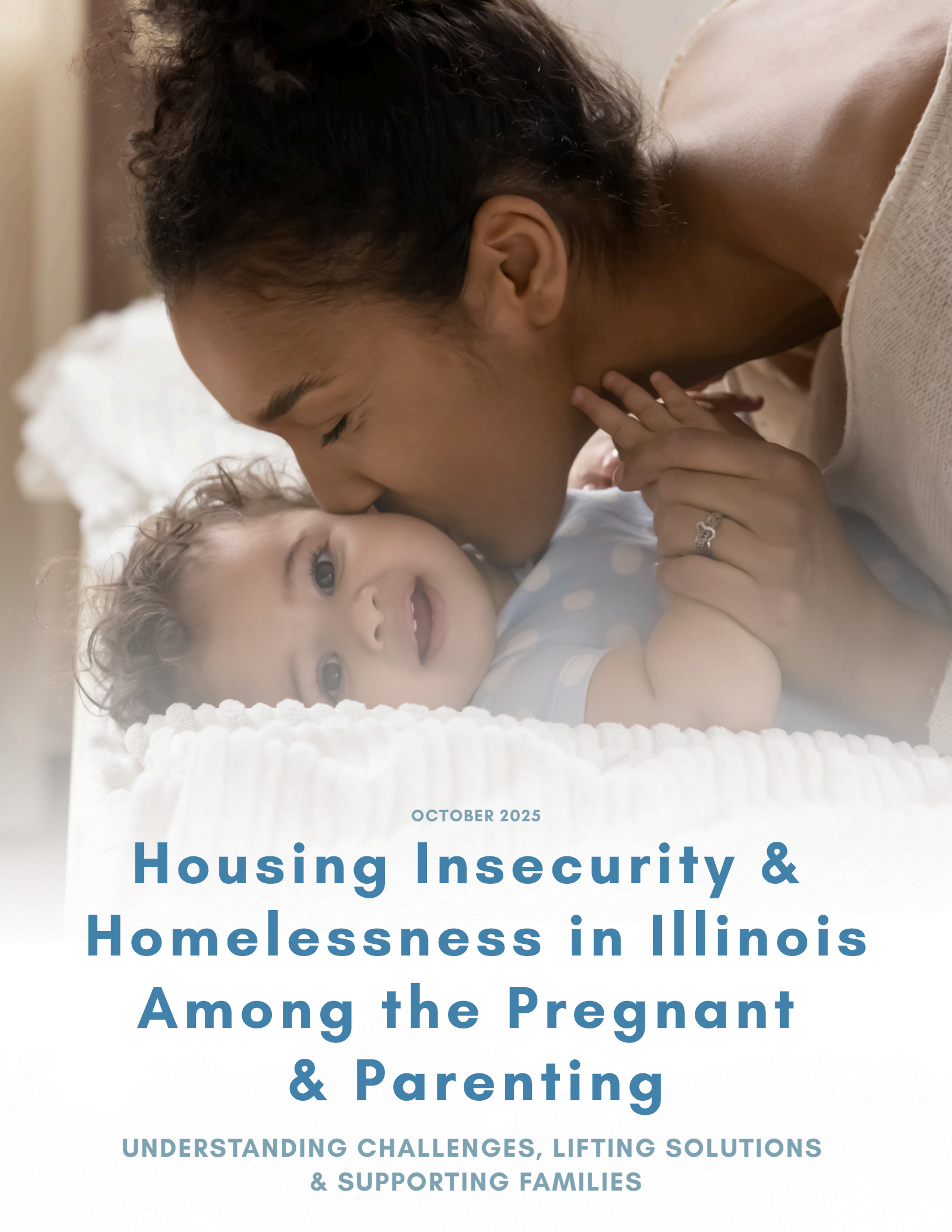




OCTOBER 2025

Housing Insecurity & Homelessness in Illinois Among the Pregnant & Parenting

**UNDERSTANDING CHALLENGES, LIFTING SOLUTIONS
& SUPPORTING FAMILIES**



TABLE OF CONTENTS

3	Executive Summary
6	Introduction
11	Key Project Activities & Findings
16	Theory of Change
19	Action Plan
27	Conclusion
29	Works Cited & References
A1	Appendix

A PROJECT BY:





EXECUTIVE SUMMARY

Homelessness among pregnant and postpartum persons and young children and their families is a significant, growing problem in Illinois. Experiencing housing insecurity and homelessness while pregnant contributes to an array of adverse maternal health outcomes. Further, homelessness experiences during the early childhood years can have lasting impacts on a child's health and development.

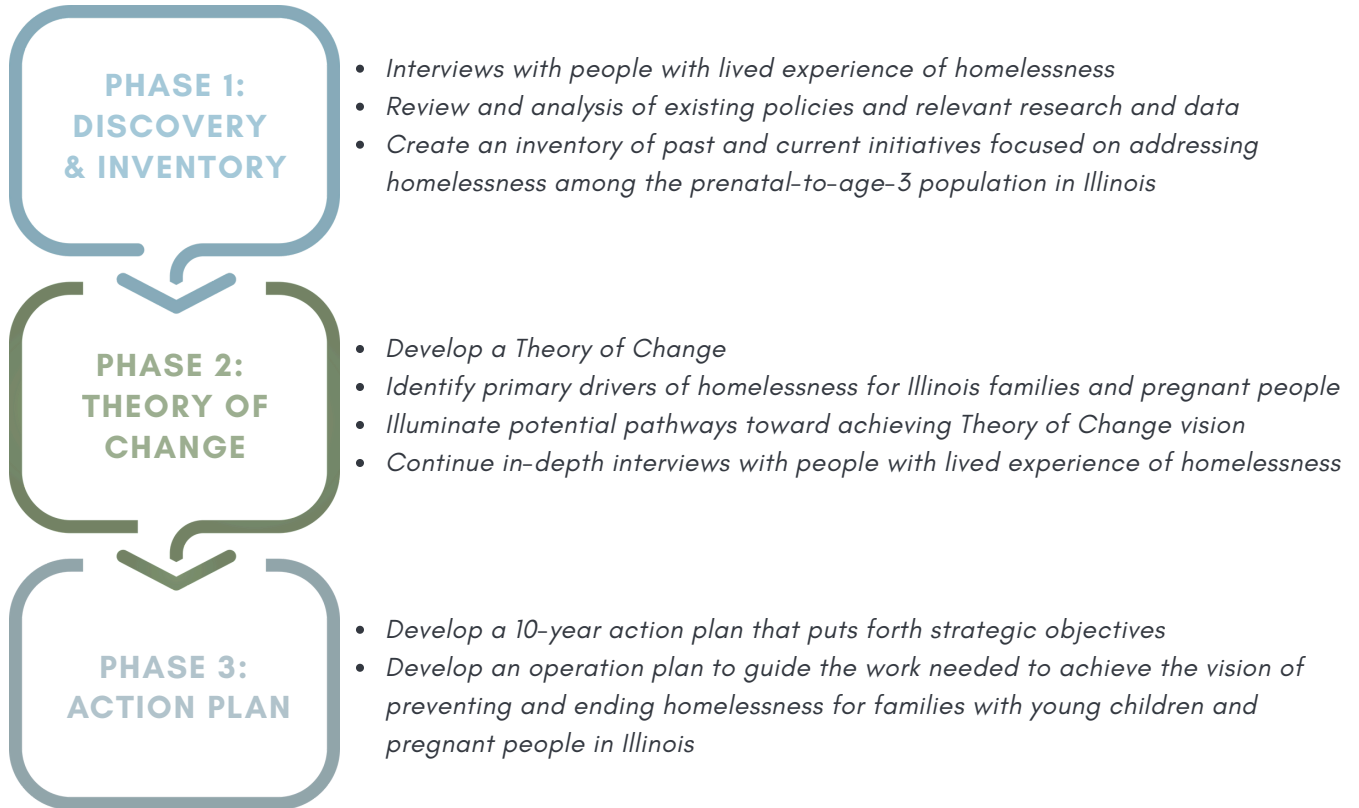
Unfortunately, child and family homelessness is often less visible than homelessness among other populations. Because families experiencing homelessness are more likely to live doubled-up with others or in motels and other temporary, unstable living situations as opposed to in shelters or on the street, this population is often overlooked by government officials and community leaders. **The result is that national, state and local responses to persistent homelessness do not adequately address the unique needs of families with young children experiencing homelessness.**

To address this critical issue, Start Early, the University of Illinois Center for Research on Women and Gender (UIC CRWG) and the Chicago Coalition to End Homelessness (CCH) launched the *Housing Insecurity and Homelessness in Illinois Among the Pregnant and Parenting (HIHIPP)* project. The project builds on previous research conducted by UIC CRWG and **aims to create a 10-year action plan for preventing and ending homelessness among expectant parents and young children in Illinois.** The project focuses specifically on pregnant people and families with children under age 3, as well as several subpopulations that experience unique vulnerability concurrently with housing insecurity: parenting youth, women and children experiencing domestic violence, recently incarcerated mothers of young children and people with or at risk of developing HIV.





The project was completed in three phases over the course of one year, beginning in March 2024.



The project activities, which included convening meetings, conducting background research and policy and data analyses, and direct engagement with people with lived experiences of homelessness, revealed many realities about the housing supports landscape – such as:

- The housing landscape is siloed.
- Funding is extremely limited and restrictive.
- Few, if any, existing initiatives recognize pregnant and parenting people or families as a priority population to serve.

Individuals shared challenges associated with navigating this complex web of housing resources only to find that they were not eligible or that the resources had been expended by the time they reached them. They also expressed frustration with the workforce assisting them, often feeling disrespected and, at times, mistreated.



Theory of Change

These findings, along with continuous input from the Advisory Committee and people with lived experiences, informed the development of the Theory of Change. **The Theory of Change articulates a vision of success, which is to ensure safe, secure and sustainable housing for all pregnant people and families with children under age 3 in Illinois.**

The Theory of Change also identified mechanisms critical for achieving that vision, including:

- Foundational elements, such as supportive policy, adequate funding and data and research
- An accessible array of integrated, family-centered and trauma-informed services delivered by a well-trained and supportive workforce
- A shift in mindset among all stakeholders that recognizes the importance of addressing homelessness among pregnant people and families with young children

The Theory of Change is visually represented by a house built with bricks that represent essential elements of holistic, long-term, affordable and safe housing and essential services and supports, including educational and career services, health and well-being services, and initiatives that contribute to a well-equipped and trained workforce. See Appendix E.

Action Plan

The Action Plan was developed by the project leadership team, with input and feedback from the Advisory Committee, and reflects priorities for action and impact based on the current climate. The Action Plan is grounded in the Theory of Change and reflects learnings from the review of recent data and research, the inventory and analysis of promising initiatives, and interviews and engagement with people with lived experiences of homelessness.

The final plan is meant to be flexible and opportunistic to meet the demands of a dynamic political landscape, while remaining focused on building foundational structures needed for successful systems change, such as improved data, policy and advocacy capacity, and elevates the need to pursue innovations.

The plan includes a set of strategic objectives aligned to the vision of ensuring safe, secure and sustainable housing for all pregnant people and families with children under age 3 in Illinois. The objectives address issues related to housing, supports and services, and workforce and professional practice. The plan identifies several key strategies for advancing the strategic objectives, including policy and advocacy, data and research, family engagement and leadership, strategic communications, professional development and training, pilots and demonstration projects and private sector partnership. The plan also proposes establishing a multi-sector implementation coalition to lead and coordinate efforts to advance the plan's strategic objectives over a 10-year timeline.



INTRODUCTION

Background

Homelessness among pregnant and postpartum persons and young children and their families is a significant, growing problem in Illinois. Homelessness is defined as anyone lacking a “fixed, regular, and adequate nighttime residence”¹ and is inclusive of a number of temporary living situations, such as sharing the housing of others due to loss of housing or economic hardship, living in motels or campgrounds due to lack of alternative or adequate accommodations, or living in emergency or transitional shelters.

Housing insecurity and homelessness while pregnant contributes to an array of adverse health outcomes.² Similarly, homeless experiences during early childhood years can have lasting impacts on a child’s health and development.³ Pregnant people who experience homelessness have less access to proper prenatal care, safe and supportive birthing environments, and postpartum care resulting in increased risk of poor maternal and child health outcomes.⁴ Developmentally, birth through age 3 are the most important years in life.⁵ Children experiencing homelessness during this critical time are more likely to experience developmental delays but less likely to receive therapy or be enrolled in an early childhood program like Early Intervention or Early Head Start and Head Start.⁶

There are many vulnerable subpopulations among parenting and pregnant people in Illinois whose intersectional identities and experiences make them even more vulnerable to homelessness. Many of these populations rarely receive targeted support despite data demonstrating their unique vulnerability, including pregnant and parenting youth, women and children who experience domestic violence, people living with or at risk of HIV and people who experience incarceration. Pregnancy and parenthood are common among youth experiencing homelessness, and as homelessness has increased as a ramification of the COVID-19 pandemic, it is reasonable to assume homelessness among youth has also increased.⁷ In 2017, 1.1 million children had a young parent who experienced homelessness.⁸ These high numbers stand in contrast to national declining trends in teen pregnancy for housed youth.⁹



Women and children who experience domestic violence are also particularly vulnerable to homelessness. Lack of financial independence or stability, scant renters history, and lack of steady employment, which contribute to common power dynamics related to this kind of abuse, can make securing housing very difficult.¹⁰ A study by the National Center for Children in Poverty found that 80% of women and children experiencing homelessness had previously experienced domestic violence.¹¹ Another study reported that as many as 57% of women experiencing homelessness name domestic violence as the immediate cause of their homelessness.¹²

80%

of women and children experiencing homelessness had previously experienced domestic violence.



Similarly, people living with or at risk of HIV infection are at unique risk of experiencing homelessness.¹³ The cost and time commitment to keep up with medical care is intense and can affect one's ability to maintain employment and housing. Those experiencing homelessness with HIV have greater barriers accessing prophylactic medication, testing and other medical care.¹⁴ Symptoms associated with untreated or advanced HIV infection can also make it very difficult to care for young children or pursue stable housing.

Recently incarcerated parents of young children are another population very vulnerable to homelessness. People who have been to prison just once experience homelessness 7x more than the general public, and people who have been to prison more than once experience homelessness 13x more than the general public.¹⁵ The number of mothers who are incarcerated increased 96% between 1991 and 2016.¹⁶ As the crisis of mass incarceration has entered more into public awareness, there is a robust body of research on the implications of incarcerated fathers on young children, but little investigation on the effect of a previously incarcerated mother. Bias against someone with a criminal record can affect employment and housing possibilities, which are important factors to create a stable environment to raise young children.

Despite the significant need for housing resources and supports for pregnant people and families with the youngest children, current policies, funding allocations and data and research limitations create unique barriers to accessing these essential supports for this population. Most of these barriers stem from variations in how homelessness is defined by various federal and state agencies, with schools and early childhood programs using a broad definition of homelessness inclusive of the most common homeless living situation for families—sharing the housing of others temporarily, often referred to as “doubled up.” In contrast, homelessness programs funded through the U.S. Department of Housing and Urban Development (HUD) use a definition of homeless that is far more restrictive and limits most resources only to those who are experiencing or at imminent risk of “literal homelessness,” defined as living in shelter or on the street.¹⁷

At the same time, more mainstream affordable housing resources for those who do not qualify for HUD-funded programs are extremely limited. This misalignment across systems creates situations where schools and early childhood programs identify families experiencing homelessness but do not have resources to refer them to for help with their housing situation.

Beyond eligibility challenges, lack of comprehensive data collection in housing programs on pregnancy and number and ages of children of applicants further limits the ability of housing services to identify where families experiencing homelessness are seeking services in Illinois and nationally. This, in turn, hinders accurate and representative estimates of how many families and children are experiencing homelessness.



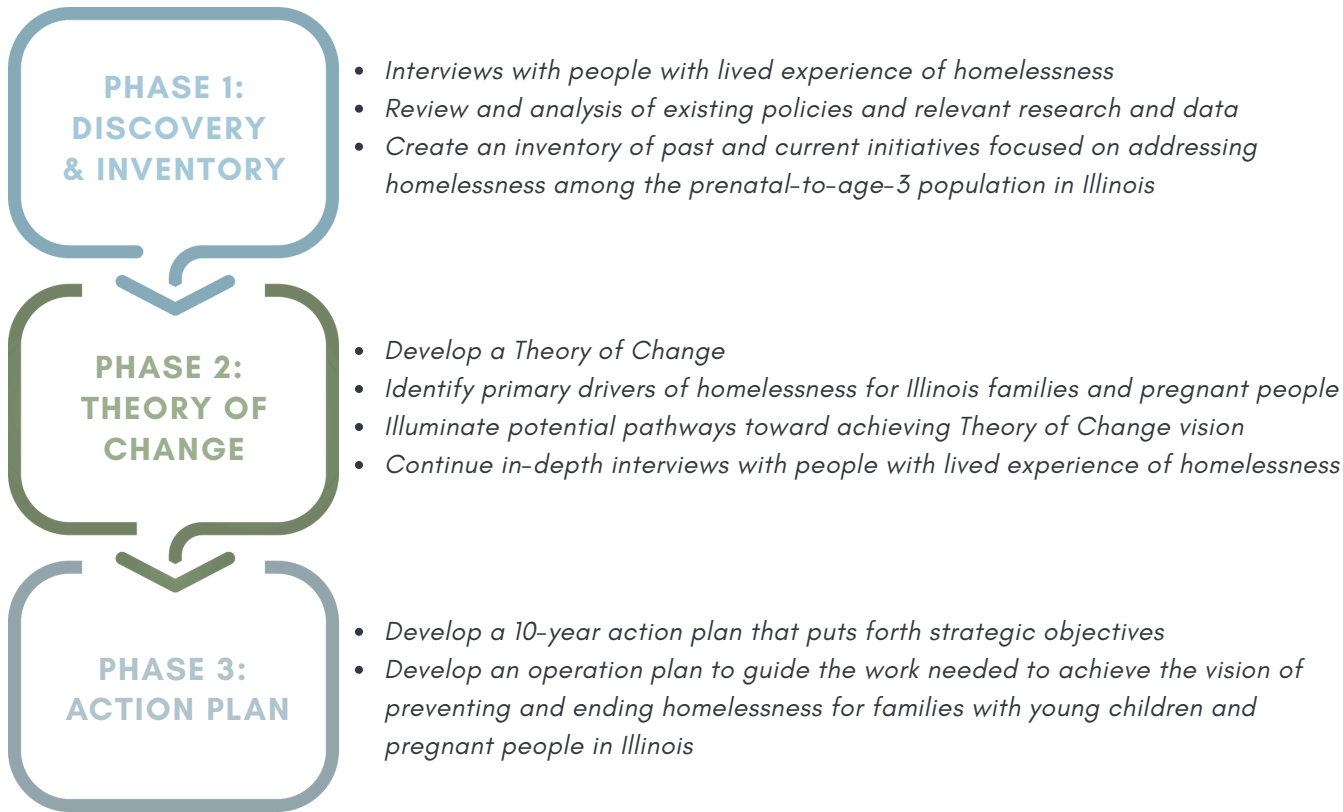
Furthermore, although schools and early childhood programs collect data on children and families experiencing homelessness, lack of universal access to these programs for children under age 5 means data on this portion of the population are extremely limited and incomplete. Because families, especially those with the youngest children, are often left out of data on homelessness and are not specifically prioritized by most existing housing and homelessness programs, child and family homelessness is often less visible than homelessness among other populations and is, therefore, overlooked by government officials and community leaders. **The result is that national, state and local responses to persistent homelessness do not adequately address the unique needs and conditions that families experiencing homelessness experience.**

Project Overview

To address the critical issue of homelessness among pregnant people and families with children under age 3, Start Early, the University of Illinois Chicago Center for Research on Women and Gender (UIC CRWG) and the Chicago Coalition to End Homelessness (CCH) collaborated on the *Housing Insecurity and Homelessness in Illinois Among the Pregnant and Parenting* project (HIHIPP). The project builds on previous research conducted by UIC CRWG¹⁸ and culminates in a 10-year action plan for preventing and ending homelessness among expectant parents and young children and their families in Illinois.

The project focuses specifically on pregnant people and families with children under age 3, as well as several subpopulations that experience unique vulnerability concurrently with housing insecurity: parenting youth, women and children experiencing domestic violence, recently incarcerated mothers of young children and people with or at risk of developing HIV.

The project was completed in three phases over the course of one year, beginning in March 2024.



In order to develop the Theory of Change and Action Plan, an Advisory Committee made up of housing, maternal and child health, early childhood and lived experience experts from across Illinois was assembled to provide essential guidance and insight.

The timeline below shows the stages in which all project activities were completed. These activities were completed in intentional order, with each building upon the findings of the previous phases to inform the Action Plan. Each activity is described in greater detail in the following sections.

Project Activity	Timeline	Project Phase
Convene Advisory Committee, including people with lived experience of family homelessness	June 2024	Phase 1
Create an inventory of promising interventions which prevent and/or eliminate homelessness for families in Illinois	September 2024	Phase 1
Conduct interviews with people with lived experience	June 2024 – February 2025	Phase 1 & 2
Develop a Theory of Change	November 2024	Phase 2
Create an Action Plan to reduce early childhood homelessness	March 2025	Phase 3

Advisory Committee

To adequately address the multifaceted issue of family homelessness in Illinois, the leadership team convened an Advisory Committee of subject matter experts in housing and homeless services, early care and learning and maternal and child health. The purpose of this body was to gather cross-sector input, feedback and guidance for project activities. Throughout the duration of this project, the Advisory Committee was asked to “dream” and think beyond the confines of the systems of care as they exist today to imagine what a comprehensive and effective response to family homelessness should look like. **Complex issues require multi-pronged solutions, and the collective experience and expertise of the Advisory Committee was critical to the development of all aspects of this project.**

Additionally, it was imperative to reflect the wisdom and expertise of people with lived experiences of homelessness in the project activities. To that end, CCH led efforts to engage people with lived experience in the project. CCH works alongside people who are at risk, experiencing or formerly experienced homelessness, including people who were pre- and postpartum during their experience of homelessness. CCH worked to identify and support individuals who were open to joining the Advisory Committee to provide their perspective and expertise.

The final Advisory Committee roster consisted of 35 members representing a breadth of expertise including housing and homeless services, health care, early childhood, McKinney-Vento liaisons from across Illinois and persons with lived experience. The full roster can be viewed in Appendix A. The Advisory Committee met every six weeks during the grant period beginning in June 2024 for a total of eight meetings. The project leadership team also engaged committee members with lived experience in several separate focus groups to ensure their feedback was gathered at each stage of the development process.





KEY PROJECT ACTIVITIES & FINDINGS

Inventory & Analysis of Promising Interventions

The first phase of the project included creating an inventory and analysis of promising cross-sector interventions used across the U.S. to prevent homelessness and support transition to long-term stable housing for the priority population. Interventions were identified via a search of peer-reviewed literature and then reviewed and analyzed for themes. The inventory builds upon previous work of UIC CRWG, who identified and reviewed 28 Illinois programs and seven national programs in their report, [*Pregnant and Parenting While Homeless: The Intersection of Maternal Health and Housing Insecurity*](#). The findings from that report, along with this inventory and analysis, were used to identify elements of effective interventions that could be replicated in Illinois, identify gaps in research where more investigation is needed, and ultimately, inform the objectives and activities of the project's Action Plan.

Relevant peer reviewed research on interventions serving pregnant people and families with infants and toddlers were identified via Google Scholar. Six studies in total were reviewed – see table on following page for list of studies. Only studies featuring interventions that met the following criteria were included in the analysis:

1. Did not include reference to federal hotline as primary referral for participants
2. Intervention model addressed housing insecurity and homelessness and one other co-occurring/related need (e.g., interaction with the child welfare system or substance use disorder)
3. Was an active intervention within the last 15 years
4. The intervention was not included in *Pregnant and Parenting While Homeless: The Intersection of Maternal Health and Housing Insecurity*

These inclusion criteria attempted to capture interventions that are well-documented, rigorously evaluated for effectiveness and specifically support pregnant people and young children and their families experiencing homelessness, as well as the subpopulations mentioned in the previous section. This inventory does not represent the full breadth of existing research on this population, nor does it include all intervention models designed to support the priority population. **However, along with the findings highlighted in the *Pregnant and Parenting While Homeless: The Intersection of Maternal Health and Housing Insecurity* report, it provides valuable insight into what elements of various interventions are most important for positive impact, and it highlights the significant gaps in data, research and effective interventions for families and pregnant people.**

Study Inventory

- California Interagency Council on Homelessness. (2023, October). Putting the Funding Pieces Together: Guide to Strategic Uses of State and Federal Funds to Prevent and End Homelessness. https://bcsb.ca.gov/calich/documents/putting_the_funding_pieces_together.pdf
- Huang, L. A. (2024). Supporting young parents facing homelessness: Evaluation of First Steps Program to improve child health. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_First-Steps-Evaluation-Final-Report_May-2024.pdf
- Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. DOI 10.1186/s12913-017-2816-9 <https://pubmed.ncbi.nlm.nih.gov/29316920/>
- Manji, S., Reid, C., Rosenberg, H. (2021). Addressing Homelessness Through Hotel Conversions. Turner Center for Housing Innovation UC Berkeley. <https://turnercenter.berkeley.edu/research-and-policy/addressing-homelessness-through-hotel-conversions/>
- Shinn, M., Cohen, R. (2019, January). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf
- Shinn, M., Greer, A., Bainbridge, J., Kwon, J., Zuiderveen, S. (2013, November). Efficient Targeting of Homelessness Prevention Services for Families. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301468>

Though a large body of literature exists discussing the general causes and implications of homelessness, inadequate resources have been invested in comprehensive solutions, and homelessness remains a significant and persistent problem in the United States. This is particularly true when it comes to homelessness among families, as this review exposed not only a dearth of interventions focused on the needs of families with young children and pregnant people, but also a general lack of data and research on this population. Data and research on subpopulations of parents/caregivers experiencing housing insecurity, specifically people with HIV and those who have recently been incarcerated, are even more limited.

Most interventions reviewed have eligibility criteria or design components that limit access for families with young children and pregnant people. This includes specifically limiting interventions to people who are living in a shelter or on the street, which excludes most families experiencing homelessness as they tend to be doubled-up with another family or living in hotels and motels.

Another theme identified in this analysis centered around requiring a behavior change, such as cessation of substance use, prior to or as a condition of receiving housing support. Interventions that require behavior change prior to enrolling in a housing program or terminate enrollment when a participant relapses into a certain adverse behavior have the possibility to be more punitive than helpful and lengthen someone's period of homelessness.



A final observation of interventions included in this analysis surrounds language diversity, or the lack thereof. All interventions included in this analysis were conducted by and served people who speak English, and there was no mention of serving people who speak other languages. Lack of specific outreach to people experiencing homelessness who are not fluent in English implies that many populations are not being adequately reached, which can result in significant disparities and particularly poor outcomes for non-English speakers, especially if those people are experiencing a co-morbidity, such as a positive HIV diagnosis.

Despite the limited availability of interventions that specifically support families with young children and pregnant people experiencing homelessness, this review revealed valuable insights about elements associated with positive impact for families. They include a focus on comprehensive and ideally integrated services along with housing supports to account for the often complex and multi-system needs of families and pregnant people. Additionally, interventions focused on preventing homelessness through deep rental subsidies, eviction prevention and better screening for risk were a better match for this particular population. The other themes identified in this review relate to thinking strategically and more “outside the box” when it comes to financing, developing and framing housing and homelessness interventions for this population. This can include considering nontraditional funding sources like Medicaid, creative models like hotel and motel conversions, and framing success around social service expenditures like lower health care costs or outcomes beyond housing, such as educational outcomes.

As evidenced by the findings from this analysis, current interventions to prevent and end homelessness do not adequately consider or meet the needs of pregnant people, families and young children experiencing homelessness. To properly identify and provide support to families experiencing homelessness, future intervention models need to approach family homelessness in a comprehensive manner that involves multiple systems to holistically support co-occurring needs. It is also critical that the sub-populations mentioned in this analysis (parenting youth, women and children experiencing domestic violence, formerly incarcerated parents of young children and people who are pregnant or parenting who have or are at risk of contracting HIV) receive specific, wraparound support from future interventions to address their unique needs.

Future interventions should also creatively approach how to engage families in settings where they already receive services, such as early childhood programs or healthcare settings. It is a good start to identify children experiencing homelessness who are interacting with the child welfare system, but future interventions need to go further to make the connection with programs like Early Intervention and Early Head Start and Head Start. These programs are staffed by a network of providers that work diligently to build relationships with families and understand their specific needs. It is critical that future work to end family homelessness is grounded in both research and the lived experience of people. Multiple levers, at state and national levels, including policy, research and adequate resourcing will need to work in tandem to create new models of providing systemic support to children and families. For any of these levers to work successfully, leaders and stakeholders in key positions must also expand their understanding of homelessness and how it manifests for children and families. See the full analysis in Appendix B.

Interviews with People with Lived Experience

In seeking to ensure the foundation of this project was steeped in the lived experience of people who have experienced homelessness while pregnant, postpartum or parenting, researchers from the UIC CRWG conducted 12 in-depth interviews with people with lived experience. These participants were different from those on the Advisory Committee. Interviews explored participants' housing histories, causes of instability, self-described impact on their lives, experiences trying to access supportive resources, and a discussion of what could have improved their experience seeking supportive resources. Participants were recruited through partnerships with local service providers, community organizations and shelters across Illinois, with a focus on gathering perspectives from a demographically diverse group. The Chicago Coalition to End Homelessness was a key partner in recruitment efforts, sharing enrollment materials widely among networks and disseminating information via their mobile app, Streetlight. Of the 12 individuals that participated in interviews, all were women aged 20–35, the majority of whom were Black and lived in Chicago.

Housing instability among participants resulted from a complex set of factors, including sudden financial emergencies, domestic violence situations, insufficient institutional support (particularly for young parents) and early experiences of displacement during adolescence. These factors, often coinciding with periods of increased vulnerability such as pregnancy or early parenthood, created particularly challenging circumstances for participants. **Participants shared that housing insecurity and homelessness had significant and detrimental impacts on their lives in many ways.** Their mental health was affected, describing the onset or worsening of mental health conditions like depression, anxiety or PTSD. Housing insecurity presented unexpected barriers to effective parenting, including safety concerns for children, educational disruptions, uncomfortable living environments and substantial worry for their children's wellbeing and development. Housing instability also undermined participants' ability to maintain basic self-care and address physical health needs. Constant prioritization of immediate survival needs like shelter, food and child safety left little capacity for preventive health care, medication management or pursuing education and employment opportunities.

These interviews build on previous knowledge of the complex and multi-faceted nature of housing insecurity among pregnant and parenting people in Illinois. The findings of these conversations highlight several key areas for policy and program improvement, including:

1. **Streamlined Information Systems:** Develop more accessible, user-friendly platforms for resource information that integrate services across agencies.
2. **Comprehensive Support:** Implement holistic support systems that address housing and other crucial needs such as mental health, employment, transportation and child care.
3. **Continuity of Care:** Create transition programs that continue to provide support after individuals secure housing to prevent recurrence of instability.
4. **Trauma-Informed Approaches:** Ensure all homeless service providers receive training in trauma-informed care, due to the significant mental health impacts of housing instability.
5. **Prevention-Focused Programs:** Develop early intervention systems that can identify and address housing instability before it reaches crisis levels, particularly for pregnant individuals and those with young children.

The participants' lived experiences demonstrate both the devastating impact of housing instability and the resilience they display in navigating complex systems with limited support. **Their recommendations offer valuable insights for developing more effective, compassionate responses to housing insecurity.** Access the full analysis of these interviews in Appendix C.





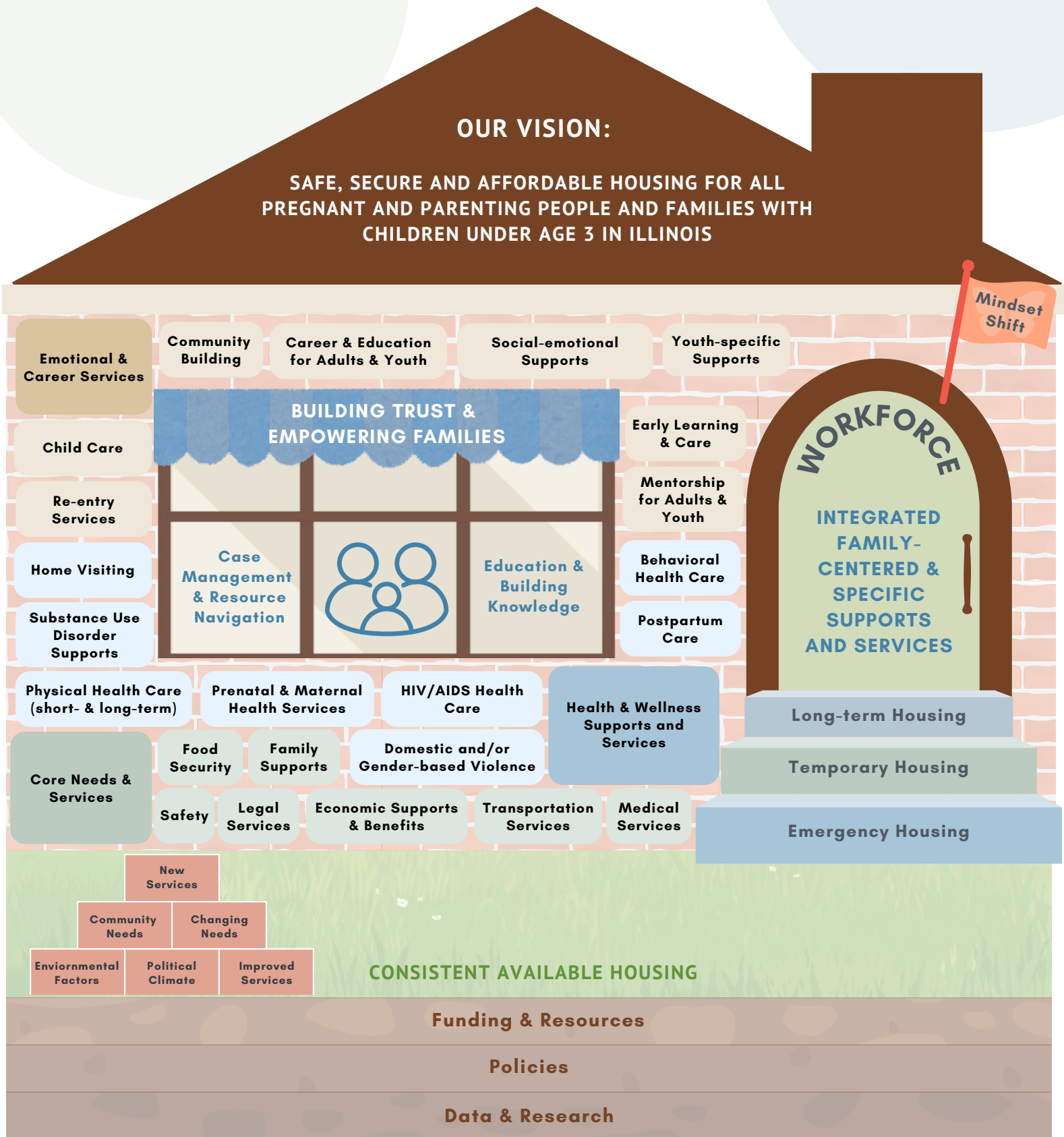
THEORY OF CHANGE

A Theory of Change is a comprehensive framework that articulates a vision and outlines how and why a desired change is expected to happen within a particular context.

It maps out the relationships between initiatives, outcomes and long-term goals, serving as a roadmap for achieving systemic change. A key activity of this project was to create a Theory of Change for addressing housing insecurity among pregnant and parenting families with children under age three in Illinois. The Theory of Change served as the foundation for the 10-year Action Plan, ensuring that the plan's strategies and activities were grounded in a logical framework reflective of the data and research, and most importantly, the expertise and desires of people with lived experiences of homelessness and professionals working most closely with the target population. The Theory of Change was developed from June through November 2024, utilizing various methods of engagement with those with lived experience and the Advisory Committee. A comprehensive review of the Inventory and Analysis of Promising Interventions, research of Theories of Change from similar initiatives and organizations, as well as surveys, feedback and engagement sessions, led to a holistic approach on how to achieve the desired vision and how change can be accomplished.

To understand the specific changes needed to achieve the vision, several goals, activities, strategies and outcomes were gathered from survey responses from the Advisory Committee, along with two engagement sessions with seven Advisory Committee members with lived experience. These methods built a better understanding of the challenges and barriers to accessing services and supports in Illinois, as well as their hopes for themselves and others facing housing insecurity to one day potentially achieve. Using the data and themes that were gathered and presented to the rest of the Advisory Committee, there were several feedback sessions to ensure that the Theory of Change encapsulated the vision and desired change. Feedback was taken and added to the final vision of the Theory of Change. An overview of the various iterations of feedback on activities and goals provided by the Advisory Committee are detailed in Appendix D.

The resulting Theory of Change is aptly represented visually as a house and incorporates several components critical to preventing and ending homelessness, including an articulated vision statement; foundational elements such as policy, funding and research; integrated family-centered and specific supports and services; and a mindset shift. Rather than following a linear path, this Theory of Change operates as a continuous improvement process that adapts to changing needs and circumstances while maintaining focus on the ultimate vision of safe, secure and sustainable housing for all families in this population. Read on for more details about the Theory of Change and refer to Appendix E for a comprehensive report.



The vision statement for the Theory of Change, represented as the roof of the house, is to ensure safe and stable housing for all pregnant and parenting people and families with children under age 3 in Illinois, regardless of circumstance, such that all families have access to safe, secure and affordable housing that is:

- Located in their desired community
- Aligned with their family's specific needs
- Sustainable in the long-term

Three key, interconnected factors form the foundation for achieving sustainable housing solutions.

Funding & Resources: Coordinated and adequate funding streams across federal, state, local and community levels

Policies: Federal, state and local policies that are informed by lived experiences and research

Data & Research: Comprehensive data infrastructure that enables tracking and understanding of the target population

These elements can work together to create a continuously improving system that prioritizes housing security for pregnant and parenting families.

Pregnant and parenting families facing housing insecurity often have very complex needs that require comprehensive supports. This need for integrated, family-centered and specific supports and services is represented by the building materials of the house, including the bricks, windows stairs and doors. Finally, the flag hanging outside of the house represents the role of a mindset shift in preventing and ending homelessness among pregnant and parenting families in Illinois. There is a need to increase knowledge about homelessness among this population and build more motivation, particularly among systems leaders, to address this issue.





ACTION PLAN

The final activity of this project was to create a 10-Year Action Plan, based on the Theory of Change, that identifies the most actionable opportunities to make meaningful progress toward the goal of ensuring safe and stable housing for all pregnant and parenting people and families with children under age 3 in Illinois, regardless of circumstance. The Action Plan was developed by the project leadership team, with input and feedback from the project Advisory Committee, and reflects priorities for action and impact based on the current climate. The Action Plan is grounded in the Theory of Change and reflects learnings from a review of recent data and research, the inventory and analysis of promising initiatives and interviews and engagement with people with lived experiences of homelessness.

The current and anticipated political, fiscal and social landscape presents little opportunity to achieve major decreases in homelessness among pregnant people and families with infants and toddlers in Illinois over the next few years. Reductions in federal, state and local spending on safety net programs are anticipated, along with serious and harmful attacks on marginalized populations, increased needs overall, and limited time and resources for social service organizations and state agencies to focus on activities outside of maintaining basic infrastructure and critical services. Fortunately, Illinois has faced similar situations in the past, including the COVID-19 pandemic and a protracted budget impasse between 2015-2017. These examples provide useful insight for how best to proceed in addressing homelessness among our youngest residents and their families despite these challenges.

First, given the anticipated level of uncertainty and volume of direct threats to families, funding and institutions over the next few years, **it is critical that our approach is flexible, opportunistic and iterative so that we can leverage opportunities as they arise for maximize impact.** Following a rigid multi-year action plan within a tumultuous environment risks spending limited resources on activities that may be a mismatch for the evolving context. With that in mind, we propose identifying a set of **strategic objectives** and providing **support for stakeholders** to align their efforts to those objectives. This approach provides flexibility to prioritize activities according to conditions, opportunities and resources over the 10 years.

Second, we propose focusing the next few years on **building strong foundational structures needed to advance major system change and diligently preparing strategies to deploy when conditions become more amenable to progress, hopefully in four to five years.** The process of developing this plan revealed a weak foundation for advancing this work, including very few active and fully developed advocacy efforts focused on this population, inadequate data and research, and low awareness and understanding of this segment of the population of people who experience homelessness in Illinois.

As such, we propose focusing the first few years on:

- **Building and nurturing a policy and advocacy coalition** of organizations committed to preventing and ending homelessness among this population
- **Strengthening data and research**
- **Engaging and elevating the voices of families** with lived experience of homelessness
- **Increasing knowledge and awareness** and **shifting attitudes and beliefs** among key stakeholders to motivate greater action

Lastly, in anticipation of the need to reimagine and prototype new approaches to service delivery and limited public resources for scaling, we propose a focus on **identifying, developing and advancing innovations**, including strategically leveraging pilots and demonstration projects and partnerships with the private sector. Such pilots and demonstration projects should focus on designing for user experience and illuminating the infrastructure needed to achieve impact at scale. Evaluation of these projects should inform policy and systems change recommendations that can be advanced at a time when conditions are more amenable for change.

The Action Plan has four primary components, which are intended to work synergistically together to provide both structure and flexibility:

1. Recommended set of strategic objectives
2. Key strategies for advancing strategic objectives
3. Operation plan for implementation
4. Timeline

Strategic Objectives

Homelessness among pregnant people and families with infants and toddlers is a complex, multi-system issue that requires a coordinated, multi-system response. Unfortunately, efforts to address homelessness among this population are just as fragmented and siloed as the services landscape is for families.

The strategic objectives outlined below are intended to serve as a framework to align stakeholder efforts across sectors, resulting in greater coherence in approach, stronger collaboration, and ultimately, greater impact. The objectives are specifically aligned to the overall goal of ensuring safe and stable housing for all pregnant and parenting people and families with children under age 3 in Illinois. They are organized according to three themes: 1) housing, 2) services and supports and 3) workforce and professional practice.





HOUSING

- Preserve and expand the supply of affordable housing specifically for families.
- Increase access to the rental market through targeted supports for both landlords and families.
- Enhance existing shelter and traditional housing programs to be more family-friendly, child-centered and accessible to all types of families.
- Develop, identify and leverage new and alternative funding sources outside of traditional funding streams for housing and relevant support services for this population (e.g. Medicaid, managed care organizations, banks, employers).



SERVICES & SUPPORTS

- Develop, identify and advance strategies to increase direct cash assistance and access to public benefits for this population.
- Increase housing and benefits navigation supports specifically for families.
- Establish embedded legal, financial and housing specific services within health care and early care and learning settings to promote eviction prevention, credit repair, etc.



WORKFORCE & PROFESSIONAL PRACTICE

- Develop and implement a suite of training, professional development opportunities and other program improvement tools targeted to a multi-sector audience related to supporting pregnant people and families with young children experiencing homelessness.
- Decrease DCFS reports made solely due to housing status by reforming mandated reporter policies and training.
- Strengthen service delivery approaches across housing, health care and early care and learning to be more trauma-informed, dignity-centered, responsive to the unique needs and desires of pregnant people and families experiencing homelessness, and reflective of best practices.

Key Strategies

Meaningfully advancing the strategic objectives in this Action Plan will require use of multiple strategies that can be flexibly deployed as opportunities arise. Although there may be additional strategies identified throughout the 10-year life of this plan, we anticipate the below seven strategies to be core to the work of advancing the strategic objectives. Additionally, each objective will likely be supported by more than one strategy. For instance, achieving the objective to “preserve and expand the supply of affordable housing specifically for families” could conceivably require all seven key strategies.

- Policy and advocacy
- Data and research
- Parent and family engagement and leadership
- Strategic communications
- Professional development and training
- Pilots and demonstration projects
- Private sector partnerships



Operation Plan

The below operation plan puts forth a recommended structure for coordinated and coherent implementation of key strategies for achieving the strategic objectives. As mentioned earlier, Illinois lacks strong foundational structures needed to advance meaningful progress toward the goal of ensuring safe and stable housing for the target population. Therefore, this operation plan aims to first build those structures needed to deploy key strategies in a manner that will advance the strategic objectives and ensure ongoing optimization of efforts. The operation plan calls for establishing an implementation coalition responsible for providing leadership to and coordinating efforts among a cross-sector field. The plan also calls for identifying lead organizations to fulfill specific functions and activities related to the implementation coalition. Below are recommendations for establishing the coalition and more detail regarding the coalition functions and activities.

- Establish an implementation coalition to execute coordinated activities that advance the strategic objectives identified above over a 10-year period.
- Identify a coalition leadership team to: 1) guide the coalition’s activities, 2) build and maintain relationships with key stakeholders and public sector leaders across housing, health care, early childhood and other allied sectors in Illinois, 3) promote and support optimal coordination and collaboration, and 4) work with philanthropy and other private and public sector partners to secure funding for coalition activities.
- Identify organizations or entities to lead core functions across the coalition leadership team. Core functions include backbone, policy and advocacy, family leadership and engagement and data and research. Additional description of duties and key responsibilities/activities for each entity are listed below.

Core Function	Key Activities
Coalition Backbone	• Provide administrative and operational support, including developing annual coalition work plans and developing reports • Lead CQI processes for coalition, including documenting activities and progress • Lead implementation of cross-functional activities, including strategic communication efforts • Lead efforts to frame up and oversee projects/activities that advance strategic objectives, including pilot projects, special analyses and professional development • Lead efforts to secure appropriate vendors or partners to execute projects/activities
Policy & Advocacy <i>(three leads, one for each area of focus: housing, early childhood, health care)</i>	• Develop and advance multi-year state and local policy agendas, including legislative and administrative priorities • Lead development of policy and systems change recommendations and strategies to advance recommendations, such as pilot/demonstration projects • Represent the coalition at system-specific policy tables and in meetings with state and local policy makers • Perform special landscape analyses, policy analyses, etc. as needed to advance strategic objectives • Collaborate with other leads
Family Leadership	• Recruit and support a network of family leaders to participate in all aspects of coalition activities • Manage stipends and accessibility needs • Advise other coalition leads on strategies to ensure meaningful input, feedback and engagement from family leaders
Data & Research	• Lead efforts to develop and implement recommendations for strengthening, expanding and aligning data collection across housing, early childhood and health care • Curate, create and deploy resources to improve data literacy • Create and advance an Illinois research agenda that will guide the process of strategically growing the body of research on this population in Illinois, with a focus on filling in gaps in knowledge, particularly on subpopulations like families experiencing criminal-legal system involvement and those living with HIV/AIDS • Create and maintain an online, public-facing data dashboard and information repository that clearly communicates the currently available data and research on this population in Illinois • Explore feasibility of establishing a research consortium to develop and nurture research-practice-policy partnerships rooted in lived experience and conduct and translate research into meaningful action • In partnership with other leads, oversee evaluation of pilot projects to identify and scale effective strategies

Timeline

The final component of the Action Plan is a recommended implementation timeline that includes timing for key activities and anticipated progress milestones. Although it is difficult to predict each activity and opportunity, the timeline presented here illuminates a feasible path toward achieving and sustaining impact.

YEAR 1: BUILDING THE FOUNDATION

- Establish the HIHIPP Action Plan Implementation Leadership Team and develop an operational structure and work plan
- Identify an entity or collaborative to serve as backbone for and provide leadership to the HIHIPP Action Plan Implementation Coalition
 - Develop an operational structure for the coalition, recruit members and launch
 - Begin work on communications strategy
- Identify entities to serve as Policy and Advocacy Leads
 - Provide additional capacity grants to a set of housing, health care, early childhood and other allied sector advocacy organizations to support participation in the coalition
 - Complete in-depth policy landscape analysis across housing, health care and early childhood; consider selecting target geographies for local housing policy analyses
 - Identify initial set of policy priorities to guide advocacy in year two while multi-year policy agenda is developed (in collaboration with other leads)
- Identify an entity or collaborative to lead implementation of data and research objectives
 - Develop a detailed work plan for accomplishing the objectives
 - Complete data landscape analysis
- Identify an entity or collaborative to develop and launch a family leader network, including developing an operational structure

YEAR 2: MOVING FROM FOUNDATION TO ACTION

- Implement operation plan for the coalition, convening meetings and engaging partner stakeholders and tables regularly; facilitating information sharing and gathering input and feedback on year two activities outlined below
- Develop multi-year research and policy agendas that relate to one another and advance the objectives within the plan
 - Policy agenda should be inclusive of legislative, administrative and general systems change strategies
- Frame up and begin implementation of an initial set of projects/activities (pilot projects, analyses, etc.) that advance plan objectives based on the current social, political and financial landscape

YEAR 2: MOVING FROM FOUNDATION TO ACTION, CONTINUED

- Continue work on communications strategy, moving into implementation phase
- Launch initial public-facing data dashboard and information repository, building out a set of easily digestible briefs, infographics, etc.
- Identify and connect to national and allied efforts as appropriate (e.g., national partners on federal agenda, Illinois benefits project)

YEARS 3-4: FULL IMPLEMENTATION

- Continue all coalition and family network operations, coordinating with national and allied efforts, as appropriate
- Continue implementation of communications strategy with focus on continuous improvement cycles to identify new audiences, messages, etc. based on the environment, new opportunities, available capacity/resources and collaboration opportunities
- Frame up and implement additional rounds of projects that advance objectives in the action plan; continually monitor progress, elevate successes and identify opportunities for expanding, scaling or institutionalizing successful projects
- Begin implementation of multi-year policy agenda
- Begin advancing research agenda and identifying priority areas for sustained investment
- Curate/develop data literacy resources and execute a strategy for deploying them
- Continually update and maintain the data dashboard and information repository

YEAR 5: REVIEW, EVALUATE & REVISE

- Continue all regular coalition operations and activities, including policy and advocacy efforts, communications, family network, data/research activities, etc.
- Coalition Leadership Team will collectively assess the political, social and financial landscape, review and evaluate implementation of coalition functions and activities to-date to identify key learnings and implications for future efforts, and develop recommendations for strengthening continued coalition operations within the current landscape
- Revise strategic objectives and coalition operation plans according to the evaluation findings
- Produce a public-facing report on coalition progress to-date, identified learnings, assessment of the current landscape and implications for future directions and description of the path forward
- Anticipated milestones:
 - Functional data dashboard and ability to establish a baseline from which to track progress
 - Measurable increases in knowledge and awareness of homelessness among pregnant people/families with infants and toddlers, and committed interest in addressing the issue among key stakeholders
 - Increased influence through strong, established relationships with and among key public and private sector stakeholders
 - Identified set of effective interventions with feasible paths to scaling in Illinois

YEARS 6-9: ACCELERATED PROGRESS

(contingent upon conditions in the U.S. at the time)

- Implement recommended shifts to coalition operations based on evaluation efforts and continue operations/activities
- Develop and implement strategies for scaling policy and system solutions identified through research and pilot/demonstration projects, with anticipated heavy effort for policy and advocacy
- Frame up and implement additional projects, as needed

YEAR 10 AND BEYOND: ACHIEVING & SUSTAINING IMPACT

- Coalition leadership will engage in another cycle of evaluation with focus on sustaining progress
- Produce a public-facing report detailing progress to-date and recommendations for sustaining (and continuing, if applicable) progress toward preventing and ending homelessness for pregnant people and families with infants and toddlers
- Implement sustainability plan





CONCLUSION

Strategic action is needed in several key areas to eliminate homelessness among pregnant people and families with young children, including data and research, funding and resource allocation, policy interventions and an increased public awareness and understanding of family homelessness.

Moreover, achieving impact will require sustained and coordinated effort by a variety of public and private sector stakeholders at the federal, state and local level.

Unfortunately, fruitful cross-sector collaboration is very challenging, as current systems are persistently under resourced, fragmented and siloed, which in turn perpetuates both competition for limited resources and lack of cross-sector knowledge among stakeholders. Indeed, the process of developing the HIHIPP Action Plan illuminated both the benefits and challenges of working with cross-sector partners.



Successfully implementing the HIHIPP Action Plan in the coming years will require not only resources to support the plan's activities, but greater and more intentional support for cross-sector relationship building and knowledge sharing.

In recognition of the significant resource limitations within the homeless services sector, competing priorities and continued resistance from homeless system stakeholders to meaningfully expand services, the strategies and actions outlined in the Action Plan center on building more supports for families within systems and services they are already engaged with, like health care and early childhood education.

Likewise, the plan calls for increased focus on specific strategies that increase economic security for families, such as direct cash assistance and improved access to and expansion of public benefits. Although the plan requires increased resources and policy changes that direct more homeless system supports to this population, as well as funding, policy change and private sector partnerships that increase availability of affordable housing specifically for families, **the most immediate opportunities for impact lie with systems that already have great expertise in supporting this population.**

Finally, it is important to acknowledge the current political and fiscal landscape, as negative impacts have already begun to affect housing insecure families and the subpopulations this project was focused on in the early months of the new federal administration. Changes occurring at key federal agencies like the Department of Education, Housing and Urban Development and the Department of Health and Human Services, as well as significant funding threats to Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), McKinney-Vento funding and a variety of early education programs pose unprecedented challenges for pregnant people and families experiencing homelessness, as well as the professionals and systems that support them.

These factors highlight the critical importance of strong state and local level leadership, investment and collaboration in weathering these challenges.

Now, more than ever, the need for a flexible and creative approach to addressing prenatal-to-age-3 homelessness is needed, and the HIHIPP Action Plan provides a strong foundation and approach for meeting the moment we are in, as well as the challenges that lie ahead.



Works Cited

1. <https://nche.ed.gov/mckinney-vento-definition/>
2. St Martin, B., Spiegel A., Sie L, Leonard S., Seidman D., Girsan A., Shaw G., El-Sayed Y. (2021). Homelessness in pregnancy: perinatal outcomes.
3. Sandel, M., Sheward, R., Sturtevant, L. (2015). Compounding Stress: Timing and Duration Effects of Homelessness on Children's Health.
4. Ake, T., et al. (2018). Needs Assessment for Creating a Patient-Centered, Community-Engaged Health Program for Homeless Pregnant Women.
5. Prenatal-to-3 Policy Impact Center. (2021). Why Do We Focus on the Prenatal-to-3 Age Period? Understanding the Importance of the Earliest Years
6. Rosales, B.M. (2024). Homeless infants and toddlers largely unenrolled in early ed programs.
7. Dworsky, A., Morton, M. H., Samuels, G. M. (2018). A Substantial Number of Youth Experiencing Homelessness are Pregnant or Parenting.
8. Dworsky, A., Morton, M. H., Samuels, G. M. (2018). Missed opportunities: Pregnant and parenting youth experiencing homelessness in America.
9. Wildsmith, E., Welti, K., Finocharo, J., Ryberg, R., Manlove, J. (2022). Teen Births Have Declined by More Than Three Quarters Since 1991.
10. https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf
11. Aratani, Y. (2009). Homeless Children and Youth, Causes and Consequences.
12. National Network to End Domestic Violence. <https://azmag.gov/Portals/0/Domestic-Violence/NNEDV-Fact-Sheet.pdf>
13. Tomaszewski, EP. (2011). Human Rights Update: HIV/AIDS and Homelessness.
14. CDC. (2024). Issue Brief: The Role of Housing in Ending the HIV Epidemic.
15. Couloute, L. (2018). Nowhere to Go: Homelessness among formerly incarcerated people
16. Ghandnoosh, N., Muhitch, K., Stammen, E. (2021). Parents in Prison.
17. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/>
18. Glass-Riveros E., Craemer K., Sayah L., Baumann K., Geller S. (2024), Pregnant and parenting while homeless: The Intersection of Maternal Health and Housing Insecurity.



References

Ake, T., Diehr, S., Ruffalo, L., Farias, E., Fitzgerald, A., Good, S. D., Howard, L. B., Kostelyna, S. P., & Meurer, L. N. (2018). Needs Assessment for Creating a Patient-Centered, Community-Engaged Health Program for Homeless Pregnant Women. *Journal of patient-centered research and reviews*, 5(1), 36-44. <https://doi.org/10.17294/2330-0698.1591>

Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. New York, NY: National Center for Children in Poverty. <https://www.nccp.org/publication/homeless-children-and-youth-causes-and-consequences/>

CDC. (2024). Issue Brief: The Role of Housing in Ending the HIV Epidemic. <https://stacks.cdc.gov/view/cdc/127257>

Couloute, L. (August 2018). Nowhere to Go: Homelessness among formerly incarcerated people. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/housing.html#:~:text=People%20who%20have%20been%20to,higher%20than%20the%20general%20public>

Dworsky, A., Morton, M. H., Samuels, G. M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/VoYC-PP-Brief-FINAL.pdf>

Dworsky, A., Morton, M. H., Samuels, G. M. (2018). *A Substantial Number of Youth Experiencing Homelessness Are Pregnant or Parenting*. Chicago, IL: Chapin Hall at the University of Chicago. <https://www.chapinhall.org/research/a-substantial-number-of-youth-experiencing-homelessness-are-pregnant-or-parenting/>

Ghandnoosh, N., Muhtich, K., Stammen, E. (2021) *Parents in Prison [Policy Brief]*. The Sentencing Project. <https://www.sentencingproject.org/policy-brief/parents-in-prison/>

Glass-Riveros E., Craemer K., Sayah L., Baumann K., Geller S. (2024), *Pregnant and parenting while homeless: The Intersection of Maternal Health and Housing Insecurity*. Report. <https://chicago.medicine.uic.edu/wp-content/uploads/2024/08/Pregnant-and-Parenting-While-Homeless-in-Illinois-.pdf>

National Network to End Domestic Violence. <https://azmag.gov/Portals/0/Domestic-Violence/NNEDV-Fact-Sheet.pdf>

Prenatal-to-3 Policy Impact Center. (2021). *Why Do We Focus on the Prenatal-to-3 Age Period? Understanding the Importance of the Earliest Years*. Child and Family Research Partnership, Lyndon B. Johnson School of Public Affairs, University of Texas at Austin. B.001.0121. <https://pn3policy.org/resources/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years>

References

Rosales, B.M. (2024). Homeless infants and toddlers largely unenrolled in early ed programs. Ed Source. <https://edsource.org/2024/homeless-infants-and-toddlers-largely-unenrolled-in-early-ed-programs/708574#:~:text=Enrollment%20in%20early%20childhood%20development,to%20a%20recent%20national%20report>

Safe Housing Partnerships. (2020). The Intersection of Domestic Violence and Homelessness. https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf

Sandel, M., Sheward, R., Sturtevant, L. (2015). Compounding Stress: Timing and Duration Effects of Homelessness on Children's Health. Center for Housing Policy and Children's HealthWatch. https://www.childrenshealthwatch.org/wp-content/uploads/Compounding-Stress_2015.pdf

St Martin, B. S., Spiegel, A. M., Sie, L., Leonard, S. A., Seidman, D., Girsan, A. I., Shaw, G. M., & El-Sayed, Y. Y. (2021). Homelessness in pregnancy: perinatal outcomes. Journal of perinatology : official journal of the California Perinatal Association, 41(12), 2742-2748. <https://doi.org/10.1038/s41372-021-01187-3>

Wildsmith, E., Welti, K., Finocharo, J., Ryberg, R., Manlove, J. (2022). Teen Births Have Declined by More Than Three Quarters Since 1991. Child Trends. <https://www.childtrends.org/publications/teen-births-have-declined-by-more-than-three-quarters-since-1991>

Tomaszewski, EP. (2011). Human Rights Update: HIV/AIDS and Homelessness. <https://www.socialworkers.org/LinkClick.aspx?fileticket=2p326AfQb1A%3D&portalid=0#:~:text=HIV%2FAIDS%20and%20homelessness%20are,of%20frequent%20health-related%20absences.>

US Department of Housing and Urban Development. (n.d.). COC and ESG homeless eligibility - four categories in the homeless definition - hud exchange. HUD Exchange. <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/>



**Housing Insecurity &
Homelessness in Illinois Among
the Pregnant & Parenting**

Appendix



APPENDIX A:

Advisory Committee

Roster of Advisory Committee participants, the organization they are affiliated with and the geographical reach of those organizations. The purpose of the Advisory Committee was to assemble a representative group of advocates in Illinois.

Name	Organization	Geographic Service Area
Jackie Koriath	The Network to End Domestic Violence	Illinois
Joan Fox	DuPage County Department	DuPage County
Stephanie Franklin	UCAN Chicago	Chicago
Penny Smith	Erickson Institute	Chicago
Karie Stewart	Melanated Midwives	Chicago
Kate Ulmer	Illinois State Board of Education	Illinois
Bob Palmer	Housing Action Illinois	Illinois
Tanya Gassenheimer	National Center for Youth Law	National
Johna Schullian	Regional Office of Education #21	Franklin, Johnson, Massac, and Williamson County, Illinois
Mary Elsner	Illinois Chapter of American Academy of Pediatrics	Illinois
Elizabeth Oladeinde	Advocate Health Care	Illinois
Irma Chavez	Family Rescue	Chicago
M Nelsen	Alliance to End Homelessness in Suburban Cook County	Suburban Cook County
Lisa Sargent-Davis	AETNA	Illinois
Katie Wise	New Moms	Chicago

Name	Organization	Geographic Service Area
Stephanie Sideman	CSH	Chicago
Dominique Chew	AIDS Foundation	Chicago
Dr. Cindy Davis	Melanated Group Midwifery Care	Chicago
LaTanya Gray	Primo Center	Chicago
Shawanda Jennings	Home Visiting & Doula Network of Illinois	Illinois
Lori Orr	Illinois Department of Human Services Division of Early Childhood	Illinois
Andrea Chatman	Chicago Department of Family Support Services	Chicago
Angela Ellison	University of Illinois Chicago	Chicago
Colleen Mahoney	Office to Prevent and End Homelessness	Chicago
Abby Creek	Illinois Chapter American Academy of Pediatrics	Chicago
Kelly Hubbard	EverThrive Illinois	Illinois
Michelle Neumann	AETNA	Illinois
Jimmie Miller	AETNA	Illinois
Maxica Williams	Lived Experience	
Taishi Neuman	Lived Experience	
Patricia Franklin	Lived Experience	
April Harris	Lived Experience	
Kellia L. Philips	Lived Experience	
Ciara	Lived Experience	

APPENDIX B:

Cross-Sector Interventions Inventory Analysis

INTRODUCTION

The Housing Insecurity and Homelessness in Illinois among the Pregnant and Parenting (HIHIPP) project is a joint effort between Chicago Coalition to End Homelessness, UIC Center for Research on Women and Gender (UIC CRWG), and Start Early that aims to develop a 10-year Action Plan to prevent and end homelessness among pregnant people and families with children under the age of three in Illinois. The project includes a focus on several subpopulations, including pregnant and parenting youth, women and children who experience domestic violence, formerly incarcerated women who are parenting, and people living with HIV.

The first phase of the project included creating an inventory and analysis of promising cross-sector interventions used across the U.S. to prevent homelessness and support transition to long-term stable housing for the target populations of pregnant people and families with children under the age of three. Interventions were identified via a search of peer-reviewed literature and then reviewed and analyzed for themes. The inventory builds upon previous work of the UIC CWRG, who identified and reviewed 28 Illinois programs and seven national programs in their report, [*Pregnant and Parenting while Homeless: The Intersection of Maternal Health and Housing Insecurity*](#). The findings from that report, along with this inventory and analysis, will be used to identify elements of effective interventions that could be replicated in Illinois, identify gaps in research where more investigation is needed, and ultimately inform the objectives and activities of the project's Action Plan.

OVERVIEW OF THE ISSUE

Homelessness is a persistent issue in Illinois that affects pregnant people and those parenting young children acutely. Developmentally, birth to 3 are the most important years in life.¹ Children experiencing homelessness during this critical time are more likely to experience developmental delays and less likely to receive therapy or be enrolled in an early childhood program like Early Intervention or Early Head Start and Head Start.² Pregnant adults experiencing homelessness have less access to proper prenatal care, safe and supportive birthing environments, and postpartum care.

There are many vulnerable subpopulations among parenting and pregnant people in Illinois whose intersectional identities and experiences make them even more vulnerable to homelessness. Many of these populations rarely receive targeted support despite data demonstrating their unique vulnerability. The HIHIPP Project includes a specific focus on four subpopulations including: pregnant and parenting youth, women and children who experience domestic violence, people living with or at risk of HIV, and people who experience incarceration.

¹ Prenatal-to-3 Policy Impact Center. (2021). Why Do We Focus on the Prenatal-to-3 Age Period? Understanding the Importance of the Earliest Years.

² Rosales, B.M. (2024). Homeless infants and toddlers largely unenrolled in early ed programs.

Pregnancy and parenthood are common among youth experiencing homelessness, and as homelessness has increased as a ramification of the COVID-19 pandemic it is realistic to assume homelessness among youth has increased as well.³ In 2017, 1.1 million children had a young parent who experienced homelessness.⁴ These high numbers stand in contrast to national declining trends in teen pregnancy for housed youth.⁵

Women and children who experience domestic violence are also particularly vulnerable to homelessness. Lack of financial independence or stability, little rental history, and lack of steady employment, which are common power dynamics related to this kind of abuse, can make securing housing very difficult.⁶ A study by the National Center for Children in Poverty found that 80% of women and children experiencing homelessness had previously experienced domestic violence.⁷ Another study reported that as many as 57% of women experiencing homelessness name domestic violence as the immediate cause of their homelessness.⁸

Similarly, people living with or at risk of HIV infection are at unique risk of experiencing homelessness. The cost and time commitment to keep up with medical care is intense and can affect one's ability to maintain employment and housing.⁹ Those experiencing homelessness with HIV have greater barriers accessing prophylactic medication, testing, and other medical care.¹⁰ Symptoms associated with untreated or advanced HIV infection can also make it very difficult to care for young children or pursue stable housing.

Recently incarcerated parents of young children are another population very vulnerable to homelessness. People who have been to prison just once experience homelessness 7x more than the general public, people who have been to prison more than once experience homelessness 13x more than the general public.¹¹ The number of mothers who are incarcerated increased 96% between 1991 and 2016.¹² As the crisis of mass incarceration has entered more into public awareness, there is a robust body of research on the implications of incarcerated fathers on young children, but little investigation on the effect of a previously incarcerated mother. Bias against someone with a criminal record can affect employment and housing possibilities, which are important factors to create a stable environment to raise young children.

³ Dworsky, A., Morton, M. H., Samuels, G. M. (2018). A Substantial Number of Youth Experiencing Homelessness are Pregnant or Parenting.

⁴ Dworsky, A., Morton, M.H., Samuels, G.M. (2018). Missed opportunities: Pregnant and parenting youth experiencing homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.

⁵ Wildsmith, E., Welti, K., Finochiaro, J., Ryberg, R., Manlove, J. (2022). Teen Births Have Declined by More Than Three Quarters Since 1991.

⁶ https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf

⁷ Aratani, Y. (2009). Homeless Children and Youth, Causes and Consequences.

⁸ National Network to End Domestic Violence. <https://azmag.gov/Portals/0/Domestic-Violence/NNEDV-Fact-Sheet.pdf>

⁹ Tomaszewski, EP. (2011). Human Rights Update: HIV/AIDS and Homelessness.

¹⁰ CDC. (2024). Issue Brief: The Role of Housing in Ending the HIV Epidemic.

¹¹ Couloute, L. (2018). Nowhere to Go: Homelessness among formerly incarcerated people

¹² Ghandnoosh, N., Muhitch, K., Stammen, E. (2021). Parents in Prison.

The aforementioned subpopulations can overlap in many ways; and with all populations, vulnerability and risk can be different for members of the same group based on their race, age, and gender. Black women represent the majority of new HIV cases in the U.S.,¹³ along with Indigenous women, face higher incarceration rates than white women¹⁴, and are more likely to experience homelessness than other racial groups of women.¹⁵ It is important for interventions targeting support to pregnant and parenting people and their young children who experience homelessness take into account how intersectional identities can increase vulnerability to homelessness for some people. Stigma contributes to barriers to learning more about these populations, which highlights the importance of adding new and innovative interventions to existing research and best practices.

CROSS SECTOR INTERVENTION INVENTORY

Relevant peer reviewed research on interventions serving pregnant people and families with infants and toddlers were identified via Google Scholar. Six studies in total were reviewed – see table on following page for list of studies. Only studies featuring interventions that met the following criteria were included in the analysis:

- Did not include reference to federal hotline as primary referral for participants
- Intervention model addressed housing insecurity and homelessness and one other co-occurring/related need (e.g., interaction with the child welfare system or substance use disorder)
- Was an active intervention within the last 15 years
- The intervention was not included in *Pregnant and Parenting While Homeless: The Intersection of Maternal Health and Housing Insecurity*

These inclusion criteria attempt to capture only interventions that are well-documented, rigorously evaluated for effectiveness, and specifically support pregnant people and young children and their families experiencing homelessness, as well as the subpopulations mentioned in the previous section. This inventory does not represent the full breadth of existing research on this population, nor does it include all intervention models designed to support the target population. However, it does provide valuable insight into what elements of various interventions are most important for positive impact. The interventions included in this analysis are listed in the table on the following page.

¹³ Hassan K., Coon D. (2024). The Provider's Role in Retaining Black Women With HIV in Care.

¹⁴ Legal Defense Fund. (2024). Kemba Smith.

¹⁵ National Alliance to End Homelessness. (2023). Homelessness and Racial Disparities.

Study Inventory

California Interagency Council on Homelessness. (2023, October). Putting the Funding Pieces Together: Guide to Strategic Uses of State and Federal Funds to Prevent and End Homelessness. https://bcsh.ca.gov/calich/documents/putting_the_funding_pieces_together.pdf

Huang, L. A. (2024). Supporting young parents facing homelessness: Evaluation of First Steps Program to improve child health. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_First-Steps-Evaluation-Final-Report_May-2024.pdf

Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. DOI 10.1186/s12913-017-2816-9 <https://pubmed.ncbi.nlm.nih.gov/29316920/>

Manji, S., Reid, C., Rosenberg, H. (2021). Addressing Homelessness Through Hotel Conversions. Turner Center for Housing Innovation UC Berkeley. <https://turnercenter.berkeley.edu/research-and-policy/addressing-homelessness-through-hotel-conversions/>

Shinn, M., Cohen, R. (2019, January). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf

Shinn, M., Greer, A., Bainbridge, J., Kwon, J., Zuiderveen, S. (2013, November). Efficient Targeting of Homelessness Prevention Services for Families. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301468>

THEMES THAT CONTRIBUTE TO EFFECTIVENESS

Of the interventions included in this inventory, several themes arose to summarize effective elements that indicate the ability to scale and sustain these interventions with appropriate resources. The themes associated with effectiveness include: providing comprehensive services, focus on prevention, creative and strategic financing and social service expenditures and impacts as measures of success.

Provide Comprehensive Services

The first theme that emerged was the recognition that comprehensive services are needed to address housing insecurity and homelessness, which is a result of many complex, interrelated factors. For example, a program offering supportive housing to families involved in the child welfare system in Sacramento provided eligible families with housing, comprehensive case management, employment and education preparation, and sobriety support during their stay at Serna Village; the average stay was 23 months.¹⁶ Only 10% of the 207 children that were involved in the program experienced reentry to the child welfare system two-to-five years after leaving the program.

¹⁶ Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. San Francisco State University.

Another intervention in Chicago called First Steps provided wraparound services for their participants, pregnant and parenting youth, that fell into the domains of: parent health, child development and early intervention access, nutrition and cooking skills and racism in health care.¹⁷

The intervention in this study also focused on building relationships between systems that their participants interacted with and building capacity of the workforce to be able to better serve these populations. While the study administrators acknowledged several restrictions to being able to accurately measure outcomes, this study identified a gap in service delivery and offered a model that would be able to fill the space with proper resourcing. Homelessness services are extremely resource intensive, which is often the nature of the types of services individuals and families need to maintain long-term permanent housing. Current research continues to search for the “silver bullet” solution to end homelessness; an inexpensive, light touch intervention that will end homelessness for a large population. The success of programs like First Steps and Serna Village in providing comprehensive services to families, despite several limitations in those services, demonstrates the need for a mindset shift in the field to consider homelessness a complex situation in need of comprehensive support. This shift needs to bring the field to the conclusion that homelessness is a complex experience, especially for families, and it is a resource intensive endeavor to prevent and end homelessness for all populations.

Preventing Homeless Experiences

Another theme that arose from the review was a focus on prevention services. A study published in the American Journal of Public Health evaluated a model to more efficiently target homelessness prevention to families in need.¹⁸ This study followed over 11,000 families in New York City who applied for community-based services over four years to predict whether they would utilize shelter services or become homeless. This model used related risk factors to estimate a family’s risk of interacting with the homelessness system; disability status, use of substances, previous interactions with the carceral system, experience with domestic violence or the child welfare system, and housing conditions or whether a family was doubled up were some of the factors considered. Notably, the study found that eviction risk, pregnancy and having a child under the age of two were among the factors most associated with entering shelter. The study concludes that communities should consider assessing empirical risk factors, such as pregnancy, when intervening to prevent families from entering shelter to more effectively use limited resources. Furthermore, according to a literature review from the Center for Evidence-based Solutions to Homelessness, there are five evidence-based prevention intervention types that are most effective: permanent deep rental housing subsidies, eviction prevention, community-based service connection, critical time intervention, and proactive screening of populations at heightened risk of homelessness.¹⁹

¹⁷ Huang, L. A. (2024). Supporting young parents facing homelessness: Evaluation of First Steps Program to improve child health. Chapin Hall at the University of Chicago.

¹⁸ Shinn, M., Greer, A., Bainbridge, J., Kwon, J., Zuiderveen, S. (2013). Efficient Targeting of Homelessness Prevention Services for Families.

¹⁹ Shinn, M., Cohen, R. (2019). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness.

Taken together, these studies suggest that communities could proactively prevent homelessness among pregnant people and families with infants and toddlers by improving identification of this population before they enter shelter and connecting them with specific resources, such as eviction prevention and housing subsidies.

Creative & Strategic Ways to Fund Interventions and Build Housing Supply

One of the greatest barriers to longevity and impact of interventions to address homelessness is the ability to sustainably finance interventions over time. The review highlighted the importance of exploring creative, “out of the box” financing options and utilizing existing resources very strategically. One such example highlighted in this review comes from a guide to strategic uses of state and federal funds to prevent and end homelessness from the California Interagency Council on Homelessness.²⁰ This guide demonstrates how various funding sources can be strategically coordinated to contribute to a robust continuum of prevention and intervention services, including non-congregate shelter and interim housing, short term to permanent rental assistance, permanent supportive and service-enriched housing, homelessness prevention, and outreach and engagement to people experiencing homelessness to ensure basic needs are met while seeking services. Beyond strategically using more traditional homelessness funds, another example in this review demonstrates how hotel and motel acquisitions and conversions can be a creative way to increase housing supply. A brief from the Turner Center for Housing Innovation out of UC Berkeley identified 13 case studies across the country of cities in various stages of the process of acquiring hotel and motel space for conversion.²¹ This brief acknowledges the need for political will from local and state leaders, continuum of care partner input during the entire process and implementation, and technical assistance for organizations without a background in real estate to make these conversions successful. Creative financing and housing supply development have the potential to scale some other intervention models mentioned in this analysis.

Social Service Expenditures & Impacts as Measures of Success

Analyzing the efficacy of a given housing intervention for a population that has many complex needs can be challenging, as can communicating the impact of housing interventions in a compelling way to various audiences. This review suggests that highlighting related impacts on social service expenditures and impacts beyond housing is a promising approach. For example, a supportive housing program in New York used Medicaid expenditure patterns as a measurement of success. Individuals who qualified for a NYC supportive housing program because they were either chronically homeless and had a serious mental illness or were dually diagnosed with mental illness and a substance use disorder were sheltered using a Housing First model, which prioritizes permanent and stable housing not contingent on adherence to treatment or services.²²

²⁰ (2023). Putting the Funding Pieces Together: Guide to Strategic Uses of State and Federal Funds to Prevent and End Homelessness. California Interagency Council on Homelessness.

²¹ Reid, C., Manji, S., Rosenberg H. (2021). Addressing Homelessness Through Hotel Conversions. Turner Center for Housing Innovation UC Berkeley; Housing Crisis Research Collaborative.

²² National Alliance to End Homelessness. (2022, March 22).

An evaluation of this program identified Medicaid savings overall, especially from hospital emergency department stays and psychiatric emergencies. The success of this program can be attributed to both stable housing and increased participation in managed care.²³ These types of interventions have the ability to reduce social service expenditures if resourced appropriately. Impacts can be seen in several dimensions beyond housing. For instance, families with young children who receive supportive housing might see children perform better in school or have better health outcomes, while their parents might gain employment and achieve more economic security.

Gaps & Barriers in Existing Interventions

This review of interventions also revealed several gaps in research and highlighted barriers to interventions relevant to the target population of pregnant people and families with children under the age of three experiencing homelessness. Those gaps include limited available data on subpopulations, the restrictive nature of HUD-funded homeless services, behavior change eligibility requirements, and lack of language diversity in intervention models.

Gaps in Data on Vulnerable Populations

Pressing gaps exist in the available body of research regarding intervention models to interrupt and end family homelessness, though the adverse effects of homelessness on child development and other family outcomes are well documented. During this investigation, it was very difficult to find accurate data let alone targeted interventions focused on formerly incarcerated women or people with HIV who were pregnant or parenting young children and experiencing housing insecurity or homelessness. There are no interventions included in this analysis that even mention either of these subpopulations and no interventions were identified during the research phase. These populations have very unique needs and experience ongoing stigma that creates barriers to services and supports, it is crucial that more interventions designed specifically for these populations are developed and properly evaluated.

Limitations of HUD-Funded Services

The majority of interventions studied in the literature, and that appeared in all phases of this search, focus on people who are eligible for traditional homeless services funded through the Department of Housing and Urban Development (HUD). In order to be eligible for most HUD services, individuals must be experiencing literal homelessness, which includes staying in a shelter, living on the street or in a car, or facing imminent risk of homelessness. The initiative designed to support families interacting with the child welfare system in California, Serna Village, was only available to families who were living on the street or in shelter.²⁴

²³ Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness.

²⁴ Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. San Francisco State University.

At the time this study was published, it was estimated that approximately 607 people were experiencing family homelessness in the Sacramento area, and the study included 153 families that had already been connected to housing services. This count only considers families living in shelters or on the street; it is likely that there are hundreds of families not included in this count and excluded from the supports of this study because they did not have a shelter stay experience. Data from the National Center for Homeless Education shows that a substantial majority of families identified by schools as experiencing homelessness are staying temporarily with others or staying in motels.²⁵ Many families will go to great lengths to avoid a shelter stay since most shelters are designed to support single adults and rarely are able to meet the needs of young children or pregnant people. In order to reach pregnant people and families with infants and toddlers, it is crucial that eligibility for housing-related interventions include all homeless living situations.

Behavior Change Requirements for Program Eligibility

The third gap identified relates to behavior changes to be eligible for housing programs. The Serna Village intervention in Sacramento, which was included because of the wraparound social services it offered families, required custodial adults to be six months free from using substances to participate in the program.²⁶ While families are less likely to continue to interact with the child welfare system when a caregiver is not using substances, it is an unrealistic expectation to require adults experiencing homelessness to abstain from substances for six months prior to enrolling in this program. Expecting an individual or family to change their habits without stable housing and social service support fails to recognize the interconnected nature of social support needs, the primary need being housing.

Lack of Language Diversity in Interventions & Outreach

The final element of the interventions included in this analysis that may stifle further progress in the field is the lack of interventions that focused on populations with limited English proficiency.²⁷ All six interventions included in this analysis focused on English speakers and made no mention of approaches to support people who do not speak English. This is a significant oversight considering two of the interventions included here took place in California and New York City, areas where substantial populations of people do not speak English well or at all. Throughout the social service system, there are frustratingly few providers staffing prevention call centers, shelters, and other emergency support resources that speak languages other than English, or if providers do speak another language it is usually Spanish. There are significant barriers to accessing health and other services while experiencing homelessness—speaking a different language than providers and information pamphlets and websites produced in few languages increase the intensity of these barriers.

²⁵ National Center for Homeless Education. (2023). Student Homelessness in America: School Years 2019-20 and 2021-22.

²⁶ Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. San Francisco State University.

²⁷ <https://www.lep.gov/source-and-methodology>

Language barriers between healthcare professionals may result in lack of comprehension of healthcare information, decreased medication adherence, longer hospital stays, and a higher risk of delays and medical readmission.²⁸ These outcomes can be particularly dangerous for people experiencing homelessness as they are more likely to use emergency departments and urgent care centers as forms of primary health care.²⁹

Implications for Future Interventions

Though a large body of literature exists discussing the causes and implications of homelessness across the United States, inadequate resources have been invested in comprehensive interventions to prevent and end homelessness. Moreover, significant gaps exist in the literature on intervention models specifically focused on homelessness among pregnant people and families with the youngest children. Of the few interventions included in this analysis that incorporate families experiencing homelessness, gaps still exist in these models.

Primarily, the lack of relevant and comprehensive data on certain subpopulations, specifically people with HIV and those who have recently been incarcerated, limits the ability of any intervention to truly address the needs of families experiencing homelessness. Additionally, most interventions had eligibility criteria limited to people who are living in shelter or on the street, excluding most families experiencing homelessness as they most commonly live double-up with others or stay in hotels and motels. Similarly, housing programs that require a behavior change, such as cessation of substance use, or that do not offer language support for people with limited English proficiency, are inaccessible to many pregnant people and families with infants and toddlers.

As evidenced by the findings from this analysis, current interventions to prevent and end homelessness do not adequately consider or meet the needs of pregnant people, families, and young children experiencing homelessness. To properly identify and provide support to families experiencing homelessness, future intervention models need to focus on prevention and use a comprehensive approach, involving multiple systems to holistically support co-occurring needs. It is also critical that particularly vulnerable subpopulations (parenting youth, women and children experiencing domestic violence, formerly incarcerated parents of young children, and people who are pregnant or parenting who have or are at risk of contracting HIV) receive specific, wraparound support from future interventions to address their unique needs. Future intervention models should also consider more strategic and creative approaches beyond the traditional homeless service system to address this population, including exploring alternative funding sources for housing or embedding prevention services within more accessible systems of support, such as early childhood programs or in health care settings.

²⁸ Pillai, D., Artiga, S. (2023). Issue Brief. Overview of Health Coverage for Adults with Limited English Proficiency (LEP). Kaiser Family Foundation.

²⁹ Vohra, N., Paudyal, V. & Price, M.J. Homelessness and the use of Emergency Department as a source of healthcare: a systematic review.

Multiple levers, on state and national levels, including policy, research and adequate resourcing will need to work in tandem to create new models of providing systemic support to children and families. For any of these levers to work successfully, leaders and stakeholders in key positions must also expand their understanding of homelessness and how it manifests for children and families.

REFERENCES

- Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. New York, NY: National Center for Children in Poverty. <https://www.nccp.org/publication/homeless-children-and-youth-causes-and-consequences/>
- California Interagency Council on Homelessness. (2023, October). *Putting the Funding Pieces Together: Guide to Strategic Uses of State and Federal Funds to Prevent and End Homelessness*. https://bcsh.ca.gov/calich/documents/putting_the_funding_pieces_together.pdf
- CDC. (2024). *Issue Brief: The Role of Housing in Ending the HIV Epidemic*. <https://stacks.cdc.gov/view/cdc/127257>
- Couloute, L. (August 2018). *Nowhere to Go: Homelessness among formerly incarcerated people*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/housing.html#:~:text=People%20who%20have%20been%20to,higher%20than%20the%20general%20public>
- Dworsky, A., Morton, M. H., Samuels, G. M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago. <https://www.chapinhall.org/wp-content/uploads/VoYC-PP-Brief-FINAL.pdf>
- Dworsky, A., Morton, M. H., Samuels, G. M. (2018). *A Substantial Number of Youth Experiencing Homelessness Are Pregnant or Parenting*. Chicago, IL: Chapin Hall at the University of Chicago. <https://www.chapinhall.org/research/a-substantial-number-of-youth-experiencing-homelessness-are-pregnant-or-parenting/>
- Ghandnoosh, N., Muhtich, K., Stammen, E. (2021) *Parents in Prison [Policy Brief]*. The Sentencing Project. <https://www.sentencingproject.org/policy-brief/parents-in-prison/>
- Hassan K., Coon D. (2024). *The Provider's Role in Retaining Black Women With HIV in Care: A Scoping Review*. J Int Assoc Provid AIDS Care. doi: 10.1177/23259582231224232. PMID: 38225200; PMCID: PMC10793195.
- Huang, L. A. (2024). *Supporting young parents facing homelessness: Evaluation of First Steps Program to improve child health*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_First-Steps-Evaluation-Final-Report_May-2024.pdf
- Legal Defense Fund. (2024). *Kemba Smith*. <https://www.naacpldf.org/case-issue/kemba-smith-black-women-and-mass-incarceration/#:~:text=Three%20decades%20later%2C%20Black%20women,women%20that%20year%20were%20Black>
- Legal Information Institute.(2024). *42 U.S. Code § 11302-General definition of homeless individual*. Cornell Law School. <https://www.law.cornell.edu/uscode/text/42/11302>
- Lenz-Rashid, S. (2013). *Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices*. <https://files.eric.ed.gov/fulltext/ED542470.pdf>

Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. DOI 10.1186/s12913-017-2816-9

Limited English Proficiency. (2020). Source and Methodology. <https://www.lep.gov/source-and-methodology>

Legal Defense Fund. (2024). Kemba Smith. <https://www.naacpldf.org/case-issue/kemba-smith-black-women-and-mass-incarceration/#:~:text=Three%20decades%20later%2C%20Black%20women,women%20that%20year%20were%20Black>

Legal Information Institute.(2024). 42 U.S. Code § 11302-General definition of homeless individual. Cornell Law School. <https://www.law.cornell.edu/uscode/text/42/11302>

Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. <https://files.eric.ed.gov/fulltext/ED542470.pdf>

Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. DOI 10.1186/s12913-017-2816-9

Limited English Proficiency. (2020). Source and Methodology. <https://www.lep.gov/source-and-methodology>

Manji, S., Reid, C., Rosenberg, H. (2021). Addressing Homelessness Through Hotel Conversions. Turner Center for Housing Innovation UC Berkeley. <https://turnercenter.berkeley.edu/research-and-policy/addressing-homelessness-through-hotel-conversions/>

National Alliance to End Homelessness. (2023). Homelessness and Racial Disparities. <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

National Alliance to End Homelessness. (2022, March 22). <https://endhomelessness.org/resources/toolkits-and-training-materials/housing-first/>

National Center for Homeless Education. (2023). Student Homelessness in America: School Years 2019-20 and 2021-22. https://nche.ed.gov/wp-content/uploads/2023/12/SY-21-22-EHCY-Data-Summary_FINAL.pdf

National Network to End Domestic Violence. <https://azmag.gov/Portals/0/Domestic-Violence/NNEDV-Fact-Sheet.pdf>

Pillai, D., Artiga, S. (2023). Issue Brief. Overview of Health Coverage for Adults with Limited English Proficiency (LEP). Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/>

Prenatal-to-3 Policy Impact Center. (2021). Why Do We Focus on the Prenatal-to-3 Age Period? Understanding the Importance of the Earliest Years. Child and Family Research Partnership, Lyndon B. Johnson School of Public Affairs, University of Texas at Austin. B.001.0121. <https://pn3policy.org/resources/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years>

Rosales, B.M. (2024). Homeless infants and toddlers largely unenrolled in early ed programs. Ed Source. <https://edsource.org/2024/homeless-infants-and-toddlers-largely-unenrolled-in-early-ed-programs/708574#:~:text=Enrollment%20in%20early%20childhood%20development,to%20a%20recent%20national%20report.>

Safe Housing Partnerships. (2020). The Intersection of Domestic Violence and Homelessness. https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf

School House Connection. (2024). The McKinney-Vento Act: Federal Law, Guidance, and Funding.

