

## Highlights on Homelessness from the ECD Newsletters in 2015

### A Cold Night for a Good Cause (Feb 2015)

By: [Bill Corr](#), HHS Deputy Secretary

As the temperature dropped to a chilling 25 degrees, I joined hundreds of volunteers canvassing the streets of Washington for D.C.'s annual "Point-in-Time" homeless count. This census of homeless individuals measures how well we are meeting our national goal to end homelessness and helps the Administration determine how to allocate resources for homeless support services. But beyond just number gathering, this effort aims to connect those experiencing homelessness with housing, health care, and other resources they need.

Those of us in D.C. were just a handful of the volunteers from communities across the country--many in areas even colder than the Capitol--who go out each January to conduct a census of our homeless neighbors. Volunteers speak to people living on the street and ask a few short questions. We also provide them a list of resources where they could connect to services, including agencies that could support their health and help them get off the streets.

At the Department of Health and Human Services, we see that the relationship between health and housing stability is intertwined. A health crisis can mean someone loses their ability to work, which causes them to lose their housing and eventually end up on the street. Many struggle with serious mental illnesses, substance use disorders, and disabilities or

chronic conditions that go unnoticed and untreated. Without housing, they can't focus on their health issues, and without addressing their health issues, they can't get back on their feet.



HHS administers many programs that target specific populations that experience homelessness, including people with mental and/or substance use disorders, veterans, families and youth, and chronically homeless individuals. Although these programs are making a difference, more is needed to help the approximately 578,000 people who experience homelessness on any given night.

Continue reading this blog [here](#) on the HHS website. For information on early childhood homelessness, continue [here](#).

### ACF's Work to End Homelessness Spotlighted (March 2015)



Last month, **Acting Assistant Secretary Mark Greenberg** went to Capitol Hill to speak at the *Congressional Briefing on Child and Family Homelessness*. During the briefing, Mr. Greenberg highlighted ACF's work on child and family homelessness, including ACF's priorities for 2015. He also described collaborative work that ACF is doing with the Interagency Council on Homelessness, U.S. Department of Housing and Urban Development, and other federal agencies in support of the goal to end family homelessness by 2020. [Click here to view his presentation.](#)

See The Family Blog on [Early Childhood and HUD Working Together](#) following the [NAEH](#) Conference (National Alliance to End Homelessness Family and Youth Conference).

## Early Childhood Homelessness

Approximately half of the children living in federally-funded emergency and transitional housing programs are age five or younger!

In addition to homelessness, these young children are disproportionately more likely than their stably housed peers to experience an array of risk factors - including child maltreatment, lead toxicity, chronic health conditions, and food insecurity.

The cumulative effect of these risks in combination with homelessness is associated with poor early development and educational well-being - underscoring the importance of ensuring that these young children have access to known protective factors.

Connections to quality early childhood services, such as Early Head Start and Head Start, can help mediate the adverse influence of early homelessness experiences on early well-being. In recognition of the benefits associated with positive early childhood experiences, many early childhood services are prioritizing the needs of young children who are homeless. Yet, rates of access/enrollment among this population remain disproportionately low.

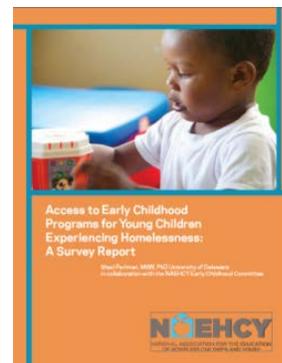
This survey included over 900 responses from professionals serving young children experiencing homelessness. The goal of the survey was to understand:

1. The barriers families with young children experiencing homelessness face when trying to access early childhood services
2. Successful strategies for addressing those barriers
3. The degree of collaboration among early childhood services

[Read the full report here.](#)

by [Dr. Staci Perlman](#), Assistant Professor, University of Delaware, Human Development and Family Studies and a member of the [NAEHCY](#) Early Childhood Committee.

For information on early childhood homelessness, continue [here](#).



## Region III Interagency Council on Homelessness' Health and Housing Subcommittee (April 2015)

The Region III Interagency Council on Homelessness' Health and Housing Subcommittee hosted a webinar last month to introduce [A Housing and Shelter Provider's Guide to Developmental and Behavioral Screening](#). This guide is part of the [Birth to 5: Watch Me Thrive!](#) initiative, a coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them.

