



## **Early Childhood Home Visiting Program**

*Take Action Now to Promote Quality Services for Children Experiencing Homelessness*

Families experiencing homelessness tend to be headed by young parents, many of whom are pregnant or parenting a very young child. Many of these parents would benefit from support to promote the health and development of their children, improve their parenting skills, and help prepare their children to thrive in school. This support may be particularly beneficial for parents who are under inordinate stress, moving from place to place, and who lack a consistent support network to help them cope.

The new health care reform legislation (the Patient Protection and Affordable Care Act signed into law in March 2010) gives states resources that will be used to promote the health and development of very young children. The Act's Maternal, Infant, and Child Home Visiting Program will provide \$1.5 billion to states over the next five years to implement the Early Childhood Home Visiting (ECHV) Program. Improving outcomes for families in high risk communities is a primary goal of the new program.

**Ensuring that children at-risk of, or experiencing, homelessness benefit from these new programs will require the commitment of state and local homeless advocates and policy leaders. Homeless advocates can take action now to promote the use of home visiting resources to benefit children and parents experiencing homelessness by educating key stakeholders about the prevalence and needs of homeless families in their community.**

### **Time Line**

Planning for ECHV programs is already underway in states. On July 9, states were required to submit information to the Department of Health and Human Services (HHS) on the data they will use to assess the need for ECHV services. **Each state's completed ECHV Needs Assessment must be submitted on September 1, 2010 for the state to receive ANY funds from the Maternal and Child Health Services Block Grant for FY 2011.**

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National Alliance to End Homelessness, and  
ZERO TO THREE: National Center for Infants, Toddlers and Families.*

The state's ECHV Needs Assessment will take into account, and be coordinated with, other federally required needs assessments for children's programs including the Maternal and Child Health Services Block Grant Program, Head Start, and the Child Abuse Prevention and Treatment Act. The needs assessment will:

- Identify communities with high concentrations of:
  - premature births;
  - low birth-weight infants;
  - infant mortality (including deaths related to abuse);
  - indicators of at-risk prenatal, newborn, or child health;
  - poverty;
  - crime;
  - domestic violence;
  - high rates of high school drop-outs;
  - unemployment; or
  - child maltreatment.
- Identify the quality and quantity of existing programs for ECHV within the state, including the number and types of individuals and families receiving services, gaps in care, and extent to which programs are meeting the needs of eligible families.
- Discuss the state's capacity to provide substance abuse treatment and counseling to individuals and families in need of these services.

Following the submission of the ECHV needs assessment, states will be required to submit an updated plan. The plan will describe how the state will use program resources to address the service gaps identified in the needs assessment. States will be able to draw down the remaining FY 2010 and FY 2011 ECHV program funds when their updated state plan is approved by HHS. The development of the state plan will provide another opportunity for homeless advocates and policymakers to promote attention to the needs of families and children experiencing homelessness within the state.

### **Informing the State ECHV Needs Assessment**

States have a very short timeframe in which to complete the needs assessment. **Homeless advocates can help inform ECHV needs assessments by compiling data on families and very young children experiencing homelessness for inclusion in the assessment.**

#### ***Capture the information***

Data from a community's HMIS system can be used to provide information about the number of families with very young children entering homelessness over the course of a year. If HMIS data is unavailable, a community's point-in-time count

can provide information about the number of children and families experiencing homelessness on a given day. If possible, specific information about children age five or under should be provided. Local school districts and Head Start programs may also be able to provide useful information. School districts are required to submit data on homeless children ages 3-5 who are enrolled in school-based programs, and Head Start agencies must submit data on the number of homeless families they serve.

Some communities may be able to provide richer information about the characteristics and experiences of families served by homeless programs to demonstrate that many share characteristics of the families identified as “priority high-risk populations” for receipt of ECHV services. This includes pregnant women under age 21, low income families, and families with histories of child welfare involvement or substance abuse.

If a local community has limited data on homeless families and children, information from national data sources or research studies can be offered. This can help educate key stakeholders that homeless families are a priority population for ECHV programs. For example:

- The majority of children in shelter are very young. According to the 2009 Annual Homeless Assessment Report, 53 percent of children in shelter are age five or under. Fourteen percent of children in shelter are not yet one year old.<sup>1</sup>
- Pregnancy is considered a risk factor for homelessness. One study found that over a third of mothers experiencing homelessness in New York City were pregnant.<sup>2</sup>
- Families experiencing homelessness are extremely poor with incomes typically below 50% of the poverty level.<sup>3</sup>
- Children who experience homelessness have high rates of developmental delays and poor academic achievement.<sup>4</sup>
- Multiple studies have found high rates of child welfare involvement among homeless children.<sup>5</sup> One study found that children born to women who have experienced homelessness have much higher rates of child welfare involvement before reaching age five than

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<sup>1</sup> U. S. Department of Housing and Urban Development. *The 2009 Annual Homeless Assessment Report to Congress*. Office of Community Planning and Development, 2010.

