

Written Testimony
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Good morning Senator Dodd and distinguished guests it's an honor to be here. Thank you for inviting me to speak and thank you for great work on family and children's issues.

Contrary to the stereotype of men sleeping in doorways or pushing overloaded shopping carts stuffed with their worldly belongings, families now comprise 40% of the homeless population in the United States. The percentage is closer to 50% in the state of CT.

Just thirty years ago, child and family homelessness did not exist as it does today. The numbers of homeless families in the United States are increasing at a rapid rate. According to the National Alliance to End Homelessness' website, "Approximately 3.5 million individuals experience homelessness each year... about 600,000 families and 1.5 million children. An additional 3.8 million adults and children are residing in doubled-up, overcrowded, or otherwise precarious housing situations."

CT Faces a significant and growing challenge of family homelessness, with a steadily increasing number of homeless families with children. We saw a 13% increase in homeless families from 2007 vs. 2008 and a 33% increase between 2008 and 2009!

Available shelter and housing for homeless families is decreasing. There is a rising demand for shelter and housing at a time when state and local government are unable to support the operations of shelters and are cutting budgets. The development of affordable and supportive housing has slowed significantly. Public housing authority lists are long and rarely open for new names.

In 2007, the nationwide average shelter stay for a homeless family was 5 months. With the economy worsening in 2008 and 2009, the length of stay has been increasing. At NHHR we have seen a 17% increase in the number of days a family is living at the shelter.

In a nationwide survey, 87% of homeless families cited a lack of affordable housing as the primary cause of their homelessness. Although most homeless families are headed by a single parent, families in 36 of the 50 states must work at least two full-time jobs in order to afford Fair Market Rent for a two-bedroom unit.

Overcoming homelessness is almost impossible without steady employment.
Over two-thirds of homeless parents are unemployed.
53% of homeless mothers do not have a high school diploma.

In 17 of 50 states, households must earn over \$16/hour to afford the Fair Market Rent for a two-bedroom unit. According to the National Center on Family Homelessness' Stat Report Card, the minimum wage in CT is \$8.25. The average wage for renters is \$16.53, but the hourly wage needed to afford a two-bedroom apartment is \$21.11. That means someone working full-time at minimum wage earns only 39% of what is needed to afford the average two-bedroom apartment.

Homeless children have less of a chance of succeeding in school. This year 35% of the 130 children sheltered in NHHR shelters were between 6 and 12 years old and attending school.

- Homeless children are more likely than housed children to be held back a grade.
- Homeless children have higher rates of school mobility and grade retention than low-income housed children.
- Frequent school transfers are the most significant barrier to the academic success of homeless students.

Homeless families are more vulnerable to serious health issues. While homeless, children experience high rates of acute and chronic health problems. The constant barrage of stressful and traumatic experiences also has profound effects on their development and ability to learn.

Children experiencing homelessness are:

- Four times more likely to show delayed development.
- Twice as likely to have learning disabilities as non-homeless children.
- Sick four times more often than other children.
- Have four times as many respiratory infections.
- Have twice as many ear infections.
- Five times more gastrointestinal problems.
- Four times more likely to have asthma.
- Go hungry at twice the rate of other children.
- Have high rates of obesity due to nutritional deficiencies.
- Have three times the rate of emotional and behavioral problems compared to non-homeless children.

Violence plays a major role in the lives of homeless children.

- By age 12, 83% had been exposed to at least one serious violent event.
- Almost 25% have witnessed acts of violence within their families.
- Homeless parents and their children are more likely to have experienced violence.
- Domestic violence is the second most frequently stated cause of homelessness for families.

- One out of three homeless teens have witnessed a stabbing, shooting, rape, or murder in their communities.

Among youth aging out of foster care, those who subsequently experience homelessness are more likely to be uninsured and have worse health care access than those who maintain housing.

Over 50% of all homeless mothers have a lifelong mental health problem. Homeless adults in family shelters, when compared to the general adult population, have three times the rate of tuberculosis and eight times more HIV diagnoses.

