Homelessness is on the rise again. In November 2013, the National Center for Homeless Education reported a record number of homeless students in the 2011-12 school year: 1,168,354 children enrolled in U.S. preschools and K-12 schools. That number represents an alarming 72 percent increase since the beginning of the recession in 2007.

Homeless children, like children in poverty generally, suffer a high rate of many physical and mental health conditions. This brief, based on a recent study in the *American Journal of Public Health*, finds that although homelessness takes its toll in many ways, it does not itself have a significantly adverse effect on young children’s physical or mental health or cognitive development. Rather poverty and other conditions in vulnerable families are what set low-income children on a trajectory for greater challenges.

The study uses data from the 20-city Fragile Families and Child Wellbeing Study. The authors analyze the extent to which homelessness explains differences in health, cognitive development, and health care use among 2,631 children. “Homeless” in this study was staying in a shelter, living in temporary housing, or in cars, abandoned buildings or on the streets for at least one night during a five-year span. The study also considers the effect of being forced to double up with relatives or friends.

**Homelessness Is a Relatively Short-Term Experience for Most**

Overall, about 10 percent of the children in the study were homeless at some point between infancy and age five. Approximately one quarter had doubled up with relatives or friends between infancy and age five. 86 percent of the children who experienced homelessness were homeless only once within the five years of the study. Children who were homeless showed some signs of greater behavioral problems.

The study also considers the effect of being forced to double up with relatives or friends.

**Homelessness Is Important But Not a Determining Factor in Children’s Healthy Development**

*Homelessness is a symptom of large struggles with poverty, which is closely tied to child development.*

by JUNG MIN PARK, ANGELA FERTIG, AND PAUL ALLISON

APRIL 2014
homeless at some point between birth and age five. This is lower than other studies in the 1990s, which found about 14 percent of children in shelters in Philadelphia, for example, and 11 percent in New York City. Approximately one-fourth had been forced to double up at some point.

Not surprisingly, the stability of the family and the mother’s own fragility were contributing factors to homelessness. The odds were higher that children experienced homelessness if their mother had mental health issues, was a single mother, if her extended family could offer little support, if she had used drugs during pregnancy and if the child had been underweight at birth. Domestic violence often came into play as well. Younger mothers and those with less education were more likely to have doubled up with other low-income families.

Homelessness is frequently not long-lived for most children. Debt, eviction, chaotic lives, and most recently the foreclosure crisis, can tip a family into homelessness for a stretch. However, the majority (86 percent) of the children reported no more than one homeless episode during the five years of the study.

Other Factors Matter More for Child Well-Being than Being Homeless

Homelessness does not leave a significant mark on children during early childhood. While there were some indications of greater reliance among homeless children on emergency rooms for health care and of greater behavioral problems among homeless children, the overall family environment was more influential to child development.

For example, whether they were homeless or not, children whose mothers had lower levels of education or were immigrants were at greater risk for poorer health, mental health, and cognitive development. A child of an immigrant was nearly five times more likely to be in poor health than a native-born child, for example, and that same child was approximately three times more likely to have below-average scores on cognitive tests. First-generation immigrants in turn are more likely to be struggling economically, which could be the tie to poorer outcomes. There were also clear lingering effects of low birth weight on children’s health and development, and again, low birth weight is closely associated with low income.

Overall, the findings suggest that it is the travails of struggling financially that matter to young children’s healthy development. Although secure housing is certainly a good thing, it is intertwined in a web of other factors that matter to children’s development and family security.

Policy Implications

Targeted services for women at risk for homelessness are needed to prevent them from losing their homes. Women who have limited education, mental health issues, poor health, histories of domestic violence, among other warning signs should be identified and provided wrap-around supports for them and their children.

Low-income immigrants, particularly Latino immigrants, are another group that is at elevated risks of housing instability and whose children are more likely to suffer poorer health and cognitive development. Immigrant groups face unique barriers to seeking help, including language barriers. Policing and verification policies at work have a chilling effect on applying for public services, even when qualified. Creating clearer pathways to support can help ensure that children thrive.

Endnotes

ABOUT THE HOW HOUSING MATTERS TO FAMILIES AND COMMUNITIES RESEARCH INITIATIVE
This brief summarizes research funded by the John D. and Catherine T. MacArthur Foundation as part of its How Housing Matters to Families and Communities Research Initiative. The initiative seeks to explore whether, and if so how, having a decent, stable, affordable home leads to strong families and vibrant communities. By illuminating the ways in which housing matters and highlighting innovative practices in the field, the Foundation hopes to encourage collaboration among leaders and policymakers in housing, education, health, and economic development to help families lead healthy, successful lives. The views expressed herein are not necessarily those of the MacArthur Foundation.