



Testimony of

Stephanie Gendell, Esq.
Associate Executive Director
For Policy and Government Relations
Citizens' Committee for Children

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General Welfare Committee

*Oversight Hearing: From PATH to Permanency: Navigating the Shelter System as a
Family with Children
Int. 1597 and 1642*

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Good afternoon. My name is Stephanie Gendell and I am the Associate Executive Director for Policy and Advocacy at Citizens' Committee for Children of New York (CCC). CCC is a 73-year-old independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

I would like to thank General Welfare Chair Stephen Levin and the members of the General Welfare Committee for holding today's oversight hearing on the family shelter system (from intake to permanency) for families with children. I would also like to thank Council Member Levin for introducing two pieces of legislation related to the LINC rental assistance program, both of which CCC is supporting.

CCC also appreciates the efforts that the de Blasio administration, including the Mayor himself and Commissioner Banks, have been making to try to address the homelessness crisis in New York City. Despite many investments in homelessness prevention such as the expansion of HomeBase and legal services to prevent evictions, the creation of a new rental assistance program, and a commitment to eliminate cluster sites by 2021 and hotels as shelter facilities by 2023 by building 90 new shelters and renovating 30 others.

The situation for families with children in the shelter system is dire. Last Friday, there were 22,101 children in the DHS shelter system. Together with their 16,987 parents, these families comprise nearly 70% of the City's shelter system. Many of these families needed to apply for shelter eligibility numerous times, cycling through PATH intake, before being found eligible for shelter. Once found eligible, these families remain in shelter for an average of over 430 days—well over a year. Each year, approximately 1,100 babies are born into the shelter system and nearly half of the children in the shelter system are under age six. Only half of the families in shelter are even placed in Tier II shelters that were created to provide shelter to homeless families, with the remaining families living in cluster sites and hotels. Only 55% of families with school children are placed in the borough where the youngest child had been attending school. Many families are placed far from their communities of origin, including jobs, schools, child care, health care, child welfare preventive service programs, families and other support systems.

Meanwhile, the research documents that homelessness, even in the best of circumstances, causes trauma for children, and that exposure to trauma in childhood has lifelong implications. Notably the ACEs studies have shown that the more trauma a child is exposed to, the higher their likelihood for obesity, depression, cardiovascular disease, and premature death. This means that the lives of these 22,000 children is literally in the City's hands every day.

We know that housing instability causes stress and trauma for families and children. The data and research on the experiences of homeless children paint a disturbing picture regarding the well-being of the record numbers of homeless children, even in the best of circumstances. Homelessness creates risks to the physical and emotional well-being and educational success of children. For example, children experiencing homelessness have an increased risk of illness compared to children who are not homeless: they suffer from four times as many respiratory

infections, five times as many gastrointestinal infections, and twice as many ear infections.¹ Additionally, they are four times as likely to suffer from asthma and have high rates of asthma-related hospitalizations.² Homeless children also suffer disproportionately from food insecurity, as they are twice as likely to go hungry as non-homeless children, and, due to these nutritional deficiencies they are at an increased risk of obesity.³

Being homeless has also been demonstrated to be harmful to children's emotional well-being. Homelessness causes traumatic disruptions in the lives of children, who, in addition to losing their homes, experience loss of their friends and community, sense of security, routines, possessions, and privacy.⁴ Homelessness also makes families more vulnerable to other forms of trauma, such as witnessing violence, physical or sexual assault, and abrupt separation from family members.⁵ As a result, homelessness increases a child's risk of experiencing mental illness. For example, half of school-age homeless children experience anxiety, depression, or withdrawal, compared to 18 percent of children who are not homeless, and one in three homeless children ages eight and under suffers from a major mental disorder.⁶

The impact of homelessness can also be devastating to a child's education because it often causes disruptions that impact their attendance and academic performance. Only 55% of families in the City's shelter system are placed in a shelter in the school district where the youngest child attends school.⁷ As outlined in tremendous detail in the IBO's October 2016 report, *Not Reaching the Door*, homeless children struggle to get to school and are often chronically absent.⁸

Despite the numbers, the obstacles, and the impact of family homelessness, we know that the administration, the providers, the advocates and others have been working hard to prevent homelessness and help families secure permanent housing. We recognize the challenges of doing this in New York City where median income has not been able to keep up with median rent.

