Caring for Our Keiki:

Early Childhood Programs Support Young Children Experiencing Homelessness

1 in 30 of Hawai‘i’s young keiki experience homelessness.

Only 1 in 4 of these children attend an early childhood program.
Homelessness Affects Even Our Youngest

In Hawai‘i, over 3,400 children under age six—1 in 30 of our youngest keiki—experience homelessness.¹

These children may spend time in encampments, shelters, transitional housing, or doubled-up situations (e.g., couch-surfing or hidden homelessness), often moving from one temporary situation to another.

The combined effects of poverty, family stress, frequent moves, and disrupted relationships takes a toll on children’s wellbeing. Homelessness places young children at risk for problems with physical and mental health, school readiness and academic achievement, and behavioral and emotional self-regulation.² For some children, the effects are long-lasting. Early homelessness is associated with unemployment, incarceration, and welfare receipt in adulthood, as well as with health concerns including heart disease, cancer, and risk-taking behavior.³

High-quality early care and education programs (ECE) foster children’s healthy development, support strong parent-child relationships, and can buffer the effects of poverty and toxic stress.⁴ In particular, consistent attendance in high-quality ECE promotes resilience and better outcomes for young children experiencing homelessness.⁵ Access to ECE is also crucial for parents, who need reliable, affordable childcare in order to work or attend school. In fact, local shelter providers identify childcare as one of the key barriers to family self-sufficiency.⁶

For these reasons, solutions to Hawai‘i’s homelessness crisis must also address ECE.

Our goal is that keiki experiencing homelessness will enroll in early childhood programs at the same rate as their stably housed peers, and that program staff are prepared to address the unique needs of these children and their families.

McKinney-Vento Homeless Assistance Act

The federal McKinney-Vento Act defines homeless children as those who lack a “fixed, regular, and adequate nighttime residence.” This includes living in cars, parks or other public spaces; emergency or transitional shelters; hotels; and sharing the housing of others due to economic hardship or loss of housing.

Public schools, Head Start, and CCDF-funded childcare programs use this definition. Under this Act, families have a grace period for providing required documents and children in public school have the right to remain in their home school and receive transportation assistance. Both Head Start and the DOE are required to identify these children and refer their families to community services. HUD-funded programs do not define homelessness as including doubled-up families.
High-quality ECE fosters children’s healthy development and can buffer the effects of poverty and toxic stress.

Where are Children Currently Served?

About one out of every four keiki experiencing homelessness participates in an ECE program. The majority attend Head Start, Early Head Start, or Ka Pa’alana, a part-time, traveling family-child program that offers early learning activities and family support at shelters and encampments. The Department of Health also provides early intervention and home visiting for infants and toddlers, while the Department of Education serves preschoolers with special needs. Although the exact number enrolled in private childcare is unknown, very few children experiencing homelessness are served in private childcare or public preK.
“Parents want to work, but they can’t afford childcare. We’ll have delays with some of our families working until they can get a childcare subsidy. It also delays entry into permanent housing.”

Shelter provider

Challenges and Barriers

Family Needs
Without childcare, parents cannot search for jobs or housing, attend school, or work. Yet there are many challenges to securing care. Barriers include lack of documentation (e.g., birth certificates, medical records), missed application periods, cost, transportation, and sustaining regular attendance due to frequent moves. Hawai'i has a shortage of available seats, especially for infant-toddler and off-hour care. Finally, given what families have been through, some parents find it hard to entrust their child to another person’s care.

Organizational Silos
Effective collaboration between the ECE and homeless services sectors is also a challenge. Shelter and housing staff want help identifying open seats and guiding families through the subsidy application process. ECE programs, in turn, look to homeless services providers to refer children to their centers and help connect families with a range of needed social services. Professionals in both sectors want closer working relationships and fewer organizational silos.

Provider Needs
Finally, private ECE providers identify several challenges in serving young children experiencing homelessness. The majority are willing to enroll these children (77%) but are concerned about tuition payments (68%) and the effects of family trauma (55%) and instability (52%). Most feel unprepared to connect families with appropriate community resources (63%). Private ECE providers want to receive training to learn about homelessness (45%) and trauma responsive care (60%).

Trends Among Private Childcare Providers

- **77%** Are willing to enroll identified children
- **63%** Need help referring families to services
- **60%** Want training on trauma-responsive care
Parents say building a child’s resilience is the most important thing they gain from our program. We see it when parents take what we show them and do it at home. We see children express their feelings, using their words, helping someone at school. That’s breaking the cycle of poverty, even just a little bit, when children gain this level of social and emotional maturity.”

ECE provider

What’s Working in Hawai‘i

Family-Centered and Trauma-Responsive Practices

Providers identify two key ingredients for success: good relationships and a strengths-based approach. It is essential to form honest, genuine relationships with families and to express compassionate, non-judgmental attitudes. Family-centered partnerships put families in control of setting their own goals, while providers help locate the needed supports. Several local programs reported benefits from adopting a trauma-responsive approach.

Collaboration to Meet Families’ Needs

Families experiencing homelessness have complex needs. Although they do not provide case management, Head Start and the DOE refer families to community services. Securing access to safe shelter, long-term housing, financial assistance, employment, health care, and childcare requires collaboration across multiple organizations. Providers stress the need to work together to share information, establish referral pipelines, and connect families with needed resources. Community homeless coalition meetings are one venue for such collaboration. Some family shelters and housing programs have long-standing relationships with nearby ECE providers and work together on enrollment, subsidy applications and parenting support. A memorandum of agreement between the DOE and the state’s Head Start grantees promotes shared training, referrals of younger siblings, and collaboration on kindergarten transitions.

Onsite Childcare

Shelter and housing providers describe onsite childcare as a “dream” come true. Co-locating ECE programs at shelter and housing sites provides access to seats and facilitates collaboration between teachers and case managers. Three of the state’s Head Start grantees and one family-child interaction program operate in classroom space provided at shelter, transitional housing, and supported housing facilities. Enrolling a mix of shelter residents and neighborhood children also promotes social integration and continuity of care, as children can remain in the classroom when their families find permanent housing.
Call to Action

To achieve the goals of equitable enrollment and responsive practices, the following actions are recommended.

### Guarantee Access and Support Family Choice

- Guarantee access to and choice of the full range of ECE options: PreK and infant-toddler centers, family and informal childcare, family-child interaction programs, and home visiting. Increase current enrollment in all programs and give children priority in public preK.
- Eliminate family co-payments for childcare subsidies, waive or substitute work requirements, allow eligibility without recertification for 24 months, and continue subsidies for one year past entry into permanent housing.
- Incentivize providers to offer evening, weekend, and drop-off care. Fund more full-day, year-round Head Start classrooms.
- Reach out to parents via recruitment/enrollment drives at shelters and encampments, community resource fairs, and other settings where families spend time.

### Facilitate Cross-Sector Collaboration

- Hold professional networking and shared training events to increase mutual understanding of the ECE, health care, housing, homeless and social services systems.
- Create referral pipelines and identify a go-to person within each program to be a point of contact and consultant with other organizations.
- Establish a statewide early childhood homeless coordinator position to oversee collaboration and training.

### Use Developmentally Appropriate and Trauma-Responsive Practices

- Provide training on topics such as the effects of homelessness on child development, family resiliency, and trauma-responsive care. Encourage program self-assessment on child- and family-centered practices.
- Include developmental screening and ECE placement in homeless services case management plans.
- Make infant and early childhood mental health consultation widely available.
### Co-locate ECE Programs at Shelter and Housing Sites

- Provide classroom space at existing and future shelter and housing facilities. Reserve seats or give priority to children experiencing homelessness.
- Offer grants to retrofit facilities and provide start-up technical assistance.
- If an onsite classroom is not feasible, host an onsite license-exempt provider or reserve seats in a nearby family childcare home. Prepay drop-in care hours to cover housing searches and job interviews.

### Recruit and Support ECE Providers

- Strategically recruit new providers with a track record of high-quality care.
- Create financial incentives such as higher reimbursement rates, capacity improvement grants, and contracted seats. Offer training, mentorship, coaching, or consultation.
- Contract outside case managers to address families’ other needs so ECE staff can focus on child learning and wellbeing.

### Leverage Existing Data and Improve Data Quality

- Increase identification by adding sensitively-worded housing stability questions on applications for public benefits, ECE enrollment forms, and routine medical care protocols. Update this information on a regular basis.
- Commit to an accurate count of young children, including those who are doubled up. Give separate breakdowns for ages 0-2, 3-5, and 6-17 in the Point in Time counts and HMIS reports. Include more data specific to expectant mothers and young children in the Coordinated Entry System.
- Support data sharing and data governance agreements while the state moves towards universal application forms and an integrated data system.

### Put Early Childhood Homelessness at the Forefront of Planning and Policy

- Raise awareness of the scope and consequences of early childhood homelessness. Commit to ending family homelessness in our state.¹⁰
- Layer and braid funds from federal, state, county and private sources, e.g., HUD, CCDF, Title I, McKinney-Vento, IDEA, Head Start, MIECHV, TANF, and COVID relief programs.
- Give high priority to pregnant women and young children in the Coordinated Entry System and adopt a universal definition of homelessness based on the McKinney Vento Act.
- Include ECE representation on the Continuums of Care, and have a strong focus on early childhood homelessness in relevant plans, e.g., SNAP, TANF, and CCDF plans; Hawai‘i Early Childhood State Plan; Ten-Year Strategic Plan to End Homelessness.

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“We need active collaboration between all the providers and agencies that are tackling homelessness. The flow of information and communication is not there. People are not aware of the resources out there.”

ECE provider
How a program receives a child and family is key to success. Just because a family doesn’t live in a home doesn’t mean they are less of a family.”

ECE provider

Endnotes


6 DeBaryshe, B.D., & Scott, K. G. (2020). Early childhood homelessness needs assessment. Honolulu, HI: University of Hawai’i Center on the Family. Unless otherwise noted, all data and quotations in this brief are from the 2020 study. Methods included focus groups and interviews with staff from homeless shelters and housing programs, Head Start/Early Head Start and Ka Pa’alana as well as a statewide survey of private childcare providers.

7 Enrollment data for the 2019-2020 school year were provided by each organization.

8 For brevity, we will use the term Head Start to include both the Head Start (preschool) and Early Head Start (infant-toddler) programs.


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