

Early Childhood Self-Assessment Tool for Shelters

US Interagency Council on Homelessness
US Department of Health and Human Services,
Administration for Children and Families
US Department of Housing and Urban Development

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Opening Doors

No one should experience homelessness and no one should be without a safe, stable place to call home.

The Plan sets forth four bold and ambitious goals:

1. Finish the job of ending chronic homelessness by 2015
2. Prevent and end homelessness among Veterans by 2015
3. **Prevent and end homelessness for families, youth, and children by 2020**
4. Set a path to ending all types of homelessness



Family Connection: Building Systems to End Family Homelessness

A resource to help communities and stakeholders build and implement an effective housing crisis response system for families.

Family Connection
Building Systems to End Family Homelessness

Ending homelessness for families and children is a priority for the nation and for state leadership. By providing the right amount of assistance to help families get on or regain permanent housing as quickly as possible and ensuring access to services to support stable housing, addressing the need to end family homelessness is possible.

Defining an End to Family Homelessness
Given the current economic realities in many communities, situations in which families maintain a rent and lose their home and their income, recognizing this reality, HUD and federal partners proposed a vision of an end to family homelessness to ensure that no family suffers when our children need homelessness relief to a rent and hotel expenses. To achieve an end to family homelessness, we encourage communities to join us to strengthen local inter-agency teams together.

Key Areas of Action
HUD and federal partners, through a series of local and regional engagement with communities, and an interagency working group process, identified four key on-going areas for federal, state and local action to end family homelessness:

- 1. Develop a portfolio of coordinated entry system with the capacity to assess needs and connect families to **permanent, affordable, sustainable** where possible and **temporary, stable** otherwise.
- 2. Ensure interventions and assistance are tailored to the needs of families:
 - a. Provide **rapid re-housing** assistance to the majority of families experiencing homelessness.
 - b. Increase focus on **chronic, complex, and long-term** target households, and
 - c. Direct more **prevention, eviction, housing, homelessness** in the highest need households.

The Plan
Creating a plan to build a system that will end family homelessness is the first step. [Learn more.](#)

What We Know
Research, including homelessness and eviction, is the first step to building a system that will end family homelessness. [Learn more.](#)

Our Progress
HUD and federal partners are working with communities to build a system that will end family homelessness. [Learn more.](#)



Key Areas of Action

Four key strategy areas for Federal, state, and local action to end family homelessness:

1. Develop a centralized or coordinated entry system;
2. Ensure interventions and assistance are tailored to meet the unique needs of families;
3. Improve linkages to local mainstream systems to help families gain access to benefits, employment, and community-based services more quickly;
4. Develop and build upon evidence-based practices for serving families experiencing or at-risk of experiencing homelessness.



Homelessness among families and children

- No child should ever experience homelessness, the effects of which are devastating to development, well-being, and educational outcomes.
- On a single night in 2014, 216,261 people in families—an estimated 67,613 households—were identified as experiencing homelessness.
 - Nearly one-quarter of all people experiencing homelessness were children under the age of 18 (23 percent or 135,701).
- Recent data from the HUD 2014 Point-In-Time Count indicates that 24,358 people in families experiencing homelessness were unsheltered.



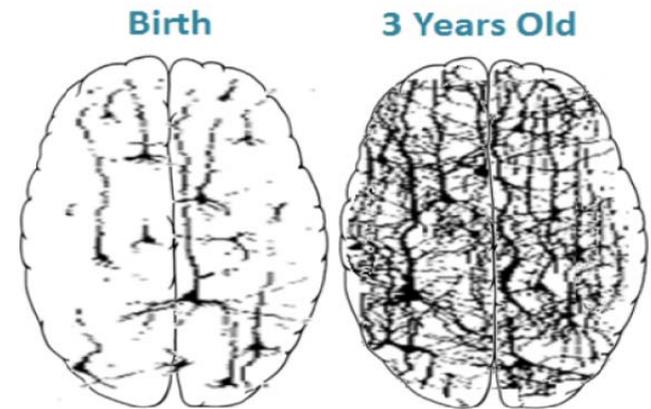
Coordinated Entry

- All Continuums of Care (CoCs) should have the following characteristics:
 - Makes it easier for people to access assistance
 - Removes barriers to housing and homeless assistance programs
 - Is person-centered and incorporates participant choice; and
 - Prioritizes people with the most severe needs.



Why the First Five Years Matter

- Birth to Five is a time of unparalleled growth!
- During early childhood, the brain strengthens the connections that are being used, while pruning away those that are unengaged.
- The most critical developmental skills learned at this early age are social emotional skills.



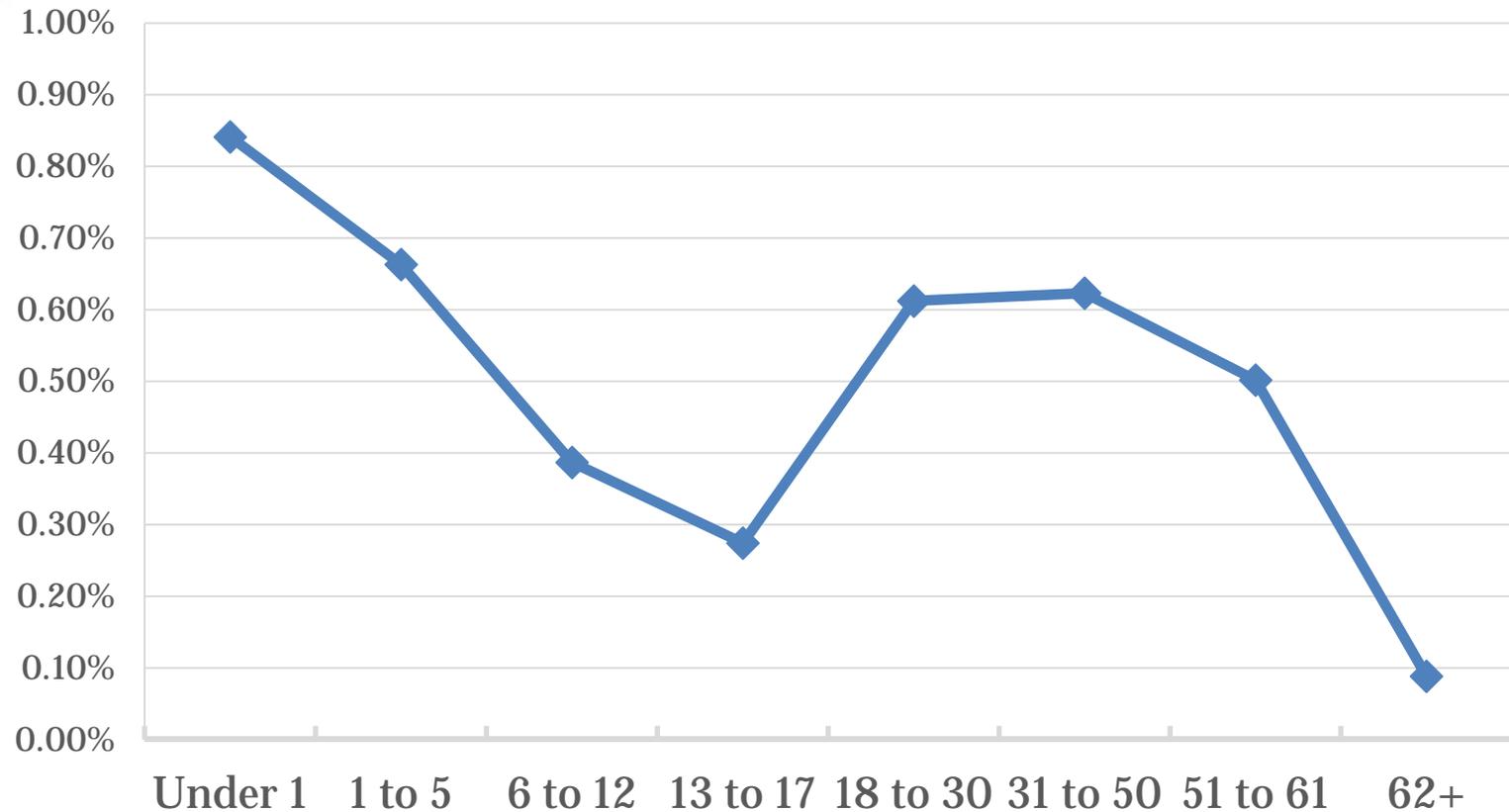


Impact on Young Children of Homelessness and/or Unstable Housing

- Children in these circumstances are at the far end of a “continuum of risk.”
- Research has shown that trauma and extreme stress in childhood can lead to detrimental changes in brain structure and function.
- Stress is cumulative and mitigating factors are critical.
- More than half of all children in shelter programs are age five or under.



Annual Percentage Rates of Shelter Use By Age (National)



Source: 2012 AHAR (HUD, 2012) and Census Data



Why Partner Housing Providers with Early Learning Providers?

- Families in homeless service programs are among the most vulnerable:
 - Early learning programs can help housing programs meet the needs of young children.
 - Parents are under inordinate stress.
 - Children are at a critical developmental life stage – time that cannot be recaptured.
- Homeless service providers have expertise in housing resources in the community and how to help intervene with housing crises.
- Family shelters have the potential to be a positive, stable force in the lives of these children and mitigate the negative impact that homelessness can have on their development by creating an environment that is safe and developmentally appropriate.



Development of the Early Childhood Self-Assessment Tool for Shelters

- Supports creating safe, developmentally appropriate spaces for young children residing in shelters
- Modeled after a similar effort developed by the Connecticut Head Start Collaboration Office
- Broken into 5 topic-areas:
 - Healthy & Safety
 - Wellness & Development
 - Workforce Standards & Training
 - Programming
 - Food & Nutrition

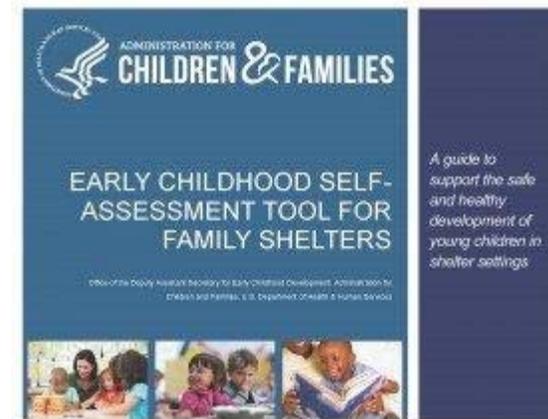


A Guide

Every family shelter may not choose to completely fulfill all of the tool's recommendations immediately.

The tool is meant to guide consistent improvement efforts over time.

The tool is also meant to facilitate conversation and collaboration between shelter providers and early learning providers.





Connecticut's Head Start-Family Shelter Partnership Project



Head Start: A Perfect Match for Homeless Families

- **Head Start provides comprehensive services that homeless children may not otherwise receive.**
- **The Head Start focus on entire family means parents receive assistance in reaching their goals.**
- **Community partnerships put Head Start in an excellent position to work with all agencies serving homeless families.**
- **Head Start programs are required to identify and prioritize homeless children for enrollment; allow homeless children to enroll while required paperwork is obtained; and coordinate with McKinney-Vento liaisons and community agencies.**



Head Start: Program Information Report

Homelessness Statistics

Category	2006-2007	2012-2013 (2013-2014)
# of homeless families	27,033	46,800 (45,168)
# of homeless children	30,479	50,992 (48,853)
# of families that found housing	16,379	15,696 (14,734)



Connecticut Head Start-Family Shelter Partnership

Project Goals

- Increase Head Start enrollment
- Child-proof Family Shelters
- Enhance/establish/sustain partnerships



Connecticut Head Start-Family Shelter Partnership

Organizing Strategies:

- Small grants
- Head Start-Family Shelter teams
- Technical assistance, team building and cross-sector training
- Structured team work



Connecticut Head Start-Family Shelter Partnership

Tools and Work Plans:

- Self-Assessment tool
- Child-proofing Action Plan
- Enhancement Purchase List
- Progress Report
 - Head Start Enrollment
 - Activities, accomplishments, barriers



