Permanent Supportive Housing and the Question of Family Well-being

A Case Study of Menlo Family Apartments in Los Angeles

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Opportunity to Assets
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About Opportunity to Assets

Established in 2010, Opportunity to Assets (OPTA) is a social enterprise based in Los Angeles that provides foundations, philanthropic and community-based organizations with the necessary research and technical assistance to develop programs and services that can improve the financial health of low-income households. OPTA specializes in the areas of household savings, financial guidance, and long-term behavioral change.

Our efforts are directed to activities that can help the less privileged members of society gain access to opportunities that life offers everyone for a secure and prosperous quality of life. We believe in the gradual process of accumulation of wealth and its transformational power in shaping behavior that is conducive to economic well-being. Our goal is to transform "equal opportunity" into "equal access" through wealth-building strategies.

About Koreatown Youth and Community Center

KYCC (Koreatown Youth and Community Center) was established in 1975 to support a growing population of at-risk youth in Los Angeles. Today, KYCC is the leading multiservice organization in Koreatown, supporting children and their families in the areas of education, health, housing, and finances. We believe that if the family is healthy, our community will thrive. KYCC is committed to making Koreatown a safe and beautiful place to live and work.

The mission of KYCC is to serve the evolving needs of the Korean American population in the greater Los Angeles area as well as the multiethnic Koreatown community. KYCC's programs and services are directed toward recently immigrated, economically disadvantaged youth and families, and promote community socioeconomic empowerment.

Acknowledgments

Executive Summary:

In 2018, the Koreatown Youth and Community Center (KYCC) was selected as one of 40 organizations to receive the Citi Foundation Community Progress Makers Fund. To combat the rising homelessness in Greater Los Angeles area, the support from CPM allowed the organization to partner with Opportunity to Assets to conduct an exploratory study to identify how a comprehensive package of programs and services (interventions) may improve social, emotional and economic well-being of a group of households who reside at Menlo Apartments, a permanent supportive housing in Los Angeles.

KYCC currently manages 209 affordable housing units. The Menlo Family Apartments has 60 of these units. It opened its doors in 2013 and has since provided permanent and supportive housing to previously homeless families, families with children with mental illness, transition-age youth, and low-income families.

The main purpose of the study was to identify levels of social connectedness and emotional and financial well-being of households who received permanent supportive housing through the Menlo project. In the long run, this will inform the process of program development for the organization. New programs and services for this population will be designed based on their potential impact on the measures of social, emotional and economic well-being. In a series of conversations with researchers at the Urban Institute in Washington D.C., a multi-item survey was created and administered by KYCC staff in early 2019 to collect the required data for this study. Sample results were later coded and analyzed to provide the information needed to calculate the measures of social connectedness and emotional and financial well-being of Menlo residents.

One of the important findings of this study was the relatively low scores calculated on various dimensions of well-being and social connectedness for almost all Menlo residents. Different quantitative measures calculated and discussed in this report, point to the overall inadequacy of existing social networks, emotional-support resources and financial access tools of Menlo residents. Based on the findings, it is safe to claim that the business of empowering low-income and at-risk populations does not begin, and nor does it simply end with providing a roof over one's head.

The report also finds significant differences between households with experience of homelessness as compared to other households. Quantitative results, in particular, show that while having housing may not necessarily be enough to help families overcome the traumatic experience of homelessness, it does offer major dividends in terms of the health and well-being of household children, leading to an improved perception of parental success.

The report also argues that policymakers and community-based organizations typically prioritize the well-being of children and minors in their programming, and in this regard, often focus on helping parents to feel supported in caring for their children. Yet, household adults, in general, may not feel adequately supported when it comes to caring for themselves, especially with regard to their physical and mental health and their ability to access services. Our study finds that adult-focused programming is needed to bridge the service gap in this area. We also believe that it is important for the nonprofit sector to inform policymakers that the health and well-being of children in supportive

housing programs also depend on the health and well-being of their parents and guardians with whom they spend most of the early years of life under the same roof.

Finally, a lack of proper access to financial services was found to be the most significant barrier families faced in improving their financial well-being. In particular, families with a history of homelessness had some of the lowest financial access scores. Based on these findings, the study recommends that Menlo residents will benefit from one-on-one financial coaching services that incorporate some type of financial access component, including low-cost banking products and incentivized savings programs. In addition, physical fitness training, job counseling and placement services, and family counseling/therapy are among the most desired services identified by Menlo residents. Such programming may improve social connectedness, mental health, and overall sense of well-being.

Introduction:

Poverty and homelessness remain among the most pressing social issues in Los Angeles. According to the Supplemental Poverty Measure, a new measure of poverty developed jointly by the Public Policy Institute of California and the Stanford Center on Poverty and Inequality, from 2013 through 2015, LA County had the highest share of residents (24.9%) among all counties in the State who lived in poverty.[1] The latest data on homelessness estimates that the number of homeless in the county had surpassed 58,000 people in 2019, of whom more than 44,000 were unsheltered.[2]

Still, these numbers could be even higher if not for the social programs that are currently in place in Los Angeles, including affordable and permanent supportive housing programs. KYCC's Menlo Family Apartments is an example of one such program in the heart of Los Angeles. The organization has been providing safe and affordable housing for 60 families in Los Angeles since 2013, many of whom include formerly homeless households, homeless families with a mental disorder diagnosis of a household minor, youth single parents, and other low-income households. In addition, on the first floor of the building, KYCC operates the Menlo Family Center, which provides afterschool programs to students at different grade levels and coordinates the delivery of vital services such as mental health and financial capability programs. The Center also coordinates a food pantry program for Menlo residents.[3]

But how are these programs affecting the overall well-being of residents at Menlo? Do families feel safe, financially capable, and connected to their community? Do parents feel supported and successful in caring for their children? How are the families faring emotionally? Are their needs more or less similar or are there differences based on household characteristics? Answers to these questions and many more are important for any community-based organization, including KYCC that is interested in serving the evolving needs of the population it serves. The business of empowering low-income and at-risk populations does not begin, nor does it end simply with providing a place for a family to live in.

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[1] See the Public Policy Institute of California, Just the Facts page, available at
https://www.ppic.org/publication/poverty-in-california/
[2] Data obtained from the Los Angeles Homeless Services Authority.
[3] Information obtained from KYCC website. https://www.kyccla.org/services/housing/ and interviews with Menlo Family Center staff.

Background and Purpose of the Study:

In 2018, KYCC was selected as one of 40 organizations to receive the Citi Foundation Community Progress Makers Fund. To combat the rising homelessness in Greater Los Angeles area, the support from CPM allowed the organization to partner with Opportunity to Assets to conduct an exploratory study to identify how a comprehensive package of programs and services (interventions) may improve social, emotional and economic well-being of a group of households who have chosen permanent residence at Menlo Apartments in Los Angeles.

The planning process began with a series of conversations with staff around identifying aspects of social, emotional and economic well-being that can collectively define the general well-being of households. The idea was to help the organization develop relevant programming for Menlo residents. As KYCC expands its low-income housing program, executives at the organization expressed their interest in applying findings from this study not only to the Menlo project but also to other housing projects that KYCC currently has under its management.

The planning process lasted for almost three months and resulted in the creation of a multi-item survey instrument. The survey was later refined in a series of conversations with researchers at the Urban Institute in Washington D.C., who provided valuable inputs on some of the key design aspects of the survey. This report, contains a summary of the results from the completed survey, including recommendations on developing new programming to support the social, emotional and economic well-being of Menlo residents.

Data Collection and Scoring Methodology:

This study collected responses through a survey questionnaire from residents at the Menlo Family Apartments in Los Angeles, CA. The purpose of the survey was primarily to create and measure baseline quantitative scores on three distinct scales; emotional well-being, social connectedness, and financial well-being.

Data collection began in February 2019 and was completed in the first week of May 2019. Prior to administering the survey, KYCC staff received training on the purpose of the study and was familiarized with survey questions. The team discussed different strategies for communicating and engaging residents to participate in the survey. Families were given an option to complete the survey either online (through a secure link) or in hard copy. They were also offered $100 in gift cards upon completion of the survey. In addition to communicating verbally, informed consent was obtained at the beginning of the survey where information was provided regarding the purpose of the survey, confidentiality of responses, and the voluntary nature of participation in the survey.

The final draft of the survey collected information on 167 items, which were organized in 99 combination questions. In addition to date-of-submission, two other questions were included at the beginning of the survey for identification purposes; namely, a survey registration number, which was a pre-assigned code to identify the respondent, and another field to identify whether the submission was made online or in hardcopy. Another field tracked the history of homelessness. The survey was organized in 7 sections and included 11 open-ended questions in addition to several multiple choice and multiple response questions. A copy of the survey appears in Appendix A.

All questions, except for the open-ended questions were assigned numeric codes to facilitate subsequent data analysis. Data calculations and the coding summary are presented in Appendix B. Using numerically coded data, three main scales were defined to measure the overall emotional well-being, social connectedness, and financial well-being of the respondents. Emotional well-being and financial well-being included several sub-scales, but no sub-scales were defined for social connectedness. Table 1, includes details regarding the three main scales and their corresponding sub-scales.

Two of the main scales; Emotional Well-being, and Financial Well-being were obtained, first, by calculating their corresponding subscales. All data items used for calculations were standardized. Sub-scales were calculated by averaging standardized values on all questions that collectively composed that sub-scale. A similar averaging process was followed for all main scales (see Table 1). The goal of calculating these measures was threefold; first, to use the scores as baseline values to evaluate the effectiveness of programs and services that were already in place at Menlo at the time of administering the survey. Second, they could inform the development process of new programs and services. Residents at Menlo include a diverse group of families, including households with experience of homelessness, mental health diagnoses for a child, or history of substance abuse of an adult member. Statistical analysis was conducted to identify group differences in measures of social connectedness, emotional, and economic well-being based on a history of homelessness and other demographic attributes. Finally, such quantitive measures could be used in the future to evaluate the effectiveness of new programs and services at Menlo. At the time of drafting this report, KYCC was in the process of designing new programs at the Menlo Family Center. Plans were already in place to repeat the survey within a year after implementing these programs to evaluate their effectiveness using the established baseline measures

Survey Results:

Since participation in the survey was voluntary, 100% participation was not achieved. A total of 46 residents completed the survey (response rate of 77%). Thirty-three respondents (77.1%) identified as female and 13 (28.3%) as male. Question 38 of the survey asked respondents to identify their age using 5 response categories. These responses were later consolidated into 4 categories because only a single response was recorded for the age category of 24 years or younger. Table 2, lists the frequency distribution of the consolidated age variable. According to this table, more than 53% of the respondents are 44 years old or younger.

