HOMELESS FAMILIES RESEARCH BRIEF

OPRE Report No. 2016-42

June 2016

Adolescent Well-Being after Experiencing Family Homelessness

Jessica Thornton Walker, Scott R. Brown, and Marybeth Shinn



About the Family Options Study

This research brief takes advantage of data collected for the Family Options Study, sponsored by the U.S. Department of Housing and Urban Development. The study involves 2,282 homeless families with children who entered shelter between late 2010 and early 2012 in one of twelve communities across the country chosen based on willingness to participate and ability to provide a sufficient sample size and range of interventions: Alameda County, CA; Atlanta, GA; Baltimore, MD; Boston, MA; Bridgeport and New Haven, CT; Denver, CO; Honolulu, HI; Kansas City, MO; Louisville, KY; Minneapolis, MN; Phoenix, AZ; and Salt Lake City, UT. At the time they were recruited to participate in the study, each family had spent at least a week in an emergency shelter. The Family Options Study's main purpose is to determine whether the offer of a particular type of housing program—a short-term rent subsidy, a long-term rent subsidy, or a stay in a facility-based transitional program with intensive services-helps a homeless family achieve housing stability and other positive outcomes for family well-being. To provide the strongest possible evidence of the effects of the housing and services interventions, the study uses an experimental research design with random assignment of families to one of the types of housing programs or to a control group of "usual care" families that were left to find their own way out of shelter. For more information, see *Gubits* et al., Family Options Study: Short Term Impacts of Housing and Service Interventions for Homeless Families, July 2015.

The study collected data from the families at the time they were recruited in emergency shelters, revealing that these are very poor families with significant levels of housing instability, weak work histories, and disabilities affecting both parents and children. The median age of the adults who responded to the survey was 29. Most had either one or two children with them in shelter. Seventy percent included only one adult, almost always the mother.

While the Family Options Study sample is not nationally representative, it has broad geographic coverage, and study families are similar in age and gender of parents, number and ages of children, and race and ethnicity to nationally representative samples of sheltered homeless families. Therefore, it is a good sample for studying the experience of families that have an episode of homelessness.

The study followed the families over the next 20 months and surveyed them again, collecting a rich set of information about sources of income, use of benefit programs, changes to the family's composition, and further episodes of homelessness. The 20-month survey also measured indicators of well-being such as the health and mental health of adults and children. The survey collected information about one or two focal children in each family. Parents were asked questions about each focal child, and older children also were interviewed directly.

This is the second in a series of research briefs commissioned by the Department of Health and Human Services (HHS) that draws on the Family Options Study to inform HHS and HHS grantees as they carry out their special responsibilities for preventing and ending the homelessness of families, children, and youth. The first brief, <u>Are Homeless Families</u> <u>Connected to the Social Safety Net?</u> focuses on whether homeless families are connected to public benefits and services. Another brief will describe children's experiences with homelessness and early care and education.

This brief does not use the experimental design of the Family Options Study but instead provides descriptive information on the well-being of adolescents following their experience of homelessness, regardless of the intervention to which their families were randomly assigned. This brief provides descriptive analysis of the experiences of the study's 791 focal children who were ages 10 to 17 at the time of the follow-up survey.

Highlights:

- Twenty months after staying in a homeless shelter with their families, most adolescents continue to live with their families. Many of these families were still experiencing housing instability or were living in overcrowded conditions at rates higher than other low income families.
- Adolescents in families with recent experiences of homelessness were much more likely to have changed schools or been absent from school than their peers nationally at all income levels.
- Among these adolescents with recent stays in homeless shelters, the persistence of housing instability (returns to homelessness or being doubled up with another household) was also associated with moving from school to school.
- Recently homeless adolescents who changed schools frequently had slightly lower grades, less motivation, and slightly more problem behaviors than those who did not.
- Adolescents with recent experiences of homelessness generally exhibited more problem behaviors than their peers nationally across all income levels.

This brief makes several comparisons between adolescents in the Family Options Study and other adolescents in the U.S. For each comparison, the brief uses the best available comparison data. Most Family Options Study families had incomes below the federal poverty level at the time adolescent well-being was measured, and many had incomes below 50 percent of the federal poverty level. Where possible, the brief makes comparisons to adolescents in families with incomes below the federal poverty level or a similar standard. This was possible to do for housing mobility and housing overcrowding benchmarks. For other measures—school mobility, school absences, social behavior, and substance use-comparison outcome measures were not available for adolescents in lowincome families. When comparing study adolescents to families with similar income levels was not possible, the brief makes comparisons to all adolescents in the U.S. across all income levels.

Introduction

Adolescence is a key developmental period in which youth mature physically, mentally, socially, and psychologically (Lerner and Galambos, 1998; Steinberg and Morris, 2001; American Academy of Pediatrics, 2015). Stability and predictability in home and school environments can help youth navigate these changes (Sandstrom and Huerta, 2013). When families become homeless or experience housing instability, adolescents' positive development may suffer, particularly if frequent moves also lead to changes in schools (Buckner, 2008; National Research Council and Institute of Medicine, 2010).

This brief explores the well-being of adolescents who had recently been in homeless shelters with their families and continued to be part of the family 20 months later. Although most of the literature on homelessness among adolescents focuses on unaccompanied homeless youth,¹ most adolescents who experience homelessness do so as part of a family that includes at least one adult (U.S. Department of Housing and Urban Development, 2015; National Coalition for the Homeless, 2009).² This brief focuses on the housing situations, academic development, and social development of children who were still with their families and were adolescents 20 months after staying with their families in emergency shelters. As of 20 months after their shelter stay, the ages of the adolescents ranged from 10 to 17, with an average age of 13.4 years.³

Many adolescents in families continue to face housing challenges after a shelter stay

The housing situations of adolescents in homeless families improved over the following 20 months in some ways but not others. Twenty months after a shelter stay, 65 percent of the families were in their own housing unit, often with housing assistance.⁴ Yet experiences of housing instability were still common. Nineteen percent of the adolescents were in families that had been in a shelter or in a place not meant for human habitation at some time during the past 6 months, and 23 percent of the families had "doubled up" with another household at some time during that period because they had no place of their own to stay. Over the past year, 25 percent of the families had returned to an emergency shelter for one or more nights.⁵



EXHIBIT 1: RESIDENTIAL MOBILITY OF ADOLESCENTS

Sources: Analysis of the Family Options Study 20 month survey data and Ihrke et al. (2011) for national estimates of residential mobility for families below the federal poverty level.

Additionally, these families moved more often following a shelter stay than national averages for families with incomes below the federal poverty level. About one third (35 percent) of study adolescents had moved with their families one or more times during the past 6 months, and 12 percent moved two or more times in that same period.⁶ As shown in Exhibit 1, the rate at which families moved at least once in just 6 months is more than double the *annual* mobility rate of families below the federal poverty level (FPL) in the United States, estimated at 14.5 percent (Ihrke et al., 2011).

Twenty months after experiencing homelessness, adolescents often lived in overcrowded housing. Just over half (55 percent) lived in overcrowded dwellings (more than one person per room), compared with only 14.7 percent of all very low-income renter households with children shown by the American Housing Survey to be living in overcrowded housing in 2013 (Federal

2

 $^{^{\}scriptscriptstyle 1}~$ See, for example, Toro, Dworsky, and Fowler, 2007.

² Almost a quarter of the children in the Family Options Study's 20 month data collection (23 percent) were adolescents ages 10-17. Among children of all ages, only 13 percent of the children who were named at baseline as part of the family (either with the family in shelter or not with the family in shelter) were not with the family 20 months later. The absent children were not necessarily homeless. They could have resided with the other parent, other relatives, or in foster care. Older youth (ages 18 to 24) are more likely than adolescents to experience unaccompanied homelessness (U.S. Department of Housing and Urban Development, 2015.)

³ Developmental experts define adolescence as beginning with the first sign of puberty, at around age 10 or 11, and lasting for about a decade (American Academy of Pediatrics, 2015; World Health Organization, 2016). Family Options Study data collection did not include individual observations to determine whether puberty had begun. This brief focuses on all of the study's focal children who had reached their 10th birthday and had not reached their 18th birthday.

⁴ The Family Options Study and this brief use a definition of homelessness that includes stays in emergency shelters and in places not suitable for human habitation such as abandoned buildings, transportation waiting rooms, and abandoned vehicles. Other forms of housing instability discussed here as outcomes for adolescents who had recently been in emergency shelters—such as overcrowding and frequent moving because the adolescent's parent is not a leaseholder—are also considered homelessness for some federal programs. For example, the Department of Education's program that aims to make sure that homeless children are able to attend school and avoid changing schools uses a broader definition of homelessness. See Section 725(2)(B) of Title VII, Subtitle B, of the McKinney Vento Homeless Assistance Act (MVHAA).