<sup>2</sup> Weitzman, B. C. Pregnancy and Childbirth: Risk Factors for Homelessness? *Family Planning Perspectives*, 1989, 21(4), 175-178

<sup>3</sup> Burt, M. R., Aron, L. Y., Douglas, T., Valente, J., Lee, E., & Iwen, B. *Homelessness: Programs and the people they serve. Findings of the National Survey of Homeless Assistance Providers and Clients*. Prepared for the Interagency Council on the Homeless. Washington, DC: The Urban Institute, 1999.

<sup>4</sup> Rog, D., Holupka, C. S., & Patton, L. S. *Characteristics and Dynamics of Homeless Families with Children*. U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation (ASPE), 2007.

<sup>5</sup> National Alliance to End Homelessness, *Family Unification Program: Serving Homeless and At-Risk Homeless Families and Youth*, 2008.

children born to low-income women who never experienced homelessness. The study further found that 60 percent of Philadelphia children placed into foster before reaching age 5 had a mother who had experienced homelessness.<sup>6</sup>

### ***Get the information to key decision-makers***

An accessible, one page document with pertinent state and local data on homeless children and families should be developed and given to those individuals conducting the needs assessment and developing the ECHV plan. The information can also be used to educate other key stakeholders, including the following.

- State early childhood education advocacy organizations
- Members of the State Interagency Council on Homelessness
- State agency directors responsible for administering CAPTA, Head Start, Education for Homeless Children and Youth Program, and Maternal and Child Health Services Act – which is likely to include state departments of health, education, and child welfare.
- Homeless Education Liaisons

**Providing information to key stakeholders about the prevalence and needs of children experiencing homelessness should not be seen as a one-time activity.** The goal instead should be to foster a working relationship. Ongoing collaboration and partnership with early childhood development experts can help homeless advocates break down the barriers that prevent homeless children and their parents from accessing the best possible supports and services to promote healthy family and child outcomes.

### **ECHV Program Goals**

The focus of ECHV programs is to support evidence-based home visiting programs that will: improve maternal and prenatal health; improve infant and child health and development; and reduce child maltreatment. ECHV-funded programs are specifically designed to:

- improve prenatal, maternal, and newborn health and pregnancy outcomes;
- improve child health and development;
- prevent child abuse and neglect and reduce child injury and visits to emergency rooms;
- increase school readiness and achievement;

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<sup>6</sup> Culhane, J. F., Webb, D., Grim, S. and Metraux, S. & Culhane, D. (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

- reduce crime or domestic violence;
- improve family economic self-sufficiency;
- improve parenting skills; and
- improve coordination of and referrals to other community resources and supports for at-risk families

States will devote at least 75 percent of their ECHV allocations to evidence-based home visiting programs that have been established for a minimum of three years and are linked with a university or national home visiting program model with established comprehensive service standards.<sup>7</sup> The remaining 25 percent of funds may be used for new program models.

Eligible recipients of ECHV services include pregnant women and the child's father, and the parent or primary caregiver of a child from birth to kindergarten. Primary caregivers can include grandparents or other relatives, foster parents, and noncustodial parents with an ongoing relationship with the child. Participation in ECHV services will be voluntary and individualized to meet the unique needs of each family. ECVH must be directed to high-risk populations including families residing in communities identified by the statewide needs assessment.

In general, ECHV programs offer parent education, child development and support services to low-income, at-risk young children and their families. The services are typically offered in the family's home, or wherever the child is residing, to provide critical support to parents and increase the use of proven strategies to stimulate children's health, growth, and development. Home visits may incorporate modeling behavior and provide parents with suggestions on how the existing environment can be used to stimulate the child's development. ECHV is entirely voluntary; families are not required to receive it.

