

IN NEED OF SHELTER:

Protecting the city's youngest children from the traumas of homelessness



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IT COULD HARDLY BE a more troubling social distress alarm: Over the past eight years, the number of very young children in New York City homeless shelters has climbed by roughly 60 percent. A recent headcount by the Department of Homeless Services (DHS) found more than 10,700 children 5 years old or younger in shelters—up from some 6,600 in March 2006. During the 2014 city fiscal year, almost 19,000 children 5 and under spent time in a DHS shelter, according to data from DHS. That's something like three out of every 100 kids in that age range in the entire city; it's more than enough such children to fill every seat in Barclays Center.

This steep and unchecked increase of young children in shelters is, for many reasons, particularly disturbing. Not only are their lives de-stabilized, they're also at risk for troubling developmental distress. Even the most emotionally resilient family is traumatized by homelessness. As this issue of *Child Welfare Watch* illustrates, the result can be deep psychic injuries for youngsters whose cognitive "architecture" is still under construction.

Clearly, the stakes in preventing or shortening episodes of family homelessness are high. Steps taken by the de Blasio administration to meet those challenges, such as once more giving homeless families priority status in receiving public housing, are,

Issue Highlights: Facts and Figures

Young children are overrepresented in the homeless family shelter system.

Last year, children under 6 represented about 36 percent of all New Yorkers under 18. They made up 34 percent of all the city's children living below the poverty level. Yet children under 6 represented 45 percent of all children in family shelters during fiscal year 2014.

African-American young children are at high risk of being homeless.

Last year, about 3 percent of the city's children 5 years old and younger became homeless, yet 8 percent of all African-American children in that age range spent time in a shelter. For African-American children living in families with poverty-level incomes, the incidence of shelter stays rose to about 22 percent.*

Despite research showing that the early years are crucial to lifelong brain development, children 3 and under receive little programming in shelters.

The most common way for families to receive help for young children is through the Administration for Children's Services. Twenty-five percent of families living in the shelter system have cases open with ACS.

New ways to help homeless families buffer young children

from the stresses and traumas common to poverty and homelessness are just beginning to emerge in New York City.

*Data from DHS refers to city fiscal year 2014. U.S. Census data from the 2013 American Community Survey. This assumes the number of children living in homeless shelters who do not come from families with poverty-level incomes is negligible.

from anecdotal evidence at least, starting to make a difference. After deaths in shelters of two small children late last year—both, authorities charge, killed by adult caretakers—the administration has also instituted new measures to identify and protect particularly vulnerable children living in shelters, and work with their parents.

Nevertheless, the number of families in DHS shelters persists at or near record-high levels; best efforts to the contrary notwithstanding, that's likely to remain true for some time. Recent DHS figures show that, on average, families stay in shelters for longer than 14 months at a time. In the life of a small child, that's an eternity.

So the need to shore up the emotional lives of families while they remain in shelters remains intense. It's a chance to meaningfully touch the lives of some of the city's most vulnerable children and could prevent the need for more costly interventions later on.

Shelter operators are heartened by what they feel is a welcome new day in the city. The long population explosion in the shelters—intensified by a combination of deep economic recession, consequent budget cutbacks, and the city's notorious paucity of affordable family-sized housing—sour relations between service providers and City Hall. The environment in the shelters also suffered. During the final years of a Bloomberg administration, antagonism toward shelter staff took root among homeless parents who felt under constant pressure to find jobs, even in a deeply recessionary economy, and to hunt for virtually nonexistent affordable apartments. That in turn discouraged parents already haunted by feelings of failure from opening up to shelter staff about their emotional struggles or their concerns for their children. (Another disincentive:

The fear—founded or not—that discussing such problems could prompt the city to remove their children to foster care.)

At a recent gathering of shelter workers and social services providers in East New York, feelings of renewed optimism were palpable. “We are going back to the model we started with, to link to as many social service providers as we can,” said Anthony Graham, executive director of the Help 1 shelter that houses nearly 200 families. “We want to make sure our families don't come back.”

A new high-level focus on these issues matches this buoyant spirit at the grassroots. Reducing the trauma and chronic stress that poverty and homelessness can inflict on children and protecting children's cognitive development now tops the agenda of the interagency Children's Cabinet. Among the questions it faces: How can we keep children safe? How can we use the time spent in shelter to foster rather than derail their development? How can we support parents who are leaving shelters that may be the only homes their children have known?

This issue of *Child Welfare Watch* takes up these questions. We describe the stresses that traumatic experiences like homelessness put on families with young children, and look at what science shows about the effects on those children. We explore the discontinuity between the large number of young children in the shelter system and the dearth of services for them. And we report on emerging ideas from the field about the kinds of support and services intended to fill this gap.

There's a growing consensus that such now-embryonic efforts should be refined, developed, and brought to scale. Because the hopeful evidence is that concerted attention to the well-being of children in high-stress situations can make a big difference in shaping young lives. ✖

RECOMMENDATIONS AND SOLUTIONS

RESEARCHERS AND PRACTITIONERS AGREE that in most cases helping homeless families re-establish stable lives in homes of their own is key. If the de Blasio administration meets its ambitious 10-year affordable housing goals, that will, over time, greatly reduce the distress too many young children in our city face.

In the meantime, we also have a duty to improve the odds for the children enduring such traumas, here and now. We have no illusions that this is a simple task. Our reporting, including interviews with current and formerly homeless families, shelter operators, social service providers and policy makers, reveals just how difficult and in many cases fraught these challenges are. How, for example, can a shelter system struggling with record numbers of homeless families find the time, space and wherewithal to address the potentially lifelong impact on small children living with high levels of stress and trauma? How can shelters and social services agencies identify and help the parents suffering from clinically diagnosable mental health problems without unnecessarily "medicalizing" the other homeless families experiencing understandable emotional stresses and trauma? How can parents be encouraged to speak frankly about those stresses and their impact on children without arousing anxiety—unfounded or not—that their children may be removed to foster care?

Tough as such problems are, we believe that a robust examination of them, both by top policymakers and frontline service providers, is clearly in order—and also that the time is ripe for such analysis. With that in mind, the Child Welfare Watch advisory board—with grateful thanks for guidance from many involved in homeless policy and service delivery—offers these policy recommendations and solutions.

As this issue of *Child Welfare Watch* reports, the de Blasio administration's Children's Cabinet intends to give top priority to supporting the healthy cognitive development of children growing up under the powerful stresses of poverty. That will clearly include looking at the subject that's the focus of this edition: the intense needs of the unprecedentedly large number of young children living in the city's homeless shelters.

The Children's Cabinet should implement a pilot project to define the nature and scope of serious emotional problems among parents with young children in homeless shelters as well as to screen caretakers and their children for histories of trauma.

Mental health assessments of homeless single adults are common; that's not the case, however, for homeless families. The result: An information vacuum in which the emotional needs of parents and children may be overlooked. Shelter staff interviewed for this report, for example, described postpartum depression and histories of trauma in family shelters as distressingly common; what's not known is just how widespread this problem is, or what its full effects are on parents and their children.

A well-designed pilot assessment program run by trained professionals would be a first step in finding answers. It would offer important insights into the range of trauma-informed and other mental health services needed throughout the family shelter system, and guide decisions about how to deliver them.

The Department of Homeless Services (DHS) should provide funding and resources to train and support shelter staff in addressing the emotional and cognitive needs of young children.

Working in shelters is often a high-stress, low-wage job, and yet shelter staff—from maintenance workers to security guards to case managers—help set the tone in a shelter. Shelter staff should receive training on how they can reduce tensions for those who live and work in shelters, and help to create environments that are more nurturing of young children.

In the words of the nonprofit National Child Traumatic Stress Network (NCTSN), the goal should be to ensure "that [shelter] services do not inadvertently re-traumatize families." Specific NCTSN recommendations include:

- Maximizing choice and control for shelter participants;
- Avoiding provocation and power assertion by shelter staff;
- Sharing power in the running of shelter activities; and

- Delivering services in a nonjudgmental and respectful manner.

Shelter staff should also receive support to achieve those ends. Staff interviewed at one shelter, for instance, all had access to a licensed social worker with whom they could discuss their work with clients—a good model.

Training could include discussions about the realities of shelter life with formerly homeless parents who now work with such advocacy organizations as the Child Welfare Organizing Project and Rise. The important role staff can play in modeling nurturing and warm parental involvement with small children also should be emphasized; so should the potential that imposing sanctions on parents for children's misbehavior can backfire when parents impose harsh discipline to keep children "under control." And case managers should be helped to recognize warning signs of possible trauma or developmental delays in a child that could warrant referrals for early intervention services and other treatment: A 2-month-old who avoids eye contact for example, or a 4-month-old who doesn't respond to baby talk.

DHS should take low- or no-cost measures that ease the stresses of shelter life for homeless families, and also for shelter staff.

Restrictive shelter rules can add unnecessary stress to parents and children and undercut a parent's authority within a family. In some instances, for example, shelters deny children the opportunity to spend holidays with grandparents. Surely a happy medium can be found that protects children's safety, supports parents' ability to make decisions for their families and encourages healthy ties to families' communities. By granting shelters increased flexibility in setting rules and protocols, DHS could encourage shelters to create environments that better support healthy family dynamics and that allow families more flexibility.

DHS and the Children's Cabinet should ensure that families in homeless shelters have greater access to support services, and encourage evidence-based parenting programs to develop and deliver services inside shelters.

The years-long, steep increase in the city's population of homeless families has put space in shelters at a premium. It has also often strained the relationship between homeless families and shelter staff. The unfortunate consequence: shelters that too often miss opportunities to encourage positive, affectionate interactions between children and parents; and families that are too often isolated from those who might help them. Currently, the most common way for a family in a shelter to receive support services for young children is through the Administration for Children's Services (ACS)—help that too often goes hand in hand with the fear of a foster care removal.

The Children's Cabinet, DHS, shelters and social service providers working in partnership with the city's ACS can all help reverse these trends.

Partnerships between shelters and infant mental health groups, for instance, could provide support services for parents of young children, sometimes right in the families' rooms.

Groups like "Mommy and Me" that bring families with young children together for playtime, social interaction and parenting education could be invited into shelters; so

could nonprofit social services providers, many of which are already required to do such community outreach.

Other supports can be offered by nonprofit agencies in a shelter's immediate neighborhood. These should include not just clinical services, but a broad spectrum of activities at public libraries, YMCAs and in parks, ensuring families' well-being and normalizing shelter living for children.

ACS's Community Partnership Initiative can help to forge such links. One such partnership, the Community Coalition of East New York, is, for example, doing exemplary work in connecting shelters in Brownsville and East New York to local service providers.

Other ideas for DHS and the Children's Cabinet to consider:

- Co-locating family counseling and early childhood development services in shelters. Women In Need, for instance, provides families at their shelters with developmentally therapeutic daycare that screens children for delays.
- Re-aligning DHS performance assessments and other incentives to reward shelter operators who improve family well-being while also helping families find permanent homes.
- Encouraging promising service models that work with families to buffer young children from the traumas of events like homelessness. Two such models now being used in our city, SafeCare and Attachment and Biobehavioral Catch-up, are profiled in this report. Policymakers should build upon such efforts and, if they succeed in New York City's shelters, expand them.

DHS should provide intensive interventions for the families most in need of them.

Some homeless families have repeated stays in the shelter system. In some cases, they've also had regular involvement with child welfare or juvenile justice agencies.

DHS is working to break this alarming cycle. In the wake of the death of two small children in shelters late last year, allegedly at the hands of adult caretakers, DHS has taken new steps to identify and protect "high-risk" children in shelters, and to also work with their parents to defuse any potentially dangerous situations.

In addition to ensuring the physical safety of children, DHS should seize this

opportunity to also address the emotional well-being of children, especially those too young to speak. A number of clinical dyadic interventions, which teach and reinforce positive parent-child interaction, for example, have been demonstrated to be effective among emotionally traumatized parents and their young children. They might also prevent the need for more expensive and invasive interventions later in life.

The Administration for Children's Services (ACS) must coordinate with DHS to increase enrollment of young homeless children in city-funded early education programs.

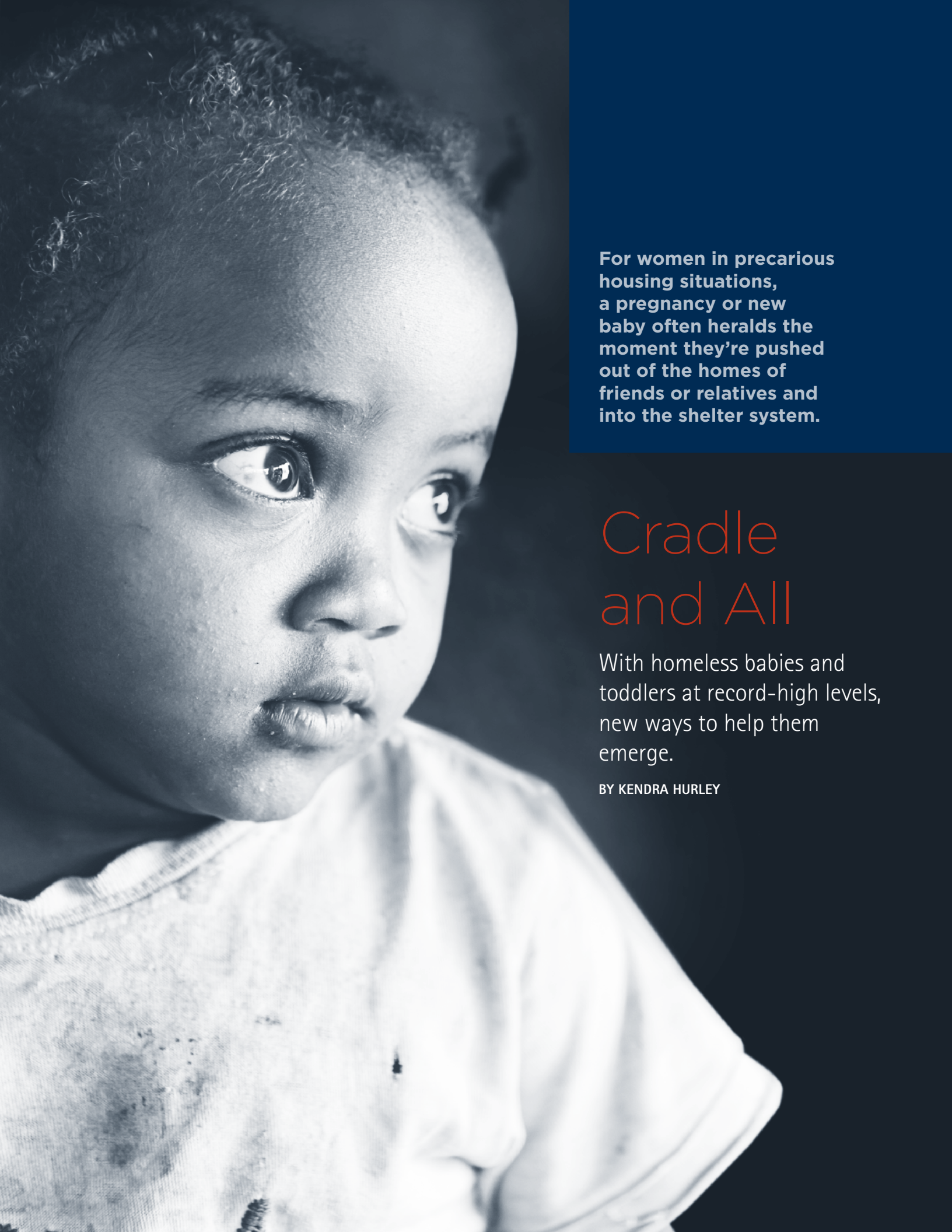
High-quality learning programs are a plus for young children in the shelter system; they stimulate cognitive development and readiness for school. They also help normalize family life and reduce the stresses of child care on homeless parents.

Since 2012, the city has invested hundreds of millions of dollars to upgrade the quality of early education and child care programs for children under 5 years old, and increase enrollment of low-income children. Under the umbrella of EarlyLearnNYC, these preschool and daycare programs offer potentially invaluable resources to homeless families. However, homeless shelter providers are often unaware of the existence and importance of high-quality early education programs.

ACS should work with DHS to ensure that shelter providers are informed about EarlyLearnNYC programs, and that they disseminate information to parents at every opportunity, including initial intake sessions and meetings with case managers. EarlyLearn providers and family child care networks should routinely make presentations at nearby shelters, and make it easy for parents to visit local child care sites.

ACS must work with the city's Human Resources Administration, which determines families' eligibility for federal benefits including EarlyLearnNYC, to streamline the process of enrolling homeless youngsters in EarlyLearnNYC programs.

Finally, in order to make sure these efforts are successful, ACS and DHS must match data in a way that allows them to track enrollment of homeless children in EarlyLearnNYC.



For women in precarious housing situations, a pregnancy or new baby often heralds the moment they're pushed out of the homes of friends or relatives and into the shelter system.

Cradle and All

With homeless babies and toddlers at record-high levels, new ways to help them emerge.

BY KENDRA HURLEY

THE BABY WAS only 2 weeks old, but her mother did not want to hold her. Asked why, she'd say she didn't have the time or patience to sit with the baby. For feedings, she propped a bottle on a pillow for the infant to suck. "I was very concerned about that," remembers Cynthia Greaves, a case manager in the Northern Manhattan Perinatal Partnership, who met the mother and child in their first home together—an East Harlem shelter for homeless families.

Greaves is not a social worker, nor does she have training in mental health issues. The program she's part of is designed to provide practical help to reduce infant deaths. But she knows that to thrive, babies need touch, and their caretakers need to bond with them—something that may not come easily to mothers burdened by trauma and stress.

This mother, Greaves learned, had both. Disowned by her family, she had grown up in group homes and other institutions and said she had never really felt close to anyone. Several years ago, she'd given birth to her first baby, a son, but her brother now had custody of him and he didn't let her see him. Now, bonding with her newborn felt like a luxury compared to the looming, urgent need to search for a permanent home—something the case manager at the homeless shelter was urging her to do.

Like this mother's case manager, most shelter staff focus on practical issues, like helping parents find jobs, daycare and homes. They are not expected to help families address mental health issues, like the effects of trauma on bonding with a newborn.

Greaves knew that a referral to the Administration for Children's Services (ACS) was the most common path to securing some mental health help for this mother, but she also worried that it would put the mom at risk of losing her baby

to foster care. "If ACS preventive stepped in they wouldn't see what I saw," Greaves says. "She loved her baby."

So Greaves did what she was trained to do. She set a practical goal. "My goal was to get her to hold the baby, and feed the baby, to get a connection," she says. Greaves told the mother that the baby was still too young to feed herself. She asked her to consider breastfeeding. When Greaves's time with the mother was up, she enrolled her in a program that would continue visiting the mother and child in the shelter, and hoped for the best. But Greaves remained concerned. "I did everything in my power to help her build a closeness with this child," Greaves says. "And that girl would not hold the baby."



The de Blasio Administration hopes to begin reversing the sad, historic flood of families into the city's homeless shelters. Until that happens, however, a record number of babies and toddlers will continue spending the bulk of their early lives in city shelters.

Last year, children under 6 represented more than one-third of all New Yorkers under the age of 18. They made up 34 percent of all the city's children living below the poverty level. Yet children under 6 represented 45 percent of all children living in family shelters during city fiscal year 2014.

During that fiscal year, which ended last June, nearly 19,000 children in city shelters were 5 years old or younger. That's about 1,000 more babies, preschoolers and kindergarteners than the Barclays Center has seats.

African-American young children are especially at risk of being homeless. Using data from the U.S. Census and DHS, *Child Welfare Watch* estimated that 8 percent of all African-American children age 5 and under in our city spent

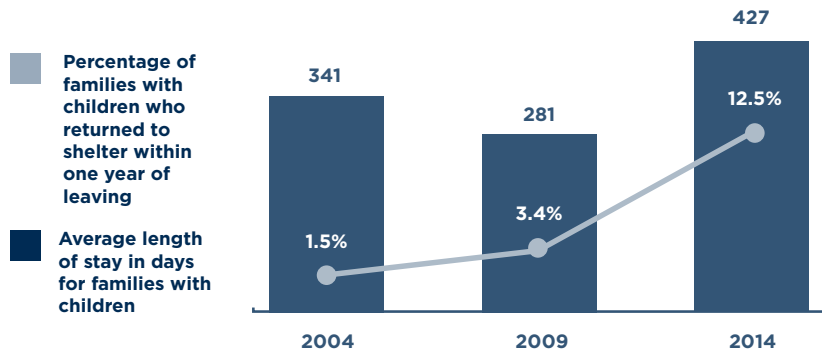
CHILDREN UNDER 6 YEARS OLD IN THE CITY'S SHELTERS

The number of children 5 years old or younger in homeless shelters has increased nearly 60 percent since 2006. Figures are from March of each year.



HOW LONG FAMILIES STAY IN SHELTERS, HOW FREQUENTLY THEY RETURN

Families with children now spend an average of more than 14 months in city shelters. For those who do find permanent housing, the percentage who return to shelters within one year has sharply increased in recent years.



Sources: NYC DHS Data Dashboard, NYC Mayor's Management Report, and data requests

time in a shelter in the last fiscal year.¹ For African-American children 5 and under living in poverty, the incidence of homelessness rose to 22 percent.²

The stress and damage that poverty and homelessness can inflict on children is well-documented. (See “The Science of Upheaval,” p. 16.) For babies and toddlers, whose brains are developing at an especially rapid clip, a family’s exposure to the kind of chronic tension and trauma common to shelter-living can be particularly debilitating. It can prevent infant-parent bonding, wreak havoc on how children’s bodies respond to stress, and ultimately derail their development.

Research has demonstrated that children who are not separated from their primary caregivers during their first two years of life are more likely to become resilient when facing stressful situations than those who are separated. But homeless children are at high risk of being separated from their parents. One study published in the *American Journal of Community Psychology* found that among families receiving public assistance in New York City, homelessness was the most common predictor that a mother would be separated from her child. While just 8 percent of non-homeless mothers in that study were separated from their children, an alarming 44 percent of those who had entered shelters five years earlier were. Many separations occurred after a mother and her child left the shelter system, often not because child welfare authorities or the court mandated it, but because fathers or the children themselves decided it was best. This led the study’s authors to speculate that shelter life—with its crowding, lack of privacy, and rules that can erode a parent’s authority—may weaken mother-child relationships.

Fortunately, a growing body of research suggests that a caregiver who is generally warm, nurturing and responsive to a baby’s cues can help to strengthen parent and child bonds and buffer young children from the potentially brutal impact of conditions common to homelessness and poverty. Such research has also begun to identify mental health and parenting interventions that promote such nurturing parenting, and that can be particularly effective in helping parents living in the stressful circumstances common to poverty, including overcrowding and homelessness.

Yet while babies and toddlers in homeless shelters may be most in need of these types of services, in New York City they have historically received the least.

Perversely—as Greaves and other case workers have seen again and again— one of the surest ways to get a mother help for a problem like postpartum depression is to report her to ACS for suspected abuse or neglect. By its very nature this creates more stress.

City data show that 25 percent of families living in the shelter system have cases open with ACS. About 13 percent of

“If ACS stepped in, they wouldn’t see what I saw. She loved her baby.”

families receive services designed to monitor children’s safety while providing supports to their families—so that help comes hand-in-hand with stigma and fear. “There is no way to frame that as a positive,” says Geniria Armstrong, Henry Street Settlement’s deputy program officer for transitional and supportive housing. “Trust me, we’ve struggled. We tell the parents, ‘Look at the resources here,’ but they’re hearing ‘Bad mother.’”

But across the city, in what may soon become a movement, a handful of advocates, program directors, and government officials have begun to view the time young children spend in shelters as a chance to meaningfully influence the trajectory of their lives, potentially preventing more costly interventions later on. In a historic move, Mayor Bill de Blasio’s Children’s Cabinet, which is chaired by Deputy Mayor Richard Buery and is tasked with bolstering communication and collaboration among city agencies focused on children’s welfare, has identified the cognitive development of young children living in poverty, including those in the shelter system, as an issue it will soon take on. “We nailed it on pre-K and we are going to continue on that,” says Michael Nolan, a top City Hall advisor to the Children’s Cabinet. “But we also know that a lot happens to kids’ development before they even get to pre-K.”

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Statistically speaking, infancy is the time when anyone in the United States is at the highest risk of being homeless, says Marybeth Shinn, chair of the Department of Human and Organizational Development at Vanderbilt University.

For women in precarious housing situations, a pregnancy or new baby often heralds the moment they’re pushed out of the homes of friends or relatives and into the shelter system.

“A lot of moms get kicked out of houses when they’re pregnant or decide whatever living situation they’re in won’t work when they have a baby because it isn’t safe or welcoming,” says Alex Shaw, a former shelter worker and author of a policy paper on aftercare services for the city’s homeless families.

The needs of young children are intense. For a working

¹Data from DHS refers to fiscal year 2014. U.S. Census data is from the 2013 American Community Survey.

²This assumes that the number of children living in homeless shelters who do not come from families with poverty-level incomes is negligible.

The ABCs of Parenting

IN THEIR EARLY YEARS, children are dependent on parents to create their worlds for them. That's the idea behind relationship-based therapy—known as dyadic therapy. The therapist works simultaneously with parent and child, engaging the parent as a partner in the child's therapy. "There's very little you can do with a very young child without changing the tenor and context in which they live, and young children live in the context of their relationships," says Susan Chinitz, director of the Early Childhood Center of Albert Einstein College of Medicine.

New York City has a handful of programs and clinics that provide dyadic parenting interventions for young children and their caregivers. However, they have not set up shop where some of the city's most vulnerable babies and toddlers live: in family homeless shelters.

Anne Heller, a former deputy commissioner of the city's family shelter system, would like to change that. Her hope is to bring Attachment and Biobehavioral Catch-Up (ABC)—a practical parenting intervention that works with caregivers and young children together—to families who have cycled through the shelter system multiple times. "Maybe when a family comes back twice, that's who you give the extra help," says Heller.

ABC aims to help children feel more secure with their parents by increasing their positive interactions in clear and concrete ways. But while dyadic therapies often require families to commit to many months of work, ABC lasts only 10 weeks, making it not only cost-effective, but also more appealing to overtaxed parents.

ABC coaches visit babies, toddlers and their caregivers one hour a week in their homes, following a highly structured model developed by psychologists at the University of Delaware. The model teaches four main principles of parenting babies: nurture babies and respond to their stress in a comforting way; follow the lead of young children and allow them to explore the world at their own

pace; show delight in a child; and avoid behavior, such as teasing or tickling, that a baby will find frightening or confusing.

Coaches videotape caregivers interacting with their children and then provide feedback, talking with parents about their babies' developmental needs and pointing out the positive aspects of their parenting. "We cheer on the parent as they cheer on the child," says Lindsey DeMichael, who was one of the first coaches at the ABC program at the foster care agency Forestdale, Inc.

Forestdale's ABC program works with foster parents and babies, as well as with parents who have recently been reunited with their children. "These mothers have been brought to the attention of child welfare and feel like they've done something terrible and that they aren't a good mother. The model is meant to reassure and teach at the same time," says Anstiss Agnew, Forestdale's executive director.

Research has shown that mothers who themselves experienced childhood trauma can have difficulty distinguishing their children's emotional states. One study of ABC found that "high-risk" mothers who received the intervention showed greater parenting sensitivity than those in a control group. Studies have also found that the model has a strong completion rate with caregivers, and that young children who received ABC experienced less stress and were more frequently securely attached to their caregivers than children who received a different intervention.

Heller's ultimate goal is to see ABC used as a regular part of well-baby care in New York City's poorest neighborhoods. "We know that sensitive parenting protects against the negative effects of chronic stress," she says. "We also know that many 'high-risk' caregivers, due to the effects of deep poverty and other chronic stress, are unable to parent in a way that provides this protection. This is not just intuition, it is now scientifically proven."

ABC, Heller hopes, can help to bridge the gap. —Kendra Hurley

parent on the brink of poverty, the margin for error is minute; being late for work or missing a paycheck can unravel their lives.

A number of homeless mothers with babies and toddlers are young themselves, and have never had a job or lived on their own and lack very basic life skills, says Sister Mary Doris, executive director of the Bronx shelter Siena House.

Postpartum depression may also play a role in homelessness. One study published in the *American Journal of Public Health* found that mothers who experienced depression during the postpartum year were significantly more likely than those who did not to be homeless or at risk of homelessness by the time their children were 3 years old. This association held true even for mothers who had no previous housing problems.

In the past, the shelter system could provide families with clear paths for securing permanent housing; homeless families

received priority for public housing as well as rental subsidies. But in recent years, these exits from the shelter system closed, and the time families languished in shelters skyrocketed: the average stay in family shelters jumped from 281 days in city fiscal year 2009 to 427 days in fiscal year 2014.

For a baby, 427 days is a once-in-a-lifetime opportunity for intense learning. It's long enough to go from being a newborn with a floppy neck to learning to smile, sit up, feed oneself, walk, fall and say "Mommy" and "Daddy." It's also long enough to intuit whether the world is a generally benign, benevolent place, or one fraught with danger.

These early years are often described as the time when the "architecture" of our brains is created, laying the foundation for our ability to regulate emotions, interact with others and understand the world. When infants and their parents are exposed to an onslaught of stress, the effect can be toxic.

New York City Child Homelessness in Fiscal Year 2014

Number of children in homeless shelters under age 18 over the course of the year: 41,814 in 25,732 families	Number of children 5 and under in shelters over the course of the year: 18,984, or 45 percent of all children under 18	Average length of stay for families with children: 427 days	Percentage of families that were placed into housing and returned to shelter within one year: 12.5 percent	Percentage of families in shelters with active ACS cases in September 2014: 25 percent
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Sources: Department of Homeless Services, The Administration for Children's Services

Families in the shelter system have a million-and-one reasons to be stressed. In December 2013, *The New York Times* documented in devastating detail the effects of living in Fort Greene's now-shuttered Auburn Family Shelter on Desani, an 11-year old girl. In interviews with homeless families and the service providers working with them, *Child Welfare Watch* has heard numerous stories echoing Desani's plight: the shame and stigma of homelessness that attaches to each family member; the frequent antagonism between shelter staff and the families they work with; the broken door locks that don't get fixed; the bugs and vermin and pesticides in close proximity to sleeping children; the overcrowding and general stresses of parenting in public; the watchful, seemingly ever-present eye of the foster care system. (See "Trapped," p. 13.)

For homeless school-age children like Desani, school can offer security and consistency. It's the place where they might connect to adults who have not only the desire but the resources to help. Babies have no such outlet.

"If they're 13, they run out the door. Infants are more vulnerable. And you can do a lot of damage in a short period of time," says Philip Georgini, director of shelter services at Nazareth Housing on the Lower East Side. "Those are the ones I worry about most."

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The stresses of homelessness typically begin well before a family arrives at a shelter and linger long after they leave. "There are usually years of people going from family member to family member or resource to friend," before they become homeless, says Christy Parque, executive director of Homeless Services United. "By the time they end up at the shelter, they are in crises, not just for a housing crisis, they are in a family crisis."

During homelessness intake, adults without children in tow are assessed for mental health and other issues; that informs where they will live and what services they will receive. But for families, unless something is glaringly wrong, "like a

person wears a lampshade and is sitting upside down," says Josh Goldfein, senior staff attorney at the Legal Aid Society, they receive no such assessment.

Depending on what's available, families are funneled into one of two types of general family shelters administered by DHS.³ Over half of all families now live in "cluster site shelters" or "hotels," says Patrick Markee, deputy executive director for advocacy at the Coalition for the Homeless. These are individual apartment units that private landlords rent to social service organizations, and which have no social services on-site. Families are supposed to regularly see a case manager who helps them move toward permanent housing. But in cluster sites, with "the logistical problem of these families scattered in apartments throughout the neighborhood," says Markee, providing services is difficult, and often doesn't happen.

The rest of families in DHS housing live in shelters that house multiple families in separate units under one roof. These "Tier II" shelters have case managers on-site and typically provide more services than cluster sites. But the focus is on helping parents find jobs, child care and permanent housing. Advocates say that in recent years, the pressure on parents to find jobs and affordable apartments in a city short on both has fueled an atmosphere of mistrust between staff and residents, making it less likely that parents will reach out to shelter staff with concerns for their children.

DHS requires case managers to ask heads of households a series of intake questions, and some of these touch on mental health. However, there is no DHS protocol for what a case manager should do if a mother, say, suffers from post-traumatic stress disorder. "It is the shelter's discretion" what to do with that information, says Kristen Mitchell, assistant commissioner of program planning and evaluation at DHS.

Advocates say this approach may miss a mental health issue or family dynamic which could be at the root of a family's homelessness. "Kids react to what happens with mom and the mom reacts to what happens with the baby and

³After the deaths of two children late in 2014, DHS has recently changed shelter intake procedures to identify families who are particularly high risk and place them in Tier II shelters, which have more services onsite.

Can a Time-Tested Parenting Program Succeed in a Shelter?

BY THE SPRING OF 2016, homeless families in Brownsville may get a new kind of help in caring for young children. The social service agency CAMBA plans to bring SafeCare, a highly structured parenting program, directly to the family shelter it operates in that part of Brooklyn.

CAMBA has been using the model for a little under two years with about 170 families who are enrolled in foster care prevention services, many of whom are doubled up or living in shelters. If they succeed at bringing it to their Brownsville family shelter, the program will be able to reach families who are not necessarily enrolled in foster care prevention.

