

Addressing the Housing Needs of Young Children and Pregnant Women

Illinois Legislative Children's Health Caucus Member Meeting

Laura Bass, LCSW, Director of Programs Facing Forward to End Homelessness

My name is Laura Bass, and I have worked in homeless services for over 20 years. Currently, I am Director of Programs for Facing Forward to End Homelessness. Facing Forward is a Chicago-based non-profit with a mission to end homelessness for families and individuals by providing access to stable housing and supportive services focused on the needs of both adults and children. Last year, we served over 1600 individuals, and provided permanent supportive housing to 700 individuals, including 297 children.

The reality of the impact of homelessness and housing insecurity on young children is stark, particularly for children of color. However, we also know that when families have access to a safe, stable, and affordable home, children can thrive. A home provides a safe place to sleep, play, and learn. When families have stable housing, parents have more control over their children's environment—who they spend time around, what they see and hear. A stable home can be protective factor against the toxic impact of stress and adverse childhood experiences. We know that children and families can heal from the harm created by homelessness and housing insecurity.

As Dr. Heil said, when we refer to families and children experiencing homelessness and housing insecurity, I am of course talking about those who are experiencing literal homelessness as defined by HUD—those staying in emergency shelters and transitional housing, those sleeping in cars, in storage units, and on public transportation. However, I am also talking about families and children who are living doubled-up in unsafe and unstable situations—sleeping on a friend or family member's couch or floor when they can, moving from place to place frequently, and worrying every day if today is the day they will be asked to leave. This type of homelessness is also traumatic for young children and is especially risky during the current COVID-19 pandemic.

We know that all of these families would benefit greatly from having access to safe and affordable housing, as well as supportive services when needed. However, there is a lot that we don't know. We don't know how many Illinois residents are pregnant while experiencing homelessness and housing insecurity. We don't have a clear idea of how many babies are born into homelessness. We do have estimates of how many children are experiencing homelessness, but they depend on information gleaned from schools, meaning that children under the age of six are likely undercounted. We know that nationally, over half of all children facing homelessness and housing insecurity are under six years old. We need a better understanding of the scope of this problem in Illinois.

For these reasons, I recommend the formation of a state task force to better understand homelessness among pregnant people and young children, and to better coordinate a cross-system state response. Families experiencing homelessness interact with many systems—the health care system and Medicaid, early childhood education, child welfare, and of course the homeless service system. A cross-system response will allow us to better understand the scope of the problem and to develop effective and collaborative solutions. These solutions should be developed with a racial equity lens, and center the voices of those most impacted.

We do have interventions that we know work for families and children. Our local continua of care provide permanent housing programs that are impactful and cost-effective. The state provides a crucial source of funding for homeless service system, and it is essential that this funding be maintained at current levels.

However, the homeless service system focuses primarily on families experiencing literal homelessness. To solve homelessness for young children, we also need to look outside of the homeless service system. We need increased state investment in housing that is affordable and accessible for the lowest income families, and those with rental barriers. We should also prioritize pregnant persons and families with very young children for existing affordable housing resources.

In addition, some families will need supportive services in order to obtain and maintain stable housing – services such as assistance with navigating the housing application process, connections to health care, early childhood programs, and supports with increasing income and financial capacity. While housing and rental assistance are the primary solutions to homelessness, integrated supportive services, targeted to families experiencing homelessness, are also crucial.

Finally, the best solution to homelessness is to ensure that it never happens. Expectant parents and families with young children should be a priority population for homelessness prevention resources. We know that the pandemic threatens a new wave of families with homelessness due to the COVID-19 pandemic, and we are fortunate to have some resources to address this crisis. However, we were facing a crisis in homelessness and housing instability prior the pandemic, which has not gone away.

I'd like to end by sharing a story about the impact of permanent, affordable housing and supportive services. Desiree is a young woman who became homeless after aging out of foster care. While she was experiencing homelessness, her own three children, all under the age of three, were placed in foster care. Desiree came up on a waitlist for family housing, but was turned away because her children were not with her. Through advocacy of Facing Forward staff, she was able to secure a studio apartment for herself, which provided her the stability to work toward reunification with her children. Within a year, Desiree was able to move into a three-

bedroom apartment and bring her family together under one roof. She has participated in parent coaching, pursued her education, gained employment, and enrolled her children in Head Start. This is what housing makes possible.

