



# Hawai'i Early Childhood Homelessness Needs Assessment

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# Table of Contents

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Executive Summary.....	1
Evaluation Purpose and Design .....	5
Early Childhood Homelessness .....	5
Evaluation Design.....	6
Mandated Early Learning Providers (EL).....	6
Homeless Services Providers (HS).....	7
General Childcare Providers .....	7
Survey Results.....	9
General Childcare Providers .....	9
Mandated Early Learning Providers.....	14
Results for Focus Group Interviews .....	15
Challenges for Families .....	15
Barriers to ELP Participation .....	19
Challenges for Programs .....	24
Definition of Success.....	28
What Works .....	30
What is Needed: Providers' Suggestions for Change.....	37
Summary of Findings .....	43
Recommendations .....	45
Acknowledgements .....	49
Appendix A: Head Start/Early Head Start Provider Survey.....	50
Appendix B: Head Start/Early Head Start Provider Discussion Questions.....	53
Appendix C: Homeless Services Provider Survey.....	54
Appendix D: Homeless Services Provider Discussion Questions .....	58
Appendix E: General Early Learning Provider Survey .....	59
Appendix F: General Early Learning Provider Survey Invitation .....	66
Endnotes .....	67

# Executive Summary

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## Background, Purpose, Methods

Early childhood homelessness is a pressing issue for our state. Hawai'i has one of the highest rates of homelessness in the nation—our housing crisis and high cost of living create an untenable situation for many families. There are no precise data on the total number of children birth through age five in Hawai'i who are affected by homelessness. However, the estimated count reaches almost 3,000 (1 in 35 young children) when those in doubled-up situations are included. Childhood homelessness is a risk factor for poor health, social-emotional, and school-related outcomes. This makes it imperative that young children experiencing homelessness (YCEH) have access to high-quality early learning programs that can foster their resilience and positive development while meeting their families' needs.

The purpose of this needs assessment is to:

- identify barriers and supports to enrolling and retaining young children experiencing homelessness in early learning programs;
- share lessons learned from leaders in the field;
- develop strategies to increase collaboration between early learning (EL) and homeless services (HS) providers; and
- understand how to assist early learning providers serving YCEH for the first time.

Anonymous online surveys were administered to a community sample of licensed center and family childcare providers ( $n = 118$ ). Focus groups were conducted with a purposive sample of 33 experienced providers. This latter group represented each of the state's Head Start/Early Head Start grantees as well as a large family-child interaction program (FCIL), and five homeless services agencies. Many of the experienced providers offered innovative services and worked together closely. One brings trauma-informed and culturally-responsive FCIL programs directly to the shelters and encampments where many YCEH stay. Another large HS provider administers emergency, transitional and low-income housing, and hosts two different Head Start grantees onsite. A third Head Start program is located on the grounds of an affordable housing community that rents only to families that have exited from homelessness.

## Key Findings

### Surveys

Most community childcare providers (77%) were willing to enroll YCEH. However, they were more confident in their ability to meet children's early learning needs (56%) than their ability to connect families with community resources (37%). Top concerns were families' ability to pay tuition or maintain subsidies (68%), family trauma (55%) and instability (52%), lack of experience serving this population (47%), and child attendance (46%) adjustment (44%).

## Focus Groups

Per the experienced providers, the most common barriers for families were finding an open seat, paying for childcare and/or obtaining tuition subsidies, transportation, access to documents needed for enrollment, and the limited hours of operation offered by EL providers. These challenges occur within the context of broader obstacles to family well-being, e.g., residential instability, unemployment, trauma, stigmatization, and the need to focus on day-to-day survival.

Key challenges for providers themselves were a lack of mutual awareness between the EL and HS systems, a shortage of community resources for family referrals, and expectations to quickly move families into permanent housing. Providers in both sectors described recent paradigm shifts in their respective fields. HS providers discussed the pros and cons of the Housing First approach. EL providers discussed their initial struggles to identify families, understand the Coordinated Entry System, and implement housing-sensitive practices.

Interpersonal skills (i.e., having a compassionate and nonjudgmental attitude and establishing trusting relationships) were essential for working with families. Participants were enthusiastic about co-located classrooms. These arrangements were a dream come true in terms of convenience for families and cross-sector teaming. Participants were also firm believers in case management, comprehensive family services, and family-focused and trauma-informed practices.

Professionals in both sectors want to build strong collaborations to improve child and family outcomes, and as mentioned above, several were innovators in this regard. Networking, cross-sector training, and structural incentives were suggested as ways to facilitate collaboration.

Finally, experienced participants felt that most private childcare providers are not equipped to serve this vulnerable population. This was especially the case for engaging challenging families and offering comprehensive supports. At a minimum, new providers would need training and mentorship. A mechanism to connect families to external case management services would also be important. Participants had specific suggestions as to which community providers were most ready to serve YCEH.

## Recommendations

Ten general recommendations are listed below, along with a sample of specific suggested actions for each. The complete list is given in the body of the evaluation report.

### **Recommendation 1: Articulate a vision and set ambitious but achievable short- and long-term goals.**

A shared vision and defined and measurable goals will help guide the CHAT team's work.

- All YCEH and their 'ohana should have access to affordable, high-quality childcare and early learning programs that support healthy child development and meet families' values and needs.
- Develop an action plan, informed by this evaluation and best practices in the field, that builds on existing strengths within our state.

**Recommendation 2: Facilitate professional networking, collaboration, and cross-sector training.**

Strong collaborations increase access to supports that improve child and family outcomes.

- Foster connections between front-line staff, hold regular networking events, and increase mutual awareness of the EL and HS systems.
- Offer easy access to cross-sector training. Child development and resiliency, family dynamics, the effects of homelessness of early development, and trauma-informed care are high-priority topics.

**Recommendation 3: Promote developmentally appropriate and trauma-informed practices.**

Help EL and HS providers implement best practices from both fields.

- HS providers can include EL in all case management plans and offer developmental screening. EL providers can use “housing sensitive” practices with families and children.
- Make infant and early childhood mental health consultation available in EL and HS settings.

**Recommendation 4: Match EL offerings with families’ needs and preferences.**

Instead of a “one-size-fits-all” approach, consider the array of EL options and deliver formats.

- In addition to center-based care, consider family childcare, FCIL programs, home visiting, etc.
- Offer short-term, evidence-based parenting programs that can be completed within the duration of typical shelter stay. Consider alternative delivery models like virtual classrooms and text-based parenting support.

**Recommendation 5: Co-locate EL programs at shelter and housing sites.**

Onsite EL services are convenient for families and enable collaboration between EL and HS staff.

- Co-locate EL programs at shelter and housing facilities, and reserve seats or give priority to shelter residents.
- If a full center facility is not feasible, host a GCCH, FCCH, or license-exempt care provider.

**Recommendation 6: Recruit and support new EL providers to serve YCEH.**

To significantly increase enrollment of YCEH, more providers will need to be prepared to accommodate these children.

- Carefully select new providers who are ready to “gear up.” Provide incentives, such as higher reimbursement rates and capacity improvement grants. Offer substantial training, mentorship from experienced providers, or coaching/consultation.
- An outside consultant or organization could provide case management as needed.

**Recommendation 7: Maximize use of CCDF and other funds.**

Take advantage of flexibility allowed within and across federal programs to maximize benefits for YCEH.

- Use CCDF funds to enhance support for families, e.g., eliminate family co-payments and waive or substitute the work requirement. CCDF can fund off-hour care, reserve slots, provide differential reimbursement rates, or provide professional development.
- Layer and braid funds from applicable federal, state, county, or private sources.

**Recommendation 8: Be creative and think outside the box.**

Find creative solutions to one or more of the common barriers identified in this report.

- Lobby for municipal transit systems to offer annual bus passes at the same low rate charged to seniors.
- Explore options for sharing bus contracts with DOE, private schools, or early intervention services. Include transportation in Head Start grant applications.

**Recommendation 9: Put early childhood homelessness at the forefront of planning and policy.**

Address early childhood homeless at the system level.

- Ensure EL representation on the Continuums of Care.
- Have a stronger focus on early childhood homelessness in relevant plans, e.g., the Hawai'i Early Childhood State Plan and the Ten-Year Strategic Plan to End Homelessness. The U.S. Interagency Council on Homelessness criteria and benchmarks for ending family homelessness can serve as a model.

**Recommendation 10: Leverage existing data and improve data quality.**

Support the collection of accurate data to inform decision-making and monitor progress.

- In Point in Time and HMIS reports, give separate breakdowns for ages 0-2, 3-5, and school age children.
- Include more data specific to young children in the HMIS. Add conditional questions to the F-VI-SPDAT for expectant mothers and families with young children, and relevant fields to document status at exit, e.g. prenatal care and ELP enrollment.

# Evaluation Purpose and Design

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## Early Childhood Homelessness

Childhood homelessness is associated with elevated risk for problems with physical and mental health, behavior adjustment, school readiness and academic achievement, executive function, and emotional regulation.<sup>1</sup> Having a first homelessness episode before age 15 vs. later in life is differentially associated with unemployment, incarceration, and welfare receipt in adulthood.<sup>2</sup> It is well-known that responsive caretaking and high-quality early care and education fosters children’s healthy development and can buffer the effects of poverty and toxic stress. A growing body of research also suggests that positive parent-child relationships and consistent attendance in high-quality early childhood education and care are protective factors specifically associated with resilience and better child outcomes for young children experiencing homelessness (YCEH).<sup>3</sup> For these reasons, it is imperative that young children experiencing homelessness (YCEH) have access to high-quality early learning programs that foster their resilience and positive development while meeting their families’ needs.

Early childhood homelessness is a pressing issue for our state. Hawai’i has one of the highest rates of homelessness per capita in the nation: At 46 per 10,000, our rate is second only to Washington DC, and tied with New York state.<sup>4</sup> Children under age 6 represent approximately 10% of our homeless outreach and shelter clients.<sup>5</sup> There are no precise data on the total number of YCEH in our state. However, the estimated count reaches almost 3,000 (1 in 35 young children, or 2.8%) when those in doubled-up situations (aka the “hidden homeless”) are included.<sup>6</sup>

Roughly 20% of YCEH in Hawai’i participate in some kind of early learning program. The number of children served by key early learning programs (as a percentage of total enrollment) are as follows:

- *Head Start and Early Head Start*, 223 children (7.5%) in the 2018-2019 school year.
- *IDEA Part C*, 20 children (0.86%) as of August 2018.
- *IDEA Part B*, 56 children (3.5%) in the 2017-2018 school year.
- *MIECHV*, 50 children and 30 pregnant mothers (6.25% and 3.75%) as of September 2017.
- *Ka Pa’alana*, 341 children in a family-child interaction learning program offered at beaches, parks, shelters, transitional housing, and a pre-K facility in a recent program year.
- Enrollment for private EC providers is unknown.

The purpose of this needs assessment is to (a) identify barriers and supports to enrolling and retaining YCEH in early learning settings, (b) share lessons learned from the field, (c) develop strategies to increase collaboration between early learning (EL) and homeless services (HS) providers, and (d) understand how to assist EL providers who are serving these children and families for the first time.



## Evaluation Design

The needs assessment includes three key informant groups:

- *Mandated early learning providers (EL)*: those who are mission-driven to serve YCEH. This group includes the state's seven Head Start and Early Head Start grantees<sup>7</sup> and the Ka Pa'alana program. Run by the nonprofit Partners in Development Foundation, Ka Pa'alana is a family-child interaction learning program that offers child development activities, peer support, and family case management in Honolulu and Hawai'i Counties.
- *Homeless services providers (HS)*: nonprofit agencies administering emergency family shelters, transitional family housing, and/or supportive housing programs. We sought to engage programs that served the largest numbers of young children statewide.
- *General childcare providers*: licensed private childcare centers and registered family childcare homes. Unlike Head Start or the public schools, private providers are not mission-driven to enroll YCEH. We assumed that most private providers would have limited or no experience with the homeless population.

The first two groups represent providers who are best situated to provide insights on educating and housing the YCEH in our state. Several members of this group also enact innovate practices. The third group represented the majority of childcare seats in the state and a potential new and large pool of providers to recruit.

The instruments developed for the needs assessment protocol were vetted by the Childhood Homelessness Action Team (CHAT). CHAT is a coalition of state agency, nonprofit, and University representatives. CHAT members gave feedback on drafts of the assessment tools, identified programs to include in the assessment, and provided names of appropriate contact persons. The Head Start State Collaboration Director initiated contacts and provided the needs assessment team with personal introductions to the target organizations.

### Mandated Early Learning Providers (EL)

A total of 20 informants from 8 organizations participated in the evaluation. Staff titles included Director of Early Childhood Programs, ERSEA Manager, Lead Family Advocate, Family Education Coordinator, and Outreach Coordinator.

- Child and Family Services Kaua'i Head Start
- Family Support Services Hawai'i Early Head Start
- Honolulu Community Action Program Head Start
- Maui Economic Opportunity Head Start\*
- Maui Family Support Services Early Head Start\*
- Parents and Children Together Hawai'i Head Start/Early Head Start
- Parents and Children Together O'ahu Head Start/Early Head Start\*
- Partners in Development Foundation Ka Pa'alana\*

The Head Start grantees varied widely in size (approximately 50 to 1,500 children). Asterisks indicate programs that offer EL services co-located with one of the homeless services agencies also participating in this assessment.

Assessment data included a short survey and virtual focus group interviews. The survey (see Appendix A) provided background information such as enrollment and self-rated challenges to serving YCEH. The focus group discussion questions (see Appendix B) were intended to allow participants to go into more detail about (a) their own program's challenges and successes serving YCEH, (b) how to support new providers interested in enrolling YCEH, (c) how early learning and homeless services providers could collaborate more effectively, and (d) feasible steps to take at the system level to increase enrollment.

Agencies identified staff to participate in a virtual focus group, including those who could speak to program policy and staff with field experience and a good sense of families' daily needs. Four focus group sessions were conducted via teleconference between August and September 2019. Transcriptions of the focus group recordings were prepared for the purpose of a content analysis using the NVIVO qualitative analysis software. An inductive coding system was developed and the coded transcripts served as the data for identifying emergent themes.

## Homeless Services Providers (HS)

Participants were 13 staff members from five organizations.<sup>8</sup> Staff titles included Executive Director, Housing Program Manager, Housing Navigator, Care Coordinator, and Family Program Manager. These organizations offered an array of services and housing options, including emergency family shelters, transitional family housing, and permanent affordable housing:

- Ka Hale A Ke Ola (emergency, transitional, and permanent)\*
- Kealahou West O'ahu (emergency and transitional)\*
- Holumua Nā 'Ohana Weinberg Village (transitional)
- Nā Kahua O Ulu Wini (transitional and permanent)
- The Institute for Human Services (emergency and contracted case management for Kahauiki Village, a permanent housing site)\*

Asterisks indicate programs that host one of the participating EL programs onsite.

The homeless service providers assessment was similar to that for the experienced early learning providers. (See Appendix C for the service provider background survey and Appendix D for the focus group discussion questions.) The transcript coding system was similar that used for the EL providers, with additional categories as needed to reflect different content. Virtual focus group interviews and/or site visits were conducted in November and December 2019.

## General Childcare Providers

The third constituency group was state-licensed and regulated childcare providers other than Head Start/Early Head Start programs. The general providers survey (see Appendix E) included 11 questions addressing enrollment, past experience and future willingness to serve YCEH, perceived barriers, and interest in professional development support relating to this population. Providers were identified from the state childcare licensing database. An invitation to participate and link to the survey were sent to the email address listed in the database (see Appendix F). A reminder email was sent about one week later, if needed.

Survey invitations were sent to 283 family childcare providers (FCC) and 278 center directors.<sup>9</sup> Surveys were received from 37 FCCs and 81 centers. (See Table 1 on the following page for the number of surveys received

by license type and county.) Per SurveyMonkey analytics: 21% of those invited returned a survey, 47% clicked the survey link but provided no answers, and 32% did not open the survey or opted out.

The overall response rate of 21% is similar to that expected for survey studies that do not include incentives (See Table 2 on the following page for response rates by group). Center directors (29%) were more likely to answer the survey than were FCC providers (13%); this differential response rate was statistically significant.<sup>10</sup> Responses by county showed no systematic bias, with survey returns in proportion to the number of invitations sent.<sup>11</sup>

**Table 1: Number of Surveys Returned by License Type and County**

License Type	Hawai'i County	Honolulu County	Kaua'i County	Maui County	Multiple Counties	State Total
Center	11	53	4	12	1	81
FCC	5	19	3	10	0	37
County Total	16	72	7	22	1	118

**Table 2: Survey Response Rates by License Type and County**

Group	Response Rate
Centers	29%
FCC	13%
Kaua'i County	15%
Hawai'i County	16%
Honolulu County	23%
Maui County	21%
Overall	21%

# Survey Results

## General Childcare Providers

As expected, programs varied widely in size. On average, programs served 50 children under age 6 (range 2 – 560). Almost all programs indicated a willingness to enroll or consider enrolling children receiving childcare tuition subsidies (95.8%).

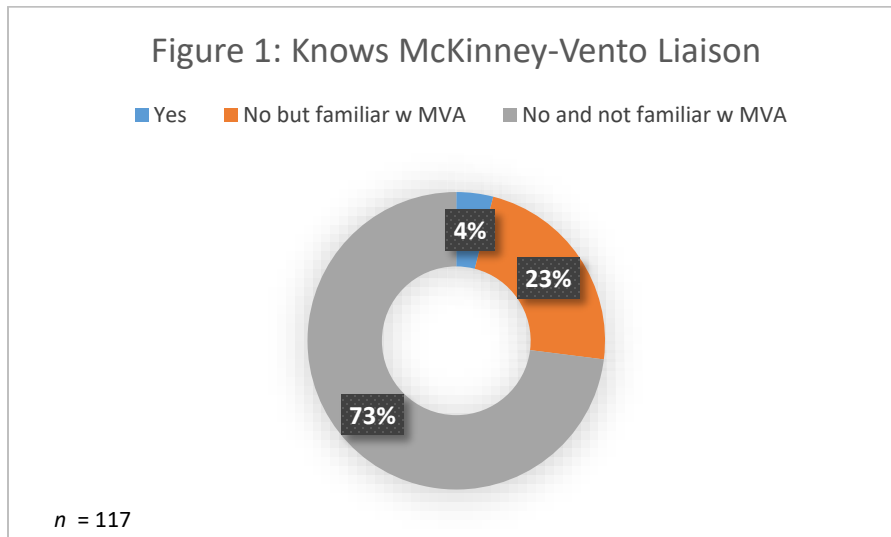
Table 3 shows the number of responding programs with experience serving YCEH. About three in every 10 programs reported serving YCEH within the past five years. This number seems high, suggesting the possibility that programs with history of serving this population were predisposed to answer the survey. Few programs currently enrolled YCEH, and the number of such children served was very small—about 15 in total.

Table 3: Programs Serving YCEH

Time Period	Yes	No	Don't Know
In past 5 years	31%	52%	17%
Currently	9%	71%	20%

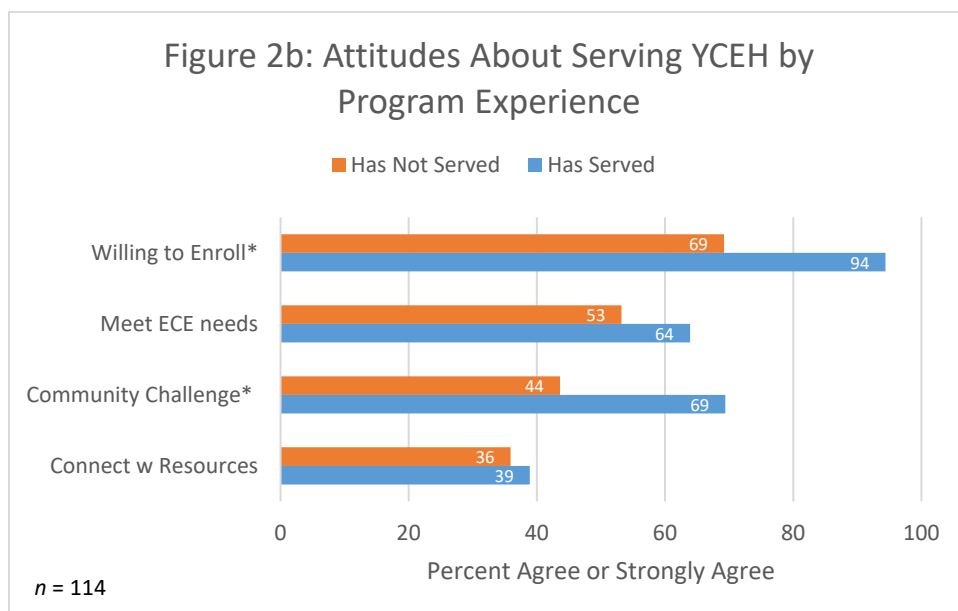
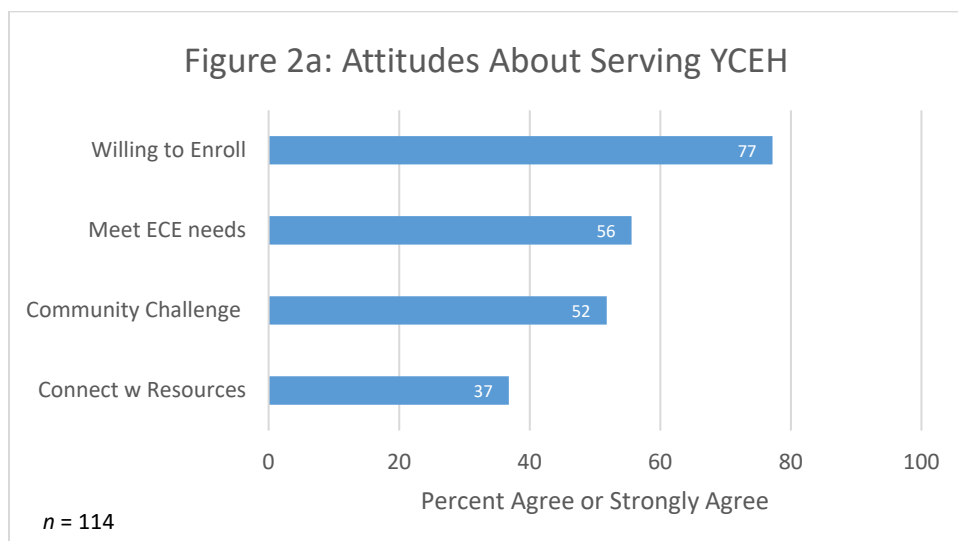
Note. n = 115. Numbers may not sum to 100 due to rounding

Providers had limited knowledge of the McKinney-Vento Act (see Figure 1). Only 4% knew the identity of their DOE district liaison, 23% did not know their liaison but had some familiarity with the act itself, and 73% were not informed about McKinney-Vento.

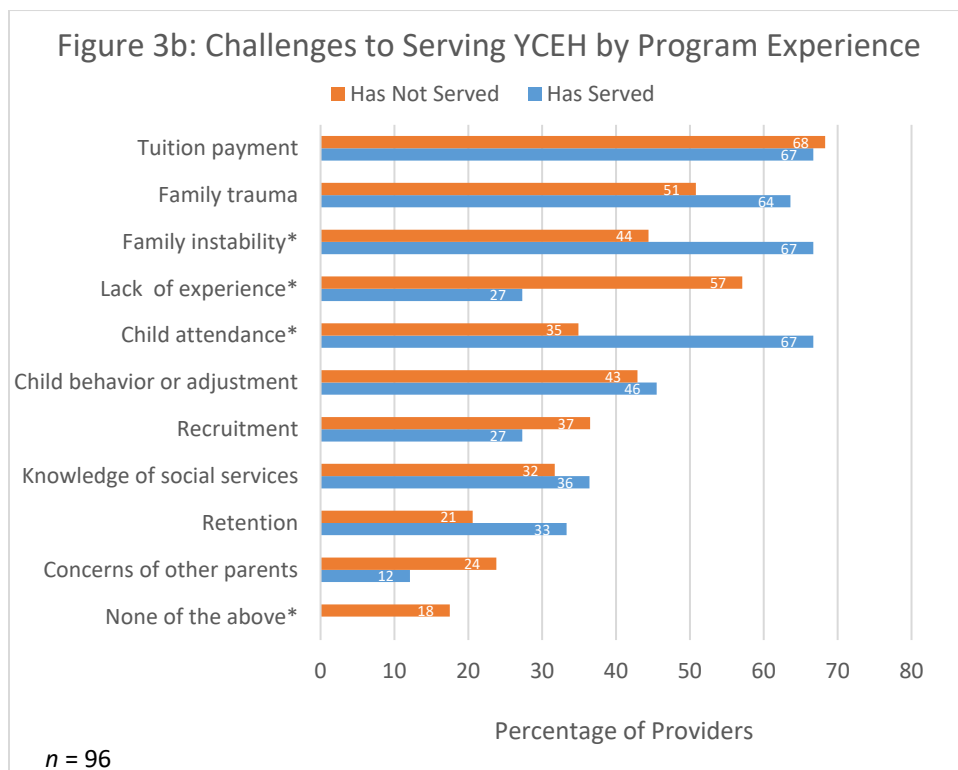
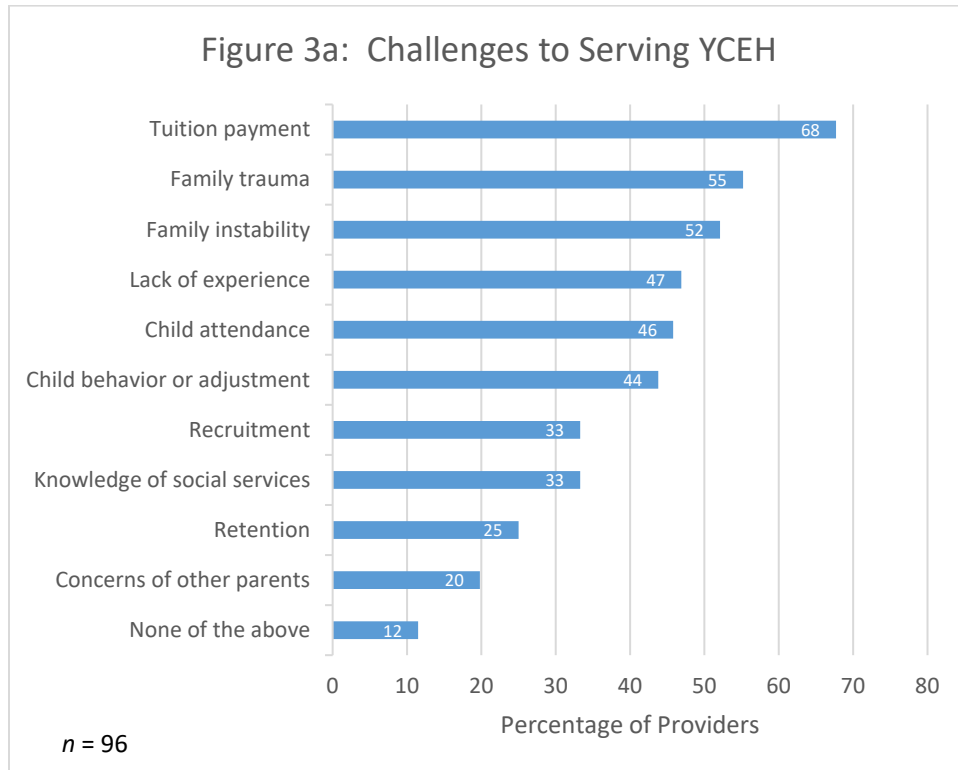


In several of the analyses reported below, we compared responses for two different groups: *experienced* providers were those who reported some history of serving YCEH and *inexperienced* providers were those answering “no” or “don’t know.”

Providers were asked about their program’s capacity and willingness to serve YCEH<sup>12</sup> (see Figures 2a and 2b): 52% indicated that homelessness was a problem in the community where their program was located and 77% were willing to enroll YCEH. Slightly more than half (56%) felt they could meet children’s early care and education needs, but there was less confidence (37%) about connecting families with appropriate community resources like health care, housing, and job training. Experienced providers were much more willing to enroll YCEH<sup>13</sup> and to see homelessness as a problematic issue<sup>14</sup>. Experienced and inexperienced providers had similar views on their ability to effectively serve children and families.



Providers were given a list of possible challenges or barriers to serving YCEH and their families and were asked to check all that applied to their program. Results are shown in Figures 3a and 3b below.



The providers' top concern was families' ability to pay tuition or maintain eligibility for childcare subsidies (68%) (see Figure 3a). The second cluster of concerns involved the challenges of working with families that have experienced trauma (55%) and the logistic issues that accompany unstable housing, e.g., frequent moves, transportation, or lack of phone service (52%). Slightly less than half of providers felt their own lack of experience serving the homeless population was a potential barrier (47%), along with concerns for child attendance (46%) or child adjustment (44%). All other items—recruitment, retention, knowledge of community services to which to refer families, and concerns of other parents should YCEH be enrolled—were all endorsed by less than one-third of providers. Finally, 12% of providers saw no challenges or barriers.

These results suggest a high degree of optimism and perhaps naiveté about the complex situation that children and families experiencing homelessness face. With the expectation that experienced providers would have a more realistic view, we compared the responses for experienced and inexperienced providers (see Figure 3b). Providers who had served YCEH were much more likely to see child attendance<sup>15</sup> and unstable family conditions<sup>16</sup> as challenges. As expected, those who had never served YCEH were more likely to be concerned about their program's lack of experience.<sup>17</sup> Surprisingly, only inexperienced providers saw no barriers to serving the homeless population.<sup>18</sup> Center-based providers were more likely than FCC providers to see recruitment<sup>19</sup> and child attendance<sup>20</sup> as potential challenges.

Providers had the opportunity to comment on their top concerns, as well as resources or supports they would need in order to serve YCEH; 60% of respondents did so. In addition to the challenges listed in Figures 3a-b above, providers mentioned concerns that children's basic needs for food, clothing, and hygiene would go unmet; that parents would not prioritize their child's education; and that families would feel shame about their situation. The four most frequently mentioned resource needs were staff training, community partners to provide case management, tuition support, and information about community resources available to families. The sample quotations below give a sense of the range of responses:

*They may be teased because they might stink. They will be hungry. They might be dirty. They may have behavior problems. (Center)*

*[My concern is] short-term enrollment. It's easier when I don't have continual turnover. I like having children for longer periods of time. (FCC)*

*It really is just tuition. I can feed them, love them, give them a place that is secure and has routine. But only if I can keep a roof over my own family's heads. (FCC)*

*I wouldn't even know where to begin. (Center)*

*More info on how the agencies are working with these families to meet their needs. Not just us providing child care. (FCC)*

*[We would need a] social worker assigned to our program. (Center)*

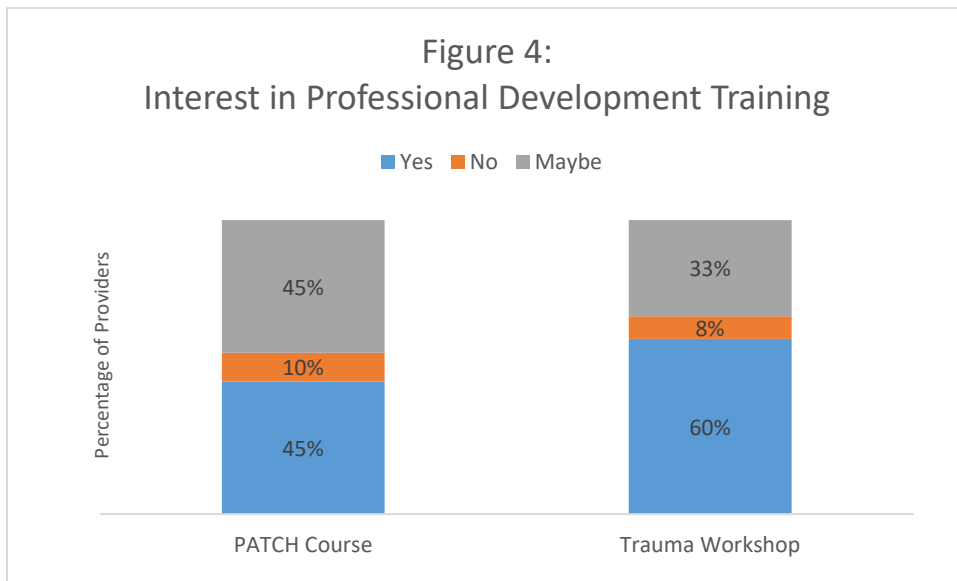
*Direct, regular contact with someone who can actually help families [access] resources. Better DHS management/process for getting families immediately enrolled in tuition assistance for a year without all the red tape. On-campus case managers who are working for DHS. (Center)*

*Social services/workers, behavioral specialists, more information and training on how we can best support and help these families and their children. (Center)*

*Increase my capacity [beyond the six slots allowed so] I can serve more children in need of care. Just one more, or even a part-time spot, would help families in need. (FCC)*

*As someone who has been homeless with a 3-year-old, I've found that most families who are homeless are too afraid to identify themselves as such. We kept it a secret from her preschool out of fear...My family is very familiar with many local resources on-island and I am always advocating for people in need to seek them out and utilize them in the ways that we did that eventually helped us get out of our situation. I'd personally like to be able to act as a contact between these families and the people who run programs. (FCC)*

Finally, providers rated their interest in two professional development opportunities supported by the SPP project: a PATCH course series on working with YCEH and a workshop on trauma responsive care. Interest was higher for trauma-related training (60%) than for the course (45%) (see Figure 4).<sup>21</sup>



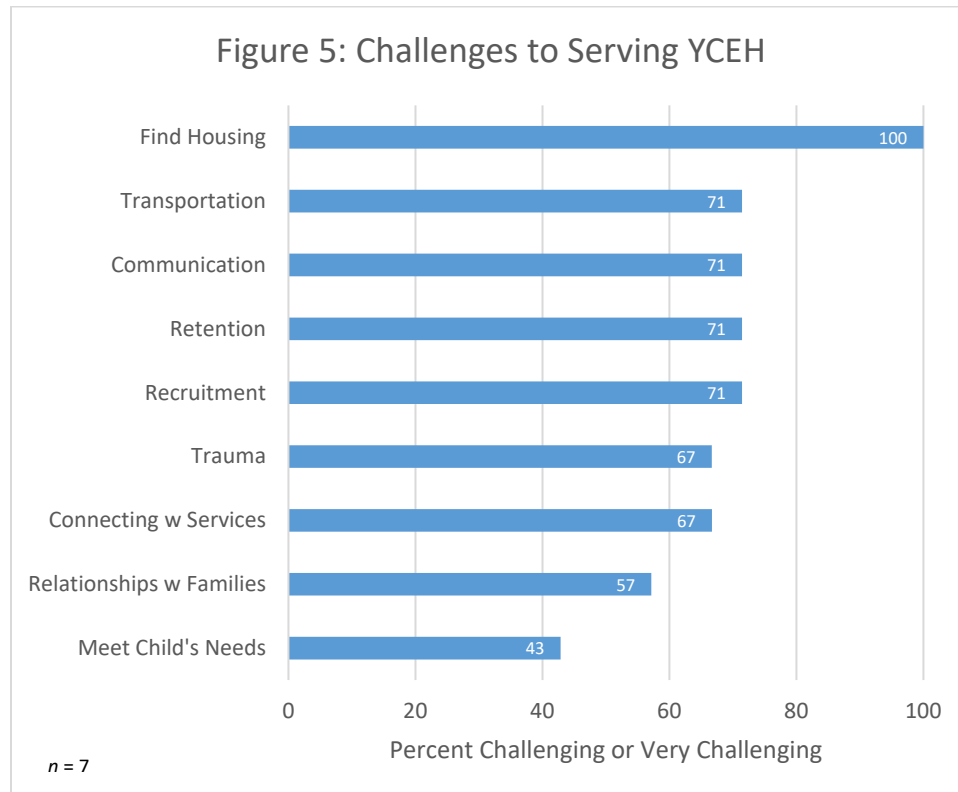


## Mandated Early Learning Providers

The seven Head Start/Early Head Start grantees each completed the short background survey shown in Appendix A. For the 2018-2019 program year, 223 YCEH were enrolled statewide, out of a total 2,964 funded enrollment size. Overall, YCEH represented 7.5% of total enrollment, but this varied widely across programs. Two programs served 4% YCEH, and three programs served 6-10%. Two smaller programs served 14% and 40%, respectively; in both cases, one or more classrooms were located on or near a transitional housing site.

Four programs reported that the majority of enrolled families lived in doubled-up situations. On Kaua'i, the county with the fewest shelters, most families were unsheltered. Both Maui programs reported that most of their families were currently in emergency shelters, and both of these programs worked closely with their county's main family shelter program.

Respondents were asked to rate nine different issues relating to serving YCEH. Each item was rated on a four-point scale from "very challenging" to "not challenging." Responses are shown in Figure 5. All programs struggled to help families find affordable, permanent housing. Transportation, family-school communication, recruitment, retention, connecting families to relevant services, and helping families deal with trauma formed a large cluster of the second most challenging problems. Four programs identified building strong relationships with families as a concern. Only three programs felt challenged to meet children's early learning and developmental needs.



# Results for Focus Group Interviews

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## Challenges for Families

### The Hawai'i Housing Crisis

The very expensive housing market and overall high cost of living in Hawai'i were seen as the underlying causes of homelessness. Making ends meet here is challenging, even for stably employed, middle-income families. With almost half of Hawai'i households living paycheck to paycheck or in poverty, many families are on the verge of homelessness.<sup>22</sup> As two interviewees said:

*A hard thing to swallow is that a lot of our families were once working, typical, average families. Maybe somebody lost a job and that started the setback. The cost of living here is so intense... it's scary, even for myself. (EL provider)*

*The private market is not affordable. You have to earn three times of your rental amount to qualify. You have to have a 620-720 credit report. Those aren't our people. (HS provider)*

Permanent, affordable housing was the most needed resource—and also the most difficult to obtain. Providers described long waiting lists and/or closed wait lists for low-income housing and Section 8 rental vouchers. For those lucky enough to get such assistance, paying the subsidized rental rates is still challenging. Shallow housing subsidies, assistance with security deposits, and utility assistance were all seen as helpful, but insufficient in the long run.

### Practical Challenges for Families Experiencing Homelessness

The instability and transiency associated with unstable housing creates myriad daily challenges. Obstacles include transportation, documentation, food storage, safety, childcare, language and cultural issues, employment, financial literacy, and access to health care. Almost all participants mentioned employment, but did not elaborate on this topic.

**Documentation.** Many families have lost Social Security cards, birth certificates, driver's licenses and medical, rental or employment records. This complicates the process of applying for benefits, school registration and housing, so programs have to help families recover these essential documents.

*Not every place you send them to understands homelessness. [Families] don't have the documents, being that they are moving around from place to place. They don't have the birth certificate, maybe they don't have the Social Security card. That shouldn't block them from getting the service they need. (EL provider)*

Both Head Start and CCDF regulations provide a grace period, so families can enroll in childcare and provide identification and immunization records later. One Head Start program lets families use their office address for applications and as a place to receive their mail.

**Transportation.** Lack of reliable, affordable transportation was an impediment to both employment and attendance in early learning programs. In many areas, public transportation is inadequate and/or too far from where families stay. Even those with cars may be at risk if stopped by the police, due to not having child car seats or a valid license, or unpaid fines.

*Accessibility [is a concern] for the Big Island because it's so spread out. We have a lot of families that are living in tents; they might have plots of land in the south part of the island or the east side. They really have no transportation to access services, even if they wanted to. (EL provider)*

**Basic Needs.** Unsheltered families and those entering emergency shelters had many unmet needs for items such as food, clothing, diapers, and hygiene supplies. Of all the basic needs, food was most often mentioned. For these families, lack of refrigerated and secure food storage was a significant impediment to providing children with nutritious meals. Families entering transitional housing also need furniture, bedding, cookware, and other household supplies. One provider nominated health care and health insurance as a key need. Finally, safety and security are issues, especially for those who are unsheltered.

*We work with one family that lives so far off the bus line that they have to walk miles, and they would rather just stay where they're at for the day instead of making the trek. They have personal reasons. They may not want to leave their space behind because they've dealt with theft at their encampment or on the streets. Whatever little things they have [could be] gone in an instant. (EL provider)*

To address this problem, programs offer a pantry, clothes closet, or “free store” stocked with food, clothing, diapers, hygiene and household supplies and school supplies. Transitional shelter providers felt conflicted about doing so: They did not want families to go without, but per shelter policy, families are supposed to provide for their own daily needs. One Head Start program is trying to become a food pantry site.

**Transiency and Disrupted Social Bonds.** The transiency and repeated moves associated with unstable housing can lead to repeated interruptions in peer and kin relationships. Some ruptures are unforeseen, due to encampment sweeps by law enforcement or when doubled up situations fall through. Ironically, shelter and housing placements can have the unintended consequences of separating families from their informal support systems; this happens when placements are far away from the family's current location.

*A lot of times, the housing that is available really displaces them. So they lose their daily contacts with their day-to-day community, family and friends. That adds another layer of stressor to the family, [due to] not being able to connect with anyone and being in a completely different place. (EL provider)*

Housing placements can also result in a family moving out of a provider's catchment area, making the family ineligible to receive services, or a classroom no longer being able to serve a child. Some families who become housed take in peers from their former encampment or shelter, though this act of generosity puts the family at risk for eviction if the lease violation is discovered.

## Personal Challenges for Families

Comments relating to personal issues focused on trauma and associated dysfunction, motivation to change one's life, and budgeting and decision-making skills. Language and cultural differences were a challenge for immigrant families.

**Motivation to Change.** Shelter providers were frustrated with families' lack of motivation to better their situation. The negative emotion and fatigue expressed during this part of their conversation was in striking contrast to the compassion and dedication expressed by the same speakers at other points in their interview. Some providers saw this as an intergenerational issue whereby adults continue to live in the same circumstances in which they themselves were raised.

*Some of them feel comfortable living on the system. So that's been our biggest challenge—getting them motivated to go get a job so they can provide for their family. I've seen four different persons come back to the shelter as adults with their families. Because this is what they knew. And they loved it, living here. Can you imagine that? They loved living in a shelter.*  
(HS provider)

**Resource Management.** Some families have limited experience or success with budgeting and setting priorities. Casework often addresses financial literacy and resource management skills; this issue was discussed primarily by shelter providers.

*Tax time, we see a lot of new cars. But they don't last very long because families are usually taken advantage of by predatory lenders. That's a challenge, trying to help them understand credit. [Staff name] works really hard with them on their budget. So where does all your money go? How can you make your rent a priority so you're not homeless again? We try to teach them to pay their rent first. But their priority is I got to pay my car first or give lots of money to their church. We've had situations where they pay everything else before their utilities. You can lose your voucher if you don't pay your utility bills. We cover utilities for families when they're in our transitional unit. But we try to teach them how to monitor their utilities in their unit [so they can handle this as future renters].* (HS provider)

**Language and Cultural Differences.** For those not fluent in English, translation and interpretation is an issue for both families and providers. Immigrant families and sojourners sometimes find themselves in precarious situations due to clashing cultural values or not fully understanding the U.S. educational and legal systems.

*Another challenge is having our COFA families understand the education system. Our families will make an older child stay home to take care of the baby if they get a job picking coffee for*

*the day. And that repeatedly happens and they don't understand the educational law of missing so many days, so then they're up in front of Family Court. At Family Court, they don't understand anything anyone's saying, even though they have a translator. We've learned that the translator will translate the word, but not the concept. (Shelter provider)*

***“Trauma has a huge impact on our families.  
That’s one of the primary reasons they became homeless in the first place.”***

**Trauma.** Trauma and its associated dysfunction were one of the most striking themes discussed. Domestic violence, alcohol and drug use, fighting, and other forms of victimization are underlying issues for many families. By and large, mental illness was not a concern expressed in the interviews. Programs with a stronger case management component were more likely to identify trauma and trauma-informed care as key issues. In contrast, the Head Start programs saw trauma as a secondary issue, and only mentioned it when prompted. This suggests that Head Start providers may serve a higher functioning clientele.

*One of our biggest challenges is trauma. Homelessness is not just economic, it's deeper. Families might be dealing with past trauma from abuse or self-inflicted issues like drug and alcohol abuse. We have done a case study. Of the homeless families that took the ACES questionnaire, 100% had an ACES score of 5 or higher. Families who have such high trauma experiences don't generally trust very easily, are worried about judgment, are afraid they're not good enough. Although our program is designed and our staff are equipped to work with and around that, sometimes the walls are so thick and so high that it's just really hard to break them down. (ELP provider)*

## Stage in the Process

Families' needs and challenges are in part a function of whether their situation is acute or chronic, and where they stand on a continuum of living arrangements—from living in a car or encampment, to an emergency shelter, to transitional housing, to permanent housing. For unsheltered families and those first coming to emergency settings, priorities focus on the immediate needs for shelter, safety, basic supplies, and documentation. Longer-term planning is the focus in transitional settings. One interviewee also mentioned a large, self-regulated encampment, noting that some families are adaptable and do relatively well in that setting. For these families, cost of living is the main challenge and not an underlying dysfunction. Two interviewees described how the stages differ:

*Families that are in emergency shelters feel like this is the perfect situation, because they have been on the beach or in their cars for so long. It's like, “Whew, I'm here and I just want to stay here for a little bit.” The emergency shelter is a safety net, something that's going to catch you so you don't fall. Families in the transitional shelters have a little bit more of a grasp on wanting to progress and get out. (EL provider)*

*Usually, when families come into our emergency shelter, they are coming straight off the streets. They have nothing. We try to stabilize the families first—whether it be collecting documents that they need, receiving services for mental health or substance use, or getting their children into early education. [In contrast], when they're in transitional housing, the need is little if they are supported correctly. If you are in transition, all you are doing is waiting for housing. You're supposed to have a regular income coming. You're supposed to be already set up with TANF and SNAP. You should have medical. A lot of times families just need that extra support to get back on track. So the dynamics are way different. (HS provider)*

Attaining permanent housing does not necessarily end the adjustment process—especially when families continue to struggle with deep-seated and complex emotional challenges. Some families are unable to sustain their so-called permanent status and cycle back into the system.

*Just because families get a [permanent] home doesn't mean that everything is perfect and it's all roses. We have to work through the challenges that got families into that situation in the first place. They were homeless for a reason and that could resurface when they feel relaxed in a home. Some of our clients [in permanent housing] left and came back. There were some challenges to overcome that resurfaced that they needed to work on. (ELP provider)*

## Barriers to ELP Participation

Participants were asked about barriers and challenges specific to connecting families with early learning programs. Themes that emerged from this discussion included employment, practical challenges, access, and family attitudes.

***“Childcare opens the door to employment, training, or going back to school.”***

### Childcare and Employment

Shelter providers were unanimous in identifying childcare as a key issue: Having childcare allows parents to work. One shelter provider said that lack of childcare prevents half of their families from being in the labor force, and that this was especially the case for single mothers. Those not yet employed also need childcare while searching and interviewing for jobs, but drop-in care is especially hard to arrange. Early learning providers said relatively little about employment. This difference makes sense; Head Start and FCIL programs serve children regardless of parental employment status, whereas employment and preparation for independent living is one of the highest priorities for shelter providers.

## Practical Issues

Some of the practical issues that are general challenges for families experiencing homelessness also affect their access to early education and care. However, most of the practical obstacles providers raised were specific to early childhood programs—namely accessibility of care.

**Transportation.** The most frequently mentioned barrier to participation in early childhood learning programs was transportation.

*Our biggest need for homeless families would be transportation—trying to get to their child’s classroom every day and on time. A lot of times, they are absent because of transportation. Either they’re unable to get to school or they have to go somewhere further away from where they usually are. (EL provider)*

As a solution to this intractable problem, one Head Start program gives families county bus passes, paid for by a local businesswomen’s organization. An Early Head Start program provides transportation, but expressed concerns for what families will do when their children go on to preschool.

**Communication.** Families not having a mailing address or reliable phone number was a particular problem for early learning providers. Communication breakdowns impede recruitment and enrollment. Some providers also discussed how families come and go—sometimes attending a program and other times drifting away—with few ways to follow up and maintain contact.

*The biggest challenge we have is contacting these families after the initial intake... They have a cell phone, but then their phone is off because they are unable to make their payment. We try to mail a letter, but they are no longer at the address on the application. Or they can’t get their mail because they put down a relative’s address and now they’re not talking to them. We try to reach out to the homeless liaisons in the area, and either the liaison doesn’t know about the family, or the family is no longer in the area. By the time we actually get what the family needs lined up, they’ve moved on. (EL provider)*

**Mobility.** Frequent moves and/or obtaining housing services in a distant neighborhood means that children may not stay enrolled at a particular center. Head Start providers try to keep children in the same classroom in order to provide stability and allow the child to maintain emotional bonds with teachers and peers. If families are unable to travel from their new lodging to the former classroom, programs will attempt to accommodate the child at another site or offer home-based services—but that is not always possible.

*Once we help families find a place to live, they may not be in our service area anymore. So then they lose childcare services, or maybe they’ll be on a wait list for our site in [location X] or our site in [location Y]. If they were going to try and get on the bus to get here, it would take up to an hour or more. (EL provider)*

*It’s hard to get [our transitional families] motivated to enroll their child in Head Start or Early Head Start here when we know in six months they are probably going to move into town. (HS provider)*

**Availability of Seats.** Shelter providers described a shortage of childcare seats, especially for infant-toddler care. One neighbor island provider listed five major programs in their county that provide free care or offer subsidies, all of which have wait lists. As noted before, finding childcare is a barrier to employment, especially for single mothers. Two-parent families try to work opposite shifts—one in the day, one at night. Some families even resort to keeping older children out of school to look after their younger siblings.

*The lack of childcare is tough. There's always wait lists at [specific public and private preschools]. So we wind up having one parent stay home to do the childcare, even though you need both partners to work to pay rent in this town... A lot of times, when they try to depend on [extended] family members for childcare, that person gets a job. That's why we have the whole issue with older kids having to stay home to take care of their siblings, especially during coffee season. (HS provider)*

*Sometimes families get a job and need childcare right away, because you never know if you're going to get hired. "Oh my God, I start at Costco tomorrow and I don't have childcare!" We try to find drop-in childcare through PATCH, but this is not something that can happen overnight. (HS provider)*

**Cost and Subsidies.** Program cost and difficulty obtaining DHS subsidies was also a widespread concern. The application process can be daunting, families may miss the application window, or they may not secure a placement in time. Required co-payments are a burden for working families. Of concern to the research team was the fact that some shelter providers were unfamiliar with eligibility requirements and the application process. Providers described how hard it can be to pay for private childcare:

*Parents want to work, but they can't afford the child care. So unfortunately, we encourage them to get on TANF benefits. (HS provider)*

*We'll have delays with some of our families working until they can get that childcare subsidy. It also delays them entering permanent housing. (HS provider)*

*You have to have a job to qualify for Child Care Connections. Then Child Care Connections won't pay for the first 30 days, so there's at least a month lag. The parent has to pay [for childcare] but they don't have their first paycheck yet. (HS provider)*

As one housing provider noted, childcare subsidies are so valuable to families, they may forego better income in order not to jeopardize their subsidy:

*[Sometimes there is] fear that if I have a positive change in my situation, I'm going to lose my subsidy. One woman made \$1 too much to get childcare. Another woman and the boyfriend both started working. She got cut off from her childcare, food stamps, and welfare. She went from doing well and having the incentives and then—boom! She announced she was not going to work anymore. Intentionally quit so she would get stuff back again, because she was afraid. (HS provider)*



**Hours of Operation.** Program schedules may not meet the needs of working parents, especially programs that follow the public school calendar. Family, friend, and neighbor care is the only option for those working evening or weekend shifts.

*[A parent might reason:] Early Head Start is half day. I have to drop him off at 8:00. Well, what if I have to get to my job by 8:00? And then I can't leave early for a noon pick-up. There's no job that's going to hire me for three hours. (HS provider)*

*Foster children are categorically eligible and qualify for our programming. But our hours don't work. One foster mom had to quit her job so she could take care of her foster children. (EL provider)*

**Attendance.** Sporadic attendance was a concern for some early learning providers. Some families struggle to establish routines and schedules for getting to work and childcare on time. Family support staff track parents down and attempt to resolve problems that keep families from bringing their child to school. One provider shared how frequent absences can undermine child well-being and make it harder to achieve child-focused goals:

*It's hard not consistently seeing kids or families attending every day or every week. This works against us as a program trying to implement STEM curriculum, because you want to build curriculum off the interests of the child. Also, consistency is best for young children because they need routine. If they're missing a couple of days, we're back to square one sometimes. (EL provider)*

## Personal Issues

Shelter providers identified motivation, understanding, and fear as challenges to early learning participation. Head Start staff were less likely to identify parents' personal issues as a concern.

**Mistrust.** Parents may be reluctant, or even afraid, to entrust their child to another person's care; this was especially the case with infants and toddlers. Head Start providers did not raise this issue, perhaps because they primarily work with families who are willing to use formal childcare. As one provider recounted:

*They don't want anybody watching their babies; they don't trust anyone. Some parents feel that way because they have been abused as children or raised in unhealthy environments. The odd thing is that sometimes they will let their abusive parent watch their child. (HS provider)*

**The Importance of Early Learning.** Several HS providers felt that some parents do not understand how early learning is important for their child's school readiness or long-term outcomes.<sup>23</sup> One felt that most parents do not engage in responsive interactions with their children or read to them, because their own parents did not do so. For some immigrant families, early education is a foreign concept.

*If families understood [early education] they would value it. It would help if our second language learners entered school with the foundation of English language in preschool.*

*They're delayed even more going into elementary school because they didn't have preschool experience. We've even had situations where families didn't enroll their kids in school until they were seven or eight years old. (HS provider)*

***“Having their children in an early childhood program is lower down on the list of priorities, because the family is just trying to make it through another day. They're just trying to live.”***

***Competing Priorities and Parental Motivation.*** Early learning is not always a high priority. Some families need to prioritize survival, while others are consumed by complications such as substance involvement or trauma. The tone of this topic of conversation differed widely across participants. Some interviewees expressed frustration, and even anger, at parents who they perceived as not putting their children's needs first. For example:

*We have [a free FCIL program] right here on our property. Believe it or not, most of the children enrolled are not our housing residents. Our families that do participate, you can see the joy that it brings the parents that their children are engaging with that little social group. They know it's best for their child. The ones that aren't involved, they're just lazy. They don't want to have to wake up early. They find every excuse not to have to take the child to school. Because once the babies are enrolled, oh my gosh, they'll wake up and cry for their parent to take them to school. It's a matter of getting the parents to be as motivated as the children. (HS provider)*

Other interviewees took the perspective that motivational change is a long process and accepted the fact that some parents would never come on board. These providers tended to be invested in the trauma informed approach.

*At first, early education is not a priority; families are thinking about surviving. Bringing their child to our program is something foreign to them. So, for us to get [parents] to the point of buying in to early education, we have to feed them, we have to clothe them. We have to give them that extrinsic motivation before we get to the intrinsic motivation [of wanting to support their child]. (EL provider)*

Several providers noted that FCIL programs require a significant commitment from families. This could explain why FCIL participation rates are low and attendance spotty, even when they are held at a shelter or housing site.

Finally, one early learning provider saw families as having an underlying, unmet need for social support. Identifying and meeting that need was one key to hooking families in:

*The ultimate need for most of our families is support. Whether it be, “I want support in helping my child learn and grow,” or “I need a friend because I live in a shelter,” or “I need*

*support financially. Can you guys help me with diapers and wipes?" They're coming and looking for some kind of support system. (EL provider)*

## Challenges for Programs

### Housing First and Related Policies

Housing First represented a major change of approach for shelter providers. Interviewees had mixed feelings about the model and related HUD regulations and state contract requirements. On the positive side, Housing First requires programs to quickly move families into stable housing and provide wrap-around services to enable self-sufficiency. As one provider said: *Anything that gets people into a house is going to work. Honestly, people do better in any kind of housing.*

Many felt that the Housing First approach is wonderful in theory and works well under the right conditions—namely, the availability of community housing and sufficient support services. Both of the latter, however, are in short supply in Hawai'i.

*Housing First is a great model. But if we have a lack of background services on the island, it might set a family up to fail. (HS provider)*

*We've worked in this field for 15 years and [have] seen it go from compassionate outreach to a focus on house, house, house, house, house. We've had a little challenge transitioning to that. But you have to do what HUD says, right? (HS provider)*

**Paradigm shift.** Interviewees from three different programs talked about transformational changes made in their organizations in response to Housing First or the Improving Head Start for School Readiness Act. One program described undergoing a paradigm shift; this resulted in a more comprehensive and empowering approach to working with families that also strengthened their organization:

*Identifying the values we hold dear is very important—not just speaking the values, but living them out and demonstrating them on a daily basis to our staff and to our guests. We used to be punitive; families had to rise to a certain level to get certain things. We changed that model in 2016 to really look at what is the Housing First model, what is trauma-informed care, what does it mean to work with families when they are using substances. We talk about harm reduction and how that assists our families to get to the place they need to be. Knowing that, we don't expect them to be drug- and alcohol-free to obtain housing... That's really the agency culture, the organizational culture we've developed over the years to get us in that better place... There's two parts to it. There was a change in philosophy [compared] to past executive directors. I didn't come in with a punitive nature. It's definitely "work with the person where they're at to get them to where they need to go." Look at their strengths and what they can bring to the table for their success. The other part was the push with HUD to do Housing First, to say we're not going to drug test any longer. They don't get to earn housing, so to speak, but it's more of a right... It's much more challenging to work with*

*families in the Housing First model; we have to be more creative. For me, it's positive because ending homelessness should be about getting families into permanent housing. (HS provider)*

**Timeframe.** One downside of the Housing First model is the push for rapid rehousing and serving families in residence for the shortest possible period<sup>24</sup>. Providers felt that many families were simply not ready to leave within one to four months. The preferred duration of 18-24 months gives more time to build capacity for self-sufficiency.

*I used to keep families here the whole two years. It gave them a chance to stabilize and get in to their mind that I like being housed, I like paying my rent, I will do this in the future. Even though we follow families after they move into [permanent] housing, it's not real in-depth. We're not with them every day to guide them. You don't go from the beach to paying \$2,000 rent in four months. (HS provider)*

*One of the negatives is the fast turnaround that we have to make. We have been mandated by our state contract to get families into housing as soon as we can. I think they've missed out on some of the resources that are available while they're in shelter. (HS provider)*

**Disruptive behavior.** An unintended consequence of low-bar admission is that shelter programs now deal with more frequent and difficult client behavior, such as drug dealing, domestic violence, fighting, and property damage. Providers felt hamstrung by not being able to enforce rules of conduct.

*One of the unintended consequences [of Housing First] is that families are very disrespectful to the units. They're leaving them trashed. In the past, they were required to pay a security deposit, and they were charged for holes in the walls and damages more than wear and tear. I'm not allowed to charge for that anymore... They're not respectful of the property. They're not respectful to staff. They let their children run all over creation... Housing First has taken away our ability to enforce rules. They want us to have as few rules as possible, and we can't kick them out. So we have no way of curbing [behavior] like that. (HS provider)*

*Prior to Housing First, we drug tested on entry and did random testing. We had pretty strict rules on visitors. We had many classes they had to take; a lot of things of things were required [of clients]. Well, Housing First isn't that model. You come in as you are. [Programs] identify the barriers and wrap around services as needed. [It used to be] we could evict people if they were drunk, high, or fighting. I never worried, I always felt safe. But now it's somewhat scary because you don't have a choice. Even if [a client] sets the place on fire, you don't kick them out. (HS provider)*

**Coordinated Entry System.** Although the Coordinated Entry System (CES) is intended to more efficiently match families with services, some providers expressed frustration with the bureaucracy and processing time entailed.

*With the CES system, we have to ask for a referral. There's no geographic exception. We're getting referrals from [the other side of the island and families] don't want to move all the way over here. We're getting people who are already housed because nobody's got an update. We're getting people who can't be found because the person that did the VI-SPDAT has no contact with them. In the past, people would walk in the door and apply. [Now] when I have an opening, I contact CES. Once I get the referral, I call the other case manager. That might take a couple of days because everybody's busy, they don't answer their phone. When they finally call me, they have to go find [the client] on the beach or in the shelter. So, a week could go by... We have three empty units that I haven't been able to fill [despite] 18, 19 different referrals. And they call this the Coordinated Entry System. It's not very coordinated at all. (HS provider)*

The limited number of authorized agencies was said to create a bottleneck in receiving homeless verification letters. Some early learning providers were mystified by the validation process and were not even sure which agencies are responsible for assessing families and validating their eligibility.

*We send a client there and they're like, "Oh, who sent you? No, we don't do that here." Or, "The person is not here today." Then we send somebody the next day and that family gets on the list. So we can't even articulate what list that is. I need to know exactly how to get families on that list. There has to be a better way to service families. (EL provider)*

Providers were concerned about families falling through the cracks as they navigated a system where no one truly knew them. Other issues were that the prioritization process results in needy families not being served, and that eligible clients have little or no say in where they are matched for services.

*If a family is not involved with CPS or the court system, they end up at the bottom of the list [for emergency shelter beds]. Even if they call every day, they are kind of pushed to the side. We constantly have this discussion at our meetings. A lot of our families are not yet down the back road. We're trying to prevent that. Yet it seems that if you are down the back road you get services quicker than those who are not. It's a frustrating system for us. (EL provider)*

*It's really awful to be homeless now. You don't have any choices. Before [the coordinated entry system], people [in our neighborhood] who were homeless would come here and get on our waitlist. This is where they want to live, not on the other side of the island. But they've taken that all away from them. The philosophy is, if you're homeless, you are so damned needy that you'll do whatever we say you'll do. No. They have pride. They have self-respect. They have family. They have a lot of stuff. It's not just about throwing rags to the needy. (HS provider)*

## McKinney-Vento Act

Head Start providers described a learning curve related to the definition of homelessness under the McKinney-Vento Act. Staff had to learn how to discuss housing stability with applicant families in a sensitive manner that encourages families to be open about their situation. Providers struggled to distinguish

multigenerational and multifamily households from those involuntarily and unstably doubled up. This was often an issue with Micronesian families, given cultural expectations about household size.

*One of the challenges we have as a program is determining whether families are doubling up because they need to, or doubling up because that's what they traditionally would do...Yes, that's an issue for our program as well. We have a lot of Marshallese families that live together in kind of a village or a community living type of situation. We might categorize them as being hidden homeless or doubled up. But that's how they prefer to live. So we might talk to them about housing and any goals for the future, but we might not be actively supporting those families to find other housing. Whereas if we have families in their car or on the beach, we put a lot more effort into getting them on the wait list. (Two EL providers)*

A related issue was the differing definitions of homelessness used across agencies and programs. Early learning providers wanted all organizations to use the more liberal McKinney-Vento definition and expressed frustration that doubled up families are not eligible for HUD-related services. Not all HS staff were aware that Head Start and the State Department of Education consider doubled up families to be homeless.

## Insufficient Housing, Community, and Internal Resources

All providers identified the need for more resources and services to support families. The most important gap noted was insufficient capacity in emergency and transitional shelters and in low-income housing. Although public housing seemed more available on the neighbor islands, even there, shelters with strong track records of moving families into low-income housing foresaw that pipeline closing in the near future. Because of this, one shelter program with an excellent success rate of placing and keeping families in permanent housing predicted that their recidivism rate will rise.

*The wait list to get into the transitional housing center is over 200 families. We've had families on the list and they don't get bumped to the top, even if they have a newborn baby. So the [new mother and baby] might go right out of the hospital and into their car. (EL provider)*

Providers also wanted to see more emphasis on prevention to assist families before they lose their housing. Prevention supports, like short-term cash assistance with rent or utility costs, were applauded, but availability does not meet the need.

*For families about to become homeless, there are really no organizations or support that can prevent them from getting to that point. (EL provider)*

Finally, providers saw a lack of substance abuse and mental health services as an obstacle. Without these services, the most challenged and traumatized families are unlikely to make the fundamental changes needed to improve their lives in the long term.

Regarding their own internal resources, providers identified needs for increased funding, staff, facility space, staff training, and translation/interpretation services. One program specifically wanted additional staff with skills in counseling, substance abuse, and trauma-informed care.

## Agency Competence and Client Treatment

Most providers had stories to share about outside agencies that were hard to navigate, lacked knowledge, or mistreated clients. Several mentions were made about DOE personnel not understanding student rights under the McKinney-Vento Act. An example of this is incorrectly telling parents they need a birth certificate and permanent address to register a child for school. School office staff were seen as the most common offenders in this regard. Families are also stigmatized by landlords and rental agencies.

*Employees of the schools don't always seem to be trained and aware of what the rights of somebody who is homeless are and what the law says about giving kids access to education. [We've been told] the older kid can't start here until we get a birth certificate or a physical address. (EL provider)*

*Homeless families are treated differently. Even though the [agency's] target population may be the homeless, they are treated differently than the average individual. (EL provider)*

*Our families have had some disheartening experiences [with other agencies]. Families are constantly judged or ridiculed. Sometimes it takes them months to get to a point where they are willing to show up for an appointment. But when they do, they get a look, or a face, or something is said to them that is really judgmental. Then it takes us another six months to get them to even consider going again. I don't feel like anyone's intention is ever to hurt the family. Lack of understanding and knowledge is probably what leads to that. (EL provider)*

## Definition of Success

Providers were asked how they defined success for the families they serve. The main themes that emerged were self-sufficiency, child well-being, and agency.

### Self-Sufficiency

Permanent housing and stable employment were the touchstone outcomes for shelter providers. (Housing was also prominent in early learning providers' definition of success.) Long-term self-sufficiency is the ultimate goal for shelter programs, and one director spoke about the joy she feels seeing families who are housed and "on-track" five or ten years after leaving her program. Another provider described two families that were especially memorable examples of longer-term success:

*We had one baby left and forgotten in a heated car. We thought the baby wouldn't be able to make it, that the baby was going to die. The baby survived and now is going wonderfully, but the hospital would not release him until the family had a roof over their head. We*

*juggled a few things to get them in. They're stable, they're housed, they're focused. The father is working two jobs and the baby's health is coming back. To me, that was a successful outcome.*

*We had [another] couple come in with one child. They really struggled finding childcare so they worked opposite shifts. Mom would work at night, dad would work all day and be at home to take care of their child after school. They worked really hard and fixed their credit issues. Because they were homeless for so long, they knew that when they were leaving transitional housing they were buying their own home. No ifs, ands, or buts about it. Now the husband is a general contractor with his own business and the wife is a stay-at-home mom with her own childcare business. And she's so receptive to helping those who can't afford it. (HS provider)*

## Engaged Parenting and Child Well-Being

A second key component of success was parents being better equipped to promote their child's development and children who are safe, healthy, happy, and ready to learn. Not surprisingly, this outcome was especially important to the early learning providers.

