

ICC Priority: Serving Young Children from Special Populations
(American Indian, Homeless, Domestic Violence, Wards of the Court)
Feb 12, 2014

Challenges and Opportunities

- Transportation
- Lack of documentation to enroll in programs
- Contact information changes frequently
- Families may be highly mobile
- Health and development are at risk
- Unsafe living conditions
- Difficulty trusting service providers
- Emotional stress
- Inconsistent program attendance
- Public services may focus on the parent rather than the entire family including young children.

Identification and Referral Strategies

- Partner with family shelters, campgrounds, food banks, low cost motels, transitional housing, etc.
- Younger siblings of school aged children receiving public services are identified and tracked
- Identify family as member of a special population on referral documents long with contact information or places that they may frequent.
- Designate young children that are a member of special population as highest priority expediting evaluation and assessment.
- Conduct evaluation and assessments in locations that are comfortable for the family or as a last resort provide accessible transportation.
- Add young children from special populations to the at risk criteria for PRRS services
- Refer to PRRS as being at risk due to homelessness, victim of domestic violence, American Indian or ward of the court.
- Streamline the referral process by obtaining consent for release of medical records, screening information, and to conduct Early Start evaluation and assessment at time of referral.
- Offer families incentives such food, transportation, health services.

Service Delivery Strategies

- Designate an FRC person as the liaison to families who are members of special populations.
- Support families in valuing early intervention as an important support to their family.
- Refer to FRCs for peer to peer support from another parent who has experienced similar situations.
- Coordinate services that will meet the family's basic needs and provide support to ensure that they get the services they need.
- Promote persistent efforts by service providers to locate family and deliver services.
- Provide services based on the family's unique concerns and priorities.
- Be flexible and creative in providing community based intervention.
- Help service providers to understand that parents in special situations may be overwhelmed by feelings of stress or guilt and their ongoing efforts to meet their family's basic needs. Working with them requires greater patience and flexibility along with a strengths-based approach.

Collaboration Strategies

- Identify partners (family shelters, shelters for pregnant and parenting teenagers, domestic violence shelters, American Indian medical clinics, tribal organizations, county welfare offices), and their contact information.
- Designate one person to liaison with the community services.
- Establish relationships with partners.
- Focus on tangible goals with partners.
- Share Early Start eligibility criteria, referral procedures, service options, and Reason for Concern brochure.
- Share information about developmental and maternal depression screening options with partners.
- Post Early Start information at immunization clinics, pediatricians' offices, low-cost health clinics, libraries and application offices for Temporary Aid for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Supplemental Nutrition Assistance Program (SNAP) and others.
- ICC and local coordinating councils share information, develop and promote strategies, and comment publicly on needs of young children experiencing homelessness.
- Demonstrate the value of collaboration (understanding referral options, meet requirements, meets program goals)

- Conduct a community needs assessment and develop a local plan for identifying and serving young children who are from special populations experiencing homelessness.
- Conduct joint trainings.

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