

Early Education Home Visiting: Supporting Children Experiencing Homelessness

Written: November 1, 2009

A partnership of The National Center on Family Homelessness, National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families

arly education home visiting programs provide parent education, child development, and ✓ support services to low-income, at-risk young children and their families. Voluntary, one-on-one services are provided in a family's home, wherever families are, to provide critical support and promote the use of effective strategies to stimulate children's healthy growth and development. Home visits may incorporate modeling behavior and suggestions on how the existing environment can be used to stimulate development. The visits facilitate the early detection of issues such as developmental delays, so that appropriate referrals can be made. Parents are taught skills that enable them to be more confident in their roles and to provide supportive and stimulating home environments for their children." Each year, home visiting programs provide services to over 400,000 at-risk families and their children in forty states.iii

The primary focus and design of home visiting programs can vary. Program models typically focus on promoting healthy child development, promoting school readiness, and preventing incidences of abuse and neglect. Studies have shown that the benefits of home visiting include reductions in maternal stress and depression, improved parenting attitudes and knowledge, improved parent-child bonds, and increased use of services, including parents' access to education and employment resources. Programs have demonstrated improvements in birth outcomes, child health and development, school readiness, and reductions in child abuse and neglect.

i. Gomby, D. S., Culross, P. L., & Behrman, R.E. (1999). Home visiting: Recent program evaluations: Analysis and recommendations. *The Future of Children*, 9(1), 4-26. http://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=49

ii. Ibid.

iii. Johnson, K. (2009). *State-based Home Visitation: Strengthening Programs through Leadership*. Washington, DC: National Center for Children in Poverty. http://www.nccp.org/publications/pdf/text_862.pdf

iv. Olds, D., Henderson, C. R., Cole, R. et al. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 28* (14), 1238-1244; Gomby, D. S. (July 18, 2005). *Home Visitation in 2005: Outcomes for Children and Parents*. Invest in Kids Working Paper No. 7. http://www.partnershipforsuccess.org/docs/ivk/report_ivk_gomby_2005.pdf; Child Welfare League of America. (February 2005). *Research Roundup: Parenting*. http://www.cwla.org/programs/r2p/rrnews0502.pdf; and Child Welfare League of America. (June 9, 2009). *Testimony on Early Support for Families Act before the House Ways and Means Committee, Subcommittee on Income Security and Family Support*, (Written Testimony). http://waysandmeans.house.gov/media/pdf/111/cwla.pdf

v. Daro, D. (2006). *Home Visitation: Assessing Progress, Managing Expectations*. Chicago: Chapin Hall. http://www.chapinhall.org/research/report/home-visitation and DiLauro, E. (2009). *Reaching Families Where They Live: Supporting Parents and Child Development through Home Visiting*. Washington, DC: Zero to Three. http://www.zerotothree.org/site/DocServer/HomeVisitssing Mar5. http://www.zerotothree.org/site/DocServer/HomeVisitssing Mar5.

There are many different home visiting program models that are being used nationally. vi Among the best known and most thoroughly evaluated are:

- The Nurse-Family Partnership. The model is targeted to low-income new mothers and provides services that begin during pregnancy and continue until the child is 2 years old. The primary goals are improved pregnancy outcomes, improved child health and development, and enhanced economic self-sufficiency of families through maternal education and employment.
- Healthy Families America. The program targets new parents, and a high proportion of those served are single, low-income women. Evaluations have found that local programs are reaching high-risk populations, including parents with mental health, substance abuse, and domestic violence issues.
- Parents as Teachers. The program model is designed to reach all families with young children. Locally, programs are targeted to highneed groups such as low-income families, adolescent parents, and parents with limited English proficiency. The model has a primary goal of enhancing child development and school readiness through parent education.
- Home Instruction Program for Preschool Youngsters. This model is designed to serve young children ages 3 to 5 and has a primary goal of improving school readiness through parenting education and provision of educational materials.

vi. Information about the four program models listed here can be found in M. Wasserman. *Implementation of Home Visitation Programs: Stories from the States. (Issue Brief)*. Chicago: Chapin Hall. http://www.chapinhall.org/sites/default/files/publications/ChapinHallDocument(2) 3.pdf

Proposed Federal Support for Early Education Home Visiting Programs

President Obama has indicated that expanding at-risk families' access to quality home visiting programs is among his Administration's priorities. The Administration's budget for fiscal year 2010 includes a proposal for \$124 million to expand home visiting services to low-income pregnant and parenting women and their young children. The Administration proposes gradually increasing spending over time, with the program receiving \$1.8 billion in 2019.

Before Congress can provide funding for early education home visiting programs, it must pass authorizing legislation. Legislation has been introduced in both the Senate and the House to create a federal program to provide states with resources to implement or expand existing early education home visiting programs. Senators Kit Bond (R-MO), Patty Murray (D-WA), and then-Senator Hillary Clinton (D-NY) introduced Education Begins at Home (S. 244) in the Senate on January 14, 2009. The Early Support for Families Act (H.R. 2667) was introduced in the House by Representatives Jim McDermott (D-WA), Danny Davis (D-IL), and Todd Platts (D-PA) on June 2, 2009. viii America's Healthy Future Act of 2009, the Chairman's (Senator Max Baucus, D-MT) Mark of the Senate Finance Committee's health care reform proposal, includes a provision that would provide state grants to expand early childhood home visitation programs. It designates 75 percent of program funds for the implementation of models that have been in existence for three or more years and are researchbased, and the remaining 25 percent is designated to fund promising models.

Each of the legislative proposals before Congress would provide funds to states to implement or expand home visiting programs. They emphasize the use of program models that have demonstrated effectiveness in achieving significant positive outcomes in the areas that the program is intended to impact (e.g. improved child development or reduced child maltreatment). The legislative proposals promote fidelity to evidence-based models and employment of well-trained and competent staff with access to ongoing supervision. In addition, legislative proposals require that home visiting programs collaborate with, and refer clients to as appropriate, other programs meeting the needs of low-income families such as cash assistance, health, and child and family service programs.

vii. The bipartisan bill has been cosponsored by Senators Bingaman (D-NM), Casey, (D-PA), Harkin (D-IA), Rockefeller (D-WV), Brown (D-OH), Lincoln (D-AR), Roberts (R-KS), Snowe (R-ME), Franken (D-MN), and Bayh (D-IN). The bill awaits consideration by the Senate Health, Education, Labor and Pensions Committee.

viii. The bill has been cosponsored by Representatives Cooper (D-TN), Hirono (D-HI), McGovern (D-MA) and Woolsey (D-CA). The Subcommittee on Income Security and Family Support of the House Ways and Means Committee heard testimony on the legislation on June 9, 2009.

Recommendation: Target Children and Families Experiencing Homelessness

Among the many children that could benefit from expansion of quality home visiting programs are children in families experiencing or at risk of homelessness. Children experiencing homelessness can be prioritized for early childhood home visiting programs at the federal, state, or local level. Programs that receive resources to provide home visiting services to at-risk families can outreach local emergency shelters and transitional housing programs, and they can connect with homeless school liaisons to identify families with very young children who may benefit from home visiting support. Local Temporary Assistance for Needy Families (TANF) agencies and Women, Infant, Child (WIC) programs may also be helpful in identifying very low income families who are doubled up or precariously housed and at imminent risk of homelessness.

Children experiencing homelessness are ideal candidates for home visiting programs and efforts to include them should minimally be encouraged. Infants and toddlers comprise a sizable proportion of children in shelter programs, and over half of all children in shelter programs are age five or under. Families experiencing homelessness are typically headed by a young, single mother in extreme poverty with limited education and few social supports or resources from which to draw. Children of homeless parents are

more likely than other low-income children to be subject to a child welfare investigation and to have investigations of abuse and neglect result in placement into foster care. Tonce in care, children of homeless parents experience much longer waits before they are reunified.

Children experiencing homelessness and housing instability face many challenges that compromise their ability to thrive. Studies have found that, compared to other children, homeless children have lower birth weights and experience higher levels of childhood illness, including asthma, ear infections, and gastrointestinal problems. xiii Mental health problems among children are also prevalent, with higher rates of depression, anxiety disorders, and aggressive behavior.xiv Without consistent medical care, many of these issues may go undiagnosed or untreated. Parents of young children experiencing homelessness also face challenges. Mothers experiencing homelessness have high rates of depression, severe traumatization history, and post-traumatic stress disorder.xv These issues may affect a mother's ability to bond with her child and to parent effectively. Families in which parents struggle with domestic violence, mental health disorders, or substance abuse disorders in addition to homelessness, may be in particular need of support.

ix. U.S. Department of Housing and Urban Development. (2009). 2008 Annual Homeless Assessment Report to Congress. Washington, DC. http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf

x. Shinn, M. B., Rog, D. R. & Culhane, D. P. (2005). Family Homelessness: Background Research Findings and Policy Options. http://repository.upenn.edu/spp_papers/83/

xi. Culhane, J. F., Webb, D., Grimm, S. Metraux, S. & D. P. Culhane. (2003). Prevalence of Child Welfare Services Involvement among Homeless and Low-Income Mothers: A Five-year Birth Cohort Study. *Journal of Sociology and Social Welfare* 30.3: 79-95. http://works.bepress.com/dennis_culhane/35

xii. Ibid.

xiii. Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. N. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*, 102(3), 554-562.

xiv. Bassuk, E. L., Weinreb, L. F., Dawson, R., Perloff, J. N. & Buckner, J. C. (1997). Determinants of behavior in homeless and low-income housed preschool children. *Pediatrics*, 100(1), 92-100.

xv. Bassuk, E. L. Weinreb, L. F., Buckner, J. F., Browne, A. Salomon, A. & Bassuk, S. S. (August 28, 1996). The Characteristics and Needs of Sheltered Homeless and Low-Income Housed Mothers. *The Journal of the American Medical Association*, 276(8):640-6.

Home visiting programs that intentionally target families at risk of or experiencing homelessness can help mediate the risk of delayed development and child welfare involvement, while strengthening family functioning and providing support to a very vulnerable subset of low-income families. Children residing in shelters or in overcrowded housing situations may not receive the stimulation necessary to promote language acquisition, motor coordination, and achievement of other developmental milestones. Strengthening parents' capacity to foster the education and development of young children can address this concern. Because home visiting programs meet with and follow families wherever they are currently living, they are particularly well-suited to provide ongoing support and consistency in the lives of children. Intervening early can help mitigate some of the physical and emotional health issues associated with homelessness, resulting in better long-term outcomes.

The services can help prepare children for school, improving literacy rates and social awareness, thereby helping to bridge some of the disparities in educational outcomes among children experiencing homelessness.

There are several programs across the country that currently use home visiting strategies to serve young children experiencing homelessness. Examples include:

• *Philadelphia*. Children in homeless shelter programs in Philadelphia receive prioritized screenings for infant/toddler early intervention programs. Children identified as being at risk of developmental delays are offered services in the shelter, and these continue once the families return to housing in the community. xvi

- New York City. The Mobile Outreach Parent Child Program prepares young children for pre-school by teaching skills such as sharing and concentrating. **vii* The home visitor provides weekly visits to wherever a family is living, bringing books, toys, and activities. The program encourages parents to work with their children between visits, enhancing the parent-child bond and reinforcing lessons. The program has found that home visiting bridges the isolation that mothers often feel as they move from place to place.**viii
- San Francisco. The Robert Wood Johnson and Kaiser Family Foundations provided funds for the AfterCare Project, a three-year initiative that extended services offered by the Homeless Prenatal Program. The AfterCare Project provided home visiting services to support pregnant women experiencing homelessness.xix Home visits were provided by women who had previously experienced homelessness, as these women are able to develop a more trusting relationship with the mothers. A study of the program found that while many of the mothers were knowledgeable about medical issues, the logistics of receiving health care services could be quite difficult. Home visitors successfully linked mothers to resources relating to shelter, food, and health care, resulting in fewer babies born with low birth weights.

xvi. Patterson, D.T. (July 10, 2007). Supporting Young Homeless Children with Developmental Delays: A Successful Cross-System Model (Workshop Presentation and Powerpoint). Washington, DC: National Alliance to End Homelessness. http://www.endhomelessness.org/content/general/detail/1719

xvii. Stepke, C. (March 18, 2005). Parent-Child Home Program receives \$25,000 grant from United Way Long Island: Program Recognized as national model for family support. (Press release). March 18, 2005. http://www.parent-child.org/inthenews/pressreleases/li_pr305.pdf; Business Partnership for Early Learning. 2007 Annual Report. 2007. http://www.parent-child.org/BPEL07.pdf.

xviii. Benjamin, S. (Winter 2008. Home visiting for young homeless children. *The Beam*. Washington, DC: National Association for the Education of Homeless Children and Youth. http://www.naehcv.org/dl/beam/win_08.pdf

xix. Murrell, N. L. Scherzer, T., Ryan, M., Frappier, N., Abrams, A. & Roberts, C. (2000). The AfterCare Project: An intervention for homeless childbearing families. *Family & Community Health*, 23(3), 17-27, 2000.

Recommendation 2: Couple Home Visiting Programs with Concrete Supports, including Housing Assistance, to Support Families and Promote Positive Outcomes

Home visiting programs can provide invaluable support to families experiencing homelessness. The lives of families can be further enhanced by ensuring families are linked with the necessary services and supports to meet their permanent housing needs. A few innovative partnerships have evolved to both ensure that families receive assistance to stimulate the educational development and well-being of young children *and* to help families stabilize in their housing – providing a more stable foundation for the mother and child.

• The Philadelphia Committee to End Homelessness (PCEH) and Early Head Start at Children's Hospital of Philadelphia has entered into just such a partnership. The Early Head Start program identifies children who are living in inappropriate, unstable situations, including shelters and basements, and refers their families to the PCEH SafeHome program. Families are provided with a housing advocate to help them locate new housing and rental assistance. The Early Head Start program staff meets with the family in their new home and provides child development services and parent support, as well as helping families connect with other services such as educational, medical, social, and health programs.

• Recognizing the disconnect between most family homelessness programs and children's service programs, the Conrad N. Hilton Foundation funded the *Strengthening At Risk and Homeless Young Mothers and Children* Initiative in 2006. The Initiative is specifically designed to facilitate partnerships between local child development organizations and homelessness and housing organizations. The goal of the partnerships is to provide integrated services to improve the housing, health, and development of homeless and at-risk young children and their young mothers.

Among the emerging findings of the Conrad N. Hilton Foundation program is the important role that housing plays in reducing mothers' stress and, evidently, children's. ** Mothers' reported that having their own home seemed to lighten the load on young children. One mother reported that her children were, "smiling more," and another reported her child was worrying less and was acting more age-appropriately and interested in play. Addressing the need for family strengthening and child development services along with stable housing facilitates a strong platform for young children and their families to thrive.

Looking Ahead

To help ensure children experiencing homelessness receive the support that home visiting programs provide, local area advocates, policymakers, and service providers should:

Promote federal resources to expand home visiting programs. At the local level, practitioners and advocates are reaching out to their Congressional Representatives and Senators to ask them to support home visiting programs by co-sponsoring H.R. 2667 and S. 244. They are educating their Members of Congress on how early education home visiting programs can benefit families within the communities they represent, including families experiencing homelessness.

Promote targeting of home visiting programs to those experiencing homelessness. Most states currently have home visiting programs serving at-risk populations. Local homeless service providers and advocates should reach out to the child development providers in their community to identify existing home visiting programs that could serve young children experiencing homelessness.

Promote partnerships between child development agencies and housing/homeless organizations to address the full array of families' needs. Under the American Recovery and Reinvestment Act (ARRA), local communities have new resources to provide rental assistance to at-risk and homeless families. The funds can be used to prevent a homeless episode or to help families residing in shelter or in unstable housing relocate to new housing in the community. This can be a critical resource for the low-income and poorly

resourced families who are often served by home visiting programs. Similarly, families experiencing homelessness often include young children who could greatly benefit from home visiting programs and, in fact, closely align with populations prioritized for home visiting services. Partnerships between child development and housing/homeless organizations can improve the services that both organizations can offer their families.

Develop local capacity to implement evidence-based practices and/or collect evidence of the effectiveness of existing or promising program approaches. Legislation before Congress can be used to support a wide array of home visiting programs. It is clear, however, that Congress is primarily interested in funding home visiting models that are evidence-based and achieve the delineated purposes of the program model. It has been argued that many promising program models are yet to be tested and that the "real world" environment may not allow pure fidelity to program models when reaching out to vulnerable subpopulations. xxi The legislation is likely to allow some promising program models to be implemented and then evaluated. Despite this, the most competitive applicants will have marshaled evidence of the effectiveness of their approach.

Strengthening At Risk and Homeless Young Mothers and Children Early Education Home Visiting: Supporting Children Experiencing Homelessness

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.

Early Education Home Visiting: Supporting Children Experiencing Homelessness was written by Sharon McDonald, Senior Policy Analyst, National Alliance to End Family Homelessness and Megan Grandin, Project Associate, The National Center on Family Homelessness. It is a product of the Strengthening At Risk and Homeless Young Mothers and Children Coordinating Center, which is a partnership of The National Center on Family Homelessness, National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations and develops a range of application products from the study sites.

Strengthening At Risk and Homeless Young Mothers and Children is an Initiative of the Conrad N. Hilton Foundation.



For more information on this Initiative, please contact The National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA; (617) 964-3834 or at www.familyhomelessness.org.







