ACCESS TO EARLY CHILDHOOD DEVELOPMENT SERVICES FOR HOMELESS FAMILIES WITH YOUNG CHILDREN: AN EXPLORATORY PROJECT

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Introduction

Homelessness in the United States is a complex and persistent problem. For families with young versus older children experiencing homelessness, solutions are made more elusive by the difficulty of obtaining a clear understanding of their unique needs and characteristics. Little is known about families with infants, toddlers, and preschoolers who qualify as homeless under the U.S. Department of Education (ED) definition (see Definitions on page 2), but do not reside in homeless shelters or transitional housing, and do not receive public education or participate in Head Start/Early Head Start programs. Most of the literature on homeless children in families is based on analyses of children in shelters or homeless children already in public education systems because this population is more easily accessible.

This policy brief summarizes selected literature on homeless families with children who are less than five years old, and incorporates findings from a project prepared for the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) on the challenges facing families with young children who are temporarily staying with others or in motels/hotels. The aim of this policy brief is to examine the following questions from the project: (1) What are families' current living arrangements, and do they have alternative plans for shelter if they cannot stay at their current temporary location and are unable to receive the services of a shelter? (2) What conditions are homeless families and children exposed to when they cannot or do not access the services of a shelter? (3) To what extent are families knowledgeable about the federally sponsored early childhood support services available to them?

While the small sample size (described in the Project box) constrains the generalizability of the

Project for ACF

This project was conducted by Tanya de Sousa through the University of Maryland. With input from the National Association for the Education of Homeless Children and Youth (NAEHCY) and the U.S. Department of Education's (ED) Education for Homeless Children and Youth program, this project focused on the experiences of nine families meeting the ED definition of homelessness (see following section). Three families agreed to follow-up interviews, which were conducted by telephone. Service providers who referred these families were also interviewed to gain more insight into the needs of families experiencing homelessness who are not in shelters.

During the study period, all participating families were living doubled-up or in a motel. These families had experienced their housing situation for five months or less, and six families anticipated needing new housing within four months. All families had at least one child who was under the age of five, and their demographic characteristics varied. Three of the participants/heads of households were married, and six of the participants were single, including the only male participant.

This brief is adapted from Ms. De Sousa's original paper on the project and its findings. For more information on the participants, refer to Appendix Table 1.

study's findings, key findings from the project are provided to highlight and support similar findings.

What is Homelessness?

There are several official definitions of homelessness, and the two most utilized definitions are those issued by the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Education (ED), due largely to the number of programs and services funded by these two departments. The U.S. Department of Health and Human Services (HHS) uses the ED definition when determining homeless status for early childhood program eligibility, data collection, and other policy requirements.

HUD defines homelessness more narrowly as those who are literally homeless or at imminent risk of becoming so. In contrast, service eligibility, data collection, and legal requirements under the ED definition of homelessness encompass a broader range of families, such as including children and families who are staying temporarily with others or residing in a motel or hotel. The distinction between these two different definitions is important not only because it impacts outreach and access to services targeting the homeless, but it also impacts who is viewed as homeless in the public discourse.

Definitions

The U.S. Department of Housing and Urban Development defines the homeless as those who:

- Are literally homeless, including those who are living in shelters, unsheltered or living and/or sleeping in a place that is unfit for human habitation.
- Are at imminent risk of homelessness
- Are homeless under other Federal statutes
- Are fleeing or attempting to flee domestic violence

The U.S. Department of Education (used by Head Start and Early Head Start) defines homeless children and youths who lack a fixed, regular, and adequate nighttime residence; and includes those who:

- Are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- Are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Are migratory children who qualify as homeless for the purposes because the children are living in circumstances described above.

Homelessness and Early Childhood Development

Brain development occurs rapidly from birth to five.[i][ii] During this developmental period, the brain forms neural pathways that create the foundation for all future learning, including skills in the cognitive, social-emotional, and physical domains. Research has found that brain development can be significantly altered by adversities experienced during a child's formative years.[iii] Conditions associated with poverty and homelessness often expose children to chronic stressors. Stressors may include prolonged exposure to

unpredictable and unstable environments, family conflict, separation from a primary caregiver, mental illness in a caregiver, and exposure to abuse and household substance abuse. [iv] The project prepared for ACF confirmed the presence of some of these stressors. For example, all of the parents included in the case study reported experiencing depression, and several acknowledged a history of substance abuse, both of which increase a child's risk of adverse outcomes.[v] [vi]

