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## INSIDE THIS ISSUE

- Children are exhibiting alarming levels of distress.
- Children of higher-functioning parents are doing better; children in the most distressed households are suffering the most.
- Without effective intervention, many children will face the same struggles as their parents.

# Reaching the Next Generation

## The Crisis for CHA's Youth

Liza Getsinger and Susan J. Popkin

The Chicago Housing Authority (CHA's) ambitious Plan for Transformation, launched in 1999, sought to replace the agency's notoriously distressed developments with new, mixed-income communities and refurbished public housing. In the late 1990s, the CHA's troubled developments were home to thousands of vulnerable families. Most residents were children, many of whom had suffered serious health consequences as a result of the poorly maintained housing and psychological trauma from the overwhelming violence and social disorganization. Books like *There Are No Children Here* (Kotlowitz 1991) and *Our America* (Jones and Newman 1997) documented the plight of CHA's children, describing struggling parents, abused and neglected children, and families caught up in the drug trade and gang wars. In these communities, having lost a family member to the gang violence or drugs or to federal prison was so common as to be unremarkable (Popkin et al. 2000). Given the level of distress of the CHA's resident population, in order for the Plan to be successful, it had to not only replace the housing that had blighted Chicago communities, but also attempt to improve the life chances for the families that had endured these conditions.

A large body of research documents how living in distressed, high-poverty communities worsens the life chances of children. Children growing up in these neighborhoods are at risk for poor physical and mental health, risky sexual behavior, delinquency, and other negative outcomes (Leventhal, Dupéré, and Brooks-Gunn 2009; Sampson, Morenoff, and Gannon-Rowley 2002). The strains associated with poverty and community violence make it more difficult for parents to devote the time and positive attention that children need in order to develop the social skills and behaviors to

succeed as young adults. A supportive and functioning family and community can sometimes buffer the effects of poverty and community violence, but the lack of a safe and stable home life can increase children's vulnerability to external stressors, leading to a decreased capacity to learn and adapt throughout adulthood (Shonkoff 2010). Further, children growing up in high-stress environments are more likely to develop depression and other mental health issues, which often manifest themselves as behavior problems (Conger, Conger, and Martin 2010; Conger, Patterson, and Ge 1995).

**CHA children are struggling with enduring violence in their communities, parents with mental health and substance abuse challenges, and the stresses of moving.**

## A Snapshot of Families with Children

- 145 families (51 percent) have children under the age of 18.
- 19 families (7 percent) have children age 18 and over.
- Median age of older children is 14.5.
- Most children live in households headed by a single mother.
- 44 children live in “grandfamilies.”
- A third of children live in very large households (5 to 10 members).

Research on the Moving to Opportunity (MTO) demonstration tracked outcomes for families from high-poverty public housing in five cities that were offered the chance to move to low-poverty communities with vouchers. The hope was that this move would improve children’s educational outcomes, mental health, and well-being. To date, outcomes for MTO youth have been mixed; although families’ quality of life has improved significantly, these gains have not translated into better health and educational outcomes. Puzzlingly, girls have improved mental health and reduced risky behavior relative to the control group, but boys have not; there has been no effect on educational attainment (Popkin, Leventhal, and Weismann 2010, Briggs, Popkin, and Goering 2010).

Like MTO, the Plan for Transformation appears to have substantially improved residents’ quality of life but, so far, has not fundamentally changed the life chances for CHA children. The CHA Panel Study, which tracked a sample of 198 Madden/Wells residents from 2001 to 2009, found little evidence of improvements in children’s behavior or educational engagement. Further, many older youth were already parenting or involved in the criminal justice system by the end of the panel study (Gallagher 2010).

## Chicago Family Case Management Demonstration—Implications for Children

Evidence from the Panel Study suggested that a substantial proportion of vulnerable, “hard to house” families were being left behind in CHA’s remaining traditional public housing developments and not benefiting from the transformation under way. The Chicago Family Case Management Demonstration was an innovative effort to address this problem, testing the feasibility of providing wraparound supportive services for vulnerable public housing families (Popkin et al. 2008). The Demonstration—a partnership of the Urban Institute, the CHA, Heartland Human Care Services, and Housing Choice Partners—provided households from the CHA’s Dearborn Homes and Madden/Wells developments with intensive case management services, transitional jobs, financial literacy training, and relocation counseling. The Urban Institute conducted a rigorous evaluation, including a baseline and follow-up survey, administrative interviews, focus groups with service providers and program administrators, in-depth resident interviews, and analysis of program and administrative data (see text box on page 9).

