



Crosswalk

**Early Childhood Home Visiting and Supportive Housing for Families:
Making the Connections**



As communities, family service agencies and housing providers are seeking ways to best serve homeless families and children, it is important to consider the various tools and best practices across all sectors that can be made available to benefit these families and children that are already operating across the country. Due to their complex needs, families and children who experience homelessness often touch multiple service programs. And there is no one program that can adequately address all of the families' needs. Intentional partnerships between service providers and agencies can not only ensure that families are receiving necessary and appropriate services to meet their needs, but alleviate the pressure on service providers that may be filling service gaps that other programs can actually provide. Considering the complexity of challenges and needs experienced by many homeless families, a comprehensive, holistic approach to meeting those needs that builds on the family's strengths is required to ensure positive child and family outcomes.

Background

Most children who experience homelessness are very young, with children under age six accounting for 51% of all children in shelter.¹ The age at which a person is most likely to be found in a homeless shelter in the United States is infancy.² Research has shown that homelessness puts children at increased risk of health problems, developmental delays, academic underachievement, and mental health problems.³ In fact, children who are homeless are sick four times as often as other children, experience four times the rate of developmental delays, and have three times the rate of emotional and behavioral problems.⁴ In addition, over half of all children who experienced homelessness have moved more than three times before they reach their fifth birthday. Studies have found that frequent moves during early childhood negatively impact school achievement.⁵

Strong and healthy parent-child attachment can substantially buffer the negative impacts of homelessness on child development; however, the ability of homeless parents to develop nurturing, responsive relationships with their young children is often hindered by the multiple stressors that homeless parents face.⁶ Meeting their family's basic needs, like food, housing, and safety, demands

¹ U.S. Department of Housing and Urban Development. (2010). *The 2009 Annual Homeless Assessment Report*. Retrieved from <https://www.onecpd.info/resources/documents/5thHomelessAssessmentReport.pdf>.

² U.S. Department of Housing and Urban Development (2013). *The 2013 Annual Homeless Assessment Report*. Retrieved from <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>.

³ Rafferty, Y., Shinn (1991). The impact of homelessness on children. *American Psychologist*, 46, 1170-1179.

⁴ National Center on Family Homelessness. (December 2011). The Characteristics and Needs of Families Experiencing Homelessness: <http://www.familyhomelessness.org/resources.php?p=sm>.

⁵ The Institute for Children and Poverty. (2009). Examination of Residential Instability and Homelessness Among Young Children: http://www.icphusa.org/PDF/reports/ICP%20Report_Examination%20of%20Residential%20Instability%20and%20Homelessness%20among%20Young%20Children.pdf

⁶ Strengthening At Risk Homeless Young Mothers and Children Initiative. (March 2012). Supporting Homeless Young Children and Their Parents: <http://www.familyhomelessness.org/media/327.pdf>.

significant time and energy and can prevent homeless parents from focusing needed attention on their young children. In addition, homeless parents are often impacted by poor physical health, mental illness, and significant trauma histories themselves, which can make responsive, sensitive parenting a major challenge.⁷

Family Supportive Housing

Family supportive housing is permanent, affordable housing that is paired with supportive services, housing supports and case management that addresses the family's underlying issues that lead to homelessness and family instability. Supportive housing uses a housing first framework, minimizing barriers to housing so that families can access housing as a foundation to beginning work on other parts of their lives. While supportive housing is not a new idea, there has been a recent recognition that supportive housing for high-need families is an effective intervention to promote family stability, child well-being and reduce children being separated from their families.

Families that live in supportive housing work closely with a case manager to identify the needs and goals of the primary caregiver and children, to stabilize housing, and work towards better outcomes for both parents and children. Case managers assist families to access supportive services and connect families to other relevant services, like health care, job training or employment readiness programs. A core component of family supportive housing is that the services are family-centered and use a holistic approach in serving the entire family unit. Housing case managers work to cultivate trust with the families in order to understand the complex, underlying issues that a family is facing that are contributing to their housing instability and develop a comprehensive plan that focuses on child safety, positive family functions and wellness. Supportive housing is also an opportunity to address risk and strengthen the family's protective and promotive factors. A protective and promotive factors approach provides a framework for practice that supports staff ability to be trauma-informed and developmentally supportive in their work.

Family supportive housing is often targeted at the highest need families. Families targeted for supportive housing are those families that are at highest risk for long-term homelessness and family separation that can lead to long-term negative consequences on the small children in these families. For example homeless families that had repeated involvement with the child welfare agency and had a disabling condition, such as a substance abuse or mental health issue.

⁷ National Center on Family Homelessness. (December 2011). The Characteristics and Needs of Families Experiencing Homelessness: <http://www.familyhomelessness.org/resources.php?p=sm>

Home Visiting Program

Coupled with family supportive housing, evidence-based home visiting programs for low-income, vulnerable parents and their infants and toddlers can help keep young families healthy, together, and stably housed. Home visiting programs directly address many of the risk factors experienced by formerly-homeless families through a relationship-based, voluntary, mobile, long-term service model that complements the services provided by supportive housing programs. Within these programs, home visitors meet one-on-one with individual families in their home or community on a regular basis to support parents in developing strong, healthy parent-child attachments; promote positive parenting practices, and address developmental and health concerns in young children. Families also participate in ongoing socialization activities where children of a similar age and their parents can interact with each other in a group setting, thus building social support networks for families. In addition, home visiting programs connect families to needed community resources and assist parents with other goals like education and employment.

Due to their effectiveness, home visiting programs have grown relatively rapidly over the past twenty years and continue to grow; for instance, the Affordable Care Act included the federal government's largest investment in home visiting to date: \$1.5 billion over five years for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The program was recently extended until March of 2017 and is currently operating in all 50 states. In addition to MIECHV, many states also contribute state dollars to support home visiting programs, and many home-based Early Head Start programs, which is considered an evidence-based home visiting model, are available locally.

Home visiting programs, such as those funded through MIECHV, are often aimed at serving low-income populations with complex needs. Some families have unmet health or mental health needs, have interacted with child welfare services, are fleeing domestic violence or are young parents at risk of becoming homeless. Further, home visiting programs commonly target priority high-risk populations that often overlap with populations being served through supportive housing. **There is a real opportunity to improve connections between home visiting providers and family supportive housing providers to improve parent and child well-being, maximize resources and achieve measureable outcomes for both programs.**

Home Visiting and Family Supportive Housing: Making the Connection

Recently, the Department of Health and Human Services (HHS) issue a letter to MIECHV grantees urging them to identify additional strategies to serve homeless women and children and collaborate with community partners serving families who are

homeless or at risk of homelessness.⁸ While entry into safe, stable, affordable housing is the first step to ending homelessness, access to high-quality services is critical to ensuring the families remain stably housed and together. Because of the overlapping target populations of family supportive housing and home visiting programs, connecting the two service providers will only improve family health and well-being. Further, by connecting to family supportive housing providers, home visitors will be able to focus on providing the high-quality services the parents and children need without taking on additional responsibilities to meet the immediate needs of a family or address needs that are outside of their expertise by working closely with the supportive housing case managers. The supportive housing case managers, who’s expertise includes promoting housing stability, addressing immediate needs or crises, create a space for each service program to practice their area of expertise, resulting in better outcomes for the families and service programs.

The chart below will be useful for home visiting providers and supportive housing programs that want to better understand the intersection between the two programs and common areas that can help facilitate effective local partnerships.

| | Early Childhood Home Visiting | Supportive Housing for Families Involved in Child Welfare |
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| Target Populations | <p>Typically, home visiting targets pregnant women or primary caregivers with infants and toddlers (some models serve children up through age five) that have risk factors that may include:</p> <ul style="list-style-type: none"> • Low income • Caregiver or child interactions with the child welfare system or history of child abuse or neglect • Caregiver histories of substance abuse or caregiver could benefit from substance abuse treatment services • A child with a developmental or physical disability • Young parents under the age of 21 • Primary care giver has low educational attainment. | <p>Low-income families that are inadequately housed or homeless, children are at risk of being placed in out-of-home care and present multiple risk factors, including the following:</p> <ul style="list-style-type: none"> • Interactions with the child welfare system or history of child abuse or neglect; • Primary caregiver has mental health or substance abuse issue; • Child has developmental, learning or physical disability; • Age of the youngest child is under two. |

⁸ Letter from Department of Health and Human Services, Health Resource and Services Administration (November 30, 2015).

| | Early Childhood Home Visiting | Supportive Housing for Families Involved in Child Welfare |
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| Participation of Families | Services are voluntary and customized for each family | Services are voluntary and customized for each family |
| Essential Service Components | Home visiting programs vary in their specific curriculum, but in general, all programs share the following components: <ul style="list-style-type: none"> • Regular home visits • Screening/assessments • Facilitated parent-child activities • Parent education • Referrals to community services | Family Supportive Housing has low-barriers to entry and focus on providing housing and services to best serve the entire family unit. Critical components include: <ul style="list-style-type: none"> • Screening and Assessment • Housing Supports: Locate affordable rental housing unit; engage with landlord; budgeting and financial literacy to tenant • Case management • Service Coordination |
| Client Engagement | Varies with model, could be weekly, bi-monthly, often tailored to the needs and desires of the family and meetings are more frequent in the first few months of services | Family centered engagement tailored to meet the needs and desires of the family and children. Engagement with families varies from program to program, but core service engagement components are: <ul style="list-style-type: none"> • Low case load ratio; • Developing a trusting relationship with the heads of households; • Interdisciplinary teams work with families and each team members focuses on their strength in assisting families; |
| Outcome Measures | Outcomes vary by model and level of intensity, but in general may include: <ul style="list-style-type: none"> • Improved maternal and child health outcomes • Reduced instances of child maltreatment and child injury • Better connection to community | <ul style="list-style-type: none"> • Increased housing stability • Decreased involvement with the child welfare system • Improvements in parent/caregiver outcomes • Child well-being improves |

| | Early Childhood Home Visiting | Supportive Housing for Families Involved in Child Welfare |
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| | <p>resources</p> <ul style="list-style-type: none"> • Increased school readiness • Reduction in crime and domestic violence • Improved child developmental outcomes • Improved family economic self-sufficiency • Improvements in parenting skills • Improvements in coordination of community-based services | |
| Federal Resources | <p>Maternal, Infant, Early Childhood Home Visiting Program (MIECHV)</p> <p>Head Start (home-based Early Head Start is considered an evidence-based home visiting program)</p> | <p>Family Unification Program (FUP) Section 8 Vouchers:</p> <ul style="list-style-type: none"> • Tenant-based vouchers targeted to families that are involved with child welfare. • Administered by local Public Housing Agencies (PHAs); <p>Housing Choice Vouchers:</p> <ul style="list-style-type: none"> • Section 8 Vouchers that can be either tenant-based or project-based; • Administered by local PHAs <p>Permanent Supportive Housing:</p> <ul style="list-style-type: none"> • Rental assistance combined with supportive services; • Administered by local Continuums of Care (CoCs). |

Partnership Considerations

A partnership between supportive housing and home visiting brings together the best practices of both service models to better serve vulnerable families. Connecting family supportive housing programs and home visiting programs not only compliments the goals and desired outcomes of each program but also improves access to services and promotes better outcomes for families and children. Below are some considerations for family supportive housing programs and home visiting providers when developing partnerships:

- **The types of home visiting programs that may most appropriate for the families being served in supportive housing.** As a family becomes stabilized in supportive housing, they may need alternative or less intensive services; likewise, if a family has more complex needs, a more intensive model may be more appropriate. Information about the available evidence-based home visiting models can be found here: <http://homvee.acf.hhs.gov/>.
- **Coordination of roles and responsibilities.** Supportive housing and home visiting staff should work in partnership with families to develop a service plan with family strengths, needs and goals at the center. The service plan should also address roles and responsibilities of the various providers involved with the family to avoid duplication of services and ensure all family needs are being met. Because supportive housing and home visiting can address similar family needs, it is important for both providers and families to clearly understand which provider is primarily responsible for which tasks (e.g. who will assist with public benefits, or who will assist with enrollment in child care).
- **How providers and families will communicate and share information or data.** Ideally, home visitors, supportive housing providers, and families will work as a team to help families thrive, and a critical component of any successful team effort is communication. Home visitors, supportive housing providers, and families should establish a clear plan for communication that addresses which information can and will be shared and how that information will be shared. For instance, if both service providers plan to perform a certain assessment as part of their services, can the results of the assessment be shared so as to avoid asking the family to go through the process twice? The communication plan must also address confidentiality of information a family may divulge to one provider but not another. A Release of Information agreement that is signed at the very beginning of services, and revisited on a regular basis, may be a helpful tool. Finally, providers and families should establish a regular meeting routine where the entire team can come together to review goals and progress, and ensure everyone is on the same page.

Improving the System of Support for Homeless Families

Partnering across supportive housing and home visiting can undoubtedly benefit individual families and providers, but this approach also has the potential to achieve higher level system impacts as well. Some benefits may include:

- More effective leveraging of public funding streams to provide comprehensive services for vulnerable families, resulting in more efficient use of resources
- Increased integration of services across public systems, resulting in improved outcomes for vulnerable families
- Improved overall outcomes for vulnerable families that can result in system-wide cost reductions, including decreased use of the child welfare and homeless service systems, decreased health care costs, and decreased costs associated with incarceration
- Establishing a shared mandate to improve child well-being across public systems and community-based service providers, resulting in more focus on and support for the most vulnerable children

A Starting Place to Make Connections

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Association of State and Tribal Home Visiting Initiatives <http://asthvi.org/membership/state-home-visiting-fact-sheets/>

