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## **Homeless Families with Children**

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Homelessness is a devastating experience for families. It disrupts virtually every aspect of family life, damaging the physical and emotional health of family members, interfering with children's education and development, and frequently resulting in the separation of family members. The dimensions, causes, and consequences of family homelessness are discussed below. An overview of policy issues and a list of resources for further study are also provided.

#### **DIMENSIONS**

One of the fastest growing segments of the homeless population is families with children. A 2005 study revealed that of the counted homeless population there were 98,452 homeless families, making up 41% of the entire homeless population (Homelessness Counts, 2007). Research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas (Vissing, 1996). Approximately 924,000 children are homeless, and in 1995, 4.2% of children under the age of one year were homeless (Urban Institute, 2000; Culhane & Metraux, 1999). Homeless families are most commonly headed by single mothers in their late 20s with approximately two children (Rog & Buckner, 2007).

Homeless families often double up with other families. This causes them to be exempt from the federal definition of chronic homelessness, which states that a chronically homeless person is one who is on the streets or in a shelter (The Annual Homeless Assessment Report to Congress, 2007). Therefore, many homeless families are prevented from receiving assistance.

Recent evidence confirms that homelessness among families is increasing. Requests for assisted housing by low-income families and individuals increased in 86 percent of the cities during the past year. The same study found the requests increased by an average of 5% in 2005 (U.S. Conference of Mayors, 2005). While the average number of emergency shelter beds for homeless families with children increased by 8% in 2005, an average of 32% of requests for shelter by homeless families were denied in 2005 due to lack of resources.

#### **CAUSES**

Poverty and the lack of affordable housing are the principal causes of family homelessness. While the number of poor people decreased every year between 1993 and 2000, in recent years the number and percentage of poor people has increased. The percentage of poor people has risen from 11.3% of the population in 2000 to 12.1% in 2002 (U.S. House of Representatives, 2004), and by 2004 the number of poor people grew by 4.3 million from 2000 (Center of Budget

and Policy Priorities, 2004). Today, 35.2% of persons living in poverty are children; in fact, the 2004 poverty rate of 17.8% for children under 18 years old is significantly higher than the poverty rate for any other age group (U.S. Bureau of the Census, 2005).

Declining wages and changes in welfare programs account for increasing poverty among families. Declining wages have put housing out of reach for many families: in every state, metropolitan area, county, and town, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent<sup>1</sup> (National Low Income Housing Coalition, 2000). In fact, the median wage needed to afford a two-bedroom apartment is more than twice the minimum wage. Until its repeal in August 1996, the largest cash assistance program for poor families with children was the Aid to Families with Dependent Children (AFDC) program. Between 1970 and 1994, the typical state's AFDC benefits for a family of three fell 47%, after adjusting for inflation (Greenberg and Baumohl, 1996). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called Temporary Assistance to Needy Families (TANF). Current TANF benefits and Food Stamps combined are below the poverty level in every state; in fact, the median TANF benefit for a family of three is approximately one-third of the poverty level. In addition, as the percentage and number of poor people has increased in recent years, the number of people receiving TANF has decreased. Between 2000 and 2003 the number of poor children rose 11%, and during this same period, the number of people receiving TANF fell by nine percent (Center of Budget and Policy Priorities, 2004). Thus, contrary to popular opinion, welfare does not provide relief from poverty.

Welfare caseloads have dropped sharply since the passage and implementation of welfare reform legislation. However, declining welfare rolls simply mean that fewer people are receiving benefits -- not that they are employed or doing better financially. Early findings suggest that although more families are moving from welfare to work, many of them are faring poorly due to low wages and inadequate work supports. Only a small fraction of welfare recipients' new jobs pay above-poverty wages; most of the new jobs pay far below the poverty line (Children's Defense Fund and the National Coalition for the Homeless, 1998). Moreover, extreme poverty is growing more common for children, especially those in female-headed and working families. This increase can be traced directly to the declining number of children lifted above one-half of the poverty line by government cash assistance for the poor.

As a result of loss of benefits, low wages, and unstable employment, many families leaving welfare struggle to get medical care, food, and housing. Many lose health insurance, despite continued Medicaid eligibility. A study found that 675,000 people lost health insurance in 1997 as a result of the federal welfare reform legislation, including 400,000 children (Families USA, 1999). Moreover, over 725,000 workers, laid off from their jobs due to the recession in 2000, lost their health insurance (Families USA, 2001). According to the Children's Defense Fund, over nine million children in America have no health insurance, and over 90 percent of them are in working families. In addition, housing is rarely affordable for families leaving welfare for low wages, yet subsidized housing is so limited that fewer than one in four TANF families nationwide lives in public housing or receives a housing voucher to help them rent a private unit. For most families leaving the rolls, housing subsidies are not an option. In some communities,

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<sup>1</sup> FMRs are the monthly amounts "needed to rent privately owned, decent, safe, and sanitary rental housing of a modest (nonluxury) nature with suitable amenities." 62 Federal Register 50724 (September 26, 1997) HUD determines FMRs for localities in all 50 states.

former welfare families appear to be experiencing homelessness in increasing numbers (Children's Defense Fund and the National Coalition for the Homeless, 1998).