We appreciate all of these efforts, but respectfully submit the following recommendations to better address the well-being of children and families in shelter, which also includes increasing access to affordable housing and reducing the length of stay in the shelter system.

¹ The National Center on Family Homeless, *The Characteristics and Needs of Families Experiencing Homelessness*, Dec. 2011. Available at: <http://www.familyhomelessness.org/media/306.pdf>.

² *Id.*

³ *Id.*

⁴ The National Child Traumatic Stress Network, *Facts on Trauma and Homeless Children*, 2005, at page 2. Available at:

http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf

⁵ *Id.*

⁶ *Id.*

⁷ New York City Mayor's Management Report FY 2016, Department of Homeless Services.

⁸ Independent Budget Office. *Not Reaching the Door: Homeless Students Face Many Hurdles on the Way to School*. October 2016. <http://www.ibo.nyc.ny.us/iboreports/not-reaching-the-door-homeless-students-face-many-hurdles-on-the-way-to-school.pdf>

1) Prioritizing Homeless Children and Their Families: A Report and Recommendations Based on the Work of the Family Homelessness Task Force

The magnitude of the family homelessness crisis and the devastating impact it can have on children is what led CCC to partner with Enterprise and New Destiny to co-convene a Family Homelessness Task Force (FHTF). Together, with about 40 other organizations, we brainstormed recommendations to promote and enhance the well-being of homeless families and those at risk of becoming homeless. Our report and recommendations, included at the end of this testimony, was released at a summit just last week. The “in-shelter” recommendations, which can be found on pages 22-31, are particularly relevant to today’s hearing. As such we submit them for the record as part of this testimony. We encourage the City Council to read the full report, which also includes additional recommendations to prevent family homelessness and to help families who leave the shelter system remain permanently housed.

Some of the key recommendations related to families in the shelter system, from PATH to Permanency, from our report are:

- Reorient the shelter system, from PATH through permanency, to be trauma informed. Begin by providing training in trauma-informed care for all DHS and provider staff in all shelters and at the PATH intake office.
- Improve the conditions for homeless families placed in hotels by:
 - Eliminating the practice of requiring families in hotels to move rooms every 29 days.
 - Ensuring families in hotels have access to laundry.
 - Ensuring families in hotels have access to high quality, palatable food that meets the needs of clients with special dietary restrictions.
 - Creating space in the hotels for children to play and for families to have visitors during specified hours.
 - Providing shuttle service and/or car service reimbursement for homeless hotel residents located further than a 10- minute walk from a subway and those with disabilities who cannot walk to the subway.
 - Ensuring all hotels have regular access to social service staff who are trained in trauma-informed care, to assist with housing, benefits, education, early childhood education, early intervention, accessing health, behavioral health, and child welfare preventive services, and employment training and assistance.
- Place homeless families with children in safe and appropriate settings, and expedite the elimination of cluster site apartments and hotels.
 - Prioritize the movement of some homeless families with children from cluster sites and hotels to Tier II shelters (or preferably permanent affordable housing), such as families with open child welfare cases with the Administration for Children’s Services.
 - Conduct an assessment as part of the intake process, to place the family in an appropriate shelter setting in the most appropriate location for the family. This assessment should examine the following factors: a) health and safety issues; b) the wishes of the family members; c) where the youngest child attends school; d) whether any children have IEPs and services arranged at current school; e) whether the family is receiving community-based child welfare preventive

services; f) whether any family member is receiving community-based services that would benefit from continuity (such as health, mental health, etc.); g) where the parent(s) work; and h) whether and where children are enrolled in early education programs. If a community-based shelter placement is not initially available for a family who would like one, families should be placed on a waitlist for shelter transfer, and such waitlist should be prioritized based on the outcome of the assessment. The results of the assessment should also identify who should not be placed in shelters in their community of origin.