While the primary goal of the Demonstration was to engage heads of household with intensive services, case managers tried to address the needs of all family members. The hypothesis was that using a family-focused approach would benefit children as well as parents, although no services were specifically targeted to youth. The Demonstration successfully engaged adult participants, stabilized health, increased employment, and helped families move to better housing in safer communities (Popkin et al. 2010). Perhaps not surprisingly, there is no evidence that these benefits have translated into better outcomes for children and youth. Indeed, the findings from the survey and baseline and follow-up interviews paint a

portrait of children in crisis, struggling with the trauma of enduring violence in their communities, parents with mental health and substance abuse challenges, and the stresses of relocation.

This brief profiles these vulnerable children and suggests strategies for building on the successes of the Demonstration to improve the life chances of CHA’s children and youth.

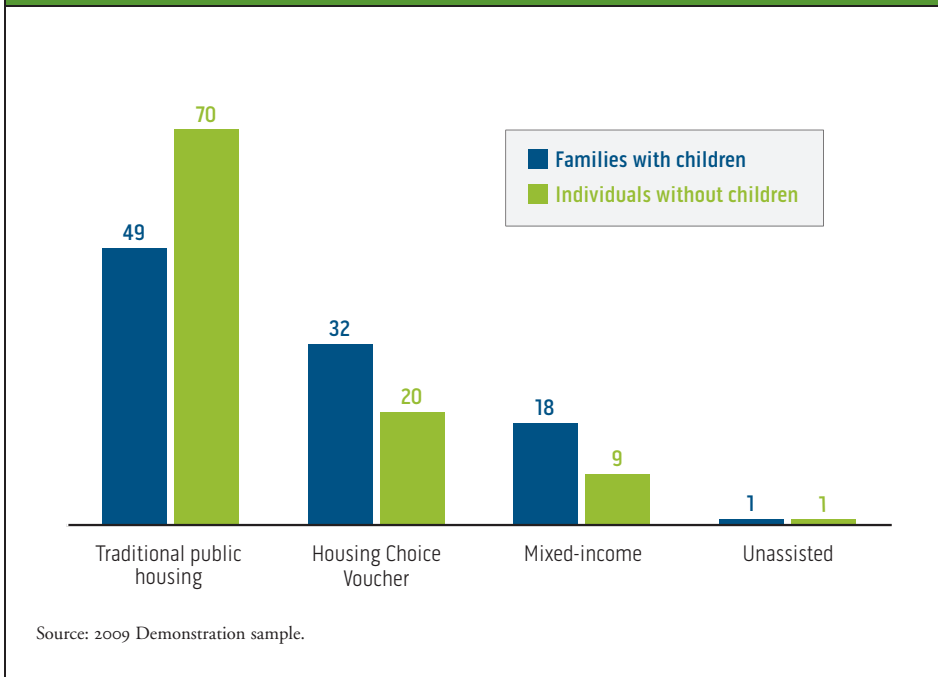
## A Profile of Children in Hard-to-House Families

At baseline in 2007 and follow-up in 2009, we interviewed 155 parents of 217 children; all our survey data on children are parental reports only. Both times, we interviewed parents about one or two focal children, selected at random, asking parents about their children’s health, behavior, and school engagement. The voices of the children in this brief come from a small sample of in-depth interviews conducted in August 2008 with 21 adults and 9 youth. The children and youth in our sample range from 2 to 20 years old. For this analysis, we have divided the children into two categories: older children (age 8 and older) and younger children.<sup>1</sup> Our sample includes 120 girls (42 younger and 78 older) and 97 boys (33 younger and 64 older). This brief focuses solely on the older children.

