



Critical Facts – Why Young Children and Pregnant Persons Should be Prioritized for Housing

Families with children comprise more than one-third of the overall homeless population nationwide and in Chicago.^{1,2} Approximately 1 in 30 children may be impacted every year by housing insecurity.³ Babies and toddlers are the age groups in the United States at the greatest risk of eviction.⁴ Infants are more likely than any other age group to stay in shelters.⁵

In 2022, 17,926 Chicago families with children and an estimated 6,916 Chicago children ages birth through four experienced housing insecurity. Over 53% of these children were doubled up and, therefore, are not eligible to receive HUD housing resources through the Chicago Coordinated Entry System.²

The racial demographics of homelessness in Chicago reflect deep inequities. According to data from the city of Chicago's 2024 Point in Time Count, more than 72% of those experiencing homelessness were Black/African American, despite making up less than one-third of the city's population.⁶ These disparities extend to Chicago's children as well. Of the 26,800 students enrolled in the Chicago Public Schools (CPS) STLS program, 42.6% identify as Black/African American, and 52.8% identify as Hispanic/Latino/a/x.⁷

The health risks that children experiencing housing insecurity face are substantial and severe. Recent research emphasizes the myriad ways in which housing insecurity – meaning both literal homelessness and families living “doubled up” with relatives or friends – negatively impacts the developing brain and increases the likelihood of chronic disease. The evidence shows that the effects of housing insecurity compound over time and with repeated instances. This holds true not only for young children living through episodes of housing insecurity, but also for those whose mothers experienced housing insecurity during their pregnancy.⁸

Housing is an important social influencer of health. Housing insecurity, combined with other adverse events in childhood, can lead to an activation of the body's natural stress response. If adverse childhood experiences are not mitigated by the presence of stable and supportive relationships, they can lead to an exaggerated or toxic stress response. Toxic stress can cause disruption of nerve formation and structures in the brain. It can also lead to lifelong and even intergenerational effects, with increased risk of mental health and behavioral issues, heart disease, and diabetes.^{9,10}

Children's HealthWatch estimated that 18,600 hospitalizations associated with early childhood and prenatal homelessness in the U.S. cost more than \$238 million annually. Infants less than one year old accounted for more than half of this cost.¹¹

Infants and young children face a lifetime of behavioral and physical health problems when they experience early life adversity, and homelessness is a major toxic stressor that must be addressed.

Effect of Housing Insecurity on Children Birth to Six

- Mounting evidence shows that a child who has experienced multiple forms of early childhood adversity and toxic stress, including homelessness, are at risk for permanent changes to their brain, which may lead to lifetime complications with learning and behavior, increased mental illness, and long-term physical illnesses.^{8,12}
- Studies suggest that adolescents and young adults who have experienced homelessness in early childhood are at an increased risk for problems with attention, working memory and higher-level thinