

Homelessness in Minnesota: Brief snapshot

Homes for All Conference

November 8, 2010

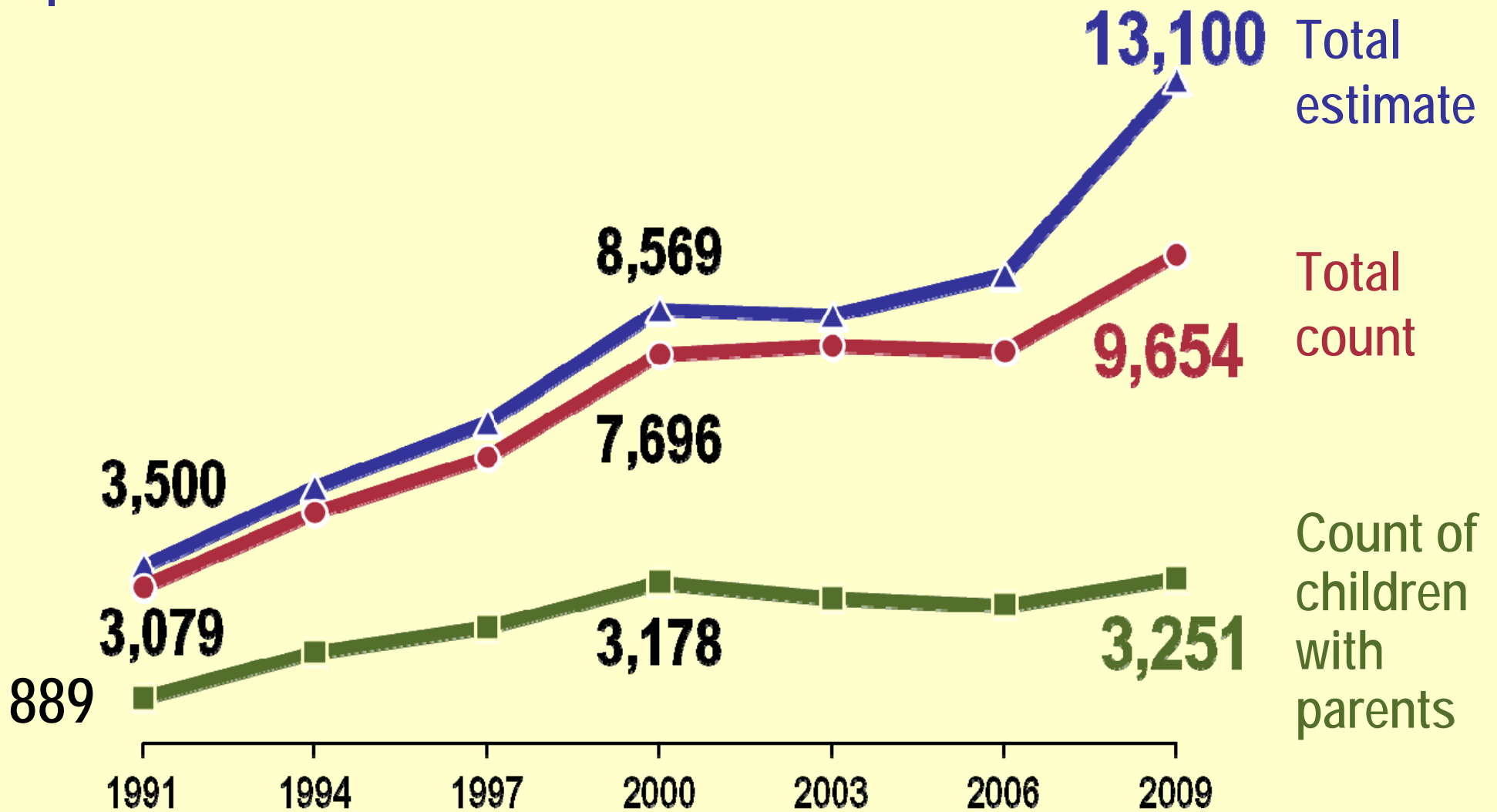
Michelle Decker Gerrard

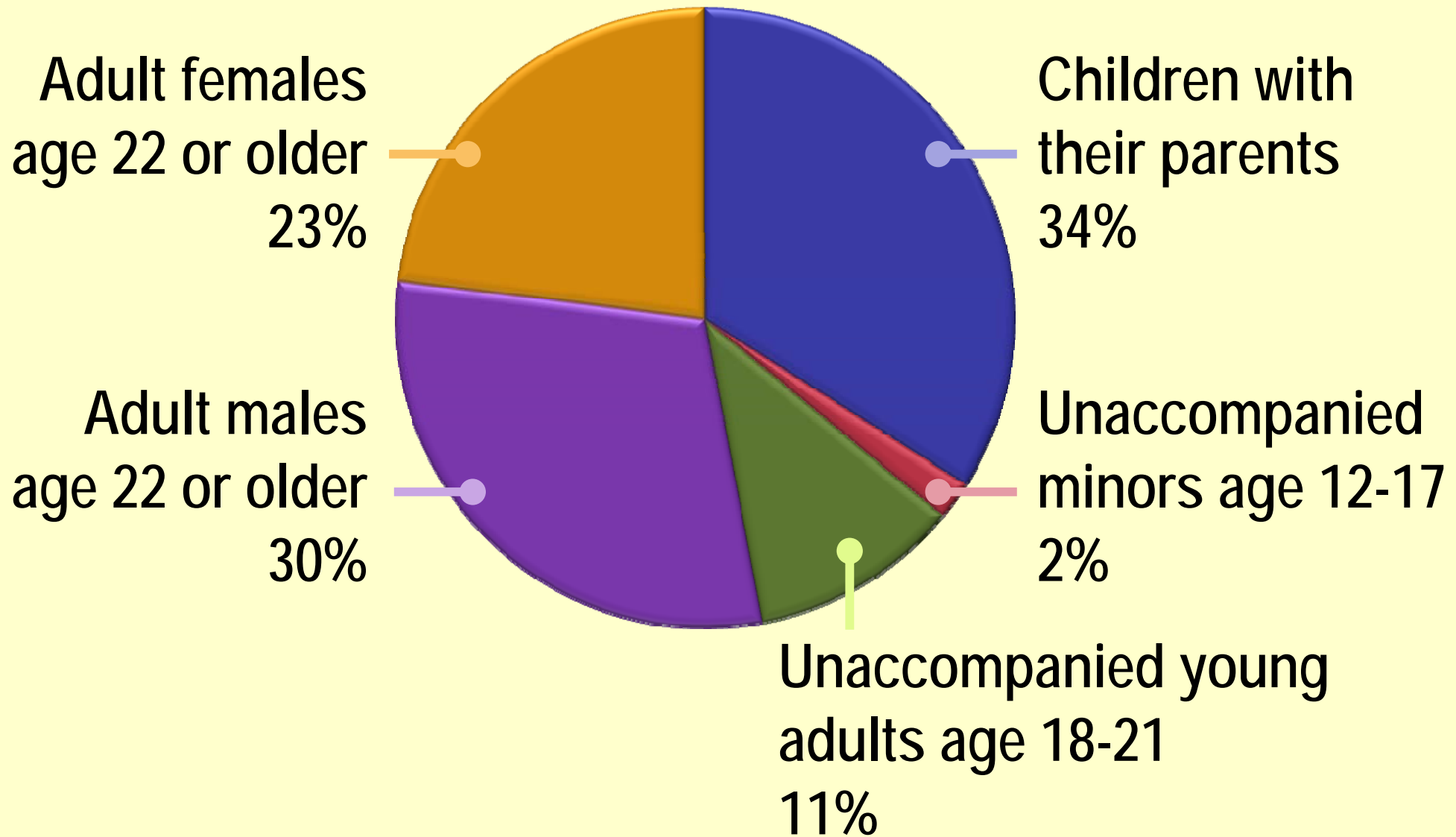
Wilder Research