<https://schoolhouseconnection.org/article/the-mckinney-vento-act-federal-law-guidance-and-funding>

Shinn, M., Cohen, R. (2019, January). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness. http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf

Shinn, M., Greer, A., Bainbridge, J., Kwon, J., Zuiderveen, S. (2013, November). Efficient Targeting of Homelessness Prevention Services for Families. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301468>

Tomaszewski, EP. (2011). Human Rights Update: HIV/AIDS and Homelessness. <https://www.socialworkers.org/LinkClick.aspx?fileticket=2p326AfQb1A%3D&portalid=0#:~:text=HIV%2FAIDS%20and%20homelessness%20are,of%20frequent%20health-related%20absences.>

Urban Institute. (2023, November 2023). <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation>

Wildsmith, E., Welti, K., Finochiaro, J., Ryberg, R., Manlove, J. (2022). Teen Births Have Declined by More Than Three Quarters Since 1991. Child Trends. <https://www.childtrends.org/publications/teen-births-have-declined-by-more-than-three-quarters-since-1991>

Vohra, N., Paudyal, V. & Price, M.J. Homelessness and the use of Emergency Department as a source of healthcare: a systematic review. Int J Emerg Med 15, 32 (2022). <https://doi.org/10.1186/s12245-022-00435-3>

APPENDIX C:

Research Findings

SUMMARY

This study examined housing insecurity experiences among pregnant and parenting individuals in Illinois, with a focus on causes, impacts, resource access and recommendations for improvement. Through in-depth interviews with 12 participants from diverse backgrounds, we identified several key patterns:

1. Housing instability is often triggered by financial crises, domestic violence, lack of support systems and institutional barriers
2. Unstable housing profoundly impacts mental health, child care and self-care capabilities
3. Significant barriers exist in accessing adequate resources and support services
4. Participants expressed the need for more accessible information about housing resources, streamlined application processes and comprehensive support systems

METHODS

Researchers conducted semi-structured, in-depth interviews with 12 participants who were experiencing or had recently experienced housing insecurity while pregnant and/or parenting in Illinois. Interviews were conducted between July and December 2024, with each lasting approximately 60-90 minutes. Questions explored participants' housing histories, causes of instability, self-described impact on life, resource access experiences (e.g., where to find housing, monetary support for utilities, or necessities such as diapers or food) and recommendations for improvement.

Participants were recruited through partnerships with local service providers, community organizations and shelters across Illinois, with a focus on ensuring demographic diversity. The Chicago Coalition to End Homelessness was a key partner in recruitment efforts, using multiple outreach strategies including word of mouth, distribution of flyers at shelters and service centers, and dissemination of study information via their mobile application, Streetlight.

While our original target was 20 interviews, several factors affected recruitment, including the proximity to a previous study in which we conducted 25 interviews with individuals with lived experience of homelessness from March to June 2023, creating some research fatigue in the community. Additionally, we encountered issues with phishing/scamming attempts for interview compensation funds, which required implementing more rigorous screening procedures. Despite these challenges, the 12 interviews collected were rich in information, providing substantial data for meaningful analysis.

DEMOGRAPHICS

Our study included 12 participants, all female (100%), with ages ranging from 20–35 years old. The majority identified as Black/African American (75%), with others identifying as White or Hispanic (25%). Most participants were from Chicago (75%), with some from surrounding areas in Illinois. Educational backgrounds varied from high school to associate's degrees, and employment status ranged from unemployed to part-time and full-time employment. Relationship status included single, married and in a relationship. For further demographic details, refer to Table 1.

TABLE 1: DEMOGRAPHICS OF LIVED EXPERIENCE INTERVIEWS, N=12		
Demographic	n	%
City of Residence		
Chicago	9	75%
Peoria	1	8%
Rockford	1	8%
Springfield	1	8%
Gender		
Woman	12	100%
Race/Ethnicity/Nationality		
Black	9	75%
Latinx/Hispanic	2	17%
White	1	8%
Highest Level of Education Completed		
Some High School	1	8%
High School	7	58%
Some College or Trade School	4	33%
Currently Employed		
Yes	3	25%
No	9	75%
Member of LGBTQ+ Community		
Yes	5	42%
No	7	58%
Disability (Mental or Physical)		
Yes	2	17%
No	10	83%
Relationship Status		
Single	6	50%
In a Relationship (not married)	5	42%
Married	1	8%

CAUSES OF HOUSING INSTABILITY

The study revealed multiple pathways to housing instability.

Several participants described **sudden financial crises** as the primary cause:

SN described becoming homeless due to financial fraud –

"I was scammed through the banking that I had and I lost the funds to pay for my housing, my apartment." 25, F, Black

For KR, a catastrophic event led to long-term housing instability –

"It first started when I was about 18. I had to have my baby. I got help with housing but I got in a situation where my apartment caught on fire and I've been experiencing homelessness since then." KRB 22, F, Hispanic

Domestic violence emerged as another significant cause.

As described by BC –

"OI had to leave a domestic situation, so I couldn't bring important documents that I needed. So going from shelter to shelter, not being able to have all those important things that I need for me and the kiddos on me, it definitely was hard." BC, 33, F, Black

Institutional barriers also contributed to housing instability, particularly for student parents.

As KR explained about her college –

"It was a Christian college, and they just didn't have any housing for mothers. I didn't have any more loans to pull out to pay for triple the housing they wanted to put me into." KRA 21, F, Black

Another participant, TC, highlighted how **instability can begin in adolescence**:

"My first time would be... I just got out of Hartgrove [behavioral treatment center]... a behavioral transitional center... I was living with my aunt for a while... with DCFS not giving her anything... she's like, 'I can't just have you at my house'... So, I had to go back with my mom." TC, unknown, F, Black

Housing instability among participants resulted from a complex set of factors including sudden financial emergencies, domestic violence situations, insufficient institutional support (particularly for young parents) and early experiences of displacement during adolescence. These factors, often coinciding with periods of increased vulnerability such as pregnancy or early parenthood, created particularly challenging circumstances for participants.

IMPACTS OF HOUSING INSTABILITY

MENTAL HEALTH

Housing instability profoundly impacted participants' **mental health**, with many rating the impact as 8–10 on a 10-point scale.

WB described –

"It's taken a toll on me now, especially about my mental health. I'm always depressed or sad or angry for no reason. And that's something that I'm not used to because that's the person that I usually am, I'm more of a joyous person." 21, F, Black

KR discussed how housing instability exacerbated existing mental health challenges –

"Well, I had mental health issues, but I think it just made it completely worse. Schizophrenia, I used to have some schizophrenia when I was younger, but after going through being homeless, I have been heavily diagnosed with that, same with anxiety... and major PTSD." KRA 21, F, Black

PH described severe depression related to displacement –

"I would say a 10. It's had a major impact considering I came here not knowing anybody, the depressive state I went through, it was bad, bad." PH, 35, F, Black

Mental health impacts of housing instability were severe and pervasive across participants, with many describing new onset or worsening of conditions such as depression, anxiety and PTSD. The constant stress of housing uncertainty, social isolation and loss of stability created profound psychological burdens that participants struggled to manage while simultaneously navigating complex housing and support systems.

CHILD CARE & PARENTING

The impact on **child care capabilities** was significant across the board.

"... I would have to look for babysitters for me and my baby or before we started school, find somewhere for us to go. You'd be real uncomfortable being at a shelter or at a friend's house because we can't sleep comfortably." KRA 21, F, Black

".. just because you're homeless and you don't have no stable place for the kiddos. So they're constantly coming in and out of different buildings just to go to school. Other people in the shelter that we would go to are mean to me and my children." BC, 33, F, Black

Safety concerns were particularly prominent for participants with children.

"I felt very unsafe. I felt like I couldn't just go to the park with her. I still feel like that today. I feel like I can't just walk around, go to the store with her without somebody trying something." KRA 21, F, Black

Multiple barriers to effective parenting stemmed from housing instability, including logistics challenges with childcare, educational disruptions, uncomfortable living environments, social exposure to potentially harmful individuals and significant safety concerns. Parents expressed worry about how these circumstances affected their children's wellbeing and development.

SELF-CARE & PHYSICAL HEALTH

The **ability to take care of themselves** was compromised for many participants.

"Well, it definitely put a toll on me being able to fully take care of myself the way I can with the schedule and, like I said, having a stable roof over our head, just worrying about where we're going to sleep that night, where we're going to eat... Having to stay up on my medications that I have to take daily, it was hard to do that because I have to worry about the kiddos, and where we're going to live, and where we're going to sleep." BC, 33, F, Black

Others described how housing instability created **cascading barriers**.

"When you don't have nowhere to go, you really can't set yourself for a job because you never know where you're going to end up. So you don't want to pick a job that's all the way out west and then you live all the way out south... Or even school. Like I was just doing school at CNA but it's stressful. I can't get up and go to school, and then leave school and not know where I'm fixing to go at the end of the day." DL, 22, F, Black

Housing instability undermined participants' ability to maintain basic self-care routines and address physical health needs. The constant prioritization of immediate survival needs (e.g., shelter, food, child safety) left little capacity for preventative healthcare, medication management or pursuing education and employment opportunities that could improve their situations. Physical health deteriorated while opportunities for stability became increasingly difficult to access.

ACCESSING RESOURCES

FUNDING RESOURCES

Participants described various ways they found housing resources, though most faced significant challenges in the process.

Multiple participants mentioned calling the **311 city services line** as their entry point to seeking shelter.

"The process was really just calling 311 and they found a family place for me and my children to go." SN, 25, F, Black

Other participants relied on **personal connections**.

"A friend of mine. She had actually went through the program before or knew someone that did. I believe she knew someone that was through the program. He recommended IGNITE."
WB, 21, F, Black

Internet searches were another common method.

KR simply stated they found resources through "Google" and *"the Streetlight app just came out, but I don't think a whole lot of people know about that."* KR, 22, F, Hispanic

Participants' resource-finding strategies were largely informal and inconsistent, relying heavily on city emergency services (311), word-of-mouth recommendations, and limited online research capabilities. The absence of a centralized, accessible information system meant that resource discovery was often haphazard, incomplete, and dependent on factors like social connections or access to technology—advantages that not all housing-insecure individuals possess equally.

BARRIERS TO ACCESSING RESOURCES

Several key barriers emerged in participants' accounts.

1. **Lack of Information & Transparency:** Participants frequently mentioned not knowing about available resources or facing misleading information. PH advocated for *"being honest. If it's going to be a long waiting period... Ask them up front... If you don't qualify for something, don't just shuffle people around and make them seem like they're going to get something if you're not able to help."* 35, F, Black
2. **Documentation Challenges:** BC explained: *"Not having a permanent address to use, that was hard. Having to get all the documents redone, that was a process within a process for me and all four of the kids."* 33, F, Black
3. **Administrative Errors & Delays:** DL shared a particularly frustrating experience: *"I actually got accepted for an apartment in February of this year. They had me sign the lease and everything, do an intake, and then they ended up telling me they put me back on the wait-list because I guess the building manager never showed me an apartment."* 22, F, Black

Participants faced a multilayered system of barriers that impeded their access to housing resources. These barriers ranged from structural issues like inadequate information systems and administrative inefficiency to practical challenges like transportation limitations and documentation requirements. Participants also reported dehumanizing treatment within support systems designed to help, which deterred participants from fully engaging with available resources and reinforced feelings of hopelessness and disempowerment.

RECOMMENDATIONS FROM PARTICIPANTS

Participants offered valuable recommendations for improving housing support systems.

ACCESS TO BETTER INFORMATION

JW recommended creating comprehensive resource guides -

"I think that there needs to be systems put in place or listings of resources that show everything that youth can utilize, that people 30 and up can utilize, that people 55 and older can utilize." 29, F, Black

DL suggested -

"Maybe they should make it an app instead of a website so you could just download it and all the resources could be in one, instead of having to go online. Because some people don't know how to use the internet. Some people know how to download apps more than they know how to use the internet." DL, 22, F, Black

Participants advocated for more accessible, user-friendly information systems that would catalog available resources. Their recommendations emphasized the need for age-appropriate resource listings, technology options that accommodate varying levels of digital literacy and consolidated information platforms that reduce the burden of searching across multiple agencies and websites while in crisis.

IMPROVED SHELTER CONDITIONS & SUPPORT

SN's advice to organizations was direct - *"Start to advocate more for us than watch us, than stand on the outside looking in." SN, 25, F, Black*

PH emphasized the need for empathy -

"People need to be more mindful of just, even if it's not DV, some people just struggle with depression. Some people could have lost their spouse, their job, their home to natural disasters, stuff like that. And I think just being more compassionate and empathetic." PH, 35, F, Black

Multiple participants described poor conditions in shelters.

"Well, the shelters weren't really great. They didn't care... They don't treat you with respect. They treat you like you already have mental illnesses, and they treat you like you're a child, not an adult. Management abuses their power." KR, 22, F, Hispanic

Participants called for a shift in how service providers fundamentally approach their work, emphasizing the need for advocacy rather than passive observation, and compassionate engagement rather than bureaucratic processing. Their recommendations highlight the importance of trauma-informed approaches that recognize the diverse pathways into housing instability and treat clients with dignity and respect regardless of their circumstances.

RESOURCE CONTINUITY AFTER HOUSING

KR highlighted an important gap –

"Just because I'm housed, it does help with a lot of things, but I still need help applying for SSI, reinstating my medical benefits, or any government benefits for that fact, finding different scholarships for my education... I don't have anyone to turn to because I'm not homeless anymore. The resources I once had, I don't have access to now." KR, 22, F, Hispanic

Participants identified a critical service gap that occurs when individuals transition from homelessness to housing. The abrupt discontinuation of support services once the immediate housing crisis is resolved fails to address the ongoing needs and underlying issues that could lead to future housing instability. This highlights the need for extended case management and support services that continue through the stabilization period after housing is secured.

SPECIFIC RESOURCE REQUESTS

Participants mentioned several specific resources they wished were more readily available.

"Job opportunities, like warming kitchen days or free haircuts and things like that." SN, 25, F, Black

"The first thing I would go for is looking for a job, a place to work so I can have a settled home... Just food. Just food." WB, 21, F, Black

"I need help. I don't know where I'm at in life. I don't. And there was no resources. There was none. Every time I searched, if I had them, I would be using them. I didn't have nobody." TC, unknown, F, Black

"I wish that they had resources that basically people that pay for you to get to important events like job interviews and stuff like that. Because sometimes it's just like, public transportation." DL, 22, F, Black

Participants identified a range of practical resource needs extending beyond housing itself, with employment opportunities being particularly emphasized. Their requests highlight the importance of addressing basic needs like food security and personal care alongside housing, as well as providing guidance and mentorship for those who feel overwhelmed by their circumstances. These specific resource requests underscore the importance of holistic support systems that address the multifaceted challenges of housing instability.

BUILDING ON PREVIOUS RESEARCH

This study builds directly on an in-depth, multi methods investigation conducted in 2023 that included 25 interviews with individuals experiencing housing instability in Illinois and 25 interviews with representatives from housing organizations across the state. While our current research maintains a similar qualitative approach, it offers a more focused exploration of the experiences of pregnant and parenting individuals. The previous study established several findings that our current research both confirms and extends upon:

Causes of Housing Instability: The previous study identified pregnancy itself (28%) as the most frequently reported cause of housing instability among participants, followed by familial issues (24%) and abuse (16%). Our current study builds on these findings by providing more detailed narratives about how these factors intersect, particularly exploring the complex relationship between institutional barriers and personal circumstances.

System Navigation Difficulties: The earlier research highlighted system navigation difficulties as the most significant barrier to securing stable housing, representing more than 50% of all barriers mentioned by participants. Our current study confirms this finding while providing more insights into specific navigation challenges and their impacts on mental health and parenting capacity.

Safety Concerns: Both studies reveal significant safety issues faced by housing-insecure individuals. The previous study found that 52% of safety-related experiences involved various forms of abuse, while our current research extends this understanding by examining how safety concerns specifically impact parenting decisions and child well-being.

Emotional Impact: The prior research documented that approximately 60% of participants rated the impact of housing instability on their lives as 7 or higher on a 10-point scale, with stress being mentioned 25 times across interviews. Our current study expands on this finding by exploring the specific domains of life most affected and identifying potential intervention points to mitigate these impacts.

Sources of Support: The previous research identified housing organizations/shelters (35%) and friends (28%) as the most common sources of important support. Our current study provides additional context about the quality and accessibility of these support systems, particularly examining the gaps that occur after initial housing is secured.

Respondent Recommendations: Both studies capture similar recommendations from participants, including the need for dignity and respect in service provision, centralized resource information and reduced barriers in transitional housing. Our current research adds specific insights about how these recommendations could be implemented effectively for pregnant and parenting individuals.

By examining these issues with a specific focus on pregnant and parenting individuals, our current study provides a more nuanced understanding of how housing instability affects this particularly vulnerable population. Together, these studies offer a comprehensive view of housing insecurity in Illinois, combining breadth (50 lived experience interviews and 25 organizational perspectives) with depth (focused exploration of the priority population's experiences).

CONCLUSION & IMPLICATIONS

This study reveals the complex and multi-faceted nature of housing insecurity among pregnant and parenting individuals in Illinois. The findings highlight several key areas for policy and program improvement:

1. **Streamlined Information Systems:** Develop more accessible, user-friendly platforms for resource information that integrate services across agencies.
2. **Comprehensive Support:** Implement holistic support systems that address housing alongside other crucial needs such as mental health, employment, transportation, and childcare.
3. **Continuity of Care:** Create transition programs that continue to provide support after individuals secure housing to prevent recurrence of instability.
4. **Trauma-Informed Approaches:** Ensure all homeless service providers receive training in trauma-informed care, recognizing the significant mental health impacts of housing instability.
5. **Prevention-Focused Programs:** Develop early intervention systems that can identify and address housing instability before it reaches crisis levels, particularly for pregnant individuals and those with young children.

The participants' lived experiences demonstrate both the devastating impact of housing instability and the resilience they display in navigating complex systems with limited support. Their recommendations offer valuable insights for developing more effective, compassionate responses to housing insecurity.