Doing that would test SafeCare in a large and very high-stress communal setting with more than 150 homeless families. It would also include recruiting homeless families to take the lead in encouraging a nurturing style of parenting. "The shelter directors and workers have mentioned there's a culture of parenting that's very negative and very reinforcing of actions that are negative...like parents encouraging other parents to hit their children," says Jenelle Shanley, associate director of the National SafeCare Training and Research Center. "What we're looking to do is to shift the culture around parenting in the shelter."



CAMBA has long had a solid track record of working with mothers and young children through its 15-year-old home-visiting Healthy Families program. But that program has narrow eligibility requirements—mothers have to be pregnant or no more than three months postpartum to enroll. Moreover, the program spans several years, demanding a serious commitment from participating families.

For CAMBA's foster care preventive services, Harvey wanted a shorter program that could effectively engage more families. She looked for one that stressed "tangible skills so that a parent could leave the program and walk in a room and say, 'That's not safe for my child.'" She also wanted one that didn't require her caseworkers to be licensed

as social workers—something that would keep operating costs low. SafeCare fit the bill. "SafeCare impresses upon parents that you are the baby's first teacher, and we are promoting touch which we know facilitates bonding," says Janee Harvey, who oversees CAMBA's foster care preventive services.

The SafeCare model was developed at Georgia State University. In several studies, parents receiving SafeCare were involved in significantly fewer reports of child maltreatment than parents in a control group. The model also benefited the professionals—SafeCare home visitors experienced less turnover and burnout than caseworkers in a control group.

SafeCare home visitors work with parents and their children. They focus on three key areas: home safety, where parents childproof their homes; child health, where parents learn, say, when to call 911 or visit the emergency room; and parent-child bonding, where parents engage their babies and toddlers in loving ways.

A home visitor scores a mother in each of these categories, looking for "discrete and measurable" things, says Harvey. In home safety, that can include counting the number of hazards in a room, like pennies on the floor. For bonding, a mom gets extra points for talking to and touching her baby.

The home visitor meets with each family about once a week, building rapport and trust with parents by enthusiastically pointing out all the mother is doing well before introducing ways she can improve. In one recent session, a CAMBA home visitor lavished a young mom with praise and high-fives. "You're very knowledgeable even though you play like, 'I don't care, let's get this over with, I don't listen,'" she gushed, to the mother's quiet delight. "We're done with your little practice and you did awesome!"

Completing the program takes about six months. Some parents graduate in less time, while a parent grappling with, say, the demise of an abusive relationship or the aftermath of childhood neglect might need more. "When you start to look at your kid's trauma you have to look at your own trauma," explains Harvey.

The majority of parents that CAMBA has worked with in its foster care prevention program are mothers, but Harvey has seen SafeCare be "a very seductive model for many fathers," with dads often joining in.



If CAMBA and SafeCare's developers succeed at bringing the model to CAMBA's Brownsville shelter, it will be the first time it has been adapted for a communal setting. It will also mean that families at the shelter can for the first time enroll in the program without also being monitored by the Administration for Children's Services through its foster care prevention program.

Researchers at Georgia State University are considering a pilot where SafeCare home visitors (and in this case, the shelter would be "home") work with a few carefully chosen parents at the Brownsville shelter—both those who have demonstrated an aptitude for supportive parenting as well as what Shanley calls the "dominant parents" to whom other families naturally gravitate for guidance.

These parents will be trained to become SafeCare role models who work with other families in the shelter. By enlisting families as mentors for each other, Shanley hopes to create a culture of positive peer pressure within the shelter. "We want [families] to be the prominent voice for delivering the model," she says. "I see that to be more likely to have an impact than just coming in with a service."

Ultimately, Shanley hopes to see SafeCare "affect the larger schema in this shelter around the attitudes of parenting," and even become a blueprint for how other family shelters can create environments supportive of safe, nurturing parenting.

For her part, Harvey hopes SafeCare will have long-term benefits for the children involved. Describing referrals she's had for teenagers with problems arising from early childhood trauma, she says, "I'd think, whoa, it would have been great to work with families when the kids are younger." —Kendra Hurley



While most families who come into the shelter system do so only once, some come through repeatedly.

child, so to rehouse families and keep them housed you have to look at the mental health of the family,” says Parque.



Ask around about which shelters are doing particularly good work with children, and chances are Henry Street Settlement will come up. Henry Street runs three family shelters. Its largest has a case manager who lives alongside residents and is available to help out at any time of the day or night. Parents and their children have access to Henry Street’s nearby rich array of community services and programs, including drop-in daycare for children 2 and older and a mental health clinic. But it has been 28 years since Henry Street has had a program designed for babies. “The group we provide the least amount of programming is 0-2,” says Geniria Armstrong, deputy program officer for transitional and supportive housing at Henry Street.

Henry Street is far from unique. In a world short on mental health resources, children too young to speak are chronically overlooked. A 2012 analysis by the Citizens’ Committee for Children estimated that New York City mental health clinics had treatment slots for only about 1 percent of all city children ages 4 and younger with behavior problems.

For children in homeless shelters, the odds of a baby receiving services that do not involve opening a case with ACS are likely even longer.

In the “Baby Steps” 2013 issue of *Child Welfare Watch*, we highlighted the city’s handful of mental health programs doing innovative work with parents and young children living in poverty. Many of the most effective programs co-located services in places where babies already are: pediatric clinics, daycare centers, Family Court and foster care agencies. Yet we found no infant mental health practitioner based where some of the city’s most vulnerable babies live—in a New York City family shelter.

“A lot of the times I think my children don’t like being with me because we are always in crappy places.”

This may, however, be about to change. In what could be a harbinger of things to come, a handful of advocates are advancing projects to support babies’ and toddlers’ development in homeless shelters. Some are small in scale, like a parent-and-baby group that Armstrong at Henry Street hopes to put in place this year to focus on interaction between parents and their babies, and “on providing an environment where parents can have enjoyable time with their infants.”

In West Harlem, Northern Manhattan Perinatal Partnership just completed a pilot parenting workshop for a handful of men with young children at a family shelter. They are hoping to soon run a similar workshop that stresses nurturing parenting for mothers.

At the social service organization CAMBA, Janee Harvey, the program director of preventive services, is preparing to bring the practical parenting program SafeCare to their Brownsville homeless family shelter. (See “Can a Time-Tested Parenting Program Succeed in a Shelter?” p. 10)

Perhaps the most ambitious plan comes from Anne Heller, who until recently was DHS deputy commissioner of the family shelter system, and is now focusing her attention on the city’s most vulnerable babies and toddlers. Heller was struck by city data showing that while most families who come into the shelter system do so only once, a smaller percentage come through repeatedly.

“Many of those families have come into contact with the child welfare system, juvenile justice and mental health systems,” says Heller. They are the families “that have more problems and maybe intergenerational poverty,” she says.

Hoping to find a meaningful way to help those families, Heller began scouring the research on the impact of toxic stress on young children. She was frustrated to find that most city programs either focused very narrowly, took a long time or were costly. Still others simply did not reach the most at-risk families.

Heller has become interested in Attachment Biobehavioral Catch-Up Method, an intervention developed by psychologists at the University of Delaware that works with babies and care-

givers in their homes to increase attachment. Known as ABC, “it empowers the mom to make the difference in the child’s life,” says Heller. (See “The ABCs of Parenting,” p. 8.)

Because the program is just 10 weeks long, Heller thinks it will be scalable and also appealing to parents. She hopes to make the model a part of well-baby care in New York City’s poorest neighborhoods, targeting families who need it most, including frequent users of the shelter system.

With Mayor de Blasio’s Children’s Cabinet on the lookout for innovative ways to address the mental health needs of young children, including those in shelters, the time may be ripe for such big dreams. As far as existing services to help homeless babies and toddlers, says Nolan of the Children’s Cabinet, “I don’t think there’s a lot of that happening, to be blunt.”