## Changes in Children’s Quality of Life

In 2007, Dearborn Homes and Madden/Wells were extremely distressed, high-crime communities, dominated by drug dealing and gang activity. Madden/Wells was in the final stages of relocation, and conditions were deteriorating rapidly, leaving the few remaining residents at the mercy of the drug dealers who had moved into the now-vacant turf. Dearborn was caught up in a gang war that had divided the development in half. Residents from both developments reported extremely high levels of problems with drug activity and violent crime; for children, these conditions were toxic

**Figure 1. Type of Housing Assistance by Household Type (percent)**



(Popkin et al. 2008). Many of the youth we interviewed in summer 2008 talked of living in constant fear and adapting their behavior in order to survive. As Robert, a 12-year-old boy who grew up in Wells, said:

*It was kinda tough because it was, like, every day, I had to watch my back. 'Cause they used to shoot a lot over there [in Wells]. It was kinda hard because I ain't like always having to watch my back...when I played, I gotta watch my back, make sure people don't be doing nothin' bad around me or nothing, and I can't get used to that. But I had to get used to it. Then I stopped being afraid and I just stopped watching my back. So, I stopped being afraid.*

At the start of the Demonstration, not all families were slated for relocation; the CHA originally planned to keep a few buildings in

Madden/Wells open and had no plans for major relocation in Dearborn. But because of deteriorating conditions, the CHA decided to expedite closing of Madden/Wells; the agency then received HUD funds that allowed it to move forward with a full gut-rehabilitation in Dearborn, necessitating relocation there as well. Over the three years of the Demonstration, roughly three-quarters of families with children moved at least once, and nearly a fifth moved twice or more. In 2009, 59 percent of the participants in our sample lived in traditional public housing, 26 percent had vouchers, and 13 percent lived in mixed-income developments (Theodos and Parilla 2010). Families with children were more likely than other residents to choose vouchers or move to mixed-income housing (figure 1).

At the follow-up, most adult participants were satisfied with their new housing, and most reported substantially better conditions.

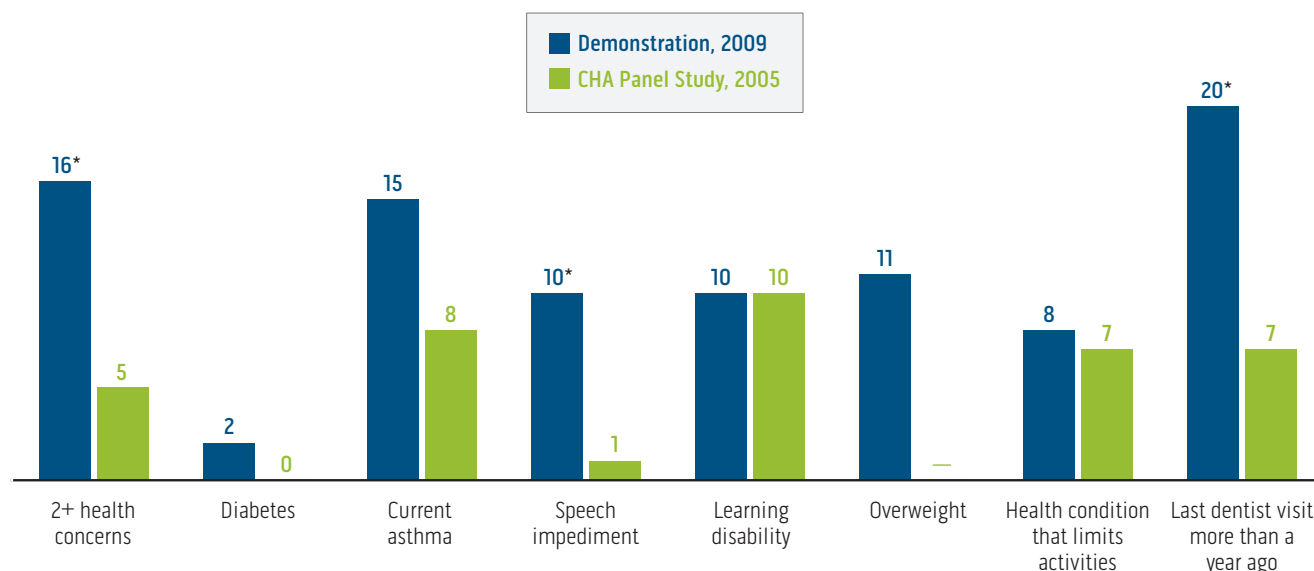
Further, although the official crime rates for their new communities were similar, participants reported feeling dramatically safer, with far fewer problems with drug activity and violent crime (Theodos and Parilla 2010). Likewise, a number of the youth we interviewed in 2008 said that leaving Dearborn and Madden/Wells allowed them to escape the violence and chaos. Jamie, whose family had taken a voucher and was now living in a single-family home on Chicago's South Side, stated that her proudest moment in life was, "Us moving here, and finding this house. Because since we got moved here been some good things happened." But for other youth, moving was a very difficult experience and provided new stresses and fears. Twelve-year-old Robert, whose family moved from Wells with a voucher into an apartment on the far Southside, discussed feeling isolated in his new neighborhood, disconnected from peer groups, and unsure of his new environments:

*I can't really go outside, have fun 'cause sometimes, I got to stay in the house and every, over there, I used to can go outside. And over here, I can't even go out the door. I don't even know some people over here. And I don't know if they can try to kill me or anything. I could turn my back and anything can happen. So I just try to stay in the house and be away from everything.*

### Children Experiencing Alarming Levels of Distress

In 2007, the families in the Demonstration were among the most vulnerable in the CHA population: extremely poor, long-term public housing residents, most disconnected from the labor force, and suffering high rates of chronic disease, mental illness, and substance abuse (Popkin et al. 2008). According to analysis of data from the baseline and follow-up surveys, the children in these households are faring little better than their parents,

Figure 2. Youth Health Conditions, Demonstration and CHA Panel Comparison (percent)



Sources: 2005 Chicago Panel sample and 2009 Demonstration sample.

Note: Overweight question was not asked of the 2005 Chicago Panel sample.

\* Difference between Demonstration and Panel Study is significant at the  $p < .05$  level.

exhibiting high rates of health and behavior problems. There was little change in children's well-being from baseline to follow-up, so we focus primarily on the data from the 2009 survey, comparing it with data from the 2005 CHA Panel Study and national figures.<sup>2</sup>

At follow-up, Demonstration participants reported that their children were suffering from poor health at rates far higher than national averages: approximately 72 percent of parents rated their child's health as excellent or very good, compared with 84 percent of parents nationally.<sup>3</sup> Demonstration participants reported that their children were suffering from a range of serious health conditions, some at rates higher than even those for children in the CHA Panel Study (figure 2).

According to parental reports, almost all children in the Demonstration sample (95

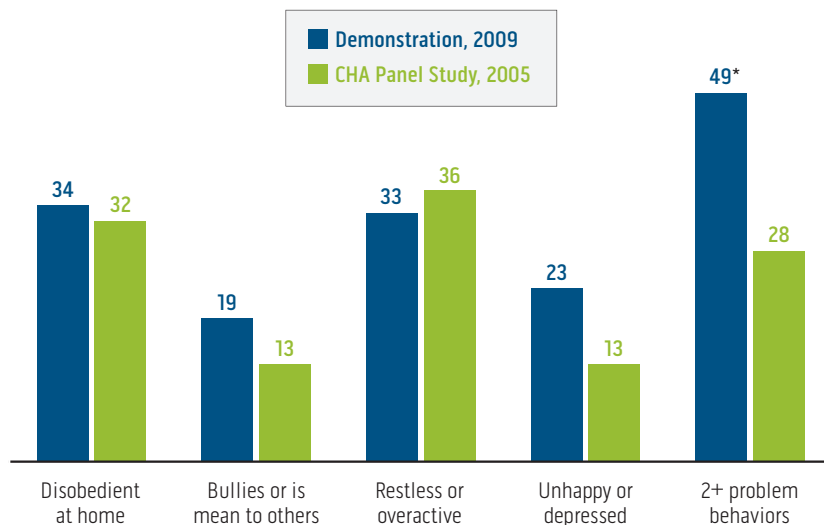
percent) attended school in the 2008–09 school year, and nearly two-thirds of parents reported that their children were not highly engaged in school.<sup>4</sup> Additionally, Demonstration parents reported that nearly a third of older youth had been suspended from school. Even more worrying, the children are exhibiting high levels of behavior problems,<sup>5</sup> an indicator of poor mental health; about half of parents reported that their children were exhibiting two or more problem behaviors. This statistic is particularly alarming compared with the 2005 CHA Panel Study, where less than a third of children exhibited this level of problem behaviors. Nearly one in four parents said that their child was often or sometimes unhappy, sad, or depressed, and nearly one in five said that their children were mean to or bullied others. Although the

individual measures of problem behavior do not vary between the two surveys, children in the Demonstration are more likely to exhibit several behaviors (figure 3).