Figure 1- Marital Status, Consolidated Categories.

Similarly, data on marital status initially included 6 categories but was later consolidated into four.

Figure 2- Fluency in Speaking English.

According to Figure 1, 42% of the respondents were single and never married, followed by less than 36% who were either married or living with a partner. More than 13% were separated and another 9% were either widowed or divorced. Among singles, 68% were younger than 45, whereas married couples typically tended to be older. More than 89% (41 respondents) identified as being parents.

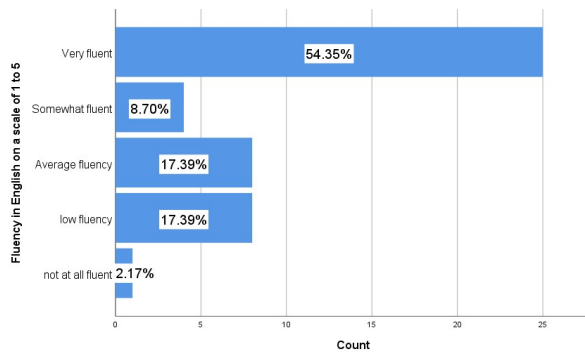In terms of spoken language, for almost 59% (27 respondents) English was the primary language spoken at home, followed by 24% (11 respondents) who spoke Spanish and 17.4% (8 respondents) who spoke Korean. Another question on the survey asked respondents to identify how fluent they were in English. Figure 2, provides a bar graph that summarizes these responses. While 25 respondents (54%) stated that they were very fluent in English, 17 respondents (37%), reported having average or below-average English fluency skills.

Table 3, lists the responses to the question on the highest level of education in the household. According to Table 3, for 15 respondents (33%), the highest level of education in the household was a high school diploma or below, while 13 respondents (29%) reported a 4-year college or graduate-level degree. Due to the small number of observations in some categories, this variable was also consolidated into one with only three categories. When conducting statistical tests, the latter variable was used to meet the testing criteria. Finally, 24 (52.2%) of the households in the sample had experienced homelessness in the past.

Calculated Scores:

Table 1, shows a list of all variables (subscales) used in the calculation of the main scales. For each measure, the table also includes the survey components that compose the measure. For example, variable Z_PSEL11 is a sub-scale that measures parental success for families whose focal child is 11 years old or younger. The subscale is calculated by averaging the standardized scores of questions 2 (sections a through d), 3 (sections a through h), 11 and 17.

Distribution of the three main scales, Z_EW, Z_FW, and Z_SC are shown in Figures, 4 through 6.[4] As noted above, all components were standardized prior to calculation. While standardization is necessary when the structure of questions on a survey is not uniform, it creates new challenges with respect to their interpretation.[5] This is because scores that are calculated for each composite variable,

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[4] While the distributions appear to be asymmetrical, absolute values of skewness and kurtosis in all cases are less than one. In addition, except for Z_EW, Kolmogorov-Smirnoff test of normality on the main scales indicates that the null hypothesis of a normal distribution cannot be rejected for Z_FW and Z_SC.

[5] See Appendix A for a list of survey questions. Scores in Table 1 are calculated based on survey questions that have different structures. For example, some are binary choice (with a yes or no answer), while others are multiple choice. This changes the standard deviation of the quanitfied scores. Therefore, standardization is a required step in making component scores directly comparable and usable in calculations.

will no longer have a zero mean and a unitary standard deviation.[6] For this reason, scores for all variables listed in Table 1 were also normalized to offer a better comparative picture of the calculated scores. Normalized scores range from zero to 100 and are therefore easier to interpret. Nevertheless, normalization of scores using a set of nonhomogeneous items typically includes systematic errors of measurement as they are not calculated using standardized values of the component variables.[7] Therefore, beyond offering a rough and ready snapshot of the results, these values should not be used for detailed interpretation or in data analysis. Normalized scores are reported in Table 4.

Table 1- Calculated Scales and Components.

Scale	Components
I- Emotional Well-being Scale (Z_EW)	
a) Overall Parental Success Z_PS	
o Parental Success (Focal Child 11 yrs. old or younger) Z_PSEL11	Q2(a through d), Q3(a through h), Q11, and Q17
o Parental Success (Focal Child 12 yrs. old or older) Z_PSGE12	Q2(a through d), Q3(a through h), Q13, Q14, Q15, Q16 (a through c), Q17, and Q18
b) Focal Child's physical and mental health and emotional well-being Z_CPMH	Q5, Q6xQ6a, Q7a, Q8, and Q10 (a through b)
c) Physical and mental health of household adults and ability to access services Z_APMH	Q19, Q22, Q23, Q24, Q25, Q26, and Q30a
d) Companionship and Emotional Support Z_CEC	Q53, Q54, Q55, Q57, Q61, Avg.(Q62.a.1, Q62.b.1), and Q63a
II- Financial Well-being Scale (Z_FW)	
a) Ability to Access and Utilize Financial Services Z_FA	Q75, Q76, Q77, Q78, Q80, Q82, Q86, Q89, and Q92
b) Household Financial Stability Z_HFS	Q71, Q72, Q73, Q81, Q88, and Q90
c) Knowledge and Confidence in Handling Financial Matters Z_KCMF	Q83, Q84, Q85, and Q87
III- Social Connectedness Scale (Z_SC)	Q41, Q42, Q48, Q50a, Q50b, Q50c, Q50d, Q50e, Q65, and Q66

Table 2- Age Groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**34 years or younger**	10	21.7	22.7	22.7
	35 to 44	13	28.3	29.5	52.3
	45 to 54	12	26.1	27.3	79.5
	55 and above	9	19.6	20.5	100.0
	Total	44	95.7	100.0	
Missing	**System**	2	4.3		
Total		46	100.0		

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[6] In other words, the mean of two or more z-scores is not a z-score itself.
[7] Calculation of scores based on non-standardized values will introduce a systematic bias by assuming a uniform standard deviation across all items.

Table 3- Highest level of education completed by any member of your household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**No formal education**	2	4.3	4.4	4.4
	High school diploma, GED, or equivalent	13	28.3	28.9	33.3
	2-year junior or community college	8	17.4	17.8	51.1
	Vocational, business, or trade school	9	19.6	20.0	71.1
	4-year college or university	10	21.7	22.2	93.3
	Graduate or professional school	3	6.5	6.7	100.0
	Total	45	97.8	100.0	
Missing	**99**	1	2.2		
Total		46	100.0		

Table 4- Normalized Scores.

Scale	Value [0 100]
I- Emotional Well-being Scale (EW)	**72.3757**
e) Overall Parental Success PS	73.6951
o Parental Success (Focal Child 11 yrs. old or younger) PSEL11_N	73.5484
o Parental Success (Focal Child 12 yrs. old or older) PSGE12_N	73.9151
f) Focal Child's physical and mental health and emotional well-being CPMH_N	72.7759
g) Physical and mental health of household adults and ability to access services APMH_N	66.8827
h) Companionship and Emotional Support CEC_N	76.1702
II- Financial Well-being Scale (FW)	**49.7259**
d) Ability to Access and Utilize Financial Services FA_N	38.6708
e) Household Financial Stability HFS_N	53.5493
f) Knowledge and Confidence in Handling Financial Matters KCMF_N	56.9576
III- Social Connectedness Scale (SC_N)	**57.8339**

Results reported in Table 4 generally demonstrate the existence of low to very low baseline values for emotional well-being, social connectedness and financial well-being among Menlo residents. Collectively, these values indicate a strong need for KYCC to create programs and interventions to address the existing needs of Menlo residents. In this respect, the calculated score for financial well-being is particularly of interest as it clearly contradicts the notion that a lack of access to affordable housing is the main barrier that keeps low-income households in Los Angeles from improving their financial well-being.

While the emotional well-being score is in the low 70s, it is still higher than the scores calculated for the other two measures. Nevertheless, by looking at the subscales that comprise the overall measure of well-being, physical and mental health of household adults and their ability to access services (APMH_N) has the lowest value (66.9) in this category. To offer more context to this result, only 38% of the respondents characterized the general health condition of their household adults as very good or excellent. In another question, 15 respondents (33%) indicated that they had delayed medical care for an adult household member in the past 12 months. Based on these results, interventions to improve the physical and mental health of the household adults could be one of the areas where KYCC can focus its programming in the future. As far as financial well-being, in

general, Menlo residents scored very low on their ability to access and utilize financial services. For example, 49% of the respondents indicated that did not have and had never used a chacking account. Almost 83% reported that they did not have a savings account.
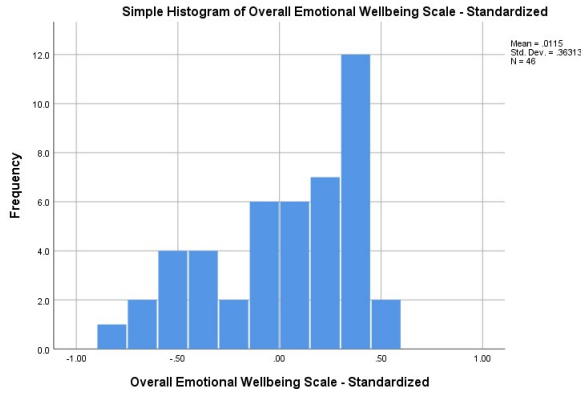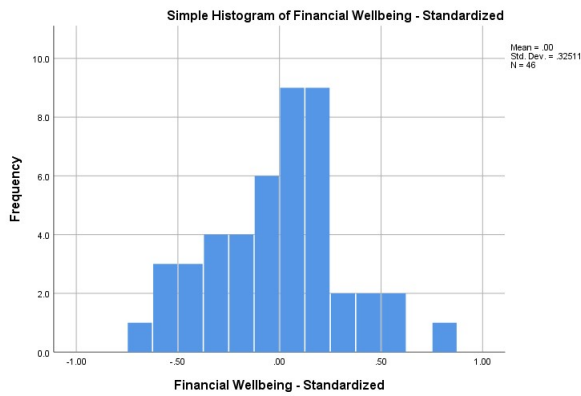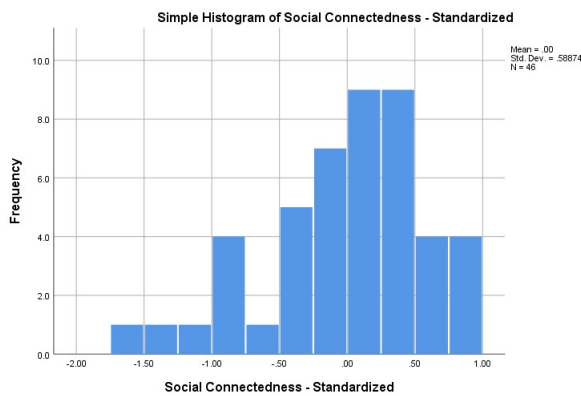

Figure 4- Emotional Well-being Scale.

