CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

HOME VISITING WITH FAMILIES EXPERIENCING HOMELESSNESS

Summarizing findings from a formative evaluation of the Home Visiting for Homeless Families project

AMY DWORSKY • ERIN D. CARREON • AMANDA M. GRIFFIN • BETH MCDANIEL

August 2022

Recommended Citation
Dworsky, A., Carreon, E., Griffin, A. M., & McDaniel, B. (2022). *Home Visiting for Homeless Families project: Final evaluation report*. Chapin Hall at the University of Chicago

Acknowledgments
We want to acknowledge the J.B. and M.K. Pritzker Family Foundation for supporting this work. We are also grateful to our partners at Start Early. They include Mark Valentine and Shawanda Jennings who answered all of our questions about the Home Visiting for Homeless Families Project and Avi Newman and John Harriman who provided us with the OunceNet data. We would also like to thank our former colleague Carolyn Winje for her earlier contributions.

Disclaimer
The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of Start Early or the Pritzker Family Foundation.

Contact
Amy Dworsky, Research Fellow
adworsky@chapinhall.org
773.256.5164

1313 East 60th Street
Chicago, IL 60637

chapinhall.org

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Start Early, a Chicago-based nonprofit, developed and implemented the Home Visiting for Homeless Families (HVHF) project to address barriers faced by families experiencing homelessness when enrolling and participating in home visiting programs. This report presents findings from a formative evaluation of the HVHF project. The formative evaluation included a review of relevant literature, the development of logic model, an analysis of OunceNet administrative data, and semi-structured interviews with home visitors, home visiting supervisors, homeless service providers, and mothers who were receiving home visiting services. Our analysis of the OunceNet administrative data revealed both similarities and differences between the homeless families enrolled in the project and two comparison groups: housed families served by the same home visiting programs and homeless families served by home visiting programs that were not HVHF project partners. Our interviews suggest that the HVHF project has made progress towards increasing access to home visiting services among homeless families with young children and 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 families experiencing homelessness.

EXECUTIVE SUMMARY

Far too many families with young children experience homelessness. This is deeply concerning because homelessness during early childhood can have immediate and long-term adverse impacts on children's development. Providing home visiting services to homeless families with young children could potentially mitigate those adverse impacts by equipping parents with the knowledge and skills they need to promote their children's development and respond to their children in developmentally appropriate ways.

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. In addition to Start Early, project partners include eight home visiting programs and two homeless service providers. Start Early invited Chapin Hall to conduct a formative evaluation of the HVHF project. Chapin Hall applied for and received a grant from the Pritzker Family Foundation to support that work.

Methods

Our formative evaluation included five components:

- We conducted a review of the literature on home visiting with families experiencing homelessness.
- We revised the HVHF project logic model based on a review of Start Early documents and conversations with project leaders.
- We analyzed OunceNet data on the characteristics of and services provided to 1,407 families that first enrolled in a home visiting program participating in the HVHF project and funded by Start Early between January 1, 2014, and December 31, 2020. Our sample included 237 families experiencing homelessness ("homeless families") and 1,170 families that were housed ("housed families").
- We interviewed 18 home visitors and 12 supervisors from eight home visiting programs, staff from two homeless service providers that are HVHF project partners, and one project consultant.
- We interviewed 14 mothers who were receiving home visiting services from HVHF project partners.

Literature Review

Our review of the literature found limited research on home visiting with families experiencing homelessness. Prior studies suggest that homelessness may adversely affect participation in

home visiting programs (Staerkel & Spieker, 2006; Stargel et al., 2018) and that home visiting programs can help connect families with housing or prevent future homelessness (Murrell et al., 2000). Our review also uncovered several initiatives designed to increase collaboration between programs that focus on early childhood development and those that serve homeless families, although only a couple of those initiatives have been studied (National Center on Family Homelessness & Marshall, 2012b; Stark, 2014)

Logic Model

We developed a logic model for the HVHF project and used this logic model to help assess the project's readiness for a rigorous evaluation.

Findings from OunceNet Data Analyses

Our analysis of the OunceNet data provides information about the HVHF project participants and the services they received. It also reveals both similarities and differences between the homeless families and housed families served by the same home visiting programs.

- Homeless participants are young; their average age was just shy of 20 when they enrolled. Most homeless participants had no more than a high school diploma or GED and were neither working nor in school.
- Homeless families were less likely to enroll prenatally in a home visiting program, were less likely to have received doula services if they enrolled prenatally, and less likely to have a doula attended birth if they received doula services than housed families.
- At the same time, homeless families were more likely than housed families to have received services from a Family Support Worker. Homeless families were also as engaged in services as stably housed families, as measured by the number of visits they completed each month and the length of those visits.
- Homeless families were as likely to be placed on Creative Outreach and spent about the same proportion of time on Creative Outreach as housed families.
- Homeless participants who were screened for depression were more likely to have a positive screen than housed participants who were screened.
- Target children in homeless families were more likely to have been screened for developmental delays and more likely to have been screened more than once times than target children in housed families. Compared to target children in housed families, target children in homeless families were also less likely to score within normal limits the first time they were screened and more likely to have ever had a "suspect" result.
- Most of the homeless families that were not participating in the WIC program at enrollment were referred to the program by their home visitor and their WIC participation rate increased over time.

Experiences of Service Providers

Service providers whose programs are HVHF project partners told us about their experiences with the project, including the advisory board meetings and monthly consultations. Service providers told us about their motivations for participating in the project and how the project sometimes fell short of their expectations. Participating in the project had not increased referrals from homeless service providers and the increased flexibility that the project promised was not always realized due to a lack of awareness on the part of home visitors or requirements imposed by funders or model purveyors.

Service providers also shared their experiences delivering home visiting services to homeless families. They described the many challenges that delivering home visiting services to homeless families presents. These included communication barriers, lack of privacy when visiting families in shelters or living doubled up, and mistrust of service providers. Home visitors needed extra time to ensure that activities were appropriate for homeless families, check in with families between visits, and search for resources. They often went to great lengths to help homeless families address their basic needs. At the same time, they were frustrated by their inability to assist those families in a meaningful way due to their lack of knowledge about the systems that families need to navigate to access help. They also struggled to focus on parent education as long as families' basic needs were unmet.

Experiences of Mothers

Mothers who were receiving home visiting services from an HVHF project partner told us about their experiences with home visiting. Most mothers used positive language to describe their home visitors and the relationship they had developed. They appreciated the ways that their home visitors were flexible with respect to when, where, and for how long they met. Mothers shared many examples of how their home visitors had provided them with emotional, informational, and tangible support. They also explained how they had benefited from home visiting. These benefits included learning how to promote their children's development, regulate their emotions, and respond to their children's behavior in developmentally appropriate ways.

Future Evaluations of the HVHF Project

One of the objectives of this formative evaluation was to assess the feasibility of conducting a rigorous evaluation of the HVHF project. The HVHF project has succeeded in removing at least some of the barriers to home visiting faced by families experiencing homelessness. It has also made home visiting programs more responsive to families' needs. However, our findings suggest that the project is not yet ready to be rigorously evaluated. First, providing home visiting services to homeless families remains a challenge for home visitors due, in part, to a lack of collaboration between home visiting programs and homeless service providers and to the effects of external factors on the ability of home visitors to focus on parent education. Second, our analysis of the OunceNet data and our interviews with service providers and mothers suggest that implementation of the project is not entirely consistent with the logic model. Third, the OunceNet data can be used to measure service provision for families enrolled in home

visiting programs that are funded by Start Early, but they have important limitations. Finally, although home visiting programs that are not HVHF project partners could potentially serve as a comparison group for a rigorous evaluation, the homeless families being served by those programs are different from the families being served by HVHF project partners in some important ways.

Conclusion

Taken together, our findings suggest that the HVHF project has made progress towards increasing access to home visiting services among homeless families with young children. 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 families experiencing homelessness, including challenges related to families' unmet basic needs.

INTRODUCTION

Far too many families with young children experience homelessness. According to the 2020 Annual Homeless Assessment Report (AHAR) to Congress, 30% of all the people who experienced homelessness on a single night in 2020 were in families with minor-age children, and 10% of these people were unsheltered (U.S. Department of Housing and Urban Development, 2021).[1] Thirty-percent of all the people who experienced homelessness on a single night in 2020 were in families with minor-age children, and 10% of these people were unsheltered (U.S. Department of Housing and Urban Development, 2021). More recently, HUD reported that on a single night in January 2021, 41,000 families with minor age children experienced sheltered homelessness, which means that they were staying in emergency shelters, transitional housing programs, or safe havens (U.S. Department of Housing and Urban Development, 2022).[2]

In Federal Fiscal Year 2018, nearly 156,000 families with children stayed in an emergency shelter or transitional housing. These families comprised 35% of all people who experienced sheltered homelessness during that year (U.S. Department of Housing and Urban Development, 2020). Ninety percent of these families were headed by a single mother and 17% were headed by a parent between the ages of 18 and 24 years old. Nearly half (48.5%) of the children in these families were 0 to 5 years old. Fifty percent of these families were headed by a parent who was Black compared to 14% of all families with children. Most of these families were small; 57% consisted of a single parent with one or two children. However, 28% consisted of one or two adults and three children or more. Importantly, these figures do not include families that were living doubled-up or were otherwise precariously housed.

The number of homeless families with young children is deeply concerning for several reasons. First, research indicates that homelessness during early childhood can have long-lasting negative consequences (Berkman, 2009; National Research Council & Institute of Medicine, 2000; Shonkoff & Garner, 2012). These include deleterious effects on social and emotional development, cognitive functioning, and the acquisition of language and literacy (Brown et al., 2017; Brumley et al., 2015; DeSousa, 2016; Haskett et al., 2015; Obradović et al., 2009; Ziol-Guest & McKenna, 2014). Homelessness during infancy and toddlerhood has also been linked to lower levels of academic achievement (Obradović et al., 2009; Perlman & Fantuzzo, 2010) and higher rates of behavioral problems (Bassuk et al., 2015; Brown et al., 2017; Fantuzzo et al., 2013).

[1] These figures only include families that meet HUD's definition of homelessness (that is, families staying in a shelter, living in transitional housing, or sleeping in a place not meant for human habitation). Most notably, they do not include families living doubled up. We use the 2021 report of the 2020 Point-in-Time (PIT) count since many communities did not complete a PIT count of unsheltered people in 2021 due to risks associated with the COVID-19 pandemic.

[2] Because of pandemic-related disruptions to counts of unsheltered homeless people in January 2021, the 2021 Annual Homeless Assessment Report to Congress focus exclusively on people experiencing sheltered homelessness.

Additionally, children who experience homelessness early in life are at increased risk for a variety of acute and chronic health conditions (Clark et al., 2019; McCoy-Roth et al., 2012).

Second, family homelessness can harm children through its adverse effects on parenting. Homelessness can heighten levels of parental stress, as the demands of caring for a newborn are compounded by the lack of a safe and stable place to live. This can lead to diminished parental responsiveness and interfere with bonding and the development of an attachment relationship (Coley et al., 2015; Crawford et al., 2011; Gershoff et al., 2007; McCoy-Roth et al., 2012; Sandel et al., 2018; Swick, 2008).

And third, family homelessness can reduce children's access to early childhood programs (Bassuk et al., 2015; Fantuzzo et al., 2013). In 2017, only 9% of children under age 6 experiencing homelessness were enrolled in federally funded early childhood programs such as Head Start or Early Head Start even though Head Start and Early Head Start programs are required to prioritize children experiencing homelessness for enrollment under federal law (Yamashiro & McLaughlin, 2019). Although this figure does not include children who were enrolled in early childhood programs that were state- or locally funded, it suggests that far too many young children experiencing homelessness are not exposed to high-quality early childhood programs. Less is known about the extent to which homeless families with young children access other types of early childhood programs, particularly programs that provide evidence-based home visiting.

What distinguishes home visiting from other early childhood interventions is that services are delivered in the home rather than in a community-based or clinical setting. Although programs vary depending on which model is being used, the services they provide typically include teaching parenting skills, sharing information about child development, screening children for developmental delays, engaging parents and children in structured activities, promoting early learning and language development, offering parents emotional support, assessing family needs, and referring families to community-based resources (National Home Visiting Resource Center, 2018).

An extensive body of research shows that evidence-based home visiting can 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 (Avellar & Supplee 2013; Brown & Sturgeon 2004; Fergusson, et al., 2013; Gomby, 2007; Kirkland, 2013; Lee et al., 2009). However, few, if any, of the studies demonstrating the benefits of home visiting have focused on families experiencing homelessness. Consequently, little is known about whether evidence-based home visiting models can produce the same outcomes with homeless families as they do with families that are stably housed, whether evidence-based home visiting models can be modified to accommodate the unique needs of homeless families, or whether some evidence-based models are better at meeting those needs than others.

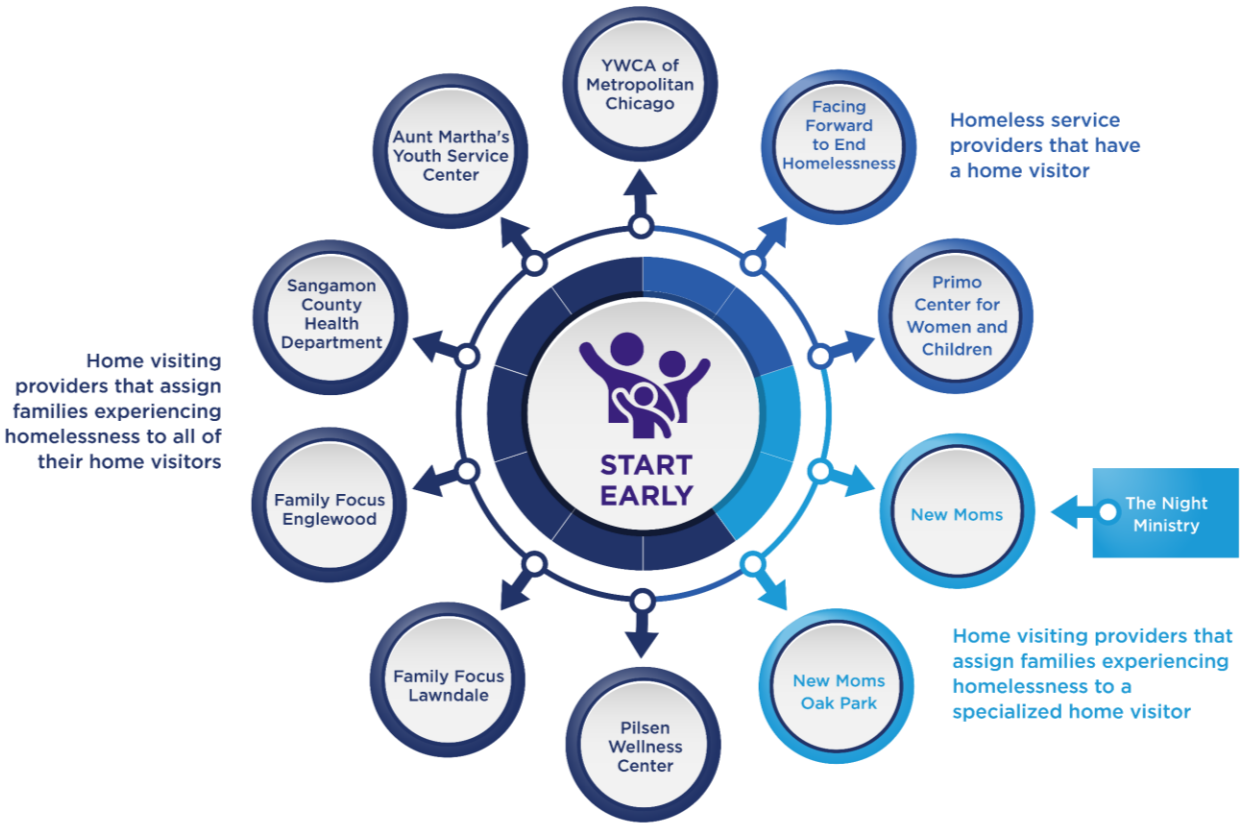
Additionally, although families experiencing homelessness might benefit from the services that home visiting programs provide, several factors could make it difficult for them to enroll in home visiting programs or engage in services once they enroll. First, homeless families are highly mobile and their lives are often chaotic due to their lack of stable housing. Second, homeless families may not know about home visiting programs or may not know that they are eligible for home visiting programs despite not having a home. Third, homeless families may distrust or have had negative experiences with service providers. Finally, homeless families may be unable to navigate the enrollment process or may not possess the required documents. Additionally, the federal mandate that Head Start and Early Head Start programs prioritize children experiencing homelessness for enrollment does not apply to home visiting programs that receive Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds. This may explain why home visiting programs don't typically try to identify or reach out to homeless families.

Recognizing these barriers, Start Early (formerly the Ounce of Prevention), a Chicago-based nonprofit, developed and implemented the Home Visiting for Homeless Families (HVHF) project. The project's goals are to (1) remove barriers to home visiting faced by families experiencing homelessness; (2) make home visiting more responsive to needs of those families; (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.

The project uses three different approaches to deliver home visiting services to families experiencing homelessness: (1) home visiting programs train all of their home visitors and assign a few homeless families to each home visitor; (2) home visiting programs hire a home visitor whose caseload only includes homeless families; and (3) homeless service providers hire a home visitor to deliver home visiting services to sheltered families.

Figure 1 depicts the HVHF project partners. In addition to Start Early, they include six home visiting programs that assign homeless families to all of 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. Home Visiting for Homeless Families Project Partners



- Home visiting program assigns homeless families to all of its home visitors.
- Home visiting program assigns homeless families to a specialized home visitor.
- Homeless service provider with a trained home visitor.
- Homeless service provider refers families to home visiting program

EVALUATION

Start Early invited Chapin Hall to conduct a formative evaluation of the HVHF project. Chapin Hall applied for and received a grant from the Pritzker Family Foundation to support that work.

The evaluation has five main objectives:

- Develop an internally consistent and testable logic model for the HVHF project.
- Offer recommendations to improve the HVHF project's implementation fidelity.
- Assess the project's short-term outcomes.
- Offer recommendations to address ongoing barriers to engagement.
- Assess the feasibility of conducting a rigorous evaluation.

The evaluation sought to answer three main research questions:

- What services do families that experience homelessness receive from the home visiting programs that are part of the HVHF project?
- What are the experiences of the home visitors and homeless service providers that are part of the HVHF project?
- What are the experiences of the families that receive services from the HVHF project home visiting programs?

The results of the evaluation will contribute to building an evidence base for providing home visiting services to families experiencing homelessness. They will also help Start Early increase the provision of home visiting services to homeless families with young children, not only in Illinois but also in other states. It may also facilitate other partnerships between homeless family service providers and home visiting programs, thereby increasing the number of homeless families with young children that can be served by evidence-based home visiting programs.

METHOD

This formative evaluation of the HVHF project includes four main components:

Literature Review

We reviewed the literature on home visiting with families experiencing homelessness.

Logic Model Development

We developed a logic model for the HVHF project based on a review of Start Early documents and conversations with project leaders.

Analysis of OunceNet Data

We worked with Start Early to obtain data from OunceNet, the web-based data tracking system into which home visiting programs funded by Start Early enter information about the families they serve and the services they provide. The data were de-identified (that is, they did not include any of the 18 data elements specified in the HIPAA Privacy Rule that could be used to identify individuals). For example, rather than exact birthdates or exact dates of service receipt, the data files only include the month and year in which individuals were born or the month and year in which service was delivered. Although this introduces some imprecision into our analyses, it should not have a substantive impact on the results.

The OunceNet data included records for 1,407 families that first enrolled in a home visiting program participating in the HVHF project and funded by Start Early between January 1, 2014, and December 31, 2020. Of these families, 237 were experiencing homelessness and 1,170 were housed. The records for each family include information about the home visiting program participant and the target child. The program participant is either the mother of the target child or a pregnant woman.[3] We used these data to compare the characteristics and experiences of homeless families to the characteristics and experiences of the housed families.

Our analysis of the OunceNet data has several important limitations. First, three of the home visiting programs participating in the HVHF project do not offer doula services. Because we did not know which families were served by which programs, we could not exclude participants served by those programs from our analysis of doula services receipt. Second, some of the home visiting programs participating in the HVHF project have doulas who are funded by Start Early but home visitors who are funded by the Illinois Department of Human Services, the Illinois State Board of Education, or the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Because these home visitors are not funded by Start Early, they enter data into Visit Tracker, the Student Information System, or another database rather than OunceNet.

[3] We excluded two fathers whose families were not experiencing homelessness from the sample.

And third, OunceNet does not include families served by home visitors who work for a homeless service provider.

Qualitative Interviews

Service Providers

We received contact information for 18 home visitors and 13 supervisors from the 10 HVHF project partners (eight home visiting programs and two homeless service providers). In January and February 2021, we interviewed 17 of the home visitors and 12 of the supervisors as well as one project consultant. The interviews, conducted virtually due to the COVID-19 pandemic, were audio-recorded and transcribed.

We developed an *a priori* codebook based on our research questions and interview protocols. We used that codebook to double-code three home visitor interviews and one supervisor interview. We also used open coding to capture emerging themes. After revising the codebook, we coded the remaining interviews. Throughout the process, we met weekly to discuss new themes and issues related to how the codes should be applied. We exported the output to Excel workbooks in which we constructed respondent-by-code matrices for key themes (for example, HVHF project components, service delivery adaptations, family needs, challenges, and recommendations) to identify patterns across groups.

Home Visiting Service Recipients

We received contact information for 21 home visiting service recipients from seven HVHF project partners (six home visiting programs and one homeless service provider). After reaching out via text message and by phone, we were able to interview 13 mothers and one pregnant woman who were receiving home visiting services between June and November 2021. The interviews, conducted by phone due to the COVID-19 pandemic, were audio-recorded and transcribed.[4] Everyone who was interviewed received a $30 gift card.

We identified themes based on our research questions, including engagement with home visitors, facilitators of and barriers to engagement, and family needs. We also identified a theme related to the interpersonal benefits of the home visiting relationship that emerged from the interviews. Three researchers reviewed the interviews and systematically added quotes into respondent-by-code matrices in Excel workbooks.

Table 1 shows the number of interviews completed with home visitors, supervisors, and home visiting service recipients from each project partner.

[4] Participants were given the option to be interviewed by phone or via Zoom; all opted for a telephone interview.

Table 1. Interview Sample by Project Partner

	Home Visitors	Supervisors	Home Visiting Service Recipients	Model
Home Visiting Programs				
Home Visiting Program A	2	1	2	Specialized Home Visitor
Home Visiting Program B	2	1	2	No Specialized Home Visitor
Home Visiting Program C	2	1	0	No Specialized Home Visitor
Home Visiting Program D	2	1	1	Specialized Home Visitor
Home Visiting Program E	1	1	0	Specialized Home Visitor
Home Visiting Program F	2	1	1	No Specialized Home Visitor
Home Visiting Program G	2	1	1	No Specialized Home Visitor
Home Visiting Program H	1	1	3	No Specialized Home Visitor
Total	**14**	**8**	**10**	
Homeless Service Providers				
Homeless Service Provider A	1	2	0	Embedded Home Visitor
Homeless Service Provider B	2	2	4	Embedded Home Visitor
Total	**3**	**4**	**14**	

LOGIC MODEL

After speaking with HVHF project leaders from Start Early and reviewing project-related documents, we developed a logic model for the HVHF project. Importantly, this logic model is not a logic model for the individual home visiting programs or homeless service providers that participate in the project. Rather, it is a logic model for the collective project.

