



**INFANT-TODDLER  
DISCOVERY PROJECT  
EXECUTIVE SUMMARY**  
October 2008

## ACKNOWLEDGEMENTS

The Supportive Housing Provider Group spoke clearly and loudly about the need to support young children who have experienced the trauma of homelessness. The Group's guidance and leadership brought about a collective vision for children living in supportive housing and, ultimately, the Infant-Toddler Discovery Project.

We want to acknowledge the seventeen Provider Group organizations that participated in the project and the following individuals who worked to ensure that the project was a success:

### *Infant-Toddler Workgroup*

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- Moira Gaidzanwa – Family Housing Fund
- Dr. Abigail Gewirtz – University of Minnesota
- Nedra Robinson – Concordia College

### *Infant-Toddler Discovery Research Team*

- Sharon Henry-Blythe – Project Coordinator and Co-Researcher
- Kim Skobba Ph.D. – Co-Researcher
- Marilyn Wright – Home Visitor Consultant

This report was co-authored by Sharon Henry-Blythe and Kim Skobba. Anne Ray provided editing support.



Family Supportive  
Housing Center LLC



## EXECUTIVE SUMMARY

### Introduction

The infant and toddler years are crucial to children's healthy development. Emotional support and intellectual stimulation from parents, family, and caregivers help very young children's brains to develop properly. What happens, then, when young children experience the trauma and dislocation of homelessness?

To answer this question, the Infant-Toddler Discovery Project looks to the experience of formerly homeless families with children ages 0-4 now living in supportive housing. The objective of this community-based research project is to increase understanding of the home environments of formerly homeless young children and the support available to parents from supportive housing programs. The project is sponsored by the Family Housing Fund and conducted by the Supportive Housing Center LLC and Supportive Housing Provider Group.

Over the past two years, researchers interviewed staff from 23 family supportive housing sites in the Twin Cities metro area and parents from 185 resident families with children ages 0-4. During the parent interviews, researchers also conducted the Home Observation for Measurement of the Environment (HOME) inventory, which assesses the extent to which a child's home environment supports his/her emotional health and social and cognitive development.

This first report from the Infant-Toddler Discovery Project addresses four questions:

1. How do mothers of young children in supportive housing experience pregnancy, birth and parenthood?
2. What are the characteristics of the home environments of young children in supportive housing?
3. Do young children in supportive housing have consistent access to quality early childhood education?
4. How do supportive housing programs provide support to parents of young children?

Knowledge gained from the Infant-Toddler Discovery Project will help supportive housing providers to design meaningful, culturally appropriate service strategies to help build parenting skills and directly address young children's needs. Ultimately, the goal of the Infant-Toddler Discovery Project is to build families' and communities' capacity to care for their own.

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"The first thing a child needs to know is that there is someone who 'adores' him. Remember, two attachments are better than one, and three are better than two. In the early years...that good relationship is the child's whole world."  
.....

Dr. Martha Farrell Erickson –  
1994 Early Report Spring  
.....



.....  
"We interact with each other a lot. I try to do as much as I can with him." – Anonymous  
.....

## Research Findings

### *Demographics*

Most of the 185 families in this study were headed by a single female, with a median family size of three. About two-thirds of the adults in the study were people of color. The median age of the mothers at the time of the birth of the child in the study was 24 years.

Despite their experiences with homelessness, many of the parents had education and work experience. On average, the mothers participating in the study had a 12th grade education. Moreover, 37 percent of the mothers (69) were employed, working an average of 26 hours per week. Also, 37 percent of the mothers interviewed (68) indicated that they were currently attending school or a training program, including 33 of the employed participants.

### *Mothers' Experiences*

While the vast majority of the mothers in the study received prenatal medical care during their pregnancies, too often they were lacking the positive emotional experiences and social support that parents of young children need.

Many of the mothers said that they had felt despair, fear and disbelief at learning they were pregnant, although others described a feeling of happiness. Moreover, many of the women described weak social support systems. One-fifth said they had no close relationships; an additional 44 percent could identify only one person with whom they were close. For those who did cite close relationships, mothers, siblings and friends were mentioned most frequently. About 25 percent identified at least one person with whom they had a professional relationship, such as a therapist, advocate or housing staff.

Many parents offered comments that suggested they were trying to do a good job at parenting. Parents spoke about the satisfaction of parenting free of drugs and alcohol. Other comments reflected the parent's commitment to spending time with the child.

The mothers' shared concerns and determination to be good parents often obscured the great risks they face. Nearly one in five of the women interviewed were living in housing programs for women recovering from alcohol or chemical addiction. Women often talked of experiencing multiple challenges in the past, including addiction, domestic abuse and mental health problems.

### *Children's Home Environment*

Researchers administered the HOME inventory in two groups: ages 0-2 (Infant/Toddler) and ages 3-4 (Early Childhood). An average or high HOME score indicates that a household meets a basic threshold for a home environment that is supportive of healthy child development.

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"The sense of self that develops and is then transferred from parent to child is shaped by the life experiences of generations."  
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– Zero to Three Bulletin of National Center for Clinical Infant Programs Vol. X. No. 4 April 1990: Dolores G. Norton University of Chicago.  
.....

Many of the results of the HOME interviews conducted with the families in the study challenge conventional wisdom about low-income and homeless families. For both age groups, parents scored highly in “acceptance”; that is, they did not react to negative behavior from a child with harsh punishment. Parents of infant and toddlers showed a high degree of organization in the family’s schedule, and parents of preschoolers were found to be encouraging language and academic development.