The impact of these stressors varies for every child as children have differential stress responses and exposure to different protective factors.[vii] Research suggests that the greatest impact can occur when the stress is experienced at young ages, or when social supports, such as a secure and stable relationship with a primary caregiver, are not present.[viii] Unsurprisingly, the lives of young children and their families experiencing homelessness are characterized by social instability. For one family, moving from house to house was a common occurrence, moving every few weeks to avoid being an imposition on any one household.. This instability was even greater for the child, who not only travelled from house to house with her father, but also alternated between living with her father and her mother, separately. Troublingly, most of the families studied reported that they had to separate from a child or partner to gain access to temporary housing. The broader evidence on the importance of stable, supportive environments for healthy child development is clear: chronic sources of stress such as disruptions to the home environment may impair neural and organ development. Children exposed to such stressors may go on to experience problems with self-regulation, school readiness, and physical and mental health later in life.[ix]

Indeed, homelessness among children has been associated with higher rates of emotional and behavioral issues as well as developmental delays and physical disabilities relative to the general population.[x] Children who first experienced homelessness as infants or toddlers have been shown to more consistently display lower aptitude in school compared to those who did not experience homelessness, even after controlling for poverty.[xi] Furthermore, compared to their highly mobile counterparts, homeless children performed worse in reading and math.[xii] One eighteen-month old child in the project has not been read to since the family became homeless nearly two months prior to the time they were interviewed. Their current living situation consisted of a crowded motel room, and the child had very limited exposure to developmentally appropriate toys. While most of the parents in the study were able to read to their children periodically, nearly all the parents reported that they lacked a quiet and separate space to engage their children.

Children and Families Experience Homelessness Heterogeneously

Although family shelters are often seen as a last resort for families experiencing homelessness, family shelters do not exist in all communities, and they may be full or have prohibitive rules. Staying with others temporarily or residing in motels is not always a preferable alternative. One mother in the case study who had been staying with others for the last three months had just learned that she would only be able to stay in this

situation two more weeks, and she had nowhere else to go. She had experienced depression, substance abuse, and domestic violence. Another mother discussed the challenges of being alone with her toddler in a motel for 7 weeks with very limited access to developmentally appropriate toys. Their isolation was compounded by the fact that they occasionally experienced food insecurity, and the mother noted that it was difficult to access social services because she was unaware of eligibility requirements. Service providers interviewed indicated that families staying temporarily with others experience a variety of negative conditions. One service provider described a case in which a family moved into the basement of a house and slept in sleeping bags on the damp, mildew-covered cement flooring. Soon afterward, the children began to suffer from asthma, which a physician attributed to frequent mildew exposure. Other service providers stressed that families may experience greater trauma staying with others or in motel settings than they would face if they were in a shelter, where the setting is more controlled and there are service providers available to assist families to connect to services. Anecdotally, temporarily living with others may, in some cases, include moving into the home of a drug user, into an abusive setting, or into a setting with inadequate facilities.

As mentioned above, many homeless families not in shelters live in crowded and sometimes unsafe conditions. Overcrowding is a stressor that has been associated with "social withdrawal, elevated levels of aggression, psychological distress, poor behavioral adjustment in school, and lower levels of social and cognitive competency. Parents in crowded homes talk less to infants, are less responsive to young children, and are more likely to engage in punitive parenting than other parents."[xiii] Parents in the case study who reported their current living situation as restrictive of their children's routines described how they needed to reprimand their children to be quiet and less active more often.

Utilizing a family shelter is not always an option for homeless families. One father described how when he first became homeless, he sought services from a shelter and was told that he could stay, but they would not be able to take his daughter; only the local women's shelters would accept children. Separating from his daughter was not an option for this father; so, he has been staying with family and friends for the past four years, changing locations every few weeks. This situation illustrates an important challenge: the father expressed regret at not being able to use a shelter because he believed the additional services offered by area shelters would help expedite his finding permanent housing. However, since the shelter could not serve both him and his daughter, he has no other available option but to stay with family and friends and, consequently, receive fewer to no services at all.

Policy Recommendations

The following recommendations are based on a review of the literature and key findings from the case study. The first recommendation highlights practices that may be effective in expanding future research. The

remaining recommendations more broadly apply for policy and practice. These recommendations aim to increase awareness of and access to early childhood services available to homeless families.