The logic model depicts how the HVHF project is intended to work. It shows the main components of the project and how they are related to one another. These components include inputs (resources), activities (tasks and strategies), outputs (results of the activities), and both proximal and distal outcomes. The logic model also defines the target population.

Inputs

The inputs include Start Early (including the project coordinator and the OunceNet data system), the home visiting programs and homeless service providers, and funding from MEICHV and foundations.

Activities

The activities include tasks specific to Start Early, tasks specific to the home visiting programs, and tasks specific to the homeless service providers. They also include the three approaches being used to provide home visiting services to families experiencing homelessness.

Outputs

The outputs include the changes that are expected to take place if Start Early, the home visiting programs, and the homeless service providers carry out their tasks.

Proximal Outcomes

The proximal outcomes are expected to be achieved by home visiting programs and homeless service providers as they implement the guidelines for delivering home visiting services to families experiencing homelessness.

Distal Outcomes

The distal outcomes involve more systemic changes in policy and practice.

Target Population

The target population is homeless families with young children and pregnant women. This includes families living unsheltered, families living in shelters, and families living doubled-up.

Figure 2. HVHF Project Logic Model

INPUTS	ACTIVITIES	OUTPUTS	PROXIMAL OUTCOMES	DISTAL OUTCOMES
• Start Early ○ Project coordinator ○ OunceNet • Home visiting programs • Homeless service providers • MIECHV funding • Foundation grants **TARGET POPULATION** • Pregnant women and homeless families with young children, including families living unsheltered, sheltered, and doubled up	Start Early • Manage and raise funds to support the project • Recruit project participants and provide them with training, professional development opportunities, and technical assistance • Provide support for cross-system collaboration • Regularly convene the HVHF Project Advisory Committee • Evaluate the project and disseminate findings • Identify policy implications of the project and develop policy proposals to improve access to home visiting for homeless families Home visiting partners • Recruit eligible families including homeless families already being served • Track and report referrals, activities, and case closure reasons • Work with families and homeless services partners to obtain permission to share information through a release of information • Follow the service delivery guidelines outlined in the HVHF Project Participant agreement • Participate in evaluation activities, HVHF Advisory Committee meetings, and training and professional development activities • Establish procedures for coordinating case management and other services with homeless service partners Homeless service partners • Recruit and refer eligible families to home visiting programs • Track and report referrals to the project coordinator • Work with families and home visiting partners to obtain permission to share information through a release of information • Provide adequate space for home visits on site • Participate in evaluation activities, HVHF Advisory Committee meetings, and training and professional development activities • Establish procedures for coordinating case management and other services with home visiting partners 3 Approaches to Serving Families • Home visiting programs train all their home visitors to serve homeless families and assign each home visitor 1 to 2 homeless families • Home visiting programs hire a specialized home visitor to work exclusively with homeless families and serve as a resource to other staff • Homeless shelters hire a home visitor to deliver home visiting services to sheltered families	• Project partners receive training, professional development opportunities, and technical assistance • HVHF Project Advisory Committee meets regularly • Homeless families are referred to home visiting programs • Families permit information sharing between project partners • Procedures for coordinating case management and other services between project partners are established • Guidelines for delivering home visiting services to homeless families are followed • Shelter space for home visits is provided • Caseload size of home visitors serving homeless families reduced	• Home visiting partners continue to engage families that move outside their service area • Home visiting partners keep families on active status during periods of disengagement • Home visitors meet the needs of homeless families by using alternative communication modes, conducting visits in alternative locations, and creatively incorporate home visiting into non-traditional home visit structures • Project partners coordinate case management and other services • Homeless families receive coordinated and comprehensive services	• Policies to improve access to home visiting for homeless families are proposed based on evaluation findings • Collaboration between home visiting and homeless service partners serves as a blueprint for other communities • Home visiting funders and model purveyors modify models to meet the needs of homeless families

LITERATURE REVIEW

Research on Home Visiting and Homelessness

Research on the provision of home visiting services to families experiencing homelessness or housing instability is limited. Some evidence suggests that housing instability may adversely affect participation in home visiting programs. One study of low-income families participating in an Early Head Start program found that moving more frequently before enrollment, living in less adequate housing, and discussing housing concerns more often were associated with fewer completed home visits (Staerkel & Spieker, 2006). Similarly, an evaluation of Healthy Families Massachusetts found that young mothers participated in fewer home visits if and when they were homeless (Stargel et al., 2018).

Interestingly, although preventing homelessness was not a goal of Healthy Families Massachusetts, Stargel and colleagues (2018) found that families randomly assigned to the home visiting program were less likely to experience homelessness after program completion than those randomly assigned to the control group. They attributed this effect to the information, support, and encouragement provided by home visitors.

Unlike the studies by Staerkel and Spieker (2006) and Stargel and colleagues (2018), which focused on home visiting programs that were not designed specifically for families experiencing or at risk for homelessness, Murrell and colleagues (2000) evaluated a San Francisco-based program that was designed to serve this population. The AfterCare Project was a case-management program that offered home visiting services to pregnant women or mothers of children 6 months or younger who were homeless or inadequately housed. Home visits were made by community health care workers who had experienced homelessness and could relate to the families. Service delivery was complicated by three factors: (1) families were difficult to contact; (2) the part-time status of community health care workers limited when visits could be scheduled; and (3) families did not follow through when referrals to needed services and supports were made. Although the original plan included weekly home visits, these challenges meant that the intervention was reduced to biweekly communications through a combination of home visits, office visits, and phone calls. Nevertheless, a majority of the families had obtained permanent housing by program completion.

Implementing these evidence-based interventions to parents in shelters introduces unique challenges, and the degree to which interventions are effective for these families has not been examined systematically. A systematic review of the literature found only 12 published studies on parenting interventions implemented in shelters (Haskett et al., 2016). Parenting interventions were defined as programs designed to improve childrearing skills, reduce parenting stress or enhance the parent/child relationship. Overall, these studies suggest that at least some parents in shelters are receptive to parenting interventions, enjoy the intervention activities, and gain knowledge about parenting and parent-child relationships (e.g., Davey, 2004;

Ferguson & Morley, 2011). However, these positive findings could be an artifact of sample selection bias if only highly motivated parents participated in the interventions.

Importantly, only one of the 12 studies involved a home visiting program (Ferguson & Morley, 2011). Moreover, although the overwhelming majority of parents who receive home visiting services are mothers, the focus of this study was on a program for fathers. To obtain supportive housing, fathers were required to participate in Parents as Teachers (PAT). A focus group conducted with four of the seven participants found that fathers perceived positive changes in their parenting and their relationships with their children. However, it is difficult to draw firm conclusions from this study given the extremely small sample size and the failure to measure the fidelity of service delivery to the model.

Fostering Collaboration between Early Childhood and Homelessness Systems

A handful of initiatives have been developed to promote cross-system collaboration between programs that focus on early childhood development and those that serve families experiencing homelessness. These initiatives have been shaped by the collaborating partners, their resources, and the local context.

In Boston, the Healthy Start in Housing (HSiH) program brought together the Boston Housing Authority (BHA) and the Boston Public Health Commission (BPHC) to test a model that combined intensive case management and public housing for pregnant women who were at risk for poor birth outcomes and homeless or housing insecure. BPHC provided specialized training on the BHA application process and intensive case management to a subset of Healthy Baby Healthy Child (HBHC) home visitors. The intensive case management training included training on issues faced by homeless families and on a cognitive-behavioral intervention designed to strengthen problem-solving skills. The home visitors had lower than average caseloads and worked flexible hours (Allen et al., 2013). A study of HSiH's implementation highlighted the importance of helping pregnant women develop problem-solving skills and referring them to trauma-informed mental healthcare services. It also underscored the need for strong cross-system partnerships and for a process to reduce the wait time for permanent housing (Stark, 2014).

In New York City, the Department of Health and Mental Hygiene (DOHMH) partnered with the Administration for Children's Services, the Department of Homeless Services, and the Department of Corrections to identify and recruit first-time young mothers in foster care, homeless shelters, and jail to participate home visiting services. The services are provided by Nurse-Family Partnership nurses who had reduced caseloads and were supported by a mental health clinician. The clinician also organized a 2-hour monthly group centered on a topic of interest to the mothers (Stark, 2014).

The Children's Hospital of Philadelphia has an Early Head Start program that provides home visiting services to low-income families with young children. When home visitors identify

families living in precarious or unsafe situations, they refer those families to the SafeHome program operated by the Philadelphia Committee to End Homelessness. This program reaches out to the identified families and offers to help stabilize their housing or find them a new place to live (McDonald, 2012).

The Strengthening at Risk and Homeless Young Mothers and Children Initiative was a 5-year, multisite demonstration project that encouraged collaboration between housing/homelessness agencies and childhood development agencies in four communities (Minneapolis, Minnesota; Antelope Valley, California; Chicago, Illinois; and Pomona, California). Participants included 398 families that were homeless or at risk of homelessness and headed by young mothers (ages 18 to 25) with at least one child under 6 years old. Each community developed partnerships between agencies with expertise in housing/homelessness and agencies in child development. Although the service delivery models varied across sites, they typically provided permanent housing combined with a range of other services (National Center on Family Homelessness & Marshall, 2012a).

The Strengthening Young Families (SYF) program in Antelope Valley included home visiting by a registered nurse who educated pregnant women and new mothers about parenting, nutrition, and child development. Other services included case management, developmental assessments and early intervention, mental health supports, temporary or supportive housing, and housing location assistance. An evaluation of the SYF program found that participation was associated with an increase in housing stability and safety, an increase in monthly family income, and an increase in high school completion (National Center on Family Homelessness & Marshall, 2012b). Additionally, participants' children received developmental screenings and demonstrated improvements if they were referred for early intervention services. However, the sample size was small, no comparison group was included, and it is unclear which, if any, of these outcomes can be attributed to home visiting as opposed to the intervention's other components.

Finally, the Corporation for Supportive Housing issued recommendations for how home visiting and supportive housing programs can partner to better serve families. Those recommendations included (1) developing a service plan that outlines the roles and responsibilities of each partner to avoid duplication of services and to ensure all family needs are being met and (2) establishing a clear plan for communication that specifies what, when, and how information can and will be shared.

Federal Efforts to Promote Collaboration

At the federal level, an interagency workgroup was formed to discuss how home visiting programs and other programs focused on early childhood can address the needs of families with young children that are experiencing or at risk for homelessness. That workgroup, whose members included representatives from the U.S. Departments of Health and Human Services, Education, and Housing and Urban Development, developed an action plan that called for (1) an exploration of opportunities to connect pregnant women and homeless families with young

children with home visiting programs and (2) greater collaboration and communication between home visiting programs and Continuum of Care to identify pregnant women and families with children experiencing homelessness, support their enrollment in early childhood programs, and address their needs.

In 2014, the Health Resources and Services Administration (HRSA) hosted a webinar that explored how home visiting and homeless service systems could work together to provide stability for families. The webinar included a presentation by a representative from the California Home Visiting Program (CHVP), which funds 22 home visiting sites in 21 counties across the state. CVHP found that approximately 2% of families receiving home visiting services identified as homeless and 30% identified as unstably housed (which included couch surfing). They also found that some pregnant women and families with young children were not receiving home visiting services due to their unstable housing situations. Although home visitors referred these families to shelters or other temporary housing or helped them sign up for public housing or housing vouchers, it can take 2 years or longer to move to the top of the wait list. Moreover, because the cost of housing is so high, families living in substandard housing conditions don't report the conditions because they fear eviction.

The state's interagency team Home Visiting Workgroup developed and implemented a strategy to increase opportunities for CHVP families to access safe and affordable housing. That strategy included strengthening CHVP involvement in state-level housing activities and enhancing the connection between home visiting programs and county-level affordable housing efforts and local Continuum of Care. They also developed a fact sheet about the importance of stable housing to the development of young children and some of the barriers to stable housing encountered by families receiving home visiting services.

The following year, HRSA sent a letter to MIECHV grantees emphasizing the importance of providing high-quality home visiting services to homeless families with young children. The letter also contained several recommendations for home visiting programs. These included screening families for homelessness, assessing risk for homelessness, and collecting data about housing needs; visiting homeless families where they are living and giving them more time to gather documents required for enrollment; reaching out to homeless families with young children through the Continuum of Care (CoC); connecting families experiencing or at risk for homelessness with housing programs and other supports; and working with the CoC and other service providers to ensure that the needs of homeless families with young children are being addressed.

In 2016, the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and Education (ED) issued a joint statement about how early childhood service providers can collaborate with housing and homeless service providers to address the needs of pregnant women and families with young children experiencing or at risk for homelessness. The statement recommended that communities use a two-generation approach to address both parent and child needs and develop and strengthen partnerships across sectors.

The statement specifically mentioned Early Head Start and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program as examples.

Support for Logic Model

One of the reasons for conducting a review of the relevant literature was to identify any empirical evidence for the logic model. As already noted, the literature on home visiting with families experiencing homelessness is sparse. That said, we found some support for several components of the logic model. Several studies highlight the importance of collaboration across systems. The federal government is also focused on collaboration across systems, despite the lack of a mandate for home visiting programs to prioritize homeless families for enrollment. Increased cross-systems collaboration is one of the logic model's distal outcomes. At least one study pointed to the need to provide home visitors with training on issues homeless families face. The logic model indicates that Start Early provides project partners with training, professional development opportunities, and technical assistance. Finally, the literature also offers some support for modifying the way home visiting services are delivered to better meet the needs of homeless families. Examples of modifications found in the literature that are consistent with the logic model include reducing home visitor caseloads, coordinating services, establishing procedures for sharing information, and conducting visits in alternative locations.

FINDINGS FROM THE ANALYSIS OF OUNCENET DATA

In this chapter, we present findings from our analysis of the de-identified OunceNet data that Start Early provided to Chapin Hall. Our sample includes 1,407 families that first enrolled in a home visiting program participating in the HVHF project and funded by Start Early between January 1, 2014, and December 31, 2020. Of these families, 237 were experiencing homelessness and 1,170 were housed.

Throughout this chapter, we compare the home visiting program participants and target children in the homeless project group to the home visiting program participants and target children in the housed group. We organize our findings around eight main questions:

- What are the characteristics of participants and their target children?
- For how long were families enrolled in home visiting programs?
- What proportion of families received doula services and what was the dosage of doula services they received?
- What proportion of families received services from a Family Support Worker (FSW) and what was the dosage of FSW services they received?
- How much time do families spend on Creative Outreach?
- What participant assessments were administered and what were the results?
- What child assessments were administered and what were the results?
- What was the rate of participation in the Women, Infants, and Children program?

What are the Characteristics of Participants and their Target Children?

Participant Demographic Characteristics

Homeless participants are more likely to be Black and less likely to be Latina than housed participants. Compared to housed participants, they are also less likely to be under age 18 and more likely to be age 20 or 21 (see Table 2).

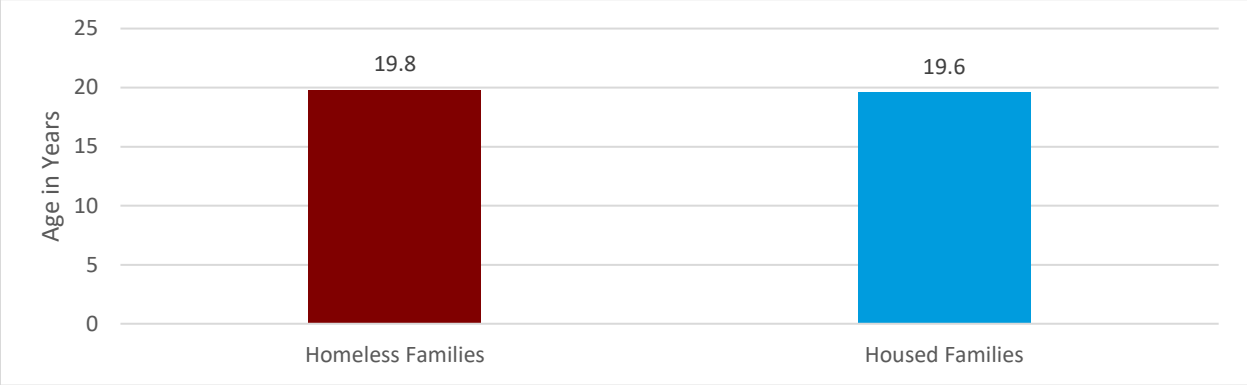
Table 2. Demographic Characteristics of Participants by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	**%**	***n***	**%**
Race				
Black	198	83.5	813	69.5
White	12	5.1	89	7.6
Other[a]	3	1.3	28	2.4
Missing	23	9.7	240	20.5
Ethnicity				
Non-Latina	163	68.8	598	51.1
Latina	29	12.2	295	25.2
Missing	45	19.0	277	23.7
Primary language				
English	232	98.0	1,099	93.9
Spanish	5	2.1	71	6.1
Other	0	0.1	0	0.0
Age in years				
Younger than 18	36	15.2	334	28.6
18–19	89	37.6	409	35.0
20–21	67	28.3	189	16.2
22–24	31	13.1	158	13.5
25 and older	14	5.9	80	6.8

[a] The "other" race category includes American Indian, Asian, and multiracial participants.

Both homeless and housed participants were, on average, just shy of 20 years old (see Figure 3).

Figure 3. Mean Age of Participants at Enrollment by Group



Participant Education and Employment at Enrollment

Homeless participants were less likely to have a high school diploma or GED than housed participants (see Table 3). However, data were missing for 20% to 30% of the participants in all both groups.

Table 3. Highest Level of Education by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,700)	
	n	**%**	***n***	**%**
Less than 9th grade	8	3.4	35	3.0
Some high school	88	37.1	331	28.3
High school diploma/GED	81	34.2	341	29.2
Some college	10	4.2	79	6.7
Associate's degree or higher	3	1.3	35	3.0
Missing	47	19.8	349	29.8

Homeless participants were about half as likely to be enrolled in an educational program as housed participants (see Table 4).

Table 4. Educational Enrollment Status by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	**%**	***n***	**%**
Enrolled	50	21.1	487	41.6
Not enrolled	185	78.1	673	57.6
Missing data	2	0.8	10	0.9

Homeless participants who were not enrolled in an educational program were less likely to have completed high school more likely to have dropped out than housed participants (see Table 5).

Table 5. Reasons for Not being Enrolled in an Educational Program by Group

	Homeless participants (*n* = 185)		Housed participants (*n* = 674)	
	n	**%**	***n***	**%**
Completed high school/GED	107	57.8	443	65.9
Completed PSE program*	4	2.1	57	8.4
Dropped out	74	40.0	172	25.5
Missing	0	0.0	1	0.1

*Postsecondary education

Homeless participants were about as likely to be employed as housed participants (see Table 6).

Table 6. Employment Status by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	**%**	***n***	**%**
Full-time employment	9	3.8	67	5.7
Part-time employment	28	11.8	146	12.6
Temporary/seasonal employment	8	3.4	42	3.6
On disability	2	0.8	7	0.6
Not working	186	78.5	896	76.5
Unknown	4	1.7	12	1.0

Homeless participants were more likely to be neither working nor in school than housed participants (see Table 7).[5]

Table 7. Education and Employment by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	**%**	***n***	**%**
Employed only	36	15.2	193	16.5
Enrolled in school only	41	17.3	421	36.0
Employed and enrolled in school	8	3.4	57	4.9
Neither employed nor enrolled	143	60.3	466	39.8
Unknown	9	3.8	33	2.8

[5] We created a new variable using the first record that included enrollment data and the first record that included employment data. If the data were collected more than 30 days apart, we coded the new variable as unknown.

Healthcare

The vast majority of both homeless and housed participants received healthcare from a clinic. (see Table 8).

Table 8. Maternal Healthcare Provider by Group

	Homeless participants (*N* = 237)		Housed participants (*N* =1,170)	
	n	***%***	***n***	***%***
Clinic	211	89.0	1075	91.8
Private Doctor	12	5.1	69	5.9
Other	7	3.0	12	1.0
None	0	0.0	0	0.0
Unknown	7	3.0	14	1.3

Pregnancy Status and Outcomes

Homeless participants were less likely to be pregnant at enrollment than housed participants (see Table 9).

Table 9. Pregnancy Status at Enrollment

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	***%***	***n***	***%***
Pregnant	154	65.0	903	77.2
Not pregnant	83	35.0	262	22.4
Missing data	0	0.0	5	0.6

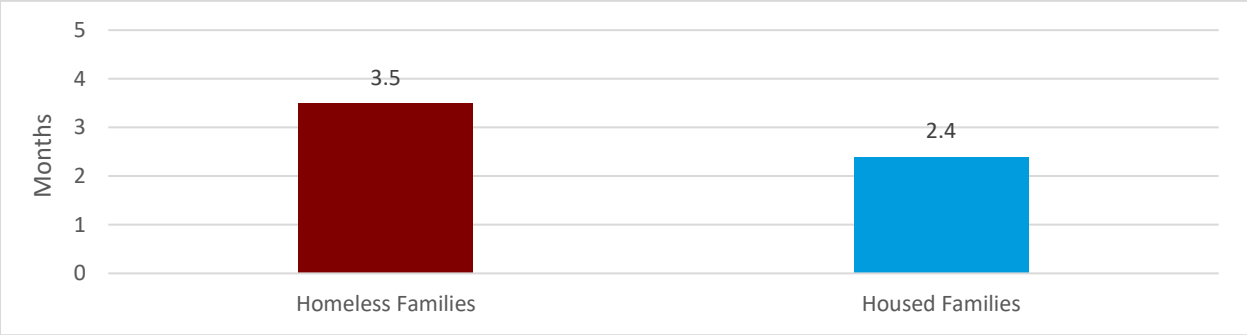
The vast majority of both homeless and housed participants who were pregnant at enrollment experienced a live birth. Nearly all of the others either exited the program while pregnant or were still pregnant at the end of the observation period (see Table 10).

Table 10. Pregnancy Outcomes by Group

	Homeless participants (*n* = 154)		Housed participants (*n* = 903)	
	n	***%***	***n***	***%***
Live birth	132	85.7	749	82.9
Miscarriage	0	0.0	2	0.2
Still birth	0	0.0	3	0.3
Pregnant at exit or end of observation period	22	14.3	149	16.5

On average, homeless participants who were pregnant at enrollment were enrolled in a home visiting program for one month longer before giving birth than housed participants who were pregnant at enrollment (see Figure 4).