Homeless parents and their children are more likely to be separated from each other. Homelessness is the most important predictor of the separation of mothers from their children.

- 34% of school-aged homeless children have lived apart from their families.
- 37% of children involved with child welfare services have mothers who have been homeless at least once.
- 62% of children placed in foster care come from formerly homeless families.

The deck is clearly stacked against homeless and the unstably housed. How do we focus on education when we don't have a stable place to sleep? Forty five percent of the homeless children sheltered at NHHR shelters were under 6 years old. We have new born babies at the shelter, often!

Of the 15 programs that NHHR operates I'd like to highlight two.

The first is the Family School Connection (FSC) program, funded by the CT Children's Trust Fund . It operates out of the Fair Haven K-8 School, which has the highest number of homeless families in the city. FSC is an intensive home visiting program that provides parent education and student advocacy. Children who are "at risk" of neglect because of excessive tardiness or truancy and/or academic or behavior challenges **are referred to the program.**

Young children who are frequently tardy, absent, and disconnected from school are likely to be living in circumstances where family issues are interfering with their participation and opportunity to learn and achieve.

Outcomes:

- Significant drop in DCF referrals by the School (comparable to last year)
- an increase in parental involvement
- 15% increase in grades for students enrolled in the program

On a cold morning in March, during the CMT's the FSC staff received a call from the school requesting assistance. When staff arrived, they found that a 3rd grade boy was selling his Christmas toys to classmates to help his Dad pay for rent and food. A back pack full of food, a Stop and Shop gift card, toiletry items and warm clothing were

provided to the child to bring home that day. Subsequently the family was informed about the program and enrolled. As of today, Dad is employed, engaged with the school and accessing community resources. The child is excelling socially and academically. This is a highly successful program and we have many families on the waitlist.

The Family School Connection program conducts universal screening of all its families. The program is prevention-based, and therefore, screens clients to make sure the state Department of Children and Families (DCF) is not involved with the family. The program also screens children for social and emotional development and refers those at risk for help.

The vision of Family School Connection is that every child will be raised within a nurturing environment that will ensure positive growth and development.

The mission of the Family School Connection (FSC) program is to work in partnership with parents of children ages 5 to 12 years old who are frequently tardy, absent or disconnected from school in order to strengthen the parent-child relationship, home-school relationship and the parent's role in their child's schooling.

Guiding Principles

- Young children who are frequently tardy, absent, and disconnected from school are likely to be living in circumstances where family issues are interfering with the child's participation and opportunity to learn and achieve.
- Developing a trusting and productive relationship between the program staff and the family is the foundation for strengthening a vulnerable family.
- Consistent and reliable contacts are the most effective way of establishing a supportive and helpful relationship between the program staff and the family.

The goals of the Family School Connection program are to:

- Enhance nurturing parenting practices
- Reduce stress related to parenting
- Increase parental involvement in the child's education

The program works to achieve these goals by meeting the following objectives:

- Increase primary caregiver's parenting skills, attitudes, and behavior
- Increase primary caregiver's ability to use community resources
- Increase communication between primary caregivers and school personnel
- Increase primary caregiver's involvement in the child's education and presence in the school

A growing body of intervention evaluations demonstrates that family involvement can be strengthened with positive results for children and their school success. To achieve these results, it is necessary to match the child's developmental needs, the parent's attitudes

and practices, and the school's expectations and support of family involvement. Three family involvement processes for creating this match emerge from the evidence base:

- ***Parenting*** consists of the attitudes, values, and practices of parents in raising young children.
- ***Home-School Relationships*** are the formal and informal connections between the family and educational setting.
- ***Responsibility for Learning Outcomes*** is the aspect of parenting that places emphasis on activities in the home and community that promote learning skills in the young child.