Nevertheless, one-third of families with infants and toddlers and two-thirds of families with preschool-age children received HOME scores low enough to merit concern. These results confirm earlier research showing that risk to homeless children increases with age.

#### *Health of Children and Parents*

Many of the children and parents, experience at least a moderate level of physical health problems. Nearly one-quarter of the parents interviewed reported that their child had a health problem, with asthma and eczema cited most frequently. Almost half of the parents in the study indicated that they had an ongoing health problem, with mental health problems, asthma and nerve and back pain cited most frequently. A positive finding: 94 percent of participants said they had access to health care for their needs.

#### *Child Care Arrangements*

Many young children in supportive housing are not benefiting from a quality early childhood education experience. Only about half of children in surveyed families attend a child care center, and, with the exception of on-site day care centers at the supportive housing sites, little is known about the quality of child care that the children are receiving.

Four of the 23 housing sites have a licensed child care on site, but only two of these centers are primarily geared toward resident children. Many of the programs have little information about children’s off-site care arrangements, making it difficult to gauge the quality of the care.

#### *Staff Involvement in Young Children’s Services*

In general, supportive housing staff were concerned about very young children in the housing but did not have the time necessary to become part of the lives of the children. While ten of the programs had staff dedicated to addressing children’s needs, most of these programs focus on school-age children.

Several interviewees expressed the feeling that caring for infants and toddlers is the mothers’ domain; they were reluctant to impose themselves in that relationship. However, all of the staff interviewed welcomed opportunities to improve their skills in meeting the needs of families with young children.

#### *Parenting Support Services*

Most (65 percent) of the programs reported they provide on-site parenting education and support targeted to families with children age newborn to four. Slightly more than one-third (35 percent) of the programs do not offer any form of on-site parenting education and support for families with young children.

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“I wish I had been on a better path in my life, as far as a career. My brother and his wife, they have it all. They have a nice big house and an \$8,000 play gym. I want that for my kids. They deserve it.”  
.....

—Anonymous





.....  
"I haven't had a break in nine months...but I wouldn't have it any other way." – Anonymous  
.....



Many parents expressed satisfaction with the support they receive from the housing organization and its staff. They offered suggestions for staff improvement in three areas: follow-through when staff have promised help or resources; changing the level of involvement, although some wanted less staff involvement with families and others wanted more one-on-one time with staff; and avoiding favoritism with residents.

*Policies Regarding Parents' Relapse of Medical Condition*

Most supportive housing programs surveyed are proactive in planning for parent emergencies. If the parent needs to leave the home due to mental or chemical health relapse or a medical condition, most programs use emergency plans to identify who will care for the children. First options usually are friends and family members, with foster care or a crisis nursery as a second tier. Most of the programs allow another caregiver to stay in the housing with the children during short-term parental absence due to relapse. Child protection is another resource considered by agencies during short term- parental absence due to relapse.

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"My kids are always in bed by nine every night." –Anonymous  
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“The time when we can have the greatest impact on the life of a child is at the very beginning.”

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## Conclusion and Recommendations

Through the Infant-Toddler Discovery project we have learned a tremendous amount about the realities of families with very young children in supportive housing and the experiences of the staff dedicated to serving the families.

There is some good news: average to high HOME inventory scores for two-thirds of infants and toddlers and one-third of preschoolers, high levels of prenatal care, many parents with work experience and high school to college education levels, and many parents citing strong relationships with supportive housing staff. However, this good news is tempered by the families’ struggles with social isolation, chemical dependency, domestic violence, depression and family trauma. We see children’s risk increasing with age, as shown by the two-thirds of families of preschoolers whose HOME scores do not meet a basic threshold.

Our recommendations for policies and services focus on building the capacity of supportive housing staff to work with very young children and their parents and on increasing children’s access to quality early childhood education.

### *Policy/Legislative Recommendations*

- Guarantee quality early childhood education for homeless children ages birth to four.
- Provide parenting education and support designed for families with very young children who have experienced the trauma of homelessness.
- Provide training and equipment to help shelters and housing sites support the developmental needs of young children.
- Implement an evaluation process to determine if increased resources are improving family and child outcomes.

### *Service Recommendations*

- Train case managers in foundational early childhood theory and practical strategies for helping families build loving, nurturing environments.
- Train staff in assessing children’s development and home environments using the HOME Inventory and Ages and Stages tools.
- Identify culturally appropriate, evidence-based parenting education tools for families with very young children and train service staff in their use.
- Develop strategies to reduce the social isolation of pregnant women and mothers of infants and toddlers, such as the use of doulas (community-based lay childbirth and postpartum support workers).



### Supportive Housing Provider Group

The Supportive Housing Provider Group gives priority to identifying and addressing the needs of children living in supportive housing. The Provider Group aims to give childhood back to children who have experienced the trauma and dislocation of homelessness and aims to break the cycle of homelessness from one generation to the next and brings the voices of homeless families and their children to the community's attention.

### Provider Group Partners

Breaking Free, Inc.  
Dakota Woodlands  
East Metro Women's Council  
Emma Norton Services (Emma's Place)  
Indigenous People's Task Force  
Jeremiah Program  
Lutheran Social Services  
MN Indian Women's Resource Center  
Model Cities, Inc  
New Foundations, Inc  
Perspectives, Inc.  
RS Eden  
Simpson Housing Services  
Tubman Family Alliance  
Wayside House, Inc.  
Wilder (Jackson Street Village)  
YWCA of St. Paul

### For more information contact

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