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Champions for Early Learning

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# A Strong Start: Supporting Infants, Toddlers, and Pregnant People

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# Session overview

- Background information on homelessness among infants, toddlers, and pregnant people
- Overview of the various programs and services available to support families with children under the age of 3.
- McKinney-Vento requirements as it pertains to infants and toddlers
- Resources

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# Housing: A social determinant of health

- Poor housing conditions can lead to social, environmental, and health inequality.
  - This is especially prevalent among marginalized populations, single parent families, and women, all who are more likely to live in unsuitable housing[1]

- Historic housing discrimination policies and practices have and continue to influence maternal and child health outcomes[2]

- The first three years of life are the most critical period of development in the **entire human lifespan**.

# Homelessness among young children

- In 2018-2019, there were **1,297,513** children under six years old who experienced homelessness.

- Nearly half of all children staying in HUD-funded emergency and transitional housing are age 5 and under

- Children under age one account for about 10% of the child population served by HUD-funded shelters

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# Homelessness harms children

- Lower birth weights
- More likely to have moderate to severe acute or chronic health problems
- Three times the rate of emotional and behavioral problems
- Four times the rate of developmental delays
- Twice as likely to go hungry
- Twice as likely as others to repeat a school grade, be expelled or suspended, or drop out of high school
- More likely to experience a traumatic event
- Compromised brain development

# Maternal mortality

- Maternal mortality, or death to a person while pregnant or within 1 year of pregnancy, is an important indicator in assessing the overall health of a community

- Nationally, pregnant and postpartum people, especially people of color, are experiencing adverse outcomes related to pregnancy at alarming rates (3-4 times higher than other high-income nations)

- Structural racism limits access to health care, and other important infrastructure such as stable housing, influencing the health and outcomes of pregnant and postpartum people and their children[3]

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# Pregnancy and housing insecurity

- Pregnancy can increase a woman's risk of becoming homeless, and pregnant persons face significantly greater health risks while unstably housed[4]
  - Pregnant women on public assistance have an 18% probability of being homeless, compared to a 2% probability among non-pregnant women on public assistance[5]

- Conversely, young women experiencing homelessness are at higher risk of becoming pregnant
  - Homeless young women are almost five times more likely to become pregnant[6] and far more likely to experience multiple pregnancies[7] than housed young women

- Most pregnant women experiencing homelessness are covered under Medicaid, but their unique health needs and patterns of healthcare use are not well understood

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# Pregnancy and housing insecure youth

- Among women ages 18-25 who experience homelessness, 44% are pregnant or parents[8]
  - 1.1 million children in the United States have a youth parent who experienced homelessness in the last year[8]

- Although youth parents experiencing homelessness seek services during and after pregnancy, many homelessness services do not provide support directed toward youth parents[8]
  - One study of 142 homelessness service providers throughout the U.S. found[8]:
    - 38% have at least one program that serves youth parents
    - 35% serve parents aged 18-25 years
    - 21% serve parents under the age of 18 years

- More supports tailored to youth parents are needed to prevent homelessness and provide services for those experiencing homelessness[8]

- *Youth is defined as ages 13-25 years old.*

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# Challenges to receiving prenatal care while experiencing housing insecurity

• Fragmentation of health services and low accessibility/long waitlists[9]

• Inadequate care that does not recognize complex and diverse needs[10]

• Attitude & treatment from healthcare providers (stigma)[9]

• Difficulty navigating and maintaining insurance/Medicaid[10]

• Feelings of shame, embarrassment, isolation, and poor mental health[9]

• Transportation, geographical location[9]

• Competing life demands[9]