Figure 3- Scatterplot of the main standardized scales.

Figure 5- Financial Well-being Scale.

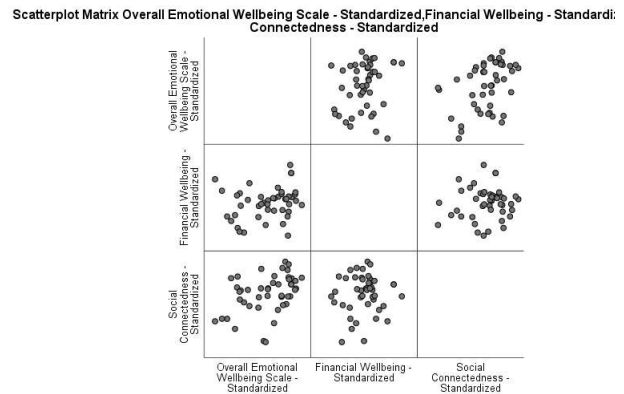*Figure 6- Social Connectedness Scale.*

Additional details regarding the results and findings of the study are presented in the next section of this report. But, one question that needs to be addressed here is whether our calculated measures are generally representing independent constructs. In other words, based on how these measures were constructed, do the three main variables of financial well-being, social connectedness, and emotional well-being, represent unique dimensions of overall well-being?[8] While answering this question from a theoretical point of view is beyond the scope of this report, a simple two-by-two correlation analysis suggests that there is no strong connection between these variables. Figure 3, shows a scatterplot of Z_EW, Z_FW, and Z_SC. Analysis of scatterplots suggests that a moderate and statistically significant correlation exists between the standardized scales of emotional well-being and social connectedness. However, no statistically significant correlation

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[8] From a practical point of view, if all measures are positively correlated, then changes or improvements in one measure will typically result in improvements in other dimensions. This problem is often referred to as discriminat validiy problem.

was observed between measures of social connectedness and emotional well-being with financial well-being in our sample.[9]

Results from Data Analysis:

One of the practical problems in assessing needs and designing new programs at nonprofit organizations, and in this case, the Menlo Family Center, stems from the fact that in many cases, needs identification is not very easy. For Menlo, this task was somewhat facilitated by quantifying information regarding various dimensions of well-being.

Still, even a quantitative method may fall short of identifying most of the details that are needed in designing effective interventions and programs. For example, while the results of the survey indicate a very low level of financial access among Menlo residents, it is not clear which households would stand to benefit most from programming that will boost access to financial services and whether addressing financial access needs represented an urgent need for these households. Residents at Menlo are from diverse backgrounds. Some families have a history of homelessness, while others are single parents or are dealing with mental health issues or substance abuse of a household member. Consideration of these factors is important in designing effective programs.

Emotional Well-being

Figure 4 shows the distribution of the overall emotional well-being scale. According to the histogram, the distribution of Z_EW is left-tailed. To identify which category of respondents had a lower emotional well-being score, several research questions were formed and subjected to statistical analysis. In particular, statistical tests were conducted to determine whether any differences existed in emotional well-being scores among families with and without experience with homelessness. Additional tests were conducted to identify possible group differences in emotional well-being based on age, marital status, ethnicity, and level of education.[10]

Among the notable results, emotional well-being was shown to be significantly lower for divorced or widowed respondents as compared to those married or living with a partner (see Figure 7). Also, in terms of education, emotional well-being was shown to increase steadily with the level of education; however, the difference is not statistically significant. No significant differences were found in emotional well-being based on gender, ethnicity, or age. However, residents 45 years or older generally had a lower well-being score compared to younger age groups.
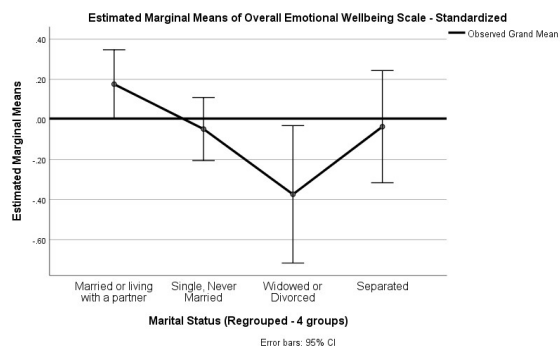
Figure 7- Emotional Well-being Scale based on Marital Status.

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[9] Calculated Pearson correlation value between Z_EW and Z_SC is $(\rho = 0.414, p = 0.004, n = 46)$. None of the other correlations are statistically significant. Roughly speaking, this establishes higher confidence in discriminat validity among the three main scales of emotional well-being, financial well-being and social connectedness.

[10] The survey did not directly collect information on ethnicity. The primary language spoken at home was used as a proxy for ethnicity. In total, 27 respondents stated English as their primary language, followed by 11 who spoke Spanish and another 8 respondents who identified Korean as their primary language.

As noted earlier, the normalized score for the *"physical and mental health of household adults and ability to access services"* had the lowest value among the four subcategories of emotional well-being. For that reason, this variable was analyzed separately to identify any significant differences in terms of respondent characteristics. While no statistically significant results were identified, average scores in this category appeared to diminish with age, a result that is perhaps not so unexpected (See Figure 8).

Figure 8- Physical and mental health of household adults and ability to access services scores based on age categories.

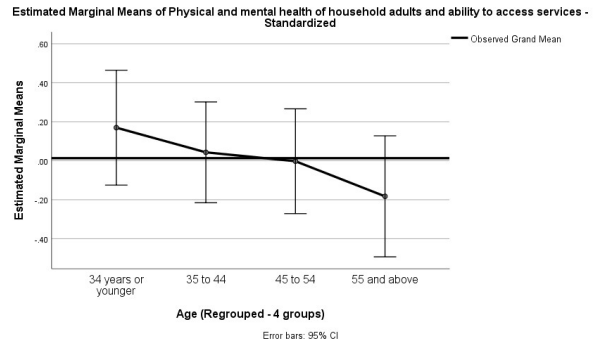Finally, in general, families who experienced episodes of homelessness in the past fared worse than other families in terms of overall emotional well-being. While the difference was not statically significant in the overall score, in one particular subcategory, *Parental Success*, the differences were significant. Figure 9, shows the average standardized scores of families with and without past homelessness experience in terms of their overall emotional well-being score and parental
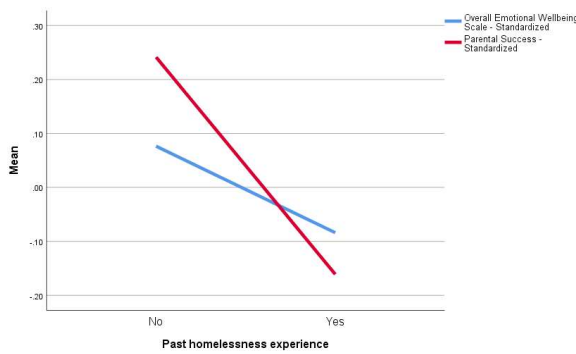
Figure 9- Standardized scores for emotional well-being and parental success for families with and without past homelessness experience.
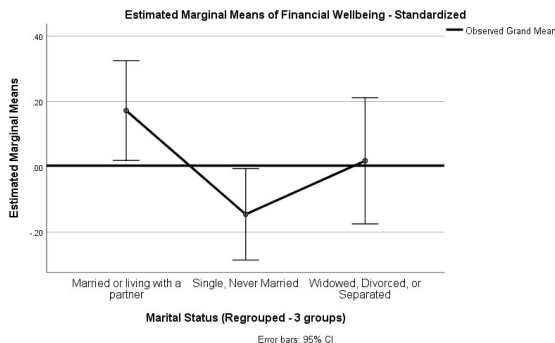
Figure 10- Overall financial well-being score based on the family type.

success. This could be another dimension in the discussion regarding the design of new programs and services at Menlo.

Financial Well-being

Figure 5 shows the distribution of the overall financial well-being scale. The histogram of Z_FW suggests that the distribution is not significantly skewed. However, in general, the financial well-being scale had the lowest normalized score among the three main scales that were calculated in this study. Further analysis of this scale and its subscales revealed that different groups of Menlo residents experienced different levels of financial well-being. For example, financial well-being scale was significantly lower for single, never-married households as compared to all other types of households.

Moreover, families with past experience of homelessness fared significantly worse than other households (Figure 11). Further analysis revealed that this could be primarily attributed to the lower ability of these households to access and utilize financial services. Otherwise, the average calculated score for financial stability (another subscale of financial well-being) for previously homeless households was virtually tied with that for

households who did not experience homelessness in the past. Interestingly, the overall level of knowledge and confidence in handling financial matters was higher (albeit, not significantly) for previously homeless families. This suggests, that any programming to improve the financial well-being of this particular subgroup of Menlo residents, should incorporate elements to facilitate access to financial services among these families.
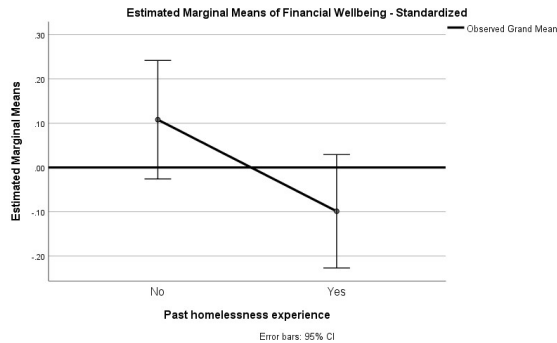
Figure 11- Overall financial well-being score according to households' past homelessness experience.

