

4811

ADAPTING HEAD START FOR HOMELESS FAMILIES

**Kerry Traylor
Lorelei Brush
Shirah Cohen**

PREPARED UNDER CONTRACT FOR:

**Office of the
Assistant Secretary for Planning and Evaluation,
U.S. Department of Health and Human Services**

BY:

**Pelavin Associates, Inc. and
Urban Institute**

APRIL 12, 1993

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	v
Study Objectives	vi
Study Methodology	vi
Critical Issues in Serving the Homeless	vii
Issues Regarding Head Start Regulations and Performance Standards	vii
Funding Issues	viii
Technical Assistance Issues	viii
Potential Policy Actions	ix
Additional Policy Guidance and Clarification	ix
Funding Mechanisms for Homeless Service Provision	x
Technical Assistance for Grantees	x
Technical Assistance Topics for Improving Head Start Services to Homeless Children ..	xi
CHAPTER 1: INTRODUCTION	1
Study Objectives	2
Study Methodology	3
Organization of the Report	8
CHAPTER 2: THE EXTENT AND NATURE OF CHILD HOMELESSNESS	11
Characteristics of Homeless Families	13
Physical Illness	14
Cognitive Development and Psychological Well-Being	15
History of Head Start Services to Homeless Children	16
Head Start Innovation Grants, 1985-1987	18
Family Support Projects, 1991	19
ACF Memorandum, June 1992	19
Head Start Homeless Families Demonstration Project, FY93	20
CHAPTER 3: CRITICAL ISSUES IN SERVING HOMELESS CHILDREN	21
Issues Regarding Head Start Regulations and Performance Standards	22
Average Daily Attendance Standard	22
Immunization and Health Screenings Standards	24
Parental Participation	25
Family Needs Assessments	26
Program Information Report Enrollment Data	27
Complexity of Head Start Application	27
Bilingual Classroom Staff	28
Funding Issues	28
Extended Hours of Service	29
Additional, More Experienced Staff	30

TABLE OF CONTENTS (Cont.)

	Page
Transportation	31
Emergency Funds	32
Facility Expansion	32
New Sources of Funding	32
Technical Assistance Issues	33
Lack of Infant and Toddler Care	34
Interagency Coordination	35
staffing	37
Classroom Environment and Developmental Curriculum	38
Choice of Program Option	39
Resource Center Assistance	39
CHAPTER 4: POTENTIAL POLICY ACTIONS TO IMPROVE HEAD START SERVICES TO HOMELESS CHILDREN	41
Additional Policy Guidance and Clarification	41
PIR Questions on Homeless Services	43
Federal Communication with Regional Staff and Grantees	45
Possible New “Program” for Homeless Families	46
Funding Mechanisms for Homeless Service Provision	53
Full-Scale Survey of Grantees	54
National Workshop on Serving the Homeless	55
Potential New Program for Homeless Families	56
Technical Assistance for Grantees	60
Technical Assistance Roles for Federal Staff	60
Technical Assistance Roles for Regional Staff	61
CHAPTER 5: TECHNICAL ASSISTANCE TOPICS FOR IMPROVING HEAD START SERVICES TO HOMELESS CHILDREN	65
Community Needs Assessments	66
Recruitment and Outreach	66
Interagency Coordination	67
Impetus for Coordination	68
Structure of Interagency Coordination	69
Functions of Interagency Coordination	71
Coordination Pitfalls	72
Mechanisms for Federal Program Coordination	74
Advantages of Coordination	78
Disadvantages of Interagency Coordination	83
Therapeutic Program Development	84
Strategies for Children	84
Strategies for Parents	87

TABLE OF CONTENTS (Cont.)

	Page
Choice of Program Option and Location	90
Center-Based Program with Full Integration of Homeless Children	90
Separate Center-Based Classrooms for Homeless Children	90
Shelter-Based Classrooms	92
Center-Based Programs in Transitional or Service-Enriched Housing Facilities ...	93
Mobile Center-Based Programs	95
Home-Based Programs	95
Medical Immunizations and Health Screenings	96
Fund-Raising and Fund Management	97
Staff Development	98
Record-Keeping and Follow-Up	100
Afterword: The-Importance of Affordable Housing	101
CHAPTER 6: CONCLUSION	103
Critical Issues in Serving the Homeless	103
Issues Regarding Head Start Regulations and Performance Standards	103
Funding Issues	104
Technical Assistance Issues	105
Potential Policy Actions	105
Additional Policy Guidance and Clarification	106
Funding Mechanisms for Homeless Service Provision	106
Technical Assistance for Grantees	107
Technical Assistance Topics for Improving Head Start Services to Homeless Children ..	107
BIBLIOGRAPHY	111
APPENDIX: Summaries of Telephone Interviews	

ADAPTING HEAD START FOR HOMELESS FAMILIES

**Merry Traylor
Lorelei Brush
Shirah Cohen**

PREPARED UNDER CONTRACT FOR:

Office of the
**Assistant Secretary for Planning and Evaluation,
U.S. Department of Health and Human Services**

BY:

**Pelavin Associates, Inc. and
Urban Institute**

APRIL 12, 1993

EXECUTIVE SUMMARY

As an enormously successful and comprehensive child development program, Head Start is, in many ways, uniquely qualified to serve homeless families and children. In fact, over 500 Head Start agencies, or approximately one-quarter of the total, reported that they were serving the homeless in their 1991 and 1992 Program **Information** Reports (**PIR**). Moreover, several grantees have pioneered the development of homeless child development programs through the use of Head Start Innovation or **Family** Support Project grants.

However, in its July 1990 **report** on the social service needs of homeless families, Macro systems, **Inc. stated that:**

Preschool programs, including Head Start, are not serving the majority of homeless preschool-age children because of lack of capacity and because hours of operation and program performance incentives regarding attendance and **followup** tend to exclude homeless **children**.¹

This study led to interest from the Interagency Council on the Homeless in an exploration of what Head Start could do to encourage grantees to serve more homeless children and their families.

The Office of the Assistant Secretary for Planning and **Evaluation** (ASPE) commissioned the Urban Institute and Pelavin Associates to conduct a task order that **would** examine policy options.

This report is the culmination of that work.

Since the present study was begun, the Clinton Administration has taken office and has focused increased attention on the Head Start program. A major expansion of Head Start is planned, and concerns have developed about the quality of services delivered by some grantees.

¹ Macro Systems, Inc. *Homeless Families with Children: Programmatic Responses of Five Communities. Volume I: Cross-Site Comparisons and Findings*. Washington, DC: Assistant Secretary for Planning and **Evaluation**, U.S. Department of Health and Human Services, May 1991, vi.

The **Administration on Children and Families (ACF)**, which manages Head Start at the Federal level, has initiated a comprehensive review of the program and its future directions. An important component in this review will be an examination of ways to make the program more responsive to families and communities. Addressing the needs of homeless families is one element of responsiveness to community and family needs.

Study Objectives

The **specific** purposes of this task order were to:

- Examine critically the ability of Head Start programs to meet the needs of families living temporarily in emergency shelters; and
- Identify adaptations to the standard Head Start options which could assist grantees in serving homeless families more easily and effectively.

Study Methodology

In accomplishing our study's objectives, we first performed a review of the literature concerning homeless children and families' needs and extant programs or models designed to serve them. We next conducted telephone diiions with 33 providers of child development programs, both inside and outside of Head Start., and a few advocacy groups. Our telephone discussions provided us with a general understanding of Head Start's current capacity to provide services to the homeless and the remaining barriers grantees felt existed to effective service provision. Third, we conducted site visits to three sites (Bucks County, Pennsylvania; Chicago, Illinois; and Portland, **Oregon/Seattle**, Washington) to examine their services for the homeless **in-**depth.

The policy issues, proposed Head Start program modifications, and topics for technical assistance in this report reflect what we have learned about the needs of homeless children and families and about the current state of Head Start's efforts to serve those needs.

Critical Issues in Serving the Homeless

One of the objectives of this report was to identify the barriers that prevent grantees from serving more homeless clients in a highly effective manner. Through our telephone discussions and site visits, we discovered that barriers could be grouped into three categories: issues **regarding** Head Start regulations and Performance **Standards**; issues of funding and resources; and issues related to grantees' needs for technical assistance.

Issues Regarding Head Start Regulations and Performance Standards

Some Head Start regulations and Performance Standards are perceived as impediments to serving homeless families by grantees:

- **Average daily attendance (ADA)**. Since many grantees feel that an ADA of 85 percent is an unreasonable expectation for this transient and high-risk population, they do not attempt to serve them at all.
- **Immunizations and health screenings**. Some grantees feel they cannot comply with Head Start's health policies for the homeless due to families' transience, the lack of medical providers who will serve the homeless, and families' difficulty in keeping medical appointments.
- **Parental participation**. Homeless parents usually lack free time, transportation, and the child care they need to attend Head Start functions.
- **Family needs assessments**. Some grantees would like partner social service agencies with case management responsibilities for homeless families to prepare family needs assessments but are unsure whether Head Start would allow this.
- **Program Information Report (PIR) enrollment data**. Grantees may not understand — or be able to justify, to Regional Offices — that they can use alternative months for the report of enrollment data, not only November and May as listed on the form.

- **Complexity of Head Start application.** Grantees may not understand that Head Start does not **set requirements** for the length and complexity of the application, that they can simplify applications, and that they should provide assistance to families who need it.
- **Bilingual classroom staff.** Since they are enrolling newly **arrived** immigrants from so many different countries, grantees in some areas may **find** it difficult to provide bilingual staff or **staff** who are aware of **all** children's **cultures**.

Funding Issues

Grantees **feel** that homeless **service** is more costly per slot **than regular** service and that they lack the additional funding to serve this population. They mentioned the need for additional resources to provide: (1) extended hours of service; (2) more experienced counseling **and** case management **staff**; (3) additional transportation services; **(4)** emergency resources such as food, clothing, and medications; and (5) facility expansion and renovation. Although they recognize they may need to solicit wrap-around funds from other sources, multiple funding sources can create problems of fund management and regulatory complexity.

Technical Assistance Issues

Many of the Head Start staff we interviewed need technical assistance in order to learn how they can successfully deliver services to homeless **children**. For instance:

- **Infant and toddler care.** Many grantees have been unable to **find** a way to serve infants and toddlers and see this as a major barrier to **servicing** the homeless.
- **Interagency coordination.** Many grantees could use technical assistance to learn about the most efficient mechanisms for coordinating interagency support.
- **Staffing.** Homeless families are a challenging population that create heavy demand on staff time and often require additional staff expertise and training.
- **Classroom environment and developmental curriculum.** Grantees may require **assistance in** developing appropriate program activities and therapeutic exercises for homeless children.
- **Choice of program option.** Grantees may need guidance concerning the **kind** of program option they should establish for homeless families, and the advantages or disadvantages of each choice.

Grantees feel that Head Start's Regional Resource Centers (**RCs**) should provide increased training and technical assistance in these areas.

Potential Policy Actions

Both our telephone interviews and site visits suggested that adaptations of policies and new approaches may be needed to improve the ability of grantees to serve the homeless. Below we outline some policy options that could address each of the three major categories of issues that grantees feel are impediments to homeless service provision: Head Start regulations that are perceived as inappropriate or inflexible, lack of adequate program funding, and needs for various kinds of technical assistance and training.

Additional Policy Guidance and Clarification

In this section, we suggest that:

- **PIR data.** Federal Head Start staff could obtain a more complete picture of the services offered to homeless families and the perceived barriers to service provision by adding several questions to the rotating section of the annual Program Information Report (PIR).
- **Information dissemination.** **The National Office** could provide further training and written guidance to all regional staff about the intent of Head Start guidelines for working with the homeless. National **Office** staff could also communicate its regulatory intent directly to grantees through a one-day national workshop on homeless service provision, preceding the annual National Head Start Association meetings.
- **New “program.”** Another possibility would be to implement a new Homeless Program to encourage grantees to serve a larger number of homeless children and families. This new program would be similar in nature to the Migrant and Indian Programs, in that it would be expected to offer comprehensive Head Start services, with certain well-defined differences. However, Federal management of the new programs would still occur through the Regional Offices and the Migrant and Indian Programs.

Funding Mechanisms for Homeless Service Provision

Because of the complexity of homeless families' needs, service provision to this population is **more** expensive, and grantees are struggling to locate additional funding for **recruitment**, new enrollment slots, **transportation**, more experienced staff, emergency provisions, extended service hours, and infant and toddler care. A number of steps might be taken to address **these issues:**

- **National survey.** **Head Start** could design a survey of grantees to ascertain estimates of the number of homeless families served, the services provided to this population, and the costs associated with these services. Survey questions could also be used to obtain some idea of the size of the unserved Head Start-eligible homeless population.
- **National workshop.** **Head Start** could design a one-day national workshop for grantees on funding services for the homeless.
- **Demonstration program.** A demonstration grant program could be used to determine whether homeless families are best served through a home-based, separate center-based, or integrated mainstream center-based option.
- **New program account.** A new Homeless Program could be funded through a new program account in a manner similar to the introduction of Program Account 26 for children with disabilities: grantees could apply for monies from this program account to fund all additional services required by the homeless population.
- **Funding linkages.** **Since wrap-around funds add complexity to the process of fund management and regulatory compliance for local grantees, HeadStart's Federal staff could begin an initiative to create agreements at a national or state level for the funding of program services by multiple sources.**

Technical Assistance for Grantees

Since **grantees** feel the need for training and technical assistance in methods of serving the homeless, we identify ways that **Federal staff at the national and regional levels and Resource Center staff** could take a more active role in the provision of this assistance:

- **National Office.** **Staff could make sure that the findings of each data-gathering effort, such as PIR questions, a national survey, and new program evaluations, are disseminated through information memoranda, technical assistance manuals, and presentations at national and regional meetings.**

- **Regional Office. Program Specialists could assist grantees in understanding** the flexibility in Head Start regulations. They could also assist and encourage grantees to apply for new homeless service funds.
- **Resource Center.** One Resource Center staff member in each region could be assigned the **responsibility** of providing in-person assistance to grantees on topics of homeless service.

Technical Assistance Topics for Improving Head Start Services to Homeless Children

Technical manual(s) could be prepared for grantees that provide examples of the critical elements of effective homeless service provision. The manuals should be based on detailed case studies of Head Start grantees and outside providers who are currently serving the homeless through innovative programs. Case studies should address program objectives, client characteristics, concrete service delivery mechanisms, and program outcomes. Suggestions for models of service delivery and technical guidance would be advantageous in each of the following areas: community needs assessments; recruitment and outreach; interagency coordination; therapeutic program development; choice of program option and location; medical **immunizations** and health screenings; fund-raising and fund management; staff development; and record-keeping and follow-up.

In conclusion, there are a large number of options for Head Start in its goal to improve services for homeless children and their families. The program can make a lasting **difference** for this population. However, Head Start's efforts need to be strongly supported by other adequately funded and effective programs that target the full range of barriers to homeless families' **self-sufficiency**. Interagency cooperation at the local and the national level will prove a key to success.

1

2

3

CHAPTER 1

INTRODUCTION

The homelessness that emerged in the 1980s is not a new phenomenon but is more troubling than that of earlier periods because of its pervasive and enduring nature? Federal attention to the crisis has increased with the **realization** that the number of homeless is expected to grow through the **rest** of the century and that large numbers of families and children will be affected. Passage in 1987 of the **McKinney** Homeless Assistance Act, **authorizing** funding for a wide range of homeless benefits and programs, is evidence of the Federal Government's concern over this issue. The **McKinney** Act's creation of the Federal Interagency Council on the Homeless is helping the government to launch a coordinated attack on the problem.

As part of its role in the larger Federal assault on homelessness, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services (**HHS**) commissioned Macro Systems, Inc. in July 1990 to study the specialized needs of homeless families and to examine the "state of the art" of social services provision for this population. One of Macro's major cross-site findings was that:

Preschool programs, including Head Start, are not serving the majority of homeless preschool-age children because of lack of capacity and because hours of operation and program **performance** incentives regarding attendance and **followup** tend to exclude homeless **children**.³

The report recommended that Head Start modify its regulations to accommodate more homeless children and families. **Specifically**, it suggested altering the program's hours and age

² Ruth Ellen **Wasem**. CRS Issue ***Brief Homelessness: Issues and Legislation in the 102nd Congress***. Washington, DC: Congressional **Research** Service, The Library of Congress, August 26, 1992, 1.

³ Macro Systems, Inc., vi.

requirements, performing outreach to homeless **shelters**, and offering “requirements waivers” to grantees?

Macro’s study led to interest from the Interagency Council on the Homeless in an exploration of what Head Start is doing to serve homeless children and their families and what they might be expected to do in the future. As a result of these concerns, the Office of the Assistant Secretary for Planning and **Evaluation** (ASPE) commissioned the Urban Institute and **Pelavin Associates** to conduct a task order that would examine these issues in greater detail. This report is the culmination of that work.

Since the present study was begun, the Clinton Administration has **taken office** and has focused increased attention on the Head Start program. A major expansion of Head Start is planned, and concerns have developed about the quality of services delivered by some grantees. The Administration on Children and Families (**ACF**), which manages Head Start at the Federal level, has initiated a comprehensive review of the program and its future directions. An important component in this review will be an examination of ways to make the program more responsive to families and communities. Addressing the needs of homeless families is one element of responsiveness to community and family needs.

Study Objectives

The specific purposes of this task order were to:

- Examine critically the ability of Head Start programs to meet the needs of families living temporarily in emergency shelters; and
- Identify adaptations to the standard Head Start options which could assist grantees in serving homeless families more easily and effectively.

⁴ *Ibid.*, 86.

In order to satisfy these objectives, we needed to:

- Review homeless families' and children's special problems and resulting needs;
- **Identify** the barriers to effective service delivery for homeless families and the disincentives that exist for Head Start grantees in serving this population;
- Determine to what extent homeless families can be **accommodated in Head Start** under current program guidelines, and whether additional **flexibility** is necessary to enable grantees to serve homeless families effectively; and identify any disadvantages to this additional **flexibility**; and
- To the extent that it proves disadvantageous to serve homeless families (or a subgroup of homeless families) within the traditional Head **Start** model, design alternative options which would allow grantees to serve these families during their period of homelessness and link them to standard Head Start **programs once** they locate longer-term housing.

Study Methodology

In accomplishing our study's objectives, we first performed a review of the literature concerning homeless children and families' needs and extant programs or models designed to serve them, both inside and outside of Head Start. In general, we found extensive material documenting the causes of homelessness and its impact on children and families, but very little literature about promising or **tested service** delivery models.

We next conducted telephone discussions with 33 providers of child development programs, both **inside** and outside of Head Start, and a few advocacy groups. **Specifically**, we spoke with 14 Head Start grantees who currently serve a number of homeless children, 4 grantees who serve no homeless families, **12 service** providers outside Head **Start**, and **3 homeless** advocacy groups. Exhibit 1 provides a list of our telephone **interviews**. Appendix A provides a brief summary of each interview.

EXHIBIT 1

Telephone Interviews for Head Start Homeless Task Order

	Geography					Community Type			Program Type			
	East	Mid-West	South	North-west	West	Urban	Suburban	Rural	Head Start Serving Homeless	Head Start Not Serving Homeless	Shelter/ Other Provider	Advocacy Group
Beverly, MA - North Shore Community Action program Head Start	X						X		X			
Bucks County, PA - Head Start - Homeless Student Initiative - American Red Cross Shelter	X X X						X X X		X		X	X
Newark, NJ - Newark Pre-School, Inc. Head Start - Leaguers, Inc. Head Start	X X					X X			X	X		
Washington, DC - Junior League of Washington Bright Beginnings	X					X					X	
Chicago, IL - Archdiocese of Chicago Head Start - Salvation Army Head Start - Ounce of prevention Head Start		X X X				X X X			X X	X		
Columbus, Ohio - Warren County Community Services Head Start - public Children Services Association of Ohio - Child Development Council of Franklin County Head Start		X X X				X X X		X	X X X			X

EXHIBIT 1

**Telephone Interviews for Head Start Homeless Task Order
(Continued)**

	Geography					Community Type			Program Type			
	East	Mid-West	South	North-west	West	Urban	Suburban	Rural	Head Start Serving Homeless	Head Start Not Serving Homeless	Shelter/ Other Provider	Advocacy Group
Detroit Lakes, MN - Mahube Community Council Head Start		X						X	X			
Minneapolis, MN - Parents in Community Action Head Start		X				X			X			
St. Louis, MO - Cathedral Cooperative Child Care Center		X				X					X	
Atlanta, GA - Clark-Atlanta University Head Start - Our House - Atlanta Children's Shelter - Atlanta Task Force for the Homeless			X			X	X		X		X	X
Gladstone, OR - Migrant and Indian Coalition Head Start					X			X	X			
Seattle, WA - Neighborhood House Head Start ¹ - Highline Head Start Parent Org. - Morningsong - Homeless Children's Network				X		X			X	X		X

EXHIBIT 1

**Telephone Interviews for Head Start Homeless Task Order
(Continued)**

	Geography					Community Type			Program Type			
	East	Mid-West	South	North-west	West	Urban	Suburban	Rural	Head Start Serving Homeless	Head Start Not Serving Homeless	Shelter/ Other Provider	Advocacy Group
Albuquerque, NM - Collaborative <i>Homeless Assistance</i> Program					X	X					X	
Denver, CO - Warren Village					X	X					X	
Houston, TX - Casa de Esperanza					X	X					X	
San Diego, CA - Episcopal Community Services Head start - Joan Kroc & Bishop Maher Center - Metropolitan Area Advisory Committee Head Start					X	X			X		X	
San Jose, CA - Santa Clara county Office of Education, Family Living Center Head Start					X	X			X			

¹ Interviewed on site, not by telephone.

In these telephone interviews, we **asked** respondents to:

- Describe program characteristics, such as the number of homeless children served, hours of operation, and client characteristics;
- If they served the homeless, **describe** the successful methods they have used to accommodate this population;
- Describe remaining barriers to serving the homeless; and
- Discuss ways in which they felt Head Start could assist them to improve services to homeless children and families.

Our telephone discussions provided us with a general understanding of Head Start's **current** capacity to provide services to the homeless and the remaining barriers grantees felt existed to effective service provision. We learned that many grantees feel current Head Start program standards and parameters make services to the homeless more difficult and that even those grantees who are serving the homeless are serving a relatively small number.

In addition, the interviews enabled us to begin thinking about potentially effective ways to modify the Head Start program and about important kinds of technical assistance that grantees might require for working with the homeless. We were thus able to create a detailed outline of the policy issues Head Start needs to address and potential options for removing the obstacles to increased services for the homeless.

Site visits **were** conducted to three sites (Bucks County, Pennsylvania; Chicago, Illinois; and Portland, Oregon/Seattle, Washington) to broaden our initial analysis and confirm or modify our tentative conclusions. Sites were chosen from among the group of telephone respondents and were **selected** on the basis of the following criteria:

- Study as many groups as possible during each site visit. Ideally, this included:
(1) one or more Head Start providers that are currently serving the homeless; and
(2) either a Head Start provider that is not serving the homeless or an outside provider, advocacy group, or shelter that has creative programs or plans for serving homeless children.

- Focus on Head **Start** or outside homeless service providers that exhibit:
 - strong collaborative arrangements with other community service providers for serving the homeless; and
 - creative funding arrangements for serving homeless children and families' intensive needs.
- Visit a mix of geographic regions throughout the country serving a variety of racial and ethnic groups and community types (i.e., urban, suburban, rural).

The individual programs that we visited at each site are **summarized** in **Exhibit 2**.

The policy issues, possible Head **Start** program modifications, and topics for technical assistance in this report reflect what we have learned about the needs of homeless **children** and families and about the current state of Head Start's efforts to serve those needs. We have made every effort to accurately communicate grantees' opinions and to craft realistic policy options that reflect their thinking and experience. At the same time, we have tried to remain sensitive to the cost implications of any solution and to the need for program accountability. Wherever possible, we have illustrated our findings and conclusions with specific examples from our telephone discussions or site visits.

Organization of the Report

Chapter 2 of the report reviews the dimensions of the problems of family homelessness and the consequences of homelessness for children's physical health and emotional and cognitive development. We then present a brief history of Head Start's efforts to serve the homeless as background for the study. In Chapter 3, we document the critical programmatic issues and barriers surrounding homeless service provision communicated to us by Head Start grantees, outside providers, and advocates. Then, in Chapter 4, we outline a number of policy options for improving Head Start services to the homeless. These policy options **are** organized into initiatives

EXHIBIT 2

Site Visit Interviews

Bucks County, Pennsylvania — December 7-10, 1992

Bucks County Head **Start** — Nancy **Hunziker**, Executive Director
Bucks County Homeless Student Initiative — Tom **Norlen**, **Educational** Liaison
Bucks County American Red Cross shelter — Nancy Stroukoff, Director. of Shelter
Services
Bucks County Children's Committee — Tom **Norlen**, Chairman
Family Service Association of Bucks County — Audrey Tucker, Executive **Director**;
Kathleen **De** Cato, Counseling Program **Supervisor**; Kathleen White, Senior **Case**
Manager

Woodburn, Oregon and Seattle, Washington — December 14-16, 1992

Migrant and Indian Coalition Head Start — Juanita **Santana**, Director
Neighborhood House Head Start — Frank **Dieni**, Director
Seattle Homeless Children's Network — **Lynne** Jensen, **Director**
Morningsong **Homeless** Families Support Center — Joan Poliak, Director
Broadview Homeless Family Shelter — Jennifer Johnson, Children's Advocate

Chicago, Illinois — January 4-5, 1993

Ounce of Prevention Head Start — Brenda **Dobbins**, Director
· Center for Successful Child Development — Dorothy Coleman, Director of
Children's Services

Salvation Army Head Start — **Becki** Baker, Director
· Family Outreach Initiative — Daria Svetina, Former **Director**

to address each of the barriers to Head Start's more extensive involvement with the homeless. In Chapter 5, we discuss further issues on which Head **Start** grantees may require technical assistance if they are to work successfully with a homeless population. Finally, in Chapter 6 we conclude with a brief synopsis of the global barriers homeless families face in order to place Head Start's role and opportunities in a broader Federal context.

xxx

CHAPTER 2

THE EXTENT AND NATURE OF CHILD HOMELESSNESS

Measuring the size of the homeless population in the United States is **difficult** at best, because the rate of homelessness is affected by the definition of “homeless&s” used and the type of community under examination. The **McKinney** Act provides the definition used in this report:

A homeless individual is

(1) An individual who la& a fixed, regular, and adequate nighttime **residence**; and (2) an individual who has a primary nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), **(b)** an institution that provides a temporary residence for individuals intended to be **institutionalized**, or, (c) a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings (P.L. **100-77**, July 22, 1987).

Some studies have estimated rates of homelessness based solely on shelter occupancy and have missed those living on the streets. Others have gone so far as to include counts of doubled-up households, including among the homeless those individuals and family units who temporarily reside with family or friends (as long as they do not intend to stay for more than **45** days).⁵

Researchers using only the shelter population will underestimate the rate of homelessness; those counting doubled-up households will overestimate the number — at least in **McKinney** Act terms.

Similarly, since homelessness is a mom **significant** problem in cities than in suburban and rural **areas** and varies across cities, the sites which **are** used to generate the estimates will affect the **calculated rates**.

⁵ D. Roth *et al.*, *Homelessness in Ohio: A Study of People in Need* Columbus, Ohio: Ohio Department of Mental Health, Office of Program Evaluation and Research, 1985.

To estimate the size of the homeless population, we turned to two reports which **define** the homeless population in a manner close or equivalent to the **McKinney** Act and **carefully** sample homeless populations nationally to obtain their estimates. In 1984, the Department of Housing and Urban Development (HUD) estimated that **there** were between 250,000 and 350,000 homeless people in the **U.S.**⁶ In 1987, the Urban Institute projected that a total of 500,000 to 600,000 people were homeless during a seven-day period in March? Thus, the number of homeless appears to be growing: it doubled in size from 1984 to 1987. **In** addition, Burt and Cohen conclude that since data suggest that the number of people homeless during the course of a year is approximately double the number homeless at any given time, these figures imply that more than 1 million people in the United States were homeless at some time in 1987.

More importantly for this study, the characteristics of the homeless population **are** changing. The popular perception of **homelessness** as a problem specific to single male alcoholics is increasingly **inaccurate**; today the most rapidly increasing **segment of** the homeless population is families with children.* According to Burt and Cohen, approximately 23 percent of the recent homeless population are members of families.⁹ Recent estimates of homeless children suggest that between 60,000 and 100,000 are homeless nightly, and that between 100,000 and 500,000 are homeless **annually**.¹⁰ Many more are living “doubled-up” with friends and **relatives** in very tight

⁶ Department of Housing and Urban Development. ***A Report to the Secretary on the Homeless and Emergency Shelters.*** Washington, DC: Department of Housing and Urban Development, Office of Policy Development and Research, 1984.

⁷ M.R. Burt and B.E. Cohen. ***America's Homeless: Numbers, Characteristics, and Programs that Serve Them.*** Washington, DC: Urban Institute Press, 1989 (Urban Institute Report **89-3**), **32**.

⁸ Ellen L. Bassuk ***et al., eds., Community Care for Homeless Families: A Program Design Manual.*** Newton Center, Massachusetts: The Better Homes Foundation, **1990**, **7**.

⁹ Burt and Cohen, 40.

¹⁰ Macro Systems, Inc., 8.

quarters. According to a 1989 Government Accounting Office (GAO) **report**, approximately 186,000 children are residing in such **circumstances**.¹¹

Characteristics of Homeless Families

According to Butt and Cohen, a “typical” homeless family is headed by a female who is single, **separated**, or divorced.¹² Other statistical data suggest that the average age of the mothers is 27, and that they have two or three children, most of whom are five years old or **younger**.¹³ Homeless adults with children have been without a steady job for an average of 43 months; most have been and/or are now receiving welfare assistance and food stamps.”

In addition to economic hardship, homeless parents may be experiencing mental health problems, domestic violence, and substance abuse. Often, their problems are exacerbated by family dysfunction and estrangement.¹⁵ Having been abandoned by friends and **relatives**, they are now abandoned, in a larger sense, by the social safety net of their communities as well. Overwhelmed by the enormity of their problems, they have little time or energy to properly **nurture** their children, who thus suffer further neglect and hardship. As a result., **homelessness** has

¹¹ *Ibid.*, 7.

¹² M.R. Burt and B.E. Cohen. ***Feeding the Homeless: Does the Prepared Meals Provision Help?*** Washington, DC: The Urban Institute. Report prepared for the Food and Nutrition Service, U.S. Department of Agriculture, and submitted to Congress October 31, 1988, 40.

¹³ **Bassuk et al.**, 7. ***These statistics may*** not account for the teenage children in many homeless families, who are often separated from their parents, since many **shelters** will not admit them.

¹⁴ **Burt and Cohen**, 41.

¹⁵ Macro Systems, Inc., 9.

detrimental effects on children's physical health, as well as on their cognitive, psychological, and social development.

Physical Illness

Homeless children's crowded and unsanitary living environments expose them to a wider variety of **diseases** and infections than housed **children** are exposed to. In addition, homeless children do not receive regular preventive care, such as **immunizations**, that are essential for healthy physical **development**.¹⁶ Good health is also dependent on regular sleep and a proper diet, which homeless children rarely obtain. Shelter environments are often noisy and unsafe, and families are frequently asked to leave the shelter by mid-morning. Parents often lack the education or energy to provide well-balanced meals and **are** sometimes further deterred by a lack of refrigeration and **cooking** facilities in the places where they live. Even homeless shelters do not always prepare three meals a day that are designed to accommodate the nutritional needs of children. Children may end up eating irregular meals that are high in fat content and low in nutritional **value**.¹⁷

All of these factors **combine** to ensure that homeless children experience more chronic and acute illnesses than other children. A study conducted by Miller and **Lin** in 1988 found that homeless children experience fair to poor health four times more often than other **children**.¹⁸ According to data from **Health** Care for the Homeless programs, twice as many homeless children for whom medical **care** is sought suffer from chronic physical disorders, such as anemia,

¹⁶ One study found as many as 49 percent of homeless children with **immunization** delays, compared to 12 percent of other children. (**Bassuk et al.**, 68)

¹⁷ **Bassuk et al.**, 68.

¹⁸ *Ibid.*

peripheral vascular **disease**, heart disease, and neurological disorders than do poor housed children.¹⁹

Cognitive Development and Psychological Well-Being

Homeless children also suffer from the disruption and instability in their lives. They frequently face loss of familiar surroundings, friends and toys in addition to living with uncertainty about the future. Restrictive physical environments in shelters or motels make it difficult for children to play and explore their world. Because parents **are** dealing with so many stresses, they are often unable to give their children enough attention and stimulation. *Studies* show that, as a result of the emotional distress their circumstances create, many homeless children show signs of depression, anxiety, and behavioral problems. One study found that, in **comparison** with housed “normal” children, “the’ homeless children had poorer attention, more trouble sleeping, delayed speech, and were **more** likely to exhibit aggressive **behaviors**, shyness, and **withdrawal.**”²⁰ In her observations of homeless children, Molnar documented behaviors such as “regressive toddlerlike behaviors, inappropriate social interaction with adults, **immature** peer interaction contrasted with strong sibling **relationships.**”²¹

Bassuk and **Rubin’s** study of homeless children in Massachusetts revealed that homeless children also exhibited one or more developmental delays in the areas of language, gross and fine

¹⁹ *Ibid.*

²⁰ **Yvonne Rafferty** and **Marybeth Shinn.** *The Impact of Homelessness on Children American Psychologist.* November 1991, Vol. 46, No. 11, 1173. Other studies, however, provide inconclusive evidence of significant psychological and behavioral differences between homeless and poor housed children. Nonetheless, it is clear that both groups are at risk of emotional damage.

²¹ Rafferty and Shin, 1173.

motor coordination, and personal/social development? Other studies obtained similar results, although again, both homeless and comparison groups of poor housed children perform poorly in these areas. Poverty may be the main mediator of developmental problems, with inadequate shelter conditions and other problems of homelessness serving to exacerbate poverty's effects.

History of Head Start Services to Homeless Children

Since its creation in 1965, Head Start has been a comprehensive services program for economically disadvantaged preschool-aged children. Its central tenet is that early intervention is the key to a child's future success. The program was designed to address both children's physical and emotional health and their social and cognitive development. The program also provides a social services component to **connect** families to needed services and a parent involvement component to help parents understand child development and become fully involved as their children's primary educators. Head Start has successfully met its program mandate for 27 years and continues to receive strong support from Congress. Federal funding for Head Start has increased from \$96.4 million in fiscal year 1965 to \$2.8 billion in **fiscal** year 1993.

These funds support the delivery of comprehensive services to a very large number of children and their families. In **fiscal** year 1992, Head Start served a total of 621,078 children through 1,370 grantees located in urban, suburban, and rural areas that have substantial populations of families living below the poverty line. Head Start requirements specify that all children be offered an educational program; their parents should be invited to volunteer in the program. Head Start also requires that all children receive medical and dental screenings, that their **immunizations** be **up-to-date**, that any health problems be treated, that any suspected

²² *Ibid.*

disabilities be diagnosed, that any child with a disability be provided with appropriate services, and that all children receive nutritious meals and snacks during program time. Families are assessed to determine their needs for social services, and Head Start staff help meet those needs through advocacy for families and referrals to appropriate agencies. Parent meetings and education sessions help teach parents about the developmental needs of their children and their role in meeting them.

In general, the services offered by Head Start match the services needs of homeless families: a developmentally appropriate program for children; connection to or **provision** of health services for children; provision of healthy meals and snack, referrals of parents to health, mental health, substance abuse, social services, and housing offices; advocacy for parents who have not been successful dealing with social service providers; instruction about child development; parent meetings joining individual parents with others who have similar problems; and involvement of parents in children's activities. Many Head Start grantees have served homeless families over the past few years. At times, families with children in Head Start have become homeless, and program staff have helped them find housing and obtain needed services. In other instances, grantees have reached out to homeless shelters, creating specific programs for this population.

In the 1991 and 1992 Program Information Reports, where Head Start grantees and their delegate agencies describe the populations served and the services provided, a question was inserted about whether the agency had undertaken any "special initiatives to serve homeless children and their families." Over 500 agencies responded affirmatively: about onequarter of all Head Start agencies serve the homeless. Unfortunately, the answers to this question do not give details concerning the number of homeless families served or the breadth of services provided. An agency could answer "Yes" if only one family was served. To explore services to homeless

families through Head Start, we therefore begin by describing special national initiatives that involved the homeless.

Head Start Innovation Grants, 1985-1987

Head Start initiated service to the homeless with grants for innovative programs in 1985. Two grantees — the Children’s Aid Society in New York and the Salvation Army Head Start in Chicago — received supplementary Head Start funding to develop programs for homeless **children.**

The **Children’s Aid Society** in New York targeted the hundreds of families who lived in single rooms at a midtown **Manhattan** welfare hotel. Head Start’s innovative grant funded four pm-school classrooms, a “home-based” infant care program located in the welfare hotel, and other wrap-around social services and educational activities for parents. Because the welfare motel was shut down, no attempt was made to continue the program after the grant ended. However, the Children’s Aid Society Head Start does serve a few homeless children in its regular center-based program today.

The Salvation Army Head Start in Chicago used their innovative grant to assist families at the Salvation Army Emergency Lodge, both during their stay at the shelter and through their transition to more permanent housing. Funding provided a home visitor’s program for 53 children ages three to five and their families. Home visits were conducted to **evaluate** each child, plan developmentally appropriate activities, and place the child in community Head Start centers. In addition, home visitors were accompanied by a social worker, who conducted needs assessments, provided counseling, and assisted families in **locating** community resources near the families’ new

homes.²³ This program has continued to be **funded** by Head Start, in modified form (see **Appendix A**).

Family Support Projects, 1991

In 1991, Head Start began funding “family support projects.” **Three** categories of projects were funded., two addressing substance abuse issues and the third designed “to allow Head Start programs to identify and address problem areas **specific** to their communities and service population which threaten family self-sufficiency.” **Homelessness** was mentioned as an example of such a problem area. Of the 12 family support projects funded, two grantees — **the North Shore Community Action Program Head Start in Beverly, Massachusetts** and **Warren County Community Services in Lebanon, Ohio** — received three-year \$100,000 demonstration grants to serve the needs of homeless families. These programs are still in operation and are further described **in Appendix A**.

ACF Memorandum, June 1992

In June 1992, the Administration for Children and Families (**ACF**) circulated a memorandum (ACF-IM-92-12) to grantees designed to “provide guidance to Head Start agencies to foster the recruitment and enrollment of homeless children and their families into the Head Start program.” It provided **specific** guidance for how to adjust the classroom environment for homeless children. In addition, it suggested ways to address the logistical problems of serving the homeless, with responses such as transportation provision, flexible hours of operation, and collaboration with other community social service agencies. The memo also attempted to clarify the use of Head Start performance standards, such as average daily attendance and health screenings, defining them as management tools, rather than inflexible **compliance** measures.

²³ Head Start Bureau. ***Innovation: Serving Homeless Families and Children, 69-71.*** Unreferenced materials provided to the contractor by ASPE.

Head Start Homeless Families Demonstration Project, FY93

A memo will soon be distributed to Head Start grantees and delegate agencies announcing competitive grants to increase grantees' capacity to serve homeless families in their local Head Start service area. The memo states that:

The purpose of the Head Start Demonstration Projects to Serve **Homeless** Families is to enable Head Start programs to serve additional homeless preschool children and their families and to assist programs in developing models of effective service delivery. .. Funds are available to provide Head Start agencies with **resources** to:

- (1) enable additional homeless families to access Head Start services;
- (2) provide services responsive to the special needs of homeless children and families;
- (3) identify effective methods of addressing the needs of homeless families; **and**
- (4) implement and document replicable strategies for collaboration between Head Start programs and community agencies on behalf of homeless families.

These demonstration projects represent the most ambitious initiative Head Start has undertaken to date to improve the quality and extent of its services to homeless children and families

Thus, Head Start has recognized its roles as a potential service provider for homeless children and families. It has funded demonstration programs to explore the ways in which services may be provided, and it has issued **official** guidance to all grantees, encouraging them to serve this special population. It continues to encourage grantees to serve this needy population: in its fiscal year 1993 announcement of the availability of expansion funds, the Bureau restates its support of services for homeless **children** and their families. In the next chapter, we discuss the problems grantees have faced as they have tried to serve this group or consider the possibility of offering them services.

CHAPTER 3

CRITICAL ISSUES IN SERVING HOMELESS CHILDREN

In its May 1991 report to the Office of the Assistant **Secretary** for Planning and Evaluation (ASPE) on services to homeless families, Macro Systems, Inc. identified a number of barriers that appeared to prevent Head Start agencies from serving the homeless, **including:**

- The transience of the homeless population;
- Lack of enrollment capacity;
- Restricted hours of operation;
- Age requirements for children's enrollment;
- Lack of outreach and recruitment of homeless children;
- Lack of transportation provision for homeless children and their families; and
- Overly restrictive program Performance Standards, **such** as the average daily attendance (ADA) requirement.

Our intent in this section is to expand the Macro findings by describing more fully the barriers and issues related to serving the homeless we identified in our telephone conversations and site visit interviews with Federal staff, Head Start providers, and other providers serving homeless children and their families. Barriers have been grouped into three categories: issues regarding Head Start regulations and Performance Standards; issues of funding and resources; and issues related to grantees' needs for technical assistance. In Chapters 4 and **5**, we propose actions to overcome the barriers in each area.

²⁴ U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Head Start Bureau. ***Head Start Program Performance Standards (45-CFR 1304). 1984.***

Issues Regarding Head Start Regulations and Performance Standards

Head Start grantees frequently mentioned that they felt some Head Start Performance Standards were an impediment to serving homeless children. There was also a perception among providers we interviewed outside of Head Start that the program tends to be overly rule-bound. For instance, the director of social **services** at the Joan **Kroc** and Bishop **Maher** Center in San Diego complained that Head Start declined her invitation to establish a Head Start classroom in her homeless family services center because of regulatory complexities administrators felt they could not address. Likewise, in St. Louis, the Christ **Church** Cathedral Cooperative Child Cam Center decided against teaming with Head Start, since Head Start would not **agree** to employ *any* of the center's existing licensed child care *staff*. *The* director of Warren **Village** Child Care Center in Denver, herself a former Head Start director, noted that Head Start has a reputation for inflexibility and poor cooperation with other community social service agencies.

The June 1992 ACF guidance on serving the homeless makes it clear that many of Head Start's regulatory barriers are more a problem of perception or interpretation than reality. However, there is evidence that at least some grantees are still reprimanded by Regional Office staff for failing to meet Performance Standards when serving homeless clients, even when they follow the memorandum's directives. Below we list some regulations that seem to make efforts to serve the homeless burdensome.

Average Daily Attendance Standard

The June memorandum makes it clear that grantees should not be deterred from **servicing** *the* homeless because less than 85 percent of their enrollment of children attend classes, on average. The memorandum states plainly that "there is no **requirement that** 85 percent ADA [average daily attendance] must be maintained." **Instead**, grantees are simply instructed to use the

85 percent level as a flag for staff. If attendance averages less than 85 percent, staff should ensure provision of “appropriate family support” when individual absences **are** unexcused.

Yet a number of the Head Start grantees we **interviewed** by telephone brought up the ADA standard, and some still seem to feel that the ADA requirement deters them from serving the homeless. The director in Lebanon, Ohio said that, “We **are** supposed to be serving the neediest of the needy, but the centers are in a bind because of **the** [ADA] expectations. **Eighty-five** percent is not a realistic goal for this population, and we shouldn’t be called out on this.” As the director of the Ounce of Prevention Head **Start** in Chicago points out, the 85 percent ADA is intended to be a best practice **guideline**, not a rule, and should be conditional on the population served. Domestic violence, **parental** illness, lack of transportation, and restrictive shelter rules can all prevent a parent from bringing a child to Head Start.

The director of the Bucks County Head Start in Bucks County, Pennsylvania, stated plainly that her Regional Office has pressured her to maintain satisfactory statistics for her homeless families, even though an 85 percent ADA figure is unreasonable for this high-risk population. A year ago, she said, she was asked to attend a meeting **regarding ADA** for grantees who fell below ADA standards. One of the reasons she uses the home-based program option to serve the homeless, she said, is to avoid the ADA reporting standard for her homeless children. Likewise, at some of her centers, she has served homeless children through the use of **over-enrollment** slots: she enrolls more than the funded number of children in a classroom but calculates ADA using funded slots as the denominator. By changing the formula, she can ensure that “ADA” is maintained at over 85 percent.

The director of the **Mahube** Community Council in Detroit Lakes, Minnesota feels she has been reprimanded and is receiving “black marks” for the low ADA of her homeless children, and that the lengthy explanations she must write to justify this ADA serves as a strong deterrent for

her and other Head Start grantees to attempt to deliver services to the homeless. The Ounce of Prevention Head Start director in Chicago listed the ADA requirement as one of the major reasons she does not currently serve the homeless, and asked that Head Start adopt the same ADA policies for homeless children it uses for handicapped children: a calculation of ADA based upon the number of days it is *feasible* for a child to attend Head Start

In only one of the cases in which the ADA requirement was mentioned did the resolution seem to follow the message of the June memorandum. In this case, the director of the Archdiocese of Chicago Head Start said that she does not worry about her ADA, even though she knows her homeless children push it well below acceptable standards. She feels the explanatory note she provides in her reports is enough to justify her attendance patterns. Her Regional Office program **specialist** has not made this an issue.

Immunization and Health Screenings Standards

The June memorandum is also quite clear about Head Start's health policies. It points out that "similar to the misunderstanding regarding ADA, there is a belief in some programs that if health screenings and follow-up are not provided to all enrolled homeless children, funding will be denied." To the contrary, it asserts that a Head Start program is definitely *not* out of compliance if every attempt is made to provide health services to homeless children while they are enrolled in a Head Start program, and if attendance is encouraged and efforts are made to "link the family with other Head Start agencies or preschool programs in the area of their new home."

Nonetheless, a few of the Head Start grantees we interviewed felt that Head Start health component Performance Standards create a barrier to serving the homeless. They cited homeless families' transience and the lack of medical providers who will serve the homeless as the reasons they cannot comply with health component standards. The director of the **Highline** Head Start

Parent **Organization** in Seattle, Washington said that she does not serve homeless children because she finds it **impossible** to **meet immunization** requirements for this population, for whom “medical paper trails are often nonexistent.” She noted that community health clinics in her area have experienced severe cutbacks, making it almost **impossible** to obtain medical appointments for families.

In addition, those interviewed noted that many homeless families have difficulty making, keeping, **and transporting** their children to medical appointments, even when such appointments are available. This evidence of difficulty is supported by the fact that Head Start and **outside** providers who **serve** the homeless, such as the American Red Cross shelter in Bucks County, generally provide on-site immunizations and health screenings or make medical appointments for their homeless clients and transport them to and from health care providers.

Parental Participation

The director of the Bucks County Head Start also pointed out the **difficulty** associated with urging participation in Head Start by **all** homeless parents. Homeless parents are usually overburdened by the problems of locating food, shelter, and employment and have little or no extra time to attend Head Start functions. In addition, they **often** lack the -transportation and child **care** that would enable them to attend a Head Start meeting or are already obligated to attend school or employment training. Further, in Bucks County, a number of parenting skills and support classes are offered to homeless families at the American Red Cross shelter by Family Service Association. Therefore, the Head Start director has not insisted on homeless parent participation and does not have Policy Council representation from her homeless families. However, she feels concerned about her parental participation rate of 71 percent, which she perceives is too low.

This director's concerns about homeless parent participation were echoed by the **Morningsong**²⁵ and Neighborhood House directors in Seattle and by the **Salvation Army** Head Start director in Chicago. A Morningsong staff member noted how important it is not to make **homeless** parent participation mandatory in a child development program, since parents are often overwhelmed by the **enormity** of their problems and by a myriad of other regulations imposed upon them by the shelter or transitional housing in which they live. All of these program directors noted the importance of giving homeless parents a respite from their **parenting** responsibilities while their children are in a child development program to avoid accumulated frustration that may result in child abuse later on. For this reason, both the director of the Seattle Head Start and the director of the Family Outreach **Initiative**²⁶ in Chicago do not ask for parent **representation** on their Policy Councils. The Seattle director actively discourages homeless parents from volunteering in his homeless classroom.

Family Needs Assessments

As we will discuss in further detail below, both the Bucks **County** and Seattle Neighborhood House Head Start programs for the homeless do not prepare family needs assessments for their homeless families. Instead, they allow partner social service agencies with case management **responsibilities** to prepare the assessments in order to avoid duplication of effort and confusion for the families. Although these collaborative arrangements seem appropriate for the homeless families **served**, Head Start regional staff may consider them a problem.

²⁵ The Morningsong Homeless Families Support Center is an enriched developmental preschool for children one month to three-and-a-half years operated by Family Services in cooperation with the Seattle Emergency Housing Service and Health Care for the Homeless. Project funding is provided by **HHS's Office** of Substance Abuse Prevention (OSAP), the City of Seattle, and King County.

²⁶ The Family Outreach Initiative is the homeless Head Start program established by the Chicago Salvation Army Head Start under its 1985 innovation grant.

Program Information Report Enrollment Data

The Bucks County Head Start director mentioned that the use of November enrollment statistics in the annual Program Information Report (**PIR**) causes **difficulty** for her **staff**, since her enrollment is still **fluctuating** in the fall months. This is particularly the case for homeless clients, since the American Red Cross shelter from which she draws families, **like many** around the country does not open until November 30th and remains open only during the coldest five months of each year, due to lack of funding. She did not seem to understand — or be able to justify to her Regional Office — that she could and should choose a different reporting month.

Complexity of Head Start Application

In interviews with researchers, homeless parents living in four shelters in Hawaii asked that child development programs “take children without red tape”; that is, that they streamline the program intake process by abolishing complicated application **forms.**²⁷ This finding is corroborated by both the Morningsong and Neighborhood House Head Start **directors** ‘in Seattle, who **noted** that their homeless parents have complained about the length and complexity of the Head Start application. Both often spend substantial time assisting individual parents with their applications, as does the Home Visitor for the Bucks County Head Start. As a result, children’s admission to Head Start is often delayed by several days. To correct this problem, the Neighborhood House director has developed a **streamlined** version of the application for his homeless program, but fears **this** practice will prove unacceptable to Head Start. In fact, Head Start does not set requirements for the content of the application. The only national requirement is that grantees give assistance in **filling** out the form to any parents who need it.

²⁷ Linda McCormick and Rita **Holden**. *Homeless Children: A Special Challenge*. *Young Children* September 1992, 65.

Bilingual Classroom Staff

Although both the Migrant and Indian Coalition (**MIC**) in **Woodburn**, Oregon and the Neighborhood House (Seattle) Head Start directors provide teachers in the classroom who speak both Spanish and English, they find it impossible to accommodate all the language needs of their homeless children, since they are enrolling newly arrived immigrants **from** so many different countries. For instance, the **MIC** program is beginning to enroll Russian families and Central **American** families speaking indigenous native languages, and the Seattle program is enrolling a number of Somali and Ethiopian children. Head Start regulations state that staff must be aware of **the culture** of **all** children who are enrolled and that a staff member or translator must be employed to help parents fill out forms and participate in meetings and events.

Funding Issues

Most of the Head Start grantees we interviewed mentioned the need for additional funding from Head Start to adequately serve homeless families. Many felt very strongly about the subject of **funding** — particularly those directors of Head Start programs such as the North Shore Community Action Program in Beverly, Massachusetts and the Parents in Community Action program in Minneapolis who are recipients of innovative project funding to serve the homeless. These directors point out two basic realities of serving the homeless: each homeless child costs more to serve, and the number of slots available to serve homeless children is currently inadequate. Without funds added to their basic grant award, many Head Start directors worry that they simply **cannot** manage to serve this population.

Directors mentioned a number of pressing uses for these additional funds for homeless children. The most frequently cited priorities include: staff **and materials required by an** extension of service **hours; more experienced counseling and case management staff; additional**

transportation services; emergency resources such as food, clothing, and medications; and facility expansion and renovation. Two grantees — one that **currently** serves the homeless and one that does not — also complained of the use restrictions on Head Start funds, which they feel prevent them from overcoming problems associated with homeless service. They need information on alternative funding sources. Below we discuss in greater details the areas **in** which additional **funding would be useful**.

Extended Hours of Service

Many of the grantees who currently serve the homeless maintain longer hours' of operation for their homeless children than they do for other Head Start children. They feel that **full-day**, full-week, year-round operations are absolutely critical to ensuring that homeless parents have the time they need to apply for benefits, locate housing, and seek employment. They point out that until parents are able to stabilize themselves with housing and employment, Head Start can do little more than palliate homeless **children's** circumstances. Further, once a homeless parent finds employment, **full-day, full-week** child **care** is often critical for maintaining the job. The director of the MIC Head Start in Woodburn, Oregon noted that all migrant Head Start programs provide full-day service. She thinks that homeless parents are often under many of the same constraints as migrant workers in that they cannot provide for their families without **full-day** service. The Bucks County Head Start director — whose Regional Office ended her **full-day mainstream** program funding last June in favor of additional enrollment — insisted that she would rather serve fewer **children** in a full-day program, especially if they are homeless, since this is the only kind of program that truly serves the families' needs.

It is not surprising, then, that the non-Head Start homeless providers believe full-day care is critical. These programs all provide between 10 and 12 hours of child care each day, and one of them is considering 16 hours of care. Some also remain open on weekends. The director of

the Warren **Village Child Care** Center in Denver said she feels that Head Start provides an extremely **valuable** child development program, but that its impact upon the **poorest** families' lives will remain limited until it begins to provide full-day care. Likewise, the director of the Homeless Children's Network in Seattle, which purchases child care slots in community programs for **homeless** children, says she rarely refers to Head Start because the program will not provide **full-day** service. The children's counselor at one of the family shelters in Seattle agreed with this position, noting that four hours of service without transportation for her homeless families is of very little value.

So, additional funds to pay for the staff and materials required by the extended hours of care is a need of many service providers. Although Head Start is not the only potential provider of such funds, it is one optional source. But over the last 10 **years**, Head Start has encouraged part-day rather than full-day programs. Expanding its funding of full-day services for homeless children would be something of a change in emphasis.

A d d i t i o n a l .

Because homeless children and their families have a need for more intensive services, additional staff is usually required to deliver them. Examples of these services include intensive outreach, therapeutic classroom teaching, enhanced social services, increased transportation, and additional tracking. Several of the grantees we **interviewed** or visited felt that staff-child ratios must be much higher when serving homeless children; others pointed to the additional emotional needs of homeless children, which their **current** staff would be hard pressed to handle. Because of **these needs, the** director of the **Ounce** of Prevention Head Start feels that homeless children require an entirely separate staff.

In addition, some grantees mentioned the need for extra training for their staff in the special needs of homeless children and for extra staff support to prevent the frequent problem of

“bum-out.” Both the director of the **MIC** and Bucks County Head Start agencies felt that they were not doing enough to address the issues of bum-out and staff sensitivity to homeless families’ problems. The director of the Chicago Family Outreach Initiative believes that staff working with homeless families must be supported by clinical supervision and team treatment planning to ensure no one employee takes on too much **responsibility**. Further, she feels this staff must have more experience and expertise than that of her mainstream program. However, she has had **great difficulty attracting** qualified personnel, since the salaries she can pay are not competitive.

Transportation

Both the literature on homeless children and individual Head Start grantees point to the enormous barrier that a lack of transportation poses for homeless families. This problem has been **specifically** mentioned in the literature with regard to the hurdles homeless children face in attending school, but the problem is identical for children attending Head Start. The Children’s Defense Fund and the National Law Center on Homelessness and Poverty provide numerous examples of the burden of transportation costs on individual homeless families* budgets; “for example, in Atlanta, where in 1990 the AFDC grant for a family of three was \$273 a month (and the government-set fair market rent for a two-bedroom apartment was **\$564**), a mother taking her young child to school had to spend \$77 a month on **transportation.**”²⁸ The MIC Head Start director noted that the problem of transportation is particularly desperate for rural homeless families in areas where no public transportation of any kind is provided.

Not surprisingly, a number of the Head Start grantees we **interviewed** who do not serve the homeless listed lack of transportation as one of the major reasons they cannot do so. The pivotal role that transportation plays in serving the homeless was **confirmed** in Seattle by the

²⁸ *Ibid.*, 8.

children's counselor of a family homeless shelter who said she cannot enroll her eligible children in Head Start or any child care program in the city because none provide transportation to and from the shelter. An equal number of the grantees who do serve the homeless feel transportation is one of the successful mechanisms they **currently** employ for **servicing** the homeless. Some of these programs have purchased a van or small bus to transport homeless children to and from their programs, while one provides parents with bus tokens. Seattle's Neighborhood House and Morningsong programs split the cost of a van to provide transportation for children living in a transitional housing complex nearby. Morningsong also provides gas vouchers to homeless families with care.

Emergency Funds

The director of the Salvation Army Head Start in Chicago noted that in order to improve children's lives quickly, Head Start funds must be used to provide food, clothing, health care, and intensive counseling *before they are used* to provide the regular developmental educational program. Our site visits confirmed that homeless families often need emergency donations of groceries, clothing, or payment for medication, which the programs do their best to provide.

Facility Expansion

The director of the **Highline** Head Start Parent Organization in Seattle mentioned the need to expand her facilities or purchase additional land and buildings before she could begin to serve the homeless. This assumes however, that homeless children will be served in a separate, classroom-based program, and that use of facilities cannot be acquired as part of a program's **non-Federal** share.

New Sources of Funding

Increased Head Start funding is not the only option in responding to a grantee's need for additional funding to serve the homeless. Alternatively, an agency may solicit funds from other

sources. For example, the Bucks County Intermediate Unit, funded through a **McKinney** Act program, supplements the Bucks County Head Start's homeless program. The Neighborhood House director in Seattle applied for a state grant to obtain additional funding. The MIC program director in Portland has also received state **funding** to serve seasonal agricultural workers' families in a full-year program; they were not being served at all by the local mainstream Head Start

But using multiple funding sources may create problems. Each source has its own rules about the population who may be served and the **services** that may be provided. The rules **may conflict.** At the least, agency staff must assume the additional responsibilities of **dealing** with multiple funding sources — negotiating, keeping program and **fiscal** records, and reporting. Additional staff may be required as the administrative burden increases. Many grantees would prefer to deal with Head Start alone, if its rules allowed for payment of increased services.

Technical Assistance Issues

Many of the Head Start staff we interviewed needed technical assistance in order to learn how they could successfully deliver services to homeless **children** and families. Most felt confident about their ability to serve **3- to 5-year-old children.** But they felt that certain of the needs of homeless families would present difficulties: serving infants and toddlers — the siblings of the homeless **3- to 5-year-olds;** building a services network to be able to meet the families' needs; organizing, **directing,** and supporting staff in the myriad of roles needed for serving the homeless; creating an appropriate curriculum; and choosing the best program option. Below we discuss each issue and end with a discussion of grantees' perceptions of Regional Resource Centers' role and effectiveness in meeting **these** technical assistance needs.

Lack of Infant and Toddler Care

A large number of the grantees we interviewed stated that an inability to **enroll** infants and toddlers in their program was a major barrier to serving the homeless. These grantees feel they cannot meet the needs of homeless single mothers for time to search for housing and employment without allowing them to place **all** their children in Head Start or some form of child care. As an example, of the 17 children **currently** living in the Bucks County American Red Cross shelter who are under the age of five, only four are preschool-age and therefore eligible for Head Start. The Bucks County Head Start director has attempted to access wrap-around services for her homeless **families'** infants and toddlers through the county-funded local management agency. However, she has found that the county service advertised simply does not exist. She knows she could apply for Head Start Parent-child Center funding to serve younger siblings, but is pessimistic about her chances of obtaining this very **limited** funding. The director of the Ounce of Prevention Head Start in Chicago believes that parents need **respite care** for their **children**, so that they can leave to pursue other responsibilities. Head Start must have a realistic vision of **each** family member's needs, she said, in order to serve the homeless effectively.

One Head Start director pointed out that availability of subsidized child care for every child in a family often **determines** whether a family remains housed, once it is no longer homeless. The literature certainly supports this conclusion; Lisa Mihaly of the Children's Defense Fund, for example, tells the story of a mother who lost her job and subsequently, her home, when she could not find reliable low-cost child care for the younger of her two **children**.²⁹ Although Head Start is not designed to provide respite child care, it is often the only affordable **care** option for homeless parents.

²⁹ Lisa Mihaly. *Homeless Families: Failed Policies and Young Victims*. Washington, DC: Children's Defense Fund Clearinghouse, January 1991, 1.

Many of the Head Start grantees we interviewed who are successfully serving homeless children feel they are doing so in part because they have made special arrangements to serve infants and toddlers. The directors of the Minneapolis Head Start and the Bucks County American Red Cross shelter said that they have a larger demand for infant and toddler services among their homeless families than they do for preschool services. Perhaps more telling, we found that virtually all of the 10 outside homeless child care providers we interviewed provide care for children from birth through age five. To serve this need for child care, Head Start grantees must be creative in finding existing child care slots or organizing new ones.

Interagency Coordination

In their report on Case Management for Homeless *Families with Children*, ASPE noted that since homeless families' needs are varied and complicated, it is almost impossible for one agency operating in isolation to remedy all of their multiple problems. Serving the homeless demands a coordinated, interagency approach that will provide comprehensive, integrated services to homeless clients. Unfortunately, this kind of approach is still quite rare among social service providers. As the Macro Systems report concluded, "The system of services for homeless families is rarely a system, but rather a patchwork of unconnected or loosely connected services."³⁰ Macro found that most cities do have strong referral networks and information sources for homeless families, but provide little "one-stop shopping," or integrated service & livery, supported by a strong case management system.³¹

Head Start agencies that serve homeless children and families must become a part of an integrated system if they are to ensure that families' needs are met. After all, Head Start is a

³⁰ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Case Management *for Homeless Families with Children*, 1993, 4.

³¹ Macro Systems, Inc., 5.

program focused on **children in the** context of their family. Its intention is not to **provide social** and health services, but to refer families to **services** and follow-up with them to be sure services were **accessed**.

The Head Start grantees we interviewed seem to **recognize** the vital role interagency cooperation can play in serving homeless children and their families: **virtually** all of them felt that Head Start must establish strong links with other local service providers to address homeless families' needs in a comprehensive fashion. And provision of these supplementary **services** is often the key to stabilizing a family enough that its children will benefit from a developmental program such as Head Start. Additional services that many homeless families require include: medical attention, food and clothing, adult education and employment training **services**, parenting and life skills training, individual case management and counseling services, and **landlord** mediation and housing advocacy.

Many Head Start grantees we interviewed would agree with the director of the Denver program that Head Start should spend less money trying to provide comprehensive social services by itself and more money on developing social service networks. Indeed, the Head Start programs that are currently **servicing** the homeless seem to be able to do so in large part because of their creative and well-organized cooperative arrangements with other social services providers such as local welfare agencies, mental health bureaus, homeless shelters, private charity **organizations**, and city governments. Many are beginning to join local homeless task forces or committees that meet formally or informally to network and plan joint homeless service programs. A number of these efforts serve as excellent models and resources for other Head Start grantees and will be **discussed** in detail in Chapter 5 of this report.

A few of the grantees we interviewed, however, suggested they need technical assistance to learn how to coordinate homeless services provision among community agencies. Some are

unsure of which group of social services they need to work with, but more of them lack knowledge about the most efficient mechanisms for coordinating interagency support.

Staffing

We have noted that homeless children and their parents usually **require more** intensive “wrap-around” **services** and **more** individual attention than their housed counterparts and that these requirements create a greater demand on Head Start staff resources. While some of these additional service demands do not require additional staff, many require additional time of current staff. For example, Bucks County Head Start and Newark Pm-School Council, Inc. Head Start staff travel to their local American Red Cross shelters to enroll new families in person. **Children** of migrant workers are recruited by the **MIC** Head Start through intensive personal **outreach** in local labor camps and at agricultural sites. The director of the San Diego Episcopal Community Services Head Start feels that the key to recruitment of homeless children is a strong referral network from other social services’ case workers **and** a willingness to recruit “door-to-door.”

Another time-consuming but important function that staff can perform for homeless families is support for medical appointments. At the Newark Head Start, staff make medical appointments for homeless children and transport them there. Both a bus driver and a parent volunteer or Head Start mental health counselor will accompany a family to their **first** appointment to train parents in how to obtain adequate health care.

Finally, the transience of the homeless population means that extra effort is **required** to track and document the families’ whereabouts and service provision history. The director of the North Shore Community Action Program Head Start said that she must hire an additional staff member to handle the heavy paperwork that homeless families entail. Although computer systems greatly facilitate the functions of tracking and follow-up, data must still be input and maintained

by staff. **Unfortunately**, many grantees lack the **financial** resources to **purchase** computerized systems and the human resources to operate them.

Some of homeless families' needs demand greater staff expertise, which is usually more costly to obtain. Homeless children often need individual counseling or more skilled classroom teaching, so that their problems can be **identified** and they can **be** taught to cope with the burdens they face. Parents often need parenting and life skills training, emotional support, and treatment referrals. Although Head Start grantees do not perform all family counseling functions themselves, they do need to work with children's emotional, developmental, or behavioral problems as part of the developmental program. Likewise, to secure parent involvement with their children, grantees need to provide some form of emotional support and social service assistance to the families' adults

Likewise, almost all homeless families require intensive case management services to locate, coordinate, and oversee social service provision from an often diverse group of community providers. Although there is no strong consensus in the literature, most writers would advocate the use of a **trained** professional social worker to handle the case management function. While Head Start may not need to shoulder the full burden of case management for **its** homeless families, it will probably need to contribute some resources toward **the** provision of this service.

Classroom Environment and Developmental Curriculum

In an earlier section, we reviewed the developmental delays that homeless children may exhibit. They do not always receive nourishing food, adequate sleep, toys of their own, and adult warmth and attention. They often lack a sense of control over their lives and experience grief about the loss of their home and possessions. **Because** they sometimes receive inadequate attention from their adult caretakers, they may withdraw from others or exhibit aggressive and intrusive behaviors. Often, too, their parents have not had time to engage in the games, stories,

and communication that foster their cognitive development, so that they are behind their peers when they enter a Head Start program.

Grantees **that are** willing to **serve** homeless children may not be aware of their special needs or the kinds of skills they need to develop. These grantees may require assistance in developing program activities and therapeutic exercises that are **particularly** appropriate for this population. In addition, they may need to learn how to work with homeless parents who have special needs as well as extraordinary constraints on their time and energy.

Choice of Program Option

Although most grantees operate center-based programs, many also choose home-based or combination options. Which is best for homeless children? As the former **director** of the Salvation Army Head Start in Chicago pointed out, not only are there **very** few homeless child development programs in the country, there are also very few tested models for these programs. Thus, grantees may need guidance concerning the kind of program they should establish for homeless families, and the advantages and disadvantages of their choice.

Resource Center Assistance

Many of the barriers faced by homeless families **are** the same as or similar to the barriers faced by housed Head Start families (e.g., access to health and other social services; substance abuse; child abuse; inadequate housing). Staff in Regional Resource Centers have been providing training and technical assistance (**T&TA**) in these areas for years. So, while the homeless population offers some variation in family needs, in general, Head Start **T&TA** resources are prepared to help grantees deal with this population. However, both the **MIC** and Neighborhood House directors complained of the lack of training initiatives provided by Head Start's Regional Resource Centers (**RCs**). The MIC director felt the dearth of services was due to RC **under-** funding. Whether or not Head Start decides that **the RCs** should provide **T&TA** especially on

issues concerning the homeless, it is clear that grantees **are in need** of an interchange of experiences on how to overcome the **barriers** associated with serving homeless children and their families **and, hopefully,** some new ideas about how they may succeed in their work with this **group.**

1/2/2008

CHAPTER 4

POTENTIAL POLICY ACTIONS TO IMPROVE HEAD START SERVICES TO HOMELESS CHILDREN

Both our telephone interviews and site visits suggested that adaptations of policies and new approaches may be necessary within the Head Start system to improve the abilities of grantees to serve homeless children and their families in an effective, high quality manner. The barriers we identified to improved homeless service in the previous chapter **fall** under three general categories: Head Start regulations and Performance Standards that are perceived as inappropriate or inflexible, lack of adequate program funding, and needs for various kinds of technical assistance and training.

We noted earlier that the kind of barrier identified has implications for the type of remedy adopted. In this chapter, we outline some policy options that are designed to address each of the three major categories of issues that grantees feel are impediments to homeless service provision. Some of the options we identify involve relatively dramatic alterations of current Head Start structures and standards; others require simple “**fine-tuning**” of current Head Start procedures. Some options could require the assistance of an outside contractor, and many may require strong linkages with other community service providers at the local level.

Additional Policy Guidance and Clarification

Head Start’s June 1992 policy memorandum was designed to “provide **guidance to Head Start agencies to foster the recruitment and enrollment of homeless children and their families into the Head Start program.**” Specifically, the memorandum addressed concerns related to serving the homeless in the following areas:

- **Average daily** attendance;
- Health screening;
- waiting lists;
- **Full-day/full-year** services;
- Transportation;
- Recruitment; and
- costs.

Through our interviews with grantees, we identified a number of additional concerns, including **infant and toddler service, staffing issues, record-keeping, and tracking**. Some of these concerns are clearly related to funding issues, which will be **discussed** in the next section of this chapter. Others suggest a need for technical assistance to deal with the logistical complexities of serving the homeless, which will be addressed in the last section of this chapter and in the next chapter. Many, however, concern perceived regulatory barriers, and as noted above, despite **the** memorandum’s clear language and intent, a number of grantees seem hesitant to accept its policy directives at face value. In the case of average daily attendance and health screenings standards, for instance, many grantees still believe that they will experience negative consequences if they fail to meet Performance Standards, even if they provide written explanations for any deviations.

In this section, therefore, we would like to **address** regional Head Start staff and local grantees’ need for additional policy guidance and clarification about the intent and meaning of Federal Head Start regulations and Performance Standards. Individuals at both levels still seem to be wondering exactly how much flexibility in Head Start standards should be, or will be, tolerated. They may require answers to **specific** questions, such as:

- What sorts of **average daily** attendance statistics should be expected from a homeless population, if **any**? **When is** explanation required and what should that explanation consist of?
- How long can grantees postpone the health screening process for homeless children? What are the implications of accepting parents’ “word” that a child has been immunized in another state or county?

- **What specific additional uses** of funds are authorized for **servicing** homeless families? What kind of paperwork and explanations are required to exercise these funding exemptions?

PIR Questions on Homeless Services

Federal Head Start staff could obtain a more complete picture of the services offered to homeless families and the perceived barriers to service provision by adding questions to the rotating section of the annual Program Information Report (**PIR**) survey. (Other questions could **be added** to gather more information about the costs of servicing the homeless, which we will discuss in the next section.) These questions could be phrased as follows:

- Which of the following mechanisms for servicing the homeless have proven successful?
 - **therapeutic/** specially trained classroom staff
 - additional counseling time:
 - with parents
 - with children
 - separate homeless classroom
 - shelter- or home-based services
 - mainstreaming homeless children in Head Start classrooms
 - transportation provision
 - parenting support programs
 - full-day programs for children
 - infant and toddler care
 - emergency donations
 - other (specify): _____
- What other agencies/service providers do you work with or coordinate with in servicing the homeless?
 - homeless shelters
 - county or city departments of human services
 - child protective services
 - county departments of mental health
 - public health clinics
 - public schools
 - public assistance agencies
 - private charities
 - foundations

- religious organizations
- transitional or service-enriched housing organizations
- other (specify): _____

• Which of the following do you find remain a barrier to serving the homeless (whether you **currently** serve the homeless or not)?

- **ADA standards**
- immunization and health screening standards
- parental participation standards
- family needs assessments
- complexity of applications
- need for bilingual teachers
- cost of emergency provisions
- need for facility expansion
- lack of infant and toddler care
- need for additional or more experienced staff
- need for transportation
- need to extend service hours
- need for technical assistance
- other (specify): _____

Unless these **PIR** questions were followed up with telephone calls or open-ended survey questions, however, Head Start officials would not know why individual grantees offer some services and not others, coordinate with some agencies but not all of those listed, and why each perceives certain items as barriers.

PIR Survey of Perceived Regulatory Barriers

Advantages

- Supplies a better understanding of grantees' programs and the regulatory barriers to homeless service provision

Disadvantages

- Provides no real depth of information

Federal Communication with Regional Staff and Grantees

Whether more information on barriers is gathered or not, Head Start staff may need to provide greater guidance to both regional staff and local grantees. First, the National Office could provide further training and written guidance to all regional staff about the intent of Head Start guidelines for working with the homeless. The training of regional staff could take place in Regional Offices and at national Head Start meetings. In-person meetings allow for questions and individual exchanges; the written materials provide a continuing reference for staff after the training sessions.

During the training, National Office staff could field questions from regional staff and gain a sense of how ready they are to accept and implement new **Federal** guidelines. For instance, National Office staff may **find** that a particular group of regional staff is adverse to serving the homeless due to the complexity of their needs, and is therefore reluctant to communicate regulatory flexibility to grantees. National staff may also receive feedback from the Regional Offices about the new guidelines and ascertain whether the policies require additions or modifications.

Next, it might be helpful if the Federal staff spends more effort communicating its regulatory intent **directly** to grantees. For instance, National **Office** staff could conduct a one-day national workshop for grantees on homeless service provision, preceding the regular three-day annual National Head Start Association meetings. At the workshop, National Office staff could “walk grantees through” the June policy memorandum, focusing particularly on the section entitled “Concerns Related to Access to Head Start for the Homeless.” Questions and discussion could be solicited from the floor so that workshop leaders could ascertain whether the guidance in each area (e.g., average daily attendance, health screenings, etc.) was adequate and clear or should be supplemented. In addition, the workshop would allow staff to judge how much of grantee

reluctance to serve the homeless is related to fears about compliance with Performance Standards and how much is related to other problems of service provision. Of course, this one-day workshop would need to be followed with Regional **Office** or Resource Center staff training and technical assistance to grantees, helping them to work through their **specific** implementation issues.

National Office Communication with Regional Staff and Grantees

Advantages

- Improves regulatory guidance to regional staff and grantees
- Allows for dialogue, personal exchanges
- Is relatively inexpensive if performed through written memoranda or in person at meetings scheduled for other purposes
- Provides needed technical assistance

Disadvantages

- Training sessions do not reach **all** grantees and may not answer **all** questions

Possible New “Program” for Homeless Families

Many (and perhaps most) grantees are serving or will serve only a small number of homeless children within their regular Head Start classrooms. In this case, all that they may require is a certain degree of flexibility in interpreting and adhering to current Head Start regulations and Performance Standards. However, some grantees may wish to serve a larger number of homeless, a scenario that may be better served through the definition of a new Head Start Homeless Program for this population. Such a program would necessitate **the** creation of a new set of regulations or other guidelines applicable only to the special population of homeless clients.

Note that this new program could be similar in nature to the Migrant and Indian Programs currently in effect. Specifically, these special programs follow the majority of Head Start

regulations: they offer a set of services in all component areas and follow the regulations concerning options for service delivery (e.g., center-based, home-based services). But exceptions are made for these programs, as required by the special populations they are serving. For instance, the Migrant Program is expected to serve infants and toddlers as well as older preschoolers; other Head Start programs serve only **3- to 5-year-olds**. Migrant Program classrooms are expected to be open full-day for the duration of the migrant season; most regular Head Start classrooms operate part-day for more weeks per year. The Head Start Homeless Program would also be expected to offer ‘Head Start’ with certain well-defined differences from **the usual** set of services.

However, unlike the Migrant and Indian Programs, a new program for the homeless would not need to be managed by separate Federal branches in Washington, DC. Rather, Federal management could occur through the Regional Offices and the Migrant and Indian Programs. Grantees could elect to operate a Head Start Homeless Program in addition to regular Head Start, following a model used by grantees who added a Parent-Child Center to regular Head Start programming.

In the following sections, we describe this potential new program briefly, including its possible characteristics, regulation modifications, and grantee eligibility. In a later section, we discuss proposed funding mechanisms.

The Head Start Homeless Program

To encourage grantees to serve larger numbers of the homeless, we believe Head Start could develop a whole new Homeless Program that would target homeless families living in shelters, on the streets, or in short-term transitional housing. The focus of the program would be on solving families’ emergency needs in an intensive, but **short-term** fashion. As we have noted above, homeless families usually reside in emergency shelter for less than three months, but when

they **are in this condition, they are often traumatized**, disoriented, and unreceptive to social services that address anything but their **immediate** needs. As a result, homeless **children** are less able to benefit from the long-term emotional and cognitive effects of a Head Start developmental program. However, Head Start can be of tremendous assistance to a homeless family in solving its emergency problems if the program is realistic about what those problems are and the kind of unusual measures it **will** take to solve **them**

Program characteristics. Homeless programs would be designed to respond quickly and flexibly to the needs of homeless children and their families. Emphasis would be placed on providing a number of priority, but limited services to homeless families in close cooperation with other agencies. Head Start regulations related to homeless services should be as flexible as possible, as long as program objectives and quality guidelines are met. Specifically, families may need the following services:

- Full-time care for **children** from birth to age five that frees parents to seek housing and employment;
- Simplified Head Start enrollment procedures;
- Transportation to and from the program that follows families if they move from shelter to shelter within the designated service area;
- Medical, dental, and developmental screenings to identify children's needs and inform their parents of these needs;
- Immediate attention to identified illnesses and chronic health problems and to children's needs for proper rest, adequate nutrition, and a secure, ordered environment;
- Emergency provisions such as food, clothing, and medications; and
- Intensive case management services to locate and coordinate the provision of social services such as health care, counseling, transitional housing, and employment training.

Like the Migrant Program, the Homeless Program would allow full-day center-based care for infants, toddlers, and preschoolers. Centers may be open year-round, although the expectation of length of services for an individual child would be a matter of a few weeks (the duration of homelessness) to a few months (including a follow-up program). If grantees can justify it, services could be delivered through a home-based, combination, or locally designed option. Services to the family — such as intensive case management and follow-up — would be carried out through extensive interagency cooperation. Grantees would need to coordinate services with other more specialized community service providers.

Finally, it is important to mention that a Homeless Program would be of maximum benefit to homeless families' children only if they were ensured continuing program support after they obtained housing, either through continuation of services in the Homeless Program or placement in another Head Start program after their short period of “crisis” is over. Indeed, the mission of a Homeless Program would be to prepare children for a longer term Head Start experience by ameliorating their immediate problems of survival. A Homeless Program, therefore, would only be developed if a Head Start grantee intends to extend its services to these families over time or encourage nearby grantees to expand their enrollment to handle Homeless Program “graduates.”

Modifications to regulations. Grantees operating Homeless Programs might operate under modified guidelines that are sensitive to the particular requirements of a homeless clientele and allow added flexibility. The expectation would be that these grantees will extend the age range of children served and the hours of service. In addition, Head Start might modify its Performance Standards for a Homeless Program in the following areas:

- Average daily attendance. Head Start may need to recognize that when a family is in crisis and living under conditions of extreme uncertainty, its children cannot always attend Head Start regularly. Instead, the Homeless Program would encourage

attendance and do all that is possible to facilitate it through provision of transportation and full-day service. Absences would be followed up by staff. But an 85 percent rate would not be expected.

- **Immunizations and health screening.** Many homeless children have not been **immunized** and have not received routine medical and dental care. Frequently, their parents do not have written records of their health care. Homeless Program staff would ensure that arrangements are made for children to be immunized and screened. The program would coordinate carefully with **local** health care **providers** for the exchange of health records and the provision of services. Head Start may choose to allow more than the usual 45 days for the exchange of records and completion of screening and **immunizations**.
- **Use of funds.** A Homeless Program may need to assist families with their emergency needs for food, clothing, or medication. It may also need to **acquire** space in proximity to homeless **shelters** or expand and modify current facilities to provide adequate space for individual counseling, parent programs, a sleeping room, enlarged bathroom facilities, and the like. Such uses of funds would be deemed appropriate by Head **Start**.

Ensuring continued support. Under the Homeless Program, Head Start would allow grantees to apply for funds to support continued intensive services for recently homeless children and families who are more permanently settled but who still need intensive services to **ensure** they do not become homeless again. Once housed, these families ostensibly do not differ from the low-income population Head Start normally serves. However, formerly homeless families often continue to face enormous barriers, such as lack of education and training and **lack of** strong family support systems, that put them at a higher risk of homeless recidivism than their **low-**income counterparts who have never been homeless. As a result, they **require** a higher and more intensive level of service provision than mainstream Head Start families. Elements of such service provision include:

- Strong interagency cooperation that **ensures** families continue to receive social service support once they **find** more permanent housing;
- Experienced mental health counseling and support groups for parents to eliminate dysfunctional behaviors such as substance abuse and domestic violence, develop positive communication **and** disciplinary skills with children, and foster increased self-esteem and empowerment;

- Adult education and employment training to ensure a family's long-term financial self-sufficiency; and
- A highly specialized child care program to address the detrimental effects of homelessness on children and to provide remedial attention to children's resulting developmental delays.

Again, some of these services, particularly mental health counseling and adult education and employment training, are beyond the scope of a traditional Head Start program. For this reason, interagency cooperation and coordination will prove critical to the success of the program. However, depending on the type of services offered in individual communities and individual families' level of need, program grantees may need to adopt responsibility for the case management function — that is, the coordination of service delivery by a group of agencies and follow-up procedures to ensure that services are received and of high quality. This function may require unusually high levels of staff time and expertise and therefore may entail additional expense. However, the careful coordination of services needed by families can make a long-term difference to them., and it may also enhance the services delivered to all Head Start families.

Grantee eligibility. Many Head Start grantees **already** feel overwhelmed by the demands of providing quality service to low-income families and do not' **necessarily** feel capable of taking on the burden of homeless families. Others, such as grantees who are already working with homeless families in inner city settings may feel more prepared with the knowledge and experience necessary for serving these families. We therefore suggest that the Homeless Program be open to those Head Start grantees who are currently serving the homeless or to those who show strong interest and have established plans for doing so. In addition, the Program could be opened to other service providers, such as homeless shelters and privately funded homeless child **care** programs, who are also experienced in providing services to this population. They may become delegate agencies to an existing Head Start grantee.

The Homeless Program

Advantages

- Solves homeless families' emergency needs in an intensive, short-term fashion
- Allows grantees to respond to homeless families' crises quickly and flexibly
- Addresses special needs outside the scope of traditional Head Start programs
- Permits grantees to provide services to homeless "**graduates**" to help them stay housed and to address their needs

Disadvantages

- May require new set of program regulations
- Is likely to be more expensive per child than current programs
- -Requires concerted efforts at interagency coordination
- Is a considerable departure from current Head Start models
- May place homeless children in a separate setting from their peers

Advantages and Disadvantages of New Program

A new program for homeless families would provide grantees with the freedom to serve this difficult population in the best way possible without the constraints of regulations that now impinge on the effectiveness of service delivery. However, any time Head Start relaxes rules such as average daily attendance, it creates the possibility that some grantees will **sacrifice** program quality without good reason. Careful monitoring would be needed. It is quite likely, too, that such a program would require additional funding, particularly if grantees **are** not skilled at **effective** interagency coordination of services. We now turn to this issue of homeless program cost.

Funding Mechanisms for Homeless Service Provision

Because of the complexity of homeless families' needs, service provision to this population is more expensive. And despite Head Start's June 1992 policy memorandum, which

asserted that “higher costs **are** acceptable as long as the grantee can provide **sufficient** justification in its **application,**” grantees still appear to be struggling to locate additional funding for recruitment, new enrollment slots, transportation, **more** experienced staff, and emergency provisions. In addition, many grantees **feel** that Head Start services will not be of real benefit to homeless families unless extended hours of service and infant and toddler care is also provided. Again, while the June **1992** policy memorandum offers general encouragement to grantees to spend what is required to serve the homeless, grantees often have more specific budgetary questions, such as:

- What kinds of on-site **health** care can a grantee provide? Can it hire a nurse, mental health consultant, mobile service unit? For how many hours a week? What **specific** medical procedures will be funded?
- What kind of transportation can grantees provide for its homeless families? What kind of vehicle can the program **purchase?** Can it distribute bus tokens? Gas vouchers?
- What kind of facility expansion can a grantee pay for? In what circumstances can it purchase land or buildings?
- What kind of materials, supplies, and provisions are acceptable to purchase for homeless **children?** Can the grantee provide food+ clothing, toys for children to keep?
- Are additional hours of service authorized? **In** what amount and at what times of **year?**
- What additional staff can be hired to serve the homeless? What functions should this staff be qualified to perform?

Full-Scale Survey of Grantees

In the previous section, we **discussed** the addition of a new question concerning homeless service to the rotating section of the annual **PIR** survey. This method could also be used to ascertain estimates of the number of homeless families grantees **are** serving, the services provided to this population, and the costs **associated with these services.** However, in the case of costs,

questions to be asked are more numerous, so it would perhaps be advisable to design a completely new survey exclusively on homeless issues for dissemination to grantees. **Examples of questions that** might be asked include:

- How many homeless families have you served in this program year?
- How many homeless children have you served in this program year?
- Which of the following specific services are you providing the homeless in addition to the basic Head Start program you offer all **participant** families?
 - **infant** and toddler care
 - **full-day** programs for children
 - clothing donations
 - food donations
 - transportation
 - special **curriculum** for children
 - parent support groups or intensive counseling
 - assistance with scheduling or attending medical or other service appointments
 - other (specify): _____
- Do services to the homeless population cost more? Please estimate how much more:
 - per child: \$ _____
 - per slot: \$ _____

These questions could also be used by Head Start to obtain **some idea** of the **size** of the unserved Head Start-eligible homeless population, if they were **used** in conjunction-with estimates of the size of the total preschool age homeless population. This information could enable Head Start to make some reasonable **estimates** of the cost of **servng** all **Head** Start-eligible homeless children, as opposed to the relatively small number that are beigi currently served. These cost estimates would be of enormous benefit in planning new programs and strategies for reaching this **underserved** population. On the other hand, the Head Start Bureau should carefully consider the cost of this data collection and analysis effort.

Survey of Nature, Extent, and Costs of Grantees' Current Homeless Programs

Advantages

- **Allows** Head Start to estimate size of unserved Head **Start-eligible** homeless population and cost of serving them
- Allows Head Start to ascertain nature and costs of various **current** grantee programs to serve the homeless
- Allows Head Start to determine successful methods-of serving the homeless (**see p. 61**)

Disadvantages

- May be costly to collect and analyze data

National Workshop on Serving the Homeless

In the previous section, we also **discussed** possible Head **Start** sponsorship of a one-day national workshop on homeless service provision for grantees at the National Head **Start** Association meetings. In addition to **clarifying** current Head Start policies concerning homeless service provision, this seminar might provide Federal Head Start officials with some idea about grantees' funding priorities for **serving** the homeless and vehicles **through** which they feel funding should be provided. This method of obtaining information, however, would be much more impressionistic than a written survey to which each grantee responded (although perhaps less expensive).

National Workshop on Serving the Homeless

Advantages

- Provides information to Federal staff on costs of working with the homeless

Disadvantages

- Limits data to the non-random sample of attendees
- No checks are made on the validity of the data

Potential New Program for Homeless Families

Earlier, **we** described a new program which may assist grantees in responding more flexibly and appropriately to homeless and recently homeless families' intensive needs. In this section, our intention is to explore how the Head Start Bureau might fund such a program.

A Homeless Program may require additional and more experienced staff, a special curriculum directed at the emotional and cognitive needs of homeless children, special health services, extended hours, more extensive record-keeping, and added transportation. Below we discuss two funding mechanisms: a demonstration grant program, and a new program account to which grantees could apply for funding.

Demonstration Program on Serving Homeless Families

Advantages

- Tests relative effectiveness of program options for homeless **children**
- **Provides** national data

Disadvantages

- Funding ends at end of demonstration period
- Only a few grantees are involved

Demonstration Program

On the one hand, Head Start **could** establish a demonstration program, such as that soon to be announced as the “Homeless Families Demonstration Project.” Demonstration programs are an excellent method of testing alternative approaches to social service delivery analytically. **In** the case of service delivery to homeless families, grantees have asked about the “best option.” As one author notes, “available program development information consists mainly of descriptive accounts of model shelters and service **programs.**”³² Practitioners need more information about the successful ingredients of homeless social service programs, so that they know which systems are effective.” Head Start could determine whether currently homeless (or, perhaps, recently homeless) families are best served through a home-based, separate center-based, or integrated mainstream center-based option by funding a demonstration program in which a number of grantees pursue each strategy and an outside contractor evaluates program outcomes. However,

³² Alice **K.** Johnson and Alice R. Castengera. ***Integrated Program Development: A Model for Meeting the Complex Needs of Homeless Persons.*** Paper presented at the Community Organization and Social Administration (ACOSA) Symposium, APM Council of Social Work Education (CSWE). Reno, Nevada, 1990.

³³ Macro Systems, Inc., viii.

demonstration program funding is allocated only for a limited amount of time, and recipients often have difficulty continuing their programs once the demonstration grants cease. Moreover, usually only a small number of grantees are funded under a demonstration program. A different approach may yield more information.

New Program Account

Advantages

- Allows funding of **all** grantees who wish to serve homeless children and families
- **Disburses** funding according to need

Disadvantages

- Does not test models of service delivery or evaluate effectiveness

New Program Account

A second possibility is for Head Start to fund the new program through a new program account, which would be available on an on-going basis to all grantees. This program account could be introduced to grantees in the same manner as Program Account 26 (funding for children with disabilities) was introduced years ago. That is, grantees could be made **aware** of the existence of the new account and asked to apply for the funding they require to serve the homeless. The funding would be at the margin: the basic grant award would be expected to pay for the “usual” set of Head Start services; and the Homeless Account would be expected to fund all **additional services required by the** homeless population. **Like** Program Account 26, funds in this new account could eventually **become** a part of the basic grant award, with the understanding that the added services would continue. But it is also possible that the account remains independent, **and that grantees continue to apply each year for their particular needs.**

To manage the account, the National **Office** could **set** aside monies for each region and the Migrant **and** Indian Program Branches. Grantees could then apply to their Regional Office or program branch for these funds by **&tailing** the set of services they need to provide for their homeless families as well as the number of children they will be serving.

Funding Linkages

Advantages

- **Encourages** Head **Start** to combine funding sources to extend service hours or serve younger siblings, etc.
- Opens the door to greater services for the homeless integrated within a community

Disadvantages

- Increases the number of different regulations and requirements that the **grantee** must meet
- **Increases** the complexity of accounting and record-keeping

Funding Linkages

Funding for **services** to the homeless need not come **solely** from Head Start. On the contrary, other sources may be more appropriate for certain services. Grantees may be encouraged to seek resources at the local level to complement the services they offer. For instance, **McKinney Act funds** may help establish a program for the homeless. The social services block grant can be a source of funding for additional **hours** of service. **Work/welfare** programs, state preschool programs, or county mental health funds **are** other examples of possible wrap-around funding sources. Unfortunately, these funds are accompanied by their own sets of regulations about who may be served and how money can be spent, which may add complexity to the process of fund management and regulatory compliance.

Head Start's Federal staff could begin an initiative to create agreements at a national or state level for the meshing of funding. Such agreements could specify requirements about the individuals who may be served, the services to be supplied and the funding limitations. These agreements would prove **valuable** to grantees at the local level; instead of having to repeat these negotiations in each locality, they would be conducted at a higher level.

Technical Assistance for Grantees

The third and final major barrier that grantees identified was a lack of technical assistance regarding methods of serving the homeless. In order to address this issue Federal staff at the national and regional levels and Resource Center staff could take a more active role in the provision of technical assistance and training. In this section, we discuss the role these staff could play. Then, in the next chapter, we outline topics for a hypothetical training manual that could assist grantees with homeless service provision.

Technical Assistance Roles for Federal Staff

Several of the policy options discussed thus far would yield extensive data on Head Start services for homeless children and families:

- PIR questions on homeless services;
- National survey of current Head Start homeless programs;
- Input from grantees during training sessions; and
- Evaluations from a Homeless Demonstration Program.

An important Federal role would be that of disseminating these findings to other grantees who are contemplating homeless service. Sometimes, a great deal of time and funding are spent developing mechanisms for serving a difficult client population, but few resources are spent communicating lessons learned. It seems important in this case that Federal resources be used to advance **the state of the practice, Specifically**. Federal staff could make sure that the **findings** of

each data-gathering effort are disseminated through **information** memoranda, technical **assistance** manuals, and presentations at **national** and regional meetings.

Federal Dissemination of Promising Practices

Advantages

- **Allows all grantees** to benefit from the experience and accumulated wisdom of “pioneer” grantees who are working with the homeless

Disadvantages

- None

Technical Assistance Roles for Regional Staff

This report has suggested that grantees may **require** assistance in a number of different **areas related** to serving the **homeless**, including:

- **Community needs assessments;**
- Recruitment and outreach;
- Interagency coordination;
- Therapeutic program development;
- Choice of program option;
- Medical immunizations and health screenings;
- Fundraising;
- Staff development; and
- Record-keeping and follow-up.

In all of these areas, grantee staff may need assistance from Regional Office staff and/or Resource Center personnel who can work with grantees individually or in small groups and are familiar with each grantee’s unique client and program characteristics.

Specifically, one Resource Center staff member in each region could be assigned the responsibility of dealing with homeless service issues (in addition to other responsibilities). This professional should have expertise in a wide range of social service issues, with special training as

to their impact when dealing with homeless families. He or she could provide **valuable** in-person assistance to grantees on the following topics:

- **Community needs assessments** — Methods of ascertaining the dimensions of the homeless family problem in individual communities and ways to identify and prioritize homeless families' needs.
- **Recruitment and outreach** — Door-to-door canvassing techniques among a potentially illiterate population. Ways to coordinate intake with shelter staff.
- **Interagency coordination** — Ways to initiate and manage **joint** community service efforts. The functions of a case manager and how to coordinate case management among agencies.
- **Therapeutic program development** — Diagnostic methods for physical and mental handicaps, substance abuse, domestic violence, child abuse, and mental illness as they are manifested in the homeless population. Development of referral networks for serious mental illness. Counseling and teaching methods for dealing with homeless children's and families' emotional and developmental needs, including suggested activities, supplies, and materials.
- **Choice of program option** — Issues in the use of various program options to serve the homeless, such as a home-based program or a center-based program located at a homeless shelter.
- **Medical immunizations and health screenings** — Ways of obtaining low-cost health care in the community for the homeless. Methods of serving HIV-positive children. Methods of accessing diagnostic and support services for disabled homeless children.
- **Fund-raising** — Lists of private foundations and **corporate** donors in grantees' geographical regions. How to write a grant proposal and solicit funds from individual donors and foundations.
- **Staff development** — Mechanisms for training and organizing **volunteers** to serve the homeless. Qualifications and personality features to look for when hiring classroom teachers or home visitors who will work with homeless families. Sensitivity workshops for staff working with homeless families. Methods of coping with staff burn-out. Necessary qualifications for medical and mental health professionals.
- **Record-keeping and follow-up** — Manual and automated procedures for tracking clients' whereabouts, individual service plans, and progress. Ways to link grantees' tracking systems so that records can move with families as they change locations. Approaches for transferring families to other Head **Start** programs. Kinds of services required by newly housed families;

Most importantly, these Resource Center staff could perform vital advance work for serving homeless families by determining the **systems** and **methods** that are particularly effective with this population. These methodological issues are often critical to a program's success, but at the very concerns that grantees do not focus upon as they grapple with their clients' more narrow but immediate problems each day.

It seems vital as well that Regional **Office** Program **Specialists** be perceived as sources of assistance to grantees rather than as adversaries or "Performance Standards police." As **discussed** above, Program **Specialists** might need to be better informed and trained about the flexibility in Head Start regulations that Federal staff allows. They could then focus grantees' attention on this flexibility and encourage them to take advantage of it. Further, should the Homeless Program be developed, Regional **Office** staff would need to assist and encourage grantees to apply for funds and help them understand any new or **modified** regulations.

Direct Technical Assistance by Regional Office and Resource Center Staff

Advantages

- **Ensures that grantees** receive more intensive and on-going training in their efforts to serve the homeless
- Works to counteract the adversarial relationships some grantees have with Regional Office staff

Disadvantages

- May require development of additional expertise by Resource Center staff
- May overburden Regional **Office** or Resource Center personnel

1

2

3

CHAPTER 5

TECHNICAL ASSISTANCE TOPICS FOR IMPROVING HEAD START SERVICES TO HOMELESS CHILDREN

Regardless of how much guidance is provided to grantees by Head Start **officials** at the national and regional levels, grantees may ultimately need to grapple themselves with the unique characteristics of the homeless population and service delivery system in their own communities. We therefore suggest that Federal Head Start staff commission the preparation of one or more written manuals or handbooks that would assist grantees in developing the necessary features of a strong homeless service component. **Th[ese] manual[s]** could be prepared by Resource Center personnel who are particularly well-versed in homeless service delivery or by an outside contractor who has experience with the homeless population. The “how-to” manual or series of manuals should contain practical advice about the **different** topics related to homeless services presented in Chapter 4 (page 61).

The manual would discuss examples of effective solutions based on the literature and on detailed case studies of Head **Start** grantees and other providers currently serving the homeless through innovative programs. Case studies would address program objectives, client characteristics, service delivery methodologies, and program outcomes. Every effort would be made to provide concrete models that grantees can tailor to their own specific purposes. Full design of this manual is beyond the scope of this report. However, in this chapter, we offer some preliminary suggestions for the material that should be addressed under each of the technical assistance topics outlined earlier.

Community Needs Assessments

Grantees may need assistance determining the extent of family homelessness in their communities and the service needs of the population they identify. Needs assessments of this kind often require the cooperation of other local service agencies; for instance, the City of Chicago formed a task force of service providers to investigate service gaps to homeless families there (discussed below). Grantees that participate in such an effort may need to learn basic field research techniques, such as survey design, and **structured** interview and focus group techniques, **in** order to accurately assess local needs.

Recruitment and Outreach

Grantees may need to know where to go to **recruit** homeless families and how to perform detailed, systematic intake procedures that will establish clear and orderly records of families as they move through the service delivery system. The manual would provide examples of the grantees that go directly to shelters, motels, or other service providers to recruit families. It may discuss the procedures of the Chicago Family **Outreach** Initiative **staff** who recruit families by walking the streets and networking with shelters, public health clinics, and city human service **offices**. The manual would highlight creative **recruitment** procedures, such as enclosing Head Start advertisements with public assistance checks. In addition, it would provide examples of intake forms that shelters, advocacy groups or other points of initial contact with homeless families use to establish a service record for them. It would advise grantees that recruitment for this population must be an ongoing concern, rather than an “event” that takes place only at the beginning of the program year. Finally, it would sensitize grantees to the sorts of help that

homeless families may need in gathering data for Head Start applications and **filling** them out properly.

Interagency Coordination

Strong interagency coordination is perhaps the most critical component of a successful Head Start homeless program; grantees may require one manual devoted solely to this topic. In interviewing a number of grantees who do not currently serve the homeless, we found that they are often **deterred** by the enormity of the task. Some decided they lacked the resources or expertise to try. However, instead of believing they **should** grapple with homeless families' complex needs alone, they should learn to rely on the cooperation and assistance of other local service providers in their communities. The Interagency Council on **the** Homeless notes that

'The major stumbling block to using assistance more effectively to end homelessness in many communities is **the** lack of **local cooperation** and integration. The Council has found that the most effective local programs bring together the key agencies and service organizations **that** share a common purpose and mission to end homelessness. When representatives of these groups jointly coordinate and plan homeless activities, communities are able to maximize **their resources.**'³⁴

In the following sections, we discuss the impetus for coordination, its benefits, potential structures, and functions. We then discuss several factors that can damage coordination's effectiveness, and end with a discussion of several **McKinney** Act programs **that** could serve as partners to local grantees.

³⁴ Interagency Council on the Homeless. *Federal Progress toward Ending Homelessness: The 1991/1992 Annual Report of the Interagency Council on the Homeless*. Washington DC: Interagency Council on the Homeless, September 1992, 3.

Impetus for Coordination

Grantees may benefit from learning not only how, but why some of their number have begun to coordinate with other agencies to **serve** the homeless. A number of inspirational stories were related to us on our site visits that may motivate other grantees to initiate cooperative efforts. **In** Bucks County, for instance, the Head Start director was frustrated that she could not provide a center-based experience for the homeless children she served at the American Red Cross shelter. She worked through this frustration by teaming with a **number** of community agencies to fund a four-day Head Start classroom program for her homeless **children** that would supplement weekly home visits and allow the children's parents time off to attend a parenting workshop and work on their shelter-mandated social services plan. Bucks County Head Start's Board of Directors paid for the classroom, while the local **McKinney-based Intermediate Unit³⁵** provided funds for classroom equipment. A local day care center donated a classroom teacher.

Likewise, Bucks County Head Start teamed with the **Intermediate** Unit, county child protective services, the school district, the Family Service Association, and the county mental health department to form a Children's Committee that meets monthly to discuss individual homeless cases in the community and to ensure that services are appropriately coordinated and delivered.

Finally, the Neighborhood House Head Start homeless classroom in Seattle was founded when the director realized that preschool-aged children from the homeless shelter near one of his regular Head Start programs had no programs to **serve** them during the day. Since he knew little about the homeless population's **needs**, he **teamed** with the director of the Seattle Emergency

³⁵ The Intermediate Unit is funded by the **McKinney** Act's Education for Homeless Children and Youth State Grant Program, operated by the U.S. Department of Education. Its educational liaison is responsible for providing educational and related support services for homeless children.

Housing Service (SEHS) that runs the shelter to develop and fund a classroom-based program for these children.

Structure of Interagency Coordination

The Macro Systems report found that very little coordination exists at the public agency level in the delivery of homeless services,” although the **McKinney** Act programs at the U.S. Departments of **Education** and Health and Human Services are logical new vehicles for partnerships with Head Start. However, Macro did find that “every city [that is active in delivering services to homeless families] has one or **more** coordination mechanisms such as a coalition or task **force**,³⁷ which Head Start could potentially use to its benefit.

Coordination mechanisms vary a great deal from community to community, although their common objective is to ensure that service delivery for the homeless is as efficient, far-reaching, and “seamless” as possible. Cooperative management **structures** can be as simple as informal telephone networks among like-minded agency administrators. This was the case in lower Bucks County, where the strength of four agency directors’ personal relationships and the relatively small **size** of their community mitigated the need for formal service agreements. Frequent informal meetings and telephone conversations among them had established a sense of mutual trust and respect, so that they felt they could rely on each other for small favors and cooperation in dealing with individual homeless cases.

Coordination **structures** can also involve a larger number of providers but still remain generally informal. For example, the Family Service Association in Bucks County has spearheaded a monthly direct service coalition meeting among the line staff of different agencies.

³⁶ **Macro Systems, Inc., v.**

³⁷ *Ibid.*

No **formal** agreements are made at these meetings, but service providers discuss issues of common concern to the group and iron out any **disagreements** among agencies that may have arisen. In addition, agencies make informal presentations to the group about the individual services they provide and their **specific** funding sources.

Finally, service coordination can be relatively complex and involve formal service agreements among agencies. **In** its Case Management *for Homeless Families with Children* report, ASPE **discussed** the example of Jefferson County, Kentucky, where representatives from 45 private and **public** social service agencies were organized by the executive directors of the Jefferson County Department of Human Services and the Metro Human Needs Alliance (**MHNA**) to improve homeless assistance. These representatives meet monthly as the Joint Planning/Steering Committee of **MHNA's** Homeless Families Prevention Program to **evaluate** case management efforts and plan fund-raising efforts. The program **supervises** and places 14 case managers at 17 non-profit community ministries. These case managers are responsible for procuring comprehensive services for homeless families from each participating agency and for overseeing service delivery so that service duplication and gaps are avoided?

In **Washington, DC**, an **organization** called **ConServe** acts as a **coordinating** agency for a consortium of 10 social service programs for homeless families. **ConServe first** places families in transitional or permanent housing and then **connects** them with **necessary** support services. Interagency coordination revolves around a formal "Family Stabilization Plan," which constitutes a contract between each individual homeless family and all community service providers. The plan

³⁸ U.S. Department of Health and Human Services, **Office** of the Assistant Secretary for Planning and Evaluation, 17-21.

specifically outlines the goals and responsibilities of both the family and each provider and authorizes **ConServe's** case managers to purchase **necessary** services from each **provider**.³⁹

In short, an interagency coordinating group can carry out its mission in a number of ways. In **some cases, the** group will prefer to work through periodic joint planning sessions; in other cases, they may cede their coordination roles to one or more case managers who are supervised by the group. Under this latter arrangement, jointly supervised case managers should possess **clinical**, fiscal and administrative authority to identify client needs and purchase necessary services from participating **agencies**.⁴⁰ This kind of case manager authority should be established in formal written **service agreements** among agencies.

Functions of Interagency Coordination

Cooperative mechanisms can ensure that the following vital functions are performed:

- Evaluations of community and client needs and the availability of combined local resources to meet them;
- **Identification** of the barriers clients face in procuring services and joint planning to overcome those barriers;
- Development of coordinated service delivery and referral plans for individual children and **families**;
- Development of joint fund-raising and grant-writing strategies so that resource competition is minimized;
- Joint client advocacy and lobbying efforts at the local, state, and Federal levels to ensure maximum impact on policy makers and funding sources;
- Creation of formal or informal record-keeping linkages that ensure **accurate** tracking and universal access to information about family's whereabouts, social service plans, and progress. This kind of organized record-keeping would also contribute to

³⁹ **Homelessness** Information Exchange, 2-3.

⁴⁰ U.S. Department of Health and Human Services, **Office** of the Assistant Secretary for Planning and Evaluation, 7.

agencies' **abilities** to perform outcome evaluations of their **services**, a function that is rarely performed to date?

Coordination Pitfalls

There are circumstances **in** which **coordination** efforts fail. **Grantees** should be aware of the threats to effective **coordination**, so that they can take steps to avoid these problems.

Written Service Agreements

The literature and our contacts inside and outside of Head Start vary in the degree **to** which they feel formal written interagency agreements are **necessary** to establish working cooperative relationships. In Bucks County, written agreements are not **utilized** because of the strong personal relationships among staff and their verbal agreements. However, cooperation can be **undermined** when an agency does not provide the resources or funding it originally agreed to provide. For example, an agency could renege on its agreement to provide services if it encounters a particularly difficult client.⁴² Written agreements also help bridge periods of staff change, when previous personal relationships are no longer pertinent. Therefore, it may be advisable to develop written service agreements among agencies where communities are larger and personal relationships are less secure. These agreements **should specify**:

- the exact services an agency will provide;
- the **kind** of clients that will be served (i.e., children under 5, families headed by single females);
- the number of clients that will be served;
- the frequency (i.e., one time per week), time, and length of service provision;
- the **financial** value of the services; and

⁴¹ Johnson and Castengera, 3.

⁴² U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 7.

- the other agencies with whom an individual agency will cooperate in providing a service.

Confidentiality

As more agencies (and thus more individuals) become involved in service delivery for individual families, client **confidentiality** becomes increasingly threatened. Therefore, some agencies prefer not to become heavily involved in coordinated **service** delivery efforts when they are working with a particularly sensitive client case load. This, we were told, was generally the case with the Child Protective Services agency in Bucks County, although a representative from that agency did attend the newly formed Children's Committee meeting. **Confidentiality** can be maintained in interagency settings, however, by limiting discussions to **problems** common to a large group of clients or by authorizing only one staff person from each agency to discuss individual cases with their counterparts at other agencies.

Case Manager Authority

If agencies agree to use a common case manager or set of case managers to oversee client service planning and delivery, they must recognize the authority of these professionals to represent the clients and decide on a **course** of action for **them**.⁴³ For instance, in Bucks County, Head Start must continue to cede its social **service** planning role to the Family Service Association if it is to continue to utilize the services of this agency.

Service Gaps

Interagency coordination is only valuable when there is a collective pool of resources upon which agencies can draw. No amount of coordination will be useful when services are simply unavailable in a community. For example, in Bucks County, even though the Bucks County transitional housing programs and county housing authority participate **in** joint planning meetings,

⁴³ *Ibid.*, 7-8.

the severe shortage of subsidized **and affordable long-term housing in the community** makes it **virtually** impossible to find homes for **families, even** when they have completed their **social** service plans and located employment. Also, the local shelter presently has only enough funding to remain open for four to five months a year. When the shelter **closes, the home-based services** provided by Head Start continue for families that remain in the area, but Family Service programs **are curtailed.**

Mechanisms for Federal **Program** Coordination

While most interagency coordination to improve homeless **services must take place** at the local level where services are actually **administered** and **delivered**, stronger coordination among Federal agencies may facilitate local-level linkages. It is particularly important that local cooperation be improved between Federally funded social service and housing programs, since no amount of social services will contribute to homeless families' self-sufficiency without provision of affordable housing. Fortunately, the McKinney Homeless Assistance Act of 1987 strongly encourages local programs that are receiving McKinney Act funds from any Federal agency to develop integrated programs for homeless families that will provide a continuum of housing and support services?

McKinney Act programs are thus potentially fruitful **partnerships** for Head Start grantees wishing to expand and improve their own set of services. Currently, there are over 20 McKinney programs **administered** by a **number** of different Federal agencies; the 1993 Federal budget **authorizes** over \$1.1 billion for services such as emergency food and shelter, health care, transitional housing, job training, and education. While few McKinney Act programs for

⁴⁴ *Ibid.*

homeless families specifically focus on young children, Head Start could still target several of the programs **for cooperation.**⁴⁵ These programs **are summarized** in **Exhibit 3**:

- **Education for Homeless Children and Youth State Grants Program. U.S. Department of Education** — While this grant was originally designed to ensure that **school-aged** homeless children have access to public education, the program was expanded in FY 1991 to encourage states to provide comprehensive educational and related support services for all homeless children and youth, regardless of age. **The** program's state coordinators are now required to facilitate coordination between state educational agencies, social service agencies, and other agencies providing services to homeless children, youth, and their **families.**⁴⁶
- **Health Care for the Homeless. U.S. Department of Health and Human Services** — FY 1992 appropriations supported 115 Health Care for the Homeless grantees. Overall, 47 percent, or 104,885, of the clients served in 1990 were children, teenagers, or adult members of families. In addition, in **1992, 10** grantees received \$2.5 million in special funds targeted at homeless children and families. In 1993, HI-IS expects to continue to fund these special projects and, depending on the availability of funds, may add additional special projects for homeless **families.**⁴⁷
- **Homeless Families Support Services Demonstration. U.S. Department of Health and Human Services** • In 1992, grants were **earmarked** by Congress under Section 110 of the Social Security Act, as amended, that established 24 Homeless Family Support Services Demonstration projects to develop creative services integration approaches, including intensive case-managed services, to help homeless families increase their ability to work and live independently, and to prevent families from becoming homeless. In FY 1993, appropriations were made through a **McKinney** Act authority that is not solely targeted to the homeless, but focuses on formerly homeless families and families at risk of becoming homeless. Program details are still being developed within the Administration for Children and Families.
- **Supportive Housing Demonstration Program and Supplemental Assistance for Facilities to Assist the Homeless (SAFAH). U.S. Department of Housing and Urban Development** — The Housing and Community **Development** Act of 1992 consolidated the SAFAH program with the Supportive Housing Program. Authorization of the Supportive Housing program requires that not less than 25

⁴⁵ Ruth Ellen **Wasem**. CRS **Issue Brief: Homelessness: Issues and Legislation in the 102nd Congress**. Washington, DC: Congressional Research Service, The Library of Congress, June 17, 1991, 11-16 and Interagency Council on the Homeless.

⁴⁶ National Law Center on Homelessness and Poverty. *Small Steps: An Update on the Education of Homeless Children and Youth Program* Washington, DC: no date, 5.

⁴⁷ Macro Systems, Inc., 26.

EXHIBIT 3

McKinney Act Programs Targeted Exclusively at Homeless Families and Children

Program	Funding Agency	FY93 Funding Level ¹ (\$ Million)
Education for Homeless Children and Youth State Grants Program	U.S. Department of Education (ED)	24.8
Health Care for the Homeless	U.S. Department of Health and Human Services (HHS), Public Health Service, Health Resources and Services Administration	58.0*
Homeless Families Support Demonstration	U.S. Department of Health and Human Services (HHS), Administration on Children and Families, Office of Community Services	7.0
Supportive Housing Demonstration Program and the Supplemental Assistance for Facilities to Assist the Homeless (SAFAH)	U.S. Department of Housing and Urban Development (HUD), Community Planning and Development, Office of Special Needs Assistance Programs (SNAPS)	150.0

* Of which **\$2.5M** in 1992 was for 10 special projects targeted at homeless children and families.

¹ **Source** — Interagency Council on the **Homeless, Federal Progress Toward Ending Homelessness: The 1991/1992 Annual Report of the Interagency Council on the Homeless.** Washington, DC: **September 1992, 34-35.**

percent of funding shall be allocated to projects designed primarily to serve homeless families with children, 25 percent shall be allocated to projects designed primarily to serve homeless persons with disabilities, and not less than 10 percent shall be allocated for use in providing support **services** that **are** not in conjunction with supportive housing.

In **1992**, HUD SAFAH funds were allocated to states, which may then award resources to local programs to provide housing resources and case management services for families who are ready to move from transitional housing to permanent housing and greater independence.

Due to the breadth and comprehensiveness of many **McKinney Act** programs, they could be used creatively and flexibly to supplement other community efforts to assist homeless families and children. For example, the educational liaison for the Bucks County Intermediate' Unit — the local **McKinney Act** Homeless Children and Youth program — interprets his mandate broadly as one of ensuring that all children, beginning at birth, receive social services and support that will prepare them for the educational system. For this reason, he has provided funding to establish a **half-day** Head Start classroom for the local shelter's **3-** and **4-year-olds** to supplement their Head Start home visits. Likewise, he chairs the local Children's Committee, at which local agency representatives work together to ensure all homeless families in the area receive appropriate and comprehensive support services. Finally, he conducted a homeless sensitivity training workshop for Head Start staff at a recent Head Start state association meeting.

The **McKinney Act** Health Care for the Homeless programs also offer a promising vehicle of community coordination for Head **Start**. For instance, in Alameda County, California, the Homeless Program administers a case management system that provides a range of services for homeless families, including housing, employment training, substance abuse treatment, and day care **services**.⁴⁸ In Dallas, Texas, a Health Care for the Homeless program, county hospital and

⁴⁸ U.S. Department of Health and Human Services, **Office** of the Assistant Secretary for Planning and Evaluation, 22.

homeless outreach medical program administered through the hospital have teamed together to hire five case workers who work out of clinics to link the homeless with housing and social services, including day **care**.⁴⁹ In Bucks County itself, a local county mental health unit has a Health Care for the Homeless grant which allows it to provide mental **health** case management to homeless parents at the American Red Cross shelter. In cases such as these; Head Start could collaborate with the **McKinney-funded** case management system to provide a range of social services to its families that are beyond the scope of a traditional Head Start program.

Advantages of Coordination

Although coordination may require a great deal of initial planning and organization, its benefits are numerous for Head Start providers who are attempting to supply comprehensive services to homeless families. In this section, we outline and illustrate those benefits, using examples from the literature and from our site visits.

Coordination Maximizes Resources

By pooling its resources with those of other providers, Head Start can supplement its own program with additional expertise and resources at no extra cost. We have already described how the Bucks County Head Start was able to obtain a classroom-based program for its homeless children by organizing a coalition of community providers. Likewise, at a Bucks County Children's Committee meeting, we witnessed how funding sources can be used to their best advantage when they are discussed among a number of interested parties. When committee participants pointed out that the school district's before and after school programs were too costly for homeless parents, the school district representative offered to look for emergency funds to

⁴⁹ *Ibid.*, 29-31.

assist these families. In addition, the county mental health unit representative offered to fund slots for families with a documented mental health problem.

The Bucks County Head Start also benefits a great deal financially from its liaison with the Family Service **Association**, which has a number of funded programs that provide individual counseling and parenting training to homeless families living in the local shelter. In Seattle, by teaming with the Morningsong child development program for homeless children, the Neighborhood House program is able to share the cost of transportation.

Coordination Promotes Analysis of the Service Delivery System's Strengths and Weaknesses

A central purpose of the Bucks County Children's Committee is to identify **institutional** barriers to serving homeless children and work toward resolving them as quickly as possible. As noted above, a community agency may be providing a **valuable** service (such as the school district's before and after school program) that is nonetheless **inaccessible** to a number of its target clients. In addition, individual families may be slipping through the cracks, and cooperating agencies may be able to launch a coordinated strategy to help them. We witnessed just such an **effort at the** Bucks County Children's **Committee** meeting in which committee members talked about how to reach a recalcitrant family who was not responding to individual agencies' attempts to assist them.

In order to systematically investigate whether the City of Chicago is adequately serving its homeless children's needs, the City's children and homeless **services** sections of its Department of Human Services formed a task force to study children in the City's shelters. They invited the director of the Family Outreach Initiative to chair the effort. Now entering its third continuous year of operation, the task force has documented the number of children in the City's 44 family shelters, the level of **services** offered to them, and the obstacles to providing improved **services**.

In addition, the task force has investigated national models for **servicing** homeless children and **families**,⁵⁰ and has used this information to create its own model of a shelter-based program with extensive case management and follow-up, which they hope to implement this year. It is anticipated that the model will be funded by the City, Head Start, and private foundations and will be **directed** by one of the City's Head Start agencies.

Coordination Improves Communication Among Service Providers. Thereby Increasing the Flexibility of the System

For instance, at the Bucks County Children's Committee meeting, the representative from the county's mental health department suggested that if her colleagues met with **resistance** from her intake staff in dealing with a particular family, she would become involved personally to see that appropriate actions were taken and **unnecessary** bureaucratic procedures were avoided. Likewise, members of the committee agreed upon a mutually acceptable concept of guardianship that they would use in determining which family members should sign agencies' consent forms. Also, they spent time verifying the number and age of children in each family living in temporary motels in the community. Finally, they **circulated** a "sharing **checklist**" of critical information about each of the participating agencies' services.

Line staff at the Family Service Association in Bucks County pointed out that personal communication among service providers is particularly important when dealing with homeless clients whose needs are difficult to address. Often, they said, when clients' problems are not easily solved, anger and frustration become **directed** at other agencies' staff unless mutual understanding and respect can be developed in face-to-face interagency meetings. The Family Service director praised the two-way communication **occurring** at the local shelter between the

⁵⁰ **Unfortunately, they were able to find very few. Interestingly, those they did uncover were** primarily directed by Head Start grantees. Specifically, they mentioned North Shore Community Action in Beverly, Massachusetts, and the Minneapolis Project Secure.

Head Start home visitor **and** the Family Service counselors. The **Head** Start home visitor provides the Family Service counselors with her progress reports about the children she works with, while Family Service provides the home visitor with families' social service plans and progress reports.

Coordination Ensures Costly Service Duplication is Avoided

For example, in Bucks County, four agencies, **including** Head Start, have agreed to base their service provision upon social service plans drawn up for each family by Family Service case **managers** based at the American Red Cross shelter. Bucks County Head Start therefore does not prepare its own family needs **assessments** for homeless clients. While this is an unorthodox approach for Head Start, and one that generated initial misunderstanding at the regional level, it avoids creating a potentially confusing **set** of parallel goals for the families. This is an important consideration for homeless families, for whom even the task of gaining access to services and scheduling appointments in the proper sequence can **present** a tremendous challenge.” Further, it ensures Head Start staff time is not wasted in performing duplicate referrals and assessments. When another agency performs these functions, Head Start staff can spend more time in developmental exercises with **children**, parenting support, and the like.

In Seattle, the Neighborhood House director has also ceded his responsibility for **preparing** family needs **assessments** to the case workers at the Seattle Emergency Housing Service (**SEHS**), which runs the service-enriched shelter and temporary housing in which his **homeless children** live. He also has not hired a social services coordinator for his homeless program, since he feels such a staff member would only duplicate and complicate the function of **SEHS's** case workers. He **noted** that it is both irrational and wasteful of public funds to attempt to offer the same service that a cooperating agency is both eminently **qualified** and well-funded to deliver. When he

⁵¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and **Evaluation**, 4.

transfers his program to Head Start this year, he hopes to **continue** to avoid the cost of these redundant services.

Reason for Continuation of Services Clients Receive Ensured Continuous Services⁵²

In Bucks County, Head Start families benefit a great deal from the close relationship between Head Start and the Family Service Association. Family Services staff noted that this relationship is particularly complementary since Head Start's primary focus is children, whereas Family Service's primary focus is the total family unit. As a result of the two agencies' close cooperation, Head Start families receive the benefits of Family Service's multiple funding sources and programs. For instance, Family Service has received a grant from the William Penn Foundation to operate "Project Hope" — a child abuse prevention program. Family Service uses the grant to conduct a parent support group and individual counseling sessions at the local shelter and make home visits to families living in motels or transitional housing. Family Service is licensed to perform drug and alcohol abuse assessments for families and to act as a drug and alcohol outpatient treatment facility, and it raised funds recently to provide rental security deposits for families after they leave the shelter. This can be used in conjunction with Federal Emergency Management Agency (**FEMA**) funds that the American Red Cross shelter receives to pay for **first** month's rents.

In Woodburn, Oregon, the MIC Head Start program teamed with three other agencies to launch a comprehensive model program to assist pregnant teenage mothers, funded by the state. MIC provided a parenting support class, transportation to the class, and child care for mothers attending it. The county Health Department provided case management services, immunizations,

⁵² **Homelessness** Information Exchange. "Spotlight: **Coordinating** Services for Homeless Persons." **Homewords**. Vol. 3, No. 3, October 1990, 1.

and health care for the new babies. The local Migrant Health Center offered pre-natal care, and the Child Birth Education program in a neighboring town supplied La Maze classes and car seats for the new mothers. **In its first** year of operation, the program has served over 90 women who previously could not obtain these services in **the community**.

Even when agencies do not command a great deal of resources, their joint interaction can improve service delivery in small **but tangible ways**. For example, at the Bucks County Children's Committee meeting we attended representatives from several agencies who had visited one of the local motels where homeless families live agreed that families need **simple first** aid kits in their rooms and decided to distribute them to the motels.

Disadvantages of Interagency Coordination

While the benefits of interagency coordination **are** numerous, grantees should be aware of its few drawbacks as **well**. Most importantly, strong coordination is difficult to achieve without concerted time and effort on the part of grantee staff. Interagency coordination necessarily increases the number of meetings and telephone calls which staff must attend to, for instance. Further cooperative relationships may constrain a grantee's freedom slightly; for instance, they may need to schedule program activities at the convenience of their social service partner or tailor program components to their partners' funding requirements. Nonetheless, it appears that the advantages of coordination strongly outweigh its disadvantages.

Therapeutic Program Development

Strategies for Children

Although, at present, there is no consensus in the literature that homeless **children** exhibit more severe emotional, social, and cognitive delays than poor but housed **children**,⁵³ a Head Start program that serves homeless children may need to offer a special environment and developmental **curriculum** that are particularly sensitive to homeless children's needs., *The Santa Clara* Head Start, which operates a shelter-based program for homeless children, has recently developed a manual that advocates provision of the following **services** for homeless children:

- A constant supply of nutritious snack foods that children can help themselves to, so that they know their hunger can always be satisfied;
- A quiet, dark, and warm space where homeless children can sleep **as** much as they need to and whenever they need to, since many do not sleep well at night;
- **Plenty** of space in which to play, since homeless **children** typically lack time and places for play outside the program;
- An individual space or cubbyhole that homeless children can call their own, and toys that are theirs alone to play with, since they often lack personal possessions and personal space;
- Rooms or private spaces in which Head Start staff **can work** individually with homeless children or their families for counseling or therapeutic purposes;
- Full bathroom facilities, including bath or shower, a washer and dryer, and a supply of "loaner" clothing. **Many** homeless children have trouble staying clean, which **reduces** their **already** precarious sense of self-esteem. Many also exhibit **toilet-training** problems as a result of increased psychological stress; and
- Developmental activities that are particularly appropriate to homeless children's needs. For instance, exercises should help the **children** develop a greater sense of

⁵³ Rafferty and Shinn, 1173.

self-esteem, cope with loss, express their feelings, interact with others, and learn proper hygiene and nutrition.”

In addition, the staff at Morningsong in Seattle **pointed** out that **homeless** children require **an** extra **measure** of nurturing and comfort to overcome **insecurities** related to lack of love, attention, and protection. At the **MIC** program in Oregon, teaching **specialists mentioned the** need to integrate the **children’s** culture and language as much as possible in the developmental program. They noted that opening learning centers, where children can choose among activities and finish when they feel they are ready, are important for children’s sense of self-esteem and empowerment. On the other hand, homeless children can be **easily** overstimulated, and thus it is **important** to introduce new games and activities slowly. As the Hawaii study concluded, ‘Homeless children (like their peers) need a feeling of being competent and in control.’ Therefore, programs should “provide appropriate choices **and** challenges in **a maximally** supportive **atmosphere.**”⁵⁵

At the Neighborhood House program in Seattle, the homeless classroom teacher cautioned against the use of punishments such as “time-outs,” which she feels are too psychologically stressful for homeless children. **In** addition, she likes to avoid **activities** that involve peer competition, which also seems stressful to homeless children who have not had much experience **interacting** with peers.

Staff in **virtually** every program mentioned the vital importance of providing homeless **children** with a predictable routine in the classroom, since they so frequently lack predictability in their daily lives. While children **need to be** able to spend as much time as they wish on activities

⁵⁴ Arthur Doombos. *A Guide to Provide Comprehensive and Quality Services to Homeless Children and their Families*. San Jose: Children’s Services Department, Santa Clara County Office of Education.

⁵⁵ McCormick and Holden, 66.

that stimulate them, they also need regularly scheduled mealtimes and **naptimes**, and a predictable **sequence** of classroom events.

Our site visits and **interviews** identified a number of skills that homeless child development programs should foster. These include:

- **Socialization and communication skills** — Homeless **children often need** help learning appropriate behavior and responses toward adults and their peers. In many cases, they have not had the stable **relationships** or friendships in their **lives** that allow them to learn these skills.
- **Self-help skills, including proper hygiene and nutrition practices** — Homeless **children sometimes** need to be taught how to bathe properly, brush **their teeth**, comb their hair, and take medicine. At **Seattle's** Neighborhood House **program**, we watched them learn how to use eating utensils properly, serve themselves, and pour milk. In Bucks County, the home visitor worked on the concept of “food that is good for you to **eat**” through the use of colorful pictures and games.
- **Self-expression, including the use of language** — At the Seattle Neighborhood House program, we were told that homeless children are often quiet and withdrawn because they lack a sense of themselves as whole people with the right to assert their needs and desires through language. Therefore, that program spends a great deal of time encouraging children to “**use** their words,” both with their **teacher** and with their peers. In addition, staff in several programs mentioned the importance of artistic expression for homeless **children** through painting, music, dance, or dramatic play.
- **Decision-making and problem-solving** — Since the world is **often** beyond their control, homeless children tend to lack critical learning, skills. The home visitor in Bucks County spends a great deal of time playing games that teach her children to **discriminate** between colors, for instance, or choose items that match each other.
- **Coping skills** — Although a developmental program cannot eliminate the hardship in homeless children’s lives, it can teach children to cope better with grief and loss. The Morningsong program in **Seattle** throws small parties for **children** that are leaving the program to help them with feelings of loss and closure.
- **Inappropriate attachments** — At the Neighborhood House program, we learned that homeless children tend to bond too rapidly with strangers. Programs need to work on developing a healthy concept of trust and on discouraging false notions of **security**.

In addition, the **MIC** Head Start director noted how important it is that homeless children receive developmental screenings and assessments as quickly as possible when they arrive at a

program. Even if they do not remain in the program for any length of time, these screenings will help to inform their parents of special needs and may inform programs in their next communities as well.

Head Start's ***Staff Development Guide for Working with Multistressed Children and Families***, prepared in June 1992, contains material that might serve as a good starting point for a curriculum manual related to homeless children. The guide identifies characteristics of "multistressed" children and **discusses** ways to design a supportive learning environment for them. It also contains specific classroom approaches for working with these children, based on "research results and field-based **strategies**."⁵⁶ Finally, it provides materials for use in **seven** two-hour staff development sessions which can be conducted by either grantee Education or Mental Health coordinators.

Strategies for Parents

Just as with a mainstream Head Start program parent involvement is an important component of a Head Start developmental curriculum for homeless children. Parents need to be educated about children's developmental processes to increase their sensitivity to their own children's thoughts, feelings, and actions.⁵⁷ They may also need to learn to improve their communication with their children and their disciplinary skills.

However, as **discussed** above, the participation of homeless parents may be even more difficult to attract than that of low-income housed parents. In many cases, homeless parents simply cannot handle additional demands on their time and energy. Homeless programs must be

⁵⁶ U.S. Department of Health and Human Services, Administration on ***Children, Youth, and Families***, Head Start Bureau. ***Head Start Staff Development Guide for Working with Multistressed Children and Families***. Washington, DC: June 1992.

⁵⁷ Bassuk, *et al.*, 97.

cognizant that parents are already laboring to satisfy the rules and regulations of a homeless shelter and to obtain job training, employment and housing for their families. For this reason, the Seattle Homeless Children's Network and the Chicago Family Outreach Initiative urge homeless child care programs to encourage parental participation but not to demand it, and to offer basic parenting information and training **in a non-threatening manner.**⁵⁸ The Morningsong program, for instance, encourages parents to **drop** by their center and use the telephone. While there, Morningsong staff try to spend individual time with parents **and** to affirm and applaud their efforts. In addition, they **organize** evening parent gatherings where food is served and where items like car seats **are** offered by raffle. When parents do volunteer their time at Morningsong, they receive a deduction from their program fees at the shelter. At **MIC** in Woodburn, parents are provided with transportation, dinner, **and** child care to encourage them to attend monthly evening educational programs. At the Family Outreach Initiative in Chicago, home visits are conducted wherever parents feel comfortable, including at restaurants or other locations away from the commotion of the shelter.

Some of the Head Start and other homeless child care providers we spoke with have devised other successful ways to solicit parental involvement. For example, the Archdiocese of Chicago Head Start provides bus tokens to parents who come to weekly parent meetings. The Christ Church Cathedral Cooperative Child Care Center in St. Louis hosts occasional parent breakfasts to discuss child development issues. Our House, Inc. — an emergency day care center for **children** in Decatur, Georgia — operates a Family Resource Program on-site to provide practical assistance and support to homeless families. Four of the Head Start programs — Bucks County, **Minneapolis**, Beverly, MA, **and** Chicago — go directly to homeless shelters or motels to

⁵⁸ Printed literature on the Homeless Children's Network, Seattle, Washington.

meet with parents **to reduce their travel burden.** The Newark Head Start brings *both homeless parents and their children to the Head Start center, where* parents receive adult education, **life skills,** and computer training through a special grant from HHS for adult education and vocational training. At the Chicago Center for Successful Child **Development,**⁵⁹ staff operate a “drop-in center” where parents can come for informal assistance and group support.

The director of the Chicago Family Outreach Initiative pointed to a study that demonstrates that homeless parents resent judgments by programs about their parenting and their problems, just because they are homeless. As shelter parents interviewed in Hawaii expressed, “Most questions seem **unnecessarily** intrusive, and they make parents feel uncomfortable (because the reasons for the questions are usually not clear).” Instead, “parents would prefer. . . to ‘just be provided without blaming anyone or making a big issue of the **problem.**”⁶⁰

However, the director at MIC indicated that parents can be very grateful for training or support groups when they are offered without judgmental overtones. Her program to take parents on tours of grocery stores and teach them how to use the local bus system was very popular, since it improved their sense of self-sufficiency. Parents **surveyed** in Hawaii “expressed a desire for meetings and other opportunities to share **feelings** and generally ‘talk story’ with other **parents.**”⁶¹ In addition, “they asked for classes on parenting, CPR, birth control, first aid, and **nutrition.**”⁶²

⁵⁹ Funded by the Ounce of Prevention Head Start and HUD.

⁶⁰ McCormick and **Holden**, 65.

⁶¹ *Ibid.*

⁶² *Ibid.*

Choice of Program Option and Location

There does not seem to be strong consensus that any one Head Start program option is ideal for **servicing** homeless children or that one location (i.e., child care center, shelter, transitional housing complex, trailer) is **necessarily** better than others. However, through our work, we were **able** to obtain a sense of the advantages and disadvantages of each of a number of alternatives (see Exhibit 4). It seems most important that grantees **are** able to design program options that **best fit** their local circumstances and needs.

Center-Based Program with Full Integration of Homeless Children

Many experts caution against isolating homeless children from their mainstream peers, **since this** policy may **stigmatize** them and further diminish their precarious senses of self-esteem. Further, an extant center-based program may be the cheapest way to serve homeless families. However, we found that **“mainstreaming”** was unpopular with many of the Head Start grantees and other homeless child care providers. Grantees feel that homeless children may disrupt their regular Head **Start** programs and demand too much time and attention from an **already** over-extended staff. Further, homeless **children** may hurt mainstream programs’ daily attendance and create other regulatory problems, such as those mentioned in the third chapter. Center-based programs can also create transportation problems for homeless families, unless transportation to and from the program is provided. Finally, the director of the Salvation Army Head Start in Chicago noted that in all of her regular Head Start programs, between 60 and **80** children are served by one social worker, which is simply inadequate service for homeless families.

Separate Center-Based Classrooms for Homeless Children

Many programs (e.g., Bucks County Head Start, Neighborhood House in Seattle) provide a center-based classroom program exclusively for homeless children. Transportation is provided for the children, all of whom live in a single nearby shelter or transitional housing site. The benefit

EXHIBIT 4

Advantages and Disadvantages of Various Program Options/Locations

Center-Based Program with Full Integration of Homeless Children

Advantages

- Does not stigmatize homeless children; improves social adjustment
- May be least costly option

Disadvantages

- Homeless children may disrupt program due to infrequent attendance and social and emotional dysfunction
- Homeless children may reduce a program's ADA below acceptable levels
- Homeless children may require transportation services

Shelter-Based Classrooms

Advantages

- Shelter may contribute facilities and meals
- Saver times and money associated with transportation
- Allows greater access to parents
- May be the most comfortable environment for children

Disadvantages

- Emergency shelter may be a noisy, crowded, and inappropriate setting for a Head Start program
- Shelter staff may not be primarily interested in children's welfare
- Isolates homeless children from their non-homeless peers
- May entail additional expense

Center-Based Programs in Transitional or Service-Enriched Housing Facilities

Advantages

- Eliminates transportation problems
- Allows Head Start opportunity to coordinate services more closely with other providers
- Increases access to parents
- Housing facilities may contribute space for program

Disadvantages

- Isolates children from their non-homeless peers
- May entail additional expense

Mobile Center-Based Programs

Advantages

- Allows grantees to save more than one shelter or transitional housing complex in a quarter-based program

Disadvantages

- Entails expense of purchase or rental of mobile trailer and may entail cost of additional staff

Home-Based Programs

Advantages

- Families receive individualized attention in a comfortable setting
- Eliminates transportation problems
- Allows Head Start greatest opportunity to follow families if they move within a local area

Disadvantages

- Less time is spent with children per week
- Children do not receive classroom benefits of toys, play space, quiet time, and nutritious meals
- Isolates homeless children from all other peers
- May pose a danger for staff
- Parents do not have free time to attend to family needs

of a separate center-based classroom for homeless **children** is that it allows **exclusive** focus on homeless children's special needs. In addition, it allows respite for the children's parents during the day, **so that they** may **address** their families' needs. On the other hand, a separate classroom clearly requires additional resources such as extra staff and classroom space. Homeless children also may be isolated from their non-homeless peers, creating problems of social adjustment for them when the groups do mix.

Shelter-Based Classrooms

A number of the Head Start grantees who are currently serving the homeless locate their center-based program in local homeless shelters or motels. The shelter will often contribute space for the program and meals for children and their **families**; for instance, the shelter attached to the Parents in Community Action program in Minneapolis provides a play area for the children and **office** space for the staff, while the Archdiocese of Chicago program receives the use of a shelter classroom, parent resource room, and lunch and snacks for Head Start participants. The Morningsong program in Seattle is attached directly to the family units that the shelter provides.

Such shelter-based programs save homeless parents and Head Start programs the time and money associated with transporting children to a center-based program each day. They may therefore be **instrumental** in increasing children's attendance at the programs. In addition, they may allow greater access to parents, who live close by and can drop in more often. If a child does not arrive in the morning, staff can easily visit the children's parents to investigate why. Shelters may also represent the most comfortable and secure setting possible for a homeless child.

The Macro Systems report, however, argues that family **support** services such as Head Start should not be offered to homeless families in shelters, since they are there only temporarily and **are** often disoriented and in crisis. An emergency shelter, the report argues, is an

inappropriate setting for attempting to effect major changes in a family's **dynamics or** long-term **well-being.**⁶³

In addition, the director of the Chicago Salvation Army Head Start and her director of the Family Outreach Initiative describe the inherent tension between the objectives of a homeless shelter and a child development program. Shelter management is often most interested in maintaining order and security at a shelter and will turn a family out for violating even small rules. These policies of easy dismissal **are** clearly not in children's best interests. Further, a shelter may not wish to **accommodate** the additional noise and confusion that a children's program necessarily entails. The Chicago staff stressed the importance of **finding** shelters to work with who are dedicated to addressing the needs of children. The local shelter in Bucks County **seemed** to represent such a program, since it contained play areas for children and a staff dedicated to utilizing the Head Start program.

Center-Based Programs in Transitional or Service-Enriched Housing Facilities

Although the housing continuum is weak in many cities," many homeless families do go on to transitional residencies or service-enriched public housing, where they **are** more permanently settled but still live **financially** precarious existences. Homeless statistics suggest the strong danger of homeless recidivism for all homeless families: in Northern California, 40 percent of homeless families interviewed had experienced a previous episode of homelessness, while in New York City, 50 percent of families who receive permanent housing become homeless **again.**⁶⁵

⁶³ Macro Systems, Inc., 39.

⁶⁴ Macro Systems, Inc., vi.

⁶⁵ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 9.

The **children** of families in these settings could be referred to mainstream center-based Head Start **programs** when they become housed, but a number of **providers** we interviewed have found that they can more successfully provide a child development program at the housing sites themselves. Even though these children are **technically no** longer homeless, they still exhibit many of the emotional, social, and cognitive scars of their former condition. Further, their parents **are still** operating **under** many of the same constraints they experienced while homeless; they need full-day care and health services for their children, counseling and support, and can ill afford transportation costs. The Macro Systems report stressed the need to provide strong support to families in transitional living situations, noting that “Inadequate links between services and housing means support services end when they **are** needed most to sustain independent **living**.”⁶⁶ The Chicago Family Outreach Initiative director also echoed this concern, stating that it is imperative that children and their families receive intensive follow-up after they leave a shelter program, even if they are successfully placed in a **mainstream** Head Start.

One of the Head Start grantees we spoke with has plans to join a local cooperative effort to establish an Integrated Service Project at a new **low-income housing** project. The housing partnership is recruiting residents from families currently living in shelters and transitional housing and plans to provide a continuum of services at the site, including Head Start, to these newly housed families. Three of the child development programs outside of Head Start that we spoke with in Denver, Seattle, and San Diego are located within transitional housing complexes.

Location in a transitional housing complex has all of the drawbacks of a separate classroom-based program, however, including additional cost and social isolation. Nonetheless, the idea seems to be advocated strongly by knowledgeable social service providers.

⁶⁶ Macro Systems, Inc., ix-x.

Mobile Center-Based Programs

Two other Head Start programs mentioned the use of mobile trailers as a way to serve the homeless. The director of Head Start in Franklin County, Ohio has had trouble finding space in homeless shelters to provide Head Start services and a vehicle to transport Head Start staff and homeless children to a center-based program. She therefore has applied to Head Start, to the YWCA, and the United Way for a grant to purchase a large trailer to provide a “Head Start on Wheels” program. In San Diego, the Episcopal Community Services Head Start has agreed to place a mobile Head Start trailer on the site of the next public housing complex built by the San Diego Housing Commission. In exchange for priority enrollment for tenants, the Housing Commission has agreed to pay for the cost of the trailer. A mobile trailer, in any case, could allow a grantee to serve more than one shelter or transitional housing program in a quasi center-based setting. It would, of course, entail additional expense for an enlarged staff and the purchase or rental of the mobile vehicle.

Home-Based Programs

Both the Bucks County Head Start and the Salvation Army Head Start Family Outreach Initiative employ home-based options to serve their homeless families. This program has numerous advantages: families and their children receive individualized attention in a setting that is comfortable and convenient for them. (The Family Outreach Initiative will visit families at a location of their choice, such as a restaurant, if they do not feel comfortable in their shelters.) Transportation for families is not a problem, since home visitors come to the families. At the Family Outreach Initiative, a social worker accompanies the teacher on each home visit, so that families receive individual assistance with problems they may have, such as location of affordable housing, applications for public assistance benefits, or medical appointments, as well as child development activities.

Most importantly perhaps, home visit programs seem to afford Head Start the greatest opportunity to follow families as they move from shelter to shelter or into a more permanent home. Both the Bucks County and Chicago home visit options encourage families to keep the home visitor apprised of their whereabouts, even if they do not let the shelter know where they are going. As noted above, the director of the Family **Outreach** Initiative feels follow-up is one of the most critical aspects of her program. She stresses that children ideally need at least a **two-** year exposure to Head Start, a time period that far exceeds their typical stay in a single shelter. In addition, newly housed families need continued support to avoid homeless recidivism.

Home-based programs, however, do not allow staff to spend as many hours with children each week as do center-based programs. Further, children may not receive the benefits of the toys, play space, quiet time, and nutritious meals that a center provides. And parents do not have the time away from children that they need to enroll in social services, find housing, and search for employment. It was for this reason that the Bucks County Head Start director began to supplement her home visit program with a center-based classroom.

The Chicago Family Outreach Director pointed out that home visit programs can also present a danger for staff, depending on the level of violence present in the neighborhoods, housing complexes, or shelters that they visit. Where possible, staff need to meet families at a location that is safe for all parties concerned.

Medical Immunizations and Health Screening

The lesson here is very simple: homeless families benefit when health services are made **as** accessible as possible. For this reason, the Momingsong program in Seattle provides weekly visits from an on-site nurse, mental **health** consultant, and pediatric nurse practitioner. These health care professionals perform all **immunizations** and health and dental screenings. Likewise,

the director of Neighborhood House has arranged with the Seattle Homeless **Children's** Network to receive weekly visits from a pediatric nurse practitioner who performs on-site screenings and immunizations and meets with parents to discuss her findings. In Bucks County, a **nurse** from the county Department of Public Health performs **all** immunizations and health screenings upon intake at the local shelter.

Children's health is also promoted when programs educate parents about their children's symptoms and health **requirements**. Programs like Morningsong in Seattle teach parents where **health** care resources can be located by accompanying them to medical appointments or to drug stores to fill prescriptions. These services, however, do involve a great deal of staff time, and thus expense, for the programs.

Fund-Raising and Fund Management

Since homeless programs are more expensive than regular Head Start programs, grantees who wish to serve this population may need to become more adept at seeking supplementary funding, primarily through grant writing. For instance, the Seattle Neighborhood House Head Start and the MIC Head **Start** applied to the states of Washington and Oregon respectively to support their programs for homeless families and seasonal laborers. The **Homeless** Children's Network in **Seattle** and the Salvation Army Head Start Family Outreach Initiative supplement their programs with grants from their cities' Departments of Human Services. While fund-raising from foundations, corporations, and individual donors is time-intensive and expensive, programs may **find** it cost-effective in the long-run to hire an individual to perform this function on a regular basis.

The use of multiple funding sources may create confusion for grantees, since each **resource may** have different rules about how money can and cannot be spent. Thus, grantees may

need training in how to grapple with the regulatory complexity involved in multiple funding source management, **particularly** when they are trying to use a number of different sources to fund one cohesive program.

Staff Development

As the former **director** of the Family **Outreach** Initiative in Chicago **pointed** out, the most critical staff issue when working with the homeless is to hire staff who **are** experienced and highly trained enough to cope with the families' challenging problems. Of **course**, experienced staff are more expensive. Grantees hoping to serve the homeless should carefully identify the personal qualities and professional qualifications they **feel** are important in the staff they **hire**, and calculate the additional funding needed to hire staff of this caliber.

Judicious use of **volunteers** may help defray the costs **associated** with providing homeless services. For example, a large contingent of volunteers is used to provide **meals** and babysitting at **MIC** monthly parent meetings. In Denver, the Warren **Village** Child Care Center uses retired teachers, senior citizens, and **members** of charity **organizations** to assist the staff and provide annual holiday parties for the children. In Bucks County, an Interfaith Housing Development Council comprised community church members provides the local shelter with additional services, such as clothing donations, special meals, and emergency transportation. The literature discusses examples of programs in which both volunteers and former clients **are** used to lead adult support groups and to perform follow-up. Programs in New York City, Oakland, California, and Columbus, Ohio even use volunteers and former clients as regular case management **staff**.⁶⁷

⁶⁷ See, for example, Homelessness Information Exchange, 2; U.S. Department **of Health and Human Services**, **Office** of the Assistant Secretary for Planning and Evaluation, 9; and Johnson and **Castengera**, 7.