The webinar was the first step in a year-long effort to support housing and shelter providers that want to implement developmental and behavioral screening (a five minute activity) as a part of their intake process. After the webinar, interested parties can request technical assistance in incorporating the screening activity. In the fall, housing and shelter providers that are working towards incorporating

screening will be invited to participate in a symposium to share lessons learned. The symposium will also include subject matter experts as speakers.

This effort supports the [Opening Doors](#) goal of ending homelessness among families, youth and children. More specifically, this effort aims to:

- Link families to the benefits, supports, and community-based services they need to achieve and maintain housing stability and
- Identify and implement effective prevention methods to help families avoid homelessness.

Through this effort, Region III hopes to screen all children experiencing homelessness and refer those at risk for delays for a comprehensive screening and early intervention. They also hope to educate parents and alleviate some of their stress so they can focus on housing stability and self-sufficiency.

## My Journey Understanding Invisible Homelessness (May 2015)

By Tanya de Sousa, Master of Public Policy Candidate 2015, University of Maryland.

Growing up, I thought people who were homeless were literally homeless—individuals living on the streets or in cars, parks, or other public spaces, or who stayed in homeless shelters. These were the images of homeless people that I was exposed to and often portrayed in the media. It wasn't until I began studying social policy in graduate school that I began to learn more about homeless *families*. Over the past year, I became aware of the various definitions of homeless, including the McKinney-Vento definition, which is used by the Department of Education (ED). Under ED's definition, children and youth who live temporarily with other families (sometimes referred to as couch surfing or living doubled-up) due to a loss of

housing or economic hardship are considered homeless.

Most recent figures estimate that there are nearly 1.2 million children under the age of six who meet this definition. However, there is little research on this group. Most research in the field of homelessness and early childhood development focuses on families who sought services of a homeless shelter. This research often does not include families who have no access to shelters or public education. It also does not include families who are homeless where there is no available shelter.

I am excited about my internship and the opportunity to better understand the challenges faced by homeless families. I hope my work will contribute to the early childhood homelessness efforts at ACF.

## Community Action Targeting Children who are Homeless (Project CATCH) - Created by the Young Child Mental Health Collaborative (June 2015)

It is estimated that one in 30 children will be homeless each year in the U.S, and young children are at particularly high risk of homelessness. As many as 2.5 million children are homeless in the U.S., with approximately 42% being 5 years of age or younger. The cumulative risk experiences of homeless children are associated with neighborhood and family violence (Ponce, Lawless, & Rowe, 2014), health issues and lack of access to health care (Cutli, Herbers, Rinaldi, Masten, & Oberg; Perlman & Fantuzzo, 2013), high rates of mental health problems, (Obradovic, 2010) and high rates of learning, cognitive and language development and academic achievement difficulties ( Haskett, Armstrong, & Tisdale, 2015; Chiu & DeMarco, 2010) Clearly, children experiencing homelessness warrant the attention of mental health, early childhood, and education professionals. Unfortunately, children are often “invisible” in shelters because staff members' primary role is to focus on immediate safety and housing goals.

Community Action Targeting Children who are Homeless (**Project CATCH**), a program of the Salvation Army of Wake County, NC, is a successful community collaborative created by mental health professionals of the Young Child Mental Health

Collaborative to ensure the needs of this highly vulnerable—and growing—population are being met.

The CATCH vision: *All families experiencing homelessness in Wake County will have access to a coordinated system of care that nurtures the health, well-being, and success of their children.*

CATCH provides community leadership to implement and sustain a multi-tiered system of care by (a) coordinating and integrating shelter and community services for homeless families (community level), (b) changing the structure, policies, and practices of shelters to better support families (shelter level), (c) enhancing parenting to strengthen parent-child relationships that can mitigate the potentially harmful impact of homelessness on children (family level), and (d)



assessing children's mental health and development to inform referrals for appropriate community services (child level). The collaborative consists of 10 shelters and 18 community agencies and is very successful because partners communicate through case discussion and attendance at monthly meetings where resources, camaraderie, and shared case management surround children's needs within the community. CATCH receives child referrals from 10 area shelters and the school system. At the end of three and one-half years, CATCH served over 1,300 children (ages 0-18) who are homeless with identified food and clothing needs, as well as initiating mental health, medical, and educational referrals to help them succeed. To read more, continue reading [here](#).

For a full description of Project CATCH, see Donlon, Lake, Pope, Shaw, and Haskett (2014). While CATCH currently is a local program supported with local foundation funding, it can be replicated in other communities. For more information about CATCH or how to implement it in your community, please contact Jennifer Tisdale at [jennifer.tisdale@uss.salvationarmy.org](mailto:jennifer.tisdale@uss.salvationarmy.org). For information about the study on *The Development Status and Socio-Emotional Functioning of Young Children who are Homeless*, contact Dr. Mary Haskett at [mehasket@ncsu.edu](mailto:mehasket@ncsu.edu).

## Home Visiting in a Homeless Setting (July 2015)

Home visiting seems tailor-made to assist homeless families, a majority of whom have a history of trauma—92% of homeless mothers have experienced severe physical and sexual abuse, and 62% of their children have been exposed to violence<sup>1</sup>. But how do you do home visiting for a family that literally has no home?



Answering this is why 25 of our families are participating in a demonstration project with the **Ounce of Prevention Fund** to bring home visiting to homeless families. Our shelters house families for 3 months to up to 3 years and our staff is expert at building trusting therapeutic relationships. With an on-site early childhood center, home visiting was the perfect addition to our array of services—enhancing parenting, preventing child abuse and supporting healthy child development.

We have found that offering home visiting in a homeless shelter can turn challenges into strengths for the program and a life-changing opportunity for homeless families.

**1. Engaging families in home visiting:** With such traumatic histories, home visitors find connecting with homeless mothers difficult, as trust is hard to create. The Primo Center's case managers use evidence-based techniques such as motivational interviewing and trauma-informed therapy, and once trust starts to build with a case manager--that sense by the client that she is in the driver's seat--she is much more open to exploring the new ideas offered by home visiting. We have found that the group setting of a shelter is also a great engagement technique, as some families are not comfortable with the intensity of the one-on-one setting, particularly when it is about parenting. So, we start by doing Mommy and Me classes, which are very popular and, as the moms learn by observing and group discussion, they become open to home visits. This leads to wanting individual time for questions and learning.



**2. Where to offer home visiting:** Shelters provide a rich array of possible settings to conduct home visiting. Shelters typically mean shared living space, but with a shelter environment that emphasizes cooperation, these can be more peaceful settings than private housing. A client can choose to have home visits in her apartment, in the early childhood center or one of the therapy rooms, and the setting can change from one visit to the next if the mom wants.

3. **Transience:** A big concern for home visitors serving homeless families is that clients move and are lost. At the Primo Center, the trusting relationships that are formed on-site remain beyond our walls, and we continue to support our families for the next several years in their parenting decisions and problem solving. With many clients, our work together has built their confidence, and so the follow up is not so much “what should I do” as confirming that they have made the correct decision.

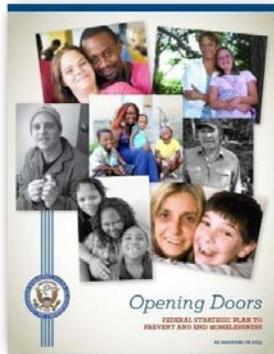
The demonstration project has given homeless families the powerful benefits of home visiting, providing education and tools that have impact far beyond the family’s time on-site at the Primo Center. We are proud to be able to stand at the juncture of home visiting and homelessness and discover how well the two systems can fit together.

This article was written by LaTanya Gray, Nancy Radner, and Christine Achre of the Primo Center for Women and Children.

<sup>1</sup> Browne, A., Bassuk, S.S. Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. *American Journal of Orthopsychiatry*. 1997; Vol. 67: 261-278

## Opening Doors Federal Strategic Plan to Prevent and End Homelessness Amended

The U.S. Interagency Council on Homelessness (USICH) released an amendment to its *Opening Doors Federal Strategic Plan to Prevent and End Homelessness*. Originally presented to the Office of the President and Congress on June 22, 2010, *Opening Doors* is the nation’s first comprehensive federal strategy to prevent and end homelessness.



The June 2015 amendment to *Opening Doors* reaffirms the strategies that continue to prove effective in

preventing and ending homelessness and adds additional strategies that our country has learned in the last five years to be critical to success. The plan puts our nation on a path to end veteran homelessness by 2015; chronic homelessness by 2017; and homelessness among children, families, and youth by 2020.

The Administration for Children and Families (ACF) is one of the member agencies of USICH and works to ensure that the needs of homeless young children, youth, and families are represented in federal interagency discussions on preventing and ending homelessness.

For more information, please visit [http://usich.gov/opening\\_doors/](http://usich.gov/opening_doors/).



## Ending Homelessness in America (August 2015)

By Sylvia Mathews Burwell, HHS Secretary

For a year, Bobbie was homeless. She was one of the half-million Americans who face the uncertainty, on any given day, about where they will find their next meal, where they can get care when they are sick, and where they will sleep at night.

Bobbie was lucky to find the Stout Street Health Center – a community health center in Denver, Colorado that provides integrated health care and housing support for the city’s homeless population.

She **told a local reporter** that without the men and women working in the health center, “I don’t know where I would be.”

Last week I had the opportunity to visit the Stout Street Health Center and see the work they do for up to 18,000 men, women and children experiencing homelessness every year.

What if we could guarantee that no more Americans would have to face what Bobbie did? What if, in just a few years, we could help the more than a million people including children, families and veterans who have no place to call home? What if we finally and completely ended homelessness in the United States?

These questions might sound audacious, but they are the commitments that the U.S. Interagency Council on Homelessness has made. I'm proud to serve as Vice Chair of the Council, which includes the Secretaries of Housing and Urban Development, Education, Labor, Veterans Affairs, and 14 other agencies. Together, we're charting a path toward ending veteran homelessness by 2015, chronic homelessness by 2017, and family, youth, and child homelessness by 2020. And as I step into my role as Chair of the Council in 2016, I look forward to making sure that we meet these bold goals.

Continue reading [here](#).

*This post originally appeared on [HHS.gov/blog](https://www.hhs.gov/blog).*

For information on early childhood homelessness, continue [here](#).

## Remembering Staci Perlman – Yay Babies!

Some people touch our lives and have the ability to leave a lasting mark. Staci Perlman was one of those people.

I had not known Staci for a long time, although I knew of her long before I met her from her research on young children who experience homelessness. We were introduced as two people interested in how early childhood programs could buffer the effects of homelessness. (Thank you, Grace!) After we met, we talked for hours – via email, reviewing documents, planning for “Yay Babies” and more. Staci was a close ally on the development and dissemination of the Early Childhood Self-Assessment Tool for Family Shelters. She even submitted a grant proposal to support technical assistance to build strong partnerships between early childhood programs and homeless shelters using the tool. We were all pretty excited!

Dr. Staci Perlman was an Assistant Professor in the Department of Human Development and Family Studies with a joint appointment in the Delaware Education Research and Development Center at the University of Delaware and a 2014 Visiting Scholar at the People's Emergency Center (PEC) in Philadelphia. Her work focused on using partnership-based research to promote the development and well-being of vulnerable children, youth, and families. Most recently, her work focused on homelessness in very early childhood - with an emphasis on understanding how homeless experiences influence early development and the identification of strategies that promote positive developmental outcomes.

Staci also served as the co-chair of the American Psychological Association (APA) Taskforce on Promoting Positive Parenting in the Context of Homelessness and was the 2011 recipient of the Child Maltreatment Section of the APA's Early Career Award for Outstanding Contributions to Practice in the Field of Child Maltreatment.

Read the rest of the blog remembering Staci Perlman [here](#).

We invite you to read some of Staci's research [here](#) and [here](#).



## Research-to-Policy Resource List: Early Care and Education Supports for Young Children Experiencing Homelessness (Sept 2015)

Research Connections conducted a comprehensive search of its collection for resources focused on supporting children 0 to 6 years experiencing homelessness through early childhood education programs. Key words used in the search were homeless children and families, homeless children, housing instability, homeless preschool children, children experiencing homelessness, and trauma.



This Research-to-Policy Resource List includes an overview and listing of selected resources from the literature from the years 2000-2014. Resources of various types --reports, research articles, and reviews -- are included.

Based on the search results, resources are grouped into the following categories:

- *Prevalence of Homelessness among Young Children*
- *Experience and Impact of Homelessness for Young Children*
- *Access to Early Care and Education for Children Experiencing Homelessness*
  - *Early Care and Education Programs and Practices that Support Children Experiencing Homelessness*
  - *Addressing Trauma Associated with Homelessness for Young Children*

University of Delaware.

This Research to Policy List included research by Dr. Staci Perlman from the

## Supporting the Needs of Young Children Experiencing Homelessness (Oct 2015)

By Kresta Horn, Director of Children and Youth Services, [UMON](#), Phoenix, AZ -Where families break the cycle of homelessness

Prior to a little girl name Olivia enrolling in the Child Development Center; the teachers had just been through a series of trainings on the impact on trauma. One of the things that stuck with the teachers the most was the statement 'behind every behavior is a need'. The teachers went back to their classrooms and started integrating this into all they did. And that is how it came to be that Olivia was one of the first to



show us that when teachers and caregiving adults are intentional about supporting

the needs behind behaviors....things can change. And that's where our story begins.

Olivia was a two year old who came to the shelter with her young parents and infant sister. When Olivia and her family arrived at UMOM, she was enrolled into the shelter's Child Development Center. In the first few weeks, Olivia was withdrawn and had a challenging time connecting with the teachers. As each day progressed, however, she became more comfortable. And as she became more comfortable, new behaviors were exhibited.

Lunch arrived at 11:15 every day. Every day around 10:30, Olivia would stand at the glass door and press her face against it awaiting the arrival of the lunch cart. Some days she would cry. Some days she stood there without wavering. When lunch arrived Olivia would rush to eat her food, sometimes she would have 3<sup>rd</sup> and 4<sup>th</sup> helpings. She would eat so much and so fast she then wouldn't be able to fall asleep for nap and would cry because her stomach hurt and was distended from the fast intake of food.

With observations and eliminations, the teachers started to recognize that Olivia's behaviors somehow

were tied to food. So they started the Open Snack table. The Open Snack table is a table in a quiet nook in the classroom, set with saltine crackers and water. With reservation, the teachers encouraged Olivia to sit at the table. The first day she sat at the table for 2 hours. A teacher stayed with her while the other teachers took the children out to play. Olivia didn't care that the playground was there....her care was for



the food she had in front of her. On that first day while sitting there for 2 hours, she ate 48 saltine crackers.

The teacher continued to say, "While you are here Olivia you will always have food."

For the next several days, Olivia visited the Open Snack table. Each day she spent less time and ate less crackers. After 5 days, Olivia no longer went to

the cracker table nor exhibited the behaviors she had prior.

For Olivia, her need was food. Not only did meeting the need behind her behaviors help her, but it also helped the teachers to bridge a relationship with parents. The teachers had the opportunity to talk to mom and dad and came to find out that food insecurity had been an experience for their family....they had at multiple times had to sell their food stamps just to survive. Also, they had a belief that their girls would become 'fat' if they ate too much. The teachers took the time to help the parents with some healthy nutritional supports as well as support them so that when they left the shelter they wouldn't be in a position to have to sell their food stamps.

Olivia taught the staff so much. Every child, every adults need is different. It is up to all of us to take them time to recognize what the need is behind the behavior.

## IL Tackles Early Childhood Homelessness (Nov 2015)

By Carie Bires, MSW, Policy Manager, Illinois Policy Team, Ounce of Prevention Fund

If you want to know what good collaboration between McKinney-Vento and early childhood programs look like within a school district, look no further than Rockford School District 205 in Illinois. Rockford Public Schools opened six new full-day classrooms this year as a part of Illinois' Preschool Development Grant award, which will serve 3,200 of the most at-risk four year old children in the state with comprehensive services. I recently had the pleasure of talking with Elmer Rice, [Families in Transition](#) Student Advocate, and Teresa Fillers, Dean of Early Childhood Programs at the district to hear more about their work to enroll children experiencing homelessness in the community's new preschool expansion classrooms. Their collaborative approach should serve as a model for other communities. Here are some highlights from our conversation:

- [Families in Transition](#) (FIT) and the Rockford Early Childhood program collaborated to directly outreach to homeless families who were currently enrolled in the district's

preschool program at the end of last school year, as well as those who had been previously enrolled in FIT in the past. Together, they located the families, told them about the opportunity, and helped them fill out applications and get enrolled.

