

**Testimony of**

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**Insurance, Housing, and Community Opportunity Subcommittee**

**Financial Services Committee**

**U.S. House of Representatives**

**“The Homeless Children and Youth Act of 2011: Proposals to  
Promote Economic Independence for Homeless Children and  
Youth”**

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Good morning Representative Biggert, Representative Gutierrez, members of the Subcommittee. Thank you for the opportunity to provide testimony today on this very important subject. My name is Grace Whitney. I am a developmental psychologist and have worked in various capacities with very young children and their families for my entire career. For the past 15 years I have served as the director of the Head Start Collaboration Office in the State of Connecticut.

The Head Start Act provides for a network of State Collaboration Offices (one in each state and one each for American Indians and Alaskan Natives and Migrant and Seasonal Head Start) that connect Head Start with state systems that offer many of the services Head Start families need. State Collaboration Offices also share the resources and lessons learned in Head Start with state systems. The Head Start Act articulates the role of the State Collaboration Offices to develop partnerships with states in specific priority areas, one of which is children experiencing homelessness. In that vein, State Collaboration Offices work with service agencies providing homeless and housing services, including those funded by HUD. I began focusing on this priority area about ten years ago, when State Collaboration Offices were required to participate as Interagency Homeless Council members. I have been involved ever since.

### Homelessness and Head Start

Head Start is a natural partner for HUD homeless and housing service providers for several reasons. First, Head Start (including Head Start and Early Head Start) serves children from birth to age five and pregnant women and their families. Roughly half of children served in HUD-funded shelters are age 5 and younger. Second, Head Start is a comprehensive, two-generational program and therefore provides a full range of health, mental health, education, and social services and supports to young children and their families. Since families experiencing homelessness have multiple needs, Head Start is a perfect fit. Third, Head Start focuses its services on those families most in need. Head Start uses the McKinney-Vento education definition of homelessness. This is important because the education definition recognizes the full range of child and family homelessness witnessed by Head Start programs on a daily basis. Head Start is a mainstream program without sufficient capacity to serve all eligible children—in fact, with current funding, Head Start nationally serves less than 50% of eligible preschoolers and less than 5% of infants and toddlers. However, Head Start prioritizes doubled-up and other homeless young children due to their dire living circumstances and multiple risks that result which threaten their healthy development and learning.

In the 2010-2011 program year, 49,052 homeless children attended Head Start, and Head Start programs provided support for 44,242 homeless families. Through Family Partnership Agreements, Head Start helps families find stable housing. Finally, Head Start programs work closely with other service providers in their communities. They have experience in forming successful partnerships with other providers to better meet the multiple needs of families, and they work as community partners to address the challenges presented by homelessness.

### Impact of Homelessness on Young Children

Homeless living situations introduce serious threats to a young child's healthy development and learning. We know from the research that such instability causes 'toxic stress,' which occurs

when stress levels surpass the family's ability to nurture. Toxic stress has profound, life-long effects on health and productivity. For babies, toddlers and preschoolers, toxic stress causes developmental delays, including: physical delays and failure to thrive; higher incidence of illnesses such as ear infections, digestive problems and asthma; mental health problems such as trauma and depression; withdrawn or irritable behavior; and trouble eating and sleeping. Young children who are homeless are far less likely to regularly attend high quality early care and education programs if they attend at all, causing them to fall further behind their more advantaged and stably housed peers educationally every day. Many parents experiencing homelessness suffer from depression, which diminishes their ability to nurture. It further adds to the stress caused by poverty and exacerbates threats to healthy growth. Parents are challenged in being parents when they are in shelters, motels, or other people's homes. Parenting must be done in public, others may intrude on their decisions, and there may be too much uncertainty or lack of access to resources for planning ahead.

Young children need for their basic needs to be met. They need consistency, stability, routine and nurturing relationships to be able to thrive. Their brains are particularly responsive to experiences during early childhood. Their neural networks and genetic expressions are being created through an ongoing interplay between their biology and the environment in which they live. The architecture of their young brains is being sketched by the repetition of experiences, day by day, both positive and negative. Unhealthy conditions (lack of play space for movement, overcrowding, repeated changes in surroundings, chaotic or sterile settings, etc.), trauma, loss, hunger, lack of health care and education, stressed caregivers and invisibility accumulate and seriously jeopardize their healthy growth and development and their potential for a healthy future.

### Definitions of Homelessness

Families and children living in doubled-up and motel situations experience toxic stress. For example, one family served by a Connecticut Head Start program was doubled-up living in the basement of another family's house. There were tensions between the "host" family and the homeless family. The homeless family had nowhere else to go, and did not want to lose that arrangement. The host family did not want to hear the young children, so the children were not allowed to leave the basement. The children were compromised physically and emotionally and Head Start staff reported it to be very difficult to do home visits in such a restrictive and tense situation.

Doubled-up forms of homelessness put children at great risk, and create many barriers to services. One Head Start Family Services Manager described what she encounters this way: *"We have found that families do move from shelter to shelter or double up with one friend or family member then move to the next friend or family if the situation is crowded or issues arise. When they move from place to place they often have to re-qualify for services, provide documents yet again, or get at the end of a list. In most cases agencies are forgetting the needs of the children and focus on the adults in the family. Parents often cannot work on their goals if they do not have child care or support."* (Anneli Lisee, Head Start Home-based Manager, TVCCA Head Start/Early Head Start, Norwich, CT)

Similarly, living in a motel is not conducive to healthy child development, regardless of who pays for the motel room. A consultant in Massachusetts, where the state pays for families to stay in motels, shared her recent experience as a community volunteer with us this way: *“I know we have increasing homeless families with young children staying in motels including in my little sleepy town, Bedford. I volunteered in October cooking at the food pantry and met several families from the hotel. They have no kitchen, no food, and no child care arrangement for the preschool age kids. I think we all know the children need to have a safe place and nurturing conditions to thrive. We need to give the folks a universal check list to assure families with young children get what they need once they enter shelters or hotels.”* (Shirley Fan-Chan, Consultant, former family shelter director and former Training Director, Horizons for Homeless Children, Bedford, MA)

In Connecticut, many families use what little money they have to pay for a motel room. A former Early Head Start Manager and current McKinney-Vento Grantee provider and manager of the CT Infant Mental Health Association described her experiences this way: *“I have encountered families - including the ‘working poor’ - who are struggling to maintain the motel payment themselves. These are families forced from their homes for varying reasons, and ending up in motels, but are people with jobs who are utilizing those funds to make the motel payments. Their children are extremely vulnerable, living in extremely crowded rooms with numerous family members, and often have very limited food preparation options. Often, these environments are full of transient adults and outdoor areas are unsafe due to traffic, etc., so children are forced to stay inside these cramped quarters. Certainly not ideal for young children and infants/toddlers who need to MOVE! We work very quickly to get these children enrolled in programming in order to reduce these stressors and to offer them opportunities to engage in something safe, stimulating and enriching. Many of these families would be excluded per the HUD definition.”* (Anne Giordano, CT Association for Infant Mental Health, Litchfield, CT)

Clearly, young children living in motels and in doubled-up situations suffer from the uncertainty of these arrangements and could greatly benefit from expedited services and streamlined referrals. Shortening the duration of the stress these settings cause and their toxic effect on development must be the goal. For this reason, Head Start programs are required to identify homeless children under the McKinney-Vento education definition of homelessness for enrollment, and allow them to enroll while documentation is being obtained. Head Start staff work to obtain needed services as quickly as possible and work in whatever ways they can with community partners to remove barriers. Head Start services begin in whatever form is appropriate to prevent further disruption, to address the immediacy of need and to move children toward stability and security as quickly as possible.

In contrast, extensive documentation requirements, such as requirements for multiple moves, or “proof” that a family can only stay with another family for a short time, is difficult for families, if not impossible. Such requirements create additional delays, consume precious staff time and resources, and will set vulnerable young children even further behind. All young children experiencing homelessness need to be able to be identified and referred as homeless, including those in motels and doubled-up situations, to HUD-funded homeless programs in an efficient, expedited way. This recognizes the unique and urgent needs of very young children at a critical

juncture in their young lives. I understand that this is the policy envisioned by HR 32, the Homeless Children and Youth Act.