*Parents say building their child's resilience is the most important thing they gain from our curriculum. We see that happen as parents change their approach to working with their child. Now they understand the whole meaning behind their child's play and that it is [actually] learning. We see it when parents take what we show them and do it at home. We see it in changes on the child's ASQ. We see children express their feelings, using their words, helping someone in need at school... That's breaking the cycle of poverty, even just a little bit, [when children] have this social and emotional maturity. (EL provider)*

Because families are at different stages in the process of exiting homelessness, success is relative and individualized. Each family defines caring for their child in a different way.

*For families with a history of deep poverty and trauma, it's just, "This is the only life I've known. So if I make a tiny little step outside of that cycle, then I'm caring for my child and doing right by them." That tiny step might be, "I bathe them every night," or "I don't only buy canned goods from the store." For those with less trauma in their lives, the answer would be that they're attending preschool and taking that step to show their children that education is important. (EL provider)*

## Agency

Agency and self-determination were also themes that ran through providers' visions of success. Three different providers touched on agency:

*Not saying because we're homeless, everything's just going to fall apart. They're still operating and functioning, and trying to provide for their children. (EL provider)*



*Staying on that marathon to the point where now you're stable, you have all the resources you need, and you can continue to advocate for yourself and your child in the future. (EL provider)*

*A lot of them come thinking that [intergenerational homelessness] is what life is supposed to be. This is what they were dealt, and they're going to accept it. So a lot of it is building up their confidence and self-esteem. Help them paint a prettier picture as far as what they deserve. So they can feel better about themselves and build that feeling, "Yes, I can have more." (HS provider).*

## What Works

Participants were asked to discuss the strategies and resources responsible for their program's successes. The themes that emerged were those of attitude and philosophy, the importance of relationships, effective case management, trauma-informed practices, strong collaboration with other agencies and community partners, and one-stop/co-located programs.

***"One of the greatest secrets to our success isn't even a secret—our staff are very compassionate and caring."***

## The Right Attitude: Compassion, Passion and Persistence

Almost all participants identified having a positive attitude towards families as one of the first elements of success.

***Being Compassionate and Non-judgmental.*** One requirement for success is having the right attitude, or "heart." This applies to both the overall philosophy of the program and to each staff person's interaction with families. Participants stressed the need to have a compassionate, empathic, and non-judgmental approach to dealing with families:

*Our key ingredient is just being passionate about helping the community, having a willingness to go in and serve with a whole heart. (EL provider)*

*How a program receives a child and family is a key to success—being open-minded, non-judgmental, and having empathy and compassion for the family. That doesn't [negate] the need to hold the adult responsible for their child's well-being, but health and safety can look different to many individuals. Just because a family doesn't live in a home doesn't mean they are less. (EL provider)*

One EL provider felt that the right attitude is something one is born with, not instilled via training. As she said, *This work is not for everyone.* Another HS provider found this work more rewarding than her former, well-paid position. She said, *I can sleep well at night now, I have a better quality of life.* A third participant

stressed the need for authenticity. The shared sentiment among these interviewees was that staff must have genuine passion for their work—this is a deeply-rooted personal and social commitment, not just a job.

**Persistence.** Success also requires patience and persistence when working with families. Each of the early learning providers described the need to be dogged and determined in making the effort to reach out to families and not give up:

*We're not going to let you get by [or slip through the cracks]. I'm going to call you and see why you haven't shown up today. We're not going to give up until you absolutely tell us, "I really don't want to be in your program." There's an aspect of forgiveness in that. We hold space for families to be, to have issues. We're welcoming to you, no matter what. (EL provider)*

*To be honest, sometimes it's being that consistent thorn in their side... You may have to politely knock on the door 45 times before a family says, "Fine. You can get one foot in the door." (EL provider)*

A certain amount of face time is also essential. Unlike shelter providers, early learning programs do not have continuous access to families, so they rely on home visits by teachers and family support staff, formal meetings, phone calls, and checking in on families when they pick up or drop off their children at school.

**The Right Practices: Strengths-Based, Family-Focused, and Trauma-Informed** Providers described the need to use a strengths-based, family-focused approach. Two programs specifically discussed trauma-informed care, an approach that is becoming widely recognized and implemented in healthcare, social services, and education.

**Effective Case Management.** Case managers and family advocates are the “conduit” to link families with myriad external services. Such services include TANF, WIC, SNAP, QUEST, childcare subsidies, job training, education, financial literacy support, housing/rental applications, rental and utility assistance, and counseling. Effective case managers have strong interpersonal skills, extensive knowledge of community resources, and professional relationships with outside agencies’ staff. One provider described the qualities of a good family case manager:

*Someone who is non-judgmental and resilient. Who knows the community and where to go for support and resources. Someone who's not afraid to have sensitive conversations, because it takes a skillset to have those conversations or to enter a home where you don't know if there is domestic violence or if it's a dangerous situation. It's a unique set of characteristics, very special qualifications. (EL provider)*

**Goal-Directed Partnerships.** Providers and clients work together to identify family goals and the supports needed to build their internal capacity to meet and sustain these achievements. Both shelters and early learning providers have a formal process of developing family plans at the time of program entry. Ideally, programs support family agency by putting them in the driver’s seat when it comes to setting goals. Head

Start programs may have more flexibility in this regard, as shelter programs face the external pressure of contract mandates to move families into permanent housing.

*Every family is required to have a housing plan to help them set short-term goals, move through long-term goals, and finally [get] into a house. The housing plan isn't set in stone; it changes with the family's needs. Sometimes, when we meet one goal, of all a sudden, a big, bright light bulb goes on: "We're going to change our goals right now, because this is what I want." (HS provider)*

### ***"Our agency motto is 'Meeting families where they are at.'"***

***Meeting Families Where They Are At.*** This entails understanding that every family starts at a different place (see Stages in the Process) and that goals and successes should be defined by, and tailored to, each family's situation. Whatever the long-term goals, providers said it is important to celebrate small successes, or "baby steps" along the way.

*If the family is not ready to start, then we'll leave it. We'll say, "If you want to stay homeless for now, that's OK. But here are your resources." We don't push them to do any more than what they want to do. (EL provider)*

*We celebrate any step a family has taken, whether it's a step forward, a step back, or a step to the side. As long as they are taking that step. Even if they change their mind because they're not ready. Allow them to lead the way, and just support as they go. Small successes always lead to larger ones. (EL provider)*

***Trauma-Informed Practices.*** One agency in particular is a strong proponent of trauma-informed care practices (TIP). Their organization invested heavily in staff training and redesigned their program to be consistent with this model. However, their staff stressed the effort and time involved in developing TIP skills:

*Knowledge of trauma and ACEs, and how this affects families, is really important. Staff need to be trained on working with families and putting [TIP] tactics into practice. Even for us, we're still learning. There's a difference between understanding trauma and implementing actual trauma-informed care. It takes practice and understanding, and definitely a lot of training. If you're not in a place where you can [competently] attempt this, you just shouldn't try, because it can do more damage than good. (EL provider)*

Other interviewees clearly saw the significance of trauma for family well-being, but did not describe TIP as a key focus. Part of the case management role, however, is to connect families with appropriate trauma-related community services.

## Relationships are Key

The importance of relationships was a consistent theme. Relationships between staff and families were discussed most often, but relationships between families, within program teams, and between staff and community partners were also mentioned.

***“If you don’t have good relationships with families, the success stories will never happen.”***

***Trusting Relationships With families.*** Honest, respectful, and genuine relationships between families and staff are essential. These also take time to develop. Early learning providers were more likely to elaborate on this issue than were shelter providers. Shelter directors, however, noted the importance of having an open-door policy, where current and past residents are always welcome to come by.

*A lot of our families have this thing, this wall. “I’m not going to let you teach me a lesson unless I know you care for real.” So I tell my team, “You have to build that trust first, with the kids, with the parents—in order to get them to buy into what we have.” (EL provider)*

***Peer Relationships.*** Families often form social networks and share practical and emotional support. Parents are likely to heed the advice of those who have been in similar situations.

*[Peer support] is one of our most valuable tools. It’s important when someone who has had the same experience can speak about changes they have made. A lot of our families in our parent class build close bridges with each other. They share their triumphs or their struggles. They offer to watch each other’s kids. They just love each other because they’re all going through the same thing, they all have a child in common. A lot of them have relationships that last for years. (EL provider)*

***Professional and Community Relationships.*** Having a strong in-house team was seen as an essential starting point. Supportive relationships between team members counteract burnout and allow colleagues to share experiences and brainstorm solutions. Case managers also find that personal connections with outside agencies can reduce barriers and smooth the process when clients face obstacles with referrals. One program makes a habit of identifying sympathetic and knowledgeable employees in other agencies and sends their clients directly to that person. This same program also cultivates relationships with private landlords willing to rent to their families:

*We have select individuals at various agencies that we walk our clients to, hand-over-hand. (EL provider)*

Providers in small communities mentioned the importance of having a good reputation and/or taking advantage of longstanding social ties:

*We've worked in this community for over 40 years. Our kids are born and raised here. We're old school—we don't burn bridges. We know a lot of people and we're not afraid to ask for things. People respect us, so when we ask, we get that support.* (HS provider)

## Collaboration

Collaboration is important in three arenas: with community funders and volunteers, among agencies that refer families to each other for services, and within the larger homeless services system. Programs named a list of key partners that included other nonprofit, municipal, or state agencies; faith, community, and business groups; and philanthropies.

***Mutual Awareness and Interprofessional Collaboration.*** Early learning and homeless services providers need to know that each other exists and what each has to offer. Interviewees had differing opinions about how well that happens. Some HS providers did not understand the childcare subsidy process and/or how to direct families to providers with open childcare slots. Some EL providers were mystified by the CES. One EL provider described how limited awareness inhibits collaboration:

*[We need] active collaboration between all the providers and agencies that are tackling homelessness. It's hard because the flow of information and communication is not there. We don't know who's serving who, what, where, when, and how. At IEP meetings for example, some teachers don't know that children in their own room are homeless. They don't know about our program and what we provide until I go to that meeting and say, "We can help the family with housing, with clothing, or SNAP applications." People are unaware of the resources out there.* (EL provider)

In contrast, two HS providers reported having excellent and extensive connections with the early childhood community. This even included cross-agency teaming to support individual families. Some Head Start interviewees said HS partners and DOE McKinney-Vento Homeless Concerns Liaisons greatly enhance their recruitment efforts by referring parents to their programs.

*It's a small town. We all know each other, and if we don't, we'll talk to somebody and find out. Everyone shares the same goals as far as helping families with children. It's a pretty friendly group of agencies that work together.* (HS provider)

***DOE-Head Start MOU.*** Head Start statutes require that programs collaborate with the public school system's McKinney-Vento personnel. In Hawai'i, this relationship is formalized via an MOU between the DOE Education of Homeless Children and Youth Program and all of the state's Head Start grantees. This MOU enables activities such as shared training, referral of younger siblings to Head Start, and collaboration on kindergarten transitions. (The MOU does not allow data sharing.) Head Start interviewees did not specifically mention this MOU, but all were aware of their McKinney-Vento liaisons. Most programs reported positive and effective relationships with their liaisons. For example:

*We had a family come in that was Head Start eligible, but the DOE was not letting her enroll her older child because of lack of a birth certificate. We have really strong relationships with*

*the DOE liaisons, so we got the mom in contact with that liaison and got that child enrolled. Now all her three kids are in school. (EL provider)*

**Networking Events and Community Coalitions.** Networking events were uniformly appreciated. Professional networking events include the early childhood partnership summit held at the Honolulu airport in 2018 and the Homeless Awareness Luncheon formerly held on the Big Island on an annual basis. Interviewees want to see more of these events; in particular, they want the Big Island luncheon to be reinstated. Resource fairs were described as an effective way to inform families about community resources and start the application process. Maui County holds an annual family resource fair and some shelters hold similar events on their properties.

Community coalitions and the HUD-sponsored Continuums of Care were seen as important and sometimes underutilized venues for collaboration.<sup>25</sup> Maui County and the Wai‘anae coast were seen as having active and effective coalitions. Maui County in particular benefits from having a county level early childhood coordinator and a federal ECCS grant.

*[The monthly Wai‘anae coast homeless coalition meetings] are awesome. Our Family Advocates are constantly emailing [their contacts] or calling back and forth for referrals in addition to attending these monthly community meetings. Sometimes so many agencies attend those meetings they are not even able to talk to each other. (EL provider)*

Other interviewees felt the HS community largely overlooks early childhood concerns. They saw a need for education and representation within the HS system (see Suggestions for Change).

**Community Volunteers.** Providers described many partnerships with churches, businesses and civic organizations, schools, and individuals. Churches provide overnight stays, hot meals, and translation services. As mentioned earlier, a businesswomen’s coalition pays for bus passes for families in one Head Start program. Boys’ and girls’ clubs and afterschool art and tutoring programs operate onsite at shelters, and community volunteers have set up gardens and computer labs. A retired librarian organizes a cadre of volunteers to offer monthly literacy nights at one shelter—these include dinner, book distribution, one-on-one reading sessions, and a book-related activity. Because the area principal and teachers are among the volunteers, this event has also “bridged the gap” with the local school.

## One-Stop Shop/Housing Pipeline

The perceived ideal situation is for HS to offer multiple levels of housing and social services support within the same agency, i.e., emergency shelter, transitional housing, and low-income rental units.<sup>26</sup> This creates a pipeline for families that minimizes hand-offs across agencies, speeds transitions, maintains relationships, and allows for more effective case management. One provider estimated that 98% of families in their emergency shelter go into their transitional housing. It may not be coincidental that the two agencies that also oversee affordable rentals reported almost complete success making permanent housing placements.

One provider described the continuity of community made possible by having transitional and low-income housing units mixed seamlessly in the same complex:

*Everybody gets access to our food bank, our clothing bank, our after-school program. And [case manager's name] support and knowledge. Our transitional families just get a higher level of support from her. (HS provider)*

Because of the enduring relationships established and an open-door policy, families voluntarily return for advice long after they leave the program: *We still provide support because we don't want to see our families fail. (HS provider)*

***“Onsite childcare is a fantasy of mine.  
Moms could go to work and leave their child here.”***

## Co-location of Early Learning Programs

Onsite programs remove or reduce most barriers to early learning participation. Access to seats is easy when residents are given preferential enrollment, transportation becomes a non-issue, and costs may be obviated. Co-location also enables collaboration between HS case managers and early learning staff. Enrolling a mix of shelter and community children promotes social integration and continuity of care for children who exit the shelter or housing program.

The dream for HS providers is to have onsite childcare. The most common arrangement is for an outside early learning program to run classrooms in space provided by the shelter. Three of the Head Start organizations interviewed have classrooms co-located with a shelter or permanent supportive housing site. Mutual satisfaction between co-located partners was high. The main obstacle experienced are the time and bureaucracy involved in getting facilities up to par, establishing interagency agreements, and obtaining DHS licensing. HS providers appreciated the educational focus and high quality experience offered by their Head Start partners, and these services at no cost to parents was an additional plus. The main perceived drawbacks are that Head Start schedules do not meet the needs of working parents, limited seats, and seats not necessarily being reserved for shelter residents. At one permanent housing site, a resident runs a family childcare home—this provides an additional option for parents.

One HS program administered and staffed their own childcare center in the past. They offered regular care, drop-in care and respite care, all at no cost to parents. The director regretted not being able to continue this arrangement. The sense among providers was that funding would not be forthcoming for in-house centers because: *In the Housing First model we are supposed to connect families with childcare out in the community. (HS provider)*

Three HS programs also had current or past partnerships with onsite FCIL providers. This was seen as an invaluable opportunity for families, offering accessible support for child development and parenting. FCIL programs also support children's readiness for a successful transition to pre-K.

*It's so important that parents are involved, constantly included, and engaged. Obviously, center-based care is not designed for that. It's designed for the working mom not to be there.*  
(EL provider)

On the negative side, some HS providers were disappointed with enrollment rates and sporadic attendance for onsite FCIL offerings.

Co-location affords wonderful opportunities for collaboration between teachers and HS caseworkers. One director described how they work as a team:

*Our teams get together to talk about the families and how we can best support them. If they have issues with the family, maybe hygiene or the child not coming to school, the case manager makes a note to go encourage the family to get that baby in school. In turn, we ask what their [early childhood] program has to offer these parents, and what's going to motivate them.* (HS provider)

One HS provider, not physically co-located, works in close cooperation with a nearby Early Head Start program. For example, the shelter offers space for monthly HS parent socialization events that include both residents and outside families.

*We have a great relationship with Early Head Start. Anybody who comes in with a child who could qualify, we make sure they are referred. Early Head Start is here on property every day, visiting one family or another. They stop in and see us (because we always get consent). They let us know if they have concerns about a family, if the moms and dads aren't showing up for appointments, or they see concerns with the child's development. We get to know all of that, and we team on our families together.* (HS provider)

## What is Needed: Providers' Suggestions for Change

In the last segment of the interview, participants were asked to discuss how to increase enrollment of YCEH in high quality early learning programs, improve cross-sector collaboration, and prepare more EL providers to effectively serve this population. Interviewees were also invited to suggest feasible steps the state could take in the next few years to address the needs of YCEH.

