

INTRODUCTION

pproximately 1.3 million children under age 6 experience homelessness each year.¹ Families with children account for an estimated 30 to 40 percent of the nation's homeless population.² In fact, a person is more likely to experience homelessness in their first five years than at any other time in their life.³ Because families often stay with friends or extended family, stay in motels and hotels, sleep in cars, and stay in shelters rather than sleep on the streets, childhood homelessness is often hidden from public view. Because of its hidden nature, child and family homelessness is an overlooked policy problem.

Compounding the hidden nature of childhood homelessness, different definitions of homelessness and difficulty counting the number of families living in doubled up situations result in an undercount of the number of children experiencing homelessness. Federal agencies differ on whether they consider children living in doubled up housing to be homeless. Doubled up is defined as "children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason." Doubled up housing is often overcrowded and unstable and is associated with negative impacts on parenting, family functioning, and child health. The U.S. Department of Housing and Urban Development (HUD) does not consider children living in doubled up housing to be homeless, possibly because of funding constraints, whereas the U.S. Department of Education and programs administered by the Department of Health and Human Services do.

This paper reviews the extant literature on (1) the impact of homelessness on young children's health, well-being, and development and (2) the causes of child and family homelessness. This paper then reviews available services and federal funding streams to support young children and families experiencing homelessness. This paper concludes with recommendations

to streamline early childhood and homelessness policy to better support young children experiencing homelessness. A review of available data on early childhood homelessness can be found in Appendix A.

The terms child homelessness and family homelessness are used interchangeably throughout this paper because young children are often dependent on their families for housing.

FIGURE 1

One in 18 children under age 6 experiences homelessness each year.



KEY FINDINGS

- Approximately one in 18 (1.3 million) infants, toddlers, and preschoolers experiences homelessness each year.
- Homelessness is particularly harmful to young children because their brains are rapidly developing. Homelessness negatively affects young children's physical and mental health, development, and well-being.
- Financial shocks, changes in family structure, and domestic violence can push families into homelessness. Low-income families who live in areas with low availability of affordable, market-rate housing are most at risk of experiencing homelessness.
- Early childhood programs and policies to support young children experiencing

- homelessness include Child Care and Development Fund subsidies for high-quality child care, Early Head Start, Early Intervention, Head Start, and the McKinney-Vento Homeless Assistance Act.
- HUD programs to support young children experiencing homelessness include the Continuum of Care program and the Emergency Solutions Grant program.
- Access to early childhood programs and services can help young children build resilience and mitigate some of the negative impacts of early childhood homelessness on their developing brains.

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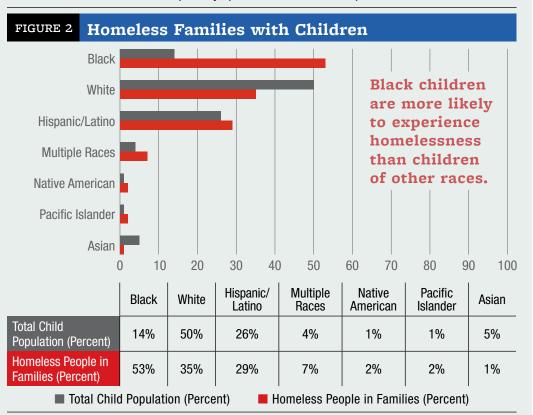
Homelessness negatively affects young children's physical and mental health and well-being.

Extensive research has found that toxic stress, which can be caused by the experience of homelessness in early childhood, is associated with "...persistent effects on the nervous system and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health." Homelessness at any age can have devastating effects; however, young children are particularly susceptible to the negative

WHO ARE AMERICA'S HOMELESS FAMILIES?

The average homeless family is headed by a single mother, age 27 or younger, with two children under age 6.6 Families experiencing homelessness are more likely to be people of color than to be White. Black children make up the majority (53 percent) of children experiencing homelessness despite making up only 14 percent of all children (See Figure 2).7

The overrepresentation of Black children experiencing homelessness may be because Black families are more likely to be poor and less likely to own a home than families of all other races.⁸ Poverty rates for Black Americans have been persistently higher than for White Americans because of labor force discrimination, residential segregation, and intergenerational poverty that stem from racism and historically racist policies that have oppressed Black families.⁹ In 2019, poverty rates for Black American families were more than double the poverty rates for non-Hispanic White families.¹⁰ Additionally, Black families are at increased risk of paternal incarceration and eviction, which both increase a family's risk of homelessness.¹¹ Black families' increased risk of poverty, eviction, and incarceration and lower rates of home ownership are symptoms of racism and inequalities in the United States.



Sources: Data for homeless people in families retrieved from Exhibit 3.3 of The U.S. Department of Housing and Urban Development. The 2020 Annual Homeless Assessment Report (AHAR) to Congress. (2021). Retrieved July 27, 2021, from https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf. Data for total population retrieved from Kids Count Data Center. Child Population by Race. (2020). Retrieved July 27, 2021, from https://datacenter.kidscount.org/data/tables/103-child-population-by-race. Data selected from 2019. Data source Population Division, U.S. Census Bureau, Vintage 2019 population estimates.

Notes: Hispanic/Latino ethnicity includes persons of any race. Homeless people in families are measured using the HUD definition of homelessness and does not include families living in hotels/motels or who are doubled up. The Department of Education does not publicly report homeless children by race.

outcomes associated with homelessness because their brains are rapidly developing. 13 Children who have experienced homelessness are at higher risk of additional traumatic events, called adverse childhood experiences, than housed children. These adverse experiences can be causes and symptoms of homelessness. For example, children experiencing homelessness are also more likely to have parents with low levels of education, to lose a parent. to experience abuse or neglect, to witness domestic violence, and to experience chronic poverty. 14 The development, health, and well-being of children experiencing homelessness is impacted by homelessness but, in many cases, is also impacted by a host of other risk factors and adverse childhood experiences.

The negative health and developmental effects of homelessness on young children begin prior to birth. 15 Children whose mothers experienced homelessness while pregnant are more likely to be born pre-term (<37 weeks) and to be born at a low birth weight (<5.5 pounds) than children born to housed mothers. Pregnant women experiencing homelessness are less likely to receive adequate prenatal care. 16 Pre-term birth and low birth weight are associated with short-term and long-term child health problems. These include asthma, vision problems, hearing loss, and gastrointestinal problems, and increased risk of infection for infants.17 Babies born extremely pre-term (<30 weeks gestation) are at risk of diminished executive functioning, which can lead to poor behavioral regulation and cognitive problems. 18 Inadequate prenatal care for infants can increase the risk of prematurity, still birth, and death

if maternal or child health problems are not detected and managed during pregnancy.²⁰

Young children who experience homelessness are more likely to have poor health than housed children. A random sample of homeless children in New York City shelters found that children experiencing homelessness are at least six times more likely to have asthma than housed children.²¹ The increased rate of asthma among children experiencing homelessness may be because homeless families are more likely to have lived in substandard housing with increased prevalence of mold and other allergens prior to becoming homeless than stably housed families. Additionally, overcrowded conditions in doubled up housing increase children's likelihood of respiratory infections that can contribute to them developing asthma.²² Children experiencing homelessness are also more likely to have frequent fevers and ear infections than housed children.²³ Additionally, children experiencing homelessness are more likely than housed children to have dental and vision problems, mental health problems, and developmental delays.²⁴ The impact of homelessness on children's health is likely because of overcrowded conditions in



doubled up housing, substandard housing conditions (either before or during episodes of homelessness), chronically high levels of parental and child stress, and reduced access to health care.²⁵

Children who experience homelessness are also at greater risk for child maltreatment than low-income, housed children.²⁶ Children experiencing homelessness are more likely to be physically abused, emotionally abused, and neglected by their parents than children in stable housing conditions. The increased incidence of child abuse among homeless children is likely because of the stress being homeless and searching for stable housing places on parents.²⁷ Being homeless may also make it difficult for parents to meet children's basic needs and consequently increases the incidence of child neglect among homeless children.²⁸ Young children experiencing homelessness are consequently more likely to be involved with the child welfare system and be placed in foster care than housed children.²⁹

Some children who experience homelessness are at risk of food

insecurity.³⁰ Young children in doubled up housing are more likely to be food insecure than children living in homeless shelters and children who are housed.³¹ Higher rates of food insecurity among children living in doubled up housing may be because families are spending a higher percentage of their incomes on housing than families living in shelters or because doubled up families may rely on their host, who may also be struggling financially, to provide food.³² Children who experience food insecurity are at risk of poor health, developmental delays, behavior problems, anxiety, and depression.³³

Children who experience homelessness as infants, toddlers, and preschoolers are at risk of poor academic performance in elementary school. Children who experienced homelessness as infants and toddlers are more likely to have lower classroom engagement and lower mathematics proficiency in elementary school than similar children who have never experienced homelessness. Further, children who have ever experienced homelessness are more likely to have difficulty engaging with teachers and peers in elementary school. In first grade, children who have ever experienced homelessness are less likely to be able to work cooperatively with others, display appropriate behavior at school, and display a positive attitude than similar children who have never experienced homelessness.

Family homelessness may be caused by a sudden crisis or change in life circumstance.³⁷

Situational poverty may act as a tipping point, causing families who are already struggling financially to lose their permanent housing. Although families with robust financial resources and social and financial support from friends and extended family can often weather unexpected crises, families without this kind of support may be pushed into homelessness. Families in which both parents grew up in poverty and are poor themselves often cannot rely on extended family for financial support in a crisis and may also have limited social support from family. Family dysfunction, which sometimes causes and results from intergenerational poverty, may limit the social support available to these families and decreases their ability to cope with a crisis. Families that live in areas with low availability of affordable housing, such as metropolitan cities, are at increased risk of homelessness compared to families living in parts of the country with higher availability of market-rate, affordable housing.

Financial shocks and setbacks are key drivers of family homelessness. For example, unexpected medical expenses, such as those accrued by having a child with a severe health condition, increase the likelihood that a family will experience homelessness. ⁴¹ Unsurprisingly, job loss is associated with homelessness. The relationship between economic hardship and family homelessness is bidirectional; job loss can cause homelessness and homelessness can cause job loss or chronic unemployment. Homeless parents may be consumed with finding housing, lack reliable transportation, and miss work because of frequent moves, making it difficult to retain employment. ⁴²

The birth of a child can be a financial shock for some families. ⁴³ The birth of a child may be a key cause of family homelessness as almost half (44 percent) of young women (ages 18-25) experiencing homeless-