SN: 25, F, Black

MC: 21, F, White

KR: 21, F, Black

BC: 33, F, Black

JM: 20, F, Black

RD: 29, F, Mexican (white)

PH: 35, F, Black

JW: 29, F, Black

WB: 21, F, Black

KR2: 22, F, Hispanic

TC: unknown, F, Black

DL: 22, F, Black

APPENDIX D:

Survey Feedback

Throughout the project we collected feedback from the Advisory Committee, including those with lived experience at various time points through surveys, interactive feedback in a Miro board, as well through open discussions during committee meetings to help us think, dream and provide potential goals and strategies to implement in the future, so that we can continue to improve and establish the project vision.

Represented in the Theory of Change, our vision is: To ensure safe and stable housing for all pregnant and parenting people and families with children under age 3 in Illinois, regardless of circumstance. Such that all families have access to safe, secure and affordable housing that is:

- Located in their desired community
- Aligned with their family's specific needs
- Sustainable in the long-term

As mentioned, feedback was collected at different timepoints. See below.

Data Collection Type	Timepoint	Audience
Theory of Change & Action Plan Survey	July 2024	Full Advisory Committee
Open Discussion 1	July 2024	With those with lived experience on Advisory Board with CCH
Theory of Change Drafts	September 2024	Full Advisory Committee
Theory of Change Narrative and Goals	October 2024	Full Advisory Committee
Theory of Change Final Draft	November 2024	Full Advisory Committee
Open Discussion 2	January 2025	With those with lived experience on Advisory Board with CCH
Action Plan Miro Board & Interactive Feedback	January 2025	Full Advisory Committee

Outlined below are potential goals for different features of the Theory of Change. For each goal, we've included potential activities to help reach that goal and short-term outcomes that we hope to see. These goals were streamlined to represent the most pressing needs shared by the HIHIPP Advisory Committee, including those with lived experience, and the project team.

GOALS, ACTIVITIES & SHORT-TERM OUTCOMES

Outlined below are potential goals for different features of the Theory of Change. For each goal, we've included potential activities the success of that goal and short-term outcomes that we hope to see. These goals were streamlined to represent the most pressing needs shared by the HIHIPP Advisory Committee, including those with lived experience and the project team.

THE FOUNDATION: DATA & RESEARCH



Goal: Streamlined and accurate data collection of pregnancy status in housing systems, which can be used to inform and improve policies.

Potential Activities

1. Collect better and more consistent data across all systems that serve people/families experiencing homelessness.
 - Identify and agree upon consistent terms and definitions to use in all data collection.
 - Develop standardization process for data collection.
 - Identify agencies/stakeholders whose are responsible for consistently updating and maintaining shared, universal database.
 - Create and implement new data collection tools.
 - Create a process of Continuous Quality Improvement to continue to improve and learn from the data.
2. Develop a dashboard where all the data can be seen across all systems that is updated regularly and how to use it.
 - Public facing online dashboard can be used by various audiences to understand the current landscape of the population.
 - Education and data literacy around how to understand, use and report data by audience.
3. Create a valid measure (set of questions) that can be standardized across systems.
 - Develop recommended questions for data intake forms, asking about pregnancy and housing.
4. Investigate current data sources that ask about homelessness in order to improve the quality of data by implementing:
 - Best practices in data collection and working with families and pregnant people
 - Continuous Quality Improvement processes that encourage better data collection and reporting
 - Easy and accessible reporting of data across various audiences
 - Data literacy for those working with and reporting data, as well as for external audiences
 - Communicating where there are patterns, new learnings and gaps within the data collection and reporting
 - Proposing items to research agenda that addresses gaps, learnings and improvements

Short-Term Outcomes | These goals and activities can lead to:

- Reliable, relevant and comprehensive data to provide all stakeholders with a clear understanding of who is experiencing homelessness and where
- Comprehensive qualitative and quantitative analysis of systems, programs and other factors that impact this population grounded in an intersectional anti-oppressive lens
- Better and more consistent data across all systems that serve people/families experiencing homelessness
- Streamlined and accurate data collection of pregnancy status in housing systems that can be used to inform and improve policies



Goal: Establish a research consortium to develop and nurture research-practice-policy partnerships rooted in lived experience, and conduct and translate research into meaningful action.

Potential Activities

1. Create a Research Agenda.

- Conduct multiple landscapes of research and literature to review and understand what research and data already exists and identify gaps, and explore new areas of research that are needed to further understand the needs of the population.
- Look into specific priority populations.
 - Domestic Violence
 - Better understand how domestic violence (intimate partner violence and other types of violence in the home) creates or sustains housing instability for expectant parents or parents with young children.
 - Develop and distribute survey to individuals living in shelters or transitional housing that explores issues of domestic violence and its impact on their housing status.
 - HIV Specific:
 - Gather data and information to show the impact of housing insecurity and homelessness on people vulnerable to HIV.
 - Work with organizations like AIDS Foundation Chicago and Chicago House to explore data and information on the connection between HIV and housing.
- Complete landscape analysis of alternative funding sources across Illinois to better understand how programs or services may be differently serving people/families.
- Develop a comprehensive understanding of the pre-homelessness systemic processes and policies that cause housing instability/homelessness for the population.

Short-Term Outcomes | These goals and activities can lead to:

- Streamlined priority data and research projects
- Increased relationships across systems to drive meaningful and prioritized research into action
- Research conducted in meaningful and impactful with partners across all sectors
- Stronger and mutually beneficial relationships with organizations, families and data and research

- ✓ **Goal:** Develop a process for data gathering from a variety of sources that have impacted or will impact homelessness in Illinois; specifically with organizations, direct service providers and those with lived experience.

Potential Activities

1. Develop a best practices model for working with those with lived experience, based on information gathered in listening sessions.
 - Pilot / Participatory Action Research – Employ people with lived experience to help establish trust. Include policies that explicitly state how the data will be used.
 - Host a series of focus groups/listening sessions with organization and persons with lived experience to identify gaps in addressing homelessness in Illinois.
 - Systemic data gathering from CoCs & HUD
 - Engage with people with lived experiences to lead data collection processes, provide input on the creation of data collection tools, as well as to get their perspectives.
 - Create and implement surveys and focus groups with people with lived experience and those that work in the system, such as all associated agencies and all levels of staff.

Short-Term Outcomes | These goals and activities can lead to:

- Stronger and mutually beneficial relationships with organizations, families and data and research and those with lived experience
- A first-hand look and perspective of the needs of this population

THE FOUNDATION: POLICY

- ✓ **Goal:** Establish a statewide policy agenda for addressing homelessness that is contested annually.

1. Create a policy agenda for addressing homelessness that is inclusive of all sectors and is informed by research.
 - Create systemic action steps that will address immediate barriers (ex. resource allocation, direct cash transfer programs).
 - Utilize evidence based best practices and policy advocacy/organizing.
 - Study, advocate apply practices where appropriate.
2. Implement a continuation of an advisory board of the many people in the field who are committed to ending homelessness and housing insecurity for pregnant people and parents to inform decision making.
 - Determine who the experts are in this field, so we can bring them together.
 - Convene experts in housing and caring for pregnant and parenting people to determine issues and barriers this population is facing regarding housing.

Short-Term Outcomes | These goals and activities can lead to:

- Policies that are streamlined and well informed from various perspectives of the field and of those with lived experience

THE FOUNDATION: FUNDING & RESOURCES



Goal: Dedicated funding for housing for pregnant and postpartum persons and their children.

Potential Activities

1. Increase state and local funding to this population through advocacy and campaigning.
2. Be intentional about including lived experience experts in all spaces.
 - Secure representation in meetings with policy makers.
3. Increase strategies to provide Cash Assistance to pregnant and parenting families.

Short-Term Outcomes | These goals and activities can lead to:

- Increase of restricted funding for housing initiatives that focus specifically on pregnant and parenting families and those facing housing insecurity

THE GRASS: CONSISTENT AVAILABLE HOUSING



Goal: Housing for all pregnant and parenting people in Illinois who are experiencing homelessness.

1. Create opportunities to build equity for the population.
 - Increased community awareness of their legal rights, claims and processes for improving housing and/or creating additional housing.
 - Increased engagement of housing advocacy organizations and organizers in legal processes.
 - Build partnerships among public and private housing developers, cooperatives, etc., and among housing developers and advocates.
2. Identify available vacant housing and opportunities to build housing.
 - Complete landscape of identifying vacant and available housing.
 - Conduct a feasibility study of the available housing.
3. Convene housing advocacy organizations, organizers, etc. to gather information about available vacant properties or potential land for building.
 - Conduct listening sessions with community groups about the landscape in their communities, including opportunities they see for improving existing housing and/or creating new housing.
 - Consult property/land use attorneys to identify who has what legal stakes/claims in any identified properties or vacant land.
 - Further consult on legal processes to create pathways for communal/community-based ownership/legal stake.
 - Create a sustainability plan to ensure that there is availability of housing to meet current needs and to continue meeting population needs into the future.
 - Consult experts in population trends and data to assess and estimate current needs and project future needs in the next year, five years, etc.



Goal: Family shelters are built for families and inclusive of a variety of needs and supports.

Potential Activities

1. Improve capacity for family shelters and transitional living programs so that parents are not separated and their older children can remain with them.
 - Change eligibility criteria for shelters and transitional living programs that allow families to reside together, regardless of their partner status or children's ages.
 - Meet with the CoC's regarding their criteria and strategize on how they could expand their reach for families.
 - Consider strategies for helping to ensure safety for babies and other children.
 - Pilot TA projects for partners that want to do better and provide resources so that they can meet safety and other requirements.
2. Increase outreach to landlords and consider benefits or amenities for leasing to youth homeless programs.
 - Background checks on landlord's current, prior units with CHA or housing programs to ensure they are capable to serve the population and have no prior problems with previous tenants.
 - Pilot program to give cash incentives to landlords that not only provide funds for creating livable safe housing, but also guarantee support to help manage tenants or any problems with unit.
3. Expand services to all ages, young people in high school, older pregnant persons (30+), grandparents raising grandchildren and any caregivers.
 - Review documentation needed to access services for those who are older and or primary caregivers (non-biological).
 - Make it easier for individuals and families to get services with documents they have.

Short-Term Outcomes | These goals and activities can lead to:

- Increased community awareness of their legal rights, claims and processes for improving housing and/or creating additional housing
- Increased engagement of housing advocacy organizations and organizers in legal processes
- Increased permanent supportive housing serving families
- Increased family stability by being placed together
- Increased understanding of the scope of homelessness and housing insecurity among impacted communities and other stakeholders
- Increased and strengthened resources and supports for caregivers

THE DOOR: INTEGRATED FAMILY-CENTERED SPECIFIC SUPPORT & SERVICES



Goal: Reduce barriers in applying for permanent housing.

Potential Activities

1. Pilot systems navigator.
 - Add system navigators/social workers to assist families with housing application processes and supportive services.
 - Navigators should be integrated, along with other co-located services, into processes.
 - Navigators are well-informed and trained in providing adequate resources and needs based on families.
 - Co-located services should include:
 - Health care or social services
 - Clinical case management
 - Access to outside consultants, such as legal services.
 - Child, teen and adult education classes
 - Workforce development
 - Food security and resources
 - Transportation
2. Increase and make more robust information and training on homelessness, especially for programs/services who are obligated to serve families experiencing homelessness (and providers who do not know they are serving children/families experiencing housing insecurity).
 - More intentional training that is aligned across Health, Early Childhood and Housing (including all other determinants of health, allied professions).
 - Reform mandated reporter training for all audiences.



Goal: Provide a minimum of one year of after-care services once a family is placed in permanent housing (with their consent).

Potential Activities

1. Assign after-care support through a community-based agency so that families have a safety net once they are housed.
 - Provide educational scholarships for youth and adults of any age to complete certificate programs, attend college/trade school or get training they need to work and become self-sufficient.
 - Provide access to workforce programs for youth and adults of any age.

✓ **Goal:** Housing services are utilized by and more accessible to all the populations who need them.

Potential Activities

1. Intentional promotion and reward truly integrated services for state funded programs (ex. Head Start as part of a family supportive housing model).
2. Work with state agencies to re-design some RFP questions for housing services providers to identify attributes of programs/models that co-locate services and have comprehensive communication plans and other program attributes that holistically support that serve the multiple needs of families and are truly comprehensive and integrated.
 - Identify and deploy effective incentives and supports for successful cross-system integrated service approaches (for providers).
 - Create an application that serves all; build off CCH's Streetlight Chicago

Short-Term Outcomes | These goals and activities can lead to:

- Improved housing stability by providing after-care support and resource connection for all ages and all time points of securing housing

THE FLAG: MINDSET CHANGE

✓ **Goal:** Provide Education to various stakeholders, allies, supportive organizations and the public about homelessness and housing stability experienced by this population, including information on the system and why it fails and long-term impacts for families and children.

Potential Activities

1. Create a communication strategy to educate and connect various audiences to connect them to the work.
 - Create a definition of audience to better engage everyone needed to include Policy makers, system leaders, direct service providers, professionals, and general audience.
 - Understanding the reality of homelessness that young and all families face.
 - Translate findings so for the "lay" person and for advocacy.
 - Create social media platforms to continue to share findings, resources, and services.
2. Transition current advisory committee in a different capacity to help to move work forward.
 - Build a multi-sectional/diverse coalition across sectors (e.g., health, early childhood, housing).

Short-Term Outcomes | These goals and activities can lead to:

- Better communication channels with policy makers, systems leaders, professionals and the public
- Understanding across all audiences the importance of prioritizing the pregnant and parenting, as well as all of those facing housing insecurity
- New relationships and collaborative work across the field

SURVEYS & OPEN DISCUSSION QUESTIONS

THEORY OF CHANGE SURVEY

Introduction

To keep in mind: What is a ToC: A theory of change is a fundamental component of any largescale social change effort. A clear theory of change helps to strengthen strategies and maximize results by identifying the work to be undertaken, the expected signals of progress and the presumed or possible pathways to achieving desired goals that reflect beliefs, working assumptions or hypotheses” (Annie E. Casey foundation). HIHIPP Impact statement: Definition of Homelessness: The McKinney-Vento Act defines homeless children as: “individuals who lack a fixed, regular, and adequate nighttime residence.” This definition includes (but is not limited to) children who are: sharing housing due to economic hardship or loss of housing (e.g. doubled-up); living in motels, hotels, trailer parks, or campgrounds; living in emergency or transitional shelters; sleeping in places unfit for human habitation (e.g. park benches); living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, etc.

We will focus on three key areas for the ToC: Goals, Strategies & Activities and Outcomes.

1. What goals would you hope to see and achieve with this project? What changes would you like to see?
 - a. Is there anything else you would like to add?
2. [Based on the goals that you listed above] What strategies will lead to these goals?
3. [Based on the strategies you listed above] What activities will support these strategies?
 - a. Is there anything else you would like to add?
4. What are the outcomes of the strategies and activities when they are implemented?
 - a. Is there anything else you would like to add?
5. What else would you like to add for this process? Any questions? Any other resources we should be aware of?

Narrative & Goals

Housing Insecurity and Homelessness among the Pregnant and Parenting Project (HIHIPP) As mentioned in our meeting today (October 21), we ask you to take 10-15 mins to help us confirm or add verbiage for our narrative that talks through the different parts of a ToC. Also included in this survey is space for you to add any goals, activities and/or strategies to align with our ToC for our action plan discussion.

[ToC visual]

1. Is there anything you would edit, add, or change the language or term being used?

SURVEYS & OPEN DISCUSSION QUESTIONS

THEORY OF CHANGE SURVEY

Introduction

To keep in mind: What is a ToC: A theory of change is a fundamental component of any largescale social change effort. A clear theory of change helps to strengthen strategies and maximize results by identifying the work to be undertaken, the expected signals of progress and the presumed or possible pathways to achieving desired goals that reflect beliefs, working assumptions or hypotheses” (Annie E. Casey foundation). HIHIPP Impact statement: Definition of Homelessness: The McKinney-Vento Act defines homeless children as: “individuals who lack a fixed, regular, and adequate nighttime residence.” This definition includes (but is not limited to) children who are: sharing housing due to economic hardship or loss of housing (e.g. doubled-up); living in motels, hotels, trailer parks, or campgrounds; living in emergency or transitional shelters; sleeping in places unfit for human habitation (e.g. park benches); living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, etc.

We will focus on three key areas for the ToC: Goals, Strategies & Activities and Outcomes.

1. What goals would you hope to see and achieve with this project? What changes would you like to see?
 - a. Is there anything else you would like to add?
2. [Based on the goals that you listed above] What strategies will lead to these goals?
3. [Based on the strategies you listed above] What activities will support these strategies?
 - a. Is there anything else you would like to add?
4. What are the outcomes of the strategies and activities when they are implemented?
 - a. Is there anything else you would like to add?
5. What else would you like to add for this process? Any questions? Any other resources we should be aware of?

Narrative & Goals

Housing Insecurity and Homelessness among the Pregnant and Parenting Project (HIHIPP) As mentioned in our meeting today (October 21), we ask you to take 10-15 mins to help us confirm or add verbiage for our narrative that talks through the different parts of a ToC. Also included in this survey is space for you to add any goals, activities and/or strategies to align with our ToC for our action plan discussion.

[ToC visual]

1. Is there anything you would edit, add, or change the language or term being used?

Starting from the Foundation

1. Is there anything you would edit, add, or change the language or term being used?
2. Is there any goals, activities, or strategies you hope to see and achieve with this bucket, "Starting with the Foundation"? What changes would you like to see?
3. Is there anything else you would like to add for this section?

Building the House Brick by Brick: Integrated Family-Centered Specific Supports & Services

1. Is there anything you would edit, add, or change the language or term being used?
2. Is there any goals, activities, or strategies you hope to see and achieve with this bucket, "Building the House Brick by Brick"? What changes would you like to see?
3. Is there anything else you would like to add for this section?

