



More than one million U.S. children are homeless over the course of a year, and children and families are the fastest growing segment of the homeless population.¹

- Forty-one percent of children who are homeless are under the age of five.²
- Homelessness can be caused by a lack of affordable housing, low paying jobs, substance abuse, mental illness, domestic violence, unemployment, poverty, prison release, and changes or cuts in public assistance.
- Homeless women with infants often live in shelters or overcrowded homes of family members or friends after the births. Overcrowded conditions expose babies to diseases and illness, maternal stress, lack of sanitation, and lack of routine.

Children who are homeless are more likely to have medical problems and be at risk for developmental delays.

- Since many families who are homeless do not have access to consistent healthcare, their children are more likely to experience health problems. Children who are homeless experience four times as many respiratory infections, four times the rate of asthma and twice as many emergency hospitalizations as non-homeless children.³
- Children who are homeless are also at greater risk for more developmental delays; they experience four times the rate of developmental delays, three times the rate of emotional and behavioral problems and two times the rate of learning disabilities.⁴
- One in five homeless children ages 3-6 demonstrate extreme emotional distress requiring professional intervention. Twelve percent are clinically diagnosed with anxiety problems, depression, and withdrawal and 16% have behavioral problems demonstrated by severe aggression and hostility.⁵

Many families who are homeless live in shelters which provide temporary shelter, however many times these shelters do not provide the stable and consistent living situation children and families need.

- Families may split up when they enter shelters because some shelters serve only single women or men or may only serve mothers and children. Some parents leave their children with a relative or friend when they enter shelters.
- Some shelters require families to leave their facilities during the daytime hours, which disrupt naps for preschool children and makes caring for sick children very difficult.
- Shelters are often overcrowded making it difficult for children to fall asleep.

¹ Urban Institute. (2000). *Millions Still Face Homelessness in a Booming Economy*. Washington DC: Urban Institute:

<http://www.urban.org/Template.cfm?Section=PressReleases&NavMenuID=4&PublicationID=6972&Template=/TaggedContent/PressReleases.cfm>

² Macomb Intermediate School District. (2000). *Statistics on Homeless Children & Youth*. Clinton Township: Macomb Intermediate School District. www.misd.net

³ The Committee on Temporary Shelter. (2003) *Resources Homeless Facts, Children and Homeless Facts*. Burlington: The Committee on Temporary Shelter. www.cotsonline.org

⁴ Family Housing Fund. (1999). *Children pay the price for homelessness*. Minneapolis: Family Housing Fund. http://www.fhfund.org/_dnld/reports/paytheprice04.pdf

⁵ Hart-Shegos, E. (1999) *Homelessness and its effects on Children*. Denver: Education Commission of the States. http://www.fhfund.org/_dnld/reports/SupportiveChildren.pdf

Programs and policies that prevent homelessness and link families with stable housing are critical to healthy child development and represent a significant cost savings as well.

- Preventing homelessness and linking families with permanent housing represents a significant savings since people who are homeless utilize a variety of public systems. Homeless people spend an average of four days longer per hospital visit than non-homeless people, and they also spend more time in jail.⁶
- The Stewart B. McKinney Homelessness Assistance Act, passed by Congress in 1987 contains nine titles focusing on emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing.⁷
- Housing programs such as, Section 8, homeownership programs, transitional programs, and public housing, are designed to help low and moderate-income households find and pay for clean, safe and affordable housing.
- Other social service programs provide supports for homeless and at-risk families. Temporary Assistance for Needy Families (TANF) provides funding to states to design work-focused, time-limited welfare programs. The Food Stamp Program and the Special Supplemental Food Program for Women, Infants and Children (WIC) help provide nutritional assistance to poor families. Families can get help paying for child care through the Child Care and Development Fund.

Docs can help families access information about services available to them, and advocate for increased affordable housing and support services for children and families.

- To find a homeless shelter or soup kitchen in your area go to http://4homeless.hypermart.net/soup_kitchens.html.
- Doctors can become involved in a homeless and housing advocacy coalition in their community. To find a coalition, please visit <http://www.nationalhomeless.org/>.
- Contact Docs For Tots (www.docsfortots.org) for help in advocating for increases in affordable housing and support services for low-income children and families.

Additional Resources

- National Alliance to End Homelessness-fact sheet <http://www.naeh.org/families/srcbk/familyinfo.pdf>
- The National Healthcare for the Homeless Council www.nhchc.org
- National Low-income Housing Coalition, <http://www.nlihc.org/>.

⁶ National Alliance to End Homelessness. (2000). *The Ten Year Plan to End Homelessness: The Cost of Homelessness* Washington DC: National Alliance to End Homelessness. www.endhomelessness.org

⁷ National Coalition for the Homeless (1999) *The McKinney Act*. Washington DC: National Coalition for the Homeless. www.nationalhomeless.org.