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Nancy Heil, MD, FAAP, Co-Chair, ICAAP First Steps: Improving Child Health and Housing

Good morning senators and representatives. Thank you for giving me the privilege of speaking at today's panel. My name is Dr. Nancy Heil, and I am a general pediatrician who retired in 2018 after 37 years in clinical practice. I have been a volunteer with the Illinois Chapter, the American Academy of Pediatrics since 2019, working on the *First Steps: Improving Child Health and Housing* initiative, along with other physicians and the staff of housing and early childhood organizations.

Homelessness needs to be understood as including both literal homelessness and families who live doubled up in overcrowded conditions with relatives and friends. When these two populations are included, 59% of people experiencing homelessness are children under 18 years of age. The majority are Black or other people of color. Racism, current economic disparities, and the burdens of history have created this situation.

All children deserve a home, but we currently do not have adequate resources to achieve that goal. Given this unfortunate reality, we believe that prioritizing pregnant persons, infants, and children under 6 years of age from the harmful effects of homelessness is critical. Profound short and long term health risks appear to be greatest for the very youngest children and grow worse with the duration of homelessness. The risks begin before birth. Homeless, pregnant persons are more likely to suffer pregnancy complications than their housed counterparts. This is true even when studies control for socioeconomic status. Bleeding and premature labor are the most common complications suffered by the homeless during pregnancy. When homeless parents give birth, their infants are more likely to weigh less than they should, be premature, need to stay in special care nursery, and require assisted breathing from a ventilator. A recent study on spending by state and local governments trying to reduce infant mortality found that, compared to several different categories of spending, increasing the budget for housing, and improving other environmental factors, decreased deaths in newborn infants more than any other type of government investment.

The reason that infants and very young children are especially vulnerable to the ill effects of homelessness is because their brains are rapidly developing and changing. Their stress response pathways are also forming. Early, extreme stress which occurs while a baby is still in the womb, or in the first few years of life, can rewire the brain and other responses in the body, in ways that affect physical health, emotional responses and learning. Physical health problems which

are known to be linked to childhood homelessness include asthma, skin and ear infections, obesity, and dental disease. These children also have higher rates of accidental injuries and, not surprisingly, intentional injuries. When the body's stress response is significantly altered, behavior and attention problems may result. Infants and preschoolers also risk having developmental delays, especially speech delays. They may not be ready to start kindergarten at the right age. Once they are in school, they are more likely to suffer academic failures.

A history of homelessness exacerbates what are known as the Adverse Childhood Experiences (or ACEs.) When children with a significant number of ACEs reach adulthood, they are more likely to suffer from lung disease, strokes, heart disease, diabetes, and mental health problems like depression and anxiety. This terrible human toll should be our greatest concern. There is an additional heavy financial cost to our society as we pay for treatment of these problems and lost productivity. Even in the short term, the financial costs of child homelessness are affecting our healthcare systems. A study published in *Pediatrics* in August 2019 looked at five years of asthma hospitalizations for children who were between zero and 18 years of age in New York. Homeless children were hospitalized for asthma at a rate 31 times higher than housed children. When low-income status was controlled, the asthma hospitalization rate for homeless children was still almost 14 times higher than their housed counterparts. A previous study of any-age homeless individuals showed that they use the emergency department at a rate 8 times higher than other people with low income.

Preventing families from losing their homes is the most effective strategy we have for protecting children. Once families become homeless, we should ensure that they are quickly rehoused and receive the supports that will allow them to successfully keep their housing. Stable housing for children is a component of optimal development and health. Parents who worry about where their families are going to sleep each night have difficulty providing the security, nurture, and responsiveness that their children need to thrive. We all want to see every child reach their full potential. It is imperative for us as a society to do all that we can to protect our youngest generation. Our own future is at stake. Housing is health.