### Improve Cross-Sector Collaboration

Suggestions for improving collaboration were very similar to the points raised in the discussion of successful strategies. Providers should do more of what already works—share resources and information, have ample face time for informal interaction, network, and receive cross-sector professional development.

***Specific Tips for Networking and Sharing Referral Resources.*** Some interviewees said they had no new ideas, implying that others should simply emulate the steps they were already taking. Suggestions included:



- Agencies should share their internal lists of community contacts and resources. They can also distribute parent resource materials developed by others, such as the EOEL and Maui County.
- Continue and/or increase networking events. Restore the Big Island’s homelessness awareness luncheon.
- When new connections are made at a networking event, follow up with an onsite presentation to staff of the other agency about what your program has to offer.
- Just as shelters report daily vacancies to the CES, early learning providers could inform shelters via broadcast email when seats come open or when application deadlines are approaching. Centers with close working relationships could inform specific case managers.
- Invite new contacts to join relevant coalitions and workgroups.

**Cross-Sector Training.** Participants wanted to see more cross-sector training. One Head Start provider suggested routinely sharing training resources (their program already welcomes collaborators from the HS sector to monthly staff trainings). Both HS and EL providers saw a need for HS staff to better understand child and family development. As one Head Start program noted, input from the early learning community could help make shelters more family-friendly. Conversely, EL providers need to understand the CES and array of homeless services.

Two HS providers felt that training would enhance their ability to make effective referrals to community partners:

*I would like them to come in and educate my staff on the kind of services that they have, and how our families become eligible—whether it's an age requirement, or gender, or income bracket. If we're a little bit more aware, the more information we have, we will know what families will fit in. We'll do the legwork. But we need to know what we've got to work with. (HS provider)*

*Our in-house case management component isn't therapeutic. Its purpose is to connect families to services and get them into housing. We could use training on how to identify issues that families are having, so that we can connect them to the right services. If we saw triggers or red flags keep popping up, we could say, "OK, that family owns this particular issue," and know who to refer them to. (HS provider)*

**Shared Mission and Goals.** One program noted that meaningful collaboration happens when partners have similar organizational values and missions:

*What's important is having a common goal, or in our case, a mission. Our program mission is to break the cycle of poverty. If you are collaborating with other programs and that's not what their goal is—if it's just to get the families to the next shelter or get them out by a certain amount of time—that would be a different model than ours. It's not going to be long lasting. (EL provider)*

## Increase Access to Early Learning Programs

Suggestions for improving access also aligned with the earlier discussion.

**Increase seats, decrease cost, inform parents, and provide transportation.** Participants offered several suggestions:

- Increase the total number of childcare seats, and reduce “cumbersome” regulations that may inhibit potential providers from opening new centers or family childcare homes. Most providers, however, thought it was more realistic to make it easier for families to access existing seats.
- Increase funding for childcare subsidies and scholarships. In particular, eliminate family co-payments. While most assumed such funds would come from DHS, one provider suggested that shelters seek grants to underwrite childcare costs for their own residents.
- Offer more care during non-traditional hours, perhaps by incentivizing providers.
- Educate parents about the availability of childcare via onsite recruitment and enrollment, i.e., EL staff come directly to the shelter or housing complex. This was seen as more effective than expecting families to go to centers or DHS offices. Onsite recruitment could occur in the context of monthly resident meetings or family resource fairs. DOE liaisons could also visit shelters and help families complete applications for EL enrollment or subsidies.
- Provide transportation. One program provides free county bus passes. Another provider suggested making bus passes contingent on child attendance at school.

**Offer More Onsite Childcare.** Based on past success, HS providers wanted to see more co-location of EL services at both shelters and public housing sites. Most felt it was preferable to have an outside EL provider run the program, with the shelter providing space. There were mixed feelings about which would be better—an “educational” program like Head Start, or a private childcare provider who could offer year-round, extended hours. One HSP said her staff could handle any case management needed for resident families enrolled onsite. Two HS providers were frustrated in their past efforts to establish onsite care. Funding, bureaucratic red tape, and vision are all barriers that need to be removed:

*Ideally, I would have childcare services at our facility, 7 AM to 7 PM, with adequate staff. But I don't know how we're ever going to get it. We don't even have it in the community. (HS provider)*

*We wanted to take one of our units off the market to use as a childcare center. We wrote it up, we were ready to do it. But then we found that due to the funding used to build [our site], you can't change how our units are used for 20 years without having to return funding... There's room on our property [to build a new childcare facility]. We would be open to that, I think the county would be open too...[EL providers] need to think out of the box too. No one uses our center during the day, only in the afternoon when we do our afterschool program. We've offered our site for a 9 AM to 12 PM program. And we're building our kitchen to become certified... Look at the Family Center site at KPT [as a model], they're doing wonderful services there. Why can't we do something like that at all housing? (HS provider)*

**Use Alternate Delivery Formats.** Two shelter providers thought that alternatives to traditional center-based care might better meet families' needs. One provider was concerned about young, first-time parents; he suggested using a comprehensive home-visiting approach:

*We need a home-visitor type of support model. Families need to make a shift towards [knowing how to] maintain a household. Parents may have come into parenthood during homelessness. So the idea of now having to sustain a structured environment, pay bills, etc., while raising young children may be a quantum leap. Connecting children to programs external to the household sometimes creates a disconnect for families being able to re-orient or reintegrate into sustaining a household. I'd like to have a home-visitor type akin to the new parent support program for young military families. Social workers or nurses can provide in-home support for that potentially high-risk group. Much of the [child's] learning can be done in a household setting versus in a classroom. (HS provider)*

Another HS provider saw technology as an effective alternative for families not interested in center-based care:

*We could do more interactive time using online learning. Maybe every Friday morning we could have Head Start time in our [community] center on the TV. Parent-child interaction tips from people who speak the families' language and are trained in Early Head Start. I know [our local program] has bilingual staff. Parents are all on Facebook, all on their phone, all on TV. So let's go where they're at. (HS provider)*

## Recruit and Support New Providers

Additional EL providers will be needed to reach the goal of enrolling most YCEH. Discussion focused on how to identify and support “new” providers, i.e., those with little or no experience serving YCEH. EL participants felt that most community providers are not equipped to serve this population and that professional development would be a significant challenge. HS providers had less to say on this topic and mostly offered suggestions for incentives.

**Program Readiness.** A widespread concern among EL interviewees was that private childcare providers, however willing, are not adequately prepared to serve YCEH. These providers are neither mandated nor funded to serve this population. Their skills lie in early childhood education—not the delivery of comprehensive family services. Regular tuition payment and child behavior were potential issues that could result in expulsion.

Interviewees were asked to identify potential new providers that are most ready to serve this population. Nominees included public pre-K, Kamehameha Schools, and select nonprofit organizations with relevant experience. Public pre-K is free, high-quality, McKinney-Vento mandated, and prioritizes high-need families. Kamehameha Schools is resource-rich and may already enroll YCEH. Nonprofits that already deliver parent-child, family strengthening and case management services to high-risk families (e.g., members of 'Eleu or Neighborhood Places) could serve more YCEH through FCIL programs and home visiting.

**We All Should Be Like Head Start: Deliver Comprehensive Services.** EL providers had faith in their comprehensive service models and felt it should be replicated to the extent possible. Doing so would be a challenge to other programs. The Head Start program performance standards mandate comprehensive services and provide extensive guidance on how to serve vulnerable families. All EL providers interviewed have dedicated family support staff and access to professional development resources. As a result, their internal capacity is quite different from a typical community childcare program. One Head Start provider contrasted their flexible, family-focused approach with that of private EL providers:

*Head Start has standards and we're held accountable. If your child happens to bite or is behaving badly at school because he's having issues at home or living in a van or a car, as a result of some trauma he's experiencing, we're not going to kick you out. We're going to add more supports to that classroom to help this kid. Even as far as payment, we have some leeway. I'm not sure that other early childhood providers are as lenient, as welcoming, or as comprehensive as we are. [In Head Start] we're just groomed that way. That's what we are told to do; that's how we are. (EL provider)*

She also addressed the issue of case management:

*The missing piece is the comprehensive services. I so see the value of direct case management for vulnerable families. Having that person to confide in, to provide you with that level of confidence and/or take you through the process of knowing what's in the community to link you up to services is a huge reason for our success. It's really difficult to see what private providers would be able to do. (EL provider)*

**Training.** For new providers, training on family support practices, homelessness-sensitive interactions, and trauma-informed practices was seen as essential. Training should address both mindset and skillsets.

*I do a lot of training with private preschool teachers and providers. They approach families in a different way than we do at Head Start. I always talk about the importance of building relationships with families, meeting families where they are at, and not being so frustrated with families that are experiencing challenges. You have an important responsibility to support families where they are. Because ultimately, it trickles down and impacts the child. Early childhood providers really care about the children they work with. It's just helping them understand that the family is another important component.*

*First and foremost, what does it mean, what does it look like to be accepting and nonjudgmental? How can I can show empathy, how can I be understanding of families' needs, because it takes a lot. You have to change your mindset. A first step is educating [new providers] about what that might look like. (EL provider)*

**Other Supports.** Other ideas included incentivizing new providers and addressing recruitment and case management:

- Offer financial incentives to new providers.

- Help with recruitment, e.g., McKinney-Vento liaisons or some other state agency could identify families experiencing homelessness and refer them directly to new providers.
- Other agencies, such as housing providers, could provide case management services, leaving the EL provider free to focus on the classroom. An early learning provider suggested this as a new benefit provided by the state: *Case management could be part of the subsidy service from DHS. If they qualify, the family automatically gets case management attached to their subsidy.* A housing provider said that her staff would provide case management to residents, and with consent, coordinate with any external childcare provider.

## Systemic Change

Many of the suggestions for removing barriers for families would involve regulatory changes or increased funding from public or private sources.

### ***“Homelessness is everybody's problem.”***

***Raise Public Awareness of Young Children and Families Experiencing Homelessness.*** Participants saw a widespread need to raise public awareness of the realities, rather than the myths, of homelessness, and increase a sense of collective responsibility. Sharing families’ stories and having people—perhaps policy makers—visit shelters are powerful ways to start changing attitudes.

*If people heard the stories and saw the reality of these families’ lives, they would no longer say, “Oh, they have a choice to do better, why don’t they?” Then I think we can attract more funders, more collaborators, more people who want to be involved.* (EL provider)

*Homelessness is everybody's problem. The things that we don't do in the community contribute to homelessness.* (EL provider)

***A Universal Definition of Homelessness.*** Families who are living doubled up are considered homeless under the McKinney-Vento Act and Head Start regulations, but are not considered homeless under HUD regulations. EL providers wanted all agencies to adopt the more liberal McKinney-Vento definition. At a minimum, professionals need to be clear about the differences.

***Early Childhood Representation on the Continuums of Care.*** One HS provider felt that state and local continuum groups were poorly informed about early childhood issues: *We don’t have anyone at the table talking early learning.* Since meetings are public, she wanted EL providers to attend on a regular basis, educate the membership, and advocate for young children.

***Better Data to Support Planning.*** Three early learning providers stressed the need for better data, e.g., an accurate count of the number of YCEH in their location and how many are enrolled in EL programs. Data are essential for both understanding the scope of the problem and taking informed action.

*We need to know the X amount of children who are homeless and not involved in education. If we're able to change the mindset, are there enough programs prepared to receive this X amount? Are we going to be prepared?* (EL provider)

Another suggestion was to use data on infants to project and arrange for the needed number of preschool slots:

*Be proactive! Couldn't we set aside slots for children who might come in? We already have data on the number of homeless people. We could get the HMIS data from the Governor's office and see how many kids are 1 year old. Couldn't we set aside slots in another year and pay for children to go into these programs?* (HS provider)

**Funding innovations.** One housing provider suggested a dedicated funding stream of sufficient magnitude to cover tuition costs for all YCEH as soon as they enter the homeless system. She also offered the policy solution that EL costs could be a required (or at least, allowable) budget item in state and county HS contracts.

## Summary of Findings

Findings relating to challenges for families seeking to access early education and care are strikingly similar to results from other studies.<sup>27</sup> Common barriers for families include the following: finding an open seat, paying for childcare and/or obtaining tuition subsidies, transportation, access to documents needed for enrollment, and the limited hours of operation offered by EL providers. These challenges occur within the context of broader obstacles to family well-being, e.g., residential instability, unemployment, trauma, and the need to focus on day-to-day survival. Additional challenges for providers are the lack of mutual awareness between the EL and HS systems, a shortage of community resources, and expectations to quickly move families into permanent housing.

This study also identified local providers' successful strategies. At the interpersonal level, these include having a compassionate and nonjudgmental attitude towards families and establishing trusting relationships. Effective service delivery practices include co-locating early learning programs on the grounds of shelter and housing sites, providing comprehensive family support services along with early education and care, and employing family-focused and trauma-informed care. Experienced EL and HS providers saw mutual benefits and a natural fit in the work they do. Because of this, professionals in both sectors want to build strong collaborations to improve child and family outcomes. Networking, cross-sector training, and structural incentives were suggested as ways to facilitate collaboration. Again, these Hawai'i findings have much in common with studies from other states.<sup>28</sup>

To significantly increase enrollment of YCEH, Hawai'i will need to have more EL providers serve these children. Our survey indicated that over three-quarters of private EL providers are willing to enroll YCEH. Their main concerns were families' ability to pay tuition, supporting children and families who may be highly mobile and/or traumatized, and dealing with low attendance and child behavior. However, experienced EL participants felt that most private childcare providers are not equipped to serve this vulnerable population, especially in regard to family engagement and comprehensive support. At a minimum, training and

mentorship would be needed; a mechanism to connect families to case management services is also important. Public pre-K, Kamehameha Schools, FCIL providers, and home-visiting programs were seen as having the best capacity and readiness for success.

Hawai'i has many reasons to be proud of our community's response to early childhood homelessness. Participants interviewed for this report represent many, but not all, of the innovative programs and collaborative approaches already in place. Ka Pa'alana brings trauma-informed and culturally-responsive FCIL programs directly to the shelters and encampments where many YCEH stay. Kahauiki Village offers affordable housing, and partners with IHS and PACT to offer onsite social services and Head Start/Early Head Start to families who have exited homelessness. Ka Hale A Ke Ola collaborates with MEO and MFSS to host onsite Head Start/Early Head Start classrooms that are open to shelter, housing, and community residents; additional childcare to meet the needs of working parents is also planned. Department of Education McKinney-Vento Homeless Concerns Liaisons have dramatically increased outreach to families of YCEH by identifying younger siblings of K-12 students. Head Start programs also collaborate with the McKinney-Vento liaisons under the auspices of an MOU. Finally, the state is increasing the number of comprehensive Family Assessment Centers—an example of the multigenerational service model envisioned in the 'Ohana Nui approach adopted by the Department of Human Services and the Department of Health.

Ending homelessness requires the commitment of partners at all levels—from the grassroots through state and federal agencies. This evaluation was commissioned to inform strategic planning of the Child Homelessness Action Team (CHAT) and their work to increase enrollment of YCEH in early learning programs. We also hope these results will be useful to the housing, economic, health, welfare, education, and homeless services sectors as they work together to address homelessness in our state.

# Recommendations

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Our recommendations are based on the current evaluation data, published research, and the professional literature on best practices and policies relating to YCEH.<sup>29</sup>

## **Recommendation 1: Articulate a vision and set ambitious but achievable short- and long-term goals.**

A shared vision and defined and measurable goals will help guide the CHAT team's work.

- All YCEH and their 'ohana should have access to affordable, high-quality childcare and early learning programs that support healthy child development and meet families' values and needs.
- Develop an action plan, informed by this evaluation and best practices in the field, that builds on existing strengths within our state.

## **Recommendation 2: Facilitate professional networking, collaboration, and cross-sector training.**

Strong collaborations increase access to supports that improve child and family outcomes.

To support networking and mutual awareness:

- Foster connections, especially between field-level personnel, since close professional relationships increase the likelihood of mutual referrals and teaming to assist families. Hold regular networking events on all islands as well as a periodic statewide event. Build in follow-up activities in all networking and training events that promote continued collaboration.
- Ensure that providers have up-to-date information about community resources relevant to their families' needs. Providers can swap resource lists, especially those tailored to particular communities or geographic areas. State and county agencies should update online postings at least annually. Providers should submit and regularly update their information on centralized directories, such as the AUW's 2-1-1 and Keiki Central.
- Increase mutual awareness of the EL and HS systems. Each sector needs "basic training" on programs offered, eligibility requirements, and application processes. For example, EL providers should be aware of the CES and the types of homeless prevention, housing, financial, and social services available. HS providers should be aware of the spectrum of EL programs, understand the DHS childcare subsidy process, and know how to access PATCH for assistance with childcare referrals.