mich@wilder.org

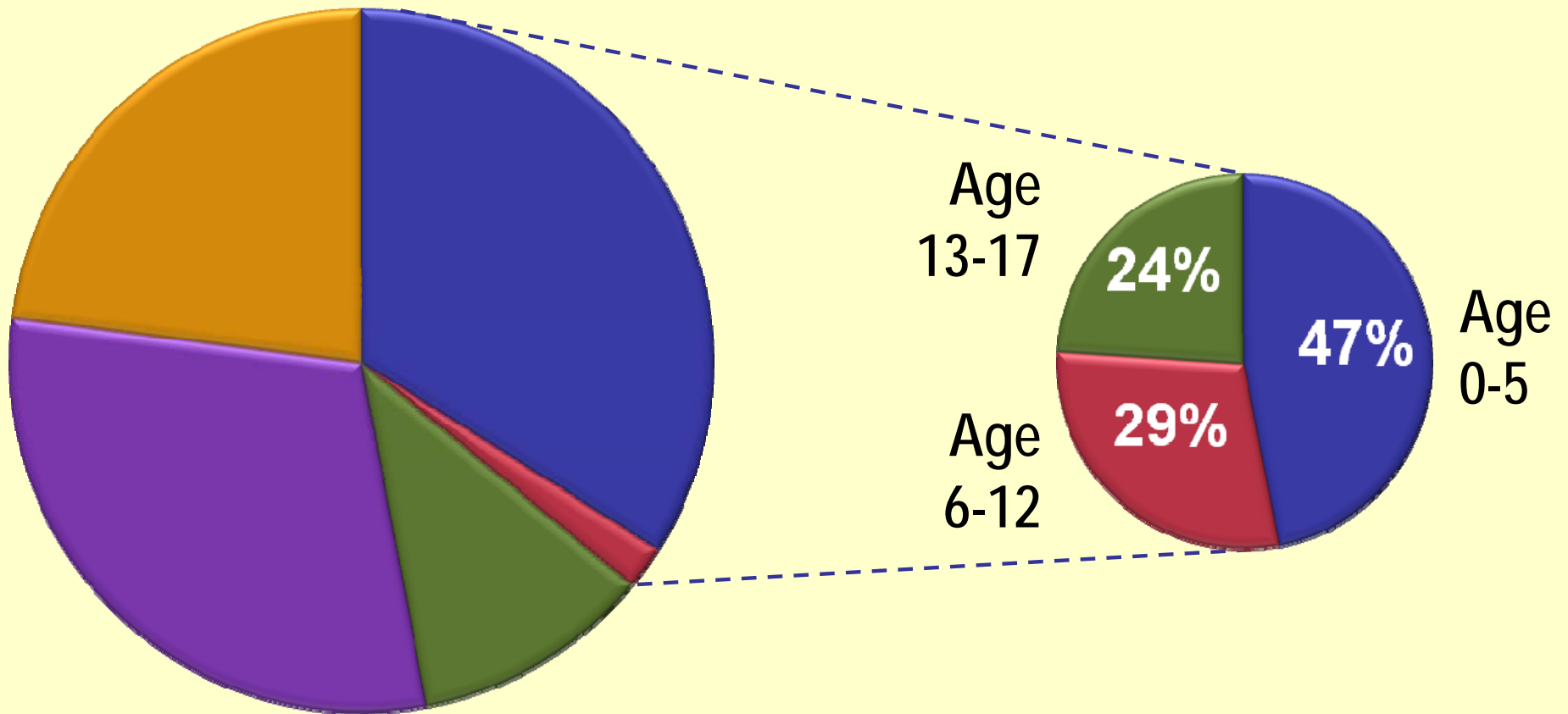


One-night counts and estimates





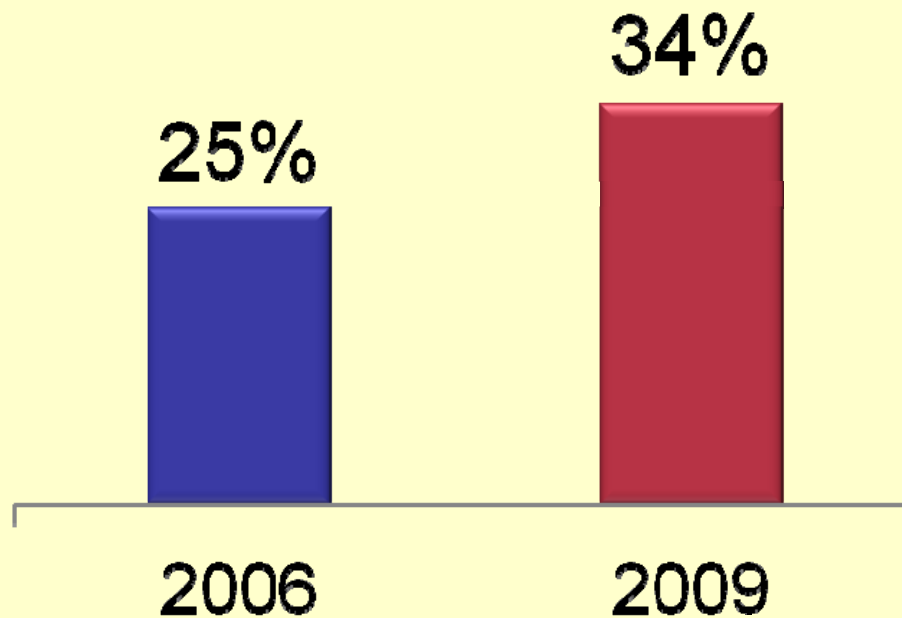
Ages of children, including unaccompanied minors



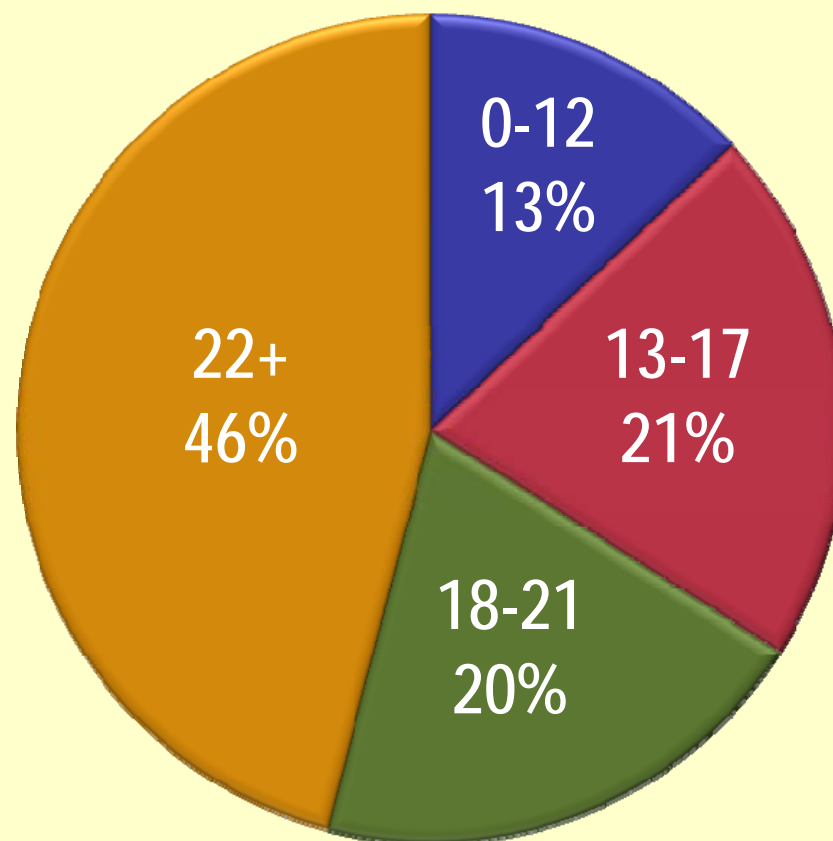
Youth on their own...

- Largest growth among 18 - 21 (57%)
- Shelter capacity for youth relatively unchanged since 2003
- Largest increase in shelter turnaways occurred among youth
- 34 percent had children