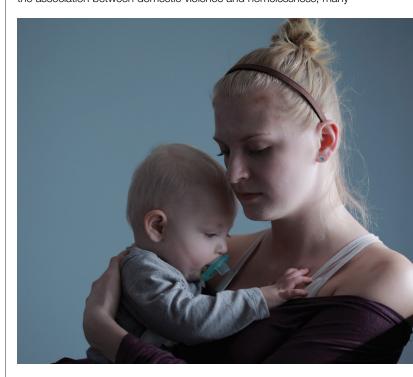
ness are pregnant or parenting.44 An unintended pregnancy can have extensive financial implications for women and may disrupt women's ability to work, go to school, and achieve economic self-sufficiency. 45 The economic impacts of an unintended pregnancy are strongest for teen mothers. For teen mothers, unintended pregnancy directly increases the likelihood of poverty and homelessness because it increases the likelihood of not graduating high school.⁴⁶ Consequently, some teen mothers' employment opportunities and earning potential are limited compared to women who earned a high school diploma. Compounding the potentially negative economic impacts of unintended pregnancy, low-income women are more likely to have an unintended pregnancy than higher income women. This is, in part, because of differences in knowledge of highly effective contraception, attitudes towards contraception, and access to contraception.⁴⁷ Further, many of the risk factors for teen and young adult pregnancy are also risk factors for teen and young adult homelessness. Growing up in poverty, having low levels of education, and aging out of foster care increase a young woman's risk of both homelessness and teen pregnancy.⁴⁸ New York City Commissioner of Social Services Steven Banks described having a baby as a tipping point for families on the verge of losing a permanent home, saying, "The main driver of homelessness, irrespective of pregnancy, is the gap between rent and income. However, the birth of a new child is a background factor."49 Additionally, the cost of child care is often unaffordable to most low-income families without child care subsidies. acting as a barrier to work, school, and economic self-sufficiency. The average cost of infant care ranges from \$800 to \$1,230 per month, depending on the care setting. 50 In a survey of parents in an emergency homeless shelter, 17 percent of parents who were not working said that child care (12 percent) or other family responsibilities (5 percent) was the main reason they were not working.51

Changes in family structure can also cause family homelessness, particularly for families living in areas with low availability of low-income, market-rate housing. The separation of a single parent from a romantic partner can increase some families' risk of homelessness. Additionally, paternal incarceration is associated with childhood homelessness. Additionally, paternal incarceration increases the risk of childhood homelessness because (1) families may have fewer financial resources because one parent can no longer work, (2) families may be alienated from friends, extended family, and community following the incarceration, and (3) a partner's incarceration may increase maternal stress and increase the risk of maternal mental health problems that act as a barrier to employment. In contrast, maternal incarceration is associated with higher rates of children entering foster care but not with homelessness.

Evictions are associated with increased risk of homelessness because landlords often refuse to rent to tenants with a history of eviction and eviction can disqualify families from receiving housing assistance. ⁵⁶ Eviction is a risk factor for homelessness and children are a risk factor for eviction. ⁵⁷ Low-income, single mothers are more likely than any other demographic to be evicted. ⁵⁸ Evictions are harmful to children because they may cause families to move to substandard, unsafe housing or force families into homelessness.

Domestic violence is a key cause of child homelessness.⁵⁹ A study of 545 homeless children in Miami-Dade County, Florida, found that domestic

violence is the strongest predictor of child homelessness.⁶⁰ Among homeless mothers, approximately 80 percent of mothers experiencing homelessness have experienced domestic violence.⁶¹ Over half (57 percent) of all women experiencing homelessness report domestic violence as their immediate cause of homelessness.⁶² Lack of financial resources and lack of social support following the separation of an abusive partner can push women and their children into homelessness. Compounding the association between domestic violence and homelessness, many



of the risk factors for domestic violence are also risk factors for homelessness. Women living in low-income neighborhoods, women with low levels of education, and Black women are at higher risk of experiencing domestic violence than White women with higher levels of education who live in higher-income neighborhoods.⁶³

Federal early childhood programs and policies and homelessness programs and policies support young children experiencing homelessness.

Homelessness programs and policies, administered by the U.S. Department of Housing and Urban Development (HUD), help families obtain safe, stable, affordable housing. Federal early childhood programs and policies, administered by the U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS), can act as protective factors by providing children with high-quality early care and education and other services to support healthy child development. These programs and services can mitigate some of the negative impacts of early childhood homelessness.⁶⁴ Together, homelessness and early childhood programs and policies can help mitigate the negative impacts of homelessness on young children and support their development, health, and well-being.

Each policy domain (early childhood policy and homelessness policy) has its own priorities and goals for supporting families experiencing homelessness. The U.S. Department of Housing and Urban Development (HUD) approaches anti-homelessness policy using the "Housing First" model. HUD aims to connect homeless families to housing as quickly as possible without barriers to entry with the ultimate goal of providing safe, stable, and affordable housing. 65 Early childhood policy aims to enhance children's cognitive, physical, social, and emotional development. Although it is widely understood by early childhood policymakers and researchers that safe, stable, and affordable housing is crucial to healthy child development, housing is often not a primary goal. The key differences in the approaches of these two policy landscapes can be simply summarized as a "Housing First" model and a "Child First" model.

To understand how early childhood policy and homelessness policy support children and families experiencing homelessness it is crucial to understand the key programs and policies of each policy domain.

Early Childhood Programs & Policies

The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) are the federal agencies responsible for administering programs to support young children experiencing homelessness. The Child Care and Development (CCDF), Early Head Start, Early Intervention, Head Start, and the McKinney-Vento Homeless Assistance Act are the primary programs to support infants, toddlers, and preschoolers experiencing homelessness.

Additionally, the U.S. Department of HHS manages programs for homeless adolescents and for pregnant and/or parenting homeless teens and young adults (Maternity Group Homes) that are not reviewed in this paper. These programs are not discussed in this paper because (1) programs for runaway and homeless youth do not focus on young children and (2) Maternity Group Homes serve a small number of homeless mothers and children. In FY2020, HHS funded 18 Maternity Group Homes across the country.⁶⁶

Child Care and Development Fund

A II children experiencing homelessness, including those who are doubled up, are eligible to receive Child Care and Development Fund (CCDF) subsidies. CCDF subsidies can help homeless families pay for high-quality child care, often at no cost, and policies are in place to prioritize children experiencing homelessness.

The Child Care and Development Fund (CCDF) is the primary source of federal funds to help states subsidize child care for low-income families and improve the quality of child care. ⁶⁷ CCDF is administered by the Department of Health and Human Services (HHS). Within HHS, the Administration for Children and Families' Office of Child Care provides funds as block grants to states. State agencies then distribute the funds to low-income families and child care providers. The administering state agency varies across states. Typically, a state's Department of Children and Families or Department of Health and Human Services will administer CCDF (referred to as the Lead



Agency). The Lead Agency is required to submit a State Plan detailing how it will meet regulations.

Children experiencing homelessness are prioritized under CCDF. The 2014 reauthorization of CCDF under the Child Care and Development Block Grant and the subsequent 2016 rule change required states receiving CCDF grants to prioritize children experiencing homelessness. Lead Agencies are required to establish specific procedures on how they will prioritize children experiencing homelessness. Priority may be shown by (1) prioritizing enrollment of homeless children, (2) waiving co-payments for homeless families, (3) paying higher rates to allow homeless children to access higher-quality child care, and (4) reserving child care slots for children experiencing homelessness. CCDF also requires states receiving funding to allow homeless families to have a grace period for providing children's immunization records that are typically required prior to enrollment and to conduct outreach to families experiencing homelessness.

Despite their prioritized status, homeless families may face barriers to accessing CCDF subsidies because of co-payment and work requirements. Co-payment amounts vary based on state, family size, and family income. For a single mother with two children in care and annual earnings of \$15,000, co-payments range from \$0 to \$446 per month, with an average co-payment of \$31 per month. 69 Even a small co-payment can be prohibitive for families experiencing homelessness and some states waive co-payments for homeless families. For example, Texas exempts all parents of children experiencing homelessness from paying a co-pay. In contrast, Washington waives co-payments for families experiencing homelessness only for the first four months the child is in care and Wyoming does not waive co-payments for families experiencing homelessness.70 Additionally, 26 states have work requirements for families receiving CCDF subsidies.71 Homeless parents may have difficulty finding and retaining employment because they are often consumed with finding housing, lack reliable transportation, and may miss work because of frequent moves.72 Consequently, work requirements for parents may prevent children experiencing homelessness from accessing high-quality child care. As with co-payments, some states waive work requirements for families experiencing homelessness. Twelve states exempt families experiencing homelessness from meeting any work or activity requirements for their children to receive subsidized care. Of the 26 states with work requirements for homeless families, 17 count homeless parents' time searching for housing towards the work requirement.⁷³

CCDF uses the McKinney-Vento Subtitle VII-B (McKinney-Vento) definition of homelessness. Subtitle VII-B of The McKinney-Vento Homeless Assistance Act (passed in 1987 and reauthorized in 1994, 2001, and 2015) authorizes the federal Education for Homeless Children and Youth

(EHCY) Program and is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. McKinney-Vento applies to all children experiencing homelessness and includes children in doubled up housing and children living in motels and hotels. Consequently, all children experiencing homelessness, including children living in doubled up housing, are prioritized under CCDF.

Head Start & Early Head Start

A II children experiencing homelessness, including those who are doubled up, are categorically eligible during enrollment in Head Start (ages 3 to 5) or Early Head Start (ages birth to 3). Head Start and Early Head Start prioritize children experiencing homelessness in enrollment and allow children experiencing homelessness to enroll and receive services while waiting for documentation such as vaccine records. These programs provide a high-quality early care and learning environment at no cost to families.

Head Start, for children ages 3 to 5, and Early Head Start, for pregnant women and children ages birth to 3, are early care and education programs that promote school readiness for children from low-income families. Head Start and Early Head Start are administered by the Department of Health and Human Services (HHS). Within HHS, the Administration for Children and Families' Office of Head Start awards funds as competitive grants directly to public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems for operating Head Start and Early Head Start programs in local communities. 74

Head Start services improve homeless children's short-term and long-term educational outcomes and may improve long-term social outcomes for some children. Children experiencing homelessness who attend Head Start or another type of high-quality, center based child care score higher on tests of early reading, language, and math than homeless children in parental care only. Head Start improves long-term educational outcomes for children, increasing the likelihood that Head Start participants will graduate from high school, attend college, and receive a post-secondary degree or certification. Attending Head Start as a child also improves adult self-control, self-esteem, and parenting practices. The positive long-term outcomes associated with Head Start are strongest for Black children. Homeless children may disproportionately benefit from Head Start because most children experiencing homelessness are Black.

