

Loving Beyond the Home:

A White Paper on Post-Residential Programming



The ethos of maternity homes has long been about “relationship”. Whether thought of in the context of “family” or “community” or simply “love”, “relationship” has been at the heart of welcoming pregnant women. The relationship between staff and residents is deeply forged in fire of profound decisions, accountability, deep conversations, shared experiences, celebrating achievements and more. For many, those relationships continue past the boundary of the program, both in formal and informal ways. Homes wrestle with how to maintain connection while continuing to welcome new women into the home.

This White Paper provides an overview of issues related to programming that extends beyond the residential time and provides some examples of homes that have formalized a long-term program. In doing so, the National Maternity Housing Coalition wants to give attention to this component of our common mission and encourage programs to consider post-residential support as an area of program development. We recognize that many programs have informal ways in which the relationship which began in the residential component continues after the mom has moved out. This paper highlights structures, policies, and concrete examples around post-residential support and outlines some of the challenges.

The term “aftercare” is used in two ways within the maternity housing movement. Historically, it referred to “post-birth” and it is still used this way by some programs. More common, it is also used as a term that reflects services offered after a mom has left the residential portion of the program. For sake of clarity, we have used “post-residential programming.”

Why do Post-Residential Programming?

The “why” question might be as simple as meeting the need -- namely, the women served by the home are calling or showing up at the door on an ongoing basis. But there are many reasons why the ongoing development of post residential programming is a good use of resources.

- First, long-term relationship is good for people. From both a trauma informed perspective and a worldview of Christian anthropology, we are relational people. Healing work takes place in relationship and stable relationships are a place of learning and growth.
- Next, long-term programming opens greater opportunities to witness and help promote long-term change. The change that maternity homes wish to help facilitate in the lives of women is hard work (i.e. addressing generational cycles of poverty, helping address areas of woundedness). The seeds that were planted in the residential program need ongoing care and nurturing. Having ongoing relationships also helps housing organizations to tell the story of the impact of their work.
- For a variety of reasons, there is often a gap in services for women leaving our residential programs (i.e. lack of transitional housing, low paying jobs, inadequate childcare, etc.). Identifying and responding to high need areas within your community strengthen your capacity to serve well.

- Ongoing support for women, especially new mothers, strengthens the preventative nature of our mission. Parenting support, especially for the prevention of violence, abuse, and neglect, creates healthier environments for children to grow up in.
- In many circumstances, the women who are no longer in the residential program may serve as positive witnesses for those who are in the home. Some homes have former residents actively participate in the home via meals, community meetings, mentorship programs, and more.

What are Challenges related to Post-Residential Programming?

The reasons to engage in post-residential programming are many but there are also several complicating factors.

Building a sense of connection to organization -- In order for post-residential programming to be effective for the long-term, it is necessary to build a sense of relationship to the organization as a whole, not just the specific staff member(s) the mom has gotten to know. Since the nature of “relationship” is person-to-person, this can be difficult. Creating the connection to the organization is reliant on a strong organizational culture, deliberate language choices, and good relationship hand-offs.

Boundaries -- Related to above, many of the moms and staff members may wish to stay in touch on an ongoing basis after the “formal” relationship of client and staff member(s) has ended. Organizations need to wrestle with their approach to this dynamic. Some organizations are comfortable with ongoing connection informally; others are more hesitant typically in order to protect the sense of a professional or quasi-professional relationship.

Some programs have chosen to create some type of tradition that marks the shift in relationship from “staff person” to “friend / mentor / coach / etc.” as a part of exiting the program. The tradition is an indication of a different relationship dynamic (and may include things like exchanging contact information, becoming Facebook friends, etc.) After this moment, language along the lines of, “I’m not representing the organization now...I’m doing this as your friend / mentor / coach” may be necessary to distinguish the difference.

In contrast, moms may choose to end the relationship as they leave the house. This decision doesn’t reflect a failure of mission but a decision to seek only specific services. And, programs have reported re-engagement over time, even when the mom was initially hesitant or uninterested in staying in touch.

Frequent contact information changes -- It was commonly noted that the contact information for moms was frequently changing, making it difficult to maintain effective communication. At the time of writing, homes reported using text services and Facebook groups as the most effective means of communication. In addition, many organizations try to maintain mailing addresses and emails with former residents, recognizing information changes frequently. As one example, Our Lady’s Inn sends a monthly e-newsletter with relevant information, upcoming events, and ways to engage.

Avoiding a “stuff focused” relationship -- Many homes reported the feeling that “material aid” can take over the nature of the relationship, which left homes feeling uncertain about effectiveness.

Mission drift possibility -- Mission drift is an unintended mission expansion to include services and programs that are different from the core mission. It is often the result of chasing funding streams or the programming vision of a singular, passionate staff member. When considering dedicating resources and staff time toward post-residential programming, it is important to be strategic and deliberate about whether or not the expansion of mission is within the vision for the entire organization. The expansion of the mission should always include buy-in from the Board of Directors.

Organizational capacity -- Depending on the scope of your outreach, post-residential care can be very time consuming from a staff resource perspective. Building staff capacity by adding more hours or more staff needs to be done in a realistic way.