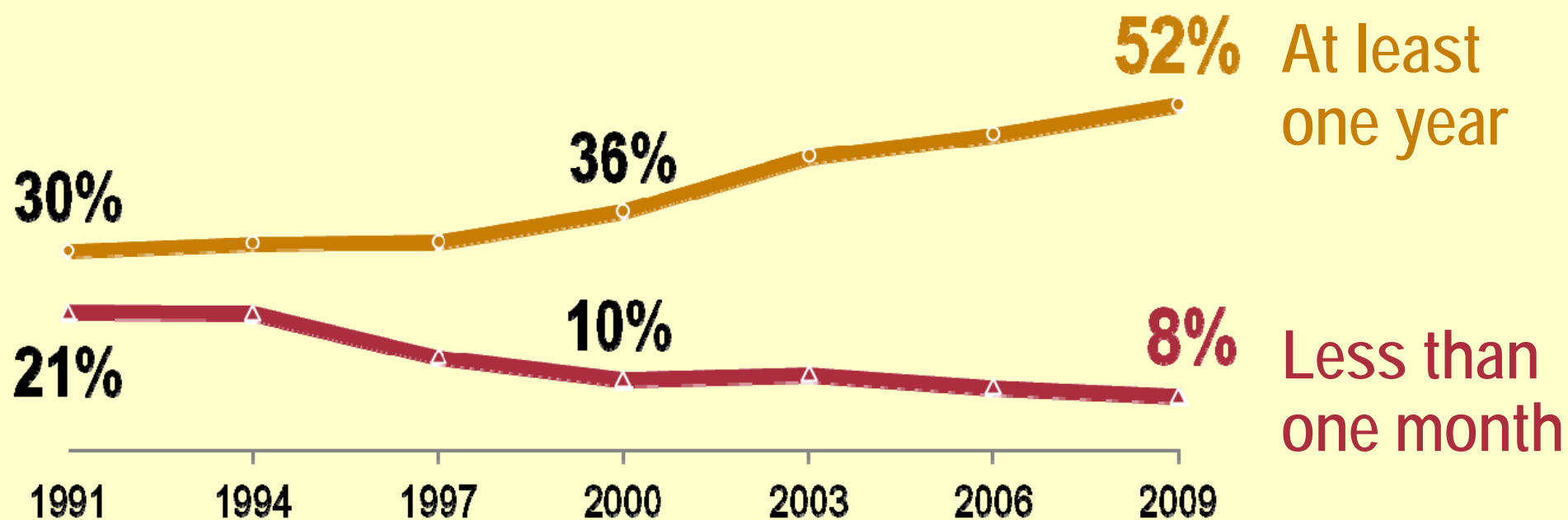
Cycle of homelessness: Parents who were homeless as children



Parents: Age of first homelessness



Adults: More are homeless longer



Longer homeless: Greater health problems

- Serious mental illness
- Cognitive disability
- Symptoms of traumatic brain injury
- Drug/alcohol abuse disorder diagnosis
- Chronic health condition

School problems of children

Percent of parents who report at least one school-age child...

- Had repeated a grade (19%)
- Has a learning difficulty or other school related problem (38%)
- Has trouble going to school because of housing situation (11%)

Other needs of children

Percent of parents who report:

- Unable to get regular child care when needed in past year (34%)
- At least one child has a chronic/severe emotional or behavioral health issue (21%)
- Children had to skip meals in past month (8%)

Problems worsen for those not using shelters

Needs of youth

- 24% of youth slept outside at least one night in October 2009
- 46% report a serious mental illness
- 45% have been physically or sexually mistreated
- 64% had been in an out-of-home placement; 20% left a social service placement in the past year

Reports are posted on the Wilder web site

www.wilderresearch.org

- Key Findings
- Fact sheet on families and children
- Counts by region
- Statewide data tables for every question
- Overview (main statewide report)