The Family School Connection Program encompasses these processes in the design and structure of the program through three components aimed at reducing the risk of child abuse and neglect and increasing positive results for children and their school success:

Home Visitation

Home visiting based on the concept of "family-centered" practice is the foundation of the Family School Connection program. This practice is designed to engage families as partners and is essential to the success of the program. Research has found that parents enrolled in the home visiting component experienced less stress, developed healthier interactions with their children, and became more involved in their children's academic lives during the time they participated. The program results also suggest that this home visiting is a promising way to decrease child abuse and neglect in families with school-aged children.

Program participants are offered weekly home visits for as long as the family feels the visits are beneficial or until the child ages out of the program. At any time the frequency of the visits can be changed based on the family's needs and preferences. The first objective of the home visitor is to establish a relationship with the family. Often this is accomplished by addressing immediate and concrete needs identified by the family such as employment, child care, transportation, basic necessities, and other issues that might be making it difficult for the parent to attend to the child's need to be in school.

The second objective is to establish a plan for assisting the family. The home visitor works with the family to create and implement a Family Action Plan that draws on the family's strengths, community resources, and the skills of the home visitor to:

- strengthen parent-child relationships
- create linkages for the family to community resources
- support the parent in meeting their family's basic needs
- support the parent in attaining their own aspirations and needs
- support the overall social-emotional needs of the parent and child

The Clinical Supervisor works with the home visitor to assess the family's needs and support the home visitor and parent in the creation and implementation of the family

action plan. The Clinical Supervisor can also provide clinical intervention for the family if the need arises.

Home-School Team

The program supports families by helping both the parent and child make a positive connection with the child's school. Program staff help the family connect with a host of school and community services. Program staff also work with school personnel to help the school better understand and support the needs of the family. Parent school involvement is an essential piece of the program and is encouraged by program staff at every opportunity.

Family Learning

Traditionally, school officials have found it challenging to get parents involved, especially in areas that have a large non-English speaking, immigrant population. This has been due, in large part, to language and cultural barriers experienced by non-English speaking parents. In order to accommodate this population, parent engagement strategies are modeled after those used by Brein McMahon High School in Norwalk, CT, where there is also a large immigrant population. Communication is also crucial to getting parents involved. Parents may not get involved because they lack direct and helpful information. Information needs to be provided consistently and in different formats to ensure the information is delivered in a clear and supportive style. Resources should be provided to parents who want to learn more about their children's education and activities. The FSC staff aid school staff trying to increase involvement by implementing these strategies.

Program staff work with families help them understand and take responsibility for their children's learning outcomes. This is the aspect of parenting that places emphasis on activities in the home and community that promote learning skills for children. Responsibility for learning outcomes in the elementary school years falls into four main areas: supporting literacy, helping with homework, managing children's education, and maintaining high expectations.

Program staff work in partnership with the school, community organizations, and arts and cultural institutions to engage families in family learning opportunities. Family learning opportunities can range scope and service but are all intended to extend to help the parent understand and under-take their role as the child's first and most important teacher. The home visitor works with the family to enroll them in a family literacy programs, before and after-school programs, tutoring services or parent workshops on topics that support and extend a child's learning to the home and community.

Highlights this year:

- 316 books were read between Oct 2009 to May of 2010 by FSC enrolled students

- The FSC program was able to purchase school uniforms for children within the FSC program. FSC as become an active investor of Fair Haven School’s “uniform is unity” policy
- FSC families participated in New Haven Home Recovery’s holiday program, Adopt a Family, were 32 FSC families were adopted and given Christmas gifts this holiday season.
- The FSC program co-sponsors the RIF program with The Fairhaven School to promote reading as well as connect families with the school. FSC staff and families participate in this school-wide presentation.
- The FSC program participated in the Fair Haven School Advisory Program (Grades 7-8). The advisory program is an arrangement whereby one adult and a small group of students have an opportunity to interact on a scheduled basis in order to provide a caring environment for guidance and support, everyday administrative details, recognition and activities to promote citizenship. The purposes of advisory are to ensure that each student is known well at school by at least one adult who is that student's advocate (the advisor), to guarantee that every student belongs to a peer group, to help every student find ways to be successful, and promote coordination between home and school.
- The FSC program had six target children graduate from the Fairhaven K-8 and all are registered to attend high school in the fall. In addition, as result of FSC involvement, parents reported school successes with their children.
- All FSC families participated in the Homework Contract campaign. This assists families with becoming involved in their children’s academics and build on parent – child - school relationships.
- During the fiscal year ending, June 30, 2009, FSC families participated in a series of family field trips with transportation and admission sponsored by NHHR. The field trips include: Duckpin bowling, Movie night Lake Compounce, Roller Magic Rink, Beauty and the Beast at the Chevrolet Theatre, Lighthouse Park, Norwalk Aquarium and Beardsley Zoo.