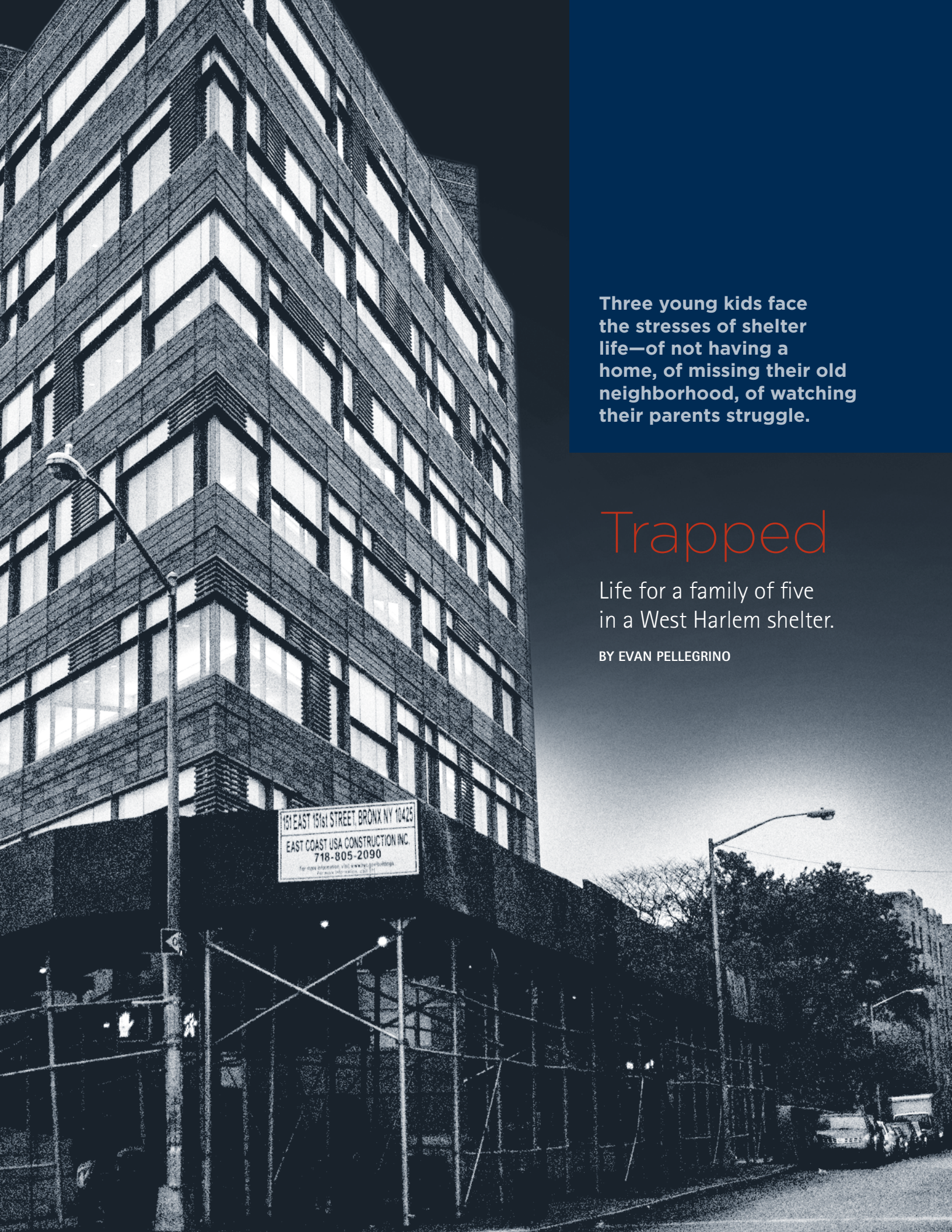
For Heller, focusing on babies feels like both the ultimate in homelessness prevention and the urgent continuation of work she began at DHS, when the number of children in shelters reached dizzying heights. “If I had known then what I know now, I absolutely would have worked to put earlier services in to try to make a more proactive effort to help kids,” she says, adding, “because the babies can’t wait.”



Martinez was just 19 years old the first time she landed in a shelter with her 3-month-old son and 3-year-old daughter. That was nine years ago. Since then, she and her two children have been in and out of more shelters than she cares to remember. But it wasn’t until her kids became of school-age and began to act out in class that ACS got involved and the family received help. “They got everything then,” says Martinez. “They had therapy. I had therapy. They had a psychiatrist. They got after school. They got an intensive worker who would check the house to see if you need food and bring things like free movie tickets.”

The help came too late to keep her family together. This past year, her children spent nine months in foster care. Soon after the family was reunited in a shelter, Martinez’s daughter ran away for three weeks. At the time Martinez spoke to *Child Welfare Watch*, her daughter was undergoing an intensive, 21-day psychiatric evaluation at the foster care agency Children’s Village. Martinez’s son, who lives with his mother in the cluster site shelter, suffers from panic attacks.

Sometimes Martinez wonders how things would have turned out if she and her children had received meaningful help when they first entered the shelter system. “My kids would have had a home and I would have been able to start looking for a job,” she says. Instead, Martinez says she is now paying a higher price than she ever imagined. “It’s stressful not being situated and scrambling everywhere and bringing them everywhere with me,” she says. “A lot of the times I think [my children] don’t like being with me because we are always in crappy places.” ❀



Three young kids face the stresses of shelter life—of not having a home, of missing their old neighborhood, of watching their parents struggle.

Trapped

Life for a family of five in a West Harlem shelter.

BY EVAN PELLEGRINO

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SHORTLY AFTER MOVING to the West Harlem shelter at 30 Hamilton Place, Naiquan Pritchett, 34, and his fiancée, Giffany, started noticing changes in their children. Their 1-year-old daughter, who had recently spoken her first words, became uncharacteristically clingy, demanding constant attention and holding. Their 6-year-old son started throwing tantrums, crying and throwing himself on the floor, sometimes breaking cherished toys on purpose. Their 3-year-old daughter, who once joyfully shared every detail of her day, became increasingly silent and reserved.

“She just shuts down. She won’t talk. She won’t respond,” says Pritchett. “There used to be times I couldn’t even get her to be quiet. She would be so talkative about everything. She would tell me about what she did that day, telling you about all she saw and experienced.”

For Pritchett it’s clear what’s happening: the stresses of shelter life—of not having a home, of missing their old neighborhood, of watching their parents struggle—are getting to his kids.



Last May, Pritchett’s family lost the Bedford-Stuyvesant apartment where they had lived for six years after their landlord got in trouble with the city for renting illegally. Pritchett had recently lost his job at a moving company. Evicted with nowhere to go, he took his family and all the possessions they could carry to a temporary shelter where they spent the night. “It was unexpected,” Pritchett remembers. “I had nothing saved.”

The next day they went to the Department of Homeless Services’ Prevention Assistance and Temporary Housing (PATH) intake center in the Bronx. There they began the exhaustive evaluation process required to receive housing in a city shelter.

Pritchett says his family was denied long-term shelter three times for not having the right documents. After each denial, they returned to an overnight shelter, then went back to PATH to start the process over again.

At PATH, they would wait for several hours to meet with various caseworkers as the children became increasingly hungry, tired and cranky. Once, his children refused to eat the baloney sandwiches the center provided. They began crying, saying they were hungry. Overwhelmed, Pritchett decided it was worth risking his spot in line to leave the center and buy food for his children with some of the last of his cash.

In the three weeks it took before the city approved his family for a long-term shelter, they moved between temporary shelters four times—a situation Pritchett describes as traumatic. “My kids didn’t understand,” he says. “It hurts I have to put my kids through a situation like this.”

The six-story family shelter where Pritchett, Giffany and his children now live is one-and-a-half to two hours on the subway from their once longtime neighborhood and home. The shelter once housed single adults for short-term stays. Today, parents and their children crowd into rooms with

“It hurts I have to put my kids through a situation like this.”

kitchenettes and an attached bathroom where they live for months at a time, sometimes years.

Pritchett’s family has a room with a crib and two beds—one bed is shared by his son and daughter, the other by Pritchett and Giffany.

The residents’ complaints are common: the deteriorating conditions of the building; the lack of space; the services they aren’t receiving. Pritchett makes a point to keep to himself. He doesn’t trust the staff or other residents—some of his possessions have gone missing. Besides, families aren’t allowed to have visitors to their rooms, not even other shelter residents. This makes it impossible for families to help each other in the shelter. “I can’t even get someone to babysit for me if I have to run out,” says Pritchett.

Pritchett can rattle off a list of other dissatisfactions: the broken stove he reported to the shelter months ago that still isn’t fixed; the mold in the shower; exterminators entering his room without his permission, disregarding his concern that the poison they use could hurt his kids; a refrigerator shutting down and spoiling his family’s groceries, forcing him to use his remaining cash replacing the food.

But it’s the impact on his kids that hurts him most. “It’s tough because they no longer have the freedom they had,” he says. “They get bored quick and easily. They complain.”

Pritchett and Giffany have done what they can to help their children maintain a sense of stability and normalcy. A family friend drives Pritchett’s son to school in Bed-Stuy. It’s an hour drive each way, but it lets him stay connected with friends and teachers from his former neighborhood. Pritchett enrolled his older daughter in a daycare program he learned about from a woman handing out business cards on the street. It costs him \$125 each week, a splurge he justifies saying that the opportunity for his daughter to socialize and play with other children is priceless.

Pritchett looks after his youngest child himself, while her mother sleeps after working the graveyard shift at a McDonald’s in Brooklyn, a job she’s held three years.

Though the shelter houses more than 150 families, it doesn’t have a play space for children to run around in or do homework. This is typical of many of the city’s family shelters, a number of which lost recreation programs due to funding cuts over the last decade.

Pritchett finds himself constantly scolding his kids for

A Missed Opportunity: Connecting Homeless Children to Child Care

NEW YORK CITY sponsors hundreds of publicly funded daycare and preschool programs for low-income children.

In theory, they should be invaluable resources for homeless families with infants and toddlers. In practice, however, homeless parents may never hear about them, or may face insurmountable obstacles to getting their children enrolled.

"Child care tends to be a big barrier for homeless families," says Linda Bazerjian, the director for external affairs at the Institute for Children, Poverty and Homelessness. Some shelters have onsite child care. For example, Women In Need provides families at their 10 shelters with developmentally therapeutic programs that screen children for delays. Other programs have ad hoc centers where staff will babysit children for a few hours. Many have nothing.

High-quality programs free parents to work or go to appointments while providing kids with stable places to grow and learn. "Children in these situations can start out behind in many ways," Bazerjian says. Good child care can "get them to the same level as their peers."

Helping children overcome barriers is precisely the goal of the city's early education system, EarlyLearnNYC. In the past two years, the city has spent close to \$500 million to overhaul its network of child care providers, holding them to a higher set of quality requirements, including increased teacher-training and wrap-around supports for struggling families. The goal: ensuring that low-income kids get high-quality services that prepare them for success in elementary school and beyond.

Advocates for homeless children, however, say that shelters often fail to help their clients take advantage of EarlyLearnNYC programs. "Because there's been an incredible crush of families in the shelter system, all attention has been focused on finding permanent housing," says Jennifer Pringle, the project director of NYS-TEACHS, a state-funded program designed to improve educational outcomes for homeless children. Other goals may never make it onto the priority list, she says.

In the summer of 2014, Pringle's team worked with staff members from the Department of Homeless Services (DHS) and

the Administration for Children's Services (ACS), which runs the EarlyLearnNYC program, to educate homeless shelter providers about the benefits of high-quality early education. They also encouraged EarlyLearnNYC providers to recruit children from homeless shelters.

It's difficult to gauge the success of that effort, however, since the city doesn't track the number of homeless children enrolled in EarlyLearnNYC programs.

High-quality programs free parents to work or go to appointments while providing kids with stable places to grow and learn.

Even when homeless parents do make it to the door of an EarlyLearnNYC program, they may face a long and cumbersome paperwork enrollment process. Parents receiving federal cash assistance benefits are automatically eligible for subsidized child care programs, but the city's benefits agency, the Human Resources Administration, doesn't communicate eligibility information to the child care system—meaning that parents may need to go back and forth several times, seeking approval and documentation.

To make a real impact, Pringle says, DHS and ACS need to collaborate on a long-term plan to streamline enrollment for homeless families. Shelter staff should provide information about EarlyLearnNYC programs at every opportunity, including initial intake and case management meetings. EarlyLearnNYC programs should make presentations at shelters in their neighborhoods, and shelters should coordinate trips for parents to visit child care sites.

"The shelter system has a deep and lasting impact on kids," Pringle says. The important question, she continues, is "how can it be a positive one? How can we better connect families, while they are in the shelter system, with the services they need to lead healthy and productive lives?" —*Abigail Kramer*

playing too loudly. "They're limited to their surroundings and a small space of floor to play with their toys," says Pritchett. "They're not having the liberty to be themselves. My kids can't be kids. I don't want them to be stuck in this shell." A park near the shelter is the one place the children feel free to be loud, to run and play in open space. But the onset of cold weather is foreclosing that option.

Pritchett says the stress is taking its toll on his relationship with Giffany as well. Pritchett and Giffany have known each other for 12 years. But these days, he describes their relationship as two people who pass each other by.

When she comes home from her commute from work, which some days takes up to two hours, she goes to sleep as Pritchett prepares their children for the day. On the rare occasion that they are both awake and together, Pritchett and Giffany find themselves increasingly in conflict. They agree on one key thing—that they need to get their family out of the shelter as quickly as possible—but they find themselves arguing more and more about how to make that happen.

"In a sense I feel trapped," says Pritchett. "Sometimes I'm ready to give up. I'm ready to throw in the towel and walk away." ✖

The Science of Upheaval

Early childhood homelessness can damage kids' development.

ABIGAIL KRAMER

SEVERAL YEARS AGO in downtown San Diego, a big-eyed, curly-haired boy named Jimmy moved into a homeless shelter with his mother and two older siblings. At 19 months, Jimmy had seen more than his share of upheaval. His family had spent months bouncing between friends and relatives before they landed at the shelter. Soon after, his mother came under investigation by Child Protective Services for verbally abusing her kids.

What concerned staff at the shelter most, however, was that Jimmy and his mother seemed shut down. They seldom made eye contact; Jimmy almost never smiled. He should have been well on his way toward learning to talk, but he rarely made sounds at all.

Among kids who end up in shelters during early childhood, Jimmy's story is far from atypical. For many families, homelessness comes not only with its own inherent sense of danger, but with an entourage of traumatic experiences. In various national studies, researchers have found that homeless children are far more likely than other kids to experience abuse, witness family violence and spend time in foster care.

The cumulative chaos exacts a heavy toll on children's development. In one frequently cited long-term study of homeless families in Massachusetts, researchers found that more than one-quarter of kids under age 5 suffered from depression, anxiety or aggression. More than half of preschoolers showed at least one major developmental delay and, by the time they were 5 to 7 years old, many had below-average IQ scores. Staff at homeless shelters often find that children have physical delays from spending long, transient days strapped into strollers.

These numbers make intuitive sense: Child psychologists have long understood that there's a connection between traumatic childhood experiences and poor life outcomes. It's only over the past two decades, however, that scientists have begun to understand the process by which early life events—especially those involving trauma and chaos—get built not just into children's psyches, but the architecture of their brains and bodies.

The key lies in understanding how human brains grow. Babies are born with approximately 100 billion neurons, each connected to thousands of others through an immensely intri-

An infant's brain can produce two million new synapses every second—a warp-speed neural spider web that sets the parameters of a person's capacity to think, learn and process emotion.

cate network of chemical pathways that develop, strengthen or die in response to outside stimulation. Each experience a baby is exposed to—everything she sees, every song she's sung, every time she's held or fed or smiled at—sends a series of electrical impulses shooting through the developing circuits of her brain, strengthening pathways and inciting new connections to grow. During the first few years of life, that growth happens exponentially. The cerebral cortex region of an infant's brain can produce two million new synapses every second—a warp-speed neural spider web that sets the parameters of a person's capacity to think, learn and process emotion.

In order to grow healthy, durable connections, babies and toddlers need interaction, stimulus and, perhaps most important, a sense of safety that frees them to explore and experiment with their worlds. Ideally, that security grows from a reliable emotional attachment to at least one caregiver. Behavioral researchers are fond of quoting the psychologist Urie Bronfenbrenner, the founder of the Head Start program for low-income

preschoolers. “In order to develop normally,” Bronfenbrenner wrote, a child needs to interact with “one or more adults who have an irrational emotional relationship with the child. Somebody’s got to be crazy about that kid.”

When parents are homeless, it can be insurmountably difficult to provide the kind of environment in which children thrive. Ruth Newton, a psychologist who worked at the shelter where Jimmy’s family lived, writes that it’s common for homeless mothers to spend little time making eye contact with their children, since their focus is often consumed by the external world and the threats it may present to their families’ survival. When that stress filters down to kids, the effect can be toxic, weakening brain growth and causing permanent damage.

Researchers are still unraveling the process by which stress causes harm, but the operative mechanism seems to involve cortisol, a hormone our bodies produce when we perceive danger. Cortisol is indispensable, should you find yourself facing a stranger in a dark alley, or even the more abstract menace of a looming deadline at work. But it is markedly less useful for coping with the grinding, long-term stress that results, for example, when a child’s family falls apart.

When children’s brains are exposed to cortisol too often and for too long—either because of traumatic experiences like losing a home or simply because they absorb the ambient stress that so often accompanies intractable poverty—it can alter the structure of the genes that control hormone production, disrupting the stress-response system and stunting growth in parts of the brain. For a kid like Jimmy, whose stress response system had likely been hyperactive for much of his life, there may be few resources left to support healthy growth.

The good news, in the world of child development, is that researchers have discovered a powerful antidote to the toxic effects of chronic stress: When children are raised by particularly responsive or nurturing parents, their cortisol patterns and brain function are far more likely to be healthy, even if they live in the midst of upheaval and chaos.

The even better news is that parents can learn concrete skills to give their kids the stabilizing benefits of nurturing care. Over the past two decades, a growing number of child psychologists have experimented with a treatment known as dyadic therapy, designed to reinforce caregivers’ power to protect their children’s development. The goal is to help parents understand how much they can benefit their kids, simply by paying attention and responding to their cues.

Dyadic coaches work with a parent and child together, usually in a room with toys and comfortable places to sit. Often, they start by encouraging a parent to get down on the floor and play with a child—following the child’s lead rather than giving orders or correcting. In many dyadic programs, staff members videotape a few minutes of each session, isolating moments of connection to play back to parents later.

Dyadic programs have shown promising results. In one

videotaped program, called Circle of Security, the developers reported a 40 percent increase in healthy attachment patterns between children and parents who participated in 15-week sessions. Other studies have found significant decreases in kids’ behavior problems and parents’ overall stress.

The problem for homeless families is that they rarely have access to these kinds of prolonged, intensive therapies. By necessity, shelters and transitional programs tend to spend their resources on families’ most glaring needs, like medical care, drug treatment and finding a longer-term home.

Researchers have discovered a powerful antidote to the toxic effects of chronic stress.

The program where Jimmy landed—a transitional home called St. Vincent de Paul Village—was a rare exception: Staff had recently decided to try a videotaped dyadic therapy program with a small number of struggling parents and kids. Jimmy and his mother joined the program soon after they came to the shelter, with results that Newton, the shelter psychologist, describes as transformative.

Jimmy’s mom got to see, up close and in freeze-frame, that when she made eye contact with Jimmy, he looked back. When she smiled at him, he smiled too. She got to see her place in the natural rhythms of toddlerhood: Jimmy would venture around the room, checking out toys, then come back to her for comfort or rest. No one else could give him the sense of security that she could provide—once she had witnessed for herself how important it was to respond to his inquiries and attempts to connect.

After 11 therapy sessions, Newton writes, staff at the program documented noticeable improvements. Jimmy smiled more and his speech improved. His mother yelled less, and her child services file was closed. Having seen her strengths as a parent, she said she was encouraged to use them more often.

At the end of seven months, Jimmy’s family left the shelter. One of the harsh realities of working with homeless families, Newton writes, is that therapists don’t get to see the long-term results of their efforts. The goal, she argues, must be to use every opportunity to give families skills that will help them as they move forward. “We try to give something in each session that the parent can use, because we never truly know if we are going to see the family again.” ❀

A Shelter With a Mission

Young mothers in the Bronx find refuge and guidance at a former convent.

KENDRA HURLEY

ONE COLD NOVEMBER morning, a group of young mothers and mothers-to-be gather for a parenting workshop at Siena House, a homeless shelter for 27 women and their babies in the Highbridge section of the Bronx. A few women lounge in overstuffed chairs absently stroking bulging bellies. One mom looks on protectively as her baby crawls about, exploring the room. Another mother, still wearing the traction socks from her hospital stay, shows off the sleeping, red-faced newborn she has just brought home.

Their teacher for this workshop, Norma Uranga, is a firmly reassuring woman with long, blonde hair, purple glasses, and a doctorate in Spanish and English bilingual education. Previously a school administrator, she is one of a handful of volunteers at Siena House. Her goal is to help these homeless young mothers—many of whom have grown up in foster care and have few role models for parenting—become thoughtful parents. She does this by arming the women with practical information about developmental milestones for babies and toddlers as well as parenting techniques. But it is her sense of enthusiasm and awe for young children that most captivates the mothers—some experiencing parenthood for the first time. As Uranga talks about “the little miracles” of a baby discovering the world, the mothers lean in, hungry for this information, muttering enthusiastic responses, like “Yes, my baby is doing that now!” or “Why *do* they test us like that?”

• • •

Uranga’s weekly workshop is just one of the volunteer-led programs that Siena House provides its families. There is also a volunteer life coach who comes on Tuesday evenings, and a volunteer nurse educator who teaches morning workshops and helps mothers with breastfeeding. In the past, Siena volunteers and staff have led the moms in topics like baby massage and how to create a soothing bedtime ritual. They also

Sister Doris’s vision was of a shelter that worked closely with young, first-time mothers, taking advantage of that window of opportunity just before and after a baby’s birth when parents are especially open to help.

once had a Mommy and Me group, where mothers played with their babies while picking up parenting tips.

Providing programs like these was part of Sister Mary Doris’s mission when she founded Siena House 25 years ago, at the height of the crack epidemic. Then, as now, her vision was of a shelter that worked closely with young, first-time mothers, taking advantage of that window of opportunity just before and after a baby’s birth when parents—and particularly first-time moms—are especially open to help. “If we could really zero in on program development for the first-time mother who winds up homeless, we can short-circuit the trend toward having more children before you are able to provide for them or finish school or get some skills,” says Sister Doris. “I call them a captive audience. If we have them, I want to provide them with programs.”

But Siena House has never fully realized that goal. The Department of Homeless Services does not allow family shelters to specialize in particular populations, like young or first-time moms. The city’s intake center for homeless families sends families to shelters depending not necessarily on what best suits a family, but on where there’s available space. The fact that Siena

House accepts only single mothers with young children is the result of a logistical fluke more than mission—the rooms in Siena House, a former convent, are small. They fit only a single bed and a crib, leaving room only for single mothers with babies, though the shelter manages to accommodate kids up to age 3.

Siena House has housed mothers who are well into their 40s, some who have had multiple kids in foster care, but many of the moms who pass through are first-time parents, with their average age being around 22. “Some of our young mothers are really very mature and able to move beyond us with some supports, but some of them have not even finished 8th grade, and have never worked or have very few skills,” says Doris, who has lived in a room in the shelter’s top floor since it began.

Doris says that many of the mothers are dealing with the after-effects of abuse and other traumas, and are searching for ways to parent that are different from how they were raised. She tries to provide this through workshops as well as staff who model sensitive parenting. From the cooks to the housekeeper to volunteers like Uranga, “the people who work here are very nurturing, and they kind of help the moms with understanding the value of nurturing and calming the baby,” says Doris. “All of our staff try very hard with helping the mothers when they scream at their babies.”

Most of the shelter’s paid staff have worked there more than 10 years. That includes the two women who provide short-term child care for residents in the shelter’s bustling nursery, which is lit with a warm glow from long, stained-glass windows. As at any shelter, residents get frustrated and take it out on the staff. Recently, one mom threw the sign-in book at a staff member, causing Sister Doris to raise her voice—something she says she very rarely does, and has regretted ever since. (It took many days of being unflaggingly cheerful toward that mother before she felt she could initiate a conversation about the incident with her.) “You have to

learn that you can’t give the abuse back,” she says.

Doris says Siena House’s small size makes this easier for staff to take to heart—staff and residents get to know each other well, paving the way for relationships that may be closer and more trusting than they would be if the shelter were larger. The shelter’s communal dining and workshops may also help fuel a sense of community.



As Uranga’s workshop wraps up, the topic veers to toddlers and discipline, something the mothers are eager to discuss—it’s a subject charged by personal history, philosophy and culture. Those with toddlers say they struggle to set limits without being too rough. One young mom tells about the time her son kept throwing a blanket on the floor. No matter how many times she said “No,” he kept tossing it back down. She felt disrespected. “I don’t hit my son,” she says, “but I popped him.”

Uranga takes this in without judgment. The most important thing about discipline, she notes, is predictability. Be predictable in letting your child know what the limits are, she says.

If there is a theme to what Uranga teaches these homeless mothers whose current lives are, by definition, marred by transience and uncertainty, this is it: the importance of consistency for their children; of repetition; of establishing routines for sleeping, eating, and playing; of reading the same books over and over; of setting clear, predictable rules.

“Ever notice when you play a game with a young child they say ‘Let’s do it again and again?’” Uranga asks.

“Yeah,” says a wide-eyed mom with two short pigtails. “*Why? Why is that?*”

Uranga looks poignantly from mother to mother. “Because it allows them to feel safe,” she says, nodding. The room falls silent. ✨

FURTHER READING: Selected resources, reading and studies cited in this issue

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