⁵ Adolescents may have had more than one of these experiences. The study's intervention that provided access to a long-term rent subsidy to randomly selected families reduced the measures of housing instability and hardship described in this brief (Gubits et al, 2015). The experiences reported in this brief are for the entire sample of adolescents surveyed 20 months after random assignment, including those whose families were given access to a long-term rent subsidy. Rates of housing instability for adolescents in the usual care comparison group and in other treatment arms were even higher.

⁶ We calculated the number of residential moves by subtracting one from the number of places lived. Because parents reported the number of distinct places they had lived in the past 6 months, counting multiple stays in the same location only once, our measure of residential moves may underestimate the total amount of residential mobility.

Interagency Forum on Child and Family Statistics, 2015).⁷ Thirty percent of the study adolescents were in housing that was not just overcrowded but severely overcrowded, more than 1.5 persons per room.⁸

Adolescents experienced increased school mobility and other school problems following a shelter stay

Some school mobility occurs as adolescents move from primary to middle school and from middle to high school. However, changing schools often and at other times has been shown to be associated with reduced academic performance (Rumberger, 2015). Similarly, chronic absenteeism has been shown to be associated with negative school outcomes (Balfanz and Byrnes, 2012).

In the 20 months after staying in shelter with their families, adolescents were much more likely to have changed schools, been absent from school frequently, and exhibited problem behaviors at school than their peers nationally at all income levels.

On average, adolescents attended two schools in the 20 months following their shelter stay. Seventy percent changed schools at least once, and 23 percent changed schools two or more

EXHIBIT 2: SCHOOL MOBILITY OF ADOLESCENTS 20 MONTHS AFTER A SHELTER STAY



Sources: Analysis of the Family Options Study 20 month survey data and Rumberger (2015) for national estimates of school mobility.

times.⁹ As shown in Exhibit 2, the school mobility among adolescents in the study is high compared to national estimates for all adolescents. Nationally across all income levels, only 21 percent of eighth graders and 10 percent of twelfth graders change schools two or more times in two years (Rumberger, 2015).

Adolescents who had experienced homelessness were also more likely to be frequently absent from school than their peers. Twenty months after entering a shelter with their families, adolescents had been absent an average of 2.5 days in the past month. The majority (58 percent) had at least one school absence in the past month, and 30 percent had three or more absences. Exhibit 3 shows patterns for these recently homeless adolescents and a national benchmark for adolescents at all income levels in the same age ranges. The higher rate for previously homeless adolescents suggests that recent homelessness is associated with low rates of perfect attendance and high levels of chronic school absence, defined as three or more absences in a month.¹⁰

Although most of these adolescents had no major school conduct problems that could interfere with their education, 29 percent had been suspended or expelled from school or had behavior problems that required a parent conference. National estimates of suspension and expulsion among all adolescents are only somewhat lower, 22 percent and 3 percent, respectively, among youth in grades 6 through 12 (Aud et al., 2010). Because our measure combined suspensions and expulsions with other school conduct problems, a direct comparison to national levels is not possible.¹¹

Housing instability is related to school mobility

Changes in residence associated with homelessness, doubling up, or moves to lower-cost housing may lead to movements across school catchment boundaries, which may lead to changes in schools, despite federal safeguards designed to prevent this. Indeed, it is common for homeless children to change schools because shelters or other temporary accommodations are not within their school district (National Coalition for the Homeless, 2009). Among adolescents who had stayed in a family shelter 20 months earlier, being homeless or doubled up in the past 6 months was associated with increased school mobility. ¹² On average, one in four adolescents (22 percent) who had been homeless or doubled up experienced an additional school move, compared with other study adolescents who had not been homeless or doubled up in the past 6 months.¹³

