–786.
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- ¹² The ASQ-SE assesses the social-emotional development of children ages 1 month to 6 years old. See Squires, J., Bricker, D., & Twombly, E. (2002). *Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)*. Paul H. Brookes Publishing Co.
- ¹³ Our analysis was limited to target children whose families received services from an FSW funded by Start Early because doulas do not conduct developmental assessments and only FSWs funded by Start Early enter data into OunceNet. Some of the target children in the unscreened group were not screened because their families stopped receiving home visiting services from an FSW before they were 3 months old. Because we did not have the exact dates on which the target children were born or on which service receipt began or ended, we do not know the precise number of children who were not screened for this reason.