Mindset Change

1. Is there anything you would edit, add, or change the language or term being used?
2. Mindset Is there any goals, activities, or strategies you hope to see and achieve with this bucket, "Mindset Change"? What changes would you like to see?
3. Is there anything else you would like to add for this section?

Safe, secure, and sustainable housing for pregnant and parenting families and children birth to 3 years in Illinois. In the end, each family should access safe, secure, and sustainable housing that is in their desired community, is what is needed to fit their family's needs, and is sustainable over time.

1. Is there anything you would edit, add, or change the language or term being used?
2. Is there any goals, activities, or strategies you hope to see and achieve with this bucket, "Safe, secure, and sustainable housing"? What changes would you like to see?
3. Is there anything else you would like to add for this section?

Open Discussion 1

Purpose: The purpose of this focus group is to understand the state of homelessness and the system from those who have experience or are experiencing homelessness as a parent or pregnant person. We want to understand what the challenges and barriers were/are. We also want to learn what supports and resources that were invaluable to those with lived experience. Then we would like to know what the future can look like, and/or what would have made what you experienced better, more positive, and/or productive? Lastly, we want to know what you would want for yourself, and/or for those around you in the same or like situations?

Open Discussion 1 / Continued

1. For those who were at our kick-off meeting you may recall our project, but for those who don't we are working together with you all and a group of other professionals, providers, and those in the field to create a theory of change to help decrease the number of pregnant and parenting families from experiencing homelessness. We know that this is a hard task, but we want to understand how we can improve the system for those who have or are experiencing homelessness.
2. We want to ask you all, in your experiences, or perspective, what were the major challenges of experiencing homelessness?
3. What were some of the barriers you encountered?
4. What would have made this experience better? Or at least more positive?
5. Where or whom did you turn to for support?
 - a. Was it family, friends, or someone you trusted?
6. Were there any resources that you found extremely helpful?
7. When thinking about all of that you have experienced/experiencing, what would you want to see in the future (next 5 months, next year, next 5-10 years)?
 - a. What would have been helpful to know, have, or be in connection with?
8. How do you think in today's world that we can do that? Or make it happen?
9. If you had a magic wand, what or how would you solve this problem? Or how would you want to see it improve?

Open Discussion 2

1. What resources and supports did you need the most when you were seeking help?
 - a. How did you learn about these resources and services?
 - b. Were they helpful?
 - c. Was there any hesitation when reaching out for support or help?
 - i. With which resources?
2. What was the most helpful to you? Would you recommend it to others?
 - a. How did you learn about these resources and services?
3. If you could, what would you change or add to these resources?
 - a. Anything you would take out or exclude?



APPENDIX E

Theory of Change



ABOUT

Understanding the Theory of Change

Housing insecurity among pregnant individuals and families with young children is a critical challenge that significantly impacts early childhood development and family wellbeing. When families lack stable housing during pregnancy and early childhood, it affects their access to health care, nutrition and other essential services that support healthy development (Glass-Riveros, Craemer, Sayah, Baumann, Geller, 2024).

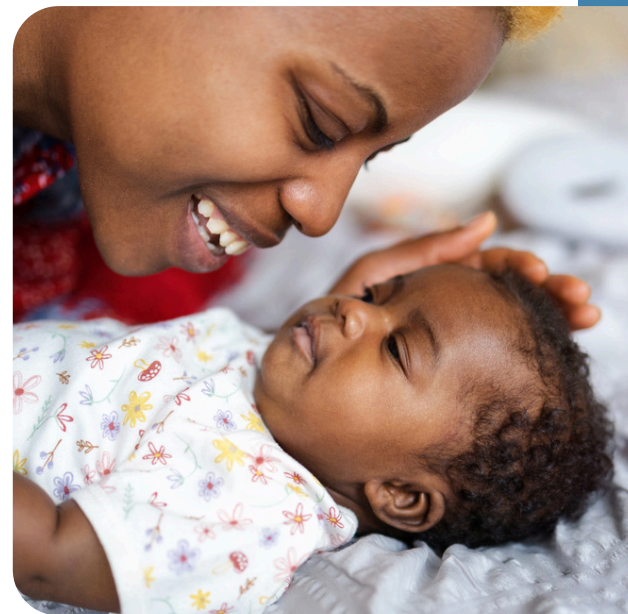
A Theory of Change is a comprehensive framework that outlines how and why a desired change is expected to happen within a particular context.

It maps out the relationships between initiatives, outcomes and long-term goals, serving as a roadmap for achieving systemic change (The Annie E. Casey Foundation, 2004). This document presents a Theory of Change for addressing housing insecurity among pregnant and parenting families with children under age 3 in Illinois. The framework is built on three foundational elements.

- 1. Funding Resources**
- 2. Policies**
- 3. Data & Research**

These elements support integrated family-centered services while acknowledging that systemic change requires both practical solutions and fundamental shifts in how we understand and approach homelessness and housing insecurity. Rather than following a linear path, this Theory of Change operates as a continuous improvement process that adapts to changing needs and circumstances while maintaining focus on the ultimate vision of safe, secure and sustainable housing for all families in this population.

This document is dynamic and iterative, designed to evolve as our leadership team gathers insights through ongoing studies of housing insecurity among pregnant and parenting families in Illinois. The framework presented here will be refined and adjusted based on research findings, stakeholder input and emerging best practices.





OUR VISION

This initiative aims to ensure **safe, secure and affordable** housing for all pregnant and parenting people and families with children under age 3 in Illinois, regardless of circumstance. Such that all housing is:

- Located in their **desired community**
- Aligned with their family's **specific needs**
- **Sustainable** in the long-term





THE FOUNDATION

For Achieving Sustainable Housing

Three key, interconnected factors form **the foundation** for achieving sustainable housing solutions.

Funding & Resources: Coordinated and adequate funding streams across federal, state, local and community levels

Policies: Federal, state and local policies that are informed by lived experiences and research

Data & Research: Comprehensive data infrastructure that enables tracking and understanding of the target population

These elements can work together to create a continuously improving system that prioritizes housing security for pregnant and parenting families.

Funding & Resources

Policies

Data & Research





Funding & Resources

The foundation requires consistent and adequate federal, state, local and community funding streams that are coordinated and simplified for both families and providers to access. The funding should have less restrictive eligibility requirements and be regularly updated based on the needs of families facing housing insecurity. This foundation adapts to political and external environments while maintaining focus on housing security for pregnant and parenting families.

Effective funding streams and resources must be:

- Sustainable and sufficient to meet housing needs for pregnant and parenting families
- Streamlined and coordinated for efficient access by families and service providers
- Structured with flexible eligibility requirements
- Regularly evaluation and adjusted based on evolving community needs



Policies

Federal, state and local policies must be shaped by both the voices of families with lived experiences of housing insecurity and evidence from research and data. Systems leaders, advocates and community leaders work collaboratively with providers and those facing housing insecurity to develop policies that create sustainable housing systems and support.

Policy development requires:

- Direct input from families with lived experiences of housing insecurity
- Integration of research findings and empirical data



Data & Research

A robust data and research infrastructure is essential for informed decision-making and identifying service gaps. This includes:

- Consistent, reliable cross-sector data collection
- A comprehensive statewide data infrastructure spanning multiple sectors
- Dedicated research funding to evaluate program effectiveness, identifying gaps, success and areas for improvement

These foundational elements enable the construction of an integrated, family-centered support system that creates pathways to sustainable housing and future stability.



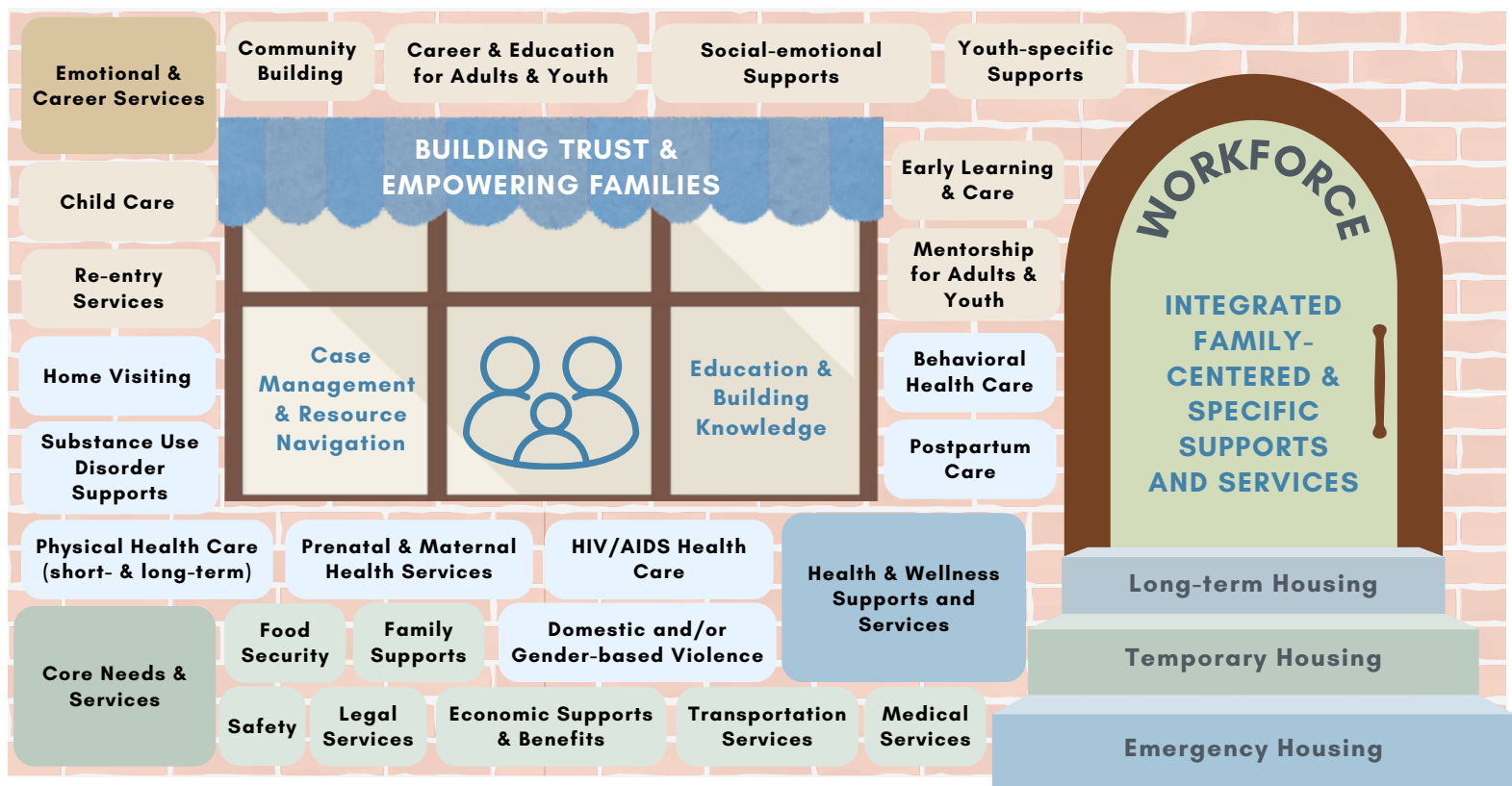
BUILDING THE HOUSE

INTEGRATED FAMILY-CENTERED & SPECIFIC SUPPORT AND SERVICES

The approach recognizes that pregnant and parenting families facing housing insecurity have complex needs that require comprehensive, integrated family-centered supports and services. Services include assistance with core needs and services, health and wellness supports and services and educational and workforce development services. Today, a statewide portal helps track families and determine resource eligibility, while trained staff help families navigate from emergency to long-term housing situations.

Recognizing the complex needs of pregnant and parenting families facing housing insecurity, our approach integrates comprehensive support services, including:

- Addressing social determinants of health including safety, nutrition, transportation, medical care and wellness services
- Supporting families' transition from emergency to temporary and long-term housing
- Building trust and empowering families and service providers
- Equipping the workforce with necessary skills, specialized training and resources
- Maintaining a centralized statewide portal for tracking family data and resource coordination and eligibility





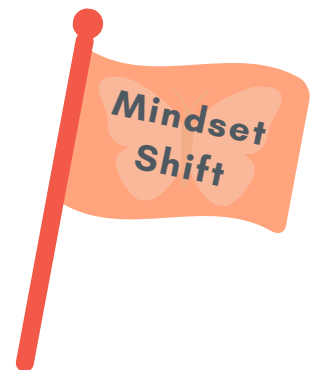
MINDSET CHANGE

The initiative seeks to transform how decision-makers at the systems level understand and approach homelessness. This includes recognizing that homelessness is complex and doesn't have a single definition. The approach emphasizes trusting families to know their needs and focuses on creating pathways to long-term affordable housing, wellness and generational wealth.

Success requires transforming how decision-makers conceptualize and address housing insecurity.

This transformation includes:

- Recognition that housing insecurity manifests differently across populations
- Adoption of flexible, responsive approaches
- Centering family expertise in decision-making
- Focus on creating pathways to long-term stability and generational wealth



CONTINUOUS IMPROVEMENT

This Theory of Change operates as a continuous improvement process rather than a linear progression. It adapts to political climates, environmental factors and community needs. An advisory board from across Illinois sectors will develop and implement ongoing initiatives to achieve the vision.

Implementation requires:

- Ongoing assessment and adaptation
- Responsiveness to political and environmental changes
- Regular stakeholder engagement
- Integration of emerging best practices
- Strategic planning across sectors to achieve our vision

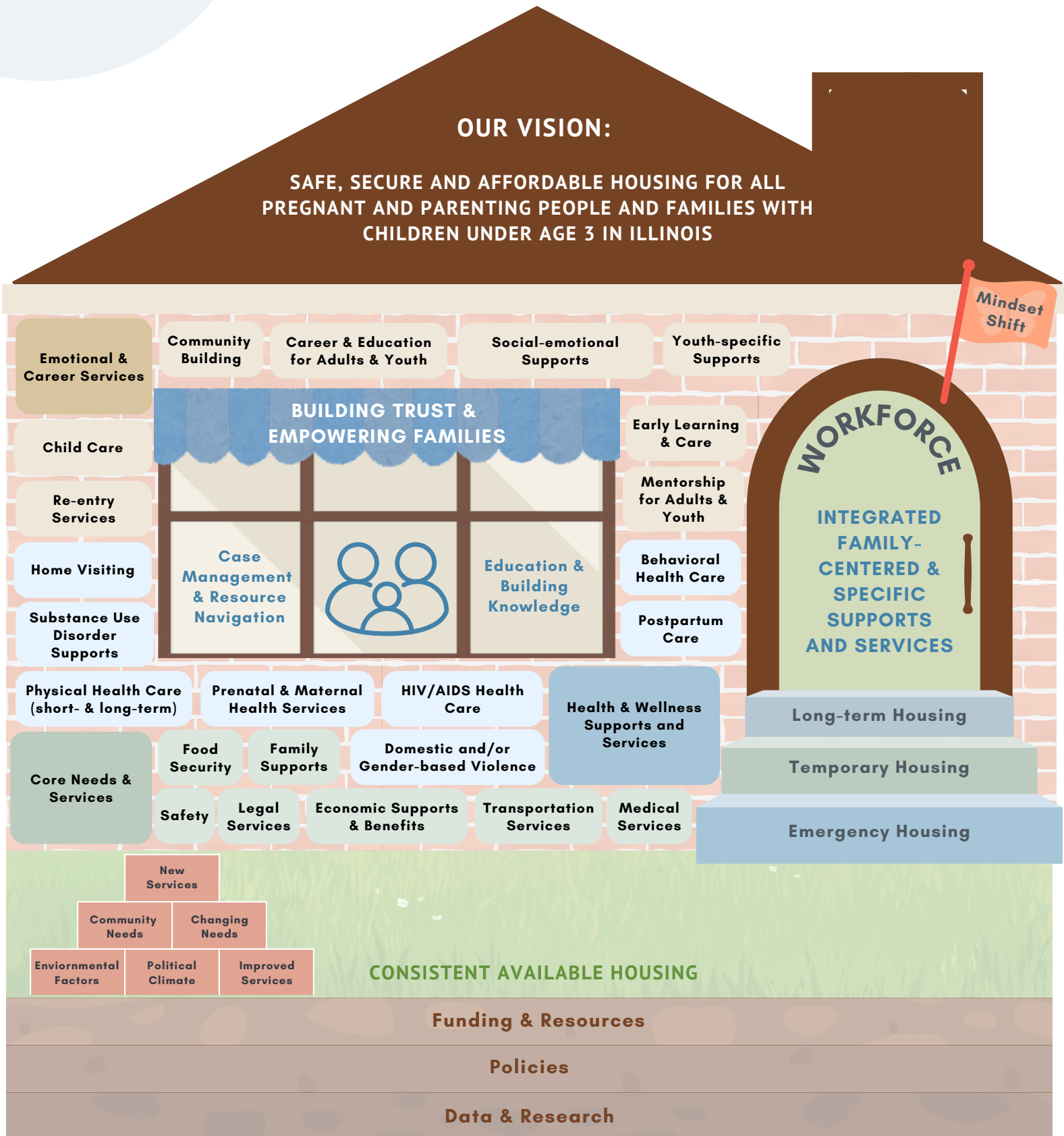




WHAT THIS LOOKS LIKE

OUR VISION:

SAFE, SECURE AND AFFORDABLE HOUSING FOR ALL
PREGNANT AND PARENTING PEOPLE AND FAMILIES WITH
CHILDREN UNDER AGE 3 IN ILLINOIS



References

Glass-Riveros E., Craemer K., Sayah L., Baumann K., Geller S. (2024), Pregnant and parenting while homeless: The Intersection of Maternal Health and Housing Insecurity. Report.

The Annie E. Casey Foundation. (2004). Theory of change: A practical tool for action, results and learning. Baltimore, MD: Author. Retrieved from <https://www.aecf.org/resources/theory-of-change>





A PROJECT BY:

