GUIDANCE FOR WORKING WITH FAMILIES IN SUPPORTIVE HOUSING

Families with children in supportive housing may face unique challenges during the COVID-19 crisis. The following guidance, considerations, and resources was compiled by CSH and includes resources from peers in the field. We will update to include additional information and resources as they become available.

INTRODUCTION & OVERVIEW

Families with children residing in supportive housing may have backgrounds and experiences that lend to risk factors and vulnerabilities to poor COVID-19 impacts, including:

- Barriers to education and employment, and a lack of tangible opportunities;
- Challenges meeting basic needs, including child and adult nutrition;
- Barriers to child, adult and family wellbeing, such as substance abuse, mental health, trauma, racial inequities/disparities, chronic stress, domestic violence, and justice involvement;
- Risk of negative child welfare outcomes, including family separation;
- Lack of social supports, networks, and community connections, and/or coping mechanisms;
- Serious health conditions, including disabling conditions and prevalence of children and other family members with asthma; and
- Higher prevalence of young parents with young children.

SUPPORTIVE HOUSING FOR FAMILIES KEY CONSIDERATIONS

- The entire household/family is the client, not just the parent/caregiver(s) who sign the lease or other agreements.
- Providers ensure an equal and intentional focus on housing, services and opportunities for the child and the adults in their lives. The appropriate housing and services for children and their parents are identified and offered, ideally through a Two Generation approach, and goals and outcomes for both children and the adults are simultaneously tracked.
- Given family member experiences with trauma, loss, and chronic stress, the disruptions, isolation, and increased parenting stress caused by the COVID-19 crisis can trigger common trauma reactions or setbacks, and may increase risks and challenges outlined above. Providers should employ trauma informed practices and should increase their responsiveness during their engagements with families.
GUIDANCE ON EMERGING CHALLENGES

FAMILY CRISIS/CONTINGENCY PLANS

Planning to ensure safe care of child(ren) and family members in case of COVID-19 symptoms or hospitalizations is critical. Providers should ensure that each family has developed a plan to ensure family care and safety in case of any COVID-19 or other health issues, or other crises.

Contingency Plans Should Address:

- What to do if a member of the family exhibits potential COVID-19 symptoms or tests positive and needs to quarantine, what to do if this is a child, and what to do if it is the parent/caregiver.
  - If parent/caregiver becomes sick – how and where to quarantine within the home; how to provide supervision and care for children while sick and isolated.
  - If hospitalization is required for caregiver/parent – who to support the family during this time; Consider if someone can temporarily stay with children and keep them safe; Consider if the children can stay with a safe friend/neighbor/relative.
- What if there are other unplanned situations requiring parent/caregiver to be away from the home (i.e. treatment needs, temporary relapse, mandatory appointment, securing basic needs)
- Include care instructions, critical personal health and medication information, key contacts, etc.
- Families should share the plan with trusted providers and natural supports identified to temporary care to ensure that everyone is aware of the plan should it need to be activated.

Providers should identify potential respite or in-home caregiver resources in the community and explore opportunities to activate care providers linked to public systems such as child welfare, early childhood, behavioral health, etc.

COVID 19 FEDERAL, STATE AND LOCAL RESOURCE ACCESS

Families may face barriers or delays in accessing new resources made available through federal stimulus or other federal, state or local crisis resources, including direct payments and unemployment resources.

- Payments may require families to have filed current or prior year federal tax returns, yet, this may not have been feasible or a priority, especially if the family was experiencing a period of homelessness/housing instability;
- If banking information is not on file with IRS for direct deposit, or if such information is no longer valid, checks likely to be mailed to address on last filed return. Families may have moved or given a temporary address and may not have active address forwarding in place, or may not have updated with the IRS.
- Accessing expanded unemployment resources may be challenging and families may need support to navigate and understand state unemployment agency requirements and process, especially for those with less straightforward sources of income, and may require tax return or other documentation to calculate income reduction or loss.
• Providers should identify supports to help families navigate processes and overcome barriers to accessing these vital financial resources. Consider volunteer tax or unemployment specialists.