Public Policies and Brain Development Research

Marcie Jefferys

Homes for All

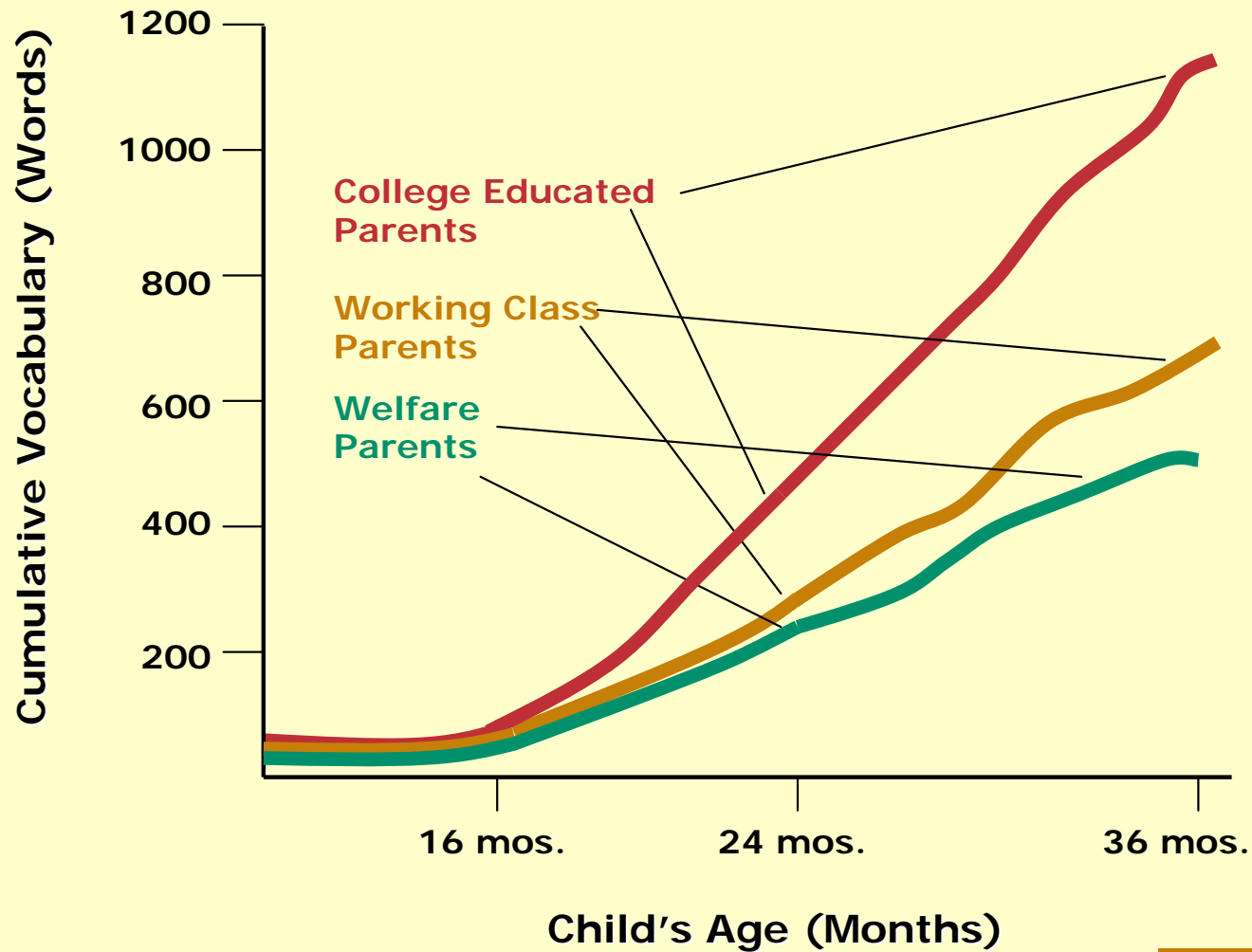
Monday Nov. 8, 2010

St. Paul, MN

Brain Research is Helping Us to Understand Adult Outcomes

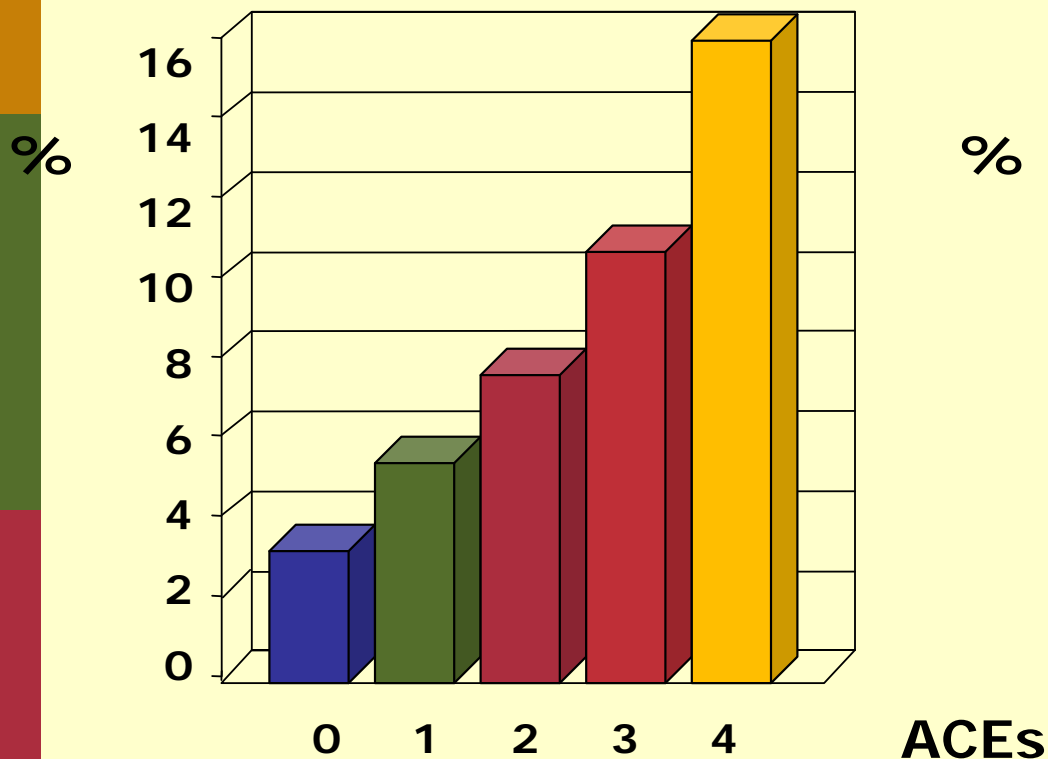
- Some of the major cost drivers in the state budget have their roots in early childhood
- Children growing up in stressful environments are least ready for kindergarten and the gap between them and other children grows as they age
 - Children in poverty
 - Homeless children
 - Children of parents with serious mental health issues
- Growing understanding of the biological and experiential pathways through which adverse childhood experiences can harm adult well-being