For training:

- Identify content areas most needed by providers and offer easy access to cross-sector training on these topics. Individual agencies can open their own professional development activities to other organizations when possible. Local professional organizations can inform others about CEU opportunities and conferences.
- Consider who should be at the table for networking and training events in addition to EL and HS providers. A wide array of professions, agencies, and organizations interact with YCEH and their families.<sup>30</sup>

To support collaboration:

- Start small and work up. Collaboration can run the gamut from informal site visits, to case conferencing, to formal MOUs that outline each agency's responsibilities. The MOU between the



DOE's Education of Homeless Children and Youth Program and the state's Head Start grantees is one such example.

- Having an identified go-to person within each program who serves as a point of contact and liaison with other organizations. Assign individuals and/or have specific staff positions to facilitate collaboration, e.g., a HS program could have one case manager to specialize in early childhood issues.
- At the system level, consider having an early childhood homeless coordinator to oversee collaboration and training for the state. Or create a cadre of EL consultants who help HS providers navigate childcare placement, subsidy applications, and parent education activities.<sup>31</sup>

### **Recommendation 3: Promote developmentally appropriate and trauma-informed practices.**

Help EL and HS providers implement best practices from both fields.

- Child development and resiliency, family dynamics, the effects of homelessness of early development, and trauma-informed care are high-priority professional development topics identified by providers.
- Providers can complete a self-assessment and action plan relating to child- and family-friendly practices. The Administration for Children and Families has assessment tools for family shelters, supportive housing, and early childhood programs.<sup>32</sup> Pairing EL and HS providers to work on this in a volunteer mentor-mentee relationship has been a successful approach.<sup>33</sup>
- Because early detection improves child outcomes, encourage or require developmental screening (including social-emotional development) in HS settings. EL placement should be part of all HS case management plans.
- EL providers should use "housing sensitive" practices to provide the routines, emotional security, and attention to basic needs that YCEH often require.<sup>34</sup>
- Provide early childhood and infant mental health consultation to EL and HS providers.

### **Recommendation 4: Match EL offerings with families' needs and preferences.**

Instead of a "one-size-fits-all" approach, consider the array of EL options and delivery formats.

- Families in short-term or unstable situations may be more likely to use drop-in or respite care and FCIL programs. Working families and those in permanent supportive housing will likely want full-time care.
- Offer short-term, evidence-based parenting programs that that can be completed within the duration of typical shelter stay.<sup>35</sup>
- Consider alternative delivery models like virtual classrooms and text-based parenting support.<sup>36</sup>

### **Recommendation 5: Co-locate EL programs at shelter and housing sites.**

Onsite EL services are convenient for families and enable collaboration between EL and HS staff.

- Co-locate EL programs at shelter and housing facilities and reserve seats or give priority to shelter residents.
- Decrease barriers to establishing onsite care, e.g., use PATCH's start-up technical assistance for new providers, provide grants to retrofit facilities, and/or offer variances to allow childcare. Include childcare facilities in future shelter and housing construction plans.
- If a full center facility is not feasible, explore ways to host a GCCH, FCCH, or license-exempt care provider. Such arrangements could facilitate off-hour or drop-in care.

### **Recommendation 6: Recruit and support new EL providers to serve YCEH.**

To significantly increase enrollment of YCEH, more providers will need to be prepared to accommodate these children.

- Carefully select new providers who are ready to “gear up.” Public and charter school pre-K, FCIL programs serving high-risk families, and mission-driven programs like Kamehameha Schools are likely candidates. Also consider family childcare providers with personal experiences of homelessness and those pursuing NAFCC accreditation.
- Provide incentives such as higher reimbursement rates and capacity improvement grants.
- Offer substantial training, mentorship from experienced providers, or coaching/consultation. The Early Head Start childcare partnership can be used as a model.
- An outside consultant or organization could provide case management as needed.

### **Recommendation 7: Make the best use of CCDF and other funding sources.**

Take advantage of flexibility allowed within and across federal programs to maximize benefits for YCEH.<sup>37</sup>

- Eliminate family co-payments for CCDF subsidies, waive or substitute the work requirement with activities such as substance abuse counseling, allow eligibility without recertification for 24 months, and/or continue subsidies for a year past entry into permanent housing.
- Use CCDF funds to pay higher rates to EL providers, issue contracts to reserve seats for YCEH, support comprehensive case management, and/or increase off-hour care. CCDF funds can pay for training, coaching, and consultation.
- Serve more YCEH under IDEA Part C by including homelessness as an environmental risk for developmental delay. Use Title I dollars to pay for seats in community EL programs.
- Layer and braid funds from applicable federal, state, county, or private sources, e.g., HUD, Title I, McKinney-Vento, CCDF, IDEA Parts B and C, Head Start, MIECHV, TANF.

### **Recommendation 8: Be creative and think outside the box.**

Find creative solutions to one or more of the common barriers identified in this report.

- *Transportation.* County public transit systems could offer annual bus passes at the same low rate charged to seniors. Explore options for sharing bus contracts with DOE, private schools, or early intervention services. Include transportation in Head Start grant applications.
- *Hours of operation.* Fund Head Start or private childcare centers to operate on a year-round, full-day schedule. Incentivize or reserve slots in family childcare homes or with license-exempt providers that offer evening and weekend care. Shelters can contract a set number of hours of drop-in care to cover housing searches, job interviews, or breakdowns in the regular arrangements of working parents.
- *Parent awareness.* Reach out to parents via community resource fairs and recruit onsite at shelters and encampments. Share EL recruitment materials and applications with organizations likely to serve YCEH. Encourage parents and children to visit prospective EL providers to help families feel comfortable about using childcare. Educate ALICE families about homeless prevention supports.
- *Availability of Seats.* Head Start can hold up to 3% of seats for pregnant women and YCEH; do so, at least in centers located near shelters and encampments. Pay to reserve seats with private providers and relax subsidy attendance requirements so providers can rely on that tuition income.

**Recommendation 9: Put early childhood homelessness at the forefront of planning and policy.**

Address early childhood homelessness at the system level, including within the CES.

- Educate legislators, relevant agencies, business and community leaders, and the public about early childhood homelessness. In particular, raise awareness of doubled up families and how childcare is a vehicle for family self-sufficiency and child resilience.
- Move towards a universal definition of homelessness based on the McKinney Vento Act, at least for state- and county-supported programs. Encourage private funders to do the same.
- Ensure reciprocal representation of the EL and HS sectors on key planning and policy groups. In particular, have EL representation on the Continuums of Care.
- Give high priority to pregnant women and young children in the Coordinated Entry System.
- Have a stronger focus on early childhood homelessness in relevant plans, e.g., the Hawai'i Early Childhood State Plan and the Ten-Year Strategic Plan to End Homelessness. The U.S. Interagency Council on Homelessness criteria and benchmarks for ending family homelessness can serve as a model.<sup>38,39</sup>

**Recommendation 10: Leverage existing data and improve data quality.**

Work toward having accurate data to inform decision-making and monitor progress.

- Increase identification of YCEH by including sensitive housing stability questions on applications for childcare subsidies, public benefits and on enrollment forms for all EL programs. Once enrolled, update this information on a regular basis, as housing status may change.
- Commit to an accurate count of YCEH, including those who are doubled up. In Point in Time and HMIS reports, give separate breakdowns for ages 0-2, 3-5, and school-age children.
- Include more data specific to young children in the HMIS. Add conditional questions to the F-VI-SPDAT for expectant mothers and families with young children, and relevant fields to document status at exit, e.g. prenatal care, ELP enrollment.
- Set measurable goals and track progress.
- Support data sharing and data governance agreements while the state moves towards universal application forms and an integrated data system.

# Acknowledgements

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Mahalo to the many people who made this report possible. We were inspired by stories and grateful that you gave so generously of your thoughts and time. Even more, we thank you for your devotion and work on behalf of Hawai'i's keiki and families.

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Josephine Ibarra

Chris Jackson

Armond Jason Kahawai

Lani Koki

Regina Lee

Brendt Llanza

Linoe McKeague

Connie Mitchell

Mary Nakooka

Christine Naone

Cedric Ondra

Claudia Pineda-Ball

Carol Riopta

Keala Rowland

Silvia Sharrar

E.J. Stevens

Toni Symons

Shane Suehiro

Hide Wu

Monique Yamashita

## Appendix A: Head Start/Early Head Start Provider Survey

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Welcome to the Survey

Please have one person in your organization complete and return this survey before your online focus group date. Your PIR should contain the enrollment information asked in questions 2 and 3.

You need to click "Next" or "Done" at the bottom of each page to save your answers.

Thank you for participating!



1. Which program do you represent?

- CFS
- FSSWH
- HCAP
- MEO
- MFSS
- PACT Hawai'i island
- PACT O'ahu

2. What was your program's funded enrollment for 2018-2019?

3. How many children experiencing homelessness did your program enroll in each of the following school years? (Enter zero if applicable.)

2018-2019	<input type="text"/>
2017-2018	<input type="text"/>
2016-2017	<input type="text"/>
2015-2016	<input type="text"/>
2014-2015	<input type="text"/>

4. Which best describes the living situation of the majority of your enrolled families experiencing homelessness?

- Unsheltered (on the beach or street, in their car)
- Emergency shelter
- Transitional shelter/housing
- Doubled up
- Other (please specify)

5. In serving children and families experiencing homelessness, how challenging have each of the following been for your program?

	Not Challenging	Somewhat Challenging	Challenging	Very Challenging	N/A
Recruitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance/retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building strong relationships with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining contact/communication with families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting children's behavioral, health, or developmental needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping families find stable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting families with needed services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping families deal with trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (If not listed above, then explain below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

6. Who are your most important external collaborators in serving children and families experiencing homelessness? Please list the organization and what they help you with.

# Appendix B: Head Start/Early Head Start Provider Discussion Questions

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## Head Start Providers Protocol

Note: We will use the McKinney-Vento definition of homelessness throughout

### **Part 1: Your Program**

*This section is about your experiences and lessons learned.*

- What are the greatest needs of the families you serve who are experiencing homelessness?
- How do you define “success” or good outcomes for HS/EHS children and families experiencing homelessness?
- Share the top 3-5 challenges your program has faced in serving children and families experiencing homelessness.
- Share your program’s victories and successes in serving these families. What really worked? What was the key to your success?
- What are the top three resources or supports your program does not currently have that would help you serve these children and families more effectively?

### **Part 2: Connecting More Families to Early Learning Programs**

*This section focuses on what can be done to connect more families experiencing homelessness to early learning services. This includes HS/EHS, public and private childcare centers and preK, family childcare, FCIL programs, and home visiting.*

- How can we get more providers up to speed and ready to work with children and families experiencing homelessness?
- How can Hawaii’s early learning providers and homeless service providers collaborate more effectively?
- What are families’ most important barriers to accessing early learning programs?
- What would incentivize or support more families to want use or be able to access and stay in early learning programs?

### **Part 3: System-Level Improvement**

- What are the most important and feasible steps Hawai’i can take in the next 2-3 years to serve more children experiencing homelessness in early learning programs?



## Appendix C: Homeless Services Provider Survey

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Welcome to the Survey

**Please have one person in your organization complete and return this survey before your online focus group date.**

**You need to click "Next" or "Done" at the bottom of each page to save your answers.**

**When we use the term "young children" we mean those under age 6--infants, toddlers, and preschoolers.**

**Thank you for participating!**



1. What is your program's name?

2. Where does your program operate? (Check all that apply.)

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Kaua'i | <input type="checkbox"/> Molokai |
| <input type="checkbox"/> O'ahu  | <input type="checkbox"/> Lana'i  |
| <input type="checkbox"/> Maui   | <input type="checkbox"/> Hawai'i |

3. In your most recently completed fiscal year, what was the total number of persons experiencing homelessness your program served?

4. How many of these were children under the age of 6?

5. How many children under age 6 are you serving right now?

6. Please briefly describe the services your program offers to families with young children (age birth through 5).

7. How many of these children are enrolled in a a childcare or early learning program? This includes: Childcare centers, preschools, Head Start, Early Head Start, family child care homes, early intervention, special education, and family-child interaction learning programs like Tutu and Me or Keiki Steps.

8. Please indicate how strongly you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A or Don't Know
Our families want to enroll their children in early learning programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our families have experienced challenges or barriers to enrolling their children in early learning programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our families are interested in parenting classes or support groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some of our young children are or may be eligible for early intervention or special education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care is a barrier that keeps our parents from being able to work or attend school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our families have to deal with more basic issues before they can think about childcare or early learning programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We offer onsite child care, playgroups, or parent education services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our facility has a safe, age-appropriate area for outdoor play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are reluctant to enroll their child in early learning programs because they do not want to be separated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our facility is baby-safe (e.g., covered electrical outlets, diaper changing station, stair gates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provide diapers and related hygiene supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We provide age-appropriate books and toys for young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff are well-informed about the variety of early learning programs available to our families (public and private preschool, childcare, Head Start, EHS, EI, sped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff are well-informed about the eligibility and application process for enrollment and subsidies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Who are your most important community collaborators when it comes to serving young children and their parents? Please list the agency/organization and what it helps you with.

**10. Are you done answering this survey?**

- Yes (Please check your answers for completeness, then click DONE below to submit your survey)
- No (Please scroll back as needed to complete your answers)

# Appendix D: Homeless Services Provider Discussion Questions

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## Homeless Services Providers Discussion Outline

All questions are vis a via families with young children (birth through age 5) who are experiencing homelessness (or recently housed families). Early learning programs include public and private childcare and preK, family childcare homes, Head Start/Early Head Start, early intervention/special education, home visiting, and family-child interaction programs.

### **Your program**

- What brings families to your program and what are their biggest needs?
- How do you define “success” or good outcomes for your families with young children?
- What are your program’s 3-5 biggest challenges and 3-5 biggest accomplishments in serving these families? To what do you attribute your success?

### **Connecting families with early learning programs**

- Do families need and/or prioritize childcare or other early learning programs for their young children?
- What challenges or barriers have your families faced in accessing these programs?
- What has worked best for you in helping families enroll and stay in such programs?

### **Improving collaboration**

- How can homeless services providers and the early childhood community work together to enroll and retain more young children in programs that support child development and meet families’ needs?
- Are there any key supports or resources that would help your program better serve families with young children?
- At the system level, what are a few steps Hawaii could take in the next 2-3 years to connect more keiki experiencing homelessness to early childhood programs?

## Appendix E: General Early Learning Provider Survey

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### Survey on Early Care and Education for Young Children Experiencing Homelessness

Aloha, and welcome to our survey on early childhood homelessness. Thank you for helping us think about ways to meet the needs of all young keiki and their families.

The survey should take 10-15 minutes to complete. All responses will be kept strictly confidential.

#### Instructions

1. Please check your answers for completeness and accuracy.
2. Answers are saved one page at a time when you click 'Next' at the bottom of the page.
3. At the end of the last page, click "Done" to submit your survey. Once you click "Done," you cannot return to the survey to change your answers.

If you want to start the survey and return to finish at a later time:

1. Use the same internet browser and computer each time you enter the survey.
2. Do not clear the internet browser history or "cookies" during the time you are completing the survey. This is how SurveyMonkey saves surveys in progress and lets you return to the place you last finished. If these are deleted, you will need to answer the survey again from the beginning.
3. Click "Exit" at the top right corner of a page to leave the survey and return at a later time. Click "Done" on the last page to submit your final answers.

#### Consent

Submitting your survey via SurveyMonkey indicates that you consent to the survey and allow us to use your responses.

Please complete the survey by XXX, 2019.

If you have questions about the survey, please contact:

Dr. Barbara DeBaryshe  
University of Hawai'i Center on the Family  
debarysh@hawaii.edu  
808-956-4140

Mahalo!

## Survey on Early Care and Education for Young Children Experiencing Homelessness

In this survey, the word "program" means your preschool, childcare center, or family childcare home.

1. On which island is your childcare program located?

- |                              |                                |
|------------------------------|--------------------------------|
| <input type="radio"/> O'ahu  | <input type="radio"/> Hawai'i  |
| <input type="radio"/> Maui   | <input type="radio"/> Lāna'i   |
| <input type="radio"/> Kaua'i | <input type="radio"/> Moloka'i |

2. Which best describes your program? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Head Start/Early Head Start    | <input type="checkbox"/> Family childcare home |
| <input type="checkbox"/> Licensed preschool center      | <input type="checkbox"/> Group childcare home  |
| <input type="checkbox"/> Licensed infant-toddler center |  |

3. How many children age birth through 5 (infants, toddlers, and/or preschoolers) does your program serve? (Enter the current number)

4. Does or would your program accept children receiving childcare subsidies?

- Yes  
 No

5. Do you know the McKinney-Vento homeless liaison for the DOE district where your program is located?

- |  |  |
|--|--|
| <input type="radio"/> Yes, we work together often.                                     | <input type="radio"/> No, but I know what the McKinney-Vento Act is.         |
| <input type="radio"/> Yes, but we are not currently collaborating or working together. | <input type="radio"/> No, and I am not familiar with the McKinney-Vento Act. |

**Definition of "homelessness" for the purpose of this survey. In your answers below, please include children living in ANY of these temporary or unstable situations:**

- **Emergency or transitional shelter**
- **Car, park, campground, hotel, abandoned building, on the street, or other places not intended as a regular place to sleep**
- **Doubled up with friends or relatives due to economic hardship, such as loss of housing or income**

6. Has your program served any children and families experiencing homelessness in the past five years?

Yes

Don't know because we don't ask or track

No

Don't know because parents may not tell us they are homeless

7. Does your program currently serve any such children?

Yes

No

Don't know

8. If yes, how many?



9. Please rate how much you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral or Not Sure	Agree	Strongly Agree
Homelessness is a challenge faced by people in the community my program serves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My program is willing to enroll children experiencing homelessness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My program is or would be able to meet the care and education needs of children experiencing homelessness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My program is or would be able to connect families experiencing homelessness to community resources such as housing assistance, job training, and health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which of the following are challenges or barriers to your program serving children and families experiencing homelessness? (Check all that apply.)