Connecticut Head Start-Family Shelter Partnership

Project Design

	<ul style="list-style-type: none"> •Self-assessment •Action plan •Purchase list 	Stipend	Progress Report
beginning	X	X	
middle	X	X	X
end	X	X	X



CT Head Start-Family Shelter Partnership

Activities and Accomplishments:

- Increased Head Start enrollment
- Child-proofed Family Shelters – all areas of self-assessment improved
- Created meaningful partnerships
 - Shared training, material resources
 - Integrated one another's networks
 - More coordinated services for families *and children*



Pictures of Change: From this....





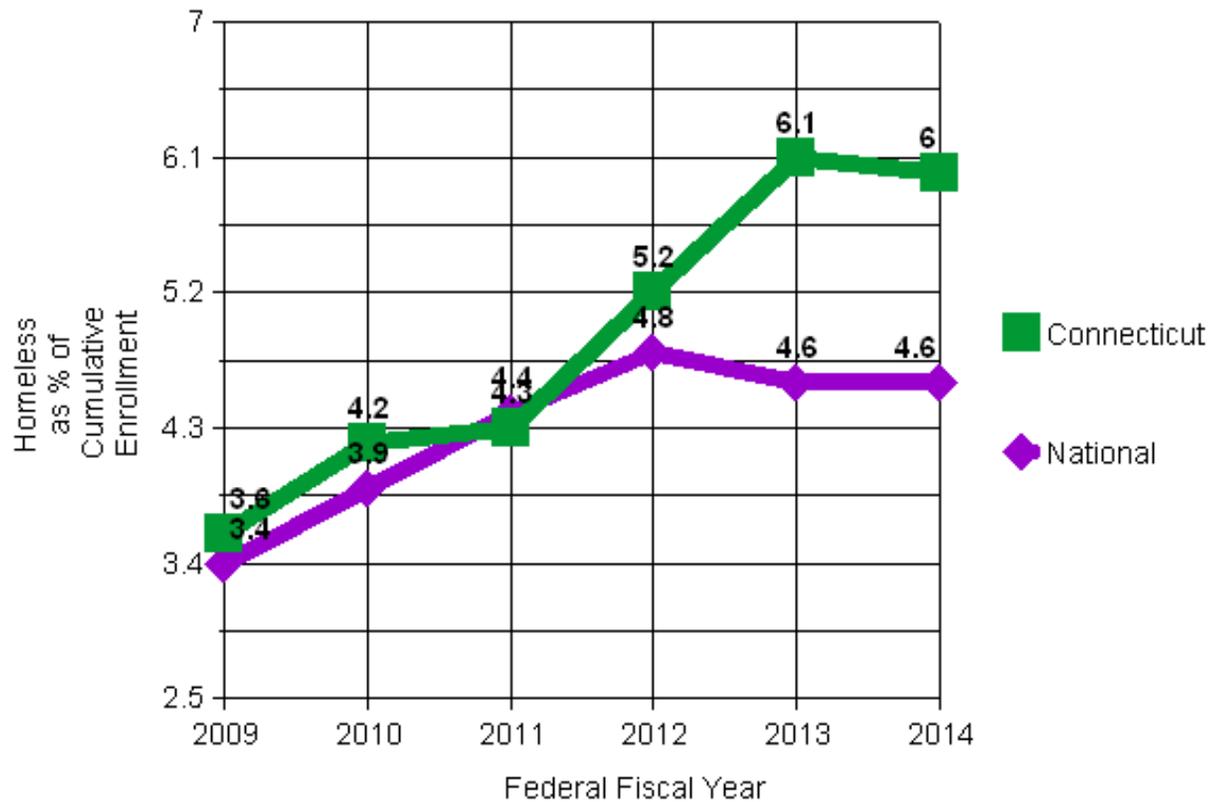
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Connecticut Head Start Enrollment

Children Experiencing Homelessness as a Percent of All Children Served During the Federal Fiscal Year



Head Start PIR 2009-2014



Head Start-Family Shelter Partnership

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TEAM Inc., Derby, CT

&

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Building a Partnership: TEAM Inc. & ACT Spooner House

- TEAM Inc. is a Community Action Agency serving the Lower Naugatuck Valley and Milford, CT areas.
- TEAM's Early Childhood Department serves more than 300 children ages 0-5 within the Head Start, Early Head Start and School Readiness programs.
- Spooner House, operated by ACT, Inc., is the only shelter serving the homeless in the Lower Naugatuck Valley and participates in the Greater New Haven Coordinated Access Network connecting those in need to shelter.
- Spooner House provides food, shelter, and support services to approximately 200 people in need each year.





