



STRENGTHENING
At Risk and Homeless
Young Mothers and Children

Supporting Homeless Young Children and Their Parents

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An initiative of the Conrad N. Hilton Foundation, in partnership with The National Center on Family Homelessness, National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families.

Overview

During the earliest years of life consistent, responsive relationships create the safety and security that support young children's social and emotional development. Early adverse experiences, including those associated with homelessness or being at risk of homelessness can pose threats to young children's development. Parents experiencing homelessness often are managing multiple, major stressors that can absorb their attention, making it difficult to recognize and respond to the needs of very young children. In addition to a loss of housing and income, parents may be experiencing chronic physical illness, mental illness, substance abuse, or domestic violence.¹ Programs serving infants, toddlers and their parents can mitigate these stressors through thoughtful, individualized programming that reflects the needs of families experiencing homelessness while focusing on young child's healthy development.

Families with young children are among the fastest growing groups in the United States affected by homelessness.² One in 45 children in the U.S. experience homelessness each year, and 42% of these are under age 6.³ In the wake of the United States' economic recession families with children account for at least 34% of the homeless population, and are its fastest growing segment. The typical sheltered family consists of a mother in her late twenties with two young children. Young homeless families are likely to be low income, and to be impacted by histories that include family violence and trauma. High rates of physical, mental and developmental difficulties are common to adults and children who are homeless.^{4,5} Most homeless children do not receive the services they need to address their high rates of medical problems, developmental difficulties and mental health needs.⁶ Professionals can reduce the impact of stresses experienced by young homeless families by creating collaborative partnerships with community providers.

Developmental and Mental Health Issues Experienced by Young Homeless Children

Babies and toddlers thrive when someone adores them, pays attention to them, and figures out and responds to their communications. When parents and other consistent caregivers provide nurturing, responsive care, babies and toddlers feel safe and cared for. This helps them learn to recognize their own feelings and to care for others'. These relationships provide a secure base that allows them to explore and learn from the world around them. Both the adult caregiver and the child enjoy their relationship, and that joy is obvious to an outside observer.

Responding consistently and sensitively to the needs of young children can be hard for a parent who lacks support and is dealing with many stressful life events. Unstable housing, partner violence, health problems, and lack of access to needed resources can interfere with the ability to nurture a very young child. Their own

Strengthening At Risk and Homeless Young Mothers and Children

childhood experiences may make it tough for parents to recognize or respond to their own or their child’s feelings. An exhausted or depressed parent may have difficulty providing consistent responses to a baby or toddler. Parents whose lives have become disorganized or chaotic may not realize that young children need predictable routines, or may be unable to provide them.⁷ Compared to older mothers who are homeless, young homeless mothers (age 18-25) are more likely to have experienced separations from their own families during childhood, to have been in foster care, to become pregnant as adolescents, to experience homelessness at younger ages, and to have more limited support networks. These additional stresses can place young mothers and their infants and toddlers at increased risk of developmental and mental health disorders.⁸ Providing or referring families to supportive and therapeutic services can reverse negative developmental trajectories and restore mothers and children to healthier functioning.

Many young children in homeless families have experienced trauma, as have their parents. Trauma is an experience that overwhelms a person’s ability to cope. Even very young children experience traumatic events. Some will develop emotional and behavioral problems as a result.⁹ For example, fifty percent of school age homeless children experience depression or anxiety and 20% of homeless preschoolers demonstrate clinically significant emotional disturbances, yet more than 75% do not receive adequate treatment.¹⁰ Educating staff about the impact of trauma, ensuring that families are physically and emotionally safe, and building coping skills can aid in addressing trauma-related difficulties.¹¹

Signs of Traumatic Stress in Children¹²

Behavior Type	Children aged 0–2	Children aged 3–6
Cognitive		
Demonstrate poor verbal skills	√	
Exhibit memory problems	√	
Have difficulties focusing or learning in school		√
Develop learning disabilities		√
Show poor skill development		√
Behavioral		
Display excessive temper	√	√
Demand attention through both positive and negative behaviors	√	√
Exhibit regressive behaviors	√	√
Exhibit aggressive behaviors	√	√
Act out in social situations		√
Imitate the abusive/traumatic event		√

Working with Infants, Toddlers, and their Families

Relationships: The Key to Healthy Development

Relationships influence the formation of other relationships. This idea, often referred to as the parallel process in relationships, gives professionals a powerful tool for promoting healthy development for very young children. By building relationships with parents that are respectful, responsive and reflective, professionals help parents to feel recognized, empowered and understood. This assists parents in tuning into and meeting their babies' and toddlers' individual and developmental needs.

Early relationships are the foundation for healthy development. Professionals working with families can support healthy parent-child relationships through the way they work with parents. They can interact with parents in ways that are similar to the safe, nurturing and responsive relationships that help very young children thrive. When parents have such experiences, they are more likely to create them with others, including their own children. The following example shows how the parallel process in relationships can be used to promote attachments that support healthy child development.

A social worker, Sarah, is working with 18-year old Tamia and her one-year old son James. Tamia came to Sarah's center with a history of family violence. She and her son are living in temporary housing. Tamia wants to find a job and is searching for permanent housing. Sarah notices that Tamia is short tempered with James and often uses a harsh tone with him. She speaks of him negatively, expressing the belief that he just doesn't want to listen and makes messes with his toys on purpose. James can be aggressive, hitting and biting more than is typical for a child his age. He frequently cries and does not come to his mother for comfort when upset.

Sarah decides her first job is to get to know Tamia better and establish a trusting relationship. She makes a point of inviting Tamia to talk with her, listening carefully and empathically to her, and helping Tamia describe her experiences and feelings. Tamia begins to let Sarah know of her hopes and goals. They develop a plan for working together to get Tamia and James the resources they each need. Sarah makes a point of commenting to Tamia on the things she is doing well for herself and for her son, and noticing her progress on their plan.

As they get to know each other better, Sarah begins to talk with Tamia about how James might be feeling. She guides Tamia in observing James, identifying what he is communicating through behavior, and joining with him as he plays. Sarah invites Tamia to the Center's parent support group, where she share experiences with other young mothers and learns about typical behavior and emotional needs of one-year olds. She learns about how even a baby can be affected by family violence and homelessness, as well as how to help a child handle these stresses. Over time Sarah sees a change in how Tamia and James relate. Tamia is more patient with him. She responds when he wants her to feed him, read to him or play with him. She notices and responds when he needs a nap or quiet time, and she comforts him when he cries. As James finds his mother consistently noticing, understanding and responding to him, he becomes happier, calmer and easier to care for. If something upsets him, he finds his mother. Once he calms down, he is ready to explore and play again.

Sarah first established a safe and trusting relationship with Tamia. Within this relationship, Tamia was willing to ask for and accept practical and emotional support. Over time, the supportive relationships Tamia experienced allowed her to focus attention and energy on her son. Having been acknowledged and understood, she can better recognize her son's feelings and respond to them. This gave James a sense of connection and safety that supported his healthy development. James and Tamia had fun together and enjoyed each other's company. This mutual enjoyment and the improvement in James' behavior made Tamia more confident as a parent.

Creating Caring Relationships with Parents

Professionals' relationships with parents can powerfully influence their ability to respond sensitively to their young children. Access to an empathic, supportive listener promotes parents' capacity to cope and address their own and their children's needs. Focusing on strengths and capacities is another important way to build safe, supportive relationships with parents. Many people hear more from others about what they are doing poorly than what they are doing well. Feedback on strengths supports parents' sense of self - efficacy. When parents feel good about their capacity to care for their children, they become more sensitive, warm and engaged caregivers. Parents who are feeling more confident are more likely to ask for help when they need it. At the same time, it is not helpful to disregard struggles or difficulties. Finding ways to help with serious, painful issues is a professional responsibility. Empathic, trusting relationships with parents provide them with an important experience. They find out how it feels to be cared about, noticed, respected, responded to and valued. This helps them to do the same with their child.

Strength-based Strategies for Building Caring Relationships

- a) Use active listening and empathy.
- b) Relate to parents as partners who are expert on their lives and on their children's lives. They can share that expertise with you. You can share your knowledge of child development, human behavior and resources with them. One way to do this is to learn from parents by asking questions and wondering.
- c) When you don't know an answer, you can say so. Offer to find out the needed information, and then follow up.
- d) Be nonjudgmental and accepting, even when you don't agree. Share ideas, information and beliefs from your own perspective and listen to what parents have to say.
- e) Find out about parents' hopes, values and goals for themselves and their children.
- f) Help parents find resources that address unmet concrete needs.
- g) Comment on positive behaviors. A positive behavior can be arriving on time for an appointment, or reading to, feeding or playing with a baby.
- h) Admire a parents' resourcefulness in getting her family's needs met.
- i) Thank a parent for responding to a request you made.
- j) Notice a parent's skill or ability and ask him or her to teach it to you or to other parents.
- k) Ask a parent if you can offer some referral resources to meet a need or address an issue that you have noticed.
- l) Ask parents what they feel they do best as parents.
- m) Ask parents to list what they most enjoy about their child.