Barriers to Educational Achievement Emerge at a Very Young Age



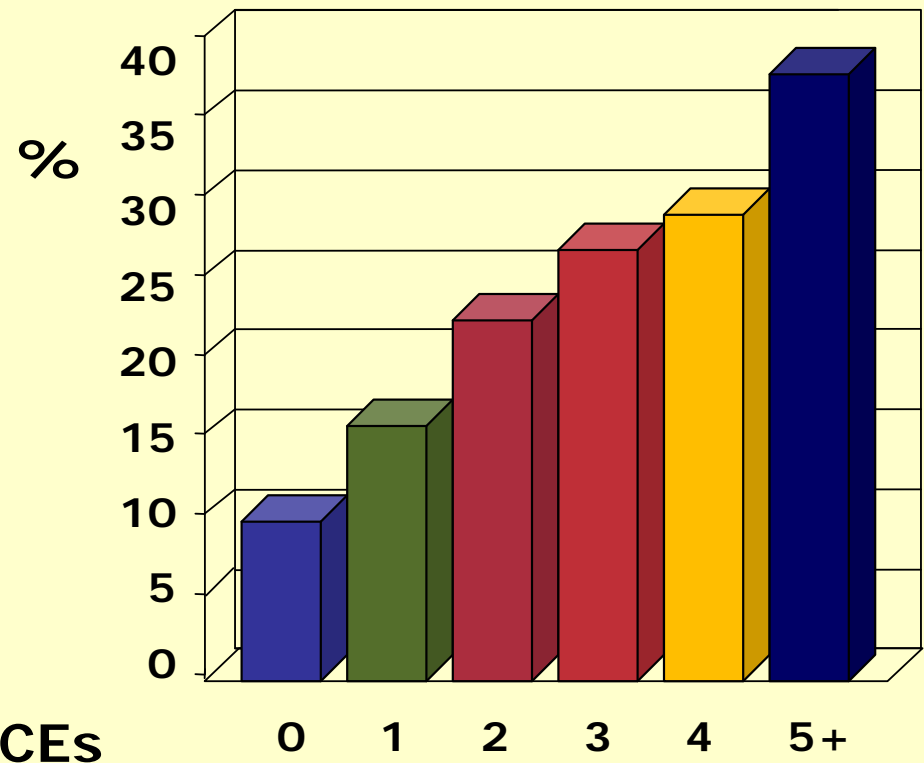
Risk Factors for Adult Substance Abuse are Embedded in Adverse Childhood Experiences

Self-Report: Alcoholism



Source: Dube et al, 2002

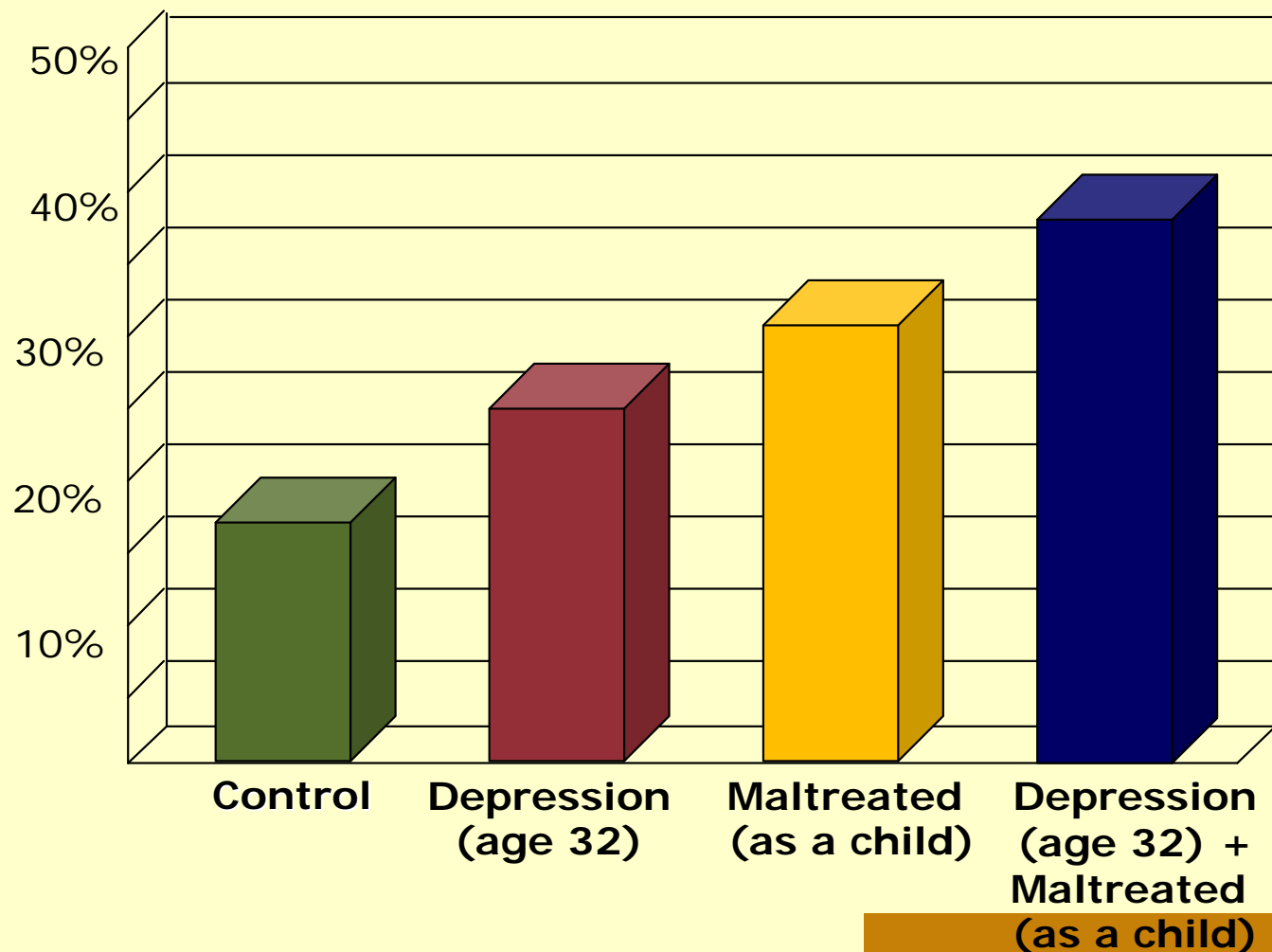
Self-Report: Illicit Drugs



Source: Dube et al, 2005

New Biological Evidence Links Maltreatment in Childhood to Greater Risk of Adult Heart Disease

Percent of adults with biological marker for greater risk of heart disease (increased blood level of CRP)