Goals & Action Steps

The Head Start-Family Shelter partnership provides opportunities to strengthen collaborations between agencies and to provide expedited services to children and families.

TEAM & Spooner House goals include:

- **Goal 1:** Enhance and maintain safe, educational and family friendly shelter environments accessible for young children birth to five.
- **Goal 2:** Strengthen service delivery via shelter practices and procedures including professional development for staff.
- **Goal 3:** Increase Head Start enrollment as well as enhance educational opportunities and service activity parents and young children.
- **Goal 4:** Develop and maintain a collaborative relationship and engage in activities with common goals and intentions.



Goal 1: Enhance and maintain safe, educational, family friendly shelter environments accessible for young children birth to five.

- A mini-fridge will be added for breast milk and formula and a breast feeding area has been defined within the shelter.
- Age appropriate gross motor toys, activities and storage will be added to the indoor and outdoor areas.
- Safe sleep materials and postings will be visible throughout the family dorms.
- Outlet covers will be used and monitored throughout the shelter and outdoor play space will incorporate gate with child-proof latch.



Goal 2: Strengthen service delivery via shelter practices and procedures including professional development for staff.

- Shelter staff will be invited to Head Start’s professional development opportunities. Joint trainings noted in self assessment include: domestic violence, trauma- informed care, child screening tools.
- Head Start staff will link shelter staff to Ages & Stages training and support in referrals post training.
- Head Start will share practice and procedure manual with shelter staff as well as multiple documents for use as needed (i.e. “All About Me”- child and family information survey etc.).



Goal 3: Enhance educational opportunities, service activity and Head Start enrollment for parents and young children.

- Create a referral form for shelter staff to make Head Start staff aware of eligible child and expedite emergency access to services. The referral form triggers a 48 hour window for Head Start staff to do an on-site enrollment packet with eligible family.
- On-site HUSKY Presumptive Eligibility for uninsured shelter children
- On-site 90 minute weekly “home visits” for children residing at the shelter and are enrolled in the Early Head Start home based option
- Joint family events/workshops offered to children and families
- Linkages to multiple community partnerships (i.e. SAFE KIDS Coalition for families in need of car/booster seats)
- Assistance with discharge planning and coordination of TEAM and community services (i.e. security deposit guarantee, energy assistance etc.)



Goal 4: Develop and maintain a collaborative relationship and engage in activities with common goals and intentions

- **Develop an interagency MOU that identifies the roles and responsibilities of individuals within the collaboration.**
- **Detail the frequency of Head Start-Shelter staff communication.**
- **Share resources amongst agencies.**
- **Continuous conversation around a “strengths based approach” to servicing children and families.**



Challenges & Barriers

- Time
- Staff roles and staff turnover
- Transportation
- Continuity of care and transition planning
- Potential access issues for Head Start eligible children
- Dormitory shelter style not conducive for families, children



Benefits & Lessons Learned

- Self-assessment tool allowed shelter staff to see facility through a “new lens” which in turn made for more effective service provision
- Awareness of services available
- Sharing resources
- Ability to connect families and children to services quickly
- A team approach which creates a sense of security and support for jointly served families
- Clearly defined work plan



ACF Wrap-Up

Takeaways:

- Continuity and stability
- Importance of the early years
- Two generational efforts
- Sustain and increased focus at ACF



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- http://usich.gov/resources/uploads/page_img/Family_Connection.pdf



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Early Childhood Self-Assessment Tool:

<http://www.acf.hhs.gov/programs/ecd/interagency-projects/ece-services-for-homeless-children>



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