


Childhood Homelessness Amidst Covid-19 and School Nurses' Perspectives

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Background

- **Observation**-Increased awareness R/T Challenges & Gaps in the school Systems
- **Privacy Issues** –HIPA violation
- **Support System** -Availability much needed for BPS Homelessness students
- **Resources**-Means of providing resources – (Health Fair, Health Clubs, Community agencies partnerships)
- **Template**-Urgent need for CH Assessment Tool Development

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Childhood Homelessness

- ▶ Homeless definition: “lack of a fixed, regular, and adequate nighttime residence” (US HUD, 2020)
- ▶ In Massachusetts (MA) Childhood homelessness(CH) is a deleterious problem  
 Approximately 20,601 MA students are homeless (National Center for Homeless Education, 2020)

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**Covid-19 pandemic heightened children at risk**

**Population disproportionately impacted:**

- ▶ Homeless children
- ▶ Low-income students of color
- ▶ Approximately 12.2% of MA children <18 years are living in poverty (US HUD, 2020)

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**Major predisposing factor directly affecting children's health and well-being**

Homelessness interferes with learning and increased missed school days due to multiple inequities:

- ▶ Nutritional
- ▶ Physical activities
- ▶ Behavioral activities
- ▶ Vision
- ▶ Mental health
- ▶ Abject Poverty



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**The Role of School Nurses**

**School nurses can serve as:**

- ▶ **Advocates** for Childhood homeless(CH) students
- ▶ **Catalysts** at their respective schools to address this issue
- ▶ **Innovative agents** to change the trajectory of CH by establishing better communication with:
  1. The McKinney-Vento Act (2016) school liaison
  2. Teachers
  3. School Homeless Liaison & Community agencies
- ▶ **Leaders** in the development of strategies to raise awareness of the effects of CH and to shape the misperceptions and associated stigma

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**Nurses Role As Care Coordinators**

- ▶ CH is a pernicious problem not only in Massachusetts but all over the USA
- ▶ CH has skyrocketed since the onset of the pandemic, and greatly impacted our vulnerable population
- ▶ Nurses have the ability and skills to address the enormity of challenges confronting this cohort

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**Our project team worked on the best practices to increase:**  
 (Project Team Members: Dr. M. Beauchesne, Dr. R.Keoch & Dr. M.Anidi)

- ▶ Care coordination to address complex needs of these students, especially during Covid- 19 pandemic
- ▶ Access and utilization of support services
- ▶ Partnerships with other agencies to decrease extent of CH predicaments

Our special gratitude goes to The Teacher Leadership Fund Committee for generous award of \$5,000.00

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**Project Outcomes**

- ▶ **Brainstormed with other school leaders angling out how to best:**
  - Share data and advocate for services
  - Fill gaps in the referral process between Aspen and SNAP platforms
- ▶ **Developed a tool to assist school nurses in:**
  - Assessing the overall needs of students experiencing homelessness
  - Accessing information and care for vulnerable children
  - Making appropriate referrals to specific agencies
- ▶ **Collaborated with other Boston Public School (BPS) teams** to unravel best ways of care coordination
- ▶ **Established a platform through the NU School Health Academy** via a webinar that will offer continuous education units

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### Guide and Appropriate Utilization of Tool

- ▶ Assess students needs
- ▶ Advocate for students experiencing homelessness
- ▶ Educate and assist the use of a tool/template
- ▶ Refer students to the right channels
- ▶ Advocate for services and resources

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### Tool Dissemination

- ▶ 1) The project team plans to present assessment tool during liaison team meetings.
- ▶ 2) Offer presentations of findings to BPS nurses during (NFS) meetings & school health services Nurse's Day, to educators, and to school committee members.
- ▶ 3) Share with community agencies such as independent schools, and community colleges who may serve as mentors to the students as they journey toward their academic ladder.

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### Initial Student Screening Tool

*Please Note: This will be an initial screening tool that can be used by nurses. Depending on the responses, follow-up may be needed.*

Area of Focus	Screening Questions	Response (Circle your response)
Lack of Educational Continuity	Attendance issues?	Yes   No
	Missing records needed to enroll?	Yes   No
Poor Health and Nutrition	Missing immunizations and medical records?	Yes   No
	Chronic hunger or food hoarding?	Yes   No
Transportation and Attendance Issues	Fatigue (may be falling asleep in class)?	Yes   No
	Erratic attendance and tardiness?	Yes   No
	Excessive absences?	Yes   No
	Lack of participation in afterschool activities?	Yes   No
Poor Hygiene	Lack of participation in field trips?	Yes   No
	Wearing clothes for several days?	Yes   No
Social and Behavioral Concerns	Inconsistent grooming?	Yes   No
	Extreme hygiene?	Yes   No
	Unwilling to form relationships with peers and teachers?	Yes   No
	Anxiety, exhibiting anger or embarrassment when asked about current address?	Yes   No
	Avoidance of questions related to current address?	Yes   No
	Statements made about staying with grandparents, other relatives, friends, or in motels and campgrounds?	Yes   No
Statements such as: "I don't remember the name of the last school I was in."	Yes   No	
Statements such as: "We've been moving around a lot."	Yes   No	

If = 3 yes responses or any 1 area with all yes responses monitor closely  
 If = 4 but < 6 yes responses or any 2 areas with all yes responses then refer for further assessment  
 If = 6 or any 3 areas with all yes responses then refer for immediate follow-up and intervention

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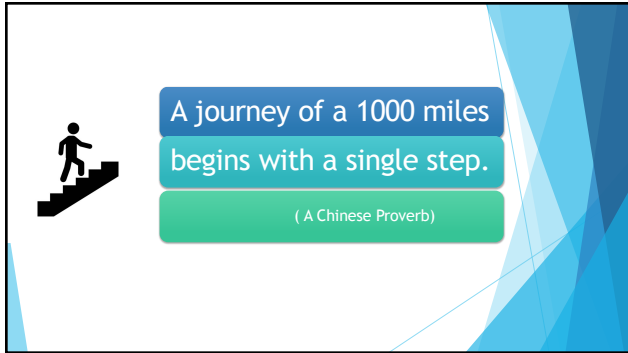
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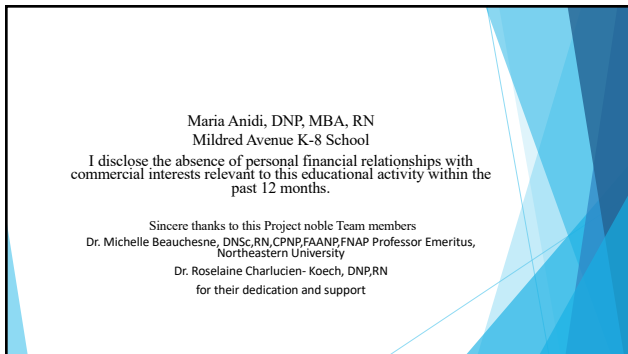
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