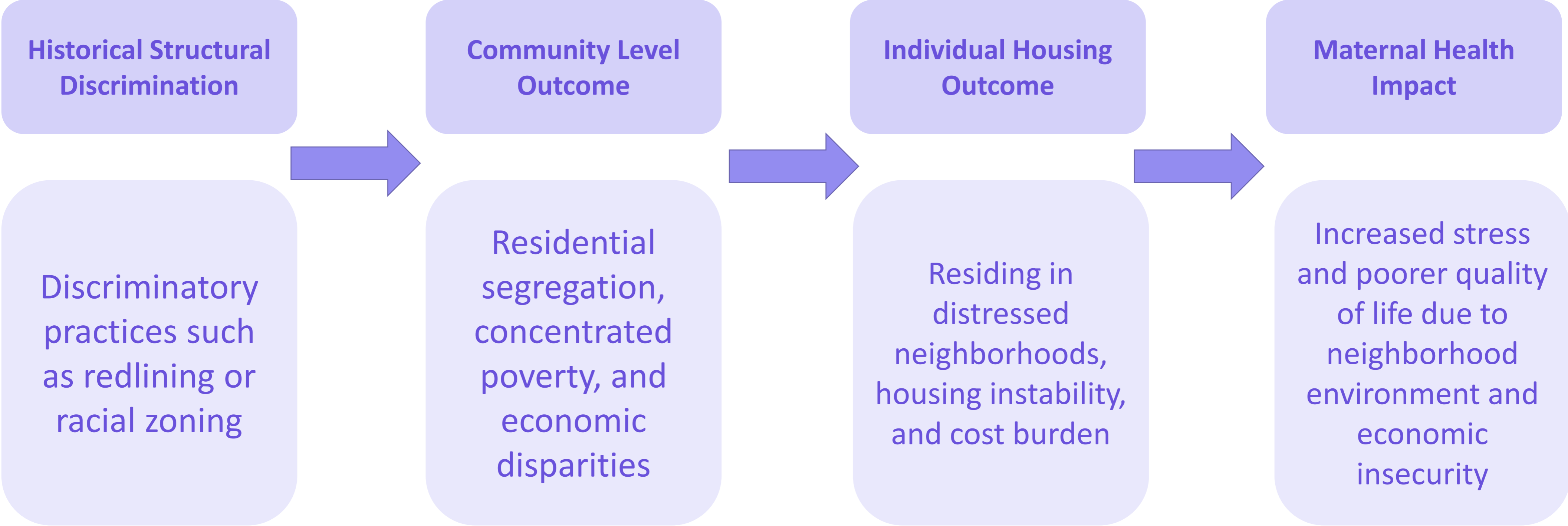• Fear and distrust of Child Protection Services[9]

# Housing insecurity during pregnancy and adverse outcomes

- Women in shelters during or shortly after pregnancy had higher rates of substance use disorders, adjustment, anxiety and depressive disorders and injuries[5]

- Women experiencing homelessness during pregnancy had higher odds of low birthweight and preterm birth[11]

- Being evicted while pregnant (especially in 2nd or 3rd trimester) is linked to earlier births and lower birthweight[12]

- When compared to other household challenges experienced in the 12 months before or during pregnancy, homelessness was associated with the greatest increase in Adverse Childhood Experiences (ACEs) score among children by age 3[13]

# Creating the healthiest nation: Health and housing equity

- Structural racism is at the core of housing inequity in America

- Residential redlining influences a neighborhood's composition through segregation and socioeconomic status which influences health outcomes[14]
  - 45% of Black and Hispanic households are "cost burdened" when paying for housing, compared to 27% of White households

- One study found that up to 3% of adverse birth and infant outcomes could have been avoided by eliminating severe housing insecurity among low-income, pregnant women in US cities[15]
  - Of those experiencing homelessness: 76% were Black/African-American, 11% were Hispanic, 11% were White, and 2% Other

- Stable, affordable housing improves health and well-being

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# Influence of housing discrimination on maternal health

**Historical Structural Discrimination**

Discriminatory practices such as redlining or racial zoning

**Community Level Outcome**

Residential segregation, concentrated poverty, and economic disparities

**Individual Housing Outcome**

Residing in distressed neighborhoods, housing instability, and cost burden

**Maternal Health Impact**

Increased stress and poorer quality of life due to neighborhood environment and economic insecurity

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# Influence of housing discrimination on maternal health

- People giving birth in communities impacted by historic racial housing policies and practices are more likely to:
  - Be experiencing epigenetic risk factors due to historical trauma
  - Be exposed to stress related to housing instability and cost
  - Be living in housing with greater indoor environmental risks and hazards (i.e., lead or pests)[3]

- Infants of women in communities impacted by historic racial housing policies and practices are more likely to be born preterm[3]

# Programs and services for infants, toddlers, and expectant families

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# Doulas

- Trained professionals that provide continuous physical, emotional and information support during pregnancy, childbirth, and an agreed postpartum period.
    - Birth doula—a labor support person who is trained in providing continuous support to a mother and her family during the birth process
    - Postpartum doula—provides evidence-based information about baby care and practical assistance with the infant or around the home, and emotional support for the mother and her family
    - Community-based doula—a community health worker who is trained in prenatal health, child birth education, labor support, lactation counseling, and infant care
    - Doulas and midwives are not the same thing
- Studies show correlation between use of doulas and improved long-term health outcomes for mothers and infants as well as patient satisfaction and cost savings.
- Paying for doula services
    - Commercial insurance coverage of doula services is very, very limited
    - A growing number of states are pursuing action to cover doula services under Medicaid
    - Some home visiting programs embed doula services
    - Volunteer doulas