Figure 4. Months Enrolled before Birth by Group



Target Child Characteristics

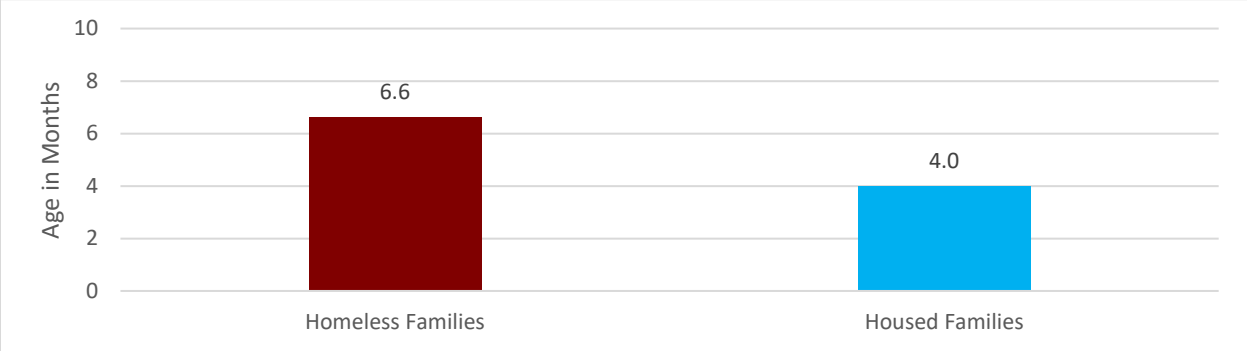
Homeless target children were less likely to be born post-enrollment than housed target children (see Table 11).

Table 11. Timing of Target Child's Birth by Group

	Homeless target children (*N* = 237)		Housed target children (*N* = 1,170)	
	n	**%**	***n***	**%**
Born post enrollment	132	55.7	749	64.0
Born pre-enrollment	83	35.0	262	22.5
Not yet born	22	9.3	149	12.7
Miscarriage/stillbirth	0	0.0	5	0.4
Missing	0	0.0	5	0.4

Homeless target children who were born pre-enrollment were about 3 months older, on average, when their families enrolled than housed target children who were born pre-enrollment (see Figure 5).

Figure 5. Age in Months of Target Children at Enrollment by Group



Homeless target children were less likely to see their father at least once per week than housed target children (see Table 12).

Table 12. Frequency of Father-child Interactions by group

	Homeless target children (*n* = 215)		Housed target children (*n* =1,004)	
	n	**%**	***n***	**%**
Daily	89	41.4	466	46.4
Weekly	35	16.3	162	16.1
Less than Weekly	26	12.1	77	7.7
Never	36	16.7	113	11.2
Unknown	29	13.5	186	18.6

Target Child Healthcare

Homeless target children were less likely to receive healthcare from a clinic than housed target children (see Table 13).[6]

Table 13. Target Child Healthcare Provider by Group

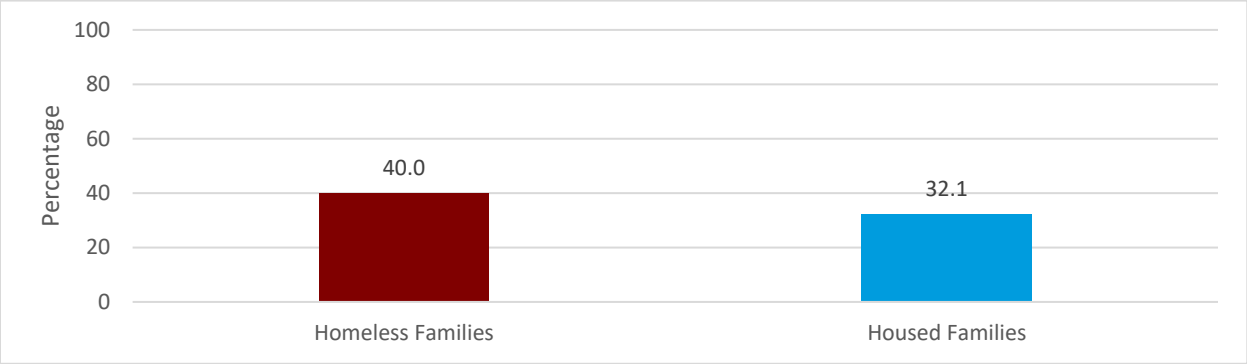
	Homeless target children (*N* = 215)		Housed target children (*N* =1,004)	
	n	**%**	***n***	**%**
Clinic	171	79.5	855	85.1
Private doctor	17	7.9	59	5.9
Other	4	1.9	8	0.8
None	0	0.0	1	0.1
Unknown	23	10.7	81	8.2

[6] Although OunceNet includes fields to record information about well-child checks, those data were missing for 47% of the target children who were born prior to or during enrollment.

Target Child Childcare

Homeless target children were more likely to be cared for by a childcare provider while their families were enrolled in a home visiting program than housed target children (see Figure 6).

Figure 6. Ever Cared by Childcare Provider by Group



Most homeless and housed target children who received childcare were cared for by a relative. However, homeless target children were more likely to have been in center-based care and less likely to have been in home-based care than housed target children (see Table 14).

Table 14. Type of Childcare by Group[7]

	Homeless families (*n* = 99)		Housed families (*n* = 347)	
	n	**%**	***n***	**%**
Relative care	60	69.8	224	69.3
Home-based care	10	11.6	52	16.1
Center-based care	29	33.7	71	22.0

For How Long Were Families Enrolled in Home Visiting Programs?

As of December 31, 2020, homeless families were more likely to still be enrolled in a home visiting program than housed families.[8] Very few families in either group were on Creative Outreach, which is typically used to re-engage families that have become disengaged after receiving at least one home visit (see Table 15).[9]

[7] Percentages sum to more than 100% because families could have used more than one type of childcare

[8] It is possible that some families whose cases appeared to be closed were still receiving home visiting services from a Family Support Worker (FSW) who was not funded by Start Early, and hence, did not enter data into OunceNet

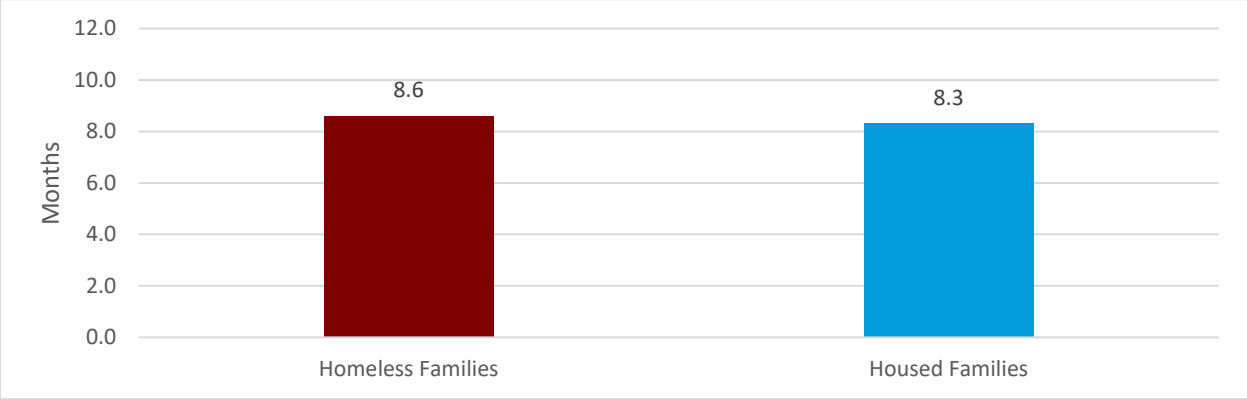
[9] We limited our analysis to the first time families were enrolled in a home visiting program for the families that were enrolled more than once. This does not include families whose cases were closed and then reopened within 30 days.

Table 15. Enrollment Status as of December 31, 2020

	Homeless families (*N* = 237)		Housed families (*N* = 1,170)	
	n	**%**	***n***	**%**
Open	59	24.9	179	15.9
Active	51	21.5	170	15.0
Creative outreach	8	3.4	9	0.9
Closed	178	75.1	991	84.7

Both homeless and housed families whose cases were closed had been enrolled for 8 to 9 months (see Figure 7).[10]

Figure 7. Months Enrolled in Home Visiting Programs by Group



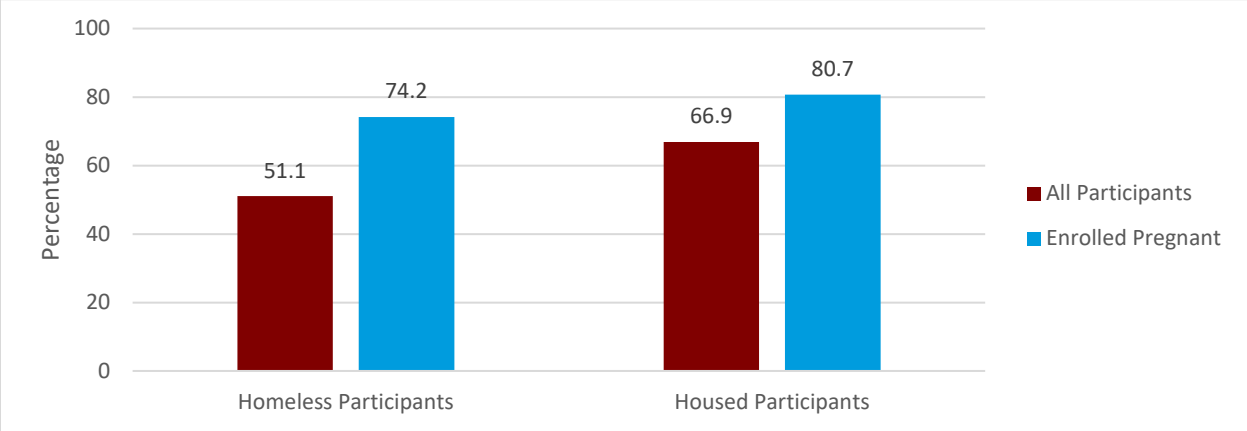
What Proportion of Families Received Doula Services and What Was the Dosage of Doula Services They Received?

Homeless participants were less likely to have received doula services while they were enrolled in a home visiting program than housed participants.[11] In part, this reflects the fact that homeless participants were less likely to have been pregnant when they enrolled (see Figure 8).

[10] It is possible that some families were enrolled in a home visiting program for longer than these data suggest if they received home visiting services from an FSW who was not funded by Start Early, and hence, did not enter data into OunceNet.

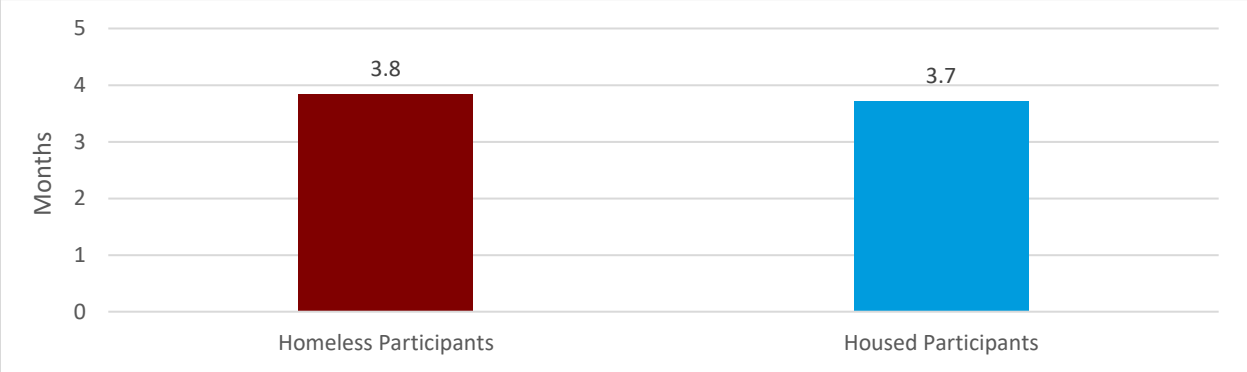
[11] Most of the participants who did not receive doula services were probably enrolled in one of the three home visiting program that did not have doulas.

Figure 8. Receipt of Doula Services by Group



On average, both homeless and housed participants who received doula services were enrolled in those services for almost four months (see Figure 9).[12]

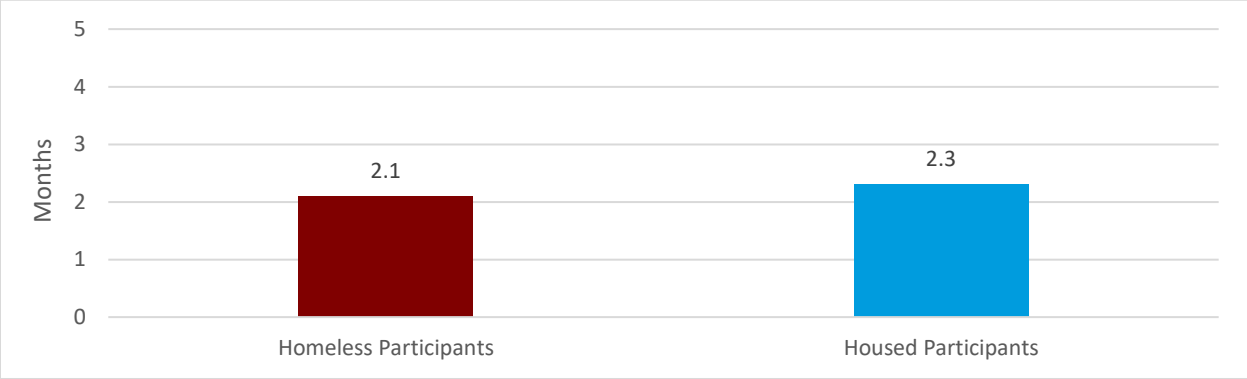
Figure 9. Mean Number of Months Enrolled in Doula Services by Group



Both homeless and housed participants who were enrolled in doula services completed a little over 2 visits per month, on average (see Figure 10).

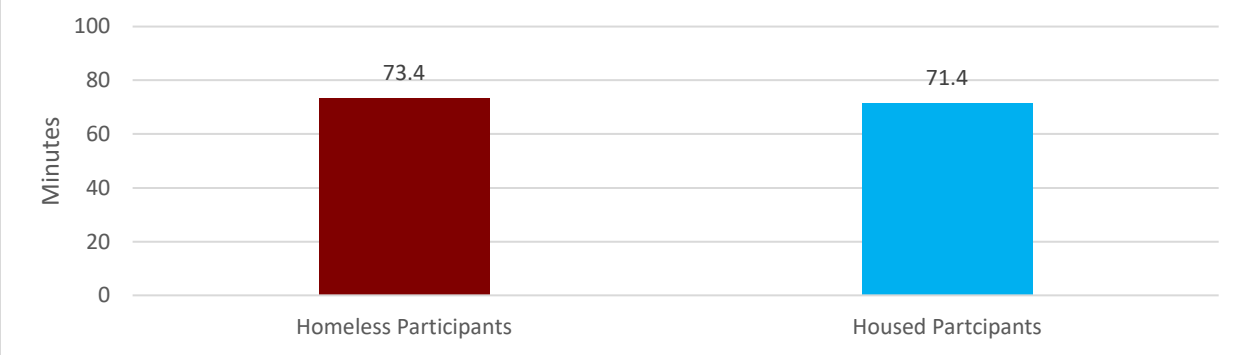
[12] The number of doula visits completed per month was computed by dividing the total number of completed visits by the total number of months in which any visits were completed, attempted, or canceled.

Figure 10. Mean Number of Completed Doula Visits per Month by Group



Completed doula visits with homeless and housed families lasted between 70 and 75 minutes, on average (see Figure 11).

Figure 11. Mean of Duration of Completed Doula Visits in Minutes by Group



Not surprisingly, doula visits with homeless participants were less likely to take place in the home and more likely to take place in other locations than doula visits with housed participants (see Table 16).

Table 16. Location of Doula Visits by Group

	Homeless participants (*N* = 1,177)		**Housed participants (*N* = 7,678)**	
	n	**%**	***n***	**%**
Home	605	51.4	5,437	70.8
Virtual	138	11.7	746	9.7
Other	434	36.9	1,495	19.5
Missing data	0	0.0	0	0.0

Fathers were present during less than 15 percent of the doula visits with both homeless and housed families (see Table 17).

Table 17. Father Presence during Doula Visits by Group

	Homeless participants (*N* = 1,177)		Housed participants (*N* = 7,678)	
	n	**%**	***n***	**%**
Yes	147	12.5	1,108	14.5
No	1,029	87.4	6,548	85.3
Missing data	1	0.1	22	0.3

Homeless participants whose target child was born post-enrollment were less likely to have a doula-attended birth than housed participants (see Table 18). However, data were missing for a substantial percentage of both groups.

Table 18. Doula-Attended Births by Group

	Homeless families (N=132)		Housed families (N=749)	
	n	**%**	***n***	**%**
Doula attended birth	64	48.5	447	59.7
Doula did not attend birth	25	18.9	126	16.8
Missing	43	32.6	176	23.5

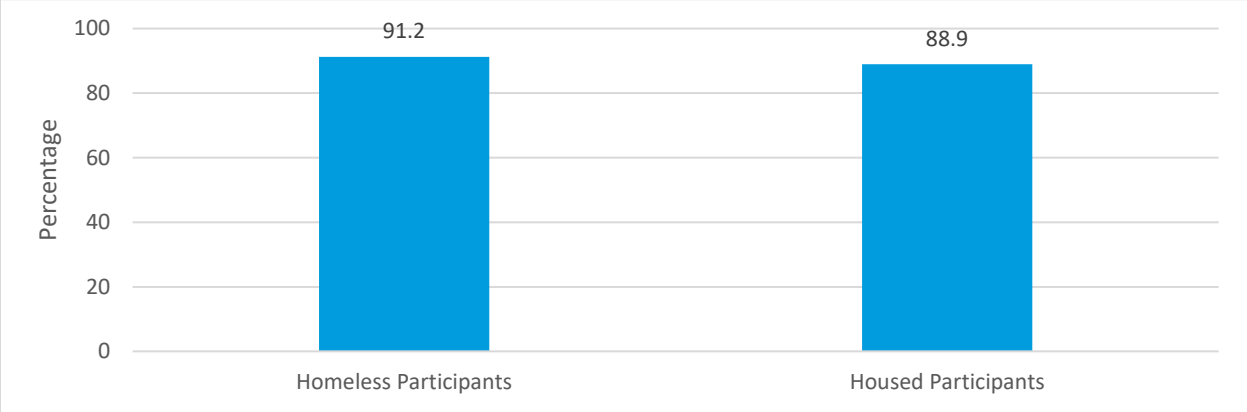
This difference is not explained by the fact that homeless participants were less likely to have received doula services. Homeless participants who received doula services were less likely to have a doula-attended birth than housed participants who received doula services (see Table 19).

Table 19. Doula-Attended Births among Participants Assigned a Doula by Group

	Homeless families (*n* = 102)		Housed families (*n* = 615)	
	n	**%**	***n***	**%**
Doula attended birth	63	61.8	435	70.7
Doula did not attend birth	25	24.5	119	19.3
Missing	14	13.7	61	9.9

About 90 percent of both homeless and housed participants who had a doula and whose target child was born post-enrollment had a birth plan (see Figure 12).

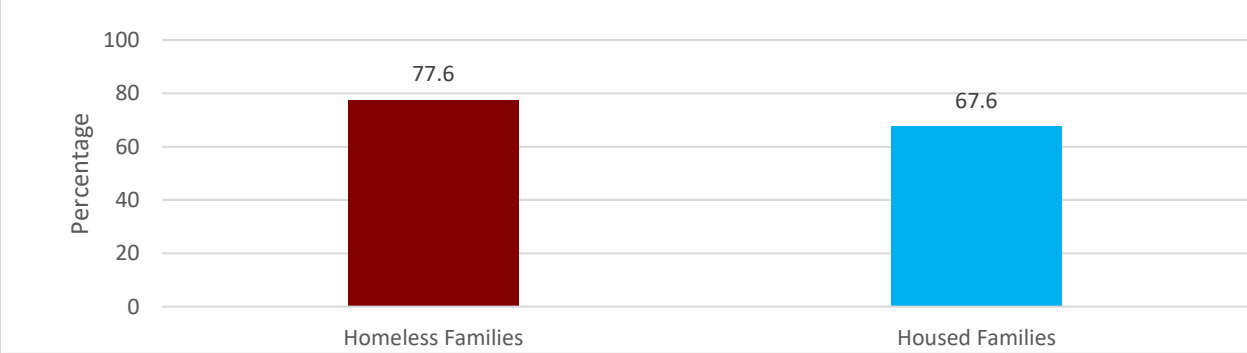
Figure 12. Birth Plan among Participants by Group



What Proportion of Families Received Services from an FSW Worker and What Was the Dosage of FSW Services they Received?

Homeless families were more likely to have received services from a Family Support Worker (FSW) than housed families (see Figure 13).[13]

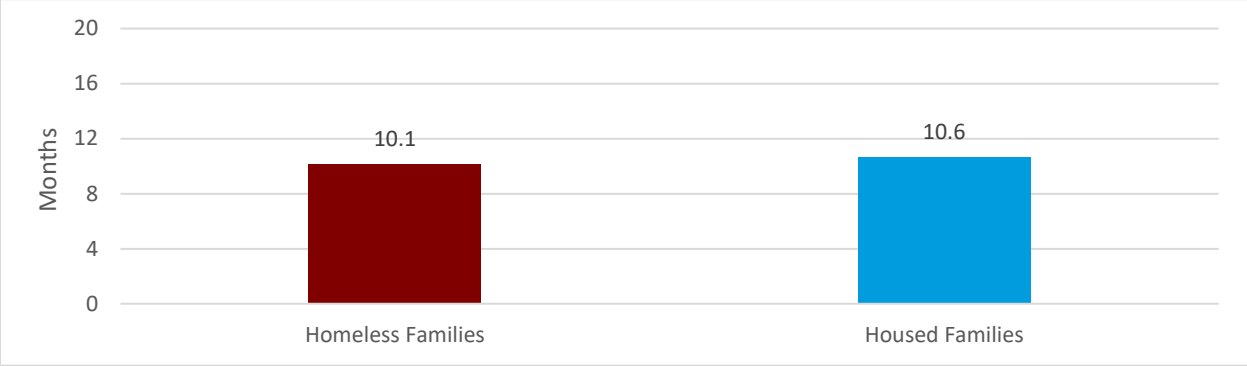
Figure 13. Receipt of FSW Services by Group



Among families that were assigned an FSW, homeless families received FSW services for about half a month less, on average, than housed families (see Figure 14).[14]

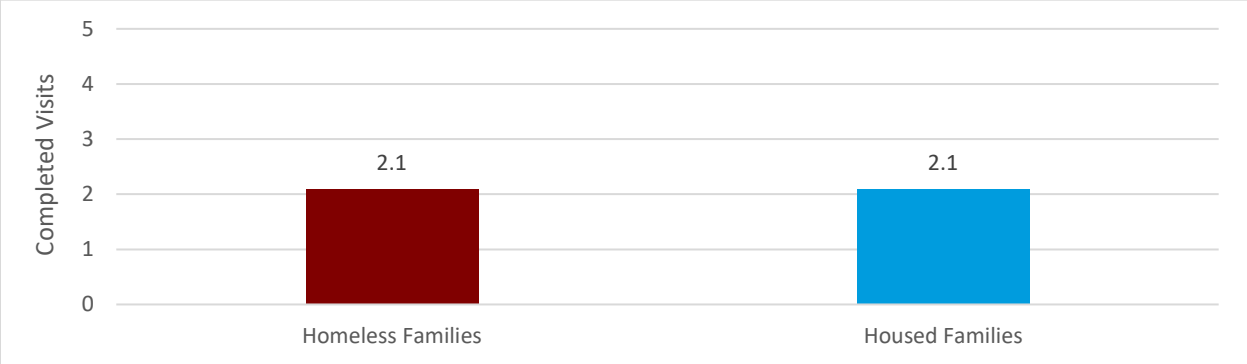
[13] Most of the families that did not appear to have received services from an FSW probably did receive those services but their FSW was not funded by Start Early, and hence, did not enter data into OunceNet.
[14] The number of FSW visits completed per month was computed by dividing the total number of completed visits by the total number of months in which any visits were completed, attempted, or canceled.

Figure 14. Mean Number of Months Enrolled in FSW Services by Group



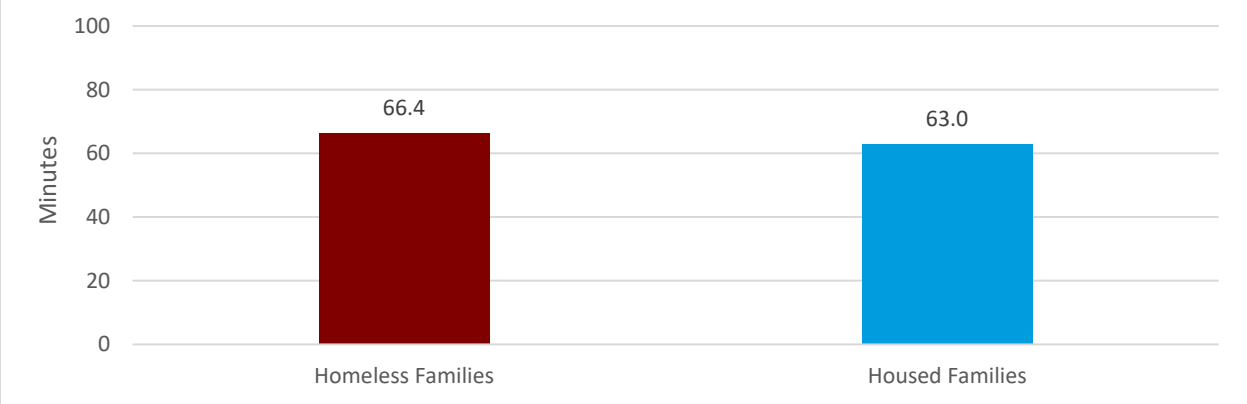
On average, both homeless and housed families that were enrolled in FSW services completed about two FSW visits per month (Figure 15).

Figure 15. Mean Number of Completed FSW Visits per Month by Group



On average, completed FSW visits with both homeless and housed families lasted a little over one hour (Figure 16).

Figure 16. Mean Length of FSW Visits in Minutes by Group



Not surprisingly, FSW visits with homeless families were less likely to take place in the home and more likely to take place in other places than FSW visits with housed families (Table 20).

Table 20. Location of FSW visits by Group

	Homeless families (*N* = 5,383)		Housed families (*N* = 23,731)	
	n	**%**	***n***	**%**
Home	3,322	61.7	18,505	78.0
Virtual	1,124	20.9	3,167	13.4
Other	937	17.4	2,059	8.7

Fathers were present during less than 10 percent of the FSW visits with both homeless and housed families (see Table 21).

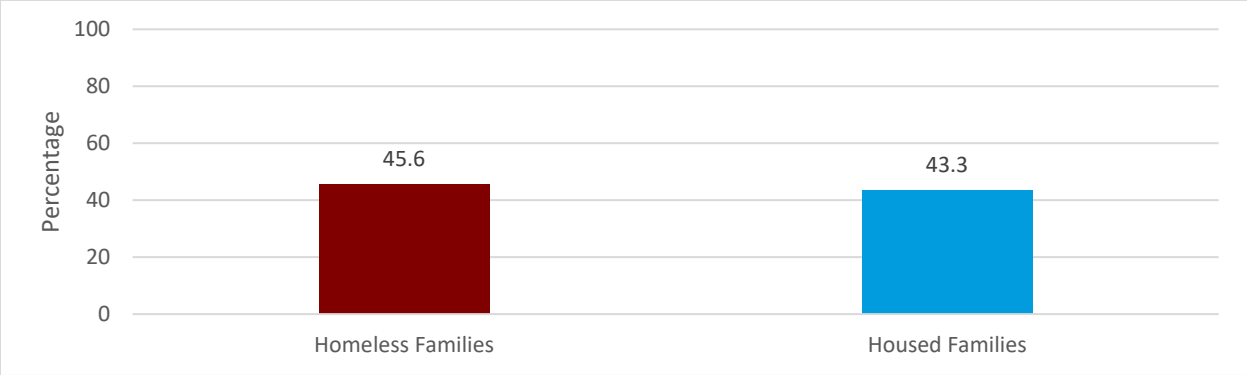
Table 21. Father Presence during FSW Visits by Group

	Homeless families (*N* = 5,383)		Housed families (*N* = 23,731)	
	n	**%**	***n***	**%**
Yes	467	8.7	1,858	7.8
No	4,842	90.0	19,885	83.8
Missing	74	1.4	1,988	8.4

How Much Time Did Families Spend on Creative Outreach?

About 45 percent of both homeless and housed families had been placed on Creative Outreach (see Figure 17).[15]

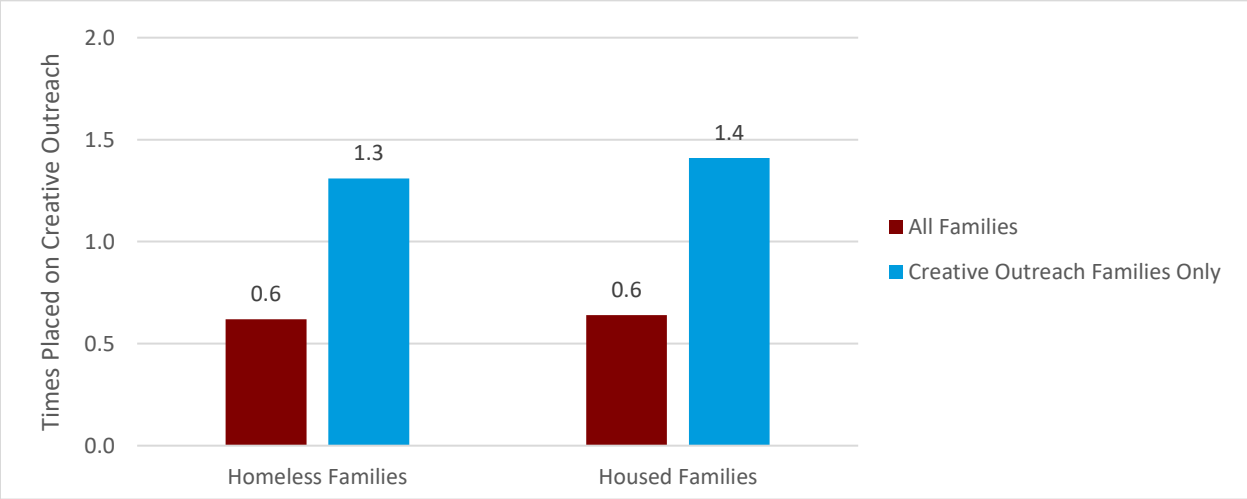
Figure 17. Ever Placed on Creative Outreach by Group



[15] This does not include the use of Creative Outreach to engage with families prior to enrollment.

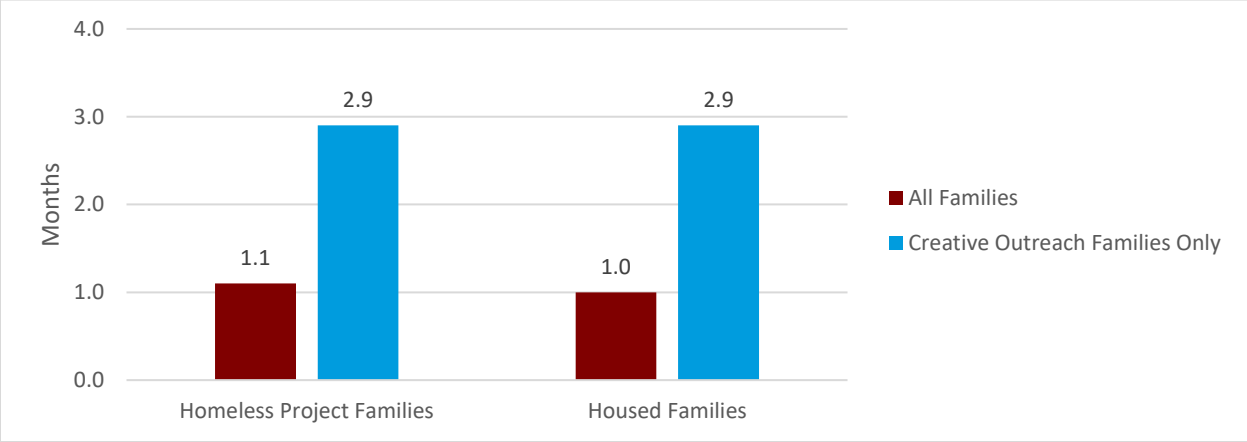
On average, both homeless and housed families whose cases were closed had been placed on Creative Outreach 0.6 times. That number is more than double among families that had ever been placed on Creative Outreach (see Figure 18).

Figure 18. Mean Number of Times Placed on Creative Outreach by Group



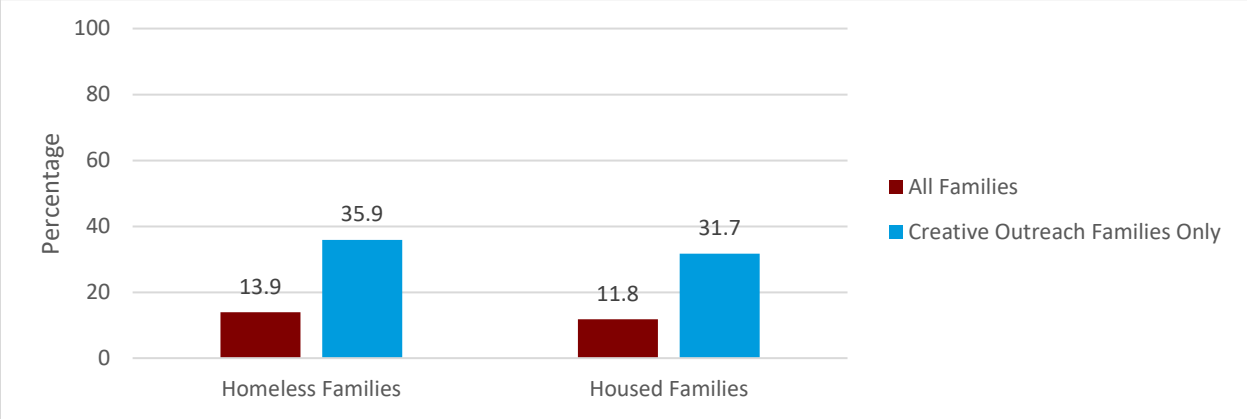
On average, both homeless and housed families whose cases were closed had been placed on Creative Outreach for about one month. That number nearly triples among both homeless and housed families that had ever been placed on Creative Outreach (see Figure 19).

Figure 19. Mean Number of Months on Creative Outreach by Group



Both homeless and housed families spent an average of 10 to 15 percent of the time they were enrolled in a home visiting program on Creative Outreach. Families that had ever been placed on Creative Outreach were on Creative Outreach for about one third of the time they were enrolled (see Figure 20).

Figure 20. Percentage of Time on Creative Outreach by Group



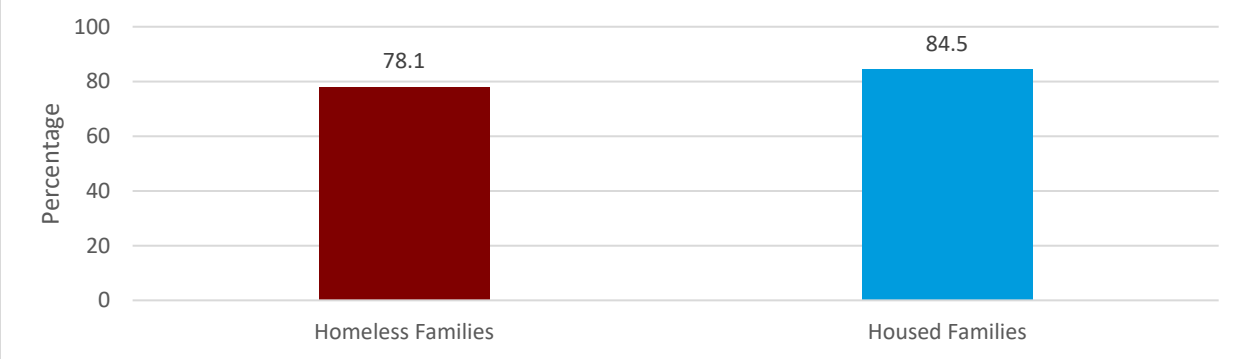
What Assessments Were Administered to Participants and What Were the Results?

Home visitors and doulas administer a variety of assessments to participants. Most commonly, they screen mothers for depression using the Edinburgh Perinatal/Postnatal Depression Scale (EPDS).[16]

Prenatal Depression Screening

Homeless participants who enrolled before their target child was born were less likely to have been screened for prenatal depression than housed participants (see Figure 21).

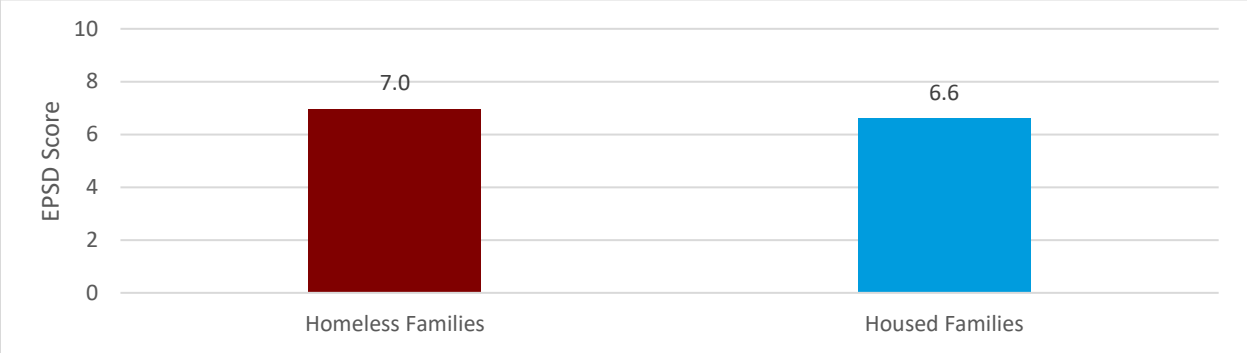
Figure 21. Prenatal Depression Screening by Group



[16] 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 (Cox et al., 1987).

Homeless and housed participants who were screened prenatally for depression had similar mean scores (out of 30) on the EPDS (see Figure 22). However, scores were missing for about 40% of those who were screened.

Figure 22. Mean Prenatal Depression Scores by Group



We defined a positive screen on the EPDS as a score of 11 or higher.[17] Homeless participants who were screened prenatally for depression were more likely to have a positive screen than housed participants who were screened (see Table 22).

Table 22. Results of Prenatal Depression Screening by Group

	Homeless participants (*n* = 121)		Housed participants (*n* =811)	
	n	**%**	***n***	**%**
Positive screen	21	17.4	85	10.5
Negative screen	72	59.5	367	45.3
Missing data	28	23.1	359	44.3

Homeless participants who had a positive screen on the prenatal depression screen were more likely to be referred for services than housed participants who had a positive screen (see Table 23).[18] However, the size of these groups was small because so many participants were missing EPDS scores.

[17] An individual participant data meta-analysis by published in 2020 by Levis and colleagues concluded that an EPDS cut-off value of 11 or higher maximized combined sensitivity and specificity.

[18] We do not know what cutoff score home visiting programs were using to define a positive screen. Some sources recommend using a score as low as 10 and others recommend using a score as high as 12.

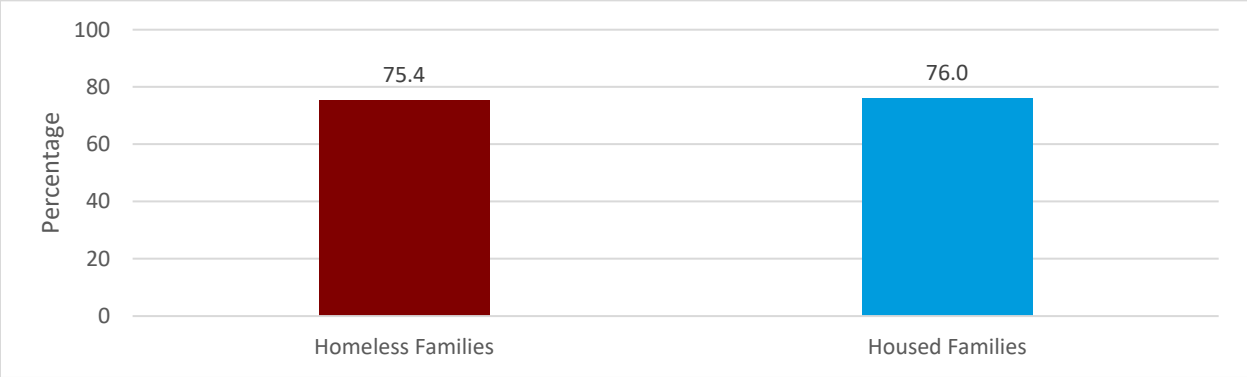
Table 23. Action Taken in Response to Positive Prenatal EPDS Screen by Group

	Homeless participants (*n* = 21)		Housed participants (*n* = 85)	
	n	**%**	***n***	**%**
Already receiving services	3	14.3	13	15.3
No action taken	6	28.6	31	36.5
Referred for services	9	42.9	22	25.9
Rescreen	3	14.3	19	22.4

Postnatal Depression Screening

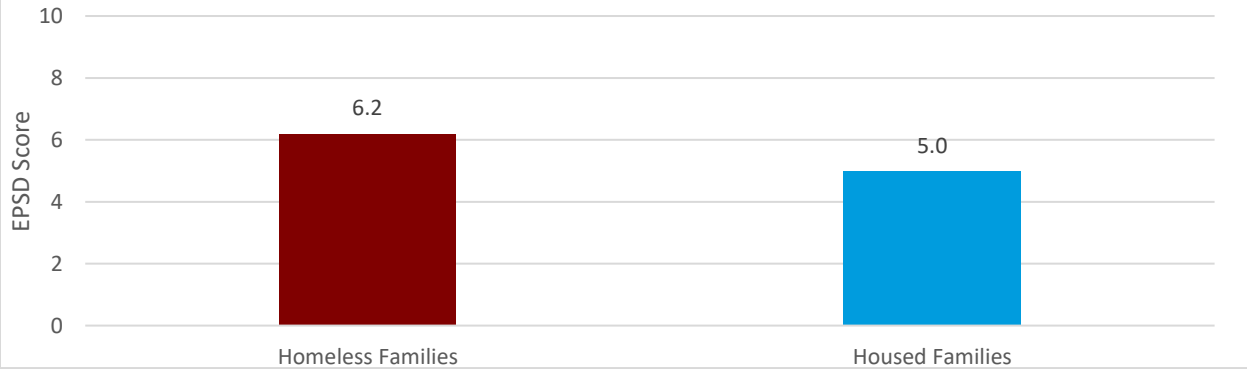
Three-quarters of both the homeless and housed participants who gave birth prior to enrolling or while enrolled were screened at least once for postnatal depression (see Figure 23).

Figure 23. Postnatal Depression Screening by Group



Homeless participants who were screened for postnatal depression at least once scored, on average, about one point higher (out of 30) on the EPDS the first time they were screened than housed participants (see Figure 24). However, EPDS scores were missing for over 40% of the participants who were screened.

Figure 24. Mean Initial Postnatal Depression Scores by Group



Homeless participants who were screened postnatally for depression were more likely to have a positive screen the first time they were screened than housed participants who were screened (see Table 24).

Table 24. Results of Initial Postnatal Depression Screen by Group

	Homeless participants (*n* = 162)		Housed participants (*n* =768)	
	n	**%**	***n***	**%**
Positive screen	19	10.6	42	5.5
Negative screen	85	54.5	337	44.0
Missing	58	34.8	389	50.6

Homeless participants with a positive screen were more likely to be referred for services than housed participants with a positive screen (see Table 25).[19] However, the size of these groups was small because EPDS scores were missing for so many participants.

Table 25. Action Taken for Positive Postnatal EPDS Screen by Group

	Homeless participants (*n* = 19)		Housed participants (*n* = 85)	
	n	**%**	***n***	**%**
Already receiving services	3	15.8	13	15.3
No action taken	5	26.3	31	36.5
Referred for services	7	36.8	22	25.9
Rescreen	4	21.1	19	22.4

Homeless participants were more likely to be screened more than once for postnatal depression than housed participants (see Table 26).

Table 26. Number of Times Screened for Postnatal Depression by Group

	Homeless participants (N = 162)		Housed participants (N = 768)	
	n	**%**	***n***	**%**
One	82	50.6	513	66.8
Two	58	35.8	180	23.4
Three or more	22	13.6	75	9.8

[19] We do not know what cutoff score home visiting programs were using to define a positive screen. Some sources recommend using a score as low as 10 and others recommend using a score as high as 12.

Other Assessments

Five other assessment tools were used with at least 10% of the participants: Healthy Families Parenting Inventory, Life Skills Progression, Four Ps, a safety checklist, and an intimate partner violence assessment.[20-23] Three of the assessment tools—the Healthy Families Parenting Inventory, the Life Skills Progression and the safety checklist—were more likely to be used with homeless participants than with housed participants. The other two assessment tools—the Four P's and the intimate partner violence assessment—were as likely to be used with housed participants as with homeless participants (see Table 27).

Table 27. Use of Other Assessment Tools by Group

	Homeless participants (*N* = 237)		Housed participants (*N* = 1,170)	
	n	**%**	***n***	**%**
Healthy Families Parenting Inventory	57	24.1	232	19.8
Life Skills	96	40.5	187	16.0
Four Ps	34	14.3	187	16.0
Safety Checklist	94	39.7	379	32.4
Intimate Partner Violence	34	14.3	151	12.9

What Child Development Assessments Were Administered and What Were the Results?

The two most common developmental screening tools used by home visitors are the Ages & Stages Questionnaires (ASQ) and the Ages & Stages Questionnaires: Social Emotional (ASQ-SE).[24-26] We limited our analysis of developmental assessment to target children whose families received services from an FSW because developmental assessment are not conducted by doulas

[20] The Healthy Families Parenting Inventory (Krysik & LeCroy, 2012) is designed to measure change in nine parenting domains: social support, problem solving, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, home environment, and parenting efficacy.