Relationships Support Early Brain Development

Brain development begins prenatally and is most rapid during the first three years of life. Supporting brain development leads to healthy outcomes for cognitive, social-emotional, physical, and language development. Research indicates that early experiences can powerfully affect health, mental health, and development throughout life.¹³ Healthy early brain development is of crucial importance for all families with very young children, including those who are homeless or at risk of homelessness.

Assuring that expectant parents' health, mental health, and nutritional needs are met supports prenatal brain development. Providers can support expectant parents by helping them find sources of support, treatment for mental health or substance use issues, and nutritional and health care needs. This in turn supports prenatal brain development, as research has established that intrauterine exposure to toxic substances, poor nutrition, or high levels of maternal stress impacts the developing fetus' brain.¹⁴ Encouraging parents to see the connection between self-care and the developing fetus' care enhances early attachment, and helps to create healthy parent-child relationships after the baby is born.¹⁵ Providing or referring expectant parents to health, mental health and social services paves the way for healthy brain development and strong relationships once the baby is born.

Caregiving relationships are the context in which a baby's development takes place. When these relationships provide nurturing, responsive care that ensures safety, stability and security, early brain development is healthy. This will contribute to lifelong health and mental health, as well as success in relationships, school, and work.¹⁶ Early relationships are so powerful that they can protect very young children from the impact of toxic stress – stress that is so overwhelming that it causes a physiological response that can damage health and brain development.¹⁷ These findings are of special importance to those working with families at risk of or experiencing homelessness, which can negatively impact young children's development. When parents have the capacity to provide their children with nurturing, sensitive care, they can significantly buffer the impact of toxic stress.¹⁸

The Five R's of Healthy Brain Development

Understanding the “Five R’s” for supporting brain development helps professionals and parents caring for very young children. Building the Five Rs supports healthy development for young parents as well as for their children.¹⁹

Relationships

The caregiving babies receive – touching, holding, rocking, singing and talking – help build secure attachments that will allow babies to explore their environments and learn. Experiences gained through these interactions and explorations stimulate the developing brain.

Responsive Interactions

Very young babies can’t talk yet, and toddlers have limited expressive language. Their behavior and expressions tell us a lot. Babies can count on adults to use these cues to understand what they need. When adults consistently respond by meeting these needs, babies experience safety and security that promote healthy brain development.

Respect

Treating babies as valuable individuals whose wants and needs are important builds confidence, security and self-esteem that support healthy brain development.

Routines

The predictable sequence of every day events helps to build brain connections that support memory and organizational skills. Routines also create security by creating the sense of knowing what, how and when things will happen.

Repetition

The brain grows in response to experience. The more often something happens, the stronger is the brain connection related to that experience. Reading the same stories, hearing the same songs, or going on the same walks stimulate the senses, muscles and skills involved in these activities and at the same time strengthens related brain pathways.

Supporting Homeless Young Children and Their Parents

Strategies for building the Five R's

The R	Strategies to Use With Parents	Strategies Parents and Professionals Can Use with Young Children
<i>Relationships</i>	<ul style="list-style-type: none"> • Listen attentively. • Comment on what the parent is doing well. • Seek to understand the parents' perspective. 	<ul style="list-style-type: none"> • Try to understand the meaning of behavior. • Show your delight in the child. • Have fun together. • Use words and actions to show your understanding of the child's feelings.
<i>Responsive Interactions</i>	<ul style="list-style-type: none"> • Ask the parent how you can help him/her. • Share in parent's excitement. • Empathize with parents' concerns. • Offer referrals for services the parent is interested in that your organization does not provide. 	<ul style="list-style-type: none"> • When a baby cries or a toddler tantrums try to discover what might help – feeding, holding, soothing, singing, or letting the child have a minute to self-soothe are some options to try out. • Show your interest and delight in what the child is doing. • Meet the child's needs for feeding, rest, sleeping, diapering and play.
<i>Respect</i>	<ul style="list-style-type: none"> • Invite parents to share their interests, hopes, goals and values with you. • Include parents in developing service plans for themselves and their families. • Ask parents to share with you what they know about their children. • Find out about any family or cultural celebrations that are important to the parent. 	<ul style="list-style-type: none"> • Make eye contact with children. • Sit or squat at their level when playing and speaking with them. • Follow a child's preferences. They will let you know which foods they prefer, when they are full and which toys they like to play with. • Offer a small number of toys that are matched to the child's interests and abilities.
<i>Routines</i>	<ul style="list-style-type: none"> • Ask the parent to describe a typical day for themselves and their child. • Ask the parent to show you how he/she carries out caregiving routines such as diapering, feeding, bathing, nap and bedtime. • Help the parent establish daily routines if such assistance is needed. • Be predictable in keeping appointments and following up on plans. 	<ul style="list-style-type: none"> • Establish routines for waking, diapering/toileting, feeding, bathing, playtime, naptime and bedtime. • While providing routine care, laugh, play, talk, and sing. Pleasurable interactions during caregiving routines helps build other R's such as relationships, respect and responsive interactions.
<i>Repetition</i>	<ul style="list-style-type: none"> • Learning takes place over time. If you are introducing new ideas or skills, be prepared to repeat them. • Give parents time to repeat new behaviors. It can take months for new behaviors to replace old ones and become natural. 	<ul style="list-style-type: none"> • Repeat the same words, songs, and stories to help babies learn. • Provide repeated opportunities to practice the same skills • Depending on the child's developmental abilities, encourage repeated attempts to do things like smile, reach, make sounds, talk, roll over, stand, walk, pick up small objects and play with toys.