- ⁷ Very low income is a definition used by the U.S. Department of Housing and Urban Development to determine eligibility for various programs. It varies by geographic area (income at or below one-half of the local median income adjusted for household size). On average across the United States, this level is somewhat greater than the federal poverty level.
- ⁸ For definitions of overcrowding, see Blake, Kellerson, and Simic (2007) as well as definitions provided by <u>http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html</u>
- ⁹ The Family Options Study data do not include the reasons for school changes, so we are unable to distinguish between school changes due to grade promotion and those due to residential moves. Rates of school change were higher for the study sample than for national benchmarks across all age groups between 10 and 17 in the study sample. The rate of school mobility was higher compared to national benchmarks for older adolescents in the study sample than for younger adolescents, but that may reflect the difficulty of matching ages of the study sample to expected grade levels or the higher rates of school changes associated with grade promotion at younger ages.
- ¹⁰ Across all age ranges, the study intervention that provided priority access to a long-term housing subsidy reduced school absences (Gubits et al, 2015). The absences shown in Exhibit 3 are for the entire sample of 791 adolescents in the study, including adolescents who may have benefitted from this treatment effect.
- ¹¹ The estimate of school conduct problems for study adolescents was based on parent report. The national estimates reported in Aud et al. (2010) are based on parent report data collected via the 2007 Parent and Family Involvement in Education Survey of the National Household Education Surveys Program.
- 12 These and other comparisons among adolescents within the study sample reported in this brief were statistically significant.
- ¹³ The reference periods for housing instability and school changes are different. We measure school changes over the 20 months since study enrollment, whereas we measure homelessness and doubling up over the 6 months prior to the follow-up survey.

3

EXHIBIT 3: SCHOOL ABSENCES 20 MONTHS AFTER AN ADOLESCENT'S SHELTER STAY AND A NATIONAL BENCHMARK



Sources: National benchmarking data come from the National Assessment of Education Progress as reported in Aud et al. (2012). Data on previously homeless adolescents come from analysis of the Family Options Study 20 month survey data.

Note: In the national benchmarking data absences were measured in grades 4, 8, and 12. These correspond roughly to the following age groups in the Family Options Study sample: ages 10 to 12, 13 to 14, and 15 to 17.

School mobility is related to poor academic and social outcomes

School mobility can lead to academic and behavioral problems (National Research Council and Institute of Medicine, 2010). For adolescents who had experienced family homelessness, school changes were related to both school performance and social behavior. Each additional school change adolescents made was associated with slightly lower grades, less positive attitudes toward school, less effort at school, and slightly more social behavior problems. For example, each additional school change was associated with a 0.20 unit decline in the student's grades and a 0.14 unit decrease in positive school attitudes.

Overcrowding is related to poor academic and social outcomes

In addition to housing instability, overcrowding is another aspect of a family's housing situation with implications for adolescent well-being. Overcrowding tends to reduce academic achievement, mental health, and physical health (Office of the Deputy Prime Minister, Great Britain, 2004; Solari and Mare, 2012). Previously homeless adolescents who lived with their families in overcrowded dwellings were slightly more likely to be absent from school and also had lower rates of positive behavior compared to those who did not experience overcrowding.

Adolescents exhibit problem behaviors following a shelter stay

Twenty months after a shelter stay, adolescents exhibited less positive behavior compared with youth of the same age and gender nationally across all income levels.

To assess overall positive and problem behavior, the study used a widely respected, standardized behavioral rating system in which parents rated the levels of specific positive behaviors (e.g., empathy, kindness) and problem behaviors (e.g., aggression, hyperactivity, fearfulness) they observed in their children.¹⁴ Exhibit 4 shows how adolescents who had experienced homelessness compared, on this rating system, to national norms (average levels for youth of the same age and gender) by showing differences expressed as standard deviations¹⁵ from the norm. Twenty months after a shelter stay, adolescents were more likely to exhibit problem behaviors and less likely to exhibit positive behaviors than their peers nationally at all income levels.



EXHIBIT 4: ADOLESCENTS' POSITIVE AND PROBLEM BEHAVIOR 20 MONTHS AFTER A SHELTER STAY

Source: Analysis of the Family Options Study 20 month survey data.

¹⁴ Parents rated adolescents' behavior using the Strengths and Difficulties Questionnaire (SDQ). Scores are nationally normed according to children's age and gender.

¹⁵ A standard deviation expresses the spread around an average value.

Substance use appeared lower among adolescents who had experienced homelessness

Reported substance use was extremely low among adolescents who had experienced family homelessness and continued to live with their families. Nine percent or fewer reported using cigarettes, tobacco products (cigarettes, chewing tobacco, snuff, or dip), alcohol, or marijuana in the past month. As shown in Exhibit 5, by comparison, national rates of substance use in the past month among ninth to twelfth graders are about three to 11 times higher (Kann et al., 2013). The reasons for this contrast are unclear. It may be that adolescents, whose families' incomes were below the federal poverty level and often below half the federal poverty level, had little disposable income with which to purchase tobacco, alcohol, or drugs. Another explanation, perhaps more likely, is that differences in the settings for the administration of the Family Options Study survey and the survey on which the national benchmark is based affected responses by adolescents to questions about substance use.¹⁶

Conclusions and policy implications

This analysis highlights some consequences of family homelessness for adolescents. Twenty months after staying in an emergency shelter with their families, adolescents exhibited



Sources: National benchmarking data come from the Youth Risk Behavior Surveillance System as reported in Kann et al. (2013). Data on previously homeless adolescents come from analysis of the Family Options Study 20 month survey data. Both sources represent adolescents' self-reported substance use.

more behavior problems, less positive behavior, and more chronic school absence than their peers nationally at all income levels. However, the analysis does not compare the Family Options Study sample of adolescents to adolescents in families with similarly low income levels. Generally speaking, youth from low-income backgrounds demonstrate lower levels of well-being on a wide variety of measures (e.g., Mayer, 1997; McLoyd, 1998). Thus we would expect to observe smaller differences in a comparison of the study sample to a similarly low-income sample. Without such a comparison, we do not know whether the additional housing instability associated with a recent episode of homelessness affects these outcomes beyond the effects of living in a household with income below the federal poverty level. Other factors, such as potential demographic differences between study adolescents and the comparison groups may also have affected the findings.

Many adolescents who stay in emergency shelters with their families continue to experience periods of homelessness, doubling up, or both after their shelter stay. Continued homelessness and doubling up were associated with greater school mobility. High numbers of school moves following a family shelter stay were associated with reduced school performance and increased problem behavior. Adolescents who stay in emergency shelters with their families also are likely to live in overcrowded or severely overcrowded housing 20 month later. This has negative implications for social behavior (less positive behavior) and school attendance (more absences), making efforts to address school absenteeism particularly important for adolescents with poor or unstable housing.

These findings suggest that, in addition to efforts to decrease homelessness among adolescents, policies to reduce school mobility among adolescents who have experienced homelessness may be important to both their behavior and their academic achievement. Some important policies are already in place – public school districts are required by the McKinney-Vento Education for Homeless Children and Youth program administered by the U.S. Department of Education to have homeless liaisons and are required to work to arrange transportation between a student's residence and school of origin. However, these findings suggest that more could be done to help families avoid unnecessary moves from school to school.

While the federal government has dedicated resources for unaccompanied runaway and homeless youth, adolescents under 18 experience homelessness with their families more often than they do on their own. In addition to providing support for runaway and unaccompanied homeless youth, policymakers and practitioners should explore further interventions to address the challenges facing adolescents who experience homelessness with their families.

¹⁶ In both the Youth Risk Behavior Surveillance System and the Family Options Study, adolescents themselves reported on their use of substances, and the surveys asked the same questions. However, the Youth Risk Behavior Surveillance System used a self-administered questionnaire that was taken by youth in a school setting, whereas youth participating in the Family Options Study were surveyed by an interviewer who posed questions and recorded answers in the adolescent's home or by telephone. At the time of the survey, most families were in their own rental housing or someone else's. Very few were in an emergency shelter or transitional housing program in which program rules might have affected responses to the questions.

References

American Academy of Pediatrics (2015). Stages of Adolescence. Retrieved 1/21/2016 from <u>https://www.healthychildren.org/</u> English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx

Aud, S., Hussar, W., Johnson, F., Kena, G., Roth, E., Manning, E., Wang, X., and Zhang, J. (2012). The Condition of Education 2012 (NCES 2012-045). U.S. Department of Education, National Center for Education Statistics. Washington, DC (Retrieved 8/11/2015 from http://nces.ed.gov/pubsearch.)

Aud, S., Fox, M., and KewalRamani, A. (2010). Status and Trends in the Education of Racial and Ethnic Groups (NCES 2010-015). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing Office.

Balfanz, R., and Byrnes, V. (2012). The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools. Baltimore: Johns Hopkins University Center for Social Organization of Schools.

Blake, K.S., Kellerson, R.L., and Simic, A. (2007). Measuring overcrowding in housing. Washington, DC: U.S. Department of Housing and Urban Development.

Buckner, J.C. (2008). Understanding the impact of homelessness on children: Challenges and future research directions. American Behavioral Scientist, 51, 721-736.

Federal Interagency Forum on Child and Family Statistics. (2015). America's children: Key national indicators of well-being, 2015. Washington, DC: U.S. Government Printing Office.

Gubits, D., Shinn, M., Bell, S., et al. (2015). Family Options Study: Short-term impacts of housing and services interventions for homeless families. Cambridge, MA: Abt Associates.

Ihrke, D.K., Faber, C.S., and Koerber, W.K. (2011). Geographical Mobility: 2008 to 2009. Current Population Reports, P20-565. U.S. Census Bureau, Washington, DC. (Retrieved 8/11/2015 from http://www.census.gov/prod/2011pubs/p20-565.pdf)

Kann, L., Kinchen, S., Shanklin, S.L., et al. (2013). Youth Risk Behavior Surveillance—United States, 2013. MMWR 2014; 63(No. SS-4). Retrieved 7/30/2015 from http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf

Lerner, R.M., and Galambos, N.L. (1998). Adolescent development: Challenges and opportunities for research, programs, and policies. Annual Review of Psychology, 49, 413-446.

Mayer, S. E. (1997). What Money Can't Buy: Family Income and Children's Life Chances. Cambridge, MA: Harvard University Press.

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. American Psychologist, 53, 185-204.

National Coalition for the Homeless (2009, September). Education of Homeless Children and Youth (Factsheet). Washington, DC: National Coalition for the Homeless. Retrieved 10/19/2015 from: <u>http://www.nationalhomeless.org/factsheets/education.</u> <u>html</u>

National Research Council and Institute of Medicine. (2010). Student Mobility: Exploring the Impact of Frequent Moves on Achievement: Summary of a Workshop. A. Beatty, Rapporteur. Committee on the Impact of Mobility and Change on the Lives of Young Children, Schools, and Neighborhoods. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

Office of the Deputy Prime Minister, Great Britain. (2004). The Impact of Overcrowding on Health and Education: A Review of Evidence and Literature. London: Office of the Deputy Prime Minister Publications.

Rumberger, R.W. (2015, June) Student Mobility: Causes, Consequences, and Solutions. Boulder, CO: National Education Policy Center. (Retrieved 8/11/2015 from http://nepc.colorado.edu/publication/student-mobility)

Sandstrom, H., and Huerta, S. 2013. The Negative Effects of Instability on Child Development: A Research Synthesis. Washington, DC: Urban Institute.

Solari, C.D., and Mare, R.D. (2012). Housing crowding effects on children's wellbeing. Social Science Research, 41, 464–476.

Steinberg, L., and Morris, A.S. (2001). Adolescent development. Annual Review of Psychology, 52, 83-110.

6

Toro, P.A., Dworsky, A., and Fowler, P.J. (2007). Homeless Youth in the United States: Recent Research and Intervention Approaches, in D. Dennis, G. Locke, and J. Khadduri, Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research. Washington DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development, 6-1-6-33.

U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2015). The 2015 Annual Homeless Assessment Report to Congress: Part 1 - Point in Time Estimates of Homelessness. (Retrieved 1/17/2016 from <u>https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf</u>.)

World Health Organization (2016). Adolescent Development. Retrieved 1/21/2016 from <u>http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/</u>

Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services

The Office of Planning, Research and Evaluation (OPRE) studies Administration for Children and Families (ACF) programs and the populations they serve through rigorous research and evaluation projects. These include evaluations of existing programs, evaluations of innovative approaches to helping low-income children and families, research syntheses and descriptive and exploratory studies. <u>www.acf.hhs.gov/programs/opre</u>

Office of the Assistant Secretary for Planning and Evaluation (ASPE),

U.S. Department of Health and Human Services

The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis. <u>www.aspe.hhs.gov</u>





PROJECT OFFICERS: Emily Schmitt, OPRE, ACF Carli Wulff, OPRE, ACF Amanda Benton ASPE, HHS

PROJECT DIRECTOR: Lauren Dunton, Abt Associates

CONTRACT NO: HHSP23320095624WC



BOLD THINKERS DRIVING REAL-WORLD IMPACT

4550 Montgomery Avenue Suite 800 North Bethesda, MD 20814-3343

ABOUT ABT ASSOCIATES

Abt Associates is a mission-driven, global leader in research, evaluation and implementing programs in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.