Most of the programs we visited mentioned the need for ongoing staff training, so that staff become sensitive to homeless families' needs, **constraints**, and attitudes. The director of the **Morningsong** in Seattle program explained that staff need lessons in "stereotype-busting" about who is homeless and how the condition affects families. The Hawaii study suggested that "training should include viewing a tape that depicts life in a shelter or visiting sites where there are homeless families. Most important is understanding what life is like for these children when they are not in the early childhood **center.**"⁶⁸

As we mentioned in an earlier section, the Head Start Resource Centers could play a larger role in the provision of such training services. In addition, grantees should investigate the training offered by other community agencies; for instance, Morningsong staff receive free training services from **both** a private child welfare agency and **from** the local public **health** department.

Finally, all of the programs we visited mentioned the need to support staff emotionally while they are working with the sometimes overwhelming problems of homeless families. All indicated that they **need** to do more in this area, and that staff "burnout" is always an issue. However, in Bucks County, Head Start employees can receive two free counseling sessions from the Family Service Association through its Employee Assistance Plan. Likewise, in Woodburn, Head Start staff can access a telephone-based counseling service whose fees are covered by the agency. If counseling support is too costly to provide, homeless programs could instead arrange staff support sessions or **confidential** "buddy" **systems in** which staff members could help each other with particularly troubling problems.

⁶⁸ McCormick and **Holden**, 66.

Record-Keeping and Follow-Up

Tracking and follow-up of homeless families seems to be one of the most intractable problems associated with **servicing** this population. Through our site visits, it became clear that grantees need to work more closely with both **shelters** and with other grantees in order to ensure that homeless families do not lose their Head **Start services** when they **move to** a new location. The Bucks County, Seattle, and Chicago homeless programs all attempt to transfer their children to another Head Start center when they are informed of families' anticipated moves. The MIC program **director** said she feels all grantees could employ simple follow-up procedure& such as providing homeless families with programs' business **cards**. Thus, even if they fail to inform their old program that they are moving, families can call the programs to ask for **referrals** once they arrive at their new location. In addition, **staff** should encourage families to inform them of anticipated moves so that they can help them locate a new Head Start for their children. At the Seattle Neighborhood House program, families are provided with lists of child care programs and funding sources in the metropolitan area in case they move without informing the staff.

Grantees can also solicit assistance in tracking families from local shelters or departments of human services that **are** sometimes better funded to maintain **electronic** records of homeless families. The MIC director mentioned that the Head Start Bureau is **currently** designing an automated computer system that will allow migrant grantees to electronically transfer children's records to new migrant grantees as families move. The marginal cost of making this system available to grantees working with the homeless may prove minimal. A number of grantees we spoke with felt a **centralized** tracking system would greatly assist grantees in following homeless families as they move or become housed and in ensuring that they continue to receive Head Start services. Although follow-up is **rarely** provided to families in the programs we studied, grantees almost universally agreed that social service follow-up is critical to families' continued stability

and that without it, families **run** the risk of homeless recidivism. Unfortunately, at the present time, grantees lack both **the resources** and expertise to mount concerted follow-up campaigns.

Afterword= The Importance of Affordable Housing

This report would not be complete without a short discussion of the critical role that other welfare programs must play in serving the needs of the homeless. Head Start's mandate is to provide a high quality child development program that focuses on children's educational, health, and social service needs. Head Start can work with parents in a limited fashion to improve their parenting skills, locate adequate health services for the family, and identify their major social service needs. However, Head Start is not equipped to solve many of the parents' financial, life skills, and personal problems which must be addressed to ensure their long-term welfare.

For example, the leading cause of homelessness — and the **greatest** obstacle to solving the problem — is the lack of decent, affordable housing in many parts of this country. In addition, some homeless families fail to receive the entitlements — such as Aid for Families with Dependent Children (AFDC) and food stamps — they are **due, or** receive woefully **inadequate** benefits. In 1990, for instance, “in 39 states and the District of Columbia, the **entire** maximum AFDC grant for a three-person family was **less** than the federally set fair market rent for a modest two-bedroom apartment in the states' lowest cost areas.”⁶⁹ Some **homeless** parents also need intensive substance abuse treatment programs or mental health counseling, and a great many require job and life skills training in order to achieve self-sufficiency.

At the local level, Head Start grantee staff can ensure that homeless families are provided as much **financial** support as **possible** by accompanying them to offices that control public housing

⁶⁹ *Ibid.*

and public **assistance**. We have also urged that grantees coordinate their social **services as** much as possible with other community agencies. At the Federal level, Head Start officials can cooperate regularly with the Federal Interagency Council on the Homeless to ensure that **homelessness** is addressed on a broader **agency-wide** scale. In the last analysis, however, Head Start's efforts to serve the homeless may not have lasting impact unless they are strongly supported by other adequately **funded** and effective programs that target the full range of barriers to homeless families' **self-sufficiency**.

CHAPTER 6

CONCLUSION

As a comprehensive child development program, Head Start is, in many ways, **well-**equipped to address the growing problem of family homelessness. It could do more than it currently is doing. The grantees that have received special funding to **serve** the homeless seem to be leading the way in developing mechanisms to serve this population. But Head Start grantees as a whole **are** serving only a very small percentage of the children and families that could benefit from the program.

Critical Issues in Serving the Homeless

One of the objectives of this report was to identify the barriers that prevent grantees from serving **more** homeless clients in a highly effective manner. Through our telephone discussions and site visits, we discovered that **barriers** could be grouped into three categories: issues **regarding** Head Start regulations and Performance Standards; issues of funding and resources; and issues related to grantees' needs for technical assistance. These barriers include:

Issues Regarding Head Start Regulations and Performance Standards

Some Head Start regulations and Performance Standards are perceived as impediments to **servicing** homeless families by grantees:

- **Average daily attendance (ADA).** Grantees feel they must maintain an ADA of 85 percent, even when **servicing** the homeless. Since many feel an ADA of 85 percent is an unreasonable **expectation** for this transient and high-risk population, they do not attempt to serve them at all.
- **Immunizations and health screenings.** Some grantees also **refrain** from serving the homeless because they feel they cannot comply with Head Start's health policies for

this population, due to families' transience, the lack of medical providers who will serve the homeless, and families' difficulty in keeping medical appointments.

- **Parental participation.** A number Of grantees pointed out the difficulty with asking all homeless patents to participate in the Head Start program. Homeless parents usually lack free time, transportation, and the child care they need to attend Head start functions.
- **Family needs assessments.** Some grantees would like partner social service agencies with case management responsibilities for homeless families to prepare family needs assessments in order to avoid duplication of effort and confusion. However, they arc unsure whether Head Start would allow this.
- **Program Information Report (PIR) enrollment data.** Grantees may not understand — or be able to justify to Regional Offices — that they can use alternative months for the report of enrollment data, not only November 'and May as listed on the form.
- **Complexity of Head Start application.** Grantees complained about the problems for staff and parents associated with the length and complexity of the Head Start application. They may not understand that Head Start does not set requirements for the content of the application, that they can simplify applications, and that they should provide assistance to families who need it.
- **Bilingual classroom staff** Since they are enrolling newly arrived immigrants from so many different countries, grantees in some areas may find it difficult to provide bilingual staff or staff who are aware of all children's cultures.

Funding Issues

Grantees feel that homeless service is more costly per slot than regular service and that they lack the additional funding to serve this population. They mentioned the need for additional resources to provide:

- extended hours of service;
- more experienced counseling and case management staff;
- additional transportation services;
- emergency resources such as food, clothing, and medications; and
- facility expansion and renovation.

Although they recognize they may need to solicit wrap-around funds from other sources, multiple funding sources can create problems of fund management and regulatory complexity.

Technical Assistance Issues

Many of the Head Start staff we interviewed need technical assistance in order to learn how they can successfully deliver services to homeless children. For instance:

- **Infant and toddler care.** Many of the grantees who are successfully serving homeless children feel they are doing so in part because they have made special arrangements to serve infants and toddlers. **Others,** however, have been unable to find a way to serve younger children and see this is a major **barrier** to serving the homeless.
- **Interagency coordination.** **Grantees** who are currently **servicing** the homeless recognize the benefits afforded by interagency cooperation. However, many grantees could use technical assistance to learn about the most efficient mechanisms for coordinating interagency support.
- **Staffing.** **Aspects** of homeless service provision, such as transportation provision, door-to-door recruitment, and more intensive social service support create heavy demands on staff time. In addition, homeless families are a challenging population that often require additional staff expertise and training.
- **Classroom environment and developmental curriculum.** **Grantees that are willing** to serve homeless children may not be aware of their special needs or the kinds of skills children need to develop. These grantees **may require** assistance in developing appropriate program activities and therapeutic exercises for homeless children.
- **Choice of program option.** Grantees may need guidance concerning the kind of program option they should establish for homeless families, and the advantages or disadvantages of each choice.

Grantees **feel** that Head Start's Regional Resource Centers (**RCs**) should provide increased training and technical assistance in these areas.

Potential Policy Actions

Both our telephone interviews and site visits suggested that adaptations of policies and new approaches may be needed to improve the ability of grantees to serve the homeless. Below we propose some policy options that are designed to address each of the three major categories of issues that grantees feel **are** impediments to homeless service provision: Head Start regulations

that are perceived as inappropriate or inflexible, lack of adequate program funding, and needs for **various kinds** of technical assistance and training.

Additional Policy Guidance and Clarification

In this section, we address regional Head Start staff and local grantees' need for additional policy guidance and clarification about the intent and meaning of Federal Head Start regulations and Performance Standards. We suggest **that:**

- **PRIR data.** Head Start staff could obtain a more complete picture of the services offered to homeless families and the perceived barriers to service provision by adding several questions to the rotating section of the annual Program Information Report (PIR).
- **Information dissemination.** The National Office could provide further training and written guidance to all regional staff about the intent of Head Start guidelines for working with the homeless. National Office staff could also communicate its regulatory intent directly to grantees through a **one-day** national workshop on homeless service provision, preceding the annual National Head Start Association meetings.
- **New "program."** Head Start may implement a new Homeless Program to encourage grantees to serve a larger number of homeless children and families. This new program would be similar in nature to the Migrant and Indian Programs, in that it would **be** expected to offer comprehensive Head **Start** services, with certain **well-**defined differences. However, Federal management of the new program would still occur through the Regional **Offices** and the Migrant and Indian Programs.

Funding Mechanisms for Homeless Service Provision

Because of the complexity of **homeless** families' needs, service provision to this population is more expensive, and grantees **are** struggling to locate additional funding for recruitment, new enrollment slots, transportation, more experienced staff, emergency provisions, extended service hours, and infant and toddler care. To address the funding issues, we suggest the following:

- **National survey.** may design a survey of grantees to **ascertain** estimates of the number of homeless families served, the services provided to this population, and the costs associated with these services. Survey questions could also be used to obtain some idea of the size of the unserved Head **Start-eligible** homeless population.

avoidance of costly service duplication

provision of more comprehensive and continuous **services**; and

— **Disadvantages** of coordination.

- **Therapeutic program development.** Head Start may also need to develop a separate **manual** for this topic that provides concrete exercises and **activities** for grantees to use in creating and maintaining the kind of program environment that is advocated for homeless children and their parents.
- **Choice of program option and location.** There are clear **advantages** and disadvantages of each of a number of program alternatives, **including**:
 - Center-based program with full integration of homeless children;
 - Separate center-based classrooms for homeless children;
 - Shelter-based classrooms;
 - Center-based programs based in transitional or **service-enriched** housing facilities;
 - Mobile center-based programs; and
 - Home-based programs.
- **Medical immunizations and health screenings.** The lesson **here** is very simple; homeless families benefit when health **services** are made as accessible as possible. For this reason, grantees may need to provide health services on site or transport and accompany families to medical appointments.
- **Fund-raising and fund management.** Since programs for the homeless **are** more expensive than regular Head Start programs, grantees may need to become more adept at raising supplementary sources of income. While fund-raising is expensive, programs may find it cost-effective in the long-run to hire an individual to perform this function. Grantees may also need training in how to grapple with the regulatory complexity involved in the management of multiple funding streams.
- **Staff development.** Homeless programs need to hire staff who are experienced and trained to cope with homeless families' challenging problems. Judicious use of volunteers to help defray costs is also encouraged. Ongoing staff "sensitivity training" to homeless families' needs, constraints, and attitudes is critical. Finally, staff need ongoing support and supervision to prevent burnout.
- **Record-keeping and follow-up.** Tracking and follow-up of homeless families **seem** to be difficult problems associated with serving this population. Simple procedures

exist to improve follow-up, and grantees can solicit assistance in tracking families from local shelters or **departments** of human services. However, a centralized automated tracking system linking grantees may be helpful.

In conclusion, there are a large number of options for **Head Start** in its goal to improve **services** for homeless **children** and their families. The program **can** make a lasting difference for this population. However, Head Start's efforts need to be strongly supported by other adequately funded and effective programs that **target** the full range of barriers to homeless families' **self-sufficiency**. **In** particular, families need affordable housing and adequate entitlements, as well as **intensive substance abuse** treatment programs, mental health counseling, and job and life skills training. Interagency cooperation at the local and the national level will prove a key to success.

BIBLIOGRAPHY

1. Bassuk, Ellen L. et *al.*, eds., ***Community Care for Homeless Families: A Program Design Manual***. Newton Center, Massachusetts: The Better Homes Foundation, 1990.
2. **Boxill**, Nancy A., ed., ***Homeless Children= The Watchers and the Waiters in Child and Youth Services***. Vol. 14, No. 1. New York: The **Haworth** Press, 1990.
3. Children's Defense Fund. ***The State of America's Children 1991***. Washington, DC: 1991.
4. **CSR, Inc. and** Information Technology International. ***Comprehensive Child Development Program — A National Family Support Demonstration: First Annual Report***. Washington, DC: December 1991.
5. Doombos, Arthur. ***A Guide to Provide Comprehensive and Quality Services to Homeless Children and their Families***. San Jose: Children's Services Department, Santa Clara County Office of **Education**, no date.
6. Homeless **Children's** Network. ***An Update of the City of Seattle Homeless Children's Network Seattle***: April 4, 1991.
7. Homelessness Information Exchange. "Spotlight: Coordinating Services for Homeless Persons" in ***Homewords***. Vol. 3, No. 3, October 1990.
8. Interagency Council on the Homeless. ***Federal Progress toward Ending Homelessness: The 1991/1992 Annual Report of the Interagency Council on the Homeless***. Washington, DC: September 1992.
9. Johnson, Alice J., and **Banerjee**, Mahasweta "Purchase of Service Contracts for the Homeless: The Development of a City-wide Network" in ***The Journal of Applied Social Sciences***, Vol. 16, No. 2, Spring/Summer 1992.
10. Johnson, Alice K., and **Castengera**, Alice R. ***Integrated Program Development: A Model for Meeting the Complex Needs of Homeless Persons***. Paper presented at the Community Organization and Social Administration (ACOSA) Symposium, APM Council of Social Work Education (CSWE). Reno, Nevada: 1990.
11. **Koralek**, Derry G., and Goldhammer, Marilyn. ***Head Start Staff Development Guide for Working with Multistressed Children and Families***. Washington, DC: Head Start Bureau, U.S. Department of Health and Human Services, June 1992.
12. Macro Systems, Inc. ***Homeless Families with Children: Programmatic Responses of Five Communities. Volume I: Cross-Site Comparisons and Findings***. Washington, DC: **Office** of the Assistant **Secretary** for Planning and Evaluation, U.S. Department of Health and Human Services, May 1991.

13. **McChesney, Kay Young. *Absence of a Family Safety Net for Homeless Families*. December 13, 1991. Accepted by the *Journal of Sociology and Social Welfare*.**
14. **McChesney, Kay Young. "Family Homelessness: A Systemic Problem" in *Journal of Social Issues*, Vol. 46, No. 4, 1990, 191-205.**
15. **McChesney, Kay Young. *Homeless Families: Four Patterns of Poverty* in Robertson, Marjorie J. and Greenblatt, Milton. *Homelessness: A National Perspective*. New York: Plenum Press, 1992.**
16. **McChesney, Kay Young. *Macroeconomic Issues in Poverty: Implications for Child and Youth Homelessness* in Kryder-Coe et al., eds. *Homeless Children and Youth: A New American Dilemma*. New Brunswick, NJ: Transaction Publishers, 1991.**
17. **McChesney, Kay Young. *New Findings on Homeless Families in The Crisis in Homelessness: Effects on Children and Families*, Hearing before the Select Committee on Children, Youth, and Families, House of Representatives, One Hundredth Congress, First Session. Washington, DC: U.S. Government Printing Office, 1987.**
18. **McCormick, Linda, and Holden, Rita. *Homeless Children: A Special Challenge in Young Children*. September 1992, 61-67.**
19. **Mihaly, Lisa. *Homeless Families: Failed Policies and Young Victims*. Washington, DC: Children's Defense Fund Clearinghouse, January 1991:**
20. **Molnar, Janice, et al. *Ill Fares the Land: The Consequences of Homelessness and Chronic Poverty for Children and Families in New York City*. New York: Bank Street College of Education, February 1991.**
21. **National Law Center on Homelessness and Poverty. *Small Steps: An Update on the Education of Homeless Children and Youth Program*. Washington, DC: no date.**
22. **New Mexico Human Services Department. *Collaborative Effort to Establish Developmental Child Care for Homeless Children: Second Quarterly Report* February 28, 1990.**
23. **Rafferty, Yvonne, and Shinn, Mary Beth. *The Impact of Homelessness on Children in American Psychologist* Vol. 46, No. 11, November 1991, 1170-1211.**
24. **Rossi, Peter. *Without Shelter: Homelessness in the 1980s*. New York: Priority Press Publications, 1989.**
25. **Solarz, Andrea L. *Homelessness: Implications for Children and Youth in Social Policy Report* Vol. III, No. 4. Washington, DC: Society for Research in Child Development, Washington Liaison Office and the Committee on Child Development and Social Policy, Winter 1988.**

26. The Stanford Center for the Study of **Families**, Children, and Youth. The **Stanford Studies of Homeless Families, Children, and Youth Stanford**, CA: November 18, 1991.
27. University of South Carolina College of Social Work and **Research Associates**. **Volunteers of America, Children's Garden: An Assessment** January 1, 1992.
28. U.S. Department of Health and Human **Services**, Office of the **Assistant** Secretary for Planning and Evaluation. Case Management **for Homeless Families with Children (Undated)**
29. U.S. Department of Health and Human Services, Office of the **Inspector** General. Emergency **Shelters for Homeless Families**. Washington, **DC**: October 1992.
30. U.S. Department of Health and Human Servicea, **Administration** for Children, Youth, and Families, Head Start Bureau. **Head Start Family Support Projects. Priority Area 3.0 — Building a Head Start Program's Capacity to Address a Specific Problem Threatening Head Start Families: Project Descriptions**. Washington, DC: 1991.
31. U.S. Department of Health and Humau Services, **Administration** for Children, Youth, and Families, Head Start Bureau. **Innovation: Serving Homeless Families and Children**. Unreferenced materials provided to the contractor by ASPE.
32. U.S. Department of Health and Human **Services**, Administration for Children, Youth, and **Families**, Head **Start** Bureau. **Memorandum #ACF-IM-92-12**. Washington, DC: June 5, 1992.
33. U.S. Department of Health and Human **Services**, **Administration** for Children, Youth, and Families, Head Start Bureau. **Memorandum #ACF-PI-91-11**. Washington, DC: May 31, 1991.
34. U.S. Department of Health and Human Services, **Administration** for Children, Youth, and Families, Head Start Bureau. **Program Instruction to Head Start Grantees and Delegate Agencies regarding Availability of Financial Assistance and Request for Applications for Head Start Demonstration Projects to Serve Homeless Families. (Draft)**
35. U.S. Department of Housing and Urban Development, **Office** of Policy Development and Research, Division of Policy **Studies**. A **Report on the 1988 National Survey of Shelters for the Homeless**. Washington, DC: March 1989.
36. **Wasem**, Ruth Ellen. CRS Issue **Brief: Homelessness and the Federal Response**. Washington, DC: Congressional **Research** Service, The Library of **Congress**, June 17, 1991.
37. **Wasem**, Ruth Ellen. C. Issue **Brief: Homelessness: Issues and Legislation in the 102nd Congress**. **Washington**, DC: Congressional Research Service, The Library of Congress, August **26, 1992**.

1

2

3

APPENDIX A

Summaries of Telephone Interviews

1

2

3

NORTH SHORE COMMUNITY ACTION PROGRAM HEAD START (NCSAP)
SANDRA WADDELL, DIRECTOR
BEVERLY, MASSACHUSETTS

Program Outline

NCSAP has been serving the homeless for five years, mostly under an innovative grant **from** ACF. There are 15 slots **reserved** for children at motels and shelters, with motel children receiving priority because of their unsafe conditions for children. About 40 children a year use these slots depending on the housing situation. The homeless program is operated five days a week, six hours a day, and 52 weeks a year, as compared with the regular program which is operated four days a week, four hours a day, and 33 weeks a year. There is one social service case aid for the 15 homeless families, versus three for the other 160 families. There is also a “rap” group for the homeless parents run by a mental health therapist once a week **at** the motels. **The** parents determine the content of these meetings, which usually relates to parenting and essential living skills.

Successful Mechanisms for Serving the Homeless

The success of NCSAP is a result of targeting the special needs of the homeless. NCSAP expedites the record tracking and registration process, often has access to quick food resources; provides transportation that is flexible and available for six hours a day; offers longer program hours; and has a third teacher for the Head Start room and another case aid — all of whom receive additional training and support when funding is available..

NCSAP also attempts to establish a strong relationship with the parents. “They bring the parents in for registration so that parents see the classroom at least once and, conversely, the teachers go to the motels for ‘home” visits every couple of months. This is particularly important since other services such as the Homeless Bureau and Protective Care Social Workers rarely visit the motels.

Remaining Barriers to Serving the Homeless

Barriers include needing an extra person to help with the average registration paper flow of 30 pages per child, and spending more money on food and health care because of the inaccessibility of welfare services. These services have not caught up with families that are in transience; further, the hotels are in an inconvenient location which makes it difficult for parents either to go to Boston to obtain services or go to Boston to negotiate a change in the location of services to a more convenient place.

According to Sandra **Waddell**, the Head Start Director of NCSAP, the most difficult obstacle for the staff is not seeing the results of their work. She says, **“The** children and parents just leave from your life after all the work you’ve done ... often you don’t even know they are leaving. ...”

How Head Start Can **Improve Homeless Service**

- ***Provide additional funding.*** Sandra says the most important thing Head Start can do to improve homeless services is provide more funding. There are more **eligible** children than the centers can serve, and homeless **children** cost more than the other children to serve.
- ***Write more lenient guidelines and rules serving for the*** homeless. Sandra says the homeless should have an automatic 30day waiver for **immunization** records, and Head Start centers should **be allowed** an oral assurance about medical records from health care workers until written records can **be processed.**

BUCKS COUNTY HEAD START
NANCY HUNZIKER, DIRECTOR
FAIRLESS HILLS, PENNSYLVANIA

Program Outline

Bucks County Head Start offers both a center-based and a “home-based” program for the 37 homeless **children** they serve. The center-based program meets four days a week at the center. In the home-based program a home visitor meets with each family at the shelter three times a month. These are intensive one and a half hour sessions. In addition, the children have one day a week of socialization where they are taken to a separate classroom for three hours. The homeless parents also have their own meeting once a month where they talk about different topics such as parenting skills, money management and dealing with crisis situations.

Successful Mechanisms for Serving the Homeless

Nancy **Hunziker**, the Director of Bucks County Head Start, says two things have made this Head Start particularly successful: coordination of social services; and flexibility and commitment of staff. In order to eliminate duplication of services and ensure that families receive all the social services that are available to them, this Head Start participates in meetings held every other month with the directors of social service agencies and with the service providers from these agencies. The directors discuss what the social service needs are and how the agencies can cooperate to provide the services. The social service providers keep track of where all families are located and make referrals to each other. When a crisis situation occurs they meet the challenge together. For example, recently one of the motels closed down where 50 homeless families were living. The directors and service providers met and within two weeks had relocated all 50, some to more permanent housing situations than they had before. On a regular basis this infrastructure encourages agencies’ joint efforts in working with the homeless. In the case of Head Start, the shelters are the first to encourage parents to admit their kids to Head Start and to attend parent training sessions. Further, health clinics send staff **to** the shelters in order to speed the process of health screening.

In addition to networks among the social service agencies, Nancy says the key to the success of Head Start is having flexible and committed staff at all the agencies that provide services to Head Start families. The staff at Bucks County Head Start are particularly determined to provide a service to homeless children and are not deterred by typical obstacles. For example, if a child does not have a medical record, efforts are made to obtain existing records.

Remaining Barriers to Serving the Homeless

This Head Start would benefit from a classroom being built at the shelter. In this way Head Start would not transport children around the county, and the children would also have a play area when Head Start is not in session.

How Head Start Can **Improve Homeless Service**

- ***Provide additional funding.*** The director recommends that Head Start obtain estimates of how many homeless children they are **servicing** nationwide. Additional funds received **from** Head Start could be provided using a homeless **per** capita funding formula.
- ***Allow separate record-keeping*** for the homeless **children.** Nancy also suggested that attendance criteria and record-keeping should be separate for homeless and housed children. In this way there could be more realistic goals set for **the** homeless while not skewing attendance statistics for evaluation **purposes.**

**BUCKS COUNTY INTERMEDIATE UN-IT
HOMELESS STUDENT INITIATIVE
TOM NORLEN, EDUCATIONAL LIAISON
BUCKS COUNTY, PENNSYLVANIA**

Program Outline

Tom **Norlen** is the educational liaison for one of five pilot programs **in** the state of Pennsylvania designed to ensure that every homeless child in the state has the support and basic resources to attend school regularly. The program is funded by **McKinney** Homeless Assistance Act funds from the U.S. Department of Education and is designed to assist children from birth through age **18**. Mr. **Norlen** works with 13 school districts and seven homeless shelters in Bucks County, as well as with the local Head Start program to accurately track homeless students **in** the Bucks County region and to ensure they receive basic human services.

Successful Mechanisms for Serving the Homeless

Mr. **Norlen's** main objective is to establish close working relationships and coordination among community service providers that serve homeless children. In the last year, he established a Caseworker Coalition of social workers from local agencies and shelters, such as the Salvation Army, Catholic Social Services, and the county government's mental health bureau who meet monthly to consider the joint coordination of homeless children's needs. A similar social service directors' group met with the county commissioner this past winter to establish an on-site cooperative social service program at a homeless motel that served four to five hundred homeless clients. The program provided a recreation center, counseling services, day care, a medical clinic, and a food bank for this homeless population.

This month, he joins a new Homeless Children's Commission established by the county commissioner to improve services for homeless children. The commission will seat representatives from Head Start, local shelters, the local school district, churches,, the YWCA, Family Service Association, and the county child protection and mental health agencies.

He has recently used **McKinney** Act funds to establish a children's group therapy "Kid's Club" at the local American Red Cross shelter and to provide an additional staff person and supplies for the local Head Start program.

How Head Start Can Improve Homeless Service

Mr. **Norlen feels** that close interagency cooperation and coordination is the key to improving the plight of homeless children. He **feels** that no one agency or group should try to serve all of homeless children's complex needs, but that six to 10 agencies can so effectively when working closely together.

**AMERICAN RED CROSS SHELTER
NANCY STROUKOFF, SHELTER DIRECTOR
BUCKS COUNTY, PENNSYLVANIA**

Program Outline

This American Red Cross shelter provides beds and other social services to homeless families from November to April each year. The shelter is currently serving 75 people per night; approximately half of which are children under 18.

Successful Mechanisms for Serving the Homeless

The shelter is working cooperatively with the Bucks County Head Start program to ensure as many children as **possible** at the shelter are enrolled in Head Start. Successful mechanisms for serving homeless children through Head Start include:

- **Use of the home-based program option** — Under this mechanism, Head Start professionals work with parents and children at the shelter through scheduled visits to the shelter's counseling room. Once the family leaves the shelter, the Head Start Home Visitor follows them to their new home. When the home-based program is full, however, Head Start will try to enroll homeless children in its center-based program, using its over-enrollment slots, if necessary.
- **Recruitment** — Shelter staff call Head Start when an **eligible** child arrives. Head Start staff come to the shelter to enroll the family in person. **Enrollment** of all **preschool-**aged children in Head Start is required by the shelter.
- **Transportation** — *The* Head Start program has a van, which Home Visitors use to transport homeless children to a weekly classroom experience, their parents to meetings, and the families to health services not **provided** on-site.
- **Medical services** — *The* shelter uses a "well baby clinic" at a public health facility to perform necessary Head Start health **screenings**. A nurse is available at the shelter each morning to assess health needs, administer immunizations, and make referrals to health services. Head Start will often make phone calls to schedule appointments for its families and will take the parents and children to the appointments. The public health department and Head Start maintain duplicate records on each homeless child. A volunteer doctor performs Head **Start-required** health screenings.
- **Interagency coordination** — Cooperation with Head Start is just one of the joint arrangements this shelter maintains with other community service providers. The shelter director meets regularly with other private and public agencies to forge agreements about provision of counseling, menu planning, parenting training, nursing care, and other services for its residents.