Another alarming indicator of distress is that, according to parent reports, 22 percent of boys in the Demonstration follow-up sample had been arrested, and 19 percent had been incarcerated, compared with 6 and 4 percent, respectively, for girls (figure 4). Nine percent of all children age 14 and older exhibited two or more delinquent behaviors.<sup>6</sup> In comparison, 7 percent of children in the 2005 CHA Panel Study exhibited two or more delinquent behaviors, and 14 percent of boys had been arrested.<sup>7</sup>

Our interviews with adolescents revealed some of the traumatic experiences and stresses that underlie these alarming statistics.

Figure 3. School Engagement and Behavior (percent)



Sources: 2005 Chicago Panel sample and 2009 Demonstration sample.

\* Difference between Demonstration and Panel Study is significant at the  $p < .05$  level.

Violence was a common theme in the lives of these youth. One girl spoke of a close family member being raped, while another discussed the recent murder of her father; many others discussed getting into fights. In many circumstances, youth felt it necessary to resort to fighting to protect themselves and their friends. Kenneth, a 14-year-old boy who grew up in Wells, describes the violence in his neighborhood:

*I be fighting 'cause some people, like, they be hating. And mostly all my life, I had to fight because some people was hating me. You know, one time, there was a dude he was hating on me and 'cause he wanted to steal my shoes. And I didn't want him going around stealing my shoes. Then, we's on the front of my building, we started fighting. Dunno, happens a lot.*

### Vulnerable Families, Vulnerable Children

We developed a typology based on baseline characteristics that categorizes the head-of-household Demonstration participants into three groups: “strivers,” younger residents who mostly have high school degrees and are connected to the labor force; “aging and distressed,” who suffer from high rates of mental and physical illness, lack high school degrees, and have little work experience; and “high risk,” younger residents already showing high rates of chronic illness and labor force disconnection (Theodos et al. 2010). For our analysis, we combined the aging and distressed families and the high-risk families because the risk characteristics for these families look very similar, and relatively few children lived in aging and distressed families. Similar to the adults in our sample, the children vary in

### A Family Overwhelmed by Challenges

Annette is a 30-year-old woman struggling to raise her three children as well as two other girls she has taken in. Annette was a troubled child, frequently getting into fights and being arrested. She speaks of the many traumas she faced, including the death of her best friend and emotional and physical abuse from her alcoholic mother. Annette dropped out of school at 16 and had her first baby at 18.

Annette's adult life has been equally difficult. She says she feels overwhelmed by the challenge of caring for her children and often feels depressed and even suicidal, though she has refused to go into counseling. Annette has also faced major traumas, including being shot four times and the recent murder of her son's good friend. She drinks and smokes marijuana frequently, describes screaming at her children when she gets angry, and thinks about taking revenge on the woman who shot her. Her boyfriend, who is her children's father, is a drug dealer and abuses her; she says is trying to separate from him.