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 parental access to education and employment resources.<sup>8</sup> Programs have demonstrated

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<sup>7</sup> HHS is evaluating the evidence for existing ECHV programs and will release information about prioritized program models. A notice released by the Health Resources and Services Administration and the Children and Families Administration of HHS provides detailed information on how programs will be evaluated. Comments on the process are welcome through August 17, 2010.  
<http://www.thefederalregister.com/d.p/2010-07-23-2010-18013>

<sup>8</sup> Olds, D., Henderson, C. R., Cole, R. et al. 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*, 1998, 28 (14), 1238-1244; Gombay, D. S. *Home Visitation in 2005: Outcomes for Children and Parents*. Invest in Kids Working Paper No. 7, 2005; Child Welfare League of America. *Research Roundup: Parenting*. February 2005; 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)*, June 9, 2009. Available online at: <http://waysandmeans.house.gov/media/pdf/111/cwla.pdf>

improvements in birth outcomes, child health and development, and school readiness, and also reductions in child abuse and neglect.<sup>9</sup> There are many different home visiting program models being used nationally.<sup>10</sup> Among the best known and most thoroughly evaluated are the following:

- **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 model 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 high-need 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.
- **Parent-Child Home Program.** The model focuses on improving school readiness for children who may be at risk for educational delays due to poverty or parents' limited education, language or literacy levels. Trained home visitors develop parents' ability to educate and stimulate the development of their preschool children.
- **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 the provision of educational materials.

### **ECHV Benefits for Homeless Children**

ECHV seeks to improve the lives of young, at-risk children – a goal that is broadly shared by homeless providers. Helping families get connected to quality home visiting programs can reduce the risk of poor health outcomes and delayed development of young homeless children and the risk of family separation due to child welfare involvement. Home visiting programs can strengthen the family functioning of a very vulnerable subset of low-income families. The visits can take place in families' homes, in shelter programs, or in other settings.

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<sup>9</sup> Daro, D. *Home Visitation: Assessing Progress, Managing Expectations*. Chicago: Chapin Hall, 2006; and DiLauro, E. (2009). *Reaching Families Where They Live: Supporting Parents and Child Development through Home Visiting*. Washington, DC: Zero to Three, 2009.

<sup>10</sup> Information about program models listed here can be found in M. Wasserman. *Implementation of Home Visitation Programs: Stories from the States. (Issue Brief)*. Chicago: Chapin Hall, 2006.

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 who may be highly mobile. Early intervention with at-risk children can help mitigate some of the physical and emotional health issues associated with homelessness and result in improved 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.

Improving collaboration between home visiting providers and those offering services to families experiencing homelessness has the potential to benefit all concerned. Home visiting programs often experience dilemmas in working to meet the needs of families whose housing is insecure or who are homeless. They may lack the expertise and community connections needed to resolve housing issues. In turn, programs serving families experiencing homelessness sometimes struggle to support stressed parents in recognizing and responding to their young children's developmental needs. **Services to homeless families can be strengthened when home visiting programs and homeless providers join forces.**

### **More Information on ECHV Programs**

#### **Child Welfare Information Gateway: Home Visiting**

<http://www.childwelfare.gov/preventing/programs/types/homevisit.cfm>

#### **Florida State University - Center for Prevention and Early Intervention:**

<http://www.cpeip.fsu.edu/aboutCPEIP.cfm>

#### **Healthy Families America**

<http://www.healthyfamiliesamerica.org/home/index.shtml>

#### **Healthy Start** (funded by HRSA, Maternal & Child Health Bureau)

- HRSA:

<http://mchb.hrsa.gov/healthystart/phase1report/>

- National Healthy Start Association: <http://www.healthystartassoc.org/>

#### **Home Visit Forum (Harvard Family Research Project)**

<http://www.hfrp.org/other-research-areas/home-visit-forum>

**Incredible Years - Home Visitor Coaching Model**

[http://www.incredibleyears.com/Products/supplemental\\_home-coach\\_self-admin-manual\\_preschool-basic.asp](http://www.incredibleyears.com/Products/supplemental_home-coach_self-admin-manual_preschool-basic.asp)

**National Center for Children in Poverty: State-based Home Visiting:  
*Strengthening Programs Through State Leadership***

[http://www.nccp.org/publications/pub\\_862.html](http://www.nccp.org/publications/pub_862.html)

**Nurse Family Partnership**

<http://www.nursefamilypartnership.org/>

**Parents as Teachers**

<http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272091>

**Parent-Child Home Program**

<http://www.parent-child.org/>

**Safe Care (Georgia State University)**

<http://chhs.gsu.edu/safecare/model.asp>

**Supporting Evidence-Based Home Visiting**

<http://www.supportingebhv.org/home-visiting-models>

**University of Minnesota - Center for Early Education and Development**

<http://www.cehd.umn.edu/ceed/publications/manuals/STEEPSIB>