How Head Start Can Improve Homeless Service

The shelter director feels Head Start could improve its homeless services in a number of ways, most of which involve additional costs:

- Head Start has slots for only 10 to 12 shelter children, although between **50** and 75 are eligible.
- The Head Start center or the shelter needs a room large enough to serve a group of homeless children.
- The shelter provides babysitting for infants and toddlers, but once families **find** transitional housing, day care for this group is very **difficult** to obtain. However, the director feels that availability of subsidized day care often determines whether a family remains housed. Head Start should therefore provide or locate services for all young children of homeless families.
- The shelter director pointed to studies which show that the length and type of support parents receive after they are no longer homeless strongly affects their ability to maintain a home. Thus, she feels Head Start needs to provide services to its homeless families year-round and particularly, in the critical transition period immediately following **homelessness**.

NEWARK PRE-SCHOOL COUNCIL, INC. HEAD START
AUDREY HARRIS, DIRECTOR
NEWARK, NEW JERSEY

Program Outline

The Newark **Pre-School** Council Head Start serves 2,100 children annually, of which 20 are homeless. In addition, it has received social service block grants from the state and county to serve another 40 homeless **children** in a summer program. Homeless children **served** are **3- and 4-year-olds**. In the homeless program, children and their parents are picked up by a Head Start van from their shelters and taken to a Head Start center five days a week for a **full-day** program. Parents receive adult education, life skills, and computer training through a special grant from the US. Department of Health and Human Services (**HHS**) for adult education and vocational training. This program has been serving homeless families for four years.

Successful Mechanisms for Serving the Homeless

Keys to success include:

- Using Head Start personnel to make medical appointments for homeless children at local public health clinics **and** to transport them there. **The** bus driver, parent volunteers, or a Head Start mental health counselor will accompany children and their parents to their appointments initially to train parents in how to obtain health care;
- Providing transportation to homeless children and parents. The van used was acquired through regular Head Start funding;
- Going directly to shelters to recruit families;
- Working closely with the **AFDC** County Welfare Board and the **WIC** food program to track homeless families, with the goal of ensuring **that 3-year-olds** return to the program the following year.

How Head Start Can Improve Homeless Service

Ms. Harris feels Head Start needs to provide additional funding to grantees, for both additional space in which to serve homeless children and for additional mental health consultant/ case management staff to deal with their complex needs.

LEAGUERS, INC. HEAD START
VERONICA RAY, DIRECTOR
NEWARK, NEW JERSEY

Program Outline

Leaguers, Inc. Head Start serves 342 children annually in a half-day, center-based program. The program's stated goal is to serve homeless children by 1993-94. As such, the program has been working on specific mechanisms for serving this population and has identified both potentially helpful features of its current program and remaining barriers.

Successful Mechanisms for Serving the Homeless

- The Federal Head Start Bureau has authorized the purchase of a bus and outlays for a driver's salary for Leaguers' homeless services. The program also contemplates renting a classroom closer to the homeless shelters it will serve to lower the cost of transportation;
- Recruitment of homeless families will be performed on-site at shelters by Head Start family workers;
- Leaguers, Inc. recently opened an on-site health clinic to provide all necessary immunizations and health screenings for its children;
- The program has already been providing some adult education to Head Start parents, and feels increased funding for this component may be forthcoming from the Job Opportunities and Basic Skills (JOBS) program; and
- The Leaguer's Head Start maintains a close working relationship with the case managers at the **Essex County Office** of Citizen Services (the local welfare office), local hospitals, and the **WIC** program, so that its families receive prompt welfare services without costly duplication or gaps.

Remaining Barriers to Serving the Homeless

- Tracking and follow-up will be difficult, once homeless families leave Essex County. (While in the county, they can be followed through the welfare system.) Ms. Ray would like to improve communications with other Head Start grantees in order to ensure homeless children are served after a move;
- In order to provide individualized counseling to homeless families, Ms. Ray will need to hire more Head Start family workers. She currently lacks the funding to do so.

How Head Start Can Improve Homeless Service

Head Start must promote a more holistic approach to serving homeless families by providing funding for increased mental health counseling and **emergency** needs, such as clothing and food for the entire family.

JUNIOR LEAGUE OF WASHINGTON D.C.'S BRIGHT BEGINNINGS
EILEEN EVANS, PRINCIPAL INVESTIGATOR
WASHINGTON, D.C.

Program Outline

Bright Beginnings is a **developmental day care center for homeless children funded by a two-year, \$200,000 U.S. Department of Health and Human Services (HHS) Children's Bureau grant to the Junior League of Washington D.C.** Organized as a non-profit corporation, Bright Beginnings **serves** 20 homeless children, ages two to **five**, from seven to 10 shelters in the city of Washington **D.C.** Children are **served** five days a week in a **full-day** program at a Young Women's Christian Association (YWCA) facility that has been renovated by the Junior League, with \$200,000 of grant matching funds. Bright Beginnings is governed by a Board of Trustees comprised of individuals from the business, educational, social services, day care, and homeless advocacy communities. The Junior League's grant to operate the program expires **on' October 31, 1992**; the League is hoping to fold the program into the National Child Day Care Association Head Start in Washington **D.C.** after that time.

Successful Mechanisms for Serving the Homeless

Ms. Evans mentioned a number of successful program features:

- **A board of trustees with committed representatives from a number of different agencies and perspectives is key to achieving successful service collaboration. Examples of this close cooperation include:-**
 - the program is receiving referrals **from** homeless advocacy groups **represented on** its board;
 - as the director of Georgetown University's child care center, one board member is providing mental health testing for the program's children;
 - Howard University's public health clinic and Johnson & Johnson's ● "Healthcare for the Homeless" program are providing all medical care; and
 - the Junior League is providing a parenting training program that meets at night at the YWCA over a meal. Parent volunteers to help with center staffing are also drawn from **this** group.
- Recognizing the problem of absenteeism among the homeless population, Bright Beginning overbooks its facility each day to ensure the program will operate at full capacity.

Remaining Barriers to Serving the Homeless

- **If a Washington-area Head Start program declines to incorporate Bright Beginnings, the program may fold due to lack of continued funding;**

- Even though communication among **service** providers is strong as a result of Board of Trustee representation, interagency cooperation remains difficult to sustain. Ms. Evans recommended that all interagency agreements be expressed in writing to ensure continued interagency commitment; and
- Homeless children are very difficult to track daily to ensure regular program attendance, even when shelters where they are staying are cooperative.

ARCHDIOCESE OF CHICAGO HEAD START
CYNTHIA WILLIAMS, DIRECTOR
CHICAGO, ILLINOIS

Program Outline

The Archdiocese of Chicago Head **Start** program serves 1,705 children **annually** at 25 sites. Currently, it also is serving 17 homeless children from five homeless shelters in a shelter-based Head Start program. Catholic Charities, a private organization, provides transportation to bring homeless children and their parents together in a single shelter containing **a classroom**, parent resource room, and a shelter-based teacher and aide. The homeless program meets three days a week for four hours each day. Social services for the families are provided by the shelter, as are lunch and a snack. The Head Start teacher conducts individual assessments with each parent and child at **the** end of each **daily** session.

Recruitment of families into the homeless Head Start program is the responsibility of the shelter case manager. The shelter also provides immunizations, and routine physicals are provided by Head Start's medical contractor. Head Start does not attempt to provide home-based **follow-**up for the families once they leave the shelters, but an attempt is made to move children to a regular center-based Head Start

Successful Mechanisms for Serving the Homeless

Ms. Williams noted that she does not worry about her average daily attendance (ADA) requirements for this homeless component, even though she knows it is well below 85 percent. She feels the explanatory note she provides in her reports is enough to justify her attendance patterns.

The program is facilitated by the close coordination of **services** among Head Start, the homeless shelters it serves, and Catholic Charities.

How Head Start Can Improve Homeless Service

Ms. Williams feels additional funding must be provided by Head Start to serve homeless families' emergency needs, such as food, clothing, and especially, rent. She also feels Head Start services to the homeless should be modeled on the migrant, rather than center- or home-based Head Start models (i.e., Head Start should provide **full-day**, year-round services for children from birth through age five, transportation, and intensive outreach and shelter visitation).

SALVATION ARMY HEAD START
REBEKAH BAKER, DIRECTOR
CHICAGO, **ILLINOIS**

Program Outline

The Salvation Army Head Start program has been **servin**g the homeless since 1986, when it received an innovative program grant from Head Start. Since **1989**, when the grant ended, the City of Chicago, with the help of various foundations, has continued to support this Head Start homeless program. The program consists of funding to **serve** approximately 20 families and their children from birth to age 5 in four shelters through a **home-based visitin**g program called the Family Outreach Initiative. Caseloads are small; the Head Start “home visitors” or child development specialists **that** come to the shelters **serve** no more than five families each and have special training in emotional counseling. At each visit, **the** home visitor is accompanied by a social worker who works with parents to ensure they are **receivin**g adequate social services. When a Head Start homeless family leaves a shelter and becomes stabilized in the community, its Head Start home visiting team continues to provide intensive case management services in the family’s new home for one to four years and moves the family’s **children** into a Head Start center-based program. The program has applied for **funding** to serve at least 68 children beginning in the fall of 1993.

Successful Mechanisms for Serving the Homeless

Ms. Baker attributes the program’s success to the following features:

- The Salvation Army Head Start program has received additional funding through the HHS innovation grant, United Way, and the City of Chicago;
- Homeless children are served in full-day programs in small groups in the shelters in **which** they live;
- The City of Chicago convinced Head Start to allow future funding to include infant and toddler service for homeless families;
- The city developed a Homeless Children’s Task Force to link shelter providers, Head Start administrators, and city officials. Recruitment and referrals of children to the Head Start program have occurred more smoothly since the task force was founded.
- By using a home-visiting team that follow families once they leave the shelter, Head Start ensures that it reaches homeless children for more than 90 days and that it stays in compliance with national Performance Standards.
- The program identifies public health clinics or sliding fee medical providers for each of its homeless families. Home visitors accompany families to their appointments on public transportation.

How Head Start Can **Improve** Homeless Service

Ms. Baker feels that Head Start must:

- Eliminate use restrictions on funds for homeless families. In order to make a positive impact on children's lives, funds must be used to provide food, clothing, housing, and intensive counseling for the entire family *before* they are used to provide the regular Head Start program for children.
- Make exceptions to its Performance Standards for grantees sex&g homeless children; and
- Allow grantees to **serve** homeless children from birth to **age 5** in order to alleviate the burden of child care for homeless mothers seeking permanent shelter and employment.

xoxoxoxox

OUNCE OF PREVENTION
CATHLEEN MCKINSEY, HEAD START SOCIAL SERVICES MANAGER
CHICAGO, ILLINOIS

Program Outline

Ounce of Prevention **is** a Head Start grantee that currently does not **serve** homeless children. The organization manages eight grantee- and **delegate-operated** Head Start programs, including one Parent-Child Center, and the Center for Successful Child Development, an expanded Head Start program with supplementary funding from the U.S. Department of Housing and Urban Development (HUD).

Remaining Barriers to Serving the Homeless

Ms. **McKinsey** identified the following barriers to serving homeless children through the Ounce of Prevention Head Start programs:

- Homeless children's transience contributes to high enrollment turnover and poor average daily attendance (ADA) statistics;
- The majority of the program's slots are for **half-day service**, but homeless families need **full-day service**;
- Although Ounce of Prevention's programs can provide a minimal number of bus tokens or fare reimbursements to its families, it cannot provide regular transportation or reimbursement for homeless children; and
- Many of the homeless shelters near Ounce of Prevention's centers are closing, which makes it difficult to **serve** homeless families. Ounce of Prevention has also had trouble locating emergency shelter for its families who become homeless while already enrolled in the Head Start program.

How Head Start Can Improve Homeless Service

Ounce of Prevention's Head Start social services manager offered the following suggestions:

- Head Start should adopt the same average daily attendance policies for homeless children it uses for handicapped children: a calculation of ADA based upon the number of days it **is feasible** for a homeless child to attend Head Start,
- Head Start should provide increased funding for full-day homeless **services** and additional homeless emergency support services; and
- Head Start should disseminate technical assistance materials about grantees who have **successfully worked with the homeless describing their methods**.

WARREN COUNTY COMMUNITY SERVICES
LISA KAYARD, DIRECTOR
LEBANON, OHIO

Program Outline

Warren County Community **Services** has begun to **provide additional services to the homeless** under a three-year family support grant of \$100,000 a year. **So far they have sewed 10 homeless families.**

Additional services provided are: **full-day** sessions; a case worker who meets with each family once a week where they are staying to help set up appointments, provide transportation, and arrange counseling; and weekly parent support group meetings where parents share successes and frustrations, and the center brings in outside speakers on topics such as budgeting and career counseling.

Successful Mechanisms for Serving the Homeless

Warren County has a high degree of cooperation among social service agencies. They meet informally once a month where they network, talk about programs they offer and make referrals to each other.

Remaining Barriers to Serving the Homeless

Lisa Kayard, Director of the Warren County Center, says it is difficult to know where to recruit families since there are no homeless shelters in the area. She also says it is difficult to provide comprehensive **services** to the homeless because by the time families are connected with the resources they need, they have often moved to another location.

How Head Start Can Improve Homeless Service

- ***Encourage the centers to serve infants and toddlers.*** A lot of parents who have children in Head Start also have younger children. Having to keep these children with them all day makes it difficult for parents to look for housing and jobs.
- ***Provide additional funding.*** Among other costs, additional staff are required who are trained to address the needs of homeless children.
- ***Write more lenient guidelines and rules for serving the homeless.*** Certain Head Start guidelines such as maintaining an average daily attendance of **85%**, Ms. Kayard **finds** unrealistic. She says, "We are supposed to be serving the neediest of the needy, but the centers are in a bind because of the expectations. Eighty-five percent is not a realistic goal for this population and we shouldn't be called out on this."

PUBLIC CHILDREN SERVICES ASSOCIATION OF OHIO
CRYSTAL ALLEN, ASSISTANT DIRECTOR
COLUMBUS, OHIO

Program Outline

The Public Children **Services** Association of Ohio (**PCSAO**) is a non-profit agency supporting all children's services agencies in Ohio through: (1) technical assistance, (2) state-wide legislative initiatives, (3) research, and (4) grant work to perform general **advocacy**, family preservation workshops, and planning for integrated service projects.

Successful Mechanisms for Serving the Homeless

Crystal Allen of **PCSAO** described a current multi-agency strategic planning effort in the Columbus, Ohio (Franklin County) area to improve the delivery of integrated **services** to recently homeless families. The lead agency of this project, Lutheran Social **Services**, has received a Department of Housing and Urban Development (HUD) grant to provide wrap-around services for homeless families and is currently applying for a complementary Department of Health and Human Services (**HHS**) Office of Community **Service** Homeless Families Support **Services** Demonstration Program grant. The Integrated Service Project's goal is to coordinate the **services** of a large number of local agencies in order to provide comprehensive assistance to homeless families in need. Services will be provided at a low-income housing project managed by the non-profit Columbus Housing Partnership, which is recruiting residents from families currently living in shelters and transitional housing. The local Head Start grantee, the Child Development Council of Franklin County, is participating in project planning efforts and hopes to offer Head Start **services** at the housing project.

How Head Start Can Improve Homeless Service

Allen recommends a more comprehensive, community-b&approach to serving Head Start homeless families. She noted the importance of locating permanent living arrangements and providing a continuum of family services for the improvement of homeless children's welfare.

CHILD DEVELOPMENT COUNCIL OF FRANKLIN COUNTY
MATTY JAMES, DIRECTOR
COLUMBUS, OHIO

Program Outline

The Child Development Council of Franklin County offers is a center-based Head Start program, currently serving only a few homeless children.

Successful Mechanisms for Serving the Homeless

The Head Start diior, Matty James, is participating in planning meetings with other local social services agencies to provide coordinated wrap-around **services** to recently homeless families through the Franklin County Integrated Services Project, funded by the Department of Housing and Urban Development (HUD) and, potentially, the Department of Health and Human Services (**HHS**). (See Public Children Services Association of Ohio interview.)

Remaining Barriers to Serving the Homeless

Matty **James** has had trouble finding space in homeless shelters to provide Head Start services and a vehicle to transport Head Start staff and homeless children. She therefore applied to United Way for a grant to purchase a large trailer to provide a ‘Head Start on Wheels’ program. She did not receive funding for her proposal last year, but she will solicit funding again this year from the YWCA and Head Start

She has also had a great deal of difficulty finding medical providers for homeless parents who will perform the required immunizations and health screenings for homeless children.

Finally, she finds it diicult to track homeless children and their families as they move from shelter to shelter throughout the county, and often loses children after 30 to 60 days in **Head Start**

How Head Start Can Improve Homeless Service

Ms. James **feels** in need of additional funding to support her “Head Start on Wheels” initiative for homeless children,

M A H U B E C O - COUNCIL
LEAH PIGGATI, DIRECTOR
DETROIT LAKES, MINNESOTA

Program Outline

Mahube Community Council Head Start has been serving the homeless for five years. Currently approximately 10 percent of their **enrollment** is **homeless**. Since they serve a small rural community, this Head Start finds it adequate to provide the same program for everyone and to address individual needs as they develop. For example, a hungry child is given more **food** and a child who feels like being alone is allowed to separate from the group;

Successful Mechanisms for Serving the Homeless

Leah Piggati, the director of the Mahube center, says this center has a good network with non-profit advocacy groups such as 'New Directors,' a group for displaced homemakers, and the 'Stride Program,' a welfare reform and jobs program. These groups and others have **formed the Lakes** Area Networking Committee which met monthly last year and has plans to meet again this year. The committee holds informal meetings where members talk about new funding they have received, describe their services and make referrals to each other.

Remainine Barriers to Serving the Homeless

According to Ms. Piggati, there are two remaining barriers: lack of coordination among social services and lack of funds. An example that demonstrates both of these barriers is the additional costs incurred by Head Start for provision of medical care and food for homeless children when the welfare system acts too slowly. Piggati says that if the families do not have an address they have difficulty in obtaining welfare benefits, therefore, Head Start ends up paying for extra food and health coverage. When a family does finally register for welfare, they still do not receive checks for 30 days.

Piggati also says this center has a frustrating time working with the county social service directors. On several occasions she has requested letters of support for Head Start supplemental grant applications, and several of the county social **service** directors refused to help.

How Head Start Can Improve Homeless Service

- *Provide additional funding.*
- *Encourage the centers to serve infants and toddlers.*
- *Write more lenient guidelines and rules for sewing the homeless.* Piggati says Head Start centers need flexibility to handle families who are coming in with different needs. A homeless parent who does not have enough food and clothes for their children is overwhelmed by the pre-program agenda such as medical screening. The center also feels reprimanded when they receive "black marks" and have to write lengthy explanations when they have not met the government's attendance guidelines.

Piggati thinks the regulations and obstacles are deterring centers **from** attempting to deliver services to families who are most at risk.

- ***Develop coopemtion among the social services at the state and national level***
According to Piggati the center receives letters **from** the Federal Government recommending that the center develop cooperative agreements with the other social service agencies. She would like to see these same letters sent to the other social services to initiate cooperation with the Head Start center, and **further**, she suggests there should be more cooperation developed at higher levels of government.

2/2/2015

PARENTS IN COMMUNITY ACTION (PICA)
MARY BOCK, DIRECTOR OF PLANNING AND DEVELOPMENT
MINNEAPOLIS, MINNESOTA

Program Outline

In 1989 PICA began serving the homeless through "Project Secure," an innovative project paid for by the state of Minnesota's Head Start funds. PICA picks up a daily maximum of 30 homeless children who range in age from six weeks to school age from two shelters. They bring the children back to the center where two out of the 47 rooms are reserved for them. The homeless meet four days a week for six-hour sessions — twice as many days and hours as the regular program.

Successful Mechanisms for Serving the Homeless

Besides having longer hours and a higher ratio of staff to families in the homeless program, there are several mechanisms that have accounted for the success of this Head Start. **First**, PICA has a unique relationship with the shelters and **services** the families use. Several examples are: the Health Department is on site at both the center and the shelters; the shelters agree to watch over the children in the morning before Head Start arrives and at the end of the day when the children are dropped **off**; the shelters created office space for **Head** Start and a play area for the children; and Head Start coordinates services for all children in Head Start families — the schools are in touch with Head Start, and Head Start invites the whole family to events.

Second, there are never unused openings because PICA immediately fills empty slots at the beginning of the day when they go to shelters. Their priority is to get children in the program first and address the paper work and medical screening **as** soon as possible.

Third, PICA provides transportation and bus tokens **to the** parents so the parents can use the time away from their children constructively.

How Head Start Can Improve Homeless Service

- ***Allow separate medical and attendance records for the homeless children*** According to Mary Bock, director of Planning and Development, the 30 homeless slots were filled by approximately 600 children in a one-year period. She says there need to be different expectations for average daily attendance and completion of health services for Head Start centers serving homeless children.
- ***Encourage Head Start centers to serve infants and toddlers.*** Pock says PICA has a larger demand for the infant and toddler classroom than they do for the pre-school classroom.
- ***Provide additional funding.*** Pock is concerned how PICA will manage their homeless program after they are no longer considered "innovative" by the state. She says regular Head Start funds for homeless slots **are not enough.**

CHRIST CHURCH CATHEDRAL COOPERATIVE CHILD CARE CENTER
SUHAN DAWOOD, DIRECTOR
ST. LOUIS, MISSOURI

Program Outline

The Christ Church Cathedral Cooperative Child Care Center provides licensed child care for a daily total of 61 children from ages six weeks to six years. On average; 40 percent of these children are homeless, living in the adjacent Christ Church Cathedral shelter or in other shelters throughout the city. **The** homeless children attend the child care program free-of-charge, while the other 60 percent who come from low-income families pay a nominal amount on a sliding-fee scale. The center is open a full day, from **6:30** am. to **5:30** p.m. from Monday through Friday. The program's 13 staff members are each trained in early childhood education and provide a developmental curriculum that includes play therapy, **self-esteem** activities, and **library** and science time. The center, which was opened five years ago, operates on an annual budget of \$160,000 from a combination of private and public funding sources.

Successful Mechanisms for &vine the Homeless

Ms. Dawood cited a number of reasons her program successfully serves the homeless:

- **Recruitment** — Homeless shelters around the city are aware of the Christ Church Cathedral program and refer their families to it. In addition, the program advertises at adult education programs serving low-income parents.
- **Staffing** — Of the center's 13 staff members, four are senior citizens paid by a local senior citizen center but trained by the child care center.
- **Parent Support** — The adjacent Christ Church Cathedral shelter provides case management services for parents through its staff of social workers. The shelter also offers parent skills training **courses**. The staff of the child care center hosts occasional parent breakfasts to discuss child development issues and holds individual parent-staff conferences biannually.
- **Food and Clothing** — The center's children are served **three** meals a day from the same kitchen that supports the adjacent shelter. In addition, the cathedral maintains a basement store that accepts clothing donations for its shelter and child care center.
- **Funding** — The program receives funding from a variety of state and Federal sources, including the Title **20** program for low-income parents who are working and the 'Futures' program for low-income parents who are in school. Private donations are raised by the Cathedral Mission Society's Executive Director and Board who run both the shelter and the child care center.

Remaining Barriers to Serving the Homeless

The program does not offer any medical services or transportation for its families that come **from** outside shelters. In addition, it lacks the funding to perform follow-up or tracking **services** for its families that find interim or permanent housing.

How Head Start Can Improve Homeless Service

Two years ago, the child care center staff **discussed** teaming with **Head** Start, but Head Start would not **agree** to employ any of the center's existing **staff**. In addition, the Head Start program did not wish to **serve** homeless children, because its directors felt their transience would create problems in meeting Head Start average daily attendance **requirements**.

CLARK ATLANTA UNIVERSITY HEAD START
ANITA BONNER, FAMILY SERVICES DIRECTOR
ATLANTA, GEORGIA

Program Outline

The Clark Atlanta University Head Start grantee has 24 sites throughout Fulton County and the city of Atlanta. **While** this grantee has always had some homeless clients, as of September 1992 they have begun active recruiting and are now holding 20 out of the 1800 slots for homeless children. Anita Bonner, family services director at Clark University Head Start, has begun their recruitment by developing a relationship with Cascade House, a homeless shelter located near one of the Head Start sites. She plans to target more shelters in the near future in order to set up more extensive referral systems.

The principal program at Clark Atlanta University Head Start is six hour sessions five days a week They also have a home-based program which they offer to approximately 20 families who have a difficult time accessing the center. In this program the teacher goes to the home or shelter once a week and assigns follow-up activities for the parents and children. For both programs there are family service assistance workers who see the families **five** times a year to help them access the social **services** they need. Each of these case workers has an average case load of 55.

This Head Start also has a Parent Child Center that is for families with children ages 0-3 years old. This program, which has a capacity of 100 slots, teaches parents how to interact with their children and offers child care as well as parent enhancement classes in areas like literacy, nutrition and parenting skills. It **does** not, at this time, serve homeless children and families.

Successful Mechanisms for Serving the Homeless

Anita is developing a model for **servicing** the homeless based on a "Parent and Children **Together**" program that is located at the YWCA Shelter in Baltimore City. The "**Parent** and Children Together" program offers mostly home-based programs, which Anita believes is the best way to serve families until they are located in more permanent housing.

Remaining Barriers to Serving the Homeless

Transience of the families seems to be the biggest problem that Anita has encountered so far. Head Start can only **serve** the families if they know where they are located.

How Head Start Can Improve Homeless Service

- Provide more home-based (shelter) programs.
- Develop a tracking mechanism for the homeless.

OUR HOUSE, INC.
KATHERINE HODGES, RESOURCE COORDINATOR
DECATUR, GEORGIA

Program Outline

"Our House provides emergency **daycare** for children living in shelters throughout **DeKalb** County. This program [which began in **1988**] is a state-licensed **daycare** center equipped to handle a maximum of thirty children, two month to six years of age. School-aged children are cared for on an emergency basis until they can enter the educational system.

Children's stays range **from** a few days to five months, including ninety days of free care after moving **from** shelters to permanent housing. Referrals are taken primarily from night shelters, and also **from** the Economic Opportunity Agency, the Salvation Army, and Travelers Aid. The program provides a well-planned developmental curriculum for children. The **Family Resource Program** is also on-site to give practical assistance and support to homeless families. Health care is available on **site.**"¹

Funding for Our House is received from the Emergency Shelter Grant, Community Development Block Grant, Georgia Child Care **Council**, Department of Agriculture Child and Adult Care Food Program, and private donations.

Successful Mechanisms for Serving the Homeless

Catherine Hodges, Resource Coordinator for Our House, says the success of the program is due to keeping the program **small**. This provides a high teacher/child ratio — currently there are six staff members for 30 children. **Our House also is part of a strong network among different agencies.** 'This program draws on the services of the City Recreation Department, the school district, Shelter Inc. (a six-month transitional housing program); the Contra Costa County Housing Authority, Concerted **Services Project** (which provides **counseling and food**), Child Protective Services, and the Mental Health **Department.**"²

Remaining Barriers to Serving the Homeless

Remaining barriers are:

- **Lack of *comprehensive services*.** Catherine says families are most **successful in transitional programs** as opposed to places where you can stay the night. It is helpful to be in a place where the families can do their laundry, eat their meals, remain during the day if necessary, and be able to stay at least three months.

¹Bassuk, Ellen L. et al. (Eds.) (1990). *Community Care for Homeless Families*. Newton Centre, MA: The Better Homes Foundation, pp. 98-99.

² *Ibid.*

How Head Start Can **Improve Homeless Service**

According to Catherine Hodges, Head Start needs longer hours. Our House is open **from 7-6:00**, Monday through Friday, year round.

ATLANTA CHILDREN'S SHELTER
JACKIE BROWN, EXECUTIVE DIRECTOR
ATLANTA, GEORGIA

Program Outline

The **Atlanta Children's** Shelter was founded in 1986 with a large grant from the Junior League of Atlanta to address the growing problem of family **homelessness**. The shelter's mission is to: (1) provide a full day child care and support program for children from birth to age 16; **(2) assist** families in becoming housed and self-sufficient; and **(3) serve as** a model and resource for the development of similar programs in the Atlanta area. (To date, the model has been replicated by two other providers in the city.)

The program **serves** up to **30** children a day, most of whom are infants, toddlers, or pre-schoolers, since older children are sent to school by the program's social worker. Attendance fluctuates, as the homeless population is extremely transient. The program operates from **7:30** a.m. to **5:30 p.m.** five days a week to allow parents maximum time to search for jobs and housing. A staff of 12 serve the children and their families, including six teachers and one social worker. The shelter's annual budget is approximately \$275,000, of which 65 percent pays staff salaries.