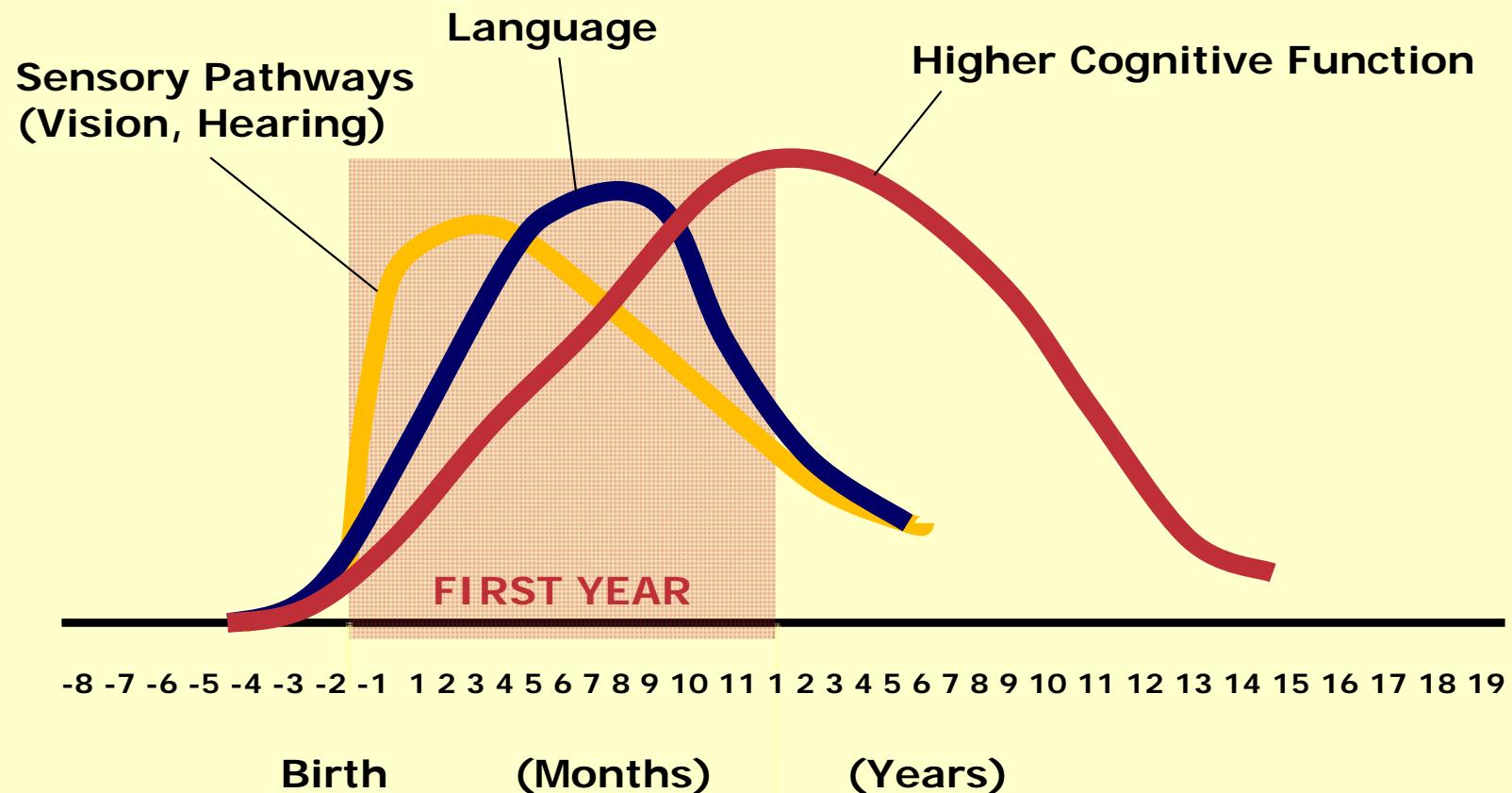
Brain Development

- Begins prenatally
- Continues throughout adulthood
- Some periods of especially rapid growth critical to outcomes in adulthood
 - Early childhood
 - Early adolescence
- Supportive environment critical for healthiest brain development at all stages

Normal Brain Development in Early Childhood

- Foundation for all future development
- Built on genetic 'hardware'
- Powerfully influenced by 'software' of early experiences
- 700 synapses formed in the brain per second in the early years
- 'Serve and return'
- 'Use it or lose it'

Neural Circuits are Wired in a Bottom-Up Sequence



Early Adolescence is Another Period of Rapid Brain Development

- Second wave of 'overproduction' of gray matter just prior to puberty
- Teens process emotion differently than adults
 - Emotional center (amygdala) mediates more than the frontal lobe
- Environment also affects adolescent brain developmental
- Frontal lobes (cognitive reasoning, emotional regulation) don't fully mature until young adulthood
- Until then, kids need 'surrogate prefrontal cortex'

Three Levels of Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

Sources of Toxic Stress in Young Children

Risk Factors

- Neglect
- Abuse
- Exposure to Violence
- Parental Mental Illness
- Parental Substance Abuse
- Homelessness/High Mobility
- Death of parent
- Incarceration of Parent
- Etc.