Also, as expected, financial well-being increased with the level of education of the household. Using a 90% confidence interval, financial well-being was shown to be significantly higher for families with at least a two-year college or vocational school degree or a higher level of education compared to those with only a high school diploma or below.

Finally, significant differences in financial well-being scores were observed based on the household primary spoken language (which was also used as a proxy for ethnic background). In particular, financial well-being score was significantly higher among Korean speaking households as compared to English speaking and Spanish speaking households (see Figure 12). Analysis of the subscales of financial well-being revealed additional dimensions of this difference. For example, there were no significant differences in financial stability scores among Korean speaking households as compared to Spanish and English speaking households.[11] Yet, Korean speaking households had a significantly higher score as compared to both, English speaking and Spanish speaking households in terms of their ability to access and utilize financial services. In addition, both the Korean and English speaking households had a significantly higher score for knowledge and confidence in managing financial matters compared to Spanish speaking households.

Figure 12- Overall financial well-being score according to households' primary spoken language.

Social Connectedness

The last main scale analyzed in this study is social connectedness. Figure 6 shows the distribution of the overall social connectedness scale. The histogram of Z_SC suggests that the distribution of this scale is somewhat left-skewed. As discussed before, our calculated score for this measure indicates low to very low levels of social connectedness among Menlo residents. Furthermore, this finding is universal and applies to almost all categories of residents at Menlo as no statistically discernable patterns were observed when looking at the

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[11] In fact, the financial stability score of Korean speaking households was lower (but not significantly) than Spanish and English speaking households.

different segments of the sample. However, social connectedness appeared to decrease with age, as residents 34 years of age or younger had the highest score in this category.

Other than age group differences, we were curious to explore whether additional factors such as mental and physical health of household children or adults influenced the perception of social connectedness among Menlo residents. The observed moderate correlation between measures of emotional well-being and social connectedness suggests that a logical connection might exist between subscales of emotional well-being and social connectedness. Further analysis, using a regression model indicated a statistically significant and direct relationship existed between the physical and mental health of household adults and ability to access services with social connectedness scale. None of the other subscales were shown to have a statistically significant influence on social connectedness.

Discussion and Recommendations

Our attempt to create numerical measures for emotional, and financial well-being, and social connectedness, while subject to certain limitations, still presents a practical approach to guiding our understanding of the needs of low-income households. Potentially, it can also shed light on some of the important dimensions of overall well-being. The Menlo study presents baseline values upon which KYCC can subsequently measure the outcomes of specific interventions in the future. But these measures, along with the results from data analyses presented in the previous sections, can also offer important insights to KYCC staff in creating new programming for the center and allocating their limited resources to high need areas.

Perhaps one of the rather unexpected findings of this study was the low scores most families received on the various dimensions of well-being. In spite of receiving considerable support, both financially and otherwise, most families at Menlo are still vulnerable. Different quantitative measures calculated in this report, generally point to the inadequacy of existing social networks, emotional-support resources and financial access tools for Melo residents. For example, while KYCC (and other organizations like KYCC) will normally prioritize the well-being of children and help parents to feel supported and successful in caring for their children, our results suggest that these parents and other household adults, in general, may not feel adequately supported when it comes to caring for themselves. Therefore, KYCC could develop plans to offer adult-focused programming to bridge the service gap in this area. Fortunately, the Menlo survey results offer some insights into what type of programs or activities may be well-received by residents. Question 52 on the survey asked respondents to indicate the types of services they would prefer to be offered in the future at Menlo. The top four categories identified by the respondents included physical fitness training, job training, and job placement services, afterschool tutoring, and family therapy and counseling (see Figure 13).

Two of the top four choices could be related to physical and mental health. Incidentally, the subscale, *physical and mental health of household adults and ability to access services* appears to be a pivotal variable in our study. Not only, did this variable register the lowest average value among all normalized sub-scales of emotional well-being, but also it appears to be one of the only factors that can directly improve social connectedness.
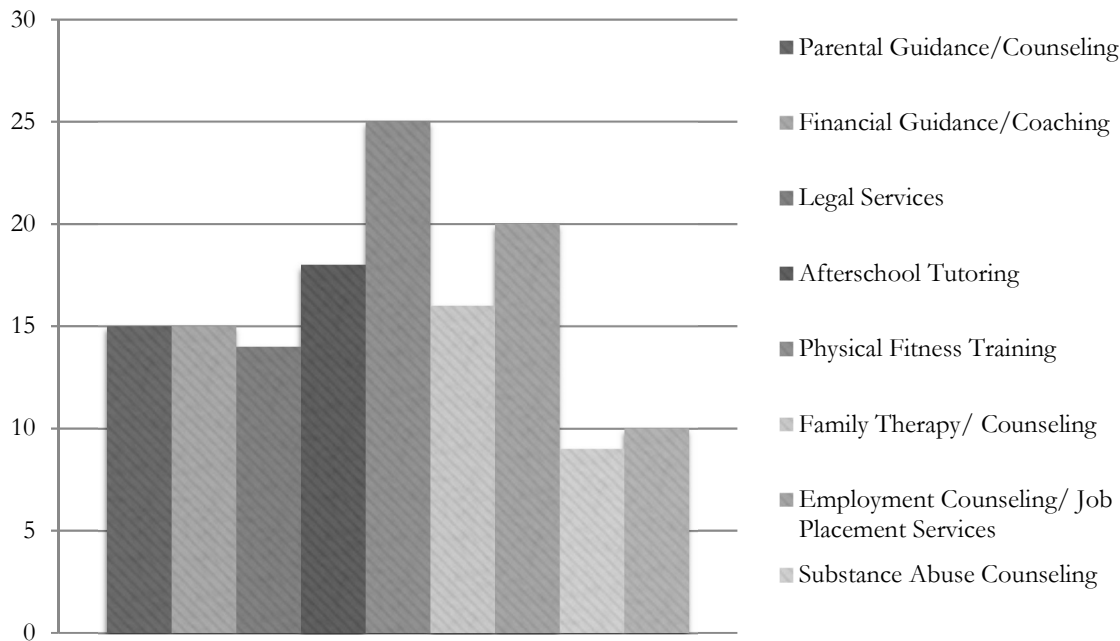
Figure 13- Services and programming preferences of Menlo residents.

Aside from adult-focused programs and services, households with prior experience of homelessness is another category of Menlo residents that may have unique programming needs. As reported earlier, the overall emotional well-being score of families who had experienced homelessness was generally lower than in other families. In particular, the experience of homelessness appears to be a major source of emotional stress among families with young children, since parental success score was significantly lower for this group households as compared to families with no experience of homelessness. However, one interesting result in this context was observed when comparing the physical and mental health and emotional well-being of household children for the two groups. This was the only category among subscales of emotional well-being where the calculated scores were actually higher for previously homeless families (see Table 5). This may signal the significant role that being in housing plays in improving the physical and mental health of children. Therefore, while having housing may not be sufficient enough to help parents negate the experience of past homelessness, it offers major dividends in the health and well-being of household minors.

In terms of social connectedness, the younger generation appears to feel more socially connected compared to other age groups. One explanation may relate to our findings regarding the level of education. However, education levels, on average, were lower within the age group of 34 years or younger compared to other age groups. In fact, none of the households in this age group had a member with postsecondary education. Still, higher levels of social connectedness among this group could be explained by the higher level of technological savviness and access to social networking sites among younger adults.

Table 5- Subscales of emotional well-being for households with and without the experience of homelessness.

Past homelessness experience		Parental Success - Standardized	Focal Child's physical and mental health and emotional well-being - Standardized	Physical and mental health of household adults and ability to access services - Standardized	Companionship and Emotional Support - Standardized
No	Mean	.2415	-.0722	.0290	.1270
	N	12	11	22	22
	Std. Deviation	.36850	.40464	.46212	.57787
Yes	Mean	-.1610	.0441	-.0266	-.1164
	N	18	18	24	24
	Std. Deviation	.48378	.57969	.46284	.55854

In terms of financial well-being, single, never married heads of households had the lowest score among all Menlo residents. In addition, families with a history of homelessness had the lowest levels of financial access. Based on these findings, it appears that residents at Menlo can benefit from one-on-one financial coaching services that are combined with some type of financial access program (such as an incentivized savings program, access to no-cost banking products, etc.), to improve household well-being. For families with young children, college savings accounts might be another option. At the time of drafting this report and for the second year in a row, ScholarShare, State of California's 529 plan provider, offers incentives of up to $225 to low to middle-income households if they open an account and start saving for their children before the end of 2019.

Conclusion

The study attempted to develop quantitive scales to measure the social connectedness and emotional and financial well-being of residents at Menlo Apartments. Findings point to the overall inadequacy of existing social networks, emotional-support resources and financial tools of Menlo residents. While having housing may not be sufficient enough to help parents negate the experience of past homelessness, it offers major dividends in the health and well-being of household minors.

While policymakers and community-based organizations typically prioritize the well-being of children and minors in their programming and often focus on helping parents feel supported in caring for their children, the household adults may not feel adequately supported when it comes to caring for themselves, especially with regard to their physical and mental health. Adult-focused programming is needed to bridge the service gap in this area.

Finally, a lack of proper access to financial services was found to be the most significant challenge families faced in improving their financial well-being. Based on these findings, the study recommends that Menlo residents will benefit from one-on-one financial coaching services that are combined with financial access opportunities, such as low-cost banking products and incentivized savings programs. In addition, physical fitness training, job counseling and placement services, and family counseling/therapy are among the most desired services identified by Menlo residents. Such programming may improve social connectedness, mental health, and overall sense of well-being.

Appendix A – KYCC Menlo Census

At Menlo Family Center, we are continually striving to create a better environment for our residents. In order to offer better services and programming, we would like to collect information from all residents in the building. Accordingly, we would like to ask you to please help us achieve 100% participation by completing the interview. Some questions might feel personal in nature, but please note that we are not using individual responses or intend to share them with third parties. Moreover, your responses will remain confidential and you are not required to answer any questions that you feel uncomfortable or unwilling to respond to. By aggregating the responses of all residents in the building we will have a better idea of what new programs we can offer to serve you better. As a token of our appreciation, we are happy to offer $100 per household in gift cards for completed interviews.

PART A: HOUSEHOLD CHILDREN

1. How many children in your household are:
   (**If there are no children in your household, skip to PART B. HEALTH CONDITIONS AND WELL-BEING**)
   a. 0 to 5 years old: _____
   b. 6 to 11 years old:_____
   c. 12 to 17 years old:_____

2. How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. I am happy in my role as a parent	-2	-1	0	1	2
b. I feel close to my children					
c. A major source of stress in my life is my child(ren)					
d. I feel overwhelmed by the responsibility of being a parent					

3. Have you done any of the following with your child(ren) in the past 4 weeks?

	Yes	No
a. Gone shopping		
b. Played a sport		
c. Gone to a religious service or church-related event		
d. Gone to a movie, play, museum, concert, or sports event		
e. Had a talk about a personal problem your child was having		
f. Talked about your child(ren)'s school work or grades		
g. Worked on a project for school		
h. Talked about other things about school		

If you have more than one child in your family, when answering the following questions, please answer based the child that you feel needs more, attention, help, or care compared to the other(s).

4. Is this child 11 years old or younger?
   ☐ Yes
   ☐ No

5. In general, would you say your child's health is excellent, very good, good, fair, or poor?
   - ☐ Excellent
   - ☐ Very good
   - ☐ Good
   - ☐ Fair

6. Does your child currently have any physical, behavioral, or mental condition that limits or prevents him/her from doing activities usual for his/her age?
   - ☐ Yes
   - ☐ No (**Skip to 7.**)

   6a. If Yes, on a scale of 1 to 5, where 1 is not at all, and 5 is very, how confident are you that you can control and manage your child's condition?

   Not at all 1   2   3   4   5 Very
            ☐   ☐   ☐   ☐   ☐

7. Many professionals such as health providers, teachers and counselors do screening tests to check how a child is growing, learning, and behaving compared to children of the same age, has your child's health providers, teachers or school counselors ever do an assessment or tests of your child's development?
   - ☐ Yes
   - ☐ No
   - ☐ I don't know

   7a. Has your child(ren)'s health providers, teachers or school counselors ever indicated any concerns about your child(ren) that should be monitored carefully?
   - ☐ Yes
   - ☐ No (**Skip to 8.**)
   - ☐ I don't know (**Skip to 8.**)

   7b. If yes: did they refer him/her to a specialist regarding his/her development?
   - ☐ Yes
   - ☐ No
   - ☐ I don't know

8. Overall, do you think your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?
   - ☐ Yes
   - ☐ No

9. Do you currently have any regular child care arrangements for 10 or more hours a week?
   - ☐ Yes
   - ☐ No
   - ☐ Not Applicable

10. For each of the following statements, please tell me if you think it describes your focal child all of the time, most of the time, some of the time, or none of the time.

	None of the time	Some of the time	Most of the time	All the time	Don't know
a. Enjoys going to school.					
b. Cares about doing well in school.					

(Skip to 13. if Child is older than 11 years old)
Child Reading (only for child 11 years of younger)

11. How regularly do you read with your child?
☐ Never
☐ Rarely
☐ Sometimes
☐ Very Often
☐ Always

12. How regularly does your child read for fun?
☐ Never
☐ Rarely
☐ Sometimes
☐ Very Often
☐ Always
(Skip to 17.)

13. How often do you and your middle/high school children talk about school related topics?
☐ Never
☐ Rarely
☐ Sometimes
☐ Very Often
☐ Always

14. During the past 12 months, how often has your child participated in school clubs, sports or other after school activities?
☐ Never
☐ A few times a year
☐ About once a month
☐ About once a week
☐ Almost everyday

15. On a scale of 1 (not at all/don't know them) to 5 (very well), how well do you know your child's/children's friends and their social circle?

Not at all/   1   2   3   4   5   Very Well
Don't know them   ☐   ☐   ☐   ☐   ☐

16. Think of your child's best/closest friend...

	Yes	No
a. Do you know what school the friend goes to?		
b. Have you met this friend in person?		
c. Have you met this friend's parent?		

d. What kind of influence does this friend have on your child(ren)?
☐ Good
☐ Bad
☐ Neither

17. I get along with my child
- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Disagree nor Agree
- ☐ Agree
- ☐ Strongly Agree

18. My child and I make decisions about his/her life together.
- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Disagree nor Agree
- ☐ Agree
- ☐ Strongly Agree

PART B: HEALTH CONDITIONS AND WELL-BEING (HOUSEHOLD ADULTS)

19. Would you say that in general the health condition of all adult members of the household is:
- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Prefer not to answer
- ☐ Don't Know

20. Which of the following best describes your household's current health insurance situation?
- ☐ No health insurance (**Go to 20a.**)
- ☐ At least one member has no health insurance (**Skip to 21.**)
- ☐ Medi-Cal (**Skip to 21.**)
- ☐ Employer obtained plan (**Skip to 21.**)
- ☐ Plan purchased from insurance company (**Skip to 21.**)
- ☐ Plan purchased through Covered California (**Skip to 21.**)
- ☐ Other (specify)_____ (**Skip to 21.**)

20a. If no health insurance: what is the most important reason why you or someone in your household did not have any health insurance during that time?
- ☐ Can't afford/too expensive
- ☐ Not eligible due to working status/changed jobs/lost job
- ☐ Not eligible
- ☐ Family situation changed
- ☐ Don't believe in insurance
- ☐ Can get health care for free or pay on my own

21. When you or another adult in your household is sick or need advice about health concerns, where do you usually go to?
- ☐ Doctor's office/Kaiser
- ☐ Community clinic/health center/hospital clinic
- ☐ Emergency Room
- ☐ Don't go anywhere
- ☐ Other _____

22. During the past 12 months, did you delay or not get medical care you felt you or someone in your household needed (such as seeing a doctor or other health professional)?
- ☐ Yes
- ☐ No (**Skip to 23.**)

22a. If yes, what was the main reason why you delayed getting the care you felt you needed?
- ☐ Couldn't afford/Cost too much
- ☐ Couldn't get an appointment
- ☐ My insurance not accepted
- ☐ Transportation problems
- ☐ Hours not convenient
- ☐ No childcare for children at home
- ☐ I didn't have time
- ☐ Language problems
- ☐ No health insurance
- ☐ Other _____

23. In the past 7 days, on how many days did you exercise for at least 20 minutes at a time?
Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

_____ days

24. Are there any smokers in your household?
- ☐ Yes
- ☐ No

25. Was there ever a time during the past 12 months when you felt that you or another adult household member might need to see a professional because of problems with mental health, emotions or nerves, or use of alcohol or drugs?
- ☐ Yes
- ☐ No (**Skip to 26.**)

25a. At any point during the past 12 months, did you or an adult household member seek help for mental or emotional health or for an alcohol or drug problem?
- ☐ Yes, mental or emotional health
- ☐ Yes, alcohol or drug problem
- ☐ Yes, both
- ☐ No (**Skip to 25a.2.**)

25a.1. On a scale of 1 to 5, where 1 is very poor and 5 is excellent, how would you rate the quality of services your household is currently receiving or received in the past 12 months for mental or emotional health, or alcohol drug problems?

Very Poor 1 2 3 4 5 Excellent
        ☐ ☐ ☐ ☐ ☐

(**Skip to 26.**)

25a.2. What is the main reason your household did not receive or are no longer receiving treatment?

☐ Got better/No longer needed
☐ Not getting better
☐ Wanted to handle it on own
☐ Had bad experiences
☐ Lack of Time/Transportation
☐ Too expensive
☐ Insurance did not cover
☐ Other (Specify)_____

26. If you are dealing with a mental health or physical health issue in your household, do you feel that you are doing everything you realistically can to address those issues in your household?

☐ Yes
☐ No

Please explain: _____

27. To what extent does this mental or physical conditions affect or limit other aspects of your household's life?

Please explain: _____

28. Do you feel that you have enough people around you to talk to about the mental/medical conditions of your household?

☐ Yes
☐ No

Please explain: _____

29. In an ideal world, what would allow your household to better manage any existing mental health or medical issues so that you can also concentrate more on other aspects of your life.

Please explain: _____

30. How satisfied are you with the mental or emotional support that any of the following people offer when you discuss your mental or physical problems with them?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Not Applicable
a. Your therapists/Medical professionals						
b. Residents at Menlo						
c. KYCC staff						
d. Building management						
e. Your religious leader						
f. Friends and relatives (people in your social circle)						

PART C: DEMOGRAPHIC CHARACTERISTICS

31. Do you currently describe yourself as:
☐ Male
☐ Female
☐ Transgender
☐ None of these
☐ Refused

32. Are you now married, living with a partner, never married, divorced, or separated?
☐ Married
☐ Living with a partner
☐ Never Married
☐ Widowed
☐ Divorced
☐ Separated

33. Are you a parent?
☐ Yes
☐ No

34. Household makeup:
a. Number of children under 18: ____
b. Number of Adults: ____

35. What is the primary language spoken in your household?
☐ English
☐ Spanish
☐ Korean
☐ Other: _____

36. On a scale of 1 through 5 where 1 is not at all and 5 is very, how fluent are you in English?

Not at all   1   2   3   4   5   Very
           ☐   ☐   ☐   ☐   ☐

37. What is the highest level of education completed by any member of your household?
☐ No formal education
☐ Grade school
☐ Some high school
☐ High school diploma, GED, or equivalent
☐ 2-year junior or community college
☐ Vocational, business, or trade school
☐ 4-year college or university
☐ Graduate or professional school

38. Please indicate your age range:
☐ 24 years or younger
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 and above

PART D: RESIDENCE AT MENLO FAMILY CENTER

39. How long have you been living at Menlo Family Center?
_____ years

40. How safe do you feel at Menlo?
☐ Very Unsafe
☐ Overall Unsafe
☐ Overall Safe
☐ Very Safe

41. In general, do you feel that you are engaged with staff, programs, and activities at the Menlo Family Center?
☐Yes (**Go to 41.a.**)
☐No   (**Go to 41.b.**)

41a. Why and how are you engaged with the Menlo Family Center?

41b. Why are you not engaged with the Menlo Family Center?

42. How close is your relationship with other residents at Menlo?
☐ We have almost no relationship
☐ We sometimes greet other residents in the hallways
☐ We try to briefly interact with other residents when attending social events at Menlo
☐ We are very close with one neighbor, including helping each other out, babysitting, family gatherings, activities, etc.
☐ We are very close with more than one neighbor, including helping each other out, babysitting, family gatherings, activities, etc.

43. On a scale of 1 (not at all) to 5 (very well), how well do you think residents at Menlo generally follow the rules and are respectful toward one another?
Not at all 1   2   3   4   5   Very Well
☐   ☐   ☐   ☐   ☐

44. On a scale of 1 (not at all) to 5 (very nurturing), how nurturing of an environment for families and children is Menlo?
Not at all 1   2   3   4   5   Very
☐   ☐   ☐   ☐   ☐ Nurturing

45. Other than lower rent, what is one of the best attributes of the Menlo Family Center?

46. Does your current unit generally meet your housing needs?
    ☐ Yes (**Skip to 47**.)
    ☐ No
46a. If no, what housing needs are not being met?

47. Name one thing you wish Menlo could offer at the Center?

48. If you saw a neighbor's child getting into trouble, would you tell your neighbor about it?
    ☐ Definitely would not
    ☐ Probably would not
    ☐ Probably would
    ☐ Definitely would
    ☐ Don't know

49. If a neighbor saw your child getting into trouble, would your neighbor tell you about it?
    ☐ Definitely would not
    ☐ Probably would not
    ☐ Probably would
    ☐ Definitely would
    ☐ Don't know

50. How do you feel about this neighborhood in general? Tell me whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know	Refused
a. People around here are willing to help their neighbors. Would you say:						
b. People in this neighborhood share the same values.						
c. This is a close-knit neighborhood.						
d. People in this neighborhood can be trusted.						
e. People in this neighborhood generally get along with each other.						

51. Now, please think about the area that you consider your neighborhood and tell me if the following items are a big problem, some problem, or no problem at all.

	Big Problem	Some Problem	No Problem at All	Don't Know	Refused
a. Are groups of people just hanging out? Would you say:					
b. Is the quality of schools?					
c. Is graffiti—that is, writing or painting on the walls of the buildings?					
d. Are trash and junk in the parking lots, streets, lawns, and sidewalks?					
e. Are vacant apartments/units?					
f. Are police not coming when called?					
g. Are people being attacked or robbed?					
h. Are people selling drugs?					
i. Are people using drugs?					
j. Are gangs?					
k. Is rape or other sexual attacks?					
l. Is prostitution?					
m. Are shootings and violence?					
n. Are men hassling women?					
o. Are men treating women badly in public (physically)?					

52. Please indicate the types of services (If any) you may need in the near future that Menlo Family Center could provide. Check all that apply. Please check boxes only if you are not currently receiving these services
   ☐ Parental guidance/counseling
   ☐ Financial guidance/ coaching
   ☐ Legal services
   ☐ After school tutoring
   ☐ Physical fitness training
   ☐ Family therapy/counseling
   ☐ Employment counseling/ job placement services
   ☐ Substance abuse counseling
   ☐ Other: _____

PART E: SOCIAL LIFE/ EMOTIONAL WELL BEING

53. How often do you feel that you lack companionship?
   ☐ Hardly ever
   ☐ Some of the time
   ☐ Often

54. How often do you feel left out??
- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

55. How often do you feel isolated from others?
- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

56. On a scale of 1 (lowest) to 5 (highest), how would you rate your level of happiness in general?

Lowest   1   2   3   4   5   Highest
      ☐   ☐   ☐   ☐   ☐

57. How satisfied are you with the way you and other members in your household communicate with each other?
- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Satisfied
- ☐ Very Satisfied

58. a. Do you spend quality time with your significant other, spouse, life partner, etc.?
- ☐ Yes
- ☐ No
- ☐ No significant other, etc.
- ☐ Refuse to Answer

58.b. How would you rate your level of communication with your significant other, spouse, life partner, etc.?
- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Satisfied
- ☐ Very Satisfied
- ☐ No significant other, etc.
- ☐ Refuse to Answer

59. On a scale of 1 (not at all) to 5 (very), how nurturing is the environment in your household?

Not at all   1   2   3   4   5   Very
      ☐   ☐   ☐   ☐   ☐

60. How many close friends do you have? (Close friends include people who you feel at ease with, can talk to about private matters, and can call on for help)

_____

61. How often do you and your close friends communicate (in person, phone, text, or email)?
- ☐ Once a year or less
- ☐ A few times a year
- ☐ Once or twice a month
- ☐ Once or twice a week
- ☐ Every day

62. a. Name one activity/hobby that you personally enjoy: _____

    62a.1. How often are you able to enjoy this activity?
- ☐ Once a year or less
- ☐ A few times a year
- ☐ Once or twice a month
- ☐ On a more frequent basis

    62b. Name another activity/hobby that you personally enjoy: _____

    62b.1. How often are you able to enjoy this activity?
- ☐ Once a year or less
- ☐ A few times a year
- ☐ Once or twice a month
- ☐ On a more frequent basis

63. Name one activity that your household enjoys doing together: _____

    63.a. How often are you able to enjoy this activity?
- ☐ Once a year or less
- ☐ A few times a year
- ☐ Once or twice a month
- ☐ On a more frequent basis

64. Are there goals or things you would like to accomplish at some point in your life?
- ☐ Yes
- ☐ No (**Skip to 65**.)

    64.a. Can you elaborate on what your goals are?

65. Other than browsing social networking sites and news headlines, do you typically try to get more informed about major social or political issues?
- ☐ Yes
- ☐ No

66. On a scale of 1 (not connected or involved at all) to 5 (very connected and involved), how connected and involved do you generally feel you are to your community?

Not connected or   1   2   3   4   5   Very Connected
Involved at all   ☐   ☐   ☐   ☐   ☐   and Involved

    66.a. Can you provide some examples of your involvement? _____

67. On a scale of 1 to 5, where 1 is not at all or no religious faith, and 5 is very important, how important is your religious faith to you?

Not at all/   1   2   3   4   5   Very
No Religious Faith   ☐   ☐   ☐   ☐   ☐   Important

68. On a scale of 1 (never) to 5 (always), how frequently do you attend religious services?

Never 1 2 3 4 5 Always
☐ ☐ ☐ ☐ ☐

69. How often do you turn to your religious or spiritual beliefs for help when you have personal problems or problems at school or work?
☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

70. Check (up to five) activities from the following list that you would be excited to participate in:
☐ Dinner at a fancy restaurant
☐ Date night/ Club hopping (childcare provided)
☐ Dance lessons
☐ Visiting museums
☐ Movie nights
☐ Visiting a local theme park (Disneyland, etc.)
☐ Stay at a nice hotel
☐ Spa visit and massage therapy
☐ Take a class to learn arts/crafts
☐ Other type of class/training: _____
☐ Personal physical training lessons
☐ Live TV show taping
☐ Attending a TedTalk or similar event
☐ Attending a comedy club night
☐ Hiking, outdoor activities and cabin stay
☐ Civic engagement/ volunteering
☐ Voting
☐ Other: _____

PART F: FINANCIAL KNOWLEDGE AND FINANCIAL WELL BEING

71. On a scale of 1 (least stable) to 5 (highly stable), how stable is your current financial situation?

Least 1 2 3 4 5 Highly
Stable ☐ ☐ ☐ ☐ ☐ Stable

72. On a scale of 1 (least) to 5 (most), how manageable is your current rent?

Least 1 2 3 4 5 Most
☐ ☐ ☐ ☐ ☐

73. On a scale of 1 (Never) to 5 (Always), are financial worries things that keep you up at night?

Never 1 2 3 4 5 Always
☐ ☐ ☐ ☐ ☐

74. When thinking about your financial condition, do you often compare yourself to (mark only one)

    ☐ Where you were in the past
    ☐ Your family and friends
    ☐ Other people you come in contact with
    ☐ Do not really think about it

75. Do you have a checking account with a bank or credit union?

    ☐ Yes
    ☐ No (**Skip to 79.**)

76. How frequently do you use your checking account or debit card?

    ☐ Never
    ☐ Rarely
    ☐ Sometimes
    ☐ Very Often
    ☐ Always

77. Do you also have a savings account?

    ☐ Yes
    ☐ No

78. Do you usually write a check to pay your rent?

    ☐ Yes
    ☐ No

(Skip to 80.)

79. Here are some reasons people have for not having a checking account. Please say "yes" or "no" for each statement if it applies to you:

	Yes	No
a. I am told I am not qualified to have a checking account because of my account history.		
b. I don't really feel the need to have a bank account right now.		
c. Many people I know do not have bank accounts either.		
d. I have heard that having a bank account may cause me to lose my benefits.		

80. Do you use credit card?

    ☐ Yes
    ☐ No

81. Do you have a retirement account?

    ☐ Yes
    ☐ No

82. In the past 3 months, did you use a check cashing service?
      ☐ Yes
      ☐ No

83. When thinking about the financial decisions you make, do you feel that your household will make much better decisions if you could have professional help to consult with before making a final decision?
      ☐ Yes
      ☐ No

84. In your household do you know how credit cards work. ?
      ☐ Yes
      ☐ No

85. Have you ever taken a class on money management?
      ☐ Yes
      ☐ No

86. Do you know what your credit score is?
      ☐ Yes
      ☐ Haven't checked recently (**Skip to 87.**)
      ☐ Don't Know (**Skip to 87.**)
    86.a. What is your credit score?_____

87. In your household, do you know how to improve your credit score?
      ☐ Yes
      ☐ No

88. Does your household usually have a good handle on its monthly expenses?
      ☐ Yes
      ☐ No

89. Suppose you need $500 to pay for an unexpected expense. Do you have enough savings or another means (for example a helping friend or relative) to cover that expense?
      ☐ Yes
      ☐ No

90. In your household, are you typically able to set aside money for future expenses?
      ☐ Yes
      ☐ No

91. In a typical month, on average how much do you spend on utilities (including basic utilities plus cellphone and Internet)?
      _____

92. Do you currently have any loans (car loans, credit card loans, etc.) that you are paying off on a monthly schedule?

      ☐ Yes
      ☐ No

93. What are the existing sources of income of your household (mark "Yes" to all that apply)

	Yes	No
a. Employment		
b. Public Benefits (SSI, TANF, General Relief, etc.)		
c. Child support or money coming regularly from friends and/or relatives		
d. Other sources		

PART G: FUTURE OUTLOOK

94. Do you expect your household financial needs to increase in a significant way in the next two years?

      ☐ Yes
      ☐ No

95. What are your major future financial needs for which you may need to plan from now?
(Mark all that apply)

      ☐ College/higher education
      ☐ Retirement
      ☐ Buying a house
      ☐ Starting a business
      ☐ Buying a new vehicle
      ☐ Medical Expenses
      ☐ Parental Care

96. What are some of your short-term financial needs for which you may need to plan from now?
(Mark all that apply)

      ☐ A family trip
      ☐ Buying a new cellphone
      ☐ Buying new furniture
      ☐ Major repairs
      ☐ Helping relatives/friends
      ☐ Paying off existing debt
      ☐ Other:_____

97. Please explain in what ways do you think your financial situation should improve to offer you a better life financially speaking?

98. On a scale of 1 (not within reach) to 5 (very close), how close (within reach) do you think your current financial situation is to what you described above?

Not Within Reach 1   2   3   4   5 Within Reach
                  ☐   ☐   ☐   ☐   ☐

99. Generally speaking, what is your hope for your family's future?

Appendix B – Coding and Calculation Details

A-Parental Success (Focal Child 11 or Younger)

Parental success index was calculated based on responses to the following questions; Q2 (sections a through d), Q3 (sections a through h, excluding section 3e), Q11, and Q17, using the following coding structure:

Q2 (SECTIONS a AND b)	NUMERIC CODE
STRONGLY DISAGREE	-2
DISAGREE	-1
NEITHER DISAGREE NOR AGREE	0
AGREE	1
STRONGLY AGREE	2

Q2 (SECTIONS c AND d)	NUMERIC CODE
STRONGLY DISAGREE	2
DISAGREE	1
NEITHER DISAGREE NOR AGREE	0
AGREE	-1
STRONGLY AGREE	-2

Q3 (SECTIONS a THROUGH h excl. Q3e)	NUMERIC CODE
YES	1
NO	0

Q11	NUMERIC CODE
NEVER	-2
RARELY	-1
SOMETIMES	0
VERY OFTEN	1
ALWAYS	2

Q17	NUMERIC CODE
STRONGLY DISAGREE	-2
DISAGREE	-1
NEITHER DISAGREE NOR AGREE	0
AGREE	1
STRONGLY AGREE	2

Possible range of responses [-12   19]

To make the calculations, data were selected according to the following condition: Q33=1 and Q4=1 (record was selected if the respondent indicated that they were a parent and the child was 11 years old or younger.)[12] It should be noted that item, Q3e was excluded from the calculations due to the fact that all parents in the subsample had responded yes to the question. 18 records satisfied the condition. Any missing values in these 18 records were replaced by respective averages. Only one missing value was identified in questions Q3f, Q3g, Q1h, and Q11.

- **Calculation of score without standardizing variables: PSEL11** (Parental Success) was created by adding up scores for the above-referenced questions. A normalized variable **PSEL11_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_PSEL11** was calculated the mean value of the standardized variables.

B-Parental Success (Focal Child 12 or older)

For parents with a focal child of 12 years or older the following questions were included; Q2 (sections a through d), Q3 (sections a through h, excluding section 3e), Q13, Q14, Q15, Q16 (sections a through c) Q17, and Q18. Coding structure for Q2, Q3, and Q17 remain the same as in Part A. The following coding structure was applied to Q13, Q14, Q15 Q16 (sections a through c), and Q18:

Q13	NUMERIC CODE
NEVER	-2
RARELY	-1
SOMETIMES	0
VERY OFTEN	1
ALWAYS	2

Q14	NUMERIC CODE
NEVER	-2
A FEW TIMES A YEAR	-1
ABOUT ONCE A MONTH	0
ABOUT ONCE A WEEK	1
ALMOST EVERY DAY	2

Q15	NUMERIC CODE
NOT AT ALL/ DON'T KNOW THEM (1)	-2
2	-1
3	0
4	1
VERY WELL (5)	2

---

[12] Record number 5 in the dataset only had two children in the 6 to 11 years old range but had left Q4 blank. The Q4 response was changed to 1 for this record.

Q16 (SECTIONS a THROUGH c)	NUMERIC CODE
YES	1
NO	-1

Q18	NUMERIC CODE
STRONGLY DISAGREE	-2
DISAGREE	-1
NEITHER DISAGREE NOR AGREE	0
AGREE	1
STRONGLY AGREE	2

Possible range of responses including variables in Part A [-23   30]

To make the calculations, data were selected according to the following condition: Q33=1 and Q4=0 (record was selected if the respondent indicated that they were a parent and the child was 12 years of age or older).[13] 12 records satisfied the condition. Any missing values in these 12 records were replaced by respective averages. Except for Q13, with two missing values, only one missing value was identified in questions Q2c, Q2d, Q14, Q15, Q16a, Q16b, and Q16d.

- **Calculation of score without standardizing variables: PSGE12** (Parental Success) was created by adding up scores for the above-referenced questions. A normalized variable **PSGE12_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_PSGE12** was calculated as the mean value of the standardized variables.

The following table provides calculation summaries for parental success variables, both for parents with children 11 years old or younger and those with children 12 years old or above.

	PSEL11	PSEL11_N	Z_PSEL11
CONDITION	Q33=1 & Q4=1	Q33=1 & Q4=1	Q33=1 & Q4=1
MEAN	10.80	73.55	0.00
MEDIAN	10.50	72.58	0.059
STD.	3.839	12.384	0.483
VALID OBS	18	18	18

---

[13] Case number 13 had 1 child in 12 to 17 years old range but had left Q4 blank. The Q4 response was changed to 0 for this record.

	PSGE12	PSGE12_N	Z_PSGE12
CONDITION	Q33=1 & Q4=0	Q33=1 & Q4=0	Q33=1 & Q4=0
MEAN	16.18	73.92	0.00
MEDIAN	17.45	76.32	0.036
STD.	7.346	13.86	0.493
VALID OBS	12	12	12

C- Overall Parental Success

Overall results for parental success **PS** was obtained by averaging **PSLE11_N** and **PSGE12_N**. Standardized value of the same variable was named **Z-PS** and was calculated by averaging **Z_PSLE11** and **Z_PSGE12** variables. 30 valid responses were included in the calculations.

	PS	Z_PS
MEAN	73.69	0.00
MEDIAN	73.89	0.059
STD.	12.760	0.479
VALID OBS	30	30
TOTAL OBS	46	40

C- Focal Child's physical and mental health and emotional well-being

The scale for this construct was calculated based on responses to the following questions; Q5, (Q6 x Q6a), Q7a, Q8, and Q10 (section a and b), using the following coding structure:

Q5	NUMERIC CODE
EXCELLENT	2
VERY GOOD	1
GOOD	-1
FAIR	-2

Q6 (VALUES MUTIPLIED BY Q6a)	NUMERIC CODE
YES	1
NO	0

Q6a	NUMERIC CODE
NOT AT ALL (1)	-5
2	-4
3	-3
4	-2
VERY (5)	-1

Q7a	NUMERIC CODE
YES	-1
NO	0

Q8	NUMERIC CODE
YES	-1
NO	1

Q10 (SECTIONS a AND b)	NUMERIC CODE
NONE OF THE TIME	-2
SOME OF THE TIME	-1
MOST OF THE TIME	1
ALL THE TIME	2
DON'T KNOW	0

Possible range of responses including variables in Part A [-13   7]

Variable **CPMH** (Focal Child's physical and mental health and emotional well-being) was subsequently created by adding up scores for the above-referenced questions. A total of 29 valid observations were used for this calculation.[14] The missing values in the subsample were replaced by the average value for the respective variable. Variables, Q6*Q6a, Q8, Q10a each had one, while Q7a and Q10b had two and three missing values respectively.

- **Calculation of score without standardizing variables: CPMH** was created by adding up scores for the above-referenced questions. A normalized variable **CPMH_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_CPMH** was calculated as the mean value of the standardized variables.

	CPMH	CPMH_N	Z_CPMH
CONDITION	Q5=valid	Q5=valid	Q5=valid
MEAN	1.55	72.78	0.00
MEDIAN	2.00	75.00	0.071
STD.	3.633	18.164	0.516
VALID OBS	29	29	29
TOTAL OBS	46	46	46

---

[14] All valid observations for Q5 were used to select the subsample. Also, for all subjects that answered "No" to Q6, the value of Q6a for the same record was set to zero by default.

D- Physical and mental health of household adults and ability to access services

The scale for this construct was calculated based on responses to the following questions; Q19, Q22, Q23 (converted to a percentage), Q24, and Q25, Q26, and Q30a, using the following coding structure:

Q19	NUMERIC CODE
EXCELLENT	2
VERY GOOD	1
GOOD	0
FAIR	-1
POOR	-2

Q22	NUMERIC CODE
YES	-1
NO	1

Q23 (CONVERTED TO RATIO [0 1])	NUMERIC CODE
0.00	-2
$0.00 < Q23\_RATIO <= 0.149$	-1
$0.15 < Q23\_RATIO <= 0.289$	0
$0.29 < Q23\_RATIO <= 0.429$	1
$0.43 < Q23\_RATIO$	2

Q24	NUMERIC CODE
YES	-1
NO	1

Q25	NUMERIC CODE
YES	-1
NO	1

Q26	NUMERIC CODE
YES	-1
NO	1

Q30a	NUMERIC CODE
VERY DISSATISFIED	-1
DISSATISFIED	-0.5
NEUTRAL	0
SATISFIED	0.5
VERY SATISFIED	1

Possible range of responses including variables in Part A [-9   9]

Variables Q22 and Q24 did not include any missing values. For the remaining variables in this subset, missing values were replaced by their respective means (Q19, one missing, Q23 and Q26, three missing, Q25, four missing, and Q30a five missing values each).

- **Calculation of score without standardizing variables: APMH** (Physical and mental health of household adults and ability to access services) was created by adding up scores for the above-referenced questions. A normalized variable **APMH_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_APMH** was calculated as the mean value of the standardized variables. In calculating this variable, variable Q23 was used as a ratio instead of the coded variant utilized in calculating APMH.

	APMH	APMH_N	Z_APMH
CONDITION	All cases	All Cases	All Cases
MEAN	3.039	66.88	0.00
MEDIAN	3.50	69.44	0.06
STD.	3.209	17.828	0.458
VALID OBS	46	46	46
TOTAL OBS	46	46	46

E- Companionship and Emotional Support

The scale for this construct was calculated based on responses to the following questions; Q53, Q54, Q55, Q57, and Q61, average of (Q62a.1, and Q62b.a), and Q63a, using the following coding structure:

Q53	NUMERIC CODE
HARDLY EVER	1
SOME OF THE TIME	0
OFTEN	-1

Q54	NUMERIC CODE
HARDLY EVER	1
SOME OF THE TIME	0
OFTEN	-1

Q55	NUMERIC CODE
HARDLY EVER	1
SOME OF THE TIME	0
OFTEN	-1

Q57	NUMERIC CODE
VERY DISSATISFIED	-2
DISSATISFIED	-1
SATISFIED	1
VERY SATISFIED	2

Q61	NUMERIC CODE
ONCE A YEAR OR LESS	-2
A FEW TIMES A YEAR	-1
ONCE OR TWICE A MONTH	0
ONCE OR TWICE A WEEK	1
EVERYDAY	2

Q62a.1 AND Q62b.1 (AVERAGE)	NUMERIC CODE
ONCE A YEAR OR LESS	-1
A FEW TIMES A YEAR	0
ONCE OR TWICE A MONTH	0.5
ON A MORE FREQUENT BASIS	1

Q63a	NUMERIC CODE
ONCE A YEAR OR LESS	-1
A FEW TIMES A YEAR	0
ONCE OR TWICE A MONTH	0.5
ON A MORE FREQUENT BASIS	1

Possible range of responses including variables in Part A [-9   9]

Variables Q53, Q54, and Q57 did not include any missing values. For the remaining variables in this subset, missing values were replaced by their respective means (Q55 and Q61, one missing, Q63a two missing, and mean (Q62a1 and Q62a2) three missing values each).

Variable **CEC** (Companionship and Emotional Support) was subsequently created by adding up scores for the above-referenced questions.

- **Calculation of score without standardizing variables: CEC** (Companionship and Emotional Support) was created by adding up scores for the above-referenced questions. A normalized variable **CEC_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_CEC** was calculated as the mean value of the standardized variables.

	CEC	**CEC_N**	**Z_CEC**
CONDITION	All cases	All Cases	
MEAN	4.71	76.17	0.00
MEDIAN	5.61	81.15	0.158
STD.	2.841	15.785	0.575
VALID OBS	46	46	46
TOTAL OBS	46	46	46

Emotional Well-being Scale

Emotional Well-being Scale (EW) is calculated as the average of the following four sub-scales; CEC_N, APMH_N, CPMH_N, and PS_N. Standardized value of EW, or **Z_EW** was calculated by averaging all standardized subscales.

	EW	**Z_EW**
CONDITION	All cases	All Cases
MEAN	72.37	0.011
MEDIAN	75.51	0.104
STD.	11.91	0.363
VALID OBS	46	46
TOTAL OBS	46	46

F- Ability to Access and Utilize Financial Services

This scale was calculated based on responses to the following questions; Q75, Q76, Q77, Q78, Q80, Q82, Q86, Q89, and Q92, using the following coding structure:

Q75	**NUMERIC CODE**
YES	1
NO	0

Q76	NUMERIC CODE
NEVER	0
RARELY	0.25
SOMETIMES	0.5
VERY OFTEN	0.75
ALWAYS	1

Q77	NUMERIC CODE
YES	1
NO	0

Q78	NUMERIC CODE
YES	1
NO	0

Q80	NUMERIC CODE
YES	1
NO	0

Q82	NUMERIC CODE
YES	-1
NO	0

Q86	NUMERIC CODE
YES	1
HAVEN'T CHECKED RECENTLY	0
DON'T KNOW	-1

Q89	NUMERIC CODE
YES	1
NO	0

Q92	NUMERIC CODE
YES	1
NO	0

Possible range of responses including variables in Part A [-2   8]

Variables Q76, Q77, Q78, and Q82 did not include any missing values. For the remaining variables in this subset, missing values were replaced by their respective means (Q75, Q80, Q86, and Q89 one missing, and Q92, two missing values each).

- **Calculation of score without standardizing variables: FA** (Ability to Access and Utilize Financial Services) was created by adding up scores for the above-referenced questions. A normalized variable **FA_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values in the subsample, all variables were standardized and **Z_FA** was calculated as the mean value of the standardized variables.

	FA	FA_N	Z_FA
CONDITION	All cases	All Cases	All Cases
MEAN	1.87	38.67	0.00
MEDIAN	1.81	32.56	-0.1417
STD.	2.542	25.424	0.573
VALID OBS	46	46	46
TOTAL OBS	46	46	46

G- Household Financial Stability

The scale for this construct was calculated based on responses to the following questions; Q71, Q72, Q73, Q81, Q88, and Q90, using the following coding structure:

Q71	NUMERIC CODE
LEAST STABLE (1)	-2
2	-1
3	0
4	1
HIGHLY STABLE (5)	2

Q72	NUMERIC CODE
LEAST (1)	-2
2	-1
3	0
4	1
MOST (5)	2

Q73	NUMERIC CODE
NEVER (1)	2
2	1
3	0
4	-1
ALWAYS (5)	-2

Q81	Numeric Code
YES	1
NO	0

Q88	NUMERIC CODE
YES	1
NO	-1

Q90	NUMERIC CODE
YES	1
NO	-1

Possible range of responses including variables in Part A [-8   9]

Q90 included one missing value. The missing value was replaced with the series mean.

- **Calculation of score without standardizing variables: HFS** (Household Financial Stability) was created by adding up scores for the above-referenced questions. A normalized variable **HFS_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing value in Q90, all variables were standardized and **Z_FHS** was calculated as the mean value of the standardized variables.

Variable **HFS** (Household Financial Stability) was subsequently created by adding up scores for the above-referenced questions.

	HFS	**HFS_N**	**Z_HFS**
CONDITION	All cases	All Cases	All Cases
MEAN	1.10	53.55	0.00
MEDIAN	1.00	52.94	-0.030
STD.	2.473	14.544	0.442
VALID OBS	46	46	46
TOTAL OBS	46	46	46

G- Knowledge and Confidence in Handling Financial Matters
The scale for this construct was calculated based on responses to the following questions; Q83, Q84, Q85, and Q87, using the following coding structure:

Q83	NUMERIC CODE
YES	1
NO	0

Q84	NUMERIC CODE
YES	1
NO	-1

Q85	NUMERIC CODE
YES	1
NO	0

Q87	NUMERIC CODE
YES	1
NO	-1

Possible range of responses including variables in Part A [-2   4]

Q83 and Q87 included two and one missing values, respectively. The missing values were replaced with their corresponding means.

- **Calculation of score without standardizing variables: KCMF** (Knowledge and Confidence in Managing Financial Matters) was created by adding up scores for the above-referenced questions. A normalized variable **KCMF_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values, all variables were standardized and **Z_FHS** was calculated as the mean value of the standardized variables.

	KCMF	KCMF_N	Z_KCMF
CONDITION	All cases	All Cases	All Cases
MEAN	1.42	56.96	0.00
MEDIAN	1.50	58.33	-0.072
STD.	1.774	29.569	0.564
VALID OBS	46	46	46
TOTAL OBS	46	46	46

Financial Well-being Scale

Financial Well-being Scale (FW) is calculated as the average of the following three sub-scales; FA_N, HFS_N, and KCMF_N. Standardized value of FW, or **Z_FW** was calculated by averaging all standardized subscales.

	FW	**Z_FW**
CONDITION	All cases	All Cases
MEAN	49.73	0.00
MEDIAN	51.96	0.0481
STD.	15.178	0.325
VALID OBS	46	46
TOTAL OBS	46	46

H- Social Connectedness

The scale for this construct was calculated based on responses to the following questions; Q41, Q42, Q48, Q50a, Q50b, Q50c, Q50d, Q50e, Q65, and Q66 using the following coding structure:

Q41	**NUMERIC CODE**
YES	1
NO	-1

Q42	**NUMERIC CODE**
NO RELATIONSHIP	-2
OCCASIONAL GREETING	-1
INTERACTING AT SOCIAL EVENT	0
CLOSE WITH ONE NEIGHBOR	1
CLOSE WITH MORE NEIGHBORS	2

Q48	**NUMERIC CODE**
DEFINITELY WOULD NOT	-2
PROBABLY WOULD NOT	-1
PROBABLY WOULD	1
DEFINITELY WOULD	2
DON'T KNOW	0

Q50a, Q50b, Q50c, Q50d, Q50e	**NUMERIC CODE**
STRONGLY DISAGREE	-2
SOMEWHAT DISAGREE	-1
SOMEWHAT AGREE	1
STRONGLY AGREE	2
DON'T KNOW	0
REFUSED	0

Q65	**NUMERIC CODE**
YES	1
NO	0

Q66	Numeric Code
NOT CONNECTED OR INVOLVED (1)	-2
2	-1
3	0
4	1
VERY CONNECTED AND INVOLVED (5)	2

Possible range of responses including variables in Part A [-17   18]

Q4, Q42, 48 included 1,2, and 1 missing values, respectively. Questions Q50a through Q50e had 1 missing value each. The missing values were replaced with the corresponding mean.

- **Calculation of score without standardizing variables: SC** (Social Connectedness) was created by adding up scores for the above-referenced questions. A normalized variable **SC_N** was created based on this variable.
- **Calculation of score using standardized scores:** After replacing the missing values, all variables were standardized and **Z_SC** was calculated as the mean value of the standardized variables.

	SC	CS_N
CONDITION	All cases	All Cases
MEAN	3.24	57.83
MEDIAN	4.00	60.00
STD.	6.42	18.35
VALID OBS	46	46
TOTAL OBS	46	46

For questions or comments, please contact
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