Center-based Early Head Start similarly improves homeless infants and toddlers' educational and social outcomes. Infants and toddlers who attend Early Head Start have a greater receptive vocabulary, have greater cognitive stimulation, have fewer behavior programs, and have greater emotional regulation than similar children in parental care only. Rearly Head Start services also improve parental supportiveness and sensitivity to infants and toddlers. Children who attend Early Head Start as infants or toddlers are also significantly less likely than their peers to experience a child welfare encounter in elementary school. Children who attend Early Head Start are also less likely to experience physical or sexual abuse later in childhood. Sa with Head Start, the positive social outcomes associated with Early Head Start are strongest for Black children.

Head Start and Early Head Start prioritize enrolling children experiencing homelessness and may reserve up to 3 percent of slots for children experiencing homelessness. However, funding constraints prevent all children experiencing homelessness from accessing Head Start and/or Early Head Start services. Head Start and Early Head Start are not funded at a level that make it possible to serve all eligible children. The National Institute for Early Education Research estimates that Head Start served approximately 18 percent of all eligible 3 and 4-year-olds in 2016, with considerable variation by state (730,000 of approximately 3.9 million eligible 3 and 4-year-olds).81 The percent of children experiencing homelessness enrolled in Head Start and Early Head Start is even lower. In 2017, about nine percent of young children experiencing homelessness (ages birth to 6) were enrolled in Head Start or Early Head Start programs. 82 Homeless children's low rates of enrollment in Head Start and Early Head Start may be because of homeless families' high rates of mobility, lack of transportation, lack of awareness of programs, and fear that enrollment may trigger child welfare involvement if the program discovers the child is homeless.83

Head Start and Early Head Start use the McKinney-Vento definition of homelessness. All children experiencing homelessness, including children living in doubled up situations, are categorically eligible for both programs, dependent on child age.

Early Intervention

A II children ages birth to 3 who are experiencing or are at risk for developmental delays or a disability (as determined by a state's eligibility criteria) are eligible for Early Intervention (EI) services and supports. EI is available at no cost to families.

Early Intervention (EI) provides services and supports to children under age 3 who are experiencing or at risk for developmental delays or a disability. Services may include speech therapy, physical therapy, occupational therapy, and other supports. ⁸⁴ EI is administered by the Department of Education (ED). Within ED, the Individuals with Disabilities Education Act (IDEA) provides funds as block grants to states. Funds are allocated to each state based on the number of children ages birth to 3. ⁸⁵ States are responsible for ensuring that Early Intervention is available to all eligible infants and toddlers. Typically, a state's Department of Health and Human Services, Department of Education, or a contracting nonprofit will ensure that all eligible children receive services.

States determine El eligibility and eligibility criteria vary across states. ⁸⁶ Because of funding limitations and the requirement that states serve all eligible children, some states have very restrictive eligibility criteria that children must meet to receive El services. For example, Montana requires a child demonstrate a 50 percent delay in one area or a 25 percent delay in two areas to be eligible for El services. In contrast, Vermont requires a child demonstrate a clearly observable and measurable delay in one area. ⁸⁷ Most states require a child to demonstrate at least a 25 percent delay in one area to be eligible, limiting the number of at-risk children and the number of children with mild developmental delays who receive El services. ⁸⁸

Early Intervention does not prioritize homeless children but is required to provide services for all eligible children. Homeless children

may disproportionately benefit from El because infants and toddlers who have experienced homelessness are at a higher risk of developmental delays compared to their stably housed peers.⁸⁹

The McKinney-Vento Homeless Assistance Act

The McKinney-Vento Homelessness Assistance Act (McKinney-Vento) is a law that helps ensure children experiencing homeless receive the same free and appropriate public education as housed children. This includes children in public pre-K. McKinney-Vento helps provide educational stability to children experiencing homelessness to maximize their academic achievement. All children experiencing homelessness, including those in doubled up situations, are eligible to receive services under McKinney-Vento.

The McKinney-Vento Homeless Assistance Act (McKinney-Vento) is the primary legislation that provides rights and services to school-aged children experiencing homelessness. McKinney-Vento requires states to ensure that children experiencing homeless receive the same public education as other children in the state. These services extend to young children, ages 3 to 5, enrolled in public pre-K. The McKinney-Vento Homeless Assistance Act was first passed in 1987 and was reauthorized in 1994 by the Improving America's Schools Act, again in 2001 by the No Child Left Behind Act, and most recently in 2015 by the Every Student Succeeds Act. 90 The 2015 reauthorization of The McKinney-Vento Homeless Assistance Act amended the definition of school to include publicly funded preschool programs, guaranteeing educational rights and services to preschoolers experiencing homelessness. 91

McKinney-Vento funds are distributed to states by the Department of Education. States then distribute subgrants to school districts (referred to as Local Education Agencies). Local Education Agencies (LEAs) are required to,

- provide a homelessness liaison who ensures that students experiencing homelessness are identified and have access to needed services and supports;
- provide transportation to children experiencing homelessness to and from school, if requested by the parent;
- allow children experiencing homelessness who move to remain in a school they select until the end of the academic year; and
- enroll homeless children immediately, regardless of availability of records.⁹²

Housing Programs & Policies

The U.S. Department of Housing and Urban Development (HUD) organizes most of its anti-homelessness initiatives around Continuums of Care (CoCs). HUD directly awards funds to CoCs, that then distribute funds to local service providers and agencies. CoCs also help states and some urban cities and counties determine how to spend Emergency Solutions Grant Program (ESG) funds. HUD uses a limited, literal definition of homelessness, which does not include families in doubled up housing.