**FOOD & NUTRITION**

Families may face significant changes and increased barriers to accessing adequate and nutritious food during this time.

**Grocery Stores and Delivery Services**

• Families increasingly facing a lack of financial resources to purchase food, may not have grocery stores located near their home, may lack adequate transportation access and child care, and taking their family to a store increases family health risks.

• Delivery services – families are faced with potentially higher costs and added fees; lengthy wait times for available delivery appointments; SNAP benefits may be used for groceries, but grocery delivery fees may not be allowable expenditures with SNAP benefits, and families may lack the means to cover such fees.

**Food Pantries/Banks and School or Community Meal Programs**

• Community resources are encountering high demand for food resource while also facing supply issues, staffing shortages, or agency closures. Low supply, closures.

• Families face transportation and child care challenges, schedule conflicts, increased health risks and other access issues to these vital school and community based resources.

**How Providers Can Help**

• Providers should provide or arrange access to grocery stores, food pantries and meal supports, ideally with delivery option to family home. Recent examples include:
  o Community organizations such as a United Way coordinating with schools to ensure meals available for families,
  o Food pantries making neighborhood deliveries, instead of requiring people to come to them, and
  o School districts using school buses to deliver school food/meals directly to homes.

• Providers and partners can work with public agencies responsible for food security resources to advocate for relaxing or removing policy or practice barriers related to the health crisis.

• Providers should identify emergency resources to cover grocery delivery service fees.

**SUPPORTIVE SERVICES AND A TEAM APPROACH FOR FAMILIES**

Collaborative delivery of holistic, flexible, trauma responsive wraparound services across agencies and systems in family supportive housing requires provision and coordination of services for the entire family unit as a whole, and for the individual’s needs.

For families in supportive housing, many critical services may be closed, or there may be increased barriers to access, such as transportation limitations, technology access gaps, inability to complete service appointments/treatment with child(ren) in tow given child care/school closures. These
services may be critical to housing stability, recovery, health needs, parental and family strengthening, and economic security.

Service Coordination

Families need coordination between their services and treatment providers as much as possible to ensure holistic, flexible, trauma responsive wraparound services and work as a team to problem solve barriers to accessing needed resources.

- Providers should work with a team of internal and external partners and with the family to support and align with family member needs and goals.
- Providers should leverage existing partnerships and family teaming processes to creatively meeting family needs.
- Providers can consider using virtual meeting platforms and other communication tools for agency staff and family members to communicate and work as a team with the families. Consider existing agreements for information sharing (privacy, confidentiality, informed consent). Identify tools that providers/agencies have access to that can support sharing critical information and coordination of support and care for the members of the family.
- Providers should allow for both in person and virtual/telehealth options, flexible to meet family needs and ensuring both family and staff health., and consider if email or text messages can be increased in between in person or virtual visits. Consider ages and needs of the children when providing case management home visits through virtual platforms, and incorporate developmentally appropriate tactics that will keep the child engaged.
- Providers should focus on building protective capacities and parenting strengths while reducing family stressors and risks during the crisis.
- Providers may need to provide extra support to families for navigating systems, accessing services/resources, problem solving and crisis mitigation.

TECHNOLOGY

- Families face challenges related to technology that are greatly exacerbated during this crisis as families are increasingly expected to connect virtually. Families may not have the internet access or devices needed. Both parents and school age child(ren) may simultaneously require access to computers and internet for education, employment, telehealth/services, and other resources or connections.
- Providers should help families access needed technology equipment, internet access that can support video and other family needs. Consider if school systems or local internet providers are providing resources and free or low cost access to meet family needs. Connect families with emergency funding or other resources that can allow for access to the equipment and needed services.

CHILD CARE

- Families with young children, and those with children home due to school closure may face child care center closures and restrictions due to the crisis. Child care resources and access allows parents to work, attend necessary appointments, and in some cases to be able to secure groceries or other resources.
• Providers should consider potential child care needs and help families identify and access child care resources, neighbors or natural supports that may be safe child care options during this time.

CHILD WELFARE CONSIDERATIONS
Families face increased risks for negative child welfare outcomes. Child welfare systems may be struggling to complete monthly home visits, arrange required monthly visits, or arrange for parent/child visitation, if a child is placed outside the family home. During times of intense stress and community crisis, families may face elevated risks for family separation or delays in reunification. Court ordered treatment plan compliance may be hindered by crisis related barriers.

• Providers working with families experiencing child welfare involvement should increase communication with child welfare case workers during this time to coordinate efforts, support family advocacy, identify alternatives such as kin, and advocate for family preservation or timely reunification as even more critical during this crisis.

ENSURING ACCESS TO HOUSING PROGRAM VACANCIES
Providers should coordinate with housing authorities and Coordinated Entry Systems to ensure all rental assistance programs and beds are being utilized. If units/vouchers for families are available, housing agencies, providers and coordinated entry systems should ensure that families are identified and prioritized to quickly fill these vacancies to reduce family health and safety risks and reduce burden on the crisis system.

• Families considered at highest need/risk may include:
  o Families in shelters, temporary hotels, or other unstable/high risk settings further exacerbated by the current crisis
  o Child welfare involved/identified families at significant risk of negative child welfare outcomes, including those at risk of child placement in out of home care, those at risk of delayed reunification, and pregnant/parenting young adults exiting foster care
  o Pregnant women and parents with newborns/infants, including those with medical needs or neonatal abstinence syndrome
  o Families with child(ren) experiencing significant health/medical needs, including physical and behavioral health, or IDD
  o Parents/families awaiting exit from inpatient treatment facilities or justice systems

Assess for underutilized or other available housing and services resources, such as HUD Family Unification Program vouchers through Public Housing Authority and Public Child Welfare Agency partnerships.
# FAMILY AND CHILDREN RESOURCES

The following is a list of curated resources and guidance relevant to families and children. Additional general resources related to supportive housing for families can be found at [csh.org](http://csh.org) and [1rooffamilies.org](http://1rooffamilies.org).

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<td>Protecting children and families during the COVID-19 crisis, Free virtual education tools for children and their caregivers</td>
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<td>National Child Traumatic Stress Network</td>
<td>Parent/caregiver guide to helping families cope with the coronavirus disease 2019</td>
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<td>National Council on Crime and Delinquency</td>
<td>Family team meetings: Guide for facilitators during physical distancing, Child welfare safety assessment and planning during COVID-19 and physical distancing, Successful video visits with young children</td>
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<td>Center for Budget and Policy Priorities</td>
<td>Using TANF funds to support families impacted by COVID-19</td>
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<td>American Academy of Pediatrics</td>
<td>Healthy Children - Resources for families</td>
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<td>Generations United</td>
<td>COVID-19 Fact sheet for Grandfamilies and multigenerational families</td>
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<td>US Dept. of Health and Human Services, ACYF, Children’s Bureau</td>
<td>COVID-19 Resources, National Child Abuse Prevention Month April 2020</td>
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<td>Harvard Center for the Developing Child</td>
<td>Stress, resilience and the role of science and COVID-19 Resources</td>
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<td>Chronical of Social Change</td>
<td>What Child Welfare Agencies Need to Think About, Coronavirus, child welfare and juvenile justice: A running thread</td>
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<td>Child Trends</td>
<td>During the COVID-19 pandemic, telehealth can help connect home visiting services to families</td>
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<td>National Association for the Education of Young Children</td>
<td>Tips for video chatting with young children – Staying connected while far apart</td>
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<td>Food Research and Action Center</td>
<td>Ensuring access to the child nutrition programs in the event of school closures</td>
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<td>Centers for Disease Control (CDC)</td>
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<td>Child Welfare League of America (CWLA)</td>
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<td>American Public Human Services Association (APHSA)</td>
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