Chapter 4: Families Experiencing Homelessness

Infant–Early Childhood Mental Health Supports for Homeless Children and Families in Child Care Settings

The Child Care and Development Block Grant (CCDBG) Act of 2014 and the Child Care and Development Fund (CCDF) Final Rule provide incentive and opportunity to enhance the provision of infant–early childhood mental health (I-ECMH) services by requiring that infant and toddler care teachers receive ongoing professional development on infants’ and toddlers’ social-emotional development and on social-emotional behavior intervention models (45 C.F.R. § 98.44(b) (1)(iii)(2)(iii), 2016). The CCDBG Act and CCDF Final Rule further require States and Territories to offer consumer and provider education that shares information regarding the State’s or Territory’s policies concerning children’s social, emotional, and behavioral health (45 C.F.R. § 98.33(b)(1)(v), 2016).

What Does “Infant–Early Childhood Mental Health” Mean?

Infant-early childhood mental health (I-ECMH) essentially refers to a child’s social and emotional health. Zero to Three, a leading national organization, defines I-ECMH as follows:

The developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. (Zero to Three, 2016)

Why Is I-ECMH Important for Infants, Toddlers, and Families Who Experience Homelessness?

Infants and toddlers experiencing homelessness are often exposed to a wide array of chronic stressors that are associated with homelessness and poverty (Administration for Children and Families, 2016). They may experience extended exposure to family conflict, separation from their primary caregiver, unstable and unpredictable environments, different forms of abuse, and a caregiver experiencing mental illness (Administration for Children and Families, 2016; Biglan, 2014; Center on the Developing Child, n.d.; Howard, Martin, Berline, & Brooks-Gunn, 2011; Samuels, Shinn, & Buckner, 2010). Prolonged exposure to these types of chronic stressors can have a detrimental impact on infants’ and toddlers’ healthy development. According to the Administration for Children and Families (2016):

... Chronic sources of stress such as disruptions to the home environment may impair neural and organ development. Children exposed to such stressors may go on to experience problems with self-regulation, school readiness, and physical and mental health later in life (Center on the Developing Child, 2013). Indeed, homelessness among children has been associated with higher rates of emotional and behavioral issues as well as developmental delays and physical disabilities relative to the general population (Bassuk, Murphy, Thompson Coup, Kenney, & Beach, 2010; Tumaini et al., 2009). (p. 3)

A 2015 pilot study evaluated the developmental screening results for 328 North Carolinian children experiencing homelessness, who ranged from 2 months to 5 years old (Haskett, Armstrong, & Tisdale, 2016). Based on children’s social-emotional functioning, the study found that “25 percent of children who are homeless are in need of mental health services” (NC State University, 2017). In comparison, Columbia University’s National Center for Children in Poverty reports that in the broader population, approximately 10 percent to 14 percent of children age
birth to 5 years experience social, emotional, and behavioral health problems (Cooper et al., 2008; NC State University, 2017).

What I-ECMH Strategies Support Child Care Settings Serving Families Experiencing Homelessness?

By offering I-ECMH related training, consultation, and practices, States and Territories can provide needed support for infants and toddlers and their families who are experiencing homelessness.

Infant–Early Childhood Mental Health Consultation

I-ECMH consultation provides an important resource for supporting the social, emotional, and behavioral health of infants and toddlers experiencing homelessness, as well as their families. I-ECMH consultants can offer "specialized expertise in connecting families to the mental health services they need and help child care providers and teachers make appropriate adjustments to curriculum, interactions, routines or physical space so children can be comfortable and successful in a program" (Bires, Garcia, & Zhu, 2015, p. 20).

Promoting the Use of Relationship-Based Approaches to Care

Research on infant and toddler child care settings supports the value of relationship-based care practices, such as primary caregiving and continuity of care. Primary caregiving is the practice of assigning a primary caregiver (also called care teacher) to provide daily personal care to each infant and toddler. Primary care also includes the caregiver developing a communicative relationship with the infant’s family. Continuity of care is the practice of an infant and toddler caregiver remaining with the same small group of infants and toddlers until they turn 36 months of age. Both primary caregiving and continuity of care are essential for creating high-quality learning environments for all infants and toddlers (Sosinksy et al., 2016). There is no direct research to date on the impact of relationship-based care practices on the development of infants and toddlers who experience homelessness. However, considering that they are often exposed to chronic stressors and instability in their lives, possibly including psychological distance and/or physical separation from their parents or guardians, the stability and responsiveness offered through relationship-based care practices in child care settings may have buffering effects for this vulnerable population.

Promoting the Use of Reflective Practice

Reflective practice is another strategy that supports the provision of high-quality interactions and services to infants, children, and families experiencing homelessness. This practice has been described as "the art of ‘stepping back’ to examine what one is observing and doing" (Edme, Mann, & Bertacchi, 2001, p. 67). Through reflection, infant and toddler caregivers can consider both their own and others’ thoughts, feelings, and observations (Fenichel, 1992; Shahmoon-Shanok, 2009), and explore how their beliefs, perceptions, and emotions impact their work. Bires, Garcia, and Zhu (2015) state the following:

> Because homeless families can have intense needs, another critical support for staff who work with homeless families is reflective practice. Reflective practice allows providers the opportunity to process the troubling situations experienced by the families they work with and how it impacts their work. Providers must also be knowledgeable about strategies to address self-care and have the time to dedicate to its practice. (p. 20)

It is important that opportunities for reflective practice are also available to family child care (FCC) providers. These opportunities can be created through FCC networks, associations, online support systems, and by inviting providers to existing groups offered in their communities.
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Providing Training Aligned With the I-ECMH Approach

In addition to the CCDF required professional development on social-emotional development and identifying and serving families experiencing homelessness, infant and toddler care teachers and support staff can receive more training on the signs and symptoms of trauma in infants, toddlers, and adults (45 C.F.R. § 98.44 (b)(1)(iii); 2016; 45 C.F.R. § 98.51(b), 2016). Raising this awareness is particularly important because “experiences of trauma are very common among families who experience homelessness. Trauma symptoms can present in a number of ways and can often be difficult to recognize or easily misinterpreted without the proper training” (Bires, et al., 2015, p. 19). By offering training and professional support on trauma, infant and toddler care programs can provide a trauma-informed approach in their program practices and policies and daily interactions with children and families (Bires, et al., 2015). Promoting awareness of trauma can help programs to seek support from I-ECMH consultants more readily and access support services for families experiencing homelessness who are affected by trauma. For more information on this topic visit https://www.acf.hhs.gov/trauma-toolkit.

Developing State/Territory Infant-Early Childhood Mental Health Systems

The child care setting is uniquely positioned to connect infants, toddlers, and families experiencing homelessness to I-ECMH services, when needed. For example, professional development that focuses on children’s social-emotional development, consultation with I-ECMH specialists, and comprehensive services, such as those offered in Early Head Start–Child Care Partnerships, all contribute to infants’ and toddlers’ social-emotional well-being. To enhance the quality of infant and toddler child care settings, States and Territories can implement practices and programs that promote social-emotional well-being, along with I-ECMH prevention and intervention strategies. By leveraging child care subsidies along with programs and strategies that address this aspect of early childhood development, States and Territories can enhance the infant-toddler workforce’s capacity to support these children’s needs and increase their readiness for school (Office of Child Care, 2016). The systems of I-ECMH supports can be strengthened through professional development opportunities that address the circumstances and needs of infants, toddlers, and families experiencing homelessness. Other strategies include strengthening networking with state and local homeless education liaisons and homeless service providers, working with child welfare agencies, and providing interprofessional training across groups (Bires, et al., 2015).
References