The U.S. Department of Housing and Urban Development (HUD) supports children and families in two main ways, (1) assistance for low-income families who, without support, may otherwise become homeless or move to substandard housing (housing assistance), and (2) assistance for families actively experiencing homelessness (homelessness assistance). Because of this paper's focus on families actively experiencing homelessness, this paper reviews HUD's homelessness assistance programs. Continuums of Care (CoCs) and the Emergency Solutions Grant (ESG) program are HUD's primary anti-homeless initiatives.

Of note, families experiencing homelessness because of domestic violence are granted some additional protections not available to families experiencing homelessness because of other causes. The Violence Against Women Act is a law that helps victims of intimate partner violence remain stably housed. The most recent reauthorization of the Violence Against Women Act in 2013 requires HUD funded programs to:

- give tenants and applicants a Notice of Occupancy Rights to ensure they are aware of their rights under the Violence Against Women Act:
- have emergency transfer plans;
- remove the perpetrator from the housing unit and lease (lease bifurcation); and
- not deny or terminate assistance on the basis that an individual is the victim of domestic violence.⁹³

Continuums of Care Program

HUD organizes most of its anti-homelessness initiatives around Continuums of Care (CoCs). CoCs are "...local planning bodies responsible for coordinating the full range of homeless services in a geographic area, which may cover a city, county, metropolitan area, or an entire state."94 CoCs are composed of members from organizations in the community that serve individuals and families experiencing homelessness. Examples of CoC representatives include nonprofit homelessness assistance providers, victim services providers, faith-based organizations, governments, businesses, public housing agencies, school districts, affordable housing developers, and homeless or formerly homeless individuals.95 The composition and effectiveness of CoCs vary across and within states. For example, some CoCs have no formal authority and rely entirely on volunteers whereas others have public-private arrangements with a board and/or a local or state government agency.96 The number of CoCs in a state also varies, ranging from one in Delaware, District of Columbia, Maine, Montana, North Dakota, Rhode Island, South Dakota, and Wyoming to 43 in California (See Appendix B).97

Most local funding for anti-homelessness initiatives is distributed by the CoC. Each year, HUD issues a Notice of Funding Opportunities (NOFO, called NOFA in FY2020 and earlier). Communities submit one application that is coordinated by the CoC, and funds are awarded on a competitive basis. The CoC's representatives must decide how funds will be distributed across the community. Funds are awarded to a CoC that then distributes the funding to community organizations and governments as detailed in the NOFO application.

Funding under the Continuum of Care program is not sufficient to support a comprehensive system for addressing homelessness. In Fiscal Year 2019, approximately \$2.3 billion was competitively awarded

to 401 CoCs, along with an additional \$50 million for domestic violence projects. 99 Some states may supplement CoCs' anti-homelessness activities using Emergency Solutions Grant funds, state Housing Trust Funds, and other state funding. 100

Emergency Solutions Grant Program

The Emergency Solutions Grant Program (ESG) distributes money to states, metropolitan cities, and large, urban counties to provide emergency shelter for homeless individuals and families. ESG funding can be used for,

- street outreach,
- emergency shelter,
- homelessness prevention,
- rapid rehousing assistance, and
- data collection and management through Homeless Management Information System (HMIS).

The state, city, or county awarded ESG funds must consult with their local CoC(s) in determining how to spend funds.

ESG funds are distributed by HUD directly to the state, city, or county, which can then subgrant ESG funds. For example, states must subgrant ESG funds to local governments and/or nonprofit organizations and a metro city or county may subgrant funds to private nonprofit organizations or public housing agencies. States are required to subgrant ESG funds whereas cities and counties have more flexibility. 102

The state, city, or county awarded ESG funds is required to match the funds. Metropolitan cities and urban counties are required to match the entire grant amount through cash, donated buildings or materials, and volunteer services. States must match all but \$100,000 of the grant amount. 103

RECOMMENDATIONS

It is crucial to integrate early childhood programs and policies with homeless services and policies to better support children and families experiencing homelessness. Although children experiencing homelessness are at increased risk for a plethora of negative outcomes, their fates are not sealed. Policies and programs that support children and families experiencing homelessness can mitigate the negative impacts homelessness has on children's development and well-being. ¹⁰⁴ The following recommendations may help federal, state, and local policy-makers better support children and families experiencing homelessness. The recommendations echo those presented in the 2014 report by the Administration of Children and Families, "Promising Practices for Children Experiencing Homeless: A Look at Two States," indicating that progress must continue to be made to better support homeless children and families. ¹⁰⁵

RECOMMENDATION 1:

Build Relationships between Agencies and Sectors at the State and Local Levels

Addressing early childhood homelessness requires identifying agencies and programs that work with children and families experiencing homelessness and establishing collaborations.

Continuums of Care (CoCs) provide a foundation for which to

bring together the agencies and programs that work with children and families experiencing homelessness. Including representatives from early childhood programs on the boards of CoCs could increase the number of children experiencing homelessness served by these programs. Representatives could include local Head Start or Early Head Start programs, McKinney-Vento liaisons, child care programs that serve children experiencing homelessness, and Early Intervention programs.

HUD could incentivize CoCs to establish collaborations with agencies and programs that work with children and families through the NOFO, HUD's application for competitive funding. HUD has previously used this approach to incentivize the adoption of "Housing First" principles by giving better scores to CoCs that use "Housing First" principles in their NOFO applications. ¹⁰⁶ Because funds are awarded to CoCs on a competitive basis, awarding more points to CoCs that include building collaborations with programs and agencies that work with children and families experiencing homelessness in their NOFO applications could increase cross-sector collaboration and improve access to services for young children experiencing homelessness.