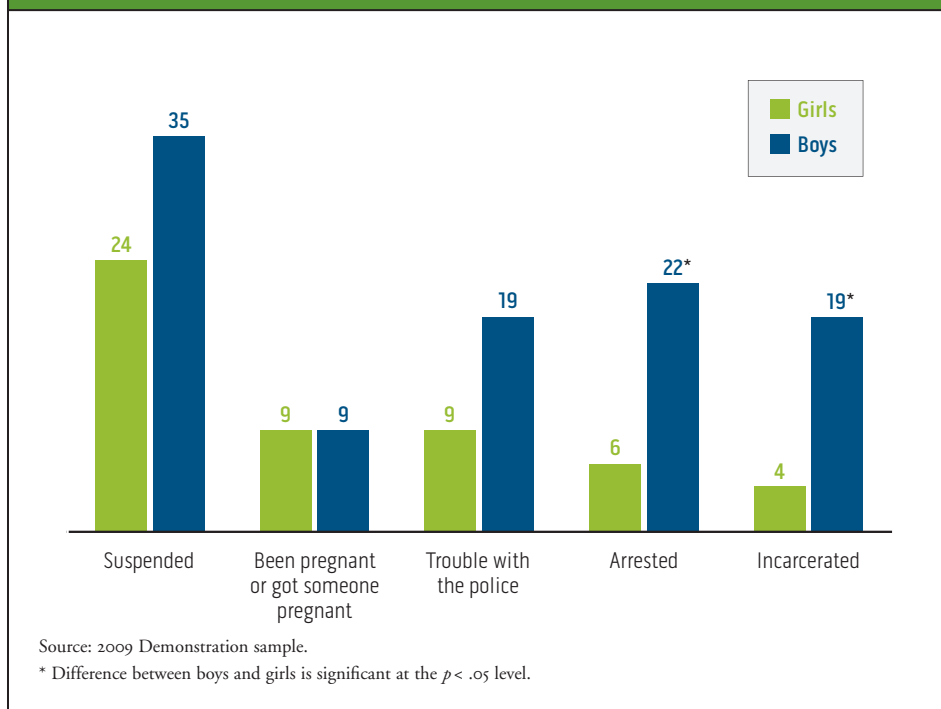
Annette's 12-year-old son, Robert, is also very troubled. He says he has behavior problems in school and fears being hurt or killed in his neighborhood. Although Robert was happy to leave Madden/Wells, he feels isolated and vulnerable in the new neighborhood, far removed from familiar social networks and friends.

Annette is having difficulty making the transition to the private market. She recently lost her job because of a conflict with her supervisor and is behind on her utility payments. Because two of her children are not officially part of her household, her house is too small and she says she has serious maintenance problems, such as mildew and a basement that floods regularly. She has almost no furniture in her house.

Annette says this about her life: “It's like, I'm struggling too hard. It's like, some, I try to make this right, something go wrong. It just don't never go right. But then when I think I'm doing good, something else going bad.”



Figure 4. Delinquent Behavior (percent)



their levels of distress. The children whose parents are higher functioning—more likely to work and have a high school education, and less likely to be experiencing mental and physical health issues—are doing better. Meanwhile, the children living in the most distressed households—children whose parents are substance abusers, suffer from serious mental and physical health challenges, and are not connected to the labor market—are suffering the most.

As figure 5 shows, children living in high-risk households are only half as likely to be engaged in school as children whose parents are strivers, and nearly twice as likely to exhibit two or more problem behaviors. Children living in high-risk families are also more likely to be overweight and have a health condition.

Annette and Robert's story illustrates how parental problems place youth at risk.

Annette suffers from depression and has a history of abuse and violent aggression; Robert, her 12-year-old son, already suffers from depression and thinks about harming himself and others (see sidebar on page 5).

### Girls Appear Especially Vulnerable to Distress

Although boys within the larger sample appear more troubled than girls, the story is different when comparing children living only in high-risk families. Then, girls living in high-risk families appear particularly vulnerable: 71 percent of girls in high-risk households exhibit two or more problem behaviors, compared with 50 percent of boys. These findings are similar to research on adolescent outcomes from MTO and the HOPE VI Panel Study, which suggests that girls growing up in high-poverty communities may face gender-specific

stresses, including harassment and the pressure for sexual activity (Popkin, Leventhal, et al. 2010). Briana, a 13-year-old former Dearborn resident, talks about how she deals with harassment in her neighborhood:

*Ever since that boy told me he was going to rape me, I have a feeling that [I had less] protection, and [I had to keep] my protection built up. And like every time I walk to the stores, it be more men than women. So, I try to like, like, like—I try to like wear more baggy clothes than tight. And also my cousin who died 'cause somebody raped her.... Or if I'm walking by myself I'll—I'll like have my fists ballled up like this so no one touch me.*