The shrinking supply of affordable housing is another factor underlying the growth in family homelessness. The gap between the number of affordable housing units and the number of people needing them is currently the largest on record, estimated at 4.4 million units (Daskal, 1998). According to HUD, in recent years the shortages of affordable housing are most severe for units affordable to renters with extremely low incomes. Federal support for low-income housing has fallen 49% from 1980 to 2003 (National Low Income Housing Coalition, 2005). The affordable housing crisis has had a particularly severe impact on poor families with children. Families with children represent 40% of households with "worst case housing needs" -- those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing (U.S. Department of Housing and Urban Development, 1998). With less income available for food and other necessities, these families are only an accident, illness, or paycheck away from becoming homeless.

More recently, the strong economy has caused rents to soar, putting housing out of reach for the poorest Americans. After the 1980s, income growth has never kept pace with rents, and since 2000, the incomes of low-income households has declined as rents continue to rise (National Low Income Housing Coalition, 2005). As a result, more families are in need of housing assistance. The average waiting period for a Section 8 rental assistance voucher rose from 26 months to 28 months between 1996 and 1998. Today the average wait for Section 8 Vouchers is 35 months (U.S. Conference of Mayors, 2004). Excessive waiting lists for public housing mean that families must remain in shelters or inadequate housing arrangements longer. Consequently, there is less shelter space available for other homeless families, who must find shelter elsewhere or live on the streets.

Domestic violence also contributes to homelessness among families. When a woman leaves an abusive relationship, she often has nowhere to go. This is particularly true of women with few resources. Lack of affordable housing and long waiting lists for assisted housing mean that many women are forced to choose between abuse and the streets. In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). In addition, 50% of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005). Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence (Zorza, 1991; National Coalition Against Domestic Violence, 2001).

## **CONSEQUENCES**

Homelessness severely impacts the health and well being of all family members. Children without a home are in fair or poor health twice as often as other children, and have higher rates of asthma, ear infections, stomach problems, and speech problems (Better Homes Fund, 1999). Homeless children also experience more mental health problems, such as anxiety, depression, and withdrawal. They are twice as likely to experience hunger, and four times as likely to have delayed development. These illnesses have potentially devastating consequences if not treated early.

Deep poverty and housing instability are especially harmful during the earliest years of childhood; alarmingly, it is estimated that almost half of children in shelter are under the age of five (Homes for the Homeless, 1998). School-age homeless children face barriers to enrolling and attending school, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies.

Parents also suffer the ill effects of homelessness and poverty. One study of homeless and low-income housed families found that both groups experienced higher rates of depressive disorders than the overall female population, and that one-third of homeless mothers (compared to one-fourth of poor housed mothers) had made at least one suicide attempt (Bassuk et al., 1996). In both groups, over one-third of the sample had a chronic health condition.

Homelessness frequently breaks up families. Families may be separated as a result of shelter policies which deny access to older boys or fathers. Separations may also be caused by placement of children into foster care when their parents become homeless. In addition, parents may leave their children with relatives and friends in order to save them from the ordeal of homelessness or to permit them to continue attending their regular school. The break-up of families is a well-documented phenomenon: in 56% of the 27 cities surveyed in 2004, homeless families had to break up in order to enter emergency shelters (U.S. Conference of Mayors, 2004).

## **POLICY ISSUES**

Policies to end homelessness must include jobs that pay livable wages. In order to work, families with children need access to quality childcare that they can afford, and adequate transportation. Education and training are also essential elements in preparing parents for better paying jobs to support their families.

But jobs, childcare, and transportation are not enough. Without affordable, decent housing, people cannot keep their jobs and they cannot remain healthy. A recent longitudinal study of poor and homeless families in New York City found that regardless of social disorders, 80% of formerly homeless families who received subsidized housing stayed stably housed, i.e. lived in their own residence for the previous 12 months (Shinn and Weitzman, 1998). In contrast, only 18% of the families who did not receive subsidized housing were stable at the end of the study. As this study and others demonstrate, affordable housing is a key component to resolving family homelessness. Preventing poverty and homelessness also requires access to affordable health care, so that illness and accidents no longer threaten to throw individuals and families into the streets.

Only concerted efforts to meet all of these needs will end the tragedy of homelessness for America's families and children.

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