RECOMMENDATION 2: Build a System of Care to Support Homeless Children and Families

A comprehensive system to support young children experiencing homelessness is needed to ensure that children experiencing homelessness are born healthy and have access to care to support their healthy development, are in nurturing and safe care environments, start school ready to learn, and have safe and stable housing. Programs and policies regarding early childhood homelessness have historically been siloed into the domains of housing and early childhood. Developing and strengthening policies and programs that help homeless parents provide stable and safe environments for their infants, toddlers, and preschoolers requires a comprehensive, systems approach.

Supporting young children experiencing homelessness first requires a stronger system of identifying homeless children. Technical assistance to service providers that interact with children and families experiencing homelessness could help service providers identify children experiencing homelessness and connect them to supports. These include child care programs, pediatricians and pediatric nurses, OB-GYNs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, social workers, and child welfare services. It is not enough to simply identify children experiencing homelessness; service providers must know how to connect homeless children and families with the programs and policies designed to help them. Technical assistance could help service providers develop referral networks to connect families to early childhood and homelessness programs.

A comprehensive system to support young children experiencing homelessness requires a whole family approach. Services must extend to support parents to provide stable and safe housing for their infants, toddlers, and preschoolers. Wrap-around services such as parenting supports, job training, education, and, if needed, substance abuse treatment for parents could improve outcomes for young children experiencing homelessness and help families move toward obtaining

safe, stable housing. Flexibility to use HUD dollars to fund wrap-around services could improve the system of care for children and families experiencing homelessness.

RECOMMENDATION 3: Share Data across Agencies and Standardize the Definition of Homelessness

The scale of early childhood homelessness is not well known. The lack of accurate and reliable data on the number of young children experiencing homelessness may limit states' abilities to predict how many children will need access to services and appropriately allocate funds to support children experiencing homelessness.¹⁰⁷

The different definitions of homelessness used by the U.S. Department of Education, the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development make it difficult to compare data across agencies. A standardized definition of homelessness would help researchers and policymakers better understand the scale of early childhood homelessness. Because research suggests that doubled up housing is not stable and is associated with negative impacts on parenting, family functioning, and child health, some researchers, advocates, and policymakers recommend the standardization of the McKinney-Vento definition of homelessness currently used by the Department of Education and the U.S. Department of Health and Human Services. 108 Senators Susan Collins (R-ME), Dianne Feinstein (D-CA), Mazie Hirono (D-HI), and Lisa Murkowski (R-AK) have expressed support for expanding the U.S. Department of Housing and Urban Development definition of homelessness to include doubled up housing. 109

Data sharing across agencies may also improve agencies' ability to track families experiencing homelessness. Because of the high mobility of children and families experiencing homelessness, sharing data as families move geographies and interact with different social services may help agencies better understand the impacts and duration of early childhood homelessness.

RECOMMENDATION 4: Develop a Shared Research Agenda

Research is clear that homelessness is harmful to the health, development, and well-being of young children, especially infants and toddlers. However, further study is needed to fully understand the impact of early childhood homelessness and develop policy approaches for improving child and family outcomes. 110 Compared to the volume of literature on the impacts of child homelessness written in the 1980s and 1990s, relatively little research on the impacts of early childhood homelessness has been conducted in the last two decades. Because research methods and theory, programs and policies, and homeless families' experiences have changed since the time many of these studies were published, they may no longer reflect the experiences of infants and toddlers experiencing homelessness today. 111 Developing a shared research agenda across early childhood and housing researchers would increase the understanding of early childhood homelessness and guide best practices to building policy to support these children and families. 112



Of critical importance is bringing an equity framework to this research. More than half of all children experiencing homelessness are Black, despite making up just 14 percent of the child population.

Future research and policies should prioritize reducing early childhood homelessness, with a focus on targeting the causes of racial disparities in early childhood homelessness.

CONCLUSION

Early childhood homelessness can have devastating, life-long impacts on infants, toddlers, and preschoolers. However, young children are resilient and have the capacity to thrive despite experiencing homelessness. Access to early childhood programs and services can help young children build resilience and mitigate some of the negative impacts of early childhood homelessness on their developing brains.

Federal programs and policies including Child Care and Development Fund (CCDF) subsidies, Early Head Start, Early Intervention, Head Start, and the McKinney-Vento Homelessness Assistance Act support homeless infants', toddlers', and preschoolers' healthy development and resiliency. These programs help young children experiencing homelessness by providing them access to a high-quality care environment, an opportunity for early education, and services to support their healthy development.

Homelessness supports, including the Continuum of Care program and the Emergency Solutions Grant program, help homeless families with young children obtain services and find safe, stable, affordable housing. These programs aim to make family homelessness rare, brief, and non-recurring by connecting families with emergency shelter, rapid rehousing services, transitional housing, and supports to find affordable housing.

The number of children experiencing homelessness remains high; one in 18 infants, toddlers, and preschoolers experiences homelessness each year. To reduce the number of young children experiencing homelessness federal and state policymakers and agencies should:

- build relationships between agencies and sectors at the state and local levels:
- build a system of care to support homeless children and families;
- share data across agencies and standardize the definition of homelessness; and
- develop a shared research agenda.