### Implications for Policy

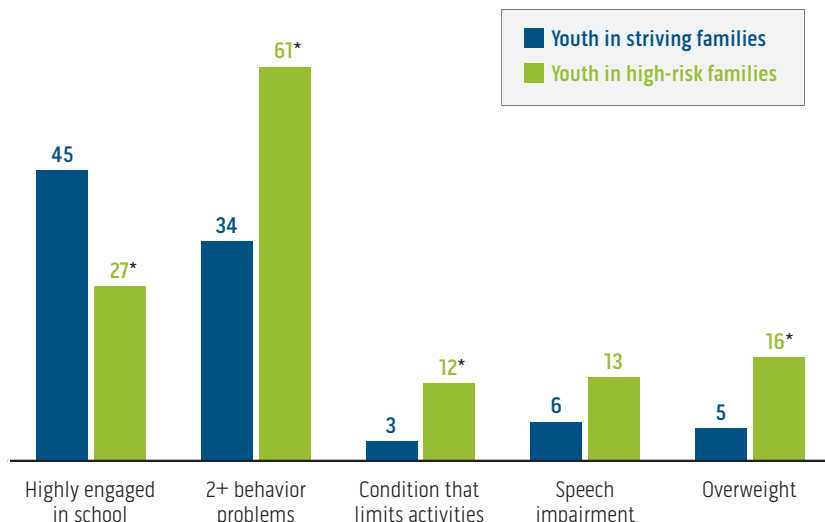
Findings from the Chicago Family Case Management Demonstration paint a shocking picture of at-risk children and youth living in extremely troubled households. These children have endured years of living in violent and chaotic environments; in many cases, their parents were so distressed—suffering from mental and physical illness, struggling with substance abuse, dealing with histories of trauma—that they were unable to shield their children from the worst effects of the stresses surrounding them. The situation of these children represents a profound crisis; without effective intervention, too many of them will face the same—or worse—struggles as their parents. Finding solutions will not be simple, and the costs are likely to be high. But the costs of failing to act will be much higher, both for the CHA—in management problems and instability in its developments—and for society.

- **Experiment with intensive service models that focus explicitly on youth.** The Demonstration service model successfully engaged vulnerable CHA families in intensive case

management services, with important benefits for families in improved quality of life and for adult participants in stable health and improved employment. However, while the Demonstration used a family-focused model, it does not seem to have successfully reached youth. The CHA and other housing authorities should consider testing a modified service model that includes strategies to engage youth and offers evidence-based interventions to serve their needs. This new, youth-focused demonstration should also employ the typology we have developed to try to target the neediest families with intensive services.

- **Provide clinical mental health services on site for children and families; make services accessible for voucher holders.** Children within the CHA are particularly vulnerable and suffering from high levels of distress. The CHA should make continuing to provide clinical services through its FamilyWorks resident services program a priority, with a greater emphasis on addressing the challenges of children within the household. FamilyWorks currently only serves residents in the CHA's traditional public housing communities, and many of the CHA's vulnerable families are now voucher holders; meeting their needs is more challenging and will require a new approach to service provision.
- **Incorporate youth engagement into management strategies for public housing and mixed-income developments.** Making youth engagement part of a basic management strategy could benefit both youth and property managers. If youth are engaged in positive activities, they are less likely to cause serious problems like vandalism or fighting that create challenges for property management. Further, youth outreach workers can identify problems

**Figure 5. Older Child School Engagement, Behavior, and Health, by Cluster (percent)**



Source: 2009 Demonstration sample.

\* Difference between youth in striving and high-risk families is significant at the  $p < .05$  level.

early on and attempt to intervene to avert more severe problems. The Housing Authority of Portland has developed a youth engagement strategy for its properties that could serve as a model for other housing agencies.

- **Partner with neighborhood schools that serve public housing families.** The CHA and other housing agencies should consider partnering with local schools, especially as part of HOPE VI or Choice Neighborhood redevelopment initiatives. Investing in high-quality schools will not only attract higher-income households to the community, but will also provide important resources for public housing residents.
- **Develop partnerships to create comprehensive place-based initiatives.** The best current thinking suggests that the most

effective way to improve outcomes for youth from distressed, high-poverty communities is to offer linked, comprehensive services that serve children and families from “cradle to college” (Harlem Children’s Zone 2009). The CHA and other housing authorities should consider partnering with local Promise Neighborhood initiatives, to leverage funding from the federal Choice Neighborhoods initiative and be able to provide these comprehensive services to vulnerable public housing residents. ■

## Notes

1. Our sample includes 75 younger children and 142 older children. The median age of younger children is 4½; ages range from 2 to 7. The analysis in this brief is centered on the older children in our sample. The median age of older children is 14½; ages range from 8 to 20.
2. We use the 2005 CHA Panel sample instead of the 2009 sample (as in the other briefs) because the average age of the children in the 2005 sample is comparable to that in the 2009 demonstration follow-up.
3. National data taken from the 2007 National Survey of Children's Health, available at Child and Adolescent Health Measurement Initiative, "National Survey of Children's Health Data Resource Center," <http://www.nschedata.org>.
4. Developed in 1996 by Jim Connell and Lisa J. Bridges at the Institute for Research and Reform in Education in California, this measure attempts to assess the level of child's interest and willingness to do their schoolwork. Each head of household was asked four questions about whether the child cares about doing well in school, only works on homework when forced to, does just enough homework to get by, or always does his or her homework. The answers were scored on a scale from 1 to 4, where 1 means none of the time and 4 means all of the time (answers to the negative items were scored in reverse). We measure the proportion of children with a high level of school engagement, which is equivalent to a scale score of 15 or more.
5. Items for the problem behaviors scale were taken from the Behavior Problems Index. The heads of households were asked to indicate how often the children exhibited any one of the seven specific negative behaviors: trouble getting along with teachers; being disobedient at school; being disobedient at home; spending time with kids who get in trouble; bullying or being cruel or mean; feeling restless or overly active; and being unhappy, sad, or depressed. The answers ranged from often and sometimes true to not true. We measure the proportion of children whose parents reported that they demonstrated two or more of these behaviors often or sometimes over the previous three months.

6. Respondents were asked if over the previous year their children had been involved in any of the following nine activities: being suspended or expelled from school, going to a juvenile court, having a problem with alcohol or drugs, getting into trouble with the police, doing something illegal for money, getting pregnant or getting someone else pregnant, being in a gang, being arrested, and being in jail or incarcerated. We measure the proportion of children involved in two or more of these behaviors.
7. The differences among the 2005 CHA Panel and the Demonstration boys subsample on measures of delinquent behavior are not significant because the sample size is too small to properly test the significance levels.

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## Chicago Family Case Management Demonstration

The Chicago Family Case Management Demonstration was a partnership of the Urban Institute, the Chicago Housing Authority (CHA), Heartland Human Care Services, and Housing Choice Partners, intended to test the feasibility of providing wraparound supportive services for vulnerable public housing families. The demonstration ran from March 2007 to March 2010, targeting approximately 475 households from the CHA's Dearborn Homes and Madden/Wells developments with intensive case-management services, transitional jobs, financial literacy training, and relocation counseling.

The Urban Institute evaluated the Chicago Family Case Management demonstration to inform implementation and track outcomes for participants over time. In spring 2007, we conducted a baseline resident survey ( $n = 331$ , response rate 77 percent). The survey asked about a range of domains, including housing and neighborhood conditions, service use, mental and physical health, employment and economic hardship, and children's health and behavior. We conducted a follow-up survey ( $n = 287$ , response rate 90 percent) in summer 2009, approximately two years after the rollout of the demonstration. The largest source of attrition between 2007 and 2009 was mortality; we were able to locate, if not survey, nearly all original sample members.

To complement the survey, Urban Institute staff conducted 30 qualitative in-depth interviews (21 adults and 9 adolescents) with participants in summer 2008. We also gathered information from CHA administrative records and case manager reports, including whether residents chose to engage in the demonstration services, whether participants were referred for additional services, and their relocation history. In addition, we assembled secondary data on neighborhood poverty, unemployment, crime, race and other characteristics that we received from the Metro Chicago Information Center. Finally, we conducted a process study to assess the efficacy and cost of the demonstration's implementation. We conducted in-depth qualitative interviews with case managers, project staff, relocation providers, and CHA administrators, monitored service implementation weekly, and met regularly with Heartland and Housing Choice Partners leadership and CHA staff. We also thoroughly analyzed the costs associated with the intensive services.

The principal investigator for the Chicago Family Case Management Demonstration is Susan J. Popkin, Ph.D., director of the Urban Institute's Program on Neighborhoods and Youth Development. Funding for the demonstration was provided by the John D. and Catherine T. MacArthur Foundation, the Annie E. Casey Foundation, the Rockefeller Foundation, the Partnership for New Communities, JPMorgan Chase, and the Chicago Housing Authority.

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