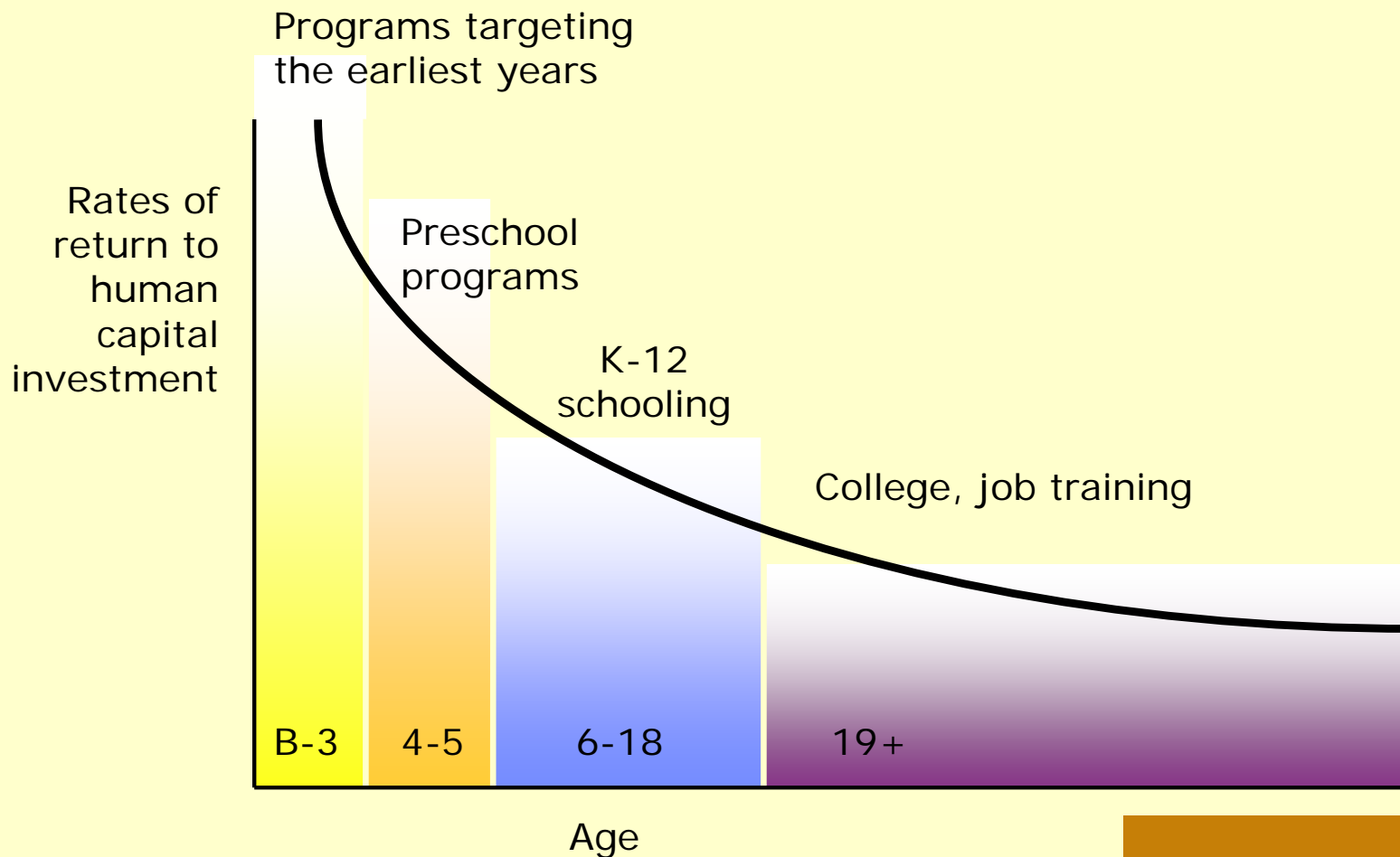
Do public policies reflect what we've learned about brain development?

- Four-fifths of MFIP recipients are children
- Children and their families make up 34% of homeless (Wilder Research, 2010)
 - Half of the children are 5 or younger
 - Youth are the fastest growing group
 - Youth are turned away from shelters at the highest rate
- Infants are reported for neglect at the highest rate of any age group
- 43% of the teens aging out of foster care in 2009 had been without a permanent home for three years or longer

Research & Program Evaluations Point to Effective Interventions

- Intervening early and intensively is most effective
- The quality of relationships children have with caregivers is critically important
- Children most likely to develop delays can be identified
- People can be helped all along the life course but it gets harder and more costly as they age
- Some effective policies and programs already in place but not fully implemented or brought to scale

Preventive Intervention is More Efficient and Produces More Favorable Outcomes Than Later Remediation



“Start Seeing Kids”

- Consider the parenting status of adults receiving services
- Consider the environment (including parent’s well-being) in which children receiving services are growing up
- Recognize the unique developmental needs of children in the design of public policies and services
- Track child well-being across programs

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Zero to Three: Research to Policy*

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**Supported by the Community Foundation Project for Babies*

Selected slides from Megan Gunnar

Institute of Child Development

University of MN

Center on the Developing Child Harvard University

Summary of HOME findings

1/3 of families with infants/toddlers and 2/3 with preschool children had scores low enough to merit concern

Home Observation for Measure of the Environment (HOME)

- Provides basic threshold measurement
 - Achieving a high score does not require parents have a sophisticated vocabulary or that children own an array of expensive toys
 - Measures intentionality on the part of the parent in recognizing and responding to the needs of their children

Child care arrangements

- Most children not benefiting from a quality early childhood experience
 - About ½ attend a child care center or daycare, a little less than half at home with a parent
- Little is known about the quality of child care that children are receiving
- 4 of 23 housing sites have licensed child care on site
 - 2 primarily geared for resident children
 - Lack of information on off-site arrangements

Policy Recommendations

- De-link child care from parents activity (MFIP)
- Increase homeless and formerly homeless children's access to Early Head Start and Head Start
- Increase the use of evidence based parent education and support for families with very young children who have experienced the trauma of homelessness.
- Implement an evaluation process to determine if increased resources are improving family and child outcomes.