### Efforts in Connecticut to Increase HUD Programs' Awareness of Young Children's Needs

The insurmountable barriers that families in motels and doubled-up situations face in accessing HUD services is a severe problem for Head Start programs and the families we serve. However, in Connecticut we have found that even young children in HUD shelters often are not getting adequate services, due to a lack of awareness of their needs. Children in shelters are connected to the homeless and housing system, with access to many housing and supportive services that children in motels and doubled-up situations cannot obtain. However, many HUD shelters have policies and practices that reflect an insufficient understanding of young children. Shelter and housing services staff is seldom focused on the needs of young children and, in comparison to school-aged children, there is no expectation that young children attend school and therefore gain access to a system of services that can address their individual needs. Babies, toddlers and preschool children are all too often totally invisible in homeless programs because they are not considered to be the client. This is what we found in our state, and we worked through Head Start to begin to bridge this gap.

After surveying our family shelters, we found that while several had strong components of their programs to address a wide range of family needs, many of our shelters did not have these same resources. To address this problem, we entered into a partnership to bring local family shelters and Head Start programs together. As a result of this effort, not only were young children being identified and enrolled in Head Start, but the shelters became more nurturing environments, and shelter staff became aware of ways they could serve young children as clients, too. Head Start brought the family shelters into their community of early childhood and family service providers, and helped shelters access the range of services that families of young children need.

We quickly learned, however, that a dedicated focus on young homeless children must be facilitated and emphasized on a continual basis. Several years after our in-depth work in family homeless shelters, the need came to my attention through another initiative that two children from a homeless shelter were coming to Head Start hungry every day. It was not that there was a lack of food for shelter residents, but that shelter practices, such as the catered meals, a rigid shelter meal time schedule, and strict rules against bringing into the shelter children's food items that teachers sent home, were inconsistent with the nutritional needs of young children. Shelter staff was not knowledgeable about children and nutrition and how hard it can be to keep children eating well, especially when they are stressed. In fact, the nutritional needs of infants, toddlers and preschoolers has become one of the top items for us to address. Another has been basic indoor and outdoor safety. We also have identified children living in homeless shelters with visible disabilities who were not yet receiving early intervention or special education services. I had seen this ten years ago when we conducted our first statewide survey of needs, but I was surprised to still be finding this. But staff change. Referral processes change. Budgets are stretched. And young children fall through the cracks. We must be vigilant with our efforts. The extreme needs of this population require extreme outreach to ensure that families receive the multiple services and supports they need to succeed and that young children stand a chance for healthy lives in the future.

For HUD to partner with Head Start and to be brought into the early childhood system could be very productive for children, families, and communities. Partnering with Head Start could help to inform HUD homeless policy about the needs of young children – after all, children are clients too. We can share information about the homeless families we serve, including those in motels and doubled-up situations. Families who are homeless experience multiple problems and it takes multiple systems working together to really support them through their crisis and on to success. None of us can do it alone.

### Concluding Statement


In closing, we all share the goal of ending family homelessness. However, without dedicated, focused, and specific attention to the needs of all young children experiencing homelessness – shelters, motels, cars, campgrounds, and doubled-up situations – we will fall far short of this goal. Toxic stress has lifelong impacts, and predisposes young children to school failure, poor health outcomes throughout their lifetimes, ongoing unproductiveness and instability, and even homelessness as adults. To break these cycles, including the cycle of homelessness, we must evaluate all homeless and housing policies, including definitions of homelessness, from a child development perspective. We must ensure housing policies recognize the very dire and real consequences, to literally our health as a nation, of doing anything less.

Thank you again for the opportunity to share my experiences and those of local Head Start programs in the State of Connecticut with you today.

United States House of Representatives  
Committee on Financial Services

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Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Financial Services require the disclosure of the following information. A copy of this form should be attached to your written testimony.

<b>1. Name:</b>  Grace-Ann Caruso Whitney, PhD, MPA, IMH-E (IV)	<b>2. Organization or organizations you are representing:</b>  CT Head Start State Collaboration Office
<b>3. Business Address and telephone number:</b> <div style="background-color: black; height: 40px; width: 100%;"></div>	
<b>4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>5. Have any of the organizations you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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