[21] The Life Skills Progression (Wollesen & Peifer, 2006) is used to measure family progress in seven domains: relationships with family and friends, relationships with children, physical health care, basic needs, education and employment, mental health and substance abuse, and infant/toddler development and temperament.

[22] The Four Ps is a brief screening tool designed to identify pregnant women at risk for alcohol or illicit drug use.

[23] We were unable to determine the official names of the safety checklist or the intimate partner violence assessment.

[24] The ASQ assesses developmental progress in children ages one month to 5.5 years old (Squires et al., 1997).

[25] The ASQ-SE assesses the social-emotional development of children ages 1 month to 6 years old (Squires et al., 2002).

[26] Data on vision, hearing, parent-child interaction and health assessments were generally not recorded so we do not include those other assessments in this report.

and whose FSW was funded by Start Early because only FSWs funded by Start Early enter data into OunceNet.

ASQ Assessments

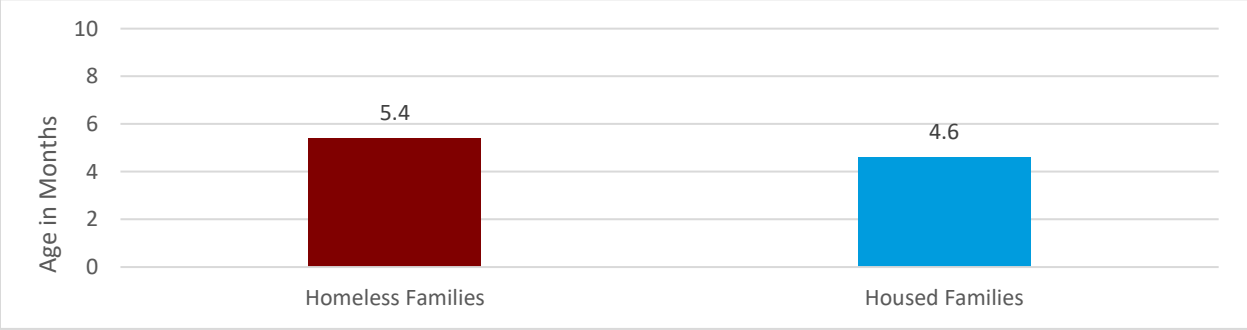
Homeless target children were more likely to have been screened at least once and more likely to have been screened more than once using the ASQ than housed target children (see Table 28).[27]

Table 28. ASQ Screening of Target Children by Group

	Homeless target children (*N* = 184)		Housed target children (*N* = 791)	
	n	**%**	***n***	**%**
At least one ASQ assessment	135	73.4	477	60.3
> 1 ASQ assessment	108	58.7	340	43.0
1 ASQ assessment	27	14.7	137	17.3
No ASQ assessment	49	26.7	314	39.7

Homeless target children were about a month older, on average, the first time they were screened with the ASQ than housed target children (see Figure 25).

Figure 25. Mean Age (in Months) of Target Children at First ASQ Screening by Group



Homeless target children who were screened using the ASQ scored were less likely to score within normal limits the first time they were screened than housed target children who were screened using the ASQ (see Table 29).

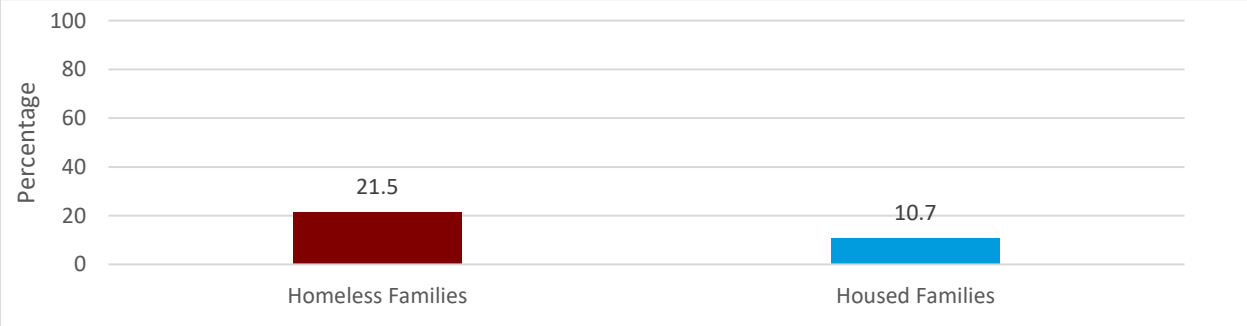
[27] Some of the target children in the unscreened group were not screened because their families stopped receiving home visiting services from an FSW before they were 3 months old. Because we did not have the exact dates on which the children were born or on which service receipt began or ended, we do not know the precise number of children who were not screened for this reason.

Table 29. Results of First ASQ Screening by Group

	Homeless target children (*N* = 135)		Housed target children (*N* = 477)	
	n	**%**	***n***	**%**
Rescreen pending	10	7.4	13	2.7
Suspect	12	8.9	19	4.0
Untestable	0	0.0	4	0.8
Within normal limits	113	83.7	441	92.5

Homeless target children who were screened using the ASQ were about twice as likely to have ever had a "suspect" result as housed target children who were screened using the ASQ (see Figure 26).

Figure 26. Target Children with Any Suspect ASQ Result by Group



ASQ-SE Assessments

Homeless target children were more likely to have been screened at least once and more likely to have been screened more than once using the ASQ-SE than housed target children (see Table 30).[28]

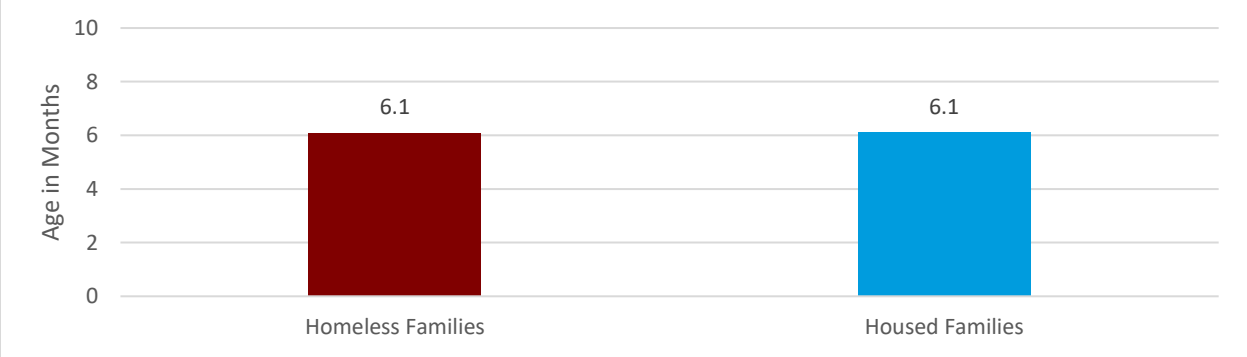
[28] Some of the target children in the unscreened group were not screened because their families stopped receiving home visiting services from an FSW before they were 3 months old. Because we did not have the exact dates on which children were born or on which service receipt began or ended, we do not know the precise number of children who were not screened for this reason.

Table 30. ASQ-SE Screening of Target Children by Group

	Homeless target children (*N* = 184)		Housed target children (*N* = 791)	
	n	**%**	***n***	**%**
At least one ASQ-SE assessment	121	65.8	368	45.5
> 1 ASQ-SE assessment	84	45.7	219	27.7
1 ASQ-SE assessment	37	20.1	149	18.8
No ASQ-SE assessment	63	34.2	423	53.5

Both homeless and housed target children were about 6 months old the first time they were screened using the ASQ-SE (see Figure 27).

Figure 27. Mean Age (in Months) of Target Children at First ASQ-SE Screening by Group



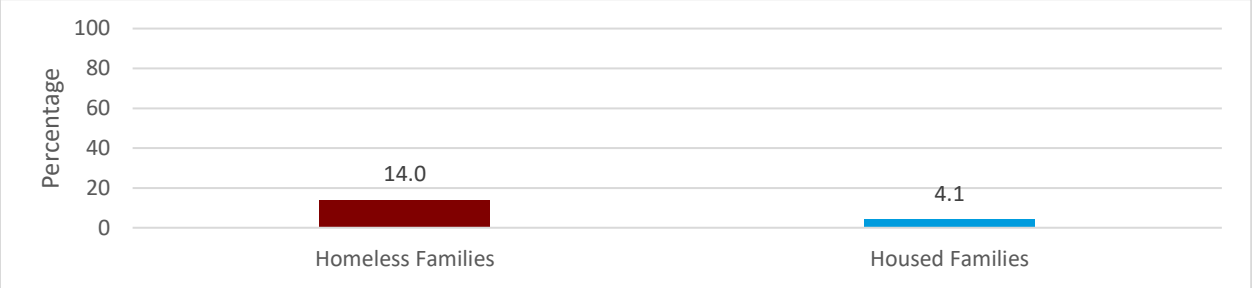
Homeless target children who were screened using the ASQ-SE were less likely to have scored within normal limits the first time they were screened than housed target children who were screened using the ASQ-SE (see Table 31).

Table 31. Results of First ASQ-SE Screening by Group

	Homeless target children (*N* = 121)		Housed target children (*N* = 368)	
	n	**%**	***n***	**%**
Rescreen pending	6	5.0	4	1.1
Suspect	5	4.1	14	3.8
Untestable	1	0.8	2	0.5
Within normal limits	109	90.1	348	94.6

Homeless target children who were screened using the ASQ-SE were more likely to have ever had a "suspect" result than housed target children who were screened using the ASQ-SE (see Figure 28).

Figure 28. Target Children with Any Suspect ASQ-SE Result by Group



What was the Rate of Women, Infants & Children (WIC) Program Participation?

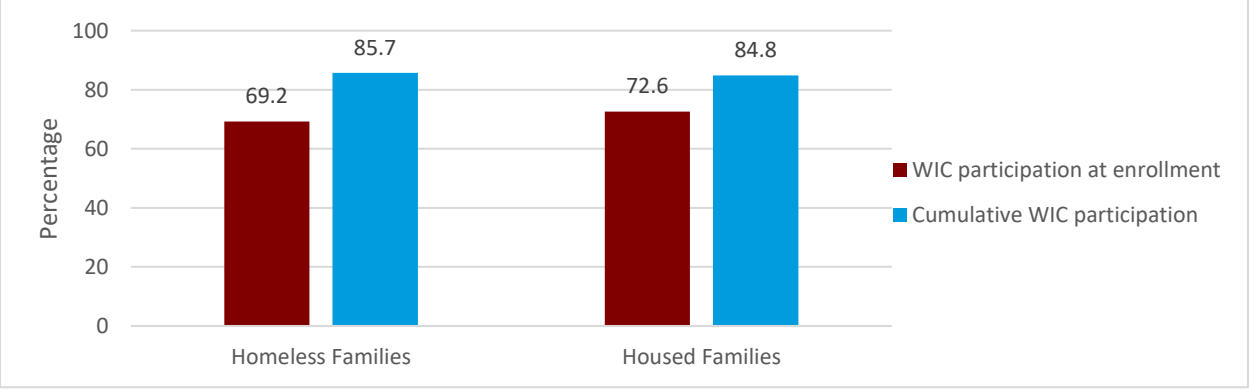
About 70 percent of both the homeless and housed families were participating in the WIC program at enrollment, and most of the families that were not already WIC participants were referred to the program (see Table 32).

Table 32. WIC participation status at enrollment by Group

	Homeless families (*N* = 237)		Housed families (N = 1,170)	
	n	**%**	***n***	**%**
Receiving WIC	164	69.2	850	72.6
Referred to WIC	66	27.8	273	23.4
WIC not needed	3	1.3	23	2.0
Refused	3	1.3	10	0.9
Missing	1	0.4	14	1.2

Although the percentage of families that ever participated in WIC while they were enrolled was noticeably higher than the percentage of families that were participating in WIC at enrollment, the difference was greater for homeless families (see Figure 29).

Figure 29. WIC Participation by Group



FINDINGS FROM HOME VISITOR AND SUPERVISOR INTERVIEWS

Below, we present findings from our analysis of the semi-structured interviews with home visitors and supervisors. The findings are organized around five main questions:

- What do home visiting service providers think about the HVHF project?
- How have providers aligned their practice with the HVHF Project Participant Agreement?
- What other modifications have providers made to address the needs of homeless families?
- What are the challenges associated with providing home visiting services to homeless families?
- How do home visitors engage with homeless families?

What Do Home Visiting Providers Think about the HVHF Project?

Supervisors and home visitors shared their perspectives on different aspects of the HVHF project. In general, home visitors seemed to have a more limited understanding of the HVHF project than the supervisors.

Motivation for HVHF Project Participation

Supervisors cited three primary motivations for participating in the HVHF project. Some home visiting supervisors whose programs were already serving families experiencing homelessness noted that it is difficult to meet the benchmarks established by their funders when they are serving these families. They had hoped that the HVHF project would afford them flexibility to work with these families and still meet their benchmarks. One supervisor said:

> *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.*

Other home visiting supervisors had hoped that the HVHF project would help them develop partnerships with homeless service providers and that those partnerships would help them reach new families experiencing homelessness. Finally, supervisors from two homeless service providers were interested in offering home visiting services to families in their shelters or other housing programs. They were looking for peer support, training, and consultation. They also wanted to fill a gap in their early childhood expertise because "*a lot of our case managers didn't necessarily have a competency around the needs of young children*."

HVHF Advisory Committee Meetings

Under the HVHF Project Participant Agreement, Start Early is responsible for convening an HVHF Project Advisory Committee on a regular basis. All the supervisors we interviewed reported attending HVHF Advisory Committee meetings, during which they received information from Start Early and gave updates on their progress. However, they disagreed as to how helpful these meetings were. Four supervisors found the meetings helpful for sharing resources, experiences, and ideas, such as working together to advocate for home visiting legislation. These supervisors wanted more time to share resources and to engage in peer-to-peer support.

Four other supervisors did not find the meetings particularly helpful, but for different reasons. One found the meetings too Chicago-centric when it came to the availability of resources. Another didn't find much utility in hearing about the experiences of every other project partner. Two other supervisors were serving too few homeless families for the meetings to be relevant. Finally, two supervisors didn't have an opinion about the HVHF Advisory Committee meetings because they had not had time to attend consistently.

Technical Assistance and Training

Under the HVHF Project Participant Agreement, Start Early is also responsible for providing training and technical assistance to HVHF project partners. Supervisors reported feeling comfortable asking Start Early for technical assistance and described the types of technical assistance they had received. These included answers to their questions about the definition of homelessness, information about where they could locate resources, and help developing parent educator handbooks. Supervisors also reported that Start Early had provided information about and access to relevant training. However, several supervisors expressed a desire for additional training on a variety of topics that would allow their home visitors to better support families. One suggested that "*maybe every 3 months or so they could have trainings on things that would help the home visitors help their parents more*."

Supervisors were particularly interested in training on working with minor-age parents and on helping families access shelter and address their basic needs. One supervisor said:

> *I think, with educating staff about how shelters work, how do you help someone get into a shelter, like the coordinated intake process, I wish that we would've been trained on that or learned how that worked or being at least aware that this is a thing. I wish that we had known that.*

However, not all supervisors reported a need for more training. One supervisor didn't think more training was needed because she doesn't think that serving homeless families is all that different from serving other families.

> *I wouldn't say it's like hugely different from the families that we serve. They just have an unfortunate situation. . . . I don't think that a training is*

needed. It may be just my experience, so someone new may need it, but based off of my experience I would say, no.

One home visitor also didn't see a need for training on working with homeless families.

Honestly, training—not really. But for me to kind of how to handle a situation when someone is actually homeless, not really, no.

Recruitment and Referral

Recruiting families eligible for the project has been a challenge for home visiting programs. One issue is that homeless families are not being referred to some home visiting programs. Under the HVHF Project Participant Agreement, homeless service providers are responsible for recruiting and referring eligible families to home visiting services. However, one supervisor explained that the partnership her program was supposed to have with a shelter has not worked out.[29]

We were supposed to have a certain partnership. . . with the shelter. . . . The coordinator there was aware of this pilot program, and we were supposed to maintain communication. . . to continue receiving referrals. However, it's been something that has been extremely challenging to maintain. . . . Apparently there was no coordinator at the shelter anymore. That obviously made it much more challenging just by attempts that we made to reach out to the shelter.

Another issue is that the definition of homelessness being used by the project is very broad. Under the HVHF Project Participant Agreement, home visiting programs are responsible for identifying homeless families already being served. This has been a challenge for home visiting programs because their understanding of homelessness is narrower than Start Early's understanding. One supervisor explained how her home visitors have struggled with this issue.

I think that it's also another barrier as to the definition of homeless for this project. I think that the definition that usually many people think of homeless is that you either live in a shelter or you're living in the street, yet with the pilot program the homelessness is not just those two. It could be couch surfing or them living with family members. . . .We work with the population of 13 to 25, so many teen moms that we have are living with their family members. . . . It's still hard for them to wrap their minds

[29] It is not clear whether the supervisor was talking about a shelter that is an HVHF project partner

around that the participant is homeless. . . . That doesn't make sense. They're like, no, they're not homeless. They do have a home.

Home Visiting Consultation

Under the HVHF Project Participant Agreement, Start Early is responsible for providing consultation. Home visitors from seven programs reported they had participated at least once in monthly group consultation, although some were not aware that this was part of the HVHF project. Those who participated valued the support they received from other home visitors experiencing similar challenges during these consultations.

> *They ask questions pertaining to some of the work that we do with the participants, some of the needs. They'll ask other questions in that arena and everybody just support each other with information and resources. They provide us with updates and different things and policies that are throughout Illinois and throughout the Chicagoland.*

> *I mean, you just hear different stories, and some of those stories can help you because you may be experiencing the same thing with that family. Those things have to see how people work through the challenges. So those stories do help.*

This sentiment was echoed by another home visitor who noted that the monthly group consultation provided an opportunity to "shar[e] like tips on how to work with families." They also appreciated learning about self-care, coordinated entry, navigating the shelter system, and resources. The home visitors who did not participate in the monthly group consultation said that they were too busy or that they did not know about it.

Tracking HVHF Homeless families

Under the HVHF Project Participant Agreement, home visiting programs are responsible for tracking information about families enrolled in the project and reporting that information to Start Early. Home visitors reported working with their supervisors to determine which families qualified as homeless and should be enrolled in the HVHF project. Most home visitors record this information in OunceNet. Supervisors whose programs do not use OunceNet send quarterly reports to Start Early. Supervisors whose programs have a specialized home visitor for homeless families reported that they only counted families served by their specialized home visitor as HVHF Homeless families and excluded homeless families served by other home visitors.

Home visitors and supervisors from several programs raised concerns about this tracking. Expressing her desire to do more for homeless families than enroll them in the project, one home visitor said, "*I wish there was more I can do. . . . My supervisor just asked me to put her in that program and that was pretty much it.*"

Other home visitors and supervisors questioned how the data being entered into OunceNet about the HVHF Homeless families are being used to improve services.

Language

Some home visitors and supervisors expressed concern about one other aspect of the project: the project's name. From their perspective, including the word "homeless" in the name of the project is problematic for two very different reasons. One is that families—and particularly families living doubled up—don't consider themselves as homeless.

> *But if you—when you tell somebody, are you homeless? They are, "No, I'm not homeless. I stay with my sister. No, I'm not homeless, I stay with my mom." People, they identify homelessness as homeless when they're not staying with someone they know, or they're staying in the shelter. So, I will change it to Homeless-Extended Family Home Living Services.*

The second reason is that families that do consider themselves homeless don't think they are eligible for home visiting services because they don't have a home.

> *When we register people, and they are experiencing homelessness and saying that this is a home visiting program, I try to let my moms know, don't get deteriorated, like don't get discouraged with that phrase. It's just how it is. Well, home is wherever you make it*

Home visitors need a way to explain their program to these families without using the word "home."

What Changes Have HVHF Project Partners Made to Address the Needs of Homeless Families?

The HVHF Project Participant Agreement spells out several ways that home visiting programs can be more flexible with families experiencing homelessness. Start Early received permission from model purveyors and funders to provide this flexibility. We found considerable variation in the extent to which this flexibility is being used across the home visiting programs.

Age Eligibility

The HVHF Project Participant Agreement allows home visiting programs to enroll mothers or pregnant women through age 25 and babies through age 12 months. Home visitors and supervisors from eight programs reported extending their maximum enrollment age based on family needs. Additionally, at least one program waived the parental consent requirement for pregnant and parenting youth under age 18 who are experiencing homelessness.

Catchment Area

Although home visiting programs can only enroll homeless families within their designated catchment area, the HVHF Project Participant Agreement allows them to continue serving those families if they move outside their area after they enroll.[30] Home visitors and supervisors from nine programs indicated that they were continuing to serve homeless families after they moved outside their catchment area while they transferred the families to another program, if they did not move too far away. Some home visitors were not aware that their programs could continue serving families that had moved outside their catchment area if they were experiencing homelessness. One home visitor thought she might be breaking rules by continuing to serve a family that had moved.

Caseloads

The HVHF Project Participant Agreement allows programs to reduce the caseloads of home visitors serving homeless families because serving those families is expected to take more time. Supervisors from two home visiting programs reported that they had reduced the caseloads of their specialized home visitors who were only serving homeless families but not the caseloads of other home visitors even if they were also serving homeless families. However, most supervisors reported that they did not consider whether families were homeless when making assignments.

Completion Rate Requirements

Because home visitors may temporarily lose touch with families experiencing homelessness, the HVHF Project Participant Agreement allows programs to disregard completion rate requirements for those families. Home visitors from two programs explained that their supervisors were understanding when visits with homeless families were missed. However, they were not aware that the completion rate requirements could be disregarded. Another home visitor expressed frustration that serving homeless families was lowering their completion rate.

> *Some of the frustration lies in that with our home visit rate. Like sometimes with the homeless people, our home visit rate is lower. That can be a little frustrating that it's kinda getting counted against us when it's sometimes hard to get a hold of these people.*

Active and Creative Outreach Status

The HVHF Project Participant Agreement encourages programs to keep homeless families on active status, rather than placing them on creative outreach, even when they are disengaged for long periods, and to extend the period that families remain on creative outreach before the case is closed. Home visitors and supervisors did not appear to have a clear understanding of when

[30] Some home visiting programs had removed their catchment area eligibility requirements during the COVID-19 pandemic because all home visits were virtual. We do not know if this policy changed once COVID-19 pandemic-related restrictions began to be lifted.

homeless families should be on active status versus creative outreach and home visitors and supervisors from the same programs sometimes disagreed.

Alternative Communication

The HVHF Project Participant Agreement encourages home visiting programs to use alternative communication strategies such as email, text message, or social media to stay in touch with homeless families. Home visitors reported using these alternative communication strategies to support families between home visits. One home visitor described using texting and emails to stay in touch with families.