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# Early childhood home visiting

- Home visiting programs match at-risk parents with trained professionals who provide information, advice, and support during pregnancy and throughout the first few years of the child's life
- Funded with federal (MIECHV, Title IV-E), state, and private dollars
- Targets pregnant women, families with young children
- Multiple evidence-based models: Parents as Teachers (PAT), Healthy Families America (HFA), Nurse-Family Partnership (NFP), Home Instruction for Parents of Preschool Youngsters (HIPPY), Early Head Start

# Home visiting services

- One-on-one meetings in the home or community

- Parent-child interaction activities/support

- Education on child health and development

- Parent coaching

- Developmental screening and referral to services

- Maternal health/mental health screening and referral to services

- Coordination and support for connecting with other services

# Early Head Start

- Federally funded program

- Two primary goals: break the cycle of poverty and improve school readiness

- Head Start created in 1965 as part of the "War on Poverty"

- Early Head Start created in 1995 to serve infants and toddlers

- Only a fraction of eligible children are served

- "Gold standard" early childhood program

# Early Head Start eligibility

- **Early Head Start: children ages birth-3 and expectant parents**
- Head Start: children ages 3-5
- Children experiencing homelessness regardless of income
- Foster children regardless of income
- Children whose families receive public assistance (TANF or SSI)
- Children whose families' income is below the Federal Poverty Guidelines
- 10% of enrollment must be children with disabilities

# Early Head Start program options

- Center-based

  - Full day, part day, and child care collaboration schedules

- Home-based

  - Weekly home visits

  - Parent-child education groups

- Family child care homes

- Other options include locally designed, combination, or mixed

# Early Head Start comprehensive services

- Child development and education
- Determination of child's health status
- Disabilities services
- Nutritious meals
- Mental wellness
- Parent education
- Home visits
- Parent conferences
- Staff development

- Community connections
- Parent involvement in decision-making
- Socialization
- Tracking and referrals
- Male involvement
- Developmental screenings
- Vision and hearing screenings

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# Early Head Start and homelessness

Programs are <u>required</u> to:

- Use the McKinney-Vento definition of "homelessness"

- Identify and prioritize children experiencing homelessness for enrollment

- Take steps to coordinate with local "feeder schools" to:

  - establish ongoing communication with liaisons

  - develop a coordinated strategy for family support services

# Early Head Start and homelessness

Programs are <u>permitted</u> to:

- Reserve slots for homeless children for a period of 30 days whenever a vacancy occurs

- Enroll **<u>immediately</u>** while required enrollment documents are obtained in a *reasonable* timeframe

# IDEA Part C or "Early Intervention"

- Federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities
- Services children under the age of three who have developmental disabilities, developmental delays, or are at risk
- Goals include:
  - enhance the development of infants and toddlers with disabilities;
  - reduce educational costs by minimizing the need for special education through early intervention;
  - minimize the likelihood of institutionalization, and maximize independent living; *and*,
  - enhance the capacity of families to meet their child's needs.

# IDEA Part C services to families

- Eligibility for families varies state to state
  - Definition of delay, percentage of delay
- Some physical or mental conditions with a high probability of resulting in delay make a child automatically eligible
- States can elect to serve children who are at risk of delay, which is also defined by the state
- Clinical opinion can inform eligibility
- Multidisciplinary evaluations must be completed within 45 days
- If a child is found to be eligible, the families and providers work together to create an Individualized Family Services Plan (IFSP)

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# IDEA Part C services to families

- Services must be delivered in the "natural environment"
  - Home, child care program, community setting
- Services may include:
  - Screening and assessment
  - Service coordination
  - Speech and language therapy
  - Physical or occupational therapy
  - Psychological services
  - Home visits
  - Medical, nursing or nutrition services
  - Hearing (audiology) or vision services
  - Social work services
  - Transportation
- Transition to Part B 619

# IDEA Part C and homelessness

States must:

- Use a definition of homeless consistent with McKinney-Vento
- Have policies and procedures for identifying homeless infants and toddlers who are eligible for Part C
  - May do outreach to primary referral sources like shelters
  - May include homelessness as an at-risk criteria
- Make available appropriate EI services for families experiencing homelessness
- Include McKinney-Vento State Coordinator (or designee) on SICC
- ESSA requires liaisons to ensure access to EI for infants/toddlers experiencing homelessness