Supporting Healthy Social/Emotional Development

Professionals serving very young children strive to support their healthy social and emotional development, sometimes referred to as infant mental health. Infant mental health is defined as

“...the growing capacity of children from birth to age three to experience, regulate and express emotions, form close and secure interpersonal relationships and explore the environment and learn, all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.”²⁰

Experiences and circumstances related to homelessness can pose threats to the stable caregiving relationships needed to support healthy social and emotional development. Professionals can assist parents by developing approaches that support healthy family relationships.

The Center for the Study of Social Policy describes five protective factors that can help families thrive. Supporting families in building protective factors enhances positive parent-child relationships, fosters secure attachments, and reduces the risk of developing troubled parent-child interactions.

Strategies for Building Protective Factors

Protective Factor	Strategies
Social connections - people with whom to talk, do things, and exchange help	Organize a regular group for parents. The group allows connections to be built among participants. It might focus on a shared interest, such as making decorative crafts or toys for children or a discussion agenda.
Parental resilience - the ability to handle life's ups and downs and recover even from very stressful events	Listen empathically as parents talk about their experiences. Express your support for and your belief in the parents' capacities.
Knowledge of child development - understanding what to expect of children as they grow and using positive parenting strategies to support and guide them.	Provide informational videos on child development, or organize parent education workshops.
Concrete help in times of need - access to services that can help with the full array of family needs	Assess parents' hopes, goals and needs and connect parents to resources that address these. Recommend services or programs that might be helpful for the family.
Healthy social and emotional development - children with healthy social and emotional development are less stressful for adults to care for.	Help parents understand what a child might be communicating through her behavior. Provide a physical environment that encourages parents and children to play together.

Source: <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

Building Safe Emotional and Physical Environments for Young Children

Professionals and parents can help young children recover from difficult or traumatic experiences by noticing and responding to what each child needs and enjoys, creating a physical space that is clean, child proofed, and organized to promote safe play and exploration; and by creating opportunities for listening, talking and sharing.

At the Family Resource Center, staff members know that young children can have very different temperaments that affect how they react to being in a new situation. Seven-month old Sammy likes to be held closely, while watching all that is taking place around him. When put on the floor to play, he stays right nearby the caregiving adult. His mother wonders if he is too dependent on her. Robin, a staff member, helps her recognize that Sammy's style is to be less active and to stay close to a trusted adult. This helps his mother understand him better. It also helps her see how important she is to him. She learns that Sammy feels very safe when he is held and plays near her. With support from Robin, Sammy's mother feels more patient about Sammy's wish to be held. She learns to stay near him and to gently encourage him to explore his surroundings.

Seven-month old Jannell often squirms when held. Her mother wonders if Jannell doesn't like her. Robin works with this family as well, helping Jannell's mother understand how much Jannell likes to move and explore. Robin encourages Janell's mother to stay nearby and talk with Janell about what she is doing and discovering. Robin suggests that Janell's mother share toys with her, and cuddle with Janell until she shows she is getting restless. Following Janell's lead helps her mother to provide the safety, security and stimulation that Jannell needs in a way that supports her interest in physical activity and movement.

To support responsive parent-child interactions and allow the children to explore their environment, the Center recently renovated an infant-parent playroom. It has washable flooring covered in places with padded, nonskid mats for crawling and sitting. Low bookshelves are securely fastened to the walls. On the shelves are a small number of toys and books for babies to play with and look at, together with their caregivers and parents. The toys and all surfaces are cleaned and washed daily. A non-breakable mirror is fastened near floor level on one wall so that babies can see themselves. Pictures of the Center's children and their families are on the wall, placed where babies can see them. A low, sturdy table with rounded corners gives babies who are starting to stand and walk something safe to hold on to. Upholstered chairs provide comfortable seating for parents and staff while reading to or holding babies. The infant playroom has a door that shuts so that babies won't crawl away from the area. The room has a changing area that includes a changing table, diapers and wipes. This space supports children's movement, exploration and learning, and promotes healthy parent-child interactions.

Staff members understand that seven-month old babies tell adults what they need through their behaviors, expressions and vocalizations. Alicia, a staff member, is watching Sammy and his mother play play. Sammy laughs as they roll a soft beach ball back and forth. Alicia "speaks for the baby" saying, "Mommy, I love it when you sit on the floor with me and roll the ball back and forth. Keep going!" After a few moments Sammy crawls away to play with some blocks. "Oh, Mom," Alicia interprets, "I still want to play with you, but I am tired of the ball. Can we play with blocks now?" She encourages Sammy's mother to say something to Sammy to show she understands, and to see

how she can join in Sammy's play by following his lead. Sammy's mother says, "I see you really like those blocks. I can see why, there's a lot you can do with them! You're holding the blue block. What can you do with that block?" Sammy smiles and makes a sound as if to say "Here, you take it!" as he puts the blue block in his mother's hand. "Thank you, Sammy," she says. "I like this block. Can I give it back to you?" They play this way for several minutes.

Paying attention to children's individual needs, providing safe environments that promote nurturing parent-child interactions, and responding to the cues and messages sent by very young children help to support their recovery from stressful or traumatic experiences.

Conclusion

Homelessness and the circumstances associated with it can pose substantial threats to very young children's development. However, there is much that professionals and parents can do to buffer those threats and support healthy early development. By building relationships that are nurturing, supportive, and respectful, and assuring that needed supports and services are available, staff can strengthen young parents functioning and their capacity to care for their young children. Through nurturing, responsive relationships with parents, children's brain development and social-emotional health can be strengthened, and risks to future adverse development can be reduced.

Resources

Print

- Darling-Kuria, N. (2010). *Brain-based Early Learning Activities: Connecting Theory and Practice*. Redleaf Press
- Lerner, C., Parlakian, R. and Seibel, N. (2011). Parent-Provider Relationships Sharing the Care handout kit. Washington, D.C. ZERO TO THREE

Internet

National Center on Family Homelessness.

The following resources can be found at <http://www.familyhomelessness.org/resources.php?p=sm>

Information on Child and Family Homelessness

- Basic Principles of Care for Families and Children Experiencing Homelessness
- Campaign to End Child Homelessness
- Information about homeless children
- Information about homeless families
- The Characteristics and Needs of Families Experiencing Homelessness
- 2009 Annual Report The National Center on Family Homelessness
- *America's Youngest Outcasts: State Report Card on Child Homelessness*

Trauma-Informed Services for Homeless Children and Families

- *A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*
- *Developing Trauma-Informed Services for Families Experiencing Homelessness*
- Trauma-Informed Organizational Toolkit for Homeless Services
- *Understanding Traumatic Stress in Children*
- Becoming Trauma-Informed Webinar (Slides)

Roles of Services and Supports

- A Framework for Developing Supports and Services for Families Experiencing Homelessness
- Homeless Children
- Early Education Home Visiting: Supporting Children Experiencing Homelessness
- Family Unification Program: Serving Homeless and At-Risk Homeless Families and Youth

ZERO TO THREE

- Baby Brain Map <http://www.zerotothree.org/baby-brain-map.html>
- Creating Healthy Connections: Nurturing Brain Development from Birth to Three: podcast https://s3.amazonaws.com/ztpodcastseries/podcast/Alison%20Gopnik%20FINAL.mp3?s_src=podcast&s_subsrc=brain
- Healthy Minds: Nurturing Your Child's Early Development handout series: <http://www.zerotothree.org/child-development/brain-development/healthy-minds.html>

Early Head Start National Resource Center at ZERO TO THREE

- Early Head Start National Resource Center (2010). Environment as curriculum for infants and toddlers. *News You Can Use*. Available at <http://www.ehsnrc.org/PDFfiles/nycu/environments/environments.pdf>

Center on the Developing Child and National Scientific Council on the Developing Child

- Three Core Concepts In Early Development: videos http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/
- Articles and Videos on early development <http://developingchild.harvard.edu/activities/council/>

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Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

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For more information on this Initiative, please contact The National Center on Family Homelessness, 200 Reservoir Street, Needham, MA; (617) 964-3834 or at www.familyhomelessness.org.



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