> *I find that texting is one of the preferred ones, because it can be easier to reply wherever they may be. . . . Email is something I also use when I'm having trouble getting in contact with them*

Visit Locations

The HVHF Project Participant Agreement encourages home visitors to give families the option of visiting at nontraditional locations. Home visitors and supervisors from all the home visiting programs agreed that being flexible with the location of visits is important. Although home visitors were not visiting with families in person at the time of our interviews due to COVID-19 pandemic restrictions, they did report visiting with families at nontraditional locations (for example, McDonalds, Starbucks, libraries, laundromats, parks, and farmer's markets) prior to the pandemic, especially when families were living doubled up.

> *I remember the home visitor used to always say, "I'm talking to mom and grandma was answering all the questions.". . .You end up sitting there talking to her and grandma's gonna be right there and it's hard. . . . We came up with a plan. We'd start to take them to McDonald's, buy them ice cream. . . and talk there. That worked out but sometimes, you know, you couldn't do that, so, you're back at the hotel.*

> *Because sometimes people [they are living with]. . . .don't feel like being bothered. . . . That's when we do like a park visit, or restaurant, or sometimes we have just been outside like on the porch. . . . We just made an outdoor visit.*

Home visitors also shared strategies they use when visiting with families living doubled-up, such as introducing themselves to whomever is in the home.

> *If we're going to the participant's home and we know that they live with the family member, especially like their mom, an older adult, it's about us*

> *making sure. . . that we greet the adults and the mother who is there because. . . we're entering their home with their permission.*

However, visiting in nontraditional locations is not always positive. Talking about the downside of visiting with a family in her car, one home visitor said, "*You can't get baby on the ground, like doing tummy time, you know. There's things that you're limited to if we're meeting in the car.*"

Home visitors also highlighted the importance of being available to visit with families in the evening—which was easier during the pandemic when visits were all virtual. They also observed that these virtual visits, which were necessitated by the COVID-19 pandemic, were extremely effective in engaging families and recommended their continued use post-pandemic to help keep families engaged.

Specialized Home Visitors

The HVHF Project Participant Agreement notes that programs could add a "new home visitor with specialized training in working with homeless" families who would "carr[y] a reduced caseload to accommodate. . . the intensive support [these] families require." Specialized home visitors reported they did have a smaller caseload than other home visitors and that they tried to provide extra support to families experiencing crises. They also reported having relationships with shelters.

One home visitor who did not specialize in serving homeless families thought that having a specialized home visitor was a good idea.

> *I feel like it would be nice to have that one specific person in the program to just focus on participants who are dealing with that just because of how I mentioned I just don't know any resources. . . . If I had a choice, I would definitely have one specific person working with just participants who are going through homelessness. I think it would benefit the participants way much more. Just having that one person with those resources would definitely be very helpful.*

Activities

Under the HVHF Project Participant Agreement, home visiting programs are expected to follow their model but can be flexible in implementation. One way home visitors are using this flexibility is to modify the activities they engage in during visits. Most of the home visitors we interviewed described modifying the activities they engage in with homeless families because those families did not have the materials, space, or privacy required.

> *Sometimes families don't have the space or the materials that the activities in our curriculum ask for. . . . Maybe I bring something. . . I may have like other options of how they can do the activity or maybe [I]*

> *encourage them to send me a picture. . . or a video later of them doing the activity when they do have the time or the space.*

> *A lot of PATs [Parents as Teachers] things are like, you have to have paper, crayons, puppets, like things like that that most people don't have.*

One home visitor explained that she gives families a choice about which activities they want to engage in and finds out what materials they can access so she knows what she will need to bring.

> *So, I'll be like, this week. . . .you have a choice of doing this, and you have a choice of doing that. What would you like to do? Or do you have this at home, or do you have that at home? Or I'm going to bring this, and that.*

Home visitors also emphasized the importance of only bringing materials that families could keep.

> *I have a billion toys, but do you take toys into a place where a person doesn't have any toys? Not unless you leave them. So, unless I'm leaving them, I'm not bringing. . . I literally use their house as my classroom, meaning, I use their pots, I use their pans, I use their stuff, or I bring in things that I can leave there.*

Home visitors from the two homelessness service providers explained that some families are not interested in home visiting services but may have periodic questions that a home visitor could address or may want to a home visitor to administer a developmental screening for their child. Consequently, they give families the option to participate in home visiting services in a limited way.

> *Wherever we can meet that parent and provide some level of support, let's do that. Just in hopes of engaging more families and hoping over time to see how that develops.*

Performance Measures

Although the HVHF Project Program Agreement allows programs to disregard home visiting completion rate requirements for homeless families, it says nothing about other benchmarks established by funders or model purveys that those programs are expected to meet. Home visitors and supervisors expressed concern about missing these benchmarks when home visitors are unable to locate homeless families.

> *It's not Start Early that [is] struggling with it. They have created the program. . . and they have ways to. . . kind of pull that data out when they report back to us or how we've met benchmarks. But when [PAT]*

look at the same data, they have no exception for any of those homeless families.

Similarly, the HVHF Project Program Agreement allows home visitors who lose touch with homeless families to place them on creative outreach for an extended period. Home visitors and supervisors worry that this could jeopardize their PAT accreditation.

We are in an accreditation period right now and our initial, the first hurdle that you have to cross, we didn't make it. . . .It is very possible that we're going to go through this entire 15 months accreditation. . . and find that we can't clear that other hurdle because. . . they don't have things like what we call Creative Outreach, which is a pause for our families in terms of reporting out data.

A couple of home visitors/supervisors questioned whether the current benchmarks should be used to measure their performance when they are working with homeless families because those benchmarks don't take the circumstances of the families into account. They suggested including a narrative that describes those circumstances along with the other data they are required to report.

It doesn't take into account that very dire situations that our families are in and that's who needs help the most. . . . There's no its not matching like our efforts to, and results compared to their benchmarks. . . . My hope is that we're going to continue through the process and be able to provide a narrative along with this and I'm hoping eventually it will change their own criteria, because there doesn't seem to be a spot for that right now.

Have a narrative response that allows home visitors to note the challenges families are experiencing and why they are not able to meet their benchmarks

How Do Home Visitors Engage with Homeless Families?

Home visitors acknowledged that engaging families experiencing homelessness in services can be challenging. They identified several barriers to engagement as well as strategies they use to overcome those barriers.

Barriers to Engagement

Some families are already receiving a variety of services and are reluctant to engage with yet another provider. One homeless service provider described the "resistance" to home visiting she encountered.

> *I get a lot of resistance with that. . . It's hard getting clients to get on board with programming because we already have groups here every day. Then we have outside people coming in on a regular basis like doctors and stuff to talk about pregnan[cy] and parenting. So, they kind of get overwhelmed sometimes when we keep adding additional services, and they feel like we're taking up their time, even though it's an hour a week and they get benefits from it.*

For other families, the main barrier to engagement is lack of trust.

> *I think sometimes people are really afraid to get involved with programs like this. There's a big trust issue. . . . A lot of their mistrust issues and stuff 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.*

Some home visitors suggested that mothers experiencing homelessness may be afraid of opening up to a mandated reporter about their parenting.

> *I think because a lot of the girls or a lot of the women are afraid because if they're homeless and we're an organization that we report them, and they get their children taken away.*

Other home visitors noted that mothers experiencing homelessness may be wary of being judged.

> *And then just the fear of like being open and talking and like sharing information on how they raise their kid and things like that. . . . So, just letting them know that there's no shame to it, there's no judgment on my behalf.*

Several home visitors explained that families experiencing homelessness are often dealing with mental health issues, family violence, and exposure to other traumas which can also function as barriers to engagement.

> *But I would say that these families tend to have a lot of mental health issues. They tend to have a lot of DV [domestic violence] issues, which a lot of times is why they're homeless. And it might not even be, like, relationship with a significant other, but it might be like family DV, just violence in the home, in general. . . . And so, yeah, they do tend to have many layers of trauma.*

> *I think some of the mental health challenges of the parents, for sure, it's just, again, can make it difficult to prioritize the children's needs or make it challenging for the parent to engage regularly. We also see a lot of intimate partner violence.*

Other families don't seem to understand what home visitors do.

> *For the most part, families are not coming to us because they're interested in these services. They are coming to us because they need some place to live. And so, we anticipated there would be some pushback. And sometimes, we run into things like, "Well, why are you talking to me about my kids, this is a housing program?"*

> *If unfortunately, [if] you don't have the resources that they need at that moment, they're almost like, "Okay, so, what good are you? What are you here for?"*

Strategies to Engage Families

Some families recognize their need for home visiting services and are immediately receptive.

> *But some of them receptive of the program. Especially they know they need the services. . . . The clients that really need the service, they keep to it.*

However, it often takes time for home visitors to develop a relationship with parents before they feel comfortable opening up. Home visitors reported using several strategies to help build that relationship, such as checking in with families between visits to demonstrate their support or engaging them in fun activities.

> *I randomly just call them checking up on them, just to see so that means a lot to them. Like if you're going through something, because they just have an outlet so us being like an outlet in the circle of support for them. It keeps them going.*

> *By building a relationship with us, you're going to be able to do fun activities with your child. . . . Knowing that by doing those fun activities, we can slowly build a relationship with you. You'd be willing to participate in our program.*

> *One supervisor advises her home visitors to treat homeless families the same way they would treat their own families.*

I mean the most important thing is the home visitors, they have to have empathy and be compassionate with dealing with these families. And my main thing is always tell them, "You never know, that could be you one time, you know, one of these days." So we treat them as if we're treating our family.

What are the Challenges Associated with Providing Home Visiting Services to Homeless Families?

Home visitors and supervisors described a variety of challenges that affect their ability to provide home visiting services to families experiencing homelessness.

Communication

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.

I would say another one of the big challenges is communication. . . . Sometimes they have Wi-Fi, sometimes they don't. Finding them, sometimes, can be a challenge.

Sometimes participants don't have access to a phone. They can't pay their phone bill consistently. Then sometimes even resorting to email doesn't always work because they don't always reply on time. I would say communication is definitely one of the biggest barriers.

Home visitors reporting using several strategies to maintain contact with homeless families. One is to ask for the phone numbers of family or friends.

Because if their phone isn't working, they might have access to somebody else's phone. Some of my participants are also really good at. . . providing an alternate phone number, whether that'd be a family member, a friend.

One home visitor stored all the phone numbers from which families had called her so she could use these numbers to help find them when she lost touch. Another calls when she thinks the mothers will have access to Wi-Fi.

Some of our girls that have experienced homelessness, a lot of times their phones are disconnected. So, they have to be on like or near Wi-Fi in order to get or receive phone call or text messages. . . . I need to try to reach them earlier in the morning or later in the evening, depending on where I think they are.

Another option if the family is staying in a shelter or in a housing program is to reach out to the family's case manager. One supervisor described how her home visitors sometimes must schedule visits through shelter staff when families do not have phones.

> *Sometimes we have to go through [the house mother] in order to get the visit. Sometimes we actually—it's better when the participant has their own cell phone, and we can contact them themselves and we don't have to go through the house mother.*

Home visitors worried about these families when they lost touch.

> *And of course, they come around and contact you. But at the moment, it's like, "Are they okay?" So, you're worrying about the participant, just as the participant is worrying about where they will be within the next week or the next few days or hours.*

> *Sometimes, you feel powerless when you can't contact them or you're not in touch with them.*

Not all home visitors found it particularly hard to reach homeless families. One home visitor reported having fewer missed visits with homeless families than with other families and attributed this to their greater need for support. In fact, several home visitors reported checking in with homeless families, often via phone call or text, more frequently than with other families. These between visit check-ins allowed home visitors to identify any needs and offer tangible and emotional support.

Extra Time and Effort

Home visitors and supervisors acknowledged 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.

> *A home visit is technically supposed to—they say 45, 60 minutes. And it's supposed to be focused on parent-child interaction. 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.*

The additional time during visits is needed to talk with families about their housing situation, deal with crises, address basic needs (for example, food and diapers), and provide transportation. Home visitors also spend time outside of visits making referrals and obtaining items families need (for example, pack 'n' play cribs, bottles, toiletries, bus cards, towels, dishes, sheets, blankets, pillows, and binders to store vital documents).

Emotional Toll

All the home visitors reported that working with families experiencing homelessness exacts an emotional toll. Several didn't know how to support homeless families and used words like "helpless" and "hopeless" to describe how this made them feel. One home visitor said:

> *So, when someone has run into homelessness, I just kind of felt a little hopeless, I really didn't know how to help them…I really just didn't know what to do since I've been geared and trained to help them just with the child development.*

Home visitors also reported feeling a lot of responsibility when families experiencing homeless are in crisis and turn to them for support.

> *So, homeless participants can call you or text you at 3:00 in the morning. Maybe they got pulled out the place that they were staying in. . . .So they connect that trust with you to know that hey, I can call my home visitor or my doula when it's an emergency. . . . So that trust becomes super heavy, because now they're dependent on you. . . . Sometimes those relationships they can be super heavy. There's a lot of attachment to that family going through a lot at the moment.*

Hence, building in time for supervision and self-care was vital to avoiding burnout.

Lack of Privacy

Under the HVHF Project Participant Agreement, homeless service providers are responsible for providing an "*relatively quiet and private*" space for home visits. However, home visitors who were serving families staying in shelters that were not project partners reported that visits with these families often took placed in common spaces where staff or other residents could overhear conversations.

> *Generally, the visit is done in a living room. We never get to go into her bedroom or anywhere like that. It's usually in the kitchen or in the communal living room area… [The house mother] does allow some privacy but there are many times she's in the earshot away of what the girl is trying to tell us.*

> *In the past…[when] I've done home visiting at that shelter, we just kinda do it in the living room. People do come in. You know it's not a big shelter cuz they only have four moms and it's just a house…Typically we just sit in the living room.*

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.

So, you're trying to do virtual home visit with one participant and her child. And then, there's like, a bunch of other kids also there, I know that it can be difficult to focus…Because I think in these situations, they don't necessarily have their own space. 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. So, we're away from the rest of the household.

Unmet Basic Needs

Several home visitors observed that families experiencing homeless are often too consumed with how to meet their basic needs to think about the kinds of things home visitors typically focus on, such as parenting skills, the parent-child interactions, and child development.

Since they don't have housing, and they're not having their basic needs met, it's so much harder to be able to focus on that parent-child interaction. Because it's the first hierarchy of needs. Like, if you don't have housing and food, it's really hard to get into the deeper stuff…However, we do still try to find the time to work in whatever we can in terms of parent-child relationship.

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.

Home visitors want to support these families but feel ill-equipped to do so. All they can do for families is to do what they were trained to do.

It's hard to focus on what you're there for when they're going through a crisis. You wanna help them as much as possible but you have to be able to just provide them what you got.

Supervisors expressed a related concern. Specifically, they noted that home visitors were trying to help families with their housing and other basic needs when that is not their job. Their job is to provide parenting education—not case management services.

The biggest thing would be the challenges involving like helping our participants find housing and stuff like that. . . .We're home visitors; we're not case managers. Ideally, we would have somebody that we could refer our participants [to] who could focus on that. . . because our role is to focus on parent-child interaction. . . on that relationship between mom and baby, and really building that. . . . .I also don't want to take away

from their role as a parent educator to be focusing all the time on those things when there are other people who are. That's their role.

Instability

Providing home visiting services to families that don't have a stable place to live is challenging. Families living doubled up may "overstay" their welcome and need to quickly relocate. Those that are couch surfing may change addresses even more frequently. Although shelters present other challenges for home visitors, they do afford families some measure of stability, at least temporarily.

> *Sometimes we find that our moms that are in shelter are that's when they're most stable. Our visits are more stable, or their connection is more stable. It's when they return to the community and it's that non-sheltered family experiencing homelessness that can have the most turbulence.*

What are Home Visitors' Experiences with Helping Homeless Families Access Services and Supports?

Home visitors find it challenging to meaningfully respond to the complex needs of families experiencing homelessness. Part of what makes this challenging is home visitors' lack of knowledge. Home visitors want to help families address both short-term needs for emergency shelter and long-term needs for stable housing but don't fully understand how "the system" works.

> *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.*

> *That was a struggle as they just didn't really understand how the system worked or like how they could better support families around getting housing or stabilizing their housing situation.*

Once home visitors began to understand how the system works, they realized that helping families access services and supports is more difficult if families are living doubled up than if they are experiencing sheltered or unsheltered homelessness as defined by HUD.

> *But they only assist with homelessness based off of your classification. Again, if you have someone's couch to sleep on or you have a family or friend member that you can stay with, they're not in a position or apt to assist you or help you. But if you're living on the street or you're like sleeping in your car, then that changes your classification.*

Although families staying in homeless shelters often have access to services and supports that families living doubled up do not, home visitors found that getting into a shelter can be difficult for families, especially during the COVID-19 pandemic.

> *During this pandemic, it was really a struggle. . . . [Families] have to go to a hospital or police station, and you call the intake location, and it takes them some time to come out. Sometimes it may take them over 24 hours. . . I had some families tell me that they never showed up. They just went back to where they were. . . I just encourage my families to try to get along with the people that they around right now. Because I don't want to see them on the street.*

Home visitors also found it difficult to find "family friendly" shelters that don't limit eligibility to mothers and children.

> *One of the families that we work with—it was a dad and the mom. . . . A lot of times you can get in the shelter if you're the mother and the baby. . . . But you really have to search sometimes if you're tryin' to find a shelter for the entire family.*

> *Those shelters sometimes they aren't family friendly. So, if it's a mom and baby shelter. . . the [father]. . . wouldn't be able to come in with the mom and baby.*

Two other factors make it difficult for home visitors to help families access the services and supports they need. One is the geographic mismatch between where resources are located and where families are living. This mismatch, together with a lack of transportation, limits home visitors' ability to link families to accessible services and supports.

> *The ones that have like availability of services that we could use, they're so far away. I couldn't send my participants because they have no way of getting here.*

The other factor that makes it difficult for home visitors to help families access the services and supports they need is the sheer lack of affordable housing units.

> *We try to do what we can to support the families, but until they make housing affordable and make it these families have more stable income, until that is done, it's really hard.*

Even when homeless families do become housed, the rental assistance they receive may be temporary rather than long term, which leaves them vulnerable to future homeless episodes.

> *She lives in an apartment, but they pay her rent. But they're only going to do it for one year. The one year is going to go by real fast. So, what's going to happen? She's going to be homeless again. And all honestly, there's nothing I probably can do to help her. . . I feel I'm one of the only people that's consistent in her life.*

FINDINGS FROM INTERVIEWS WITH MOTHERS

In this chapter, we share findings from our analysis of the data we gathered from the home visiting service recipients we interviewed. After describing their demographic characteristics and current living arrangements, we organize our findings around four main questions.

- How do mothers learn about home visiting?
- Where and how often do home visits take place?
- How do mothers describe their relationship with their home visitor?
- How do mothers benefit from home visiting?

Demographic Characteristics

Our sample includes 13 mothers and one pregnant woman.[31] The youngest was 18, the oldest was 29, and their average age was 23. Most identified as Black (*n* = 11). A majority of the women 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 (see Table 33). 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.

Table 33. Demographic Characteristics

	Frequency
Race	
Black	11
Caucasian	1
Missing	2
Ethnicity	
Latina	2
Non-Latina	11
Missing	1
Pregnant at enrollment	
Yes	8
No	6

[31] Throughout the remainder of this chapter, we refer to these women as mothers even though one was still pregnant at the time she was interviewed.

	Frequency
Number of children	
0	1
1	6
2	3
3	3
Missing data	1
High school diploma/GED	
Yes	10
No	2
Missing	2
Enrolled in school	
Yes	2
No	11
Missing	1
Employed	
Yes	5
No	7
Missing	2

Living Arrangements

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. The three mothers staying in interim shelters hoped they would soon be living in subsidized housing. The four mothers who were living in subsidized housing hoped to move to a safer neighborhood.

How do Mothers Learn about Home Visiting?

The mothers reporting learning about home visiting from different sources, including friends, homeless shelters, and physicians. One mother described how she became interested in home visiting after witnessing her friend and her friend's home visitor *interact*.

> *She was actually doing a FaceTime visit with one of the home visitors and it was like the questions that the home visitor was asking her. . . . I actually needed help with the same questions by me being a first-time mom too.*

Mothers decided to enroll in their home visiting program based on what they heard about the services and after their concerns about participating were addressed.

> *They were like, "We're your baby daddy. Whatever you need, whatever makes parenting easier that's what we try to do."*

Mothers were particularly concerned that their home visitors would be judgmental and look for reasons to call the child abuse hotline. A mother who received services from a homeless services provider shared how she was convinced to participate:

> *When I actually went to go sign the papers, they were like, "Hey. . . . We're not here to spy on you. . . . We're just here to help you."*

Where and How Often Do Home Visits Take Place?

Location

Mothers reported engaging in both in-person and virtual visits, although in-person visits were the norm prior to the COVID-19 pandemic. Those in-person visits took place in a variety of locations, including at the home visitor's office or in the mother's home. Mothers appreciated that their home visitors were willing to meet when and where it was most convenient for them. One mother explained that the visit occurred wherever she was when her home visitor arrived.

> *When she was doing a home visit. . . in the home, in the living room, in my room, wherever I was at that moment when she came, that's where we would do the visit at.*

Most mothers didn't think that the shift to virtual visits had a negative effect on their participation. One mother explained that visiting with her home visitor virtually was the same as visiting with her in person.

> *No, it's actually kind of the same, because she's like personally, she's more involved. Also, she's ears open, she's listening, all that stuff. And it's the same, she's talking to her, telling her stuff, like it's the same.*

However, one mother who had only experienced virtual visits "felt like it would be better if it was in person than on Zoom."

Frequency and Duration

According to the mothers, the frequency of home visits ranged from twice per week to once per month, depending on factors such as parent needs, competing responsibilities, and parent availability. It also changed over time. One mother explained that her visits became less frequent once she became employed and hence less available.

> *She came once a week. It started getting less frequent once I started working at the shop. . . . So, the time that she would usually come, you know, I would be working. . . . But we still had it at least once a month.*

Sometimes mothers found more visits to be helpful; at other times less frequent visits made more sense, particularly if they were juggling parenting and other responsibilities.

> *It's enough for me because my thing is I'm trying to juggle—Right now, I'm trying to juggle between work, virtual classes with my son, and then my daughter. . . . I don't think they should increase; I don't think they should decrease.*

Several mothers reported that their home visitors checked in with them between visits via phone calls or texts. Sometimes their home visitors also dropped off supplies between visits.

> *Just during the week, she checks up on me. Like even though we had a meeting already, she just checks up on us when she can.*

> *Like two times a week. Or we call, or she calls. She checks up on us, gives us dates, texts. She calls us, ever since our son was born, she calls, like, twice a day to check up. We talk about a lot of stuff.*

> *I've seen her a couple times in person. And she'll give me a call maybe like once or twice a week, I believe. And I get daily text messages from her on like how I'm doing and how the baby's doing.*

Mothers appreciated their home visitor's flexibility. Home visitors were willing to make up for missed visits by scheduling longer visits or to extend the length of visits if mothers needed more time.