FSC annual data:

- 107 Families have been referred
- 53 Families were enrolled
- 85 Children participated
- 211 People total

The Second Program is the The Homeless Prevention and Rapid Re-housing program, funded through the American Recovery and Reinvestment Act provides funding and services to families and individuals. NHHR serves families who are at imminent risk of homelessness, or who are literally homeless. Examples of assistance that may be provided include:

Financial Assistance

- Rental assistance, including back rent
- Security and utility deposits
- Assistance with utility payments, including utility arrearages
- Moving cost assistance (not furnishings)

General Assistance

- Referrals to other agencies/shelters when appropriate.
- Legal services to assist appropriate person's to stay in their housing (not assistance with mortgages)

Populations to be Served.

Programs will target people who would be homeless "but for this assistance."

- *Rapid Re-Housing:*

Includes people who are literally homeless (ex: living in a shelter, a motel, a car, etc.) who require more permanent housing.

- *Prevention with Re-location:*

Includes people who are at imminent risk of becoming homeless (ex: notice to quit, in the process of an eviction, institutional discharge, housing has been condemned, etc.), who are unable to repair their current housing situation and will need to relocate.

- *Prevention In Place:*

This includes people who are at risk of becoming homeless (ex: behind on rent, temporary loss of income, etc.), but who intend to stay in their current housing situation.

The following is the program breakdown of those served through HPRP:

HPRP

	Households	Total in Household
Admitted	15	56
Discharged	40	141
In progress	183	569
Total	238	766
Denied	138	438

For example, Jack and Diane were evicted from their home of 5 years. Jack is a self employed contractor. Diane is a stay at home mother of 6 children. Upon eviction, the family moved into a local homeless shelter, but one of their children's asthma became so severe they were forced to move to a motel. After a

two apartments fell through, the family finally found a house to rent. Unfortunately the timing was off and they had reached their limit on the credit card at the motel and were being put out on the street. Their only choice was to sleep in their car. HPRP prevented this from happening by providing funding for the motel and ultimately relocating them into a home.

Mike and Gina were being evicted on the day they came to NHHR for help. Gina is pregnant and was recently laid off from her job. The couple has 3 young boys and Gina's elderly, disabled mother living with them. Dad was working and Gina had found an apartment to rent but they did not have the security deposit. The CT Department of Social Services has closed the security deposit guarantee program. NHHR's HPRP program was able to pay the security deposit and part of the first month's rent into order to avoid this family moving into shelter.

Lastly, Juan and Julia, both college graduates, moved to NH from Puerto Rico in order to seek medication care for their son. Their 1 year old was ill and had recently undergone open heart surgery at Yale New Haven Hospital. In addition the boy was recovering from liver disease and other infections. The family was living in the Ronald McDonald House during the baby's hospitalization, but had no place to live upon discharged. A stay at a shelter, would have comprised the boy's fragile health. They considered going back to Puerto Rico, but funding was limited and they needed to remain close to necessary medical care. HPRP was able to assist them in finding housing, paying for security deposit and rental assistance. The family is stably housed and Juan and Julia are currently looking for work.

These two program are examples of excellent programs that need to and should continue.

Please feel free to contact me with any questions or concerns regarding this testimony.