Together, early childhood policy and homelessness policy can help mitigate the negative impacts of homelessness on young children and support their development, health, and wellbeing. $\[mathbb{M}\]$

APPENDIX A:

DATA ON EARLY CHILDHOOD HOMELESSNESS

Data on early childhood homelessness are limited, obscuring researchers' and policymakers' understanding of the scale of child and family homelessness. Data on early childhood homelessness are limited, in part, because of:

- the use of different definitions of homelessness in data collection; and
- self-reporting bias, as families may not admit to being homeless because of stigma or fear that they may lose custody of their children.

The U.S. Department of Education (ED), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Housing and Urban Development (HUD) are the federal agencies primarily responsible for collecting data on children experiencing homelessness. The key difference between ED/HHS data and HUD data on early childhood homelessness is that ED/HHS include children living in doubled up situations whereas HUD uses a stricter definition of "literal homelessness." Because most families experiencing homelessness are doubled up, this results in large differences in the number of homeless families reported by ED/HHS and HUD.

Within HHS, the Office of Head Start and the Administration for Children and Families (ACF) collects limited data on children experiencing homelessness. The Office of Head Start collects data on children

HOMELESSNESS DEFINITIONS

The U.S. Department of Education and programs administered by the Department of Health and Human Services use the McKinney-Vento definition of homelessness. McKinney-Vento defines homelessness as lacking "...a fixed, regular, adequate nighttime residence." This definition includes children living in doubled up housing, motels and hotels, and other inadequate shelter as well as children living in emergency shelters or transitional housing.

The U.S. Department of Housing and Urban Development (HUD) similarly defines homelessness as lacking "...a fixed, regular, adequate nighttime residence." This definition includes children living in emergency shelters, transitional housing, and locations not meant for human habitation such as streets or parks. However, HUD does not consider children living in doubled up housing or motels and hotels to be homeless.

experiencing homelessness who are also enrolled in Head Start or Early Head Start. Through the Child Care and Development Fund (CCDF), ACF collects data on children who are homelessness and receiving a child care subsidy through CCDF.

Table 1 (below) presents information on data sources on young children experiencing homelessness.

TABLE 1 Early Childhood Homelessness Data Sources

Data Source Type	Program	Data Include	Limitations of Data		
Early Care & Education Data Sources					
Program Information Report (PIR)	Early Head Start/ Head Start (HS/EHS)	Number of families experiencing homelessness in HS/EHS, number of children eligible for HS/EHS due to homelessness, and number of families experiencing homelessness that acquired housing	Data do not include all early care and education programs. Information on homelessness is not collected in a systematic way across programs		
State Child Care & Development Fund (CCDF) Plans	Child Care & Development Fund (CCDF)	Number of children experiencing homelessness who receive a CCDF child care subsidy	Data are not systematically available across states. Data are only available for children receiving subsidies and whose families disclose homelessness		
Department of Education, ED Facts	Department of Education — McKinney-Vento	Number of children ages 3 to 5 experiencing homelessness enrolled in school-district funding preschool programs	Data are only available for children experiencing homelessness who are enrolled in publicly funded preschool programs		
Housing Data Sources					
Point in Time (PIT) Information Report	N/A	Number of children in emergency shelters and transitional housing or counted on the street during one January night	Data do not capture the number of children who are not considered homeless under the HUD definition of homelessness including those living in doubled up situations and in motels/hotels		
Homeless Management Information System (HMIS) Database	N/A	Number of children living in emergency or transitional housing programs	HMIS is managed by CoCs. Data and data quality may vary across communities. Typically, CoCs collect children's birth dates but do not disaggregate data on children age birth to 6		

Source: Shaw, S., Hirilall, A., & Halle, T. (2020). Leveraging Data to Support Children Experiencing Homelessness. 17. https://www.acf.hhs.gov/sites/default/files/documents/opre/leveraging data to identify children experiencing homelessness 508.pdf

APPENDIX B:

CONTNUUMS OF CARE (CoCos), BY STATE

TABLE 2 Continuums of Care, By State | AS OF JANUARY, 2019

State (includes District of Columbia)	Number of Defined CoCs as of January 2019
Alabama	2
Alaska	8
Arizona	3
Arkansas	7
California	43
Colorado	3
Connecticut	2
Delaware	1
District of Columbia	1
Florida	27
Georgia	9
Hawaii	2
Idaho	2
Illinois	21
Indiana	2
lowa	3
Kansas	4
Kentucky	3
Louisiana	7
Maine	1
Maryland	16
Massachusetts	15
Michigan	21
Minnesota	10
Mississippi	3
Missouri	8

State (includes District of Columbia)	Number of Defined CoCs as of January 2019
Montana	1
Nebraska	3
Nevada	3
New Hampshire	3
New Jersey	16
New Mexico	2
New York	27
North Carolina	12
North Dakota	1
Ohio	9
Oklahoma	8
Oregon	7
Pennsylvania	16
Rhode Island	1
South Carolina	4
South Dakota	1
Tennessee	10
Texas	11
Utah	3
Vermont	2
Virginia	16
Washington	6
West Virginia	4
Wisconsin	4
Wyoming	1

Source: U.S. Department of Housing and Urban Development. (2019). The U.S. Department of Housing and Urban Development Defined CoC Names and Numbers Listed by State. Retrieved August 4, 2021, from https://files.hudexchange.info/resources/documents/fy-2019-continuums-of-care-names-and-numbers.pdf

Note: CoCs in U.S. territories are not included in the above table. American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands each have 1 CoC. Puerto Rico has 2 CoCs. There are 401 total CoCs, including CoCs in U.S. territories and the District of Columbia.

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