Scope of practice -- As Amber Hornsby of ESTHER Homes described, “most homes show up to the ‘yes to life’ in an ongoing way, not just during the pregnancy.” Recognizing this to be true, the most fundamental and perhaps most challenging question is, “When does our service to this woman end?” This is a question of “scope of practice”, namely identifying the limits of service.

Questions related to Post-Residential Programming

These are programmatic questions that require organizational decision:

- *Can women return to the program?* (While it is not common that women can return to the residential part of the program once moving out, there is more talk within the maternity housing world about being a “safe place to fail” which may start to include experimenting with re-welcoming women who moved out prematurely.)
- *Can women who didn’t leave well participate?* (Some homes have distinct criteria -- most often due to safety concerns -- by which women are not able to participate in post-residential activities.)
- *What are eligibility requirements? Or limiting factors?* (Some homes think of the post-residential programming within the framework of a tiers / phases approach in which women must have successfully moved through earlier tiers / phases in order to be eligible. Some require an application process. Other homes allow any woman that has participated in residential care to participate.)
- *Is post residential outreach mom-initiated or program/staff-initiated? Or is it both? Or said another way, if the mom doesn’t maintain contact, is she no longer in the program?* (Similar dynamic to above in that failure to stay in contact in a specific timeframe may be a “disqualifying” criteria for participation.)
- *What are appropriate boundaries?* (Programs noted that the post-residential program which was intended as ongoing relationship and support can easily become crisis-oriented and material-aid focused without building programmatic culture and boundaries. Understanding and having policies around mandated and permissive reporting for neglect and abuse is an area for clarity and training.)
- *How do we adapt our note-taking and document retention policies for ongoing clients?* (Programs stated that notes continue to play a key role for smooth handoffs, strong advocacy, and clear direction.)
- *How is transportation handled? Do staff transport clients?* (Because of the ongoing challenges associated with transportation needs of the women, homes must outline transportation policies. This often includes permissions to drive, organizationally-owned

vehicles, releases, etc. Some programs may continue to provide bus passes for the women on an ongoing basis.)

- *What is a reasonable “caseload” for a staff member?* (As one example, at Our Lady’s Inn, one staff member has an ongoing connection to between 75 to 100 individuals --with mom and child both considered as unique individuals-- each with varying levels of engagement.)
- *How do we handle visits in a safe way?* (To mitigate the potential staff safety concerns related to visiting the homes of moms, the program may opt to have ongoing meetings in public places -- i.e. a restaurant, park/playground, or in the office of the housing program.)
- *How do you help show impact? What are the specific goals and measures of success for the post-residential program?* (Some examples include stable housing over time, steady employment over time, sustained sobriety, number of “contact points” and continuing / completion of educational goals.)

Ways to Engage:

In broad categories, below are listed some of the types of post-residential support that are made available to women:

- ***Social Connection*** -- Calls, communications, home visits, social gatherings, conversations with staff, social media groups of alumnae
- ***Programming*** -- Classes, support groups (i.e. adoption, recovery support, single parenting), incentive programs, access to counseling, job training / social enterprise activities. Programming may be offered virtually or in-person.
- ***Case Management*** -- Resource connection, case planning, advocacy, reference for courts / jobs
- ***Celebrations and Holidays*** -- Holiday-based traditions, events, and gatherings
- ***Visits to Home*** -- Meals, mentorship program, speakers, accessing resident activities, participation in key events
- ***Ongoing Residential Support*** -- Offer transitional housing, housing subsidies
- ***Financial Support / Material Aid*** -- Scholarship program for education, small emergency gifts, subsidies for small needs, material aid (frequently clothing, baby supplies, etc.)

Associated Costs

Like many programmatic components, the post-residential aspect of the budget typically grows and develops over time. Frequently programs move from informal efforts to stay in contact to intentional efforts to engage with former residents. As the post-residential program gets more and more intentional, the number and scope of services and the staff time to implement those services grows.

As it may present new fundraising opportunities, it is recommended to pull out on the post-residential program as a unique set of line-items within the operating budget. Both of the case studies highlighted below began with grant funding.

Recognizing that goals and services offered may vary, here are some line items for consideration:

- ***Staffing***. Some level of credentialing (e.g. social work) may be appropriate for programs strongly focused on “case management” function. Interviews from programs suggested that

working knowledge of “home visits” may be an important area for experience. Some needs may be able to be met by volunteers (i.e. information sharing, event planning, etc.)

- *Transportation Support.* This may include mileage reimbursement for staff persons making visits, bus passes, expenses related to vehicle maintenance (if owned by organization), and more.
- *Meals / Costs associated with Visits / Gifts.* Many programs have some type of funding available for the “relational connection” element of eating together, gifts to celebrate milestones / key moments, etc.
- *In-kind / Material Aid.* This includes costs associated with meeting needs (baby items, food, etc.) or supporting goal achievement (application fees, uniforms, work needs, etc.).
- *Emergency Needs.* This is often a limited fund for larger, often immediate, needs. As one example, Our Lady’s Inn has established an “Over the Hump” fund which provides matching funds to meet residents’ efforts for special circumstances. The fund can be used for housing deposits, educational support, purchasing/repairing a vehicle, etc.

Long-Term Considerations & Closing

As new maternity homes open in conjunction with pregnancy centers and medical clinics, there will be increasing familiarity with providing programmatic content outside of the residential setting. In addition, in recent years, the federal approach toward housing-related funding has moved toward a “housing first” approach, in essence, giving priority to getting individuals into long-term permanent housing (as opposed to group homes or transitional programs). It will be interesting to see if maternity housing programs move in a similar direction with more focus on non-residential or post-residential care. As a movement, we are seeing more experimentation with non-residential services, including the development of post-residential programs, within our maternity housing programs. The National Maternity Housing Coalition will watch with care to emerging trends and communicate findings.

Thank you to Mary’s Mantle (<https://marysmantle.net/>) and Our Lady’s Inn (<https://ourladysinn.org/>) for sharing deeply about your experiences. In addition, the Leadership Council of the National Maternity Housing Coalition provided critical insight and brainstorming in the content of this White Paper.

**Please note: This White Paper was created out of research and conversations with various organizations and is designed for general informational purposes. It should not be relied upon as a substitute for the direct counsel of an attorney, professional counselor, or medical professional. Programs noted herein may have adapted their policy or programmatic decisions since the time of writing. The White Paper is a statement of the National Maternity Housing Coalition and should not be read as an expression of the contributors.*

Case Study: Mary’s Mantle

Mary’s Mantle, opened in 2010 in a Detroit suburb, has 4 beds within the maternity home. Their “Aftercare Program” has one full-time staff member who is a credentialed social worker. At the time of writing, the aftercare program had 16 women who were active and approximately four women are added each year to the program.

For the first six months, the staff makes weekly visits to the mom's home. While the vision is primarily to provide support, encouragement and resources, program staff reported that the reality often feels more like case management, putting out fires, and helping the woman to handle crises. Over time, the visits move to bi-weekly and eventually to once every other month. The Aftercare Program officially ends when the child born in the maternity home enters kindergarten.

"Success of the Aftercare Program is built on the relationship that starts in the maternity home", staff noted, "and having smooth transitions between the home and the aftercare program is super important." Staff described that most of the moms want to remain a part of the Aftercare Program. Women with active CPS cases may have participation in Aftercare as a formal part of the reunification planning. If women do not follow the program guidelines (especially related to maintaining contact or cancelling appointments), Mary's Mantle opts to close the case and not think of the woman as an active participant in the program. Women have to live within 30 miles of the home to be considered active participants.

Mary's Mantle hosts some events that do not require active participation in Aftercare in order to attend (i.e. the banquet, Christmas.) Staff use the "Arizona Matrix" as an ongoing evaluation tool to measure progress and have assessments when the mom exits the residential program and then annually.

When dreaming about ongoing development of their program, staff noted that the transition out of the maternity home to independent living regularly felt "very bumpy." They were wondering if some type of transitional apartments with steps or levels might ease the transition. That being said, returning to the question of the organization's anointing is a key place of organization discernment. Staff described the core question this way, "Are we called to be a maternity home? Is offering transitional housing movement away from that?"

Case Study: Our Lady's Inn

Our Lady's Inn, located in St. Louis, MO, has been doing aftercare for over 30 years and at the time of writing, they had 2.5 full-time employees dedicated toward "aftercare" programming. The primary support that is provided is ongoing case management, sometimes via home visitations, visits to the Our Lady's Inn office and sometimes at other outside locations. Post-residential programming also includes material aid (most often baby items), sharing information (i.e. job openings, job fairs), the Christmas program, and being an advocate for legal issues (i.e. court cases.) In addition, Our Lady's Inn often helps with transportation costs of the mothers. For a long period, Our Lady's Inn had 3 apartments available for long-term housing but due to increased violence in the neighborhood, they opted to sell the building and are brainstorming alternatives.

The Aftercare Program is up to 2 years and participation is "opt-in" meaning the mothers choose whether or not they are considered participants. An estimated 60% of women from the home participate. Moms who were asked to leave due to violence are not permitted to participate. Contact is mostly initiated by the client and the goal is to have monthly contact in some fashion (Zoom, text, call, in-person visit.) Bright Course, an online life skills platform, is used within aftercare.

When asked about lessons learned, Our Lady's Inn staff first noted establishing reasonable boundaries with the participants. From a staff perspective, the goal is for the mom to do as much as

she can for herself and for the staff to encourage, support, and uplift. It was noted that aftercare staff need ongoing oversight and structure, especially if they frequently work out of the office. Increasing hours worked with the office as a home base and having aftercare staff participate in weekly program team meetings helped in building relationships and accountability.

Aftercare staff offices are housed within the residential program so as to provide a “warm hand-off” from the residential staff person. During transition, aftercare staff meets with residential staff to discuss new goals. Former residents may stay connected to the in-house counselor on a limited basis and the aftercare staff try to establish community-based mental health support to meet ongoing needs.

Staff noted, “Our families are leaving the program without getting full benefit of services offered. Aftercare allows the benefits to continue.”