- Lack of experience or knowledge in working with this population
- My program's knowledge of relevant social support services
- Identifying and enrolling families
- Retaining families over time
- The family's ability to pay tuition or maintain eligibility for childcare subsidies
- Concerns of other parents in our program
- Other (please specify)
- Child attendance
- Child behavior or adjustment issues
- Family instability (housing, transportation, phone service)
- Family trauma (substance use, family violence, health/mental health)
- None of the above

11. What are your top three concerns about serving children and families experiencing homelessness?

12. What resources or support would your program need to better serve these children (or serve more children than you do now)? Please be specific.

13. Would you or your staff be interested in taking a new PATCH course on children and families experiencing homelessness?

- Yes
- No
- Maybe

14. Would you or your staff be interested in attending a workshop on trauma responsive care and how trauma affects young children and their families?

- Yes
- No
- Maybe

15. This is the end of the survey. Are you ready to submit your answers?

Yes

No

Click "**Done**" to finish the survey.  
This will submit your final answers.

Mahalo for your time on this survey and for the work  
you do every day to support Hawai'i's children and  
families.

# Appendix F: General Early Learning Provider Survey Invitation

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Aloha Director:

Did you know that:

- Infants, toddlers, and preschoolers make up more than 10% of those served in Hawaii's homeless shelters and outreach programs. Even more young children and their families are in temporary doubled up or couch surfing situations.
- Unstable housing and homelessness threaten children's healthy development. But consistent attendance in high quality childcare and preschool can protect children from this stress.

As a licensed or regulated childcare provider, I invite you to answer a short online survey about care and education for young children experiencing homelessness. [The survey link is at the bottom of this message.](#) Please help us understand the current capacity of our early childhood system to serve these vulnerable children and families!

### **What is the purpose of this survey?**

This survey is part of a needs assessment on early childhood homelessness. Results will be used to develop strategies to support early childhood providers and enroll more children in early learning programs.

### **What are you being asked to do?**

This online survey takes about 10-15 minutes. Questions cover your experience (if any) serving this population and what kinds of support or resources would be most helpful to providers. This survey is **voluntary** on your part and your answers will be kept strictly **confidential**. When the survey closes, we will save the responses in a way that is **anonymous** and does not include any email addresses, program names, or other identifying information.

This survey is administered by the University of Hawai'i Center on the Family on behalf of the Executive Office on Early Learning.

If you have questions about this survey, please contact:

Dr. Barbara DeBaryshe

University of Hawai'i Center on the Family

[debarysh@hawaii.edu](mailto:debarysh@hawaii.edu)

(808) 956-4140

**Please answer the survey by DATE.** Mahalo!

SURVEY LINK HERE

# Endnotes

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<sup>1</sup> Coker, T.R., Elliott, M.N., Kanouse, D.E., Grunbaum, J.A., Gilliland, M.J., Tortolero, S.R., Cuccaro, P., & Schuster, M.A. (2009). Prevalence, characteristics, and associated health and health care of family homelessness among fifth-grade students. *American Journal of Public Health, 99*, 1446-1452; Cutuli, J.J., Long, J.D., Chan, C-K., Desjardins, C.D., Herbers, J.E., Heistad, D., Hinz, E., & Masten, A.S. (2013). Academic achievement trajectories of homeless and highly mobile students: Resilience in the context of chronic and acute risk. *Child Development, 84*, 841-857.

<sup>2</sup> Cobb-Clark, D. & Zhu, A. (2017). Childhood homelessness and adult employment: The role of education, incarceration, and welfare receipt. *Journal of Population Economics, 30*, 893-924.

<sup>3</sup> Brown, S.R., Shinn, M., & Khadduri, J. (2017). *Well-being of young children after experiencing homelessness*. OPRE Report No. 2017-06. Washington DC: U.S. Department of Health and Human Services, Office of Planning, Research and Evaluation; Herbers, J.E., Cutuli, J.J., Lafavor, T.L., Vrieze, D., Leibel, C., Obradović, & Masten, A.S. (2011). Direct and indirect effects of parenting on the academic functioning of young homeless children. *Early Education & Development, 22*, 77-104; Perlman, S.M., Sheller, S., Hudson, K., & Wilson, C.L. (2014). Parenting in the face of homelessness. In M. Haskett, S. Perlman, & B.A. Cowan (Eds.). *Promoting positive parenting in the context of homelessness* (pp. 57-78). New York: Springer.

<sup>4</sup> National Alliance to End Homelessness (2019). *State of Homelessness*. Retrieved from

<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/>

<sup>5</sup> Partners in Care, monthly data boards, retrieved from <https://www.partnersincareoahu.org>; Bridging the Gap (2020), *We count because everyone matters: Bridging the Gap homeless point-in-time count*. Retrieved from [https://www.hawaiihomelessprogramshmis.org/media/uploads/2020\\_btg\\_pit\\_count\\_report\\_final\\_-\\_5.6.20.pdf](https://www.hawaiihomelessprogramshmis.org/media/uploads/2020_btg_pit_count_report_final_-_5.6.20.pdf); *Homelessness on Hawai'i Island*, retrieved from <http://hopeserviceshawaii.org/organization/facts/>

<sup>6</sup> Yamshiro, A., & McLaughlin, J. (2020). *Early childhood homelessness state profiles 2020: Data collected in 2017-2018*. Washington, DC: U. S. Department of Education, Office of Planning, Evaluation and Policy Development.

<sup>7</sup> Throughout this report, the term Head Start will be used to refer to both Head Start and Early Head Start

<sup>8</sup> Three additional organizations were not able to participate.

<sup>9</sup> FCC included family childcare homes and group childcare homes. Centers included infant-toddler and preschool centers. Invitations were sent to the contact person listed in the state database. Some programs listed one contact person for multiple sites (representing 13% of invitations).

<sup>10</sup>  $\chi^2 = 17.20$ ,  $df = 1$ ,  $p < .0004$

<sup>11</sup>  $\chi^2 = 2.97$ ,  $df = 3$ ,  $p < .40$

<sup>12</sup> A five-point response scale was used. For clarity, data were recoded to show the percent of respondents who agreed or strongly agreed with each item.

<sup>13</sup>  $\chi^2 = 8.89$ ,  $df = 1$ ,  $p = .003$

<sup>14</sup>  $\chi^2 = 6.59$ ,  $df = 1$ ,  $p = .01$

<sup>15</sup>  $\chi^2 = 8.79$ ,  $df = 1$ ,  $p = .005$

<sup>16</sup>  $\chi^2 = 4.28$ ,  $df = 1$ ,  $p = .038$

<sup>17</sup>  $\chi^2 = 7.76$ ,  $df = 1$ ,  $p = .005$

<sup>18</sup>  $\chi^2 = 6.51$ ,  $df = 1$ ,  $p = .011$

<sup>19</sup>  $\chi^2 = 4.26$ ,  $df = 1$ ,  $p = .039$

<sup>20</sup>  $\chi^2 = 6.91$ ,  $df = 1$ ,  $p = .009$

<sup>21</sup> Experience was not related to interest, but license type was.  $\chi^2 = 5.88$ ,  $df = 2$ ,  $p = .053$  and  $\chi^2 = 9.00$ ,  $df = 2$ ,  $p = .011$ , respectively. Both groups had the same percentage of "yes" responses, while FCC providers had more "no" responses and center providers more "maybe."

<sup>22</sup> ALICE: A study of financial hardship in Hawai'i 2017 report. Retrieved from

[https://www.auw.org/sites/default/files/pictures/AlohaUnitedWayALICE%20Report\\_HIFINAL.pdf](https://www.auw.org/sites/default/files/pictures/AlohaUnitedWayALICE%20Report_HIFINAL.pdf)

<sup>23</sup> Two studies suggest that providers under-estimate parents' desire to secure high-quality childcare and understanding of quality components. Hayes, M.A., (2019). *Family permanent supportive housing and early childhood education: A needs assessment*. Cheltenham, PA: The Triskele Consulting Group; Hurd, K., & Kieffer, C. H. (n.d.). *Building Early Links for Learning (BELL) project: Learnings from focus groups on increasing access to quality*

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early childhood education for families and children experiencing homelessness. Landover, MD: The Cloudburst Group. Retrieved from <https://naehcy.org/wp-content/uploads/2018/01/BELL-Focus-Group-Report.pdf>

<sup>24</sup> Although HUD regulations appear to allow transitional housing for up to 24 months, interviewees did not describe this as current practice.

<sup>25</sup> Several groups were mentioned, relating to homelessness, poverty, early childhood, and preventing child abuse and neglect

<sup>26</sup> Job training, financial literacy, mortgage assistance, respite housing, and domestic violence shelter are examples of other services offered or planned.

<sup>27</sup> California Department of Education (2019). *Responsive early education for young children and families experiencing homelessness*. Sacramento, CA: Authors. Retrieved from

<https://www.schoolhouseconnection.org/responsive-early-education-for-young-children-and-families-experiencing-homelessness/>; Hurd, K., & Kieffer, C. H. (2017). *Building Early Links for Learning (BELL) Project: Learnings from focus groups on increasing access to quality early childhood education for families and children experiencing homelessness*. Landover, MD: Cloudburst Group. Retrieved from

[https://www.pec-cares.org/uploads/2/9/3/9/29391481/bell\\_focus\\_group\\_report\\_full\\_report\\_finalupdated.pdf](https://www.pec-cares.org/uploads/2/9/3/9/29391481/bell_focus_group_report_full_report_finalupdated.pdf); Perlman, S. (n.d.).

*Access to early childhood programs for young children experiencing homelessness: A survey report*. Minneapolis, MN: National Association for the Education of Homeless Children and Youth. Retrieved from

<https://naehcy.org/wp-content/uploads/2018/02/naehcy-survey-report.pdf>.

<sup>28</sup> Curran-Groome, W., & Atkinson, A. (2017). *Best practices in early care and education for young children experiencing homelessness*. Philadelphia: Public Health Management Corporation. Retrieved from

<https://naehcy.org/wp-content/uploads/2018/01/BELL-PHMC-Landscape-Analysis.pdf>; Perlman (n.d.); Shaw, S. H., Hirilall, A. T., & Halle, T. (2020). *Facilitating access to early care and education for children experiencing homelessness*. OPRE Research Brief #20202-12. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>29</sup> In addition to previously-mentioned references: Bires, C., Kenefick, E., Gunderson, A. (2018). *Strategies for expanding access to child care subsidy for children experiencing homelessness*. Retrieved from

[https://www.acf.hhs.gov/sites/default/files/eecd/homelessnesschildcaresubsidy\\_compliant.pdf](https://www.acf.hhs.gov/sites/default/files/eecd/homelessnesschildcaresubsidy_compliant.pdf); Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. F. (2008). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing staff and program outcomes. *Early Education and Development*, 19, 982-1022; Ondi, L., Reinsberg, K., Taranta, A., Jaiswal, A., Scott, A. & Johnston, K. (2019). Early childhood mental health consultation in homeless shelters: Qualities of a trauma-informed consultation practice. *Zero to Three Journal*, 39(4), 21-28; Shaw, S. H., Hirilall, A. T., & Halle, T. (2020). *Leveraging data to support children experiencing homelessness*. OPRE Research Brief #20202-13. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; Sheward, R., Bovell-Ammon, A., Ahmad, N., Preer, G., Ettinger de Cuba, S., & Sandel, M. (2019). Promoting caregiver and child health through housing stability screening in clinical settings. *Zero to Three Journal*, 39(4), 52-59; U.S. Department of Health and Human Services, U. S. Department of Housing and Urban Development, and U.S. Department of Education (2016, October). *Policy statement on meeting the needs of families with young children experiencing and at risk of homelessness*. Washington, DC: Author. Retrieved from

<https://www.acf.hhs.gov/sites/default/files/eecd/echolessnesspolicystatement.pdf>

<sup>30</sup> The EL spectrum includes private childcare centers and family childcare homes, Head Start, public pre-k and special education pre-K, military childcare, FCIL programs, early intervention and home visiting. Other relevant sectors include DHS childcare licensing and subsidy workers; WIC, SNAP, TANF, CWS and First to Work staff; K-12 educators, McKinney-Vento and Title 1 staff; health and mental health professionals, especially pediatricians, OB/GYN, and family medicine specialists; public and affordable housing agencies; parent educators; churches and grassroots organizations that work informally with families experiencing homelessness.

<sup>31</sup> Cutuli, J. J. & Willard, J. (2019). Building Early Links for Learning: Connections to promote resilience for young children in family homeless shelters. *Zero to Three Journal*, 39(4), 43-50.

<sup>32</sup> One local HS provider uses a self-assessment process related to the CARF International certification. U.S. Department of Health and Human Services, Administration for Children and Families (2015). *Early childhood self-assessment tool for family shelters*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families (2017) *Self-assessment tool for early childhood programs serving families experiencing homelessness*. Washington, DC: Author; U.S. Department of Health and Human Services,

Washington, DC: Author. Retrieved from

<https://www.acf.hhs.gov/sites/default/files/eecd/echolessnesspolicystatement.pdf>

<sup>30</sup> The EL spectrum includes private childcare centers and family childcare homes, Head Start, public pre-k and special education pre-K, military childcare, FCIL programs, early intervention and home visiting. Other relevant sectors include DHS childcare licensing and subsidy workers; WIC, SNAP, TANF, CWS and First to Work staff; K-12 educators, McKinney-Vento and Title 1 staff; health and mental health professionals, especially pediatricians, OB/GYN, and family medicine specialists; public and affordable housing agencies; parent educators; churches and grassroots organizations that work informally with families experiencing homelessness.

<sup>31</sup> Cutuli, J. J. & Willard, J. (2019). Building Early Links for Learning: Connections to promote resilience for young children in family homeless shelters. *Zero to Three Journal*, 39(4), 43-50.

<sup>32</sup> One local HS provider uses a self-assessment process related to the CARF International certification. U.S. Department of Health and Human Services, Administration for Children and Families (2015). *Early childhood self-assessment tool for family shelters*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families (2017) *Self-assessment tool for early childhood programs serving families experiencing homelessness*. Washington, DC: Author; U.S. Department of Health and Human Services,

Washington, DC: Author. Retrieved from

<https://www.acf.hhs.gov/sites/default/files/eecd/echolessnesspolicystatement.pdf>

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<sup>31</sup> Cutuli, J. J. & Willard, J. (2019). Building Early Links for Learning: Connections to promote resilience for young children in family homeless shelters. *Zero to Three Journal*, 39(4), 43-50.

<sup>32</sup> One local HS provider uses a self-assessment process related to the CARF International certification. U.S. Department of Health and Human Services, Administration for Children and Families (2015). *Early childhood self-assessment tool for family shelters*. Washington, DC: Author; U.S. Department of Health and Human Services, Administration for Children and Families (2017) *Self-assessment tool for early childhood programs serving families experiencing homelessness*. Washington, DC: Author; U.S. Department of Health and Human Services,

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Administration for Children and Families (2017). *Early childhood self-assessment for family supportive housing*. Washington, DC: Author.

<sup>33</sup> Cutuli & Willard (2019); Cueva, R., & Whitney, G. (2019) Better together: An Early Head Start partnership supporting families in recovery experiencing homelessness. *Zero to Three Journal*, 39(4), 29-34.

<sup>34</sup> California Department of Education (2019) *ibid*

<sup>35</sup> Herbers, J. E. & Henderson, I (2019). My Baby's First Teacher: Supporting parent-infant relationships in family shelters. *Zero to Three Journal*, 39(4): 35-41. Childcare Quality and Early Learning Center for Research and Professional Development (July, 2017). *Filming Interactions to Nurture Development: FIND stories of impact*. Seattle: Author.

<sup>36</sup> The locally-developed First Connections program is an example of the latter.

<sup>37</sup> Curran-Groome & Atkinson (2017).

<sup>38</sup> United States Interagency Council on Homelessness (2017, July). *Criteria and benchmarks for achieving the goal of ending family homelessness*. Washington DC: Author. Retrieved from <https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-family-homelessness>

<sup>39</sup> Per these guidelines, doubled-up families should be included in homeless counts and be eligible for homeless services. Furthermore, the "appropriate mainstream" support services offered to all families can include EL.