- Over the summer, each time a family came in to enroll with FIT, staff asked if younger children were in the household. If the family had an eligible 4 year old, they walked the family next door to the Early Childhood Screening and Placement Office to complete an application for the preschool expansion program.
  - Rockford provides transportation to some preschool children and prioritizes children experiencing homelessness for this service. When a family moves and needs to change their transportation arrangement, they can do so over the phone, making it more accessible for families who can't get to the school in person to make those types of changes.



- Both FIT and the Early Childhood Program also conduct home visits with families and work together to locate children who have disengaged from services, often due to an unexpected move.
- When children experiencing homelessness leave the program and later reappear, every effort is made to place that child back into his or her “classroom of origin.”

hard to be as flexible as possible and go above and beyond to meet families where they’re at so they can enroll, and stay enrolled, in preschool. And the proof of their success is in the proverbial pudding: children experiencing homelessness account for nearly a third of all children enrolled in the district’s six preschool expansion classrooms. Children experiencing homelessness face tremendous barriers to enrolling in early care and education programs, but in Rockford, collaboration is making it easier for those barriers to be overcome.

When asked to what their success could be attributed to, Mr. Rice and Ms. Fillers agreed that they work

## Family Homelessness and Young Children Experiencing Homelessness (Dec 2015)

Services Matter: How Housing and Services Can End Family Homelessness was recently released by The Bassuk Center. The Bassuk Center is a nonprofit organization that connects and supports communities across the nation responding to family homelessness. Local agencies and their communities are providing affordable housing and the services needed to stabilize families.



The report addresses children's needs beginning on page 35. ACF Tools are highlighted on pages 36 -37.

- [Early Childhood Self-Assessment Tool for Family Shelters](#)
- [A Housing and Shelter Provider's Guide to Developmental and Behavioral Screening](#)
- The [Compendium of Screening Measures for Young Children](#)



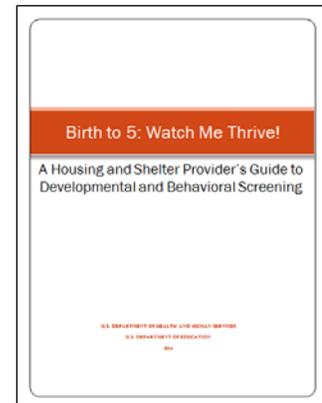
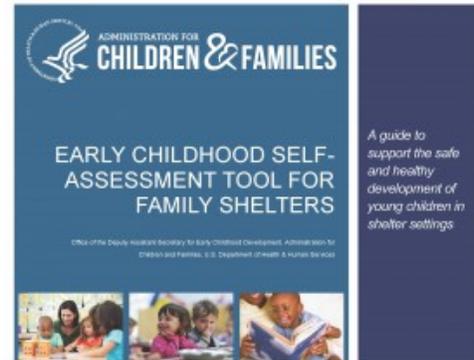
Babies and toddlers... homeless. What does this mean for their ability to thrive? Hundreds of thousands (or more) Littlest Nomads and their families have nowhere to go. And few know they exist. The [Littlest Nomads](#) video is now on YouTube.

Shared by Diane Nilan.

Ensuring the early learning and development of our country's youngest children is essential to ACF's work. Supporting the well-being of these young children and their families is an urgent task and one that is critical to improving the long-term educational outcomes of children nationwide.

## Resource Guides

- The [Early Childhood Self-Assessment Tool for Family Shelters](#) is specifically designed to guide family shelter staff as they create a safe and developmentally appropriate environment for infants, toddlers, and preschoolers.
- The [Guide to Developmental and Behavioral Screening](#) for housing and shelter providers addresses the [importance of developmental and behavioral screening](#), how to talk to parents, where to go for help, and how to select the most appropriate screening tool for the population served as well as the provider implementing the screening.



For additional resources on Early Childhood Homelessness, please visit the ECD webpage at <http://www.acf.hhs.gov/programs/ece/interagency-projects/ece-services-for-homeless-children>.