Successful Mechanisms for Serving the Homeless

Ms. Brown attributes the Atlanta children's Shelter's success to the following program components:

- **Recruitment — Ms.** Brown receives referrals from other social service directors, with whom she meets regularly, and from the Atlanta Task Force for the Homeless, which operates a highly successful tracking service.
- **Transportation — The** program operates a van to pick children up from homeless shelters in the area each morning. In addition, **public** transportation tokens are handed out to parents who attend the program's weekly parent support group.
- **Medical Services — The** program hires an on-site mobile medical clinic to visit its facilities weekly to provide all immunizations, health screenings, etc.
- **Parent Support Group —** Parents of enrolled children are encouraged to meet weekly for fellowship and to discuss plans for locating homes and employment.
- **Volunteers — The** program's social worker is assisted by volunteers from local schools of social work.
- **Inter-Agency Coordination — The** program's social worker spends most of her time performing case management services for enrolled families, which involves networking with a number of the **city's** other social **services**, such as the Department of Family and Child Services, the Council on Battered Women, and the Atlanta Housing Authority.

- **Follow-Up — The** program continues to provide support for families immediately after they locate housing. Fii percent of the parents who attend the weekly parent support group were former homeless clients of the program. While their children can no longer attend the program, its **staff** makes referrals to Head Start or tries to locate child care **services** with a sliding fee scale for low-income **families**.
- **Funding —** While the program still receives limited funding from the Junior League, it relies primarily on donations from corporations, foundations, clubs, and individuals which are raised by its **30-member** Board of Directors. In addition, the North Avenue Presbyterian Church donates the program's facilities.

Remaining Barriers to Serving the Homeless

Ms. Brown would like to be able to hire more social workers who could spend their time performing counseling services at the program, rather than referring families out to other providers.

TASK FORCE FOR THE HOMELESS
ANITA BEATTY, EXECUTIVE DIRECTOR
ATLANTA, GEORGIA

Program Outline

Before 1986, the Task Force for the Homeless was an ad hoc volunteer organization. Now the Task Force is a non-profit organization with 18 full-time employees. **Forty-eight** percent of funding is received from the cities, county and state, with the remaining operating costs covered by private donations and grants.

The services that the Task Force provides for the homeless include: a **24-hour** hotline to connect the homeless to the services they need, and grass roots policy planning and advocacy — getting agencies together to identify the needs, decide whose responsibility it is to address these needs, and hold agencies (including the school districts) accountable for meeting the needs.

Successful Mechanisms for Serving the Homeless

The most useful tool that the Task Force has for linking **services** to the homeless is their networked database. Extensive information is kept on both client intake and availability of services. **In** 1992 the Task Force received 17,095 calls which represented 31,416 individuals. From these calls the Task Force collected information on the caller's race, gender, age, family composition and reason for **call**. They also kept daily updates on the availability of space at shelters, transitional housing, soup kitchens, and child care, as well as providing **information** on other **services** like health care, legal clinics, employment programs, and social welfare.

How Head Start Can Improve Homeless Service

Anita **Beatty** thinks child care should be an entitlement program with parents contributing what they can in order to retain their dignity. She says a full-day Head Start model is an especially good model because of the parent involvement.

MIGRANT AND INDIAN COALITION HEAD START
JUANITA SANTANA, DIRECTOR FOR OREGON

Program Outline

Ms. Santana runs the Region XII Migrant Head Start program for the state of Oregon. Her Head Start program serves 1,068 children of migrant agricultural workers annually in eight centers from April through October. The program serves children from birth through age five for up to 11 hours daily, including occasional weekends.

Successful Mechanisms for Serving the Homeless

The migrant Head Start program offers numerous advantages to its very poor and often homeless population of migrant families. Pre-school children are cared for all day, while parents work long hours in the fields. Children are recruited through intensive personal out-reach in local labor camps and at agricultural sites. Once enrolled, they are transported to and from the Head Start centers in vans equipped with car seats. **The** migrant Head Start program maintains close ties with other social services providers, such as migrant health clinics and churches to ensure migrant families' basic needs are met. Head Start maintains nurses in each center who take children to health clinics for immunizations and medications and who visit sick children's homes at night to speak with their parents about proper treatment. Parents often have difficulty obtaining welfare benefits since they are so transient and only temporarily employed. This situation is exacerbated by their lack of political clout and local support in communities in which they are only temporary residents. Therefore, Head Start also works hard to -advocate on behalf of families for improved public and private assistance. Families may even remain overnight in Head Start centers in emergencies.

Remaining Barriers to Serving the Homeless

Head Start regulations maintain that families can only be served by the migrant Head Start program if they have moved into the community in the last 12 months for the purposes of seeking agricultural work. However, as a result of the growth in the flower industry in Oregon and the Immigration Control and Reform Act, many families who once were migrant are now moving permanently into the community but only working seasonally. These families are thus ineligible for migrant Head Start services. However, they are also difficult to recruit through the regular Head Start programs, which look for those families receiving public assistance. This new population of formerly migrant families often do not apply for public services due to language barriers and fear of deportation. They are thus more destitute and more likely to be homeless than many other low-income families, despite their seasonal employment. **Finally**, the regular Head Start programs only serve **3- and 4-year-olds** in **half-day** programs without transportation, which is inadequate for parents employed in agriculture.

How Head Start Can Improve Homeless Service

Head Start needs to change its eligibility criteria for the migrant Head Start program in order to serve this new group of formerly migrant families.

HIGHLINE HEAD START PARENT ORGANIZATION

RONNI GILBOA, DIRECTOR

SEATTLE, WASHINGTON

Program Outline

The **Highline** Head Start program serves between 160 and 175 children annually, with turnover. It currently does not serve any homeless children.

Remaining Barriers to Serving the Homeless

Ms. **Gilboa** primarily focused on the difficulties associated with serving homeless children:

- **Transportation — Highline** Head Start lacks funding for another bus and driver, which it would need to transport homeless children to and from their shelters.
- **Medical eligibility — Ms. Gilboa** would find it very difficult to meet medical documentation requirements for homeless children, since medical paper trails are often nonexistent for transient homeless families. Community health clinics in her area have experienced severe cutbacks as well, making it almost **impossible** to get medical appointments for families.
- **Emergency resources —** Homeless families often need clothing, shelter, and mental health and substance abuse counseling before they can profit from regular Head Start services. Federal Head Start dollars cannot purchase this type of aid. Ms. **Gilboa** has an extensive social services resource and referral list, but feels it is useless when other services are often “more stretched for funding than we are.” Often, she noted, “**we** are the agency of first and last resort.”
- **Enrollment — The** high turnover associated with serving homeless children would create too much disruption for the other children in the program.
- **Physical space — The Highline** Head Start program is overcrowded in its current space, without the addition of homeless children, who often need more room for one-on-one counseling. Ms. **Gilboa** noted that she cannot use Federal Head Start funds to expand her current facility or to purchase additional land and space.

How Head Start Can Improve Homeless Service

Ms. **Gilboa** mentioned two major changes Head Start could make:

- Provide **additional funding for emergency social services for homeless families, as well as for additional vehicles, and facility expansion.**
- Loosen regulation concerning restrictions on use of Federal Head Start funds.

MORNINGSONG HOMELESS FAMILIES SUPPORT CENTER
JOAN POLIAK, DIRECTOR
SEATTLE, WASHINGTON

Prom-am Outline

Morningsong, a program of Family **Services**, in cooperation with Seattle Emergency Housing Service and Health Care for the Homeless, provides a primary prevention program for children and families at the site of the largest emergency family shelter in Seattle. (A transitional family housing project located nearby is also served by **Morningsong**.) Specific services include:

- Enriched developmental preschool for up to 20 children ages one month to **three-and-a-half** years;
- Assessment, referral, and individual counseling for children in the program;
- A specialized preschool substance abuse prevention curriculum called "I'm So Glad You Asked";
- Individual counseling, support groups, and education for parents.

During its first three years of operation, Morningsong has provided services to over **780** children and **450** families. Project funding was initially provided as a demonstration project by the Office of Substance Abuse Prevention (OSAP) and is now supplemented by funding from the City of Seattle and King County.

Successful Mechanisms for Serving the Homeless

The director **attributes** the program's success to:

- ***A successful volunteer program*** — Morningsong recruits a large **number of** volunteers from local universities, who are able to provide parents with a great deal of individual attention.
- ***Parent involvement component*** — Parents are encouraged, but not required to participate in parent support groups and informal parenting classes. Donations of clothing are made available to them, and they are encouraged to "just drop by" the center to **use** the phone, visit with their children, or talk with staff. Staff spend a great deal of time helping parents locate training programs, medical care, and housing.
- ***Shelter-based location*** — Morningsong's location on the premises of the family shelter it serves makes recruitment of children and communication with parents far easier. When enrolled children do not appear for the day, staff can easily check on the child's whereabouts and the family's welfare.

Remaining Barriers to Serving the Homeless

Primarily, Morningsong's director is worried about continued funding for her program. As funding runs out, she hopes to apply to become a Head Start Parent-Child Center (PCC).

How Head Start Can Improve Homeless Service

Morningsong's director feels that Head Start needs to spend more time with parents, assisting them with their social service needs.

HOMELESS CHILDREN'S NETWORK
LYNNE JENSEN, HOMELESS CHILDREN'S NETWORK SPECIALIST
SEATTLE, WASHINGTON

Program Outline

Homeless Children's Network (**HCN**) operated from 1989 to 1991 as a two-year demonstration project paid for by a grant from **United States Department of Health and Human Services' Children's Bureau**. In 1991, HCN became a program of Family Services, a United Way counseling and social service agency. HCN is now funded by the city of Seattle, Child Care and Development Block Grant funds, ACTION, and private **contributors**.

The Homeless Children's Network provides child care support to families living in emergency shelters and transitional housing by purchasing openings in community based child care centers. When the families are no longer homeless, HCN tries to assist **families** in obtaining child care subsidies, so the children can remain at the same child care centers. Other services that HCN provides to the homeless families include: transportation to child care and health care appointments; child development assessments; information and referral to other social services; and workshops that address the needs and concerns of homeless families — both for parents and child care providers/shelter **staff**.

Successful Mechanisms for Serving the Homeless

Successful mechanisms for serving the homeless include:

- Homeless **child care** centers — Seattle has two child care centers strictly for the homeless: Morning Song Homeless families support center which is on site at Seattle Emergency Housing and has 20 available slots; Our Place Day Care Center which has 18 slots. HCN also contracts with three other child care centers in Seattle.
- **Health care** — Seattle King County Public Health assigns nurses to go to the two homeless **child** care sites and other centers with slots for homeless children. While children are required to have immunizations and well-child exams, doctors do not have to sign forms when immunizations have been given. Sometimes there is no record if a parent remembers that the child was immunized or makes an appointment for the immunizations, the child can immediately enter a child care program. Otherwise, the child is not eligible.
- **Training** — HCN provides education and support for child care providers in the community to alert them to the special needs of the homeless.
- **Tiered system** — HCN works with each family's needs and capabilities. For example, when providing families with transportation assistance, HCN obtains gasoline vouchers for families with cars and bus tokens for those without cars.
- **Advocacy component** — Originally HCN had a successful advocacy component which lobbied Washington State government on homeless issues and secured media attention

for HCN. HCN pushed for a state-funded homeless child care bill which was passed in both houses. HCN also initiated a Seattle Homeless Children's Network week in collaboration with shelters and other child care programs and other publicity that resulted in donations from numerous individuals.

- **Model program** — HCN often receives calls from child care agencies seeking advise on how to provide services to the homeless.

In their literature, **HCN** says that “successful child care **services** for homeless children should:

- Be located in close proximity to shelters to allow for greater convenience and more affordable transportation.
- Offer 2 or more slots to allow for family groupings, because many families have 2 or more children.
- Provide for infant slots to accommodate the high demand for infant care.
- Offer flexible child care slots that are not restricted to narrow age ranges.
- Provide a low teacher to child ratio.
- Have training for staff on the needs of homeless children.

Staff in child care programs should:

- **Expect** a high rate of child absences.
- Provide nurturing services in a safe environment.
- Avoid placing demands on parents regarding their involvement in the child care program. Encourage, but do not require parent involvement.
- Receive special training in substance abuse, child abuse, grief, loss and other issues.
- **Be** able to offer basic parenting information in a non-threatening way, and be prepared to provide suggestions to parents regarding ways to help their child.
- Provide a **multi-cultural** environment and staff composition that reflects the population **served**.
- Avoid stereotyping homeless children and their parents.
- Be **flexible** and do not adhere to a rigid educational curriculum. Use a play based curriculum.
- Be good listeners to parents, but set realistic expectations for being able to directly help parents.

- Provide access to health care (preferably on site) and mental health consultation services.”

Remaining Barriers to Serving the Homeless

There is no longer enough funding to pursue some of **HCN's** original goals of providing holistic child care for the homeless. Originally HCN had planned to have a clearinghouse for homeless child care openings throughout the city, but they only have time to track this information for a limited number of child care centers. They also no longer have time (funding) to continue to lobby the state legislature.

Lynne Jensen also says that homeless families need access to drop-in child care, but this is difficult to arrange. She says, “**Seattle** has a lot of child care **services** for the homeless but it is still not enough.”

XXXX

**COLLABORATIVE HOMELESS ASSISTANCE PROGRAM (CHAPS)
DORIAN DODSON, DIRECTOR OF COMMUNITY ASSISTANCE AND STATEWIDE
HOMELESS COORDINATOR AT NEW MEXICO'S HUMAN SERVICES DEPARTMENT
ALBUQUERQUE, NEW MEXICO**

Program Outline

CHAPS, a collaborative effort to provide developmental child care for the homeless, existed from 1989 to **1991** under one of the four homeless grants from United States Department of Health and Human Services' Children's Bureau. The services that were provided included: developmental child care for O-3 year olds at Cuidando Los **Ninos Daycare** for Homeless Children; full day/full year enrollment into the Economic Opportunity Board's Head Start Program; substance abuse treatment at University of New Mexico's **CASA** program; and job training/job placement for families of homeless children through the New **Mexico** State Human Services Department's Income Support Division's Project FORWARD.

While the CHAPS program no longer exists under that title, the agencies that benefitted from the coordination are still working together. The day care and Head Start services especially complement each other since the day care is for children ages O-3 years old and the Head Start is for **3-5** year olds. On the other hand, the drug program no longer participates in conjunction with other programs because it was found to be more useful to have a general program of counseling instead of one which just focuses on drug abuse.

Other than Head Start funds, the Head Start and child care program currently receive their money from the Community **Services** Block Grant, McKinley Emergency Homeless Program, Title 20 Day Care, city funds, and private foundations.

Successful Mechanisms for Serving the Homeless

According to Dorian Dodson, the state wide homeless coordinator at New Mexico's Human Services Department, the key to the success of this program is the coordination that was developed between the **different** agencies involved. Even though the original funding is no longer available, the goals of the program are still being achieved because, by virtue of having started a collaborative program, everyone has become more efficient.

In learning from their experience with CHAPS, staff provided workshops around the state on how to collaborate. Dorian says that to establish such systems it is necessary to:

- Send out announcements for an initial meeting to the agencies that need to work together (for CHAPS this was day care, Head Start, health care, counseling, and social welfare services like AFDC, Medicaid and Food Stamps. Staff from all agencies must agree to weekly or biweekly meetings during the initial planning stages and monthly meetings later on.

- Have **two** substantive parts to the meetings: (1) a discussion of general collaboration issues such as obstacles for working together, agencies' hours of operation, and contact people; and (2) a discussion of specific cases to determine how to best **serve** individual clients.

Dorian says it is important not to dictate a specific model to a community. Have communities use the resources (agencies) that are currently available to them. Whether a community has formal or informal agreements for collaboration is dependent on the personalities involved and what feels comfortable to the agencies. The one exception is that everyone involved in the discussion of specific cases should sign a nondisclosure agreement: the cases may be **discussed** by staff **from** all collaborating agencies but not outside of this group.

Dorian says, "Funding comes and goes but what is key is helping the agencies to institutionalize a forum in which they communicate and collaborate services. People can usually find time to work together. The training is giving them skills and forums to get together. Often people do not **work together** because the value of working together has not been shown to them.'

WARREN VILLAGE CHILD CARE CENTER
DR. MARY SUE KRETSCH, DIRECTOR
DENVER, COLORADO

Program Outline

Warren Village Child Care Center is one of the three major components of Warren Village — a transitional housing program for single parents with children. Warren Village provides housing for 97 families and family support services, such as substance abuse counseling, adult education, and a job search program. The child care center is located on the bottom floor of the seven-story Warren Village housing facility and **serves** 125 infants, toddlers, and **pre-schoolers** each day. Sixty percent of the center's enrolled children are not residents of Warren Village, but are referred to the program by other social service agencies. The majority of these referred children are homeless.

The child care center maintains a staff of 40, half of whom possess degrees in early childhood education. The center is open from **6:00 a.m. to 6:00 p.m.** five days a week and is considering remaining open until **10:00 p.m.** and on weekends. The center is closed only six weekdays a year. The center's annual budget averages \$462,000 a year.

Successful Mechanisms for Serving the Homeless

The Warren Village Child Care Center benefits from the following program components:

- **Recruitment — Dr.** Kretsch considers advertising a waste of funding, since the program “sells itself” in the community. However, she goes out of her way to maintain strong relationships with case workers from other agencies and counties who will refer children to her program.
- **Medical Services — There** are 10 free medical clinics in the general area where families can easily obtain an appointment for their children.
- **Parent Support —** Warren Village offers evening classes in parenting skills, interpersonal relations, and solutions to incest and child abuse conducted by community volunteers and Warren Village's social workers. Village residents are required to attend three of these sessions per month.
- **Volunteers — The** child care center uses many volunteers who are retired teachers, senior citizens, or members of charity organizations to assist the staff and provide annual holiday parties for the children.
- **Inter-Agency Coordination — The** center maintains an excellent referral network, **particularly** for provision of emotional counseling services for children and their families.

- **Funding** — Dr. Kretsch and the Executive Director of Warren Village are responsible for regular grant-writing and fund-raising. A combination of private and public monies fund the program, including the United Way, the state Department of Education, Denver County, the Junior League, and other private charitable groups.

Remaining Barriers to Serving the Homeless

Dr. Kretsch would like to provide more counseling for the children at the center, instead of referring them to other agencies. Although she herself is a child psychologist, she cannot afford to hire other similarly trained professionals. Likewise, she would like to raise additional funds to purchase a van and to develop a follow-up and tracking system for families that leave the program.

How Head Start Can Improve Homeless Service

Dr. Kretsch formerly **served** as the director of a Head Start program and has periodically served as a consultant to Head Start. She feels that Head Start's major problems are: (1) its lack of full-day services, which are a critical need for homeless and low-income parents, and (2) generally poor coordination and cooperation with other community social service agencies. Dr. Kretsch feels that Head Start should spend less money trying to provide comprehensive social services and more money on hours of operation and development of tight-knit social service networks.

**CASA DE ESPERANZA DE LOS NIÑOS, INC.
THE DEVELOPMENTAL CENTER
SISTER KATHLEEN FOSTER, DIRECTOR
HOUSTON, TEXAS**

Program Outline

The crisis intervention agency Casa De **Esperanza de los Niños, Inc. (Casa)** was created in 1982 to provide residential care for abused and neglected children under six years of age. The **children** are voluntarily placed in care by parents who are in financial or emotional crisis and remain for one to three months. Children may be referred from Children's Protective Services, family shelters, and other community agencies. Approximately 50 children and families from the Houston area are served each day.

The Developmental Center is the psychological treatment component of the **Casa** system. The Center was created in 1986 to address the developmental and emotional problems of children and to intervene in the chronically abusive interpersonal patterns in their families. Funding is received entirely from private donations.

Successful Mechanisms for Serving the Homeless

Sister Kathleen Foster, director of Casa, says the keys to the success of this program are:

- **Outreach** — This center searches for parents on the streets or at the crack houses and then tries to get the parents to shelters so they can access the services they need (including Casa).
- **Intake** — Kathleen says intake is the time when you can obtain good information from the parents because that is when they need you. Casa has an extensive intake interview where they get information that allows staff to help reestablish clients' connections with relatives. Often relatives and friends who are not aware of the parent's problems are willing to help.
- **Follow Up** — Casa continues contact with the families they serve until they are more established.
- **Coordinated Services** — Casa has good relationships with other social service agencies such as Children's Protective Services, health care providers, shelters, and the Salvation Army. Kathleen advises other agencies who need to develop community linkages to first figure out what the various agencies do well. Casa has found informal communication with other agencies to be **sufficient**. They work case by case and have not found the need for formal contracts with other agencies.

Remaining Barriers to Serving the Homeless

The bureaucracy that keeps the homeless **from** obtaining access to the **services** they need is a big barrier to serving the homeless. Kathleen says you have to ask yourself: ‘Do I want the homeless to get the **services** they have a right to and how do I advocate so they **can.**’

How Head Start Can Improve Homeless Service

While Head Start provides an important **service**, Kathleen thinks it should be more **accessible** by providing transportation and having more slots. Casa tries to get their children into Head Start, but there often are no available spaces. She also says Head Start should be making better connections with parents. According to Kathleen, the Head **Start** centers in Harris County do not have parent components.

EPISCOPAL COMMUNITY SERVICES HEAD START
JONATHON HUNTER, ASSISTANT DIRECTOR FOR ECS PROGRAMS
CHULA VISTA, CALIFORNIA

Program Outline

Episcopal Community Services (ECS) is the largest social services organization in San Diego. Seventy-five percent of **ECS's** funding comes from public sources; the rest is obtained from private donations, such as the United Way and the Episcopal Church, and **service** fees. As one of its four major service components, **ECS** operates seven center-based Head Start programs in the South Bay area of San Diego, serving approximately 540 children, of which about five percent, or **27, are** homeless. **ECS** Head Start's homeless children are recruited through social worker referrals from ECS's various other social service programs.. For example, some of its children come from "Julian's Anchorage," a battered women's shelter run by ECS. Others have come from recruitment of homeless parents participating in an ECS drug recovery program. The South Bay **area** contains no homeless shelters, but does offer an emergency hotel vouchering system. Recruitment is thus also conducted through case managers on the staff of this transitional housing, who contact Head **Start community** workers to recruit new arrivals with children.

Successful Mechanisms for Serving the Homeless

- **Inter- and ha-agency coordination** – ECS Head Start social workers have working relationships with:
 - the Salvation Army to provide emergency assistance to homeless families;
 - the public schools to ensure Head Start "**graduates**" are well served,
 - the San Ysidro Mental Health Center to provide substance abuse counseling for parents;
 - ECS's adult literacy and employment training programs; and
 - social workers from other ECS social service programs who can **target eligible** children for Head Start recruitment.

In addition, ECS Head Start is cooperating with several new housing initiatives for the homeless:

- South Bay Community Services has applied for a **McKinney** Transitional Housing grant from the Department of Housing and Urban Development (HUD). The transitional housing site chosen for funding is within a mile of one of ECS's Head Start centers, and ECS has agreed to give priority enrollment to any child under **five** living at the housing site. Head Start also plans to meet monthly with the transitional housing's case manager to perform a cooperative review of families' social service needs, should the program be funded

- **ECS** Head Start has agreed to place a mobile Head Start trailer on the site of the next public housing complex built by the San Diego Housing Commission and to ensure priority enrollment for new tenants. The Housing Commission will in turn pay for the cost of the trailer.
- **Recruitment** — The key to recruitment of homeless children is a strong referral network from other social **service** programs' case workers and a willingness to **recruit**
 - door-to-door" and in person.
- **Medical services** — ECS operates five Family Health Centers in San Diego County, four of which are directly **connected** to its Head Start programs. The centers perform all required Head Start medical services, and bill Federal or state welfare offices directly.
- **Welfare benefits** — ECS has trained case managers and a volunteer law project to assist families in obtaining welfare entitlements.

How Head Start Can Improve Homeless Service

Mr. Hunter feels strongly that Head Start must establish strong links with other local human service providers to address homeless families' many needs in a comprehensive fashion. Provision of wrap-around social services ensures that homeless children will benefit from the Head Start developmental day care program.

JOAN KROC AND BISHOP **MAHER** CENTER
MARY CASE, **DIRECTOR OF SOCIAL SERVICES**
SAN DIEGO, CALIFORNIA

Program Outline

The Joan **Kroc** and Bishop **Maher** Center is a comprehensive homeless services program operated by St. Vincent De Paul, a Catholic charity organization in San Diego. The program was established in 1983, operating out of a rental facility, but in **1987**, received a grant of \$12 million from private donors to construct a new center to house the homeless and provide a continuum of social services. The program provides 170 emergency beds (for up to **28-day** stays) and, with additional funds from the U.S. Department of Housing and Urban Development (HUD) and the San Diego Housing Commission, 450 transitional residence slots for stays of up to 24 months. One hundred and ten of the transitional residence slots are reserved for homeless families, of which approximately one-third, or 36, are children. Wrap-around services include: a medical clinic for residents and all of San Diego's homeless population, hot meals for all comers, an outstation public assistance worker **from** the Department of Social Services, an on-site county public school for school-age children, adult education and employment training services (through a joint grant with Episcopal Community Services from the U.S. Department of Labor), an adult life skills and parenting program, individual case management and counseling services, and a **half-day** developmental day care program.

Successful Mechanisms for Sex-vine the Homeless

According to Ms. Case, the breadth of the Joan Kroc and Bishop **Maher** Center's service offerings is largely related to the aggressiveness of its fundraising efforts and its strong partnerships with other private and public social service agencies in the San Diego community.

Remainiae Barriers to Serving tbe Homeless

Several years ago, the Neighborhood House San Diego Head Start program approached Ms. Case to **discuss** establishing a partnership to provide Head Start **services** at the Joan Kroc and Bishop **Maher** Center. Ms. Case was excited about the opportunity to work with Head Start "experts," which would defray the costs and improve the quality of her own program. However, after initial conversations, Head **Start** became quite reluctant to establish a program in the center, due to the regulatory complexities Head Start administrators felt were involved. For example, they were unwilling to **serve** homeless infants and toddlers, were concerned about proper access to a playground, and felt that the day care licensing process would be difficult. As a result, negotiations were curtailed. Ms. Case feels that a working partnership could have been established if Head Start administrators had been less concerned about the burdens of regulation.

**METROPOLITAN AREA ADVISORY COMMITTEE HEAD START
EDNA HOLLOWAY, DIRECTOR
OCEANSIDE, CALIFORNIA**

Program Outline

The Metropolitan Area Advisory Committee Head Start **serves** 519 **3-** and **4-year-old** children annually four days a week in a **half-day** program. This Head Start does not currently **serve** the homeless.

Successful Mechanisms for Serving the Homeless

This Head Start currently provides bus service for approximately 300 children and could do so for homeless children as **well**. Further, it has an active parent volunteer group and a parenting skills class, which could benefit the homeless.

Remaining Barriers to Serving the Homeless

Homelessness is not a major problem in Oceanside, so this Head Start has simply not found any homeless families to serve. Ms. Holloway is unsure of the proper methods of recruiting homeless families.

How Head Start Can Improve Homeless Service

If the Oceanside Head Start should begin to serve the homeless, Ms. Holloway feels she would need additional funding to expand her facility and technical assistance regarding methods of community social **service** collaboration.

SANTA CLARA COUNTY OFFICE OF EDUCATION,
FAMILY LIVING CENTER
YOLANDA GARCIA, DIRECTOR OF CHILDREN SERVICES DEPARTMENT
SAN JOSE, CALIFORNIA

Program Outline

The Family Living Center has **42** centers, one of which is located at an Emergency Housing Consortium shelter. The shelter site, which was specifically developed seven years ago for the homeless, has 30 slots. **This** center is open all year, nine hours a day, five days a week. A community worker goes to the shelter every week and interviews parents for registration.

Successful Mechanisms for Serving the Homeless

Yolanda Garcia, the director of the Children Services Department for the Family Living Center, says there are two things that have made this Head Start work. The first is continuity of **services**. In developing trust with the parents and collecting good information in the registration process, parents are more likely to notify the site when they are moving and the staff are better able to place children in another center and transfer their records. Garcia says the key to collecting good registration information and beginning a good relationship with the parents is to have personal recruitment interviews with the parents. Having an attractive, calming environment is another way this center begins good center-parent relationships. This site is well supplied because of corporate donations.

The **second** thing that makes this center work is comprehensiveness of **services**. One way to ensure comprehensiveness is to develop cooperation among the different services that Head Start uses, which is demonstrated in the center's medical screening process. Staff from a community health clinic come directly to the shelter, and private physicians as well as others volunteer their time. This site has not had problems immunizing children on time and obtaining new medical records when none can be found

Remaining Barriers to Serving the Homeless

The first barrier is a financial one because of homeless families' need for additional food and clothing and the need for more hours of employment for **staff**. Also, the staff need more emotional support.

Another obstacle for this center has been adjusting to the large turnover in shelter staff. While the Head Start staff for this site has remained stable over the seven years, the shelter staff has changed frequently. The center, therefore, has to repeatedly educate the new shelter staff to the system.

How Head Start Can Improve Homeless Service

- ***Provide additional funding.*** Currently this center receives additional funding from one-time sources such as foundations and private companies. Without these funds, this center can not afford to serve the homeless, yet they must seek new funding each year.

2

2

2