- Ensure all new shelters are designed to address the well-being of homeless children and their families by appropriately funding providers and ensuring access to high quality services.
- Reorient the shelter system to be more proactive about helping homeless families with school-aged children, rather than being responsive to parents only after there is a problem identified.
 - Better staff PATH so that every parent with school-aged children can meet with an expert in education, educational stability, McKinney Vento, and transportation while at PATH.
 - Create a better system to arrange busing/transportation than the current process whereby busing cannot begin to be arranged until after the family is found eligible for shelter. This 10-day eligibility process can take substantially longer for families who are not initially found eligible, and thus leads to a tremendous delay in arranging busing.
 - Provide monthly MetroCards (rather than weekly) for families awaiting transportation arrangements.
 - Increase the number of DOE staff troubleshooting education issues for school-aged children in temporary housing from the current 8 staff. Increase the number of family assistants who aid at shelters to better accommodate families placed in hotels.
- Increase the number of children under 5 receiving early childhood services, including child care and early intervention.

2) Additional Recommendations

In addition to the recommendations developed in collaboration with the FHTE, CCC submits the following three additional recommendations:

a) Consider eliminating or modifying the “no visitor” policy

DHS shelters have a “no visitor” policy, whereby residents cannot have guests in their units/homes. Some shelter facilities have common areas where there can be guests, but many do not. Shelter residents in facilities without these types of common areas cannot have visitors at all. Parents in the focus group conducted by the IBO spoke about the impact the “no visitor policy” created in hampering the ability of their children to make friends in their new school and in the parents’ ability to maintain their support network.

CCC is deeply disturbed by the impact of this rule because we feel it is manufacturing social isolation for parents and their children, which is a well-documented risk factor for child abuse

and neglect.⁹ One well known researcher wrote, “Of course, most poor people do not neglect nor otherwise maltreat their children, but poverty, when combined with other risk factors such as substance abuse, **social isolation**, financial uncertainty, continued family chaos, or a lack of available transportation and affordable child care can put a child at greater risk of child abuse or neglect.”¹⁰

When DHS moves a family from their community of origin to another community, which due to the census is now a common practice, the family is being moved away from their existing social network. By maintaining a “no visitor” policy, families are unable to create a new social network in their new community/home and are unable to have their family and friends visit their new home. Combined with the curfew, it is nearly impossible for adults and children in shelter to maintain connections to their social supports and networks. The current average length of stay of 431 days is a very significant amount of time to be cut off from a social support system.

The removal of social networks of support is the exact opposite of what we want for families struggling with the trauma and stress of homelessness. We know that the histories of many child fatalities, including the Perkins case, include bouts of homelessness.

CCC strongly urges the City to reconsider the “no visitor” policy. We appreciate that this policy is in effect to help ensure safety to the residents in shelter, but we urge the City to re-think how to both protect shelter residents and ensure that homeless families are not isolated from their communities of support by a system that is supposed to be helping them. Options could include requiring common areas for guests; establishing reasonable hours when guests can be in shelter units using a system where guests sign in and out; and/or eliminating the policy completely. In addition, it is important to note that reorienting the shelter system to be more of a community atmosphere with staff trained in trauma, would go a long way towards improving the safety of residents.

In the meantime, we urge the City to ensure any new or renovated Tier II shelter include space for community activities and visitors.

b) Reconsider the proposed amendments to the Health Code, which would preclude shelters from having on-site full-time, long-term child care programs.

The City recently released proposed amendments to Article 47 of the Health Code, for which there will be a hearing before the Board of Health on July 25, 2017. Likely in response to a report by the Comptroller’s office, the City is proposing to prohibit full-time, long-term child care programs at shelters and instead require shelters to have drop-in care that cannot exceed 10 hours per week per child. The Department is also proposing to regulate the health and safety of these programs (which they currently do not), which is a proposal CCC supports.

⁹ There is a great deal of literature about social isolation as a risk factor for child abuse and neglect. For example: DePanfilis, D., United States Department of Health and Human Services, *Child Neglect: A Guide for Prevention, Assessment and Intervention*. 2006. <https://www.childwelfare.gov/pubPDFs/neglect.pdf>. American Psychological Association. <http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx>.

¹⁰ DePanfilis, D., United States Department of Health and Human Services, *Child Neglect: A Guide for Prevention, Assessment and Intervention*. 2006, pp 29-32. <https://www.childwelfare.gov/pubPDFs/neglect.pdf>.