> *Probably like an hour, hour and 30, it all depends on you, like if you have more questions for her, she's going to answer them for you right then. . . . She's not going to cut you off and be like, oh, I have another appointment.*

> *She's just really flexible. . . . They say not to go over an hour, but if we're talking about something. . . then she'll disregard the time and just keep going until that conversation is over with.*

Mothers also appreciated that home visitors found time to meet with them outside of their regularly scheduled visits, let them know if they were running late, and followed through on their promises.

> *Like, when you have a concern, they will take time out of their day to set an appointment time with you and like, have a meeting with you.*

> *Like if a call before last longer than what is expected before my appointment, she'll shoot me a text that like all this call has been a little longer than usual, let me know in advance.*

Although most mothers were satisfied with the frequency and duration of their home visits, two wanted their home visits to be more frequent or to talk with their home visitor more frequently.

How do Mothers Describe their Relationship with Their Home Visitor?

Mothers often described their home visitor using positive words like "nice" or "professional and caring." Many indicated that they developed a close and trusting relationship with their home visitor and used words such as "good" or "great" to describe the relationship. Some mothers compared this relationship to the relationship a daughter would have with her mother.

> *She made it feel like what would happen if we was her daughters and she treated us as if we were daughters*

> *I would describe it like a mother-daughter relationship, because I'm a first-time parent, and I got to double check everything when it comes to my baby. So, I just like looked [at] her as more like a grandma or a mother figure.*

Another mother thought of her home visitor as a mentor:

> *I actually look at her. . . as mentor. . . . 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.*

Mothers also appreciated their home visitors' active listening skills, such as making eye contact, and perceived this as an indication that the home visitor cared for them.

A few mothers reported that their child had also developed a positive relationship with their home visitor. They described their child as getting "excited" about and looking forward to the visits.

> *Because I know [CHILD'S NAME] looks forward to the meetings, and I know, and when we go and see her in person, he just wants to play with her.*

> *Not only do I like it, but I know my son is looking forward to every meeting we have. They have like activities for us to do.*

Because of the relationship they had developed, mothers felt comfortable talking with their home visitor about whatever was happening in their lives, including "personal problems" or problems with their "baby daddy." They trusted that their home visitor would keep what they talked about confidential and not "tell your business."

> *I feel comfortable. . . . I'm about to ask. . . if she has any resources, you know, to help me out with this? Like how I could work out this situation?*

In general, mothers also felt comfortable asking their home visitors for help. One mother expressed concern about asking for too much help or about asking for help too frequently. Another mother, who declined her home visitor's assistance when it was offered, may have felt ashamed about needing help.

> *When I first moved in my apartment, a pipe burst from upstairs and mildew got in my clothes in my closet, and I had to basically wash out my clothes, but I didn't have no money. . . . My home visitor. . . offered to bring me some clothes. . . I just lied about having money. I'm like I'm okay.*

Although most mothers had only positive things to say about their home visitor, two mothers reported negative experiences. One mother felt that her parental authority had been undermined when her home visitor questioned a decision she had made in front of her children. She was later reassigned to a different home visitor. Another mother became angry when her home visitor was fired and some of the things they had been working on together "got lost" when a new home visitor assigned.

How do Mothers Benefit from Home Visiting?

For most mothers, home visiting was a positive experience. They described home visiting services as helpful, saying things like "the program has helped me a lot" or "they helped me out so much."

Social and Emotional Support

Mothers repeatedly described the social and emotional support they received from their home visitor. One mother continued to participate in home visiting in part because it provided her with much needed social support.

> *I didn't really have much support, like with the first one. So when they came in, I found a lot of support from them. That kind of made me keep going to them, especially when it came to help with like parenting, and having certain questions and how to raise a child.*

Several mothers talked about how their home visitor's emotional support increased their self-confidence and reassured them that they are doing a good job caring for their child.

> *It's less stress because you have somebody not really policing your work, but just double checking. . . . When you have somebody who's helping you make the right decisions, that makes you more confident in your decision. . . . It boosts your self-confidence. . . it's just really nice to have*

that second opinion. Like yes, you're doing this right or maybe. . . try this or change this.

It's just like they help me just a lot, just reassuring me that I'm doing everything I can for [CHILD'S NAME] and that I'm a good mom for [CHILD'S NAME].

One mother explained why the emotional support her home visitor provides is especially important to her as a single parent.

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.

Another mother described her home visitor as being attuned to her emotions and providing emotional support when she is feeling sad.

Like when I'm sad she tells me everything will be okay. . . . She always does, if she can say it, she's going to say something to make me feel better.

Two mothers talked about how their home visitor helped prepare them for the "ups and downs" of being a parent and normalized the difficulties they were experiencing.

So we're just really learning to stick through and keep going forward and learning that sometimes being a mom isn't going to be all peaches and cream. You're going to have your good moments and your bad moments.

She just always let me know what I'm going through is not unique. . . it's not because what I'm doing on my end. . . . She just keep my head on my shoulders straight, because it's easy to get lost in the negativity. So she has to reminded [sic] *me to enjoy the happy moments of being a mom.*

Home visitors also shared resources that could provide mothers with additional social or emotional support, such as a parent support group or a phone number to call if they needed someone to talk to.

It's like a program basically. . . . [You] come together as a group and talk. . . Its going to be sometimes that we can come into office and have like a meeting with other parents.

If I have like depression or something like that, she refers me to a person in their office that can help me, that I can talk to about some problem. . . .

> *She told me. . . when you first become a mother, it is very tiring, it's overwhelming. She did give me a custom number from the office. . . if I ever needed to talk to them.*

However, a few mothers noted that their home visitors were busy and not always available to support them when they needed it.

Information and Advice

Mothers frequently reported receiving information or advice from their home visitors on a wide range of topics, such as car seats, breastfeeding, and introducing solid foods. Prior to their prenatal appointments, home visitors provided advice on what questions to ask the doctor and how to advocate for themselves. Mothers also received advice on what to eat and how to promote fetal brain development.

> *She told me like things that I should eat. . . . She said based on this being my third trimester I should really be taking my prenatal [vitamins]. . . because. . . it helps grow the [child's] brain.*

Mothers trusted the advice they received from their home visitor, knowing that "they will try to give me the best advice that they have."

Mothers appreciated that their home visitors answered their questions and would often do research to provide additional information.

> *Any questions or anything that I ask for that I need help with, she try to basically get more information about it to help me with it.*

> *If she don't know right then and there, she's going to do research coming send it to me or call me and tell me.*

Mothers also appreciated that home visitors provided them with information but let them make their own decisions rather than telling them what to do.

> *She never come out and said, "Oh, you should do this." She always gave me an option to do something. . . I have my own brain and it's just the stuff that she do tell me, just the extra input on it that I probably didn't know about something.*

> *She gives me options. . . She tells me like, you could do this, or you could do this, and this is why you can do this, and this is why you can do that.*

Child Development

Many mothers reported that their home visitor showed them activities they could engage in with their children to promote their development.

> *It was like a game with a mirror. . . . But I think it was the whole purpose and goal of the game was for my baby to start noticing herself. And like, I think like kind of react or something like that. Seeing herself in the mirror and playing with her arms, legs and fingers and nose and stuff like that.*

Home visitors provided mothers with materials, such as building blocks, books, coloring books, and puzzles, and demonstrated how to use them to engage their child.

> *When she comes to visit, she'll bring like the toy blocks for the baby. And then she will build like a little castle. In the end, she had set them up, and then she had put him back in the bed when she finished. And she gave the other two kids a coloring book.*

> *She do arts and craft with us. She do coloring and she do puzzles and painting. It's a lot of creative little things that she sends me to do with my baby.*

One mother described watching her child learn about animals from the puzzles her home visitor provided. Another recalled how the activities her home visitor taught her helped her bond with her child.

> *It's really good activities, and you can bond with your kids more. . . . They did activities I never thought of, and [CHILD'S NAME] loved those activities.*

Parenting Skills

Several mothers described how their home visitor had helped them respond to their child in developmentally appropriate ways when they misbehaved.

> *I've learned how to like watch my tone when I'm talking to my daughter. Like if I said she did something wrong or anything like that. I've learned to watch my tone when I'm talking to her*

> *How to handle my daughter's behaviors. . . . At first when I used to yell all the time. . . . Yelling is not going to get you anywhere. . . . She likes to do certain things. Like don't let her watch TV for a week or take her toys away. And that works really good for her.*

One mother explained that her home visitor taught her to think about what was causing her child's behavior before deciding how to respond.

> *They said, "Okay, 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.*

Emotional Regulation

For some mothers, responding to their child in developmentally appropriate ways meant learning how to regulate their own emotions. Home visitors taught mothers various emotional regulation strategies. One mother described calling her home visitor before she lost her temper.

> *If something's going wrong in my day, I'll call her. . . She motivate[s] me to don't feel the negative way because I've got a temper. She was like no, no, no, don't do that. . . . There's been times where I literally have to talk myself down before I lose it on somebody.*

Another mother explained that her home visitor had taught her how to calm herself down when she was feeling angry.

> *I don't really, like my anger issues, you know. When I get mad, I throw stuff, I walk away and stuff, you know. . . I learned to like calm down, like take deep breaths. When I'm angry, take deep breaths. Take a walk, listen to music.*

A few mothers attributed the changes they had observed in their behaviors to becoming more mindful.

> *I've started being more mindful of how words might come out of my mouth, especially if I'm in a state where I'm mad, or you know, something just happened and I have to just slow down.*

How Responsive are Home Visitors to Family Needs?

Mothers described home visitors as very responsive to their needs. They knew that their home visitor would help them if they "needed help with anything." Their home visitors also shared any resources they thought the mothers could benefit from.

> *I don't ask all the time, because if I can get it myself, I try to. But like, when you do ask for something, they always have it, or if they don't, they never tell you that they don't. But they always have what you need, and they give it to you, and they even give you more than what you ask for sometimes.*

One way home visitors responded to family needs was by providing tangible support. Several mothers reported receiving diapers, wipes, and clothing from their home visitors. Less commonly mentioned items that mothers also received included cleaning supplies, hygiene products, toiletries, formula, bottles, and car seats.

> *With all of the stuff that she brings like the diapers or wipes, and she also when she comes, she brings household supplies. . . cleaning supplies, so she helps in a lot of ways. It's always helpful, everything.*

Even when home visitors don't have what families need, they find a way to help. Sometimes mothers are referred to "giveaways" where they can get food or diapers for free.

> *Just by making sure that I have things that I need for my baby, if I'm [having] problems with getting Pampers, she'll send me a paper and the paper will be a list of places that's giving away Pampers for free.*

At other times, home visitors are able to leverage resources they have access to. One mother described how her home visitor gets her pull-ups from an onsite daycare.

> *If I ask her for pull-ups if they didn't have it, she will tell me they don't have it. But also, she says she can see what she can she do to get me some. Or she will ask the daycare do they have some and if they got some she will get from daycare, and she brings it to me.*

Another mother explained that her home visitor sends her information about resources "just in case" she needs them.

> *If I'm going through any type of hardship, she send me all types of stuff. Even though I don't be going through hardship. . . . It's like she sends everything, like even if she don't know what's going on. She's like I'm just going to send this to you just in case.*

Home visitors also respond to families' needs by making referrals. Mothers reported receiving referrals to childcare, jobs, schools, and early intervention services. One mother described how her home visitor connected her to physical and speech therapists for her son.

> *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. . . . Now he's walking. . . 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 various programs or assisting them with applications. At least one mother was able to secure first transitional, and, later, subsidized housing through a referral her home visitor made. But other mothers seemed disappointed that their home visitor could not help them more with their housing needs.

DISCUSSION & RECOMMENDATIONS

Homelessness during early childhood can have immediate and long-term adverse impacts on children's development. Providing home visiting services to homeless families with young children could potentially mitigate those adverse impacts by equipping parents with the knowledge and skills they need to promote their children's development and respond to their children in developmentally appropriate ways. 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.

Our review of the literature found limited research on home visiting with families experiencing homelessness. Prior studies suggest that homelessness may adversely affect participation in home visiting programs (Staerkel & Spieker, 2006; Stargel et al., 2018) and that home visiting programs can help connect families with housing or prevent future homelessness (Murrell et al., 2000). Our review also uncovered several initiatives designed to increase collaboration between programs that focus on early childhood development and those that serve homeless families, although only a couple of those initiatives have been studied (National Center on Family Homelessness & Marshall, 2012b; Stark, 2014).

Our study builds on the limited prior research in this area and contributes to our understanding of both the challenges associated with providing home visiting services to homeless families and the potential benefits to homeless families that receive home visiting services. The findings suggest that the HVHF project has succeeded in removing at least some of the barriers to home visiting faced by homeless families and in making home visiting programs more responsive to their needs. However, they also point to ongoing challenges that providing home visiting services to homeless families presents, to the need for more collaboration between home visiting programs and homeless service providers, and to the effects of external factors on the ability of home visitors to focus on parent education.

In this chapter, we summarize the findings from both the quantitative component (the analysis of OunceNet data) and qualitative component (the interviews with service providers and mothers receiving home visiting services) of our formative evaluation, discuss their implications for policy and practice, and assess the potential for a more rigorous evaluation of the HVHF project.

Analysis of OunceNet Data

Our analysis of the OunceNet data provides information about the characteristics of families enrolled in the HVHF project and the services they received. It also reveals both similarities and differences between homeless families enrolled in the HVHF project and housed families

enrolled in the same home visiting programs. Here we highlight some of the major findings from our analysis.

Homeless participants are young; their average age was just shy of 20 years old when they enrolled. This means that most were experiencing homelessness during the transition to early adulthood, a critical developmental period (Arnett, 2000). Young parents experiencing homelessness need developmentally appropriate services and support for both themselves and their young children (Kull et al., 2019). Home visitors can play a vital role in providing or connecting homeless families headed by young parents to services and support that are developmentally appropriate.

Most homeless participants had no more than a high school diploma or GED and were neither working nor in school. That most homeless participants were neither working nor in school suggests both that they need resources to help them become economically self-sufficient and that they lack the interpersonal connections that school and work can provide. Home visitors can play a key role in helping young parents become self-sufficient and develop interpersonal connections by referring them to education and training programs and employment opportunities.

Compared to housed participants, homeless participants were less likely to enroll prenatally in a home visiting program, less likely to have received doula services if they enrolled prenatally, and less likely to have a doula-attended birth if they received doula services. The reasons for these differences are unclear but they suggest that HVHF project partners should make a more concerted effort to enroll participants prenatally, provide them with doula services, and take steps to ensure that doulas will be able to attend the births. At the same time, homeless families were more likely to have received services from a Family Support Worker than housed families. They were also as engaged in services as housed families as measured by the number of visits they completed each month and the length of those visits.

The HVHF Project Participant Agreement encourages home visiting programs to keep homeless families in an active status, even during prolonged periods of disengagement, and to extend the time families may be kept on Creative Outreach status. We found that homeless families were about as likely to be placed on Creative Outreach and spent about as much time on Creative Outreach as housed families.

Homeless participants were less likely to be screened for prenatal depression than participants who were housed. Moreover, compared to housed participants who were screened for prenatal or postnatal depression, homeless participants who were screened were more likely to have a positive screen than housed participants who were screened. We don't how much of this difference is related to differences in their housing situation, but prior studies have found that homeless mothers experience disproportionately high rates of depressive disorder (Bassuk & Beardslee, 2014).

Target children in homeless families were more likely to have been screened at least once using the ASQ and the ASQ-SE than target children in housed families. They were also more likely to children in housed families to have been screened multiple times. This may be due to the fact that target children in homeless families were less likely to score within normal limits the first time they were screened using both the ASQ and ASQ-SE and more likely to have ever had a suspect ASQ and ASQ-SE result than target children in housed families. These results highlight the importance of timely developmental screenings, particularly for the most "at-risk" children.

Given the higher incidence of screening results that may merit a referral for further assessment or other services among homeless participants and target children, it is especially important for home visiting programs that are HVHF project partners to ensure that appropriate referrals are made when service needs are identified. At the same time, the differences we observed should be interpreted with caution because screening data were missing for a significant percentage of all three groups. Home visitors should be encouraged to record not just when screenings are administered but also the results and any actions taken. They could also record the reasons that required or recommended screenings are not administered.

Finally, most of the homeless families that were not participating in the WIC program at enrollment were referred to the program by their home visitor and their WIC participation rate increased over time. This suggests that home visitors were successfully linking families to a vital economic support.

Interviews with Service Providers and Mothers

Through our interviews, we learned about the experiences of service providers whose programs are HVHF project partners. They shared their thoughts about the HVHF project, the challenges that home visiting with homeless families presents, and their efforts to help homeless families access services and support. We also learned about the experiences of mothers whose families were enrolled in the HVHF project. They told us about their relationship with their home visitor, the supports their home visitor provides, and their home visitor's responsiveness to their needs. Here we highlight some of the major findings from those interviews.

Motivations for Project Participation and Increased Flexibility

One motivation for participating in the HVHF project was to reach more families experiencing homelessness. Some home visiting supervisors hoped that the project would lead to the development of partnerships with homeless service providers and that those homeless service providers would refer families for home visiting. Because the two homeless services providers participating in the HVHF project have their own home visitor, they are not referring families to home visiting programs. Some home visiting programs struggled to develop referral pathways with other homeless service providers, although programs with specialized home visitors reported more success in developing these partnerships. Involving additional homeless service providers in the HVHF project as referral partners may help facilitate desired referral partnerships and increase cross-system collaboration.

Some supervisors identified the promise of increased flexibility, including the relaxation of some model and funder requirements for home visitors working with homeless families, as motivation for participating in the HVHF project. However, some home visitors were unaware of the adaptations that the HVHF project permitted to better serve this population and thought that being more flexible would be "breaking the rules." Other home visitors noted that their ability to make adaptations was constrained by the requirements of funders or model purveyors.

To address this issue, Start Early might work with the advisory board to ensure that home visitors are aware of the increased flexibility permitted under the HVHF Project Participant Agreement and understand how they can use this flexibility to better support homeless families. More research is also needed to understand how home visiting programs leverage this increased flexibility and how increased flexibility affects the engagement of homeless families in home visiting services. Home visiting programs could contribute to this understanding by systematically documenting how they leverage this flexibility to support homeless families. This information could be used to educate funders and model purveyors about why supporting families experiencing homelessness requires flexibility and how flexibility helps promote engagement.

Additionally, home visiting programs will not be able to take full advantage of this increased flexibility without the cooperation of their model purveyors and other funders. Home visiting model purveyors, such as Parents as Teachers, should consider developing special protocols for serving families experiencing homelessness like the child welfare protocol developed by Healthy Families America for families referred to the program by the child welfare system.

One unexpected finding to emerge from our study was that the shift to virtual "home visits" necessitated by the COVID-19 pandemic made it easier for some families to engage in home visiting services and reduced their fears about surveillance. If some families choose not to participate in home visiting because they are reluctant to have a stranger come into their home, then giving families the option to continue virtual home visits post-pandemic could increase the number of families who take up services. Virtual home visits could have the additional benefit of allowing home visiting programs to enroll homeless families outside their catchment area or to continue serving those families that move. At the same time, if visits are conducted virtually, rather than in the home, then it might make sense to talk about "family support" rather than "home visiting" programs. Future research should examine whether delivering home visiting services virtually produces the same outcomes as delivering home visiting services in-person.

Educating Parents while Meeting Basic Needs

Supervisors and home visitors identified numerous challenges to serving families experiencing homelessness, such as communication barriers, lack of privacy, and mistrust of service providers. Home visitors needed extra time to ensure that activities were appropriate for families experiencing homelessness, check in with families between visits, search for resources, and engage in self-care. They were also frustrated by their inability to meaningfully respond to these

families' complex needs within the context of an under-resourced and sometimes inaccessible social service system.

At the same time, most mothers described positive experiences with home visiting. Mothers repeatedly described the many ways home visitors facilitated their participation in services; provided emotional, informational, and tangible support; showed them how to promote their children's development; and helped them respond to their children's behavior in developmentally appropriate ways. This suggests that homeless families can benefit from home visiting services, which is particularly important given the negative developmental impacts that homelessness can have on young children.

One of the clearest findings to come out of our study is that it is exceedingly difficult for home visitors to do their job when families are struggling to meet their basic needs. Repeatedly, we heard that home visitors are unable to focus on educating parents about child development, enhancing parent-child relationships, or observing parent-child interactions if families do not know where they will sleep at night or whether they will have enough food to eat. At the same time, we also heard from home visitors that they do not know enough about coordinated entry, the shelter system, or housing programs to provide families with the assistance that they need.

What to do about this situation is not entirely clear. On one hand, home visitors want additional training on how they can help families access temporary shelter, more permanent housing, and other essential resources. On the other hand, supervisors are wary of home visitors stepping into a case management role. One solution would be to implement a coordinated care model for homeless families that would allow home visitors to focus on early childhood home visiting and the parent-child relationship while other service providers support the basic needs that home visitors are not equipped to address (for instance, housing, employment, education, income support).

Supports for HVHF Project Partners

Supervisor opinions about advisory board meetings were mixed. 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 the value of participation, did not perceive shared resources as relevant to their work, or were unable to attend due to competing responsibilities. Although home visitors were less divided about the benefits of monthly consultations, some were not aware that they were taking place.

To maximize participation in both advisory board meetings and the monthly consultations, Start Early might consider involving HVHF project partners in setting meeting agendas, soliciting input from partners about the types of resources they would like to see shared, using a virtual platform to facilitate access to those resources, and identifying opportunities for partners to advocate for relevant legislation. Advisory board meetings and monthly consultations could also provide a forum for more cross-system collaboration between home visiting programs and

homeless service providers. Home visiting programs can educate homeless service providers about topics such as the importance of the parent-child attachment relationship and developmental milestones. Homeless service providers can help home visitors understand and navigate coordinated entry, the shelter system, and housing assistance programs so they can help families access needed resources.

Future Evaluations of the HVHF Project

One of the objectives of this formative evaluation was to assess the feasibility of conducting a rigorous evaluation of the HVHF project. In making this type of feasibility assessment, it is useful to consider four basic questions:

- Can the project be reasonably be expected to achieve its intended outcomes?
- Is implementation of the project largely consistent with its logic model?
- Are the data needed to measure service provision and key outcomes are available?
- Is it possible to identify a comparison group that can serve as a counterfactual?

Below, we address each of these questions in turn.

Can the Project Reasonably be Expected to Achieve its Intended Outcomes?

The findings from our formative evaluation suggest that the HVHF project has succeeded in removing at least some of the barriers to home visiting faced by families experiencing homelessness and in making home visiting programs more responsive to their needs. However, the findings also point to ongoing challenges that providing homeless families with home visiting services presents, to the need for more collaboration between home visiting programs and homeless service providers, and to the effects of external factors on the ability of home visitors to focus on parent education.

Is Implementation of the Project Largely Consistent with its Logic Model?

Both our analysis of the OunceNet data and our interviews with service providers and mothers suggest that implementation of the project is not entirely consistent with the logic model.

Outputs

Project partners have received technical assistance from Start Early, Start Early has convened advisory committee meetings, and some homeless families have been referred to home visiting programs. However, the guidelines for delivering home visiting services to homeless families outlined in the HVHF Project Participant Agreement are not consistently followed. The shelter space provided for home visits does not ensure privacy and only specialized home visitors who work exclusively with homeless families have had their caseload size reduced. The fact that home visitors have not experienced a reduction in their caseloads is probably due to staffing

shortages and funding constraints. Additionally, although Start Early has informed project partners about trainings available through other organizations, it was still developing its own training materials at the time our interviews were conducted. Consequently, none of the home visitors we interviewed had received training on how to work with homeless families. It is also unclear whether families are giving permission for project partners to share information or whether procedures for coordinating case management and other services between project partners have been established. As already noted, home visiting programs are generally not receiving referrals from the homeless service providers that are participating in the project. Instead, the referrals they receive typically come from homeless service providers that are not project partners. The one exception is an organization that operates both a home visiting program and a program that provides homeless families with case management services.

Proximal Outcomes

Home visitors were continuing to deliver services to families that move outside their program's catchment area, in part because home visits were virtual. They were also using alternative communication modes, such as sending text messages, and conducting visits in alternative locations, particularly with doubled up families. At the same time, project partners did not appear to be coordinating case management and other services, for reasons described earlier, and the services homeless families were receiving were often not coordinated or comprehensive. Additionally, the HVHF Project Participant Agreement calls for partners to keep homeless families on active status even during periods of disengagement. However, our analysis of the OunceNet data revealed were more likely to be placed on Creative Outreach and spent proportionately more time on Creative Outreach than homeless non-project families.

Distal Outcomes

The collaboration between the project's home visiting and homeless service partners could potentially serve as a blueprint for other communities. However, more collaboration is needed between home visiting programs that are HVHF project partners and homeless service providers that are not. The lack of collaboration may explain why home visitors are unable to meet in private with families staying in shelters. We heard from service providers that they had discussed advocating for legislation to improve access to home visiting for homeless families during early advisory committee meetings, but it was not evident that any legislation had been proposed. Most importantly, one of the biggest concerns expressed by home visitors and supervisors about the project is that home visiting funders and model purveyors had not modified their requirements or benchmarks for homeless families.

Are the Data Needed to Measure Service Provision and Key Outcomes Available?

Although the OunceNet data can be used to measure service provision for families enrolled in home visiting programs that are funded by Start Early, they do not include records for families enrolled that are served by home visiting programs not funded by Start Early or by home visitors

embedded within a homeless service provider. Another limitation of the OunceNet data is that some fields, particularly those related to depression screenings and developmental screenings, had a significant amount of missing data. Equally important, several of the proximal outcomes included in the HVHF project's logic model cannot be measured using OunceNet data. Measuring the extent to which home visitors continue to deliver services to families that move outside their program's catchment area, are using alternative communication modes, or are coordinating case management and other services would require data that are not currently captured in OunceNet.

Is it Possible to Identify a Comparison Group That Can Serve as a Counterfactual?

Home visiting programs that are not HVHF project partners could potentially serve as a comparison group for a rigorous evaluation. However, our analysis of the OunceNet data suggests that the homeless families being served by those programs are different in some important ways from the families being served by HVHF project partners. This could be due to differences in the populations in the programs' catchment areas. It is also possible that the HVHF project partners are different from the home visiting programs that are not participating in the HVHF project since the former were not randomly selected from all of the home visiting that could potentially have participated.

Study Strengths and Limitations

Our evaluation of the HVHF project leveraged quantitative and qualitative data from three distinct sources (OunceNet, service providers, and mothers receiving home visiting services). Using data from multiple sources allowed us to paint a more complete picture of the HVHF project and its efforts to improve the delivery of home visiting services to families experiencing homelessness than we could have done using data from a single source. Moreover, comparing homeless families that were served by home visiting programs that are HVHF project partners to both housed families served by those same programs and to homeless families served by home visiting programs not participating in the HVHF project highlighted some differences that may warrant further exploration.

That said, our findings should be considered in light of the evaluation's three most notable limitations. First, the evaluation was conducted entirely during the COVID-19 pandemic. In-person home visits, which had been the norm, were largely, if not wholly, replaced by virtual home visits. We don't know how the experiences of the service providers or the mothers we interviewed might have been different had the evaluation under different circumstances. Additionally, all of our interviews with service providers and mothers receiving home visiting services were conducted by phone or via Zoom rather than in person, as we had initially planned. This may have affected our ability to establish rapport with the individuals being interviewed, and hence, quality of the data we collected.

Second, despite our best efforts, we were unable to recruit mothers receiving home visiting services from all the HVHF project partners. Moreover, we could not recruit the mothers directly but had to rely on the HVHF project partners to inform mothers about the study. That said, the mothers we interviewed looked similar to the homeless project participant sample with respect to age, race/ethnicity, education, and employment. They housing situations were also quite diverse. Thus, while we cannot generalize from their experiences to all the experiences of all mothers enrolled in the HVHF project we have no reason to think that their experiences were vastly different.

Third, several factors limited the conclusions we could draw from our analysis of the OunceNet data. One was the amount of missing data we encountered. Another was the exclusion of some families served by programs participating in the HVHF project as well the exclusion of data on services provided by FSWs for some families from OunceNet. Although we don't know how these exclusions might have affected our results, they highlight one of the problems associated with the existence of multiple data systems, each of which is tied to a particular funder, for tracking the services that home visiting programs provide. Specifically, the existence of multiple systems is both burdensome for home visiting programs and a barrier to measuring home visiting program enrollment or service provision. The state should consider requiring all home visiting programs to use the same data system regardless of their funder(s).

Finally, while not a study limitation per se, we want to acknowledge that all of our interviewers were White women with graduate degrees while all of mothers we interviewed were low-income Black and Latina mothers. women of color. Despite our efforts to build rapport and be nonjudgmental, these racial/ethnic and power differentials may have influenced what information the mothers were willing to share and our interpretations of their experiences.

Conclusion

Taken together, our findings suggest that the HVHF project has made progress towards 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, including challenges that highlight systemic problems with our social safety net.

.

REFERENCES

Allen, D., Feinberg, E. & Mitchell, H. (2013). Bringing life course home: A pilot to reduce pregnancy risk through housing access and family support. *Maternal and Child Health Journal, 18*, 405–412.

Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55,* 469–480.

Avellar, S., & Supplee, L. (2013). Effectiveness of home visiting in improving child health and reducing child maltreatment. *Pediatrics,* 132 (Supplement 2), S90–S99.

Bassuk, E. L., & Beardslee, W. R. (2014). Depression in homeless mothers: Addressing an unrecognized public health issue. *American Journal of Orthopsychiatry, 84*, 73–81.

Bassuk, E. L, Richard, M. K., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, *54*, 86–96.

Berkman, L. F. (2009). Social epidemiology: Social determinants of health in the United States: Are we losing ground? *Annual Review of Public Health*, *30*, 27**–**41.

Brown, H., & Sturgeon, S. (2004). Promoting a healthy start in life and reducing early risks. n *Prevention of Mental Disorders: Effective Interventions and Policy Options*. Summary Report. World Health Organization Dept. of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht.

Brown, S. R., Shinn, M., & Khadduri, J. (2017). *Well-being of young children after experiencing homelessness*. OPRE Report No. 2017-06. U.S. Department of Health and Human Services.

Brumley, B., Fantuzzo, J., Perlman, S., & Zager, M. (2015). The unique relations between early homelessness and educational well-being: An empirical test of the continuum of risk hypothesis. *Children and Youth Services Review, 48*, 31**–**37.

Chasnoff, I., McGourty, R., Bailey, G., Hutchins, E., Lightfoot, S., Pawson, L.., Fahey, C., May, B., Brodie, P., McCulley, L., & Campbell, J. (2005). The 4P's Plus© screen for substance use in pregnancy: clinical application and outcomes. *Journal of Perinatology*, *25*(6), 368-374.

Chetty, R., Hendren, N., & Katz, L. (2016). The effects of exposure to better neighborhoods on children: New evidence from the moving to opportunity project. *American Economic Review, 106*(4), 855–902.

.

Clark, R., Weinreb, L., Flahive, J. M., & Seifert, R. (2019). Infants exposed to homelessness: Health, health care use, and health spending from birth to age six. *Health affairs (Project Hope)*, *38*, 721–728.

Coley, R., Lynch, A., & Kull, M. (2015). Early exposure to environmental chaos and children's physical and mental health. *Early Childhood Research Quarterly*, *32*, 94–104.

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.

Crawford, D., Trotter, E., Hartshorn, K., & Whitbeck, L. (2011). Pregnancy and mental health of young homeless women. *The American Journal of Orthopsychiatry*, *81*, 173–83.

Davey, T. L. (2004). A multiple-family group intervention for homeless families: The weekend retreat. *Health & Social Work, 29(4),* 326–329.

DeSousa, T. (2016). *Access to early childhood development services for homeless families with young children: An exploratory project*. U.S. Department of Health and Human Services (HHS), Administration for Children and Families.

Fantuzzo, J., LeBoeuf, W., Brumley, B., & Perlman, S. (2013). A population-based inquiry of homeless episode characteristics and early educational well-being. *Children and Youth Services Review*, *35*, 966**–**972.

Fergusson, D., Boden, J., & Horwood, L. (2013). Nine-year follow-up of a home-visitation program: A randomized trial. *Pediatrics, 131*, 297–303.

Ferguson, S., & Morley, P. (2011). Improving engagement in the role of father for homeless, noncustodial fathers: A program evaluation. *Journal of Poverty, 15,* 206–225.

Gershoff, E.., Aber, J., & Raver, C. (2007). Income is not enough: Incorporating material hardship into models of income associations with parenting and child development. *Child Development*, *78*, 70–95.

Gomby, D. (2007). The promise and limitations of home visiting: Implementing effective programs. *Child Abuse & Neglect,* 31, 793–799.

Haskett, M., Armstrong, J., & Tisdale, J. (2015). Developmental status and social-emotional functioning of young children experiencing homelessness. *Early Childhood Education Journal, 44*, 119**–**125.

Haskett, M., Loehman, J., & Burkhart, K. (2016). Parenting interventions in shelter settings: A qualitative systematic review of the literature. *Child & Family Social Work, 219*(3), 272–282.

Kirkland, K. (2013). Effectiveness of home visiting as a strategy for promoting children's adjustment to school. *Zero to Three,* 33, 31–38.

Krysik, J., & LeCroy, C. (2012). Development and initial validation of an outcome measure for home visitation: The Healthy Families Parenting Inventory. *Infant Mental Health Journal, 33*(5), 496–505.

Kull, M., Dworsky, A., Horwitz, B., & Farrell, A. (2019). Developmental consequences of homelessness for young parents and children. *Zero to Three, 39*, 60-66.

Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., & DuMont, K. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine, 36,* 154–160.

Leventhal, T., & Newman, S. (2010). Housing and child development. *Children and Youth Services Review, 32*, 1165–1174.

Levis, B., Negeri, Z., Sun, Y., Benedetti, A., & Thombs, B. (2020). Accuracy of the Edinburgh Postnatal Depression Scale (EPDS) for screening to detect major depression among pregnant and postpartum women: systematic review and meta-analysis of individual participant data. *BMJ (Clinical research ed.), 371*, m4022.

McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Early Childhood Highlights*, *3*, 1–11.

McDonald, S. (2012). *Supporting young homeless children: New opportunities afforded by the Early Childhood Home Visiting Program*. Needham Heights, MA: National Center on Family Homelessness.

Murrell, N, Scherzer, T., Ryan, M., Frappier, N., Abrams, A., & Roberts, C. (2000). The AfterCare Project: An intervention for homeless childbearing families. *Family & Community Health, 23*, 17–27.

National Center on Family Homelessness, & Marshall, N.. (2012a). *Cross-site evaluation of the Strengthening At-Risk and Homeless Young Mothers and Children Initiative*. National Center on Family Homelessness.

National Center on Family Homelessness, & Marhsall, N. (2012b). *Outcome evaluation: Strengthening Young Families, Antelope Valley, California*. National Center on Family Homelessness.

National Home Visiting Resource Center. (2018). *Home visiting primer*. James Bell Associates and the Urban Institute.

National Research Council, & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. The National Academies

Obradović, J., Long, J., Cutuli, J., Chan, C., Hinz, E., Heistad, D., & Masten, A. (2009). Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience. *Development and Psychopathology*, *21*(2), 493**–**518.

Perlman, S., & Fantuzzo, J. (2010). Timing and impact of homelessness and maltreatment on school readiness. *Children and Youth Services Review, 32*, 874**–**883.

San Francisco Department of Public Health. (2019, February). San Francisco Department of Public Health brief: Health impacts of family housing insecurity. Children's Environmental Health Promotion Program and the maternal, child & adolescent health section. https://www.sfdph.org/dph/files/EHSdocs/ehsCEHPdocs/Housing_Insecurity_SFDPH_Report.pdf

Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Heeren, T., Black, M., Casey, P. H., Chilton, M., Cook, J., Cutts, D. B., Rose-Jacobs, R., & Frank, D. (2018). Timing and duration of pre-and postnatal homelessness and the health of young children. *Pediatrics, 142*, e20174254.

Shonkoff, J., & Garner, A. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*, e232–e246.

Squires J., Bricker D., & Potter L. (1997). Revision of a parent-completed developmental screening tool: Ages and Stages Questionnaires. *Journal of Pediatric Psychology, 22(3),* 313–328.

Squires, J., Bricker, D., & Twombly, E. (2002). *Ages and Stages Questionnaire: Social-Emotional (ASQ:SE).* Paul H. Brookes Publishing Co.

Staerkel, F. & Spieker, S. (2006). Unstable housing–A significant challenge for home visiting programs: An Early Head Start case example. *Journal of Family Social Work, 10*(1), 2006.

Stark, D. R. (2014). *Home visiting for women experiencing homelessness: A look at efforts in Boston and New York City*. MIECHV TACC.

Stargel, L., Fauth, R., & Easterbrooks, M. (2018). Home visiting program impacts on reducing homelessness among young mothers. *Journal of Social Distress and the Homeless, 27*, 89–92.

Swick, K. J. (2008). Empowering the parent-child relationship in homeless and other high-risk parents and families. *Early Childhood Education Journal*, *36*, 149–153.

U.S. Department of Housing and Urban Development. (2021). *2020 Annual Homeless Assessment Report, Part I: Estimates of homelessness in the U.S.* U.S. Department of Housing and Urban Development.

U.S. Department of Housing and Urban Development. (2022). *2021 Annual Homeless Assessment Report, Part I: Estimates of homelessness in the U.S.* U.S. Department of Housing and Urban Development.

U.S. Department of Housing and Urban Development. (2020). *2018 Annual Homeless Assessment Report, Part II: Estimates of homelessness in the U.S.* U.S. Department of Housing and Urban Development.

Wollesen, L., & Peifer, K. (2006). *Life Skills Progression (LSP): An outcome and intervention planning instrument for use with families at risk*. Paul H. Brookes Publishing Co.

Yamashiro, A., & McLaughlin, J. (2019). *Early childhood homelessness state profiles: 2019*. U.S. Department of Education, Office of Planning, Evaluation and Policy Development Policy and Program Studies Service.

Ziol-Guest, K., & McKenna, C. (2014). Early childhood housing instability and school readiness. *Child Development*, *85*, 103–113.

APPENDIX A: HVHF PROJECT PARTICIPANT AGREEMENT

Overview of the Home Visiting for Homeless Families Project
The Home Visiting for Homeless Families Project (HVHF) is a project led by the Ounce of Prevention Fund that seeks to improve the developmental trajectories of children experiencing homelessness in Chicago through high-quality home visiting services. Beginning in the fall of 2013, the Ounce recruited local home visiting and homeless service providers to volunteer to pilot three approaches to enhance the ability of home visiting programs to engage and serve homeless families.

One approach has added *one* new home visitor with specialized training in working with homeless populations to a home visiting program. This specialized home visitor carries a reduced caseload to accommodate for the intensive support that homeless families require. The second approach has trained *all* home visitors in participating home visiting programs to provide services to one or two homeless families as part of their overall caseload. The third approach has provided training to a homeless service agency so that home visiting can be integrated into the current services being provided through that agency. All approaches include support for increased collaboration between home visitors and homeless service providers, additional training and technical assistance on identifying and working with homeless families, and an evaluation component to help identify effective approaches that could be replicated more broadly.

Implementing home visiting services through the HVHF Project
The Ounce has permission from home visiting models and funders to implement services in a more flexible manner to accommodate the unique needs of and challenges involved in serving families experiencing homelessness. HVHF participants may:

A. Extend enrollment for mothers up through age 25
B. Extend enrollment for babies up through 12 months of age
C. Extend service areas to enable continued engagement with families who move outside of the program's typical boundaries. Programs should continue to recruit families only from the designated service area but may follow families who move. The Ounce does not place any limits on distance. However, sites should establish a policy or guidance to reflect their practice in this regard and ensure all home visiting staff are aware of the program's guidelines. Programs are encouraged to consider multiple factors when deciding whether or not to follow a family outside of the service area and how far, including level of engagement with the family, impact on caseload, safety, and commute time.
D. Reduce caseload size to accommodate extra time needed to serve homeless families. Participating programs have the flexibility to reduce caseloads to whatever level they feel is appropriate to meet the needs of families, however, it is recommended that:

- With the exception of the Specialized Home Visitor, home visitors carry no more than three (3) homeless families on their caseloads at any one time and have a maximum capacity of 20 points.
- Home visitors with two homeless families on their caseloads have a maximum capacity of 22 points.
- Home visitors with one homeless family on their caseload have a maximum of 24 points.
- Programs consult with program advisors for guidance if needed.

E. Disregard requirements on home visiting completion rate for any homeless family served by the program. Due to the nature of homelessness, it is expected that programs will lose touch with families for periods of time; therefore, there will be no expectation of any particular rate of completion of home visits when serving this population. It is expected, however, that programs track, document, and share experiences delivering services to homeless families and efforts made to engage with homeless families outside of home visits. The purpose of the HVHF project is to learn about how to best work with this population, therefore it is critical to understand which strategies do not work well in addition to those that do. Programs are encouraged to keep homeless families on active status, even during long periods of disengagement when creative outreach may typically be employed. Programs may utilize creative outreach with homeless families but are encouraged to extend the period of time families may be on creative outreach status beyond what is typically done. For example, programs may choose to keep a family on active status until 90 days without contact or a visit and then choose to place the family on creative outreach at that point for a total of 120 days before closing the case. Each program may set its own guidelines in this regard.

F. Incorporate alternative communication strategies (e-mail, text message, social media). Programs are encouraged to:
    - Ask families for multiple modes of contact, including alternate phone numbers and permission to leave a message at that number. The home visitor and family should discuss and have explicit agreement about under what circumstances a home visitor would call the alternate number and/or leave a message.
    - Consider using non-traditional modes of communication in order to stay in touch with families who experience homelessness, including social media, e-mail addresses, etc. Families may frequently change addresses and phone numbers, but it is less common for them to change social media accounts. If using non-traditional modes of communication, programs are encouraged to develop policies and guidance around their use and may consult Ounce staff for assistance in developing such policies and guidance.
    - Offer and utilize text-messaging, if possible.

- Offer alternative visit locations. For the purposes of the HVHF Project, home visits may occur at any location that is comfortable and safe for the family and the home visitor (e.g., McDonalds, library, friend's house, etc.). Such locations should be mutually agreed upon and should be appropriate for parent-child activities. Children should be present at the visit location. It is recommended that home visitors inform their supervisor of the location and time of each visit.

- Sites may choose more restrictive parameters than what is detailed above and may consult with Ounce staff at any time to determine the parameters that will work best for each program. Choosing parameters under this more flexible service delivery approach can be challenging, but home visitors and program leaders can be assured that as long as the below guidelines are generally met, programs will be considered to be in compliance with all requirements.
    - Home visits should include as many of the program components as appropriate; follow the program model but allow for flexible implementation and adjust timelines if needed to meet the needs of the families.
        - At least some parent-child interaction should occur at each visit.
        - Initial needs assessments should still be completed but can be done so on a delayed schedule.
        - It is allowable and encouraged to creatively incorporate home visiting components into non-traditional home visit structures

HVHF Project participant roles and responsibilities

- The Ounce of Prevention Fund will have primary responsibility for the following tasks associated with implementation of the HVHF Project:
    - General project management
    - Recruit pilot participants
    - Provide support for cross-system collaboration
    - Convene the HVHF Project Advisory Committee on a regular basis
    - Provide training, professional development opportunities, and technical assistance and support for all HVHF project partners, including consultation with Illinois Birth to Three Institute Program Advisors
    - Provide ongoing evaluation of the project
    - Conduct policy analyses, identify policy implications, and develop policy proposals to improve access to home visiting for families who experience homelessness based on learnings from the project
    - Raise funds to support the HVHF project
    - Disseminate findings

A. Homeless service partners will be expected to:
    - Recruit and refer eligible families to home visiting services
    - Track and report referrals to the project coordinator
    - Work with families and home visiting partners to establish permission to share information through a written release of information agreement, preferably at the point of referral
    - Providing adequate space for home visits on site, to be negotiated with each home visiting partner—typically, the space can be small and bare as long as it is relatively quiet and private, such as the family's room or a staff office
    - Participate in evaluation activities, including collecting and reporting requested data and efforts to recruit families and staff to participate in focus groups/interviews

    - Participate regularly in HVHF Advisory Committee meetings, including responding to e-mails and phone calls regarding meeting availability or information requests and attending meetings in person or by phone
    - Participate in training and professional development activities, including recruiting staff to attend training or consultation meetings, etc.
    - Establish procedures for coordinating case management and other service-related duties with home visitors
- Home visiting partners will be expected to:
    - Recruit eligible families to participate in services through the HVHF Project, including identifying families experiencing homelessness already being served
    - Track and report origin of referrals, activity/service attempts, and reasons for case closure
    - Work with families and homeless services partners to establish permission to share information through a written release of information agreement, preferably at the point of referral
    - Follow the service delivery guidelines outlined in Section II of this document
    - Participate in evaluation activities, including collecting and reporting requested data and efforts to recruit families and staff to participate in focus groups/interviews
    - Participate regularly in HVHF Advisory Committee meetings, including responding to e-mails and phone calls regarding meeting availability or information requests and attending meetings in person or by phone
    - Participate in training and professional development activities, including recruiting staff to attend training or consultation meetings
    - Establish procedures for coordinating case management and other service-related duties with homeless service providers

Data collection and reporting
- OunceNet: Funded sites
- External Partner Data Sharing: Monthly Data Collection Form

Training/PD
- Clinical Consultation for Direct Service Staff
    - Monthly In-Person Meetings
    - Rotates sites between Project Partners
- Cross-training-TBD

Ending participation in the HVHF Project
Participation in the HVHF Project is voluntary. If at any point a program wishes to disengage from participation, the program may do so. Project participants are expected to provide formal, written notice to the Ounce of Prevention Fund of their intent to cease participation. Homeless participants who cease participation will also be asked to participate in a brief exit meeting or phone call with Ounce of Prevention Fund staff in order to obtain feedback on experiences in the project.