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# Child care

- Various settings: center-based; home-based; relative/family, friend & neighbor care

- Various hours: traditional work week, after school, weekends, overnight

- Rules for how child care is operated (ratios, group size, staff requirements, etc.) vary from state to state

- Can be for-profit or non-profit

- Can be regulated or not regulated (licensed vs. license-exempt)

- Ranges widely in regard to quality, cost, capacity, and availability

# Subsidized child care: Child Care Development Fund

- Child Care Development Fund (CCDF) is the primary Federal funding source for **subsidized child care**

- Governed by the Child Care and Development Block Grant Act of 2014 (CCDBG)

- Goals of CCDF:

  - Promote self-sufficiency by making child care more affordable to low-income parents

  - Foster healthy child development and school success by improving the quality of child care

- States have a lot of flexibility in implementing CCDF

# CCDF family eligibility

- CCDF serves children under the age of 13; up to age 19 for children with disabilities

- Family income must be below 85% SMI

- Parents must be working or participating in education or training activities

- Protective services category

- Priority required for children with special needs, very low income families, and children experiencing homelessness

- States may have additional eligibility requirements

- Individual child care programs/providers may have specific eligibility requirements

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# CCDF and homelessness

States are required to:

- use the definition of homelessness from the education subtitle of the McKinney-Vento Act

- establish a grace period that allows children experiencing homelessness to receive child care while their families take action to comply with immunization and health/safety requirements

- provide support to families in obtaining immunizations, etc.

- use funds for activities that improve access to child care services

- establish procedures to permit enrollment of homeless children while required documentation is obtained

- provide training and technical assistance on identifying and serving homeless children and their families

- engage in specific outreach to homeless families

- coordinate with early childhood programs serving children experiencing homelessness, State Coordinators for Homeless Education, and, as practicable, local liaisons and CoCs

- collect & submit data on homeless children receiving child care assistance

- prioritize homeless families for services; failure to do so may result in a reduction in funding

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# Finding child care

- **Child Care Resource and Referral (CCR&R)**
  - Resource to help families find child care
  - Consumer education, provider training, data collection, administer subsidies
- **Quality Rating and Improvement System (QRIS)**
  - System to assess, improve, and communicate the quality of early care and education programs
  - Operating in most states
  - www.qrisnetwork.org

# Supply of child care for infants and toddlers

- Nationally, there is a shortage of child care available for infants and toddlers
- **Very** expensive to operate
  - Many child care providers take a loss on infant/toddler classrooms and "subsidize" cost with more profitable preschool age classrooms
  - Much speculation about impact of expansion of universal preschool, which many providers believe pulls older children out of child care, which puts downward pressure on infant/toddler care
- National early childhood workforce crisis—child care programs are closing because of lack of qualified staff; even more acute for infant/toddler care
- COVID-19 concerns continue to prevent many families from putting infants/toddlers into group out-of-home care

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# Build Back Better

- Historic expansion of access to child care and preschool; improvements to Early/Head Start
  - States have to opt in; option for localities to opt in if state does not
  - Phase in period starting in FY22; ends FY27
- Child care
  - Caps family contributions for child care at 7% of income for families earning under 250% of the State Median Income
  - Would apply to about 90% of all families; currently less than 17% qualify for assistance
  - Increase compensation for providers; increase credentials
  - Inclusive of centers, family child care, FFN, faith-based and local schools
- Universal preschool
  - Mixed-delivery (school and community-based)
  - 3s and 4s
- Read more here: https://www.ffyf.org/faq-on-the-child-care-and-preschool-provisions-in-the-build-back-better-act/

# McKinney-Vento and young children

- States must ensure that homeless children have access to public preschool programs
- McKinney-Vento State Coordinators must collaborate with the early childhood community
- **LEA homeless liaisons must ensure that homeless children have access to Head Start and Early Head Start programs, early intervention services under the Individuals with Disabilities Education Act (Part C), and other preschool programs administered by the LEA**
- Preschool is considered a "school of origin"

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# Resources

- National Collaborative on Infants and Toddlers: https://www.thencit.org/

- Health Connect One: https://www.healthconnectone.org/
  - Brief on doula: https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/2019/10/HCO_Issue_Brief-final_102419.pdf

- Harvard Center for the Developing Child: https://developingchild.harvard.edu/

- *An Invisible Crisis: Early Childhood Homelessness—A Primer*. https://www.childcareservices.org/2021/08/30/an-invisible-crisis-early-childhood-homelessness-a-primer/

- National Association for the Education of Homeless Children and Youth: https://naehcy.org/early-childhood/

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