CCC also values the important role early childhood education can play in the life of a young child and that it is critical that these programs be high quality. We believe that there is a value to some shelters choosing to have a full-time, long term child care program, that includes a curriculum, that would be open to both homeless children and children from the community. In fact, not only could this be convenient for the homeless families, but it could help make shelters more appealing to communities.

The proposed rule would limit shelters to having drop-off centers where children could only attend for no more than 10 hours per week. While we appreciate that children should not be “enrolled” long-term in a drop-off program that would not be able to have a curriculum that builds from day to day, we think that this arbitrary 10-hour per week limit will not work for families in the shelter system. First, shelter is intended to be short-term and temporary. If the system was functioning this way, a short-term program might be most appropriate so that the child could then be enrolled in a long-term program once placed in permanent housing. While many families spend years in shelter, we do not think we should design the system around this premise. Second, ten hours feels arbitrary. Two days per week in child care would be 16 hours. Many parents have a lot of appointments to get to (such as public assistance, job interviews, housing searches, and medical care), as well as other children to get to and from school. Given the many hardships that come with being in the shelter system, the child care programs should be easily accessible and available to any and all families in need.

c) Expand home visiting programs and other evidence-based models that provide important supports for parents.

Home visiting programs, such as Nurse-Family Partnership and Healthy Families New York, have been proven to improve outcomes for the vulnerable and at-risk children and parents participating in the programs. Given the trauma, stress and housing instability of homeless families, we believe these programs should be more readily available to families in shelter and that the City should be intentional about shelters collaborating with these programs.

In addition, CCC has long-supported the City Council initiative that funds trauma- based programs for young children in shelter. We look forward to working with the Council to document these successes so that we can advocate for an expansion.

3) City Council Legislation

- a) *Int. 1597-2017: A local law to amend the administrative code of the city of New York, in relation to requiring the department of homeless services recognize time spent in foster care as homelessness for the purpose of meeting rental voucher eligibility requirements.*

CCC strongly supports this bill and urges the City Council to support it and for the Mayor to sign it into law. For any youth 24 years old or younger who is a foster youth or former foster youth, included those who achieved permanency through adoption or guardianship after the age of 16, would be able to use the time they spent in foster care as time homeless for their eligibility for rental assistance.

In short, this bill would help prevent foster youth and former foster youth from becoming homeless. Unfortunately, former foster youth have incredibly high rates of homelessness.

By enabling youth who achieved permanency to also have access, we ensure that this new eligibility would not create the perverse incentive for youth to age out of care rather than achieve permanency. This is the same standard that is used by the federal level for eligibility for Education and Training Vouchers (ETVs), which help pay for college.

We do urge the City Council and the Administration to make one amendment to the bill, which would enable youth who reunify from foster care after age 16 to also be eligible for LINC.

For many years, CCC has been trying to secure state statutory change to increase the child welfare housing subsidy from \$300 to \$600 per month and to increase the upper age of eligibility from 21 to 24, but we have been unsuccessful. The City Council has passed a resolution in support of this state law change. For youth on public assistance, this bill would go a long way towards addressing the issue we were attempting to address at the state level, by providing a substantial rental assistance subsidy up to age 24.

b) *Int. 1642-2017: A local law to amend the administrative code of the city of New York, in relation to rental assistance vouchers*

This bill would require eliminate time-limits on city rental assistance programs (for those otherwise eligible) and index maximum rental allowances to the fair market rent. CCC supports this bill.

In short, this bill would enable New Yorkers using rental assistance vouchers to remain stably housed rather than re-enter the shelter system. By ensuring that there is no arbitrary time-limit on a rental assistance voucher and by ensuring the amount of the voucher is indexed to the fair market rent, the New Yorkers using these rental assistance vouchers should be able to remain permanently housed in their apartments. This will be a tremendous benefit to the families and will also benefit the City by reducing the shelter population.

CCC is grateful to the City Council for its commitment to homeless families. We look forward to working together to finalize these important pieces of legislation and to improving the homeless service system for children and families.

Thank you for the opportunity to testify.