Recommendation #1: Conduct additional research on the needs of this population: The purpose of the project for ACF was to gain a broader understanding of the living conditions and early childhood development challenges encountered by homeless families with children under age six who are temporarily staying with others or residing in a motel due to economic hardship or loss of housing. This was a qualitative project that provided descriptive information on nine families experiencing homelessness who were in such living arrangements. However, due to the small number of case study participants, findings from this project cannot be generalized and may not represent the true needs of families with young children experiencing homelessness. Additional research with a larger sample size is needed to further explore the issues faced by this population.

Future research may include service providers specializing in homelessness and early childhood services, as well as with homeless education offices/McKinney-Vento local liaisons/Head Start Family Support staff. Future research may also benefit from expanding the study sample to include a range of service providers in housing, health, community development, and community-based organizations including faith-based and local non-profit organizations.

Recommendation #2: Improve coordination and collaboration between service providers: The needs of homeless families are complex and require the assistance of many different services and social programs. However, navigating the various systems and becoming aware of the type of services available, but also the eligibility process is often confusing and time-consuming. Within this recommendations we focus on three areas to help improve access to services among the homeless population.

- *Implement Comprehensive Needs Assessments at Intake.* It is important to engage all members of a family in a comprehensive screening at intake and to identify needs beyond housing and income support. Referrals should be made for all areas where assistance is needed. For example, the mental health of a parent may affect the development, stress responses, and growth of young children. Service providers should, therefore, take a holistic approach to identifying and treating all family members on multiple fronts. Moreover, those engaged in coordinated intake should be aware of not only early childhood development issues and the early childhood programs available within the local area, but also best practices in making direct, deliberate, and sensitive inquiries about the needs of young children and make appropriate determinations based on these needs.

  The case study found that the needs of children are often excluded from intake assessments conducted by the staff of a state-wide information hotline. When families call seeking access to a shelter they are often denied entry to the shelter if the family identifies that they have a possible

alternative option for housing. However, at no point in the assessment for these families did staff inquire whether that alternate housing was appropriate for a child. This means that young children may be turned away from a shelter even if their housing alternative is inappropriate or unsafe. Coordinated entry processes being designed and implemented in communities can improve system-wide access, screening, on-going assessment, prioritization, and referral processes through multi-provider coordination to ensure support for meeting the needs of families.

- *Utilize McKinney-Vento Local Liaisons.* McKinney-Vento local liaisons may also play an important role in addressing the early childhood development needs of children not in public education. McKinney-Vento local liaisons inquire about the homeless status of students enrolled in public education periodically throughout the year, and are tasked with identifying homeless children within their local area.. An easy and cost-effective way to expand outreach to homeless children not currently in public education is to request that liaisons identify if homeless students have younger siblings who are not in public education when performing standard inquiries. Identification of these younger siblings may allow liaisons to make appropriate referrals to early childhood education programs, such as Head Start, Early Head Start, public preschools, childcare subsidies and home visiting services.

- *Improve coordination between Early Childhood State Advisory Councils and McKinney-Vento State Coordinators:* The State Advisory Councils (SAC) on Early Childhood Education and Care, authorized by the Improving Head Start for School Readiness Act of 2007, mandates that the governors of states and territories establish a SAC. The purpose of the SAC is to coordinate services and collaborations between the early childhood programs and services already in operation throughout the state in order to better meet the needs of children from birth to school entry. SACs are tasked with developing and enhancing "high-quality, comprehensive early childhood systems that optimize childhood service delivery so that children arrive at school ready to learn and prepared to excel." The SAC is currently not required to include a representative from McKinney-Vento. Inclusion of a McKinney-Vento representative on the SAC may promote the coordination of services for homeless families and children and may facilitate the sharing of best practices and strategies that McKinney-Vento coordinators have already developed in working with homeless families and children, particularly those pertaining to outreach and trauma-informed services.

Recommendation #3: Continue to engage the Maternal Infant and Early Childhood Home Visiting (MIECHV) program in services provided to homeless children: The Maternal Infant and Early Childhood Home Visiting (MIECHV) program does not specifically target families whose children qualify as homeless under the ED definition[xiv]. While these families are often captured under various at-risk populations currently recognized, specifically targeting these families as a priority group is important to ensure they

receive these services. Homeless children are exposed to a variety of situations that have been associated with delayed development. MIECHV-funded programs are evidence-based and have the potential to help mitigate many of the barriers to obtaining important early childhood development services. Research has found that home visiting programs may be effective in increasing desired birth outcomes, positive child health indicators, improving parenting skills, decreasing risks of abuse and neglect, reducing parental depression, and increasing parental access to services.

Providing and directly targeting these resources to homeless families with young children may be greatly beneficial. Given the breadth and intensity of the needs of many homeless families, however, it is crucial that service providers receive additional resources when implementing home visiting for homeless families.[xv] Without adequate financial support and training on trauma informed care, home visitors run the risk of not only experiencing secondary traumatic stress but also of re-traumatizing families and children.

Conclusion

The Early Childhood Interagency Workgroup on Family Homelessness has made it a priority to expand access to services for vulnerable families with young children. This policy brief sheds light on the experiences of homeless families who are not living in shelters or who have school-aged children, who are particularly at risk since they do not have access to the support services provided by the shelter, early learning and educational systems. Such isolation may exacerbate the already negative impacts homelessness has on early childhood development, which is well-documented in the literature. Key findings from this small case study of nine families who are staying temporarily with others or residing in motels identify the severity of challenges faced by these families. The project highlighted risk factors children are exposed to in their temporary living arrangements and the major barriers their parents encounter when trying to access early childhood care and education settings.

[i] Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: The National Academies Press, 2000. doi:10.17226/9824.

[ii] Carmela J. DeCandia and Ellen L. Bassuk, *Meeting the Needs of Young Families Experiencing Homelessness: A Guide for Service Providers and Program Administrators* (Waltham, MA: American Institutes for Research, 2012).

[iii] Ibid.

[iv] Antony Biglan, *A Comprehensive Framework for Nurturing the Well-Being of Children and Adolescents* (Arlington, VA: Paltech, Inc., 2014); Judith Samuels, Marybeth Shinn, and John C. Buckner, *Homeless Children: Update on Research, Policy, Programs, and Opportunities* (Washington, DC: USDHHS, 2010); Center on the Developing Child, "Key Concepts: Toxic Stress," http://developingchild.harvard.edu/key_concepts/toxic_stress_ response/ (accessed December 12, 2014); and Kimberly Howard, Anne Martin, Lisa J. Berlin, and Jeanne Brooks-Gunn, "Early Mother-Child Separation, Parenting, and Child Well-Being in Early Head Start Families," Attachment and Human Development 13, no. 1 (2011): 5-26.

[v] Akee, R., Copeland, W., Keeler, G., Angold, A., and Costello, J. (2010). Parents' incomes and children's outcomes: A quasi-experiment. American Economic Journal: Applied Economics, 2 (1), 86-115.

[vi] (Also see: Olds. D., Henderson, C, Kitzman, H., Eckenrode, J., Cole, R. & Tatelbaum, R. (1999). Prenatal and infancy home visiting by nurses: Recent findings. Future of Children, 9, (1), 44-65.)

[vii] Belsky, J. (1997). Variation in susceptibility to rearing influences: An evolutionary argument. Psychological Inquiry, 8, 182–186.

viii Carmela J. DeCandia and Ellen L. Bassuk, Meeting the Needs of Young Families Experiencing Homelessness: A Guide for Service Providers and Program Administrators (Waltham, MA: American Institutes for Research, 2012); Center on the Developing Child, "Key Concepts: Toxic Stress," http://developingchild.harvard.edu/key_concepts/toxic_stress_response/ (accessed December 12, 2014); Judith Samuels, Marybeth Shinn, and John C. Buckner, *Homeless Children: Update on Research, Policy, Programs, and Opportunities* (Washington, DC: USDHHS, 2010).

ix Center on the Developing Child (2013). Early Childhood Mental Health (InBrief). Retrieved from www.developingchild.harvard.edu.

x Ellen L. Bassuk, Christina Murphy, Natalie Thompson Coupe, Rachael R. Kenney, and Corey Anne Beach, *America's Youngest Outcasts 2010* (Waltham, MA: American Institutes for Research, 2011); and Tumaini R. Coker, Marc N. Elliott, David E. Kanouse, Jo Anne Grunbaum, M. Janice Gilliland, Susan R. Tortolero, Paula Cuccaro, and Mark A. Schuster, "Prevalence, Characteristics, and Associated Health and Health Care of Family Homelessness Among Fifth-Grade Students," *American Journal of Public Health* 99, no. 8 (2009): 1446-1452.

xi Sample was for children in the second grade. Staci Perlman and John Fanuzzo, "Timing and Influence of Early Experiences of Child Maltreatment and Homelessness on Children's Educational Well-Being," *Children and Youth Services Review* 32 (2010).

xii Jelena Obradovic, Jeffrey D. Long, J. J. Cutuli, Chi-Keung Chan, Elizabeth Hinz, David Heistad, and Ann S. Masten, "Academic Achievement of Homeless and Highly Mobile Children in an Urban School District: Longitudinal Evidence on Risk, Growth, and Resilience," *Development and Psychopathology* 21 (2009): 493-518.

xiii Judith Samuels, Marybeth Shinn, and John C. Buckner, *Homeless Children: Update on Research, Policy, Programs, and Opportunities* (Washington, DC: USDHHS, 2010), 22.

xiv In order to increase coordination and referrals between MIECHV grantees and HUD grantees, MIECHV, Tribal MIECHV and Healthy Start sent a letter to grantees encouraging them to serve children experiencing homelessness.

xv Refer to Substance Abuse and Mental Health Services Administration for additional resources on trauma-informed care for homeless families.

Acknowledgements

Appendix Table 1

Family	Sex of Parent	Age(s) of Child(ren)	Current Living Arrangement	Environmental Risk Factors	ECE services received	Status of other support services	Barriers to receiving services
1	Male	1 year old	Couch-surfing and moving frequently for the past four years; will remain in current location for another three months	Child is not read to at home; child has had to separate from a parent to gain housing; father reports experiencing depression	Participating in home-based; child has a medical home	On waitlist for Early Head Start; child has not had a developmental screening	Lack of transportation; family shelters in the area are only for mothers and children, not fathers.
2	Female	18 months old	Living in a motel for seven weeks; only has funds to stay for one more week and have nowhere to go after	Child has not been read to since becoming homeless; child previously had to separate from parent to gain housing; mother reports experiencing depression; very limited exposure to developmentally appropriate toys; living arrangement feels crowded; does not have separate space to engage with child alone; no regular routine for child; occasionally food insecure	None	Child has not had a developmental screening; child does not have a medical home	Lack of knowledge about eligibility requirements; lack of employment
3	Female	3 months old; 5 years old	Living doubled up for last three months; will remain at current location for another two weeks; have nowhere to go after	Children sleep on the couch; Children previously had to separate from parent to gain housing; mother reports experiencing depression, substance abuse, and domestic violence; children have witnessed or been the victim of domestic abuse and are no longer in that environment	Participating in home visiting	On waitlists for Head Start, Early Head Start, and child care subsidies; Children have not had developmental screenings	General instability and lack of permanent housing
4	Female	1.5 years old	Living doubled up for at least three months; will remain in current location for another month, but have nowhere to go after	Child previously had to separate from parent to gain housing; mother experiences depression, substance abuse, and domestic violence; living arrangement feels crowded; does not have separate room to engage with child	None	Child has not had developmental screening; child does not have medical home	General instability and lack of permanent housing
5	Female	Prenatal	Living doubled up for one month; has been asked to leave current location but has nowhere else to go	Mother experiences depression and substance abuse; living arrangement feels crowded; occasionally food insecure	None	Mother has a medical home	Lack of finances

Family	Sex of Parent	Age(s) of Child(ren)	Current Living Arrangement	Environmental Risk Factors	ECE services received	Status of other support services	Barriers to receiving services
6	Female	Prenatal	Living doubled up for four months; will remain in current location for another four months or less; has nowhere to go after	Mother reports experiencing depression and mental illness; living arrangement feels crowded	None	On waitlist for Early head Start; mother does not have a medical home	Lack of knowledge about eligibility requirements
7	Female	3 years old	Living doubled up for the last month; will continue to live there until permanent housing becomes available but have nowhere else to go if asked to leave	Child shares sleeping space with mother	None	On waitlist for Head Start;	Financial constraints; may not meet qualifications; uncertain about qualification requirements
8	Female	2 years old, 4 years old, 5 years old	Living doubled up for 2.5 weeks; will continue current arrangement until permanent housing becomes available; have nowhere else to go if asked to leave	Mother reports experiencing depression; living arrangement feels crowded; children not able to move freely and explore environment; children have witnessed or been the victim of domestic abuse; no regular routine for children; occasionally food insecure	Children have medical home; 4 year old has had a developmental screening	On waitlists for Head Start and Early Head Start	Limited spaces in programs and long waitlists
9	Female	11 months old	Living doubled up for five months; will continue current arrangement until permanent housing becomes available; have nowhere else to go if asked to leave	Child shares living space with mother; mother reports experiencing depression; living arrangement feels crowded; does not have separate room to engage with child alone; occasionally food insecure	Child has a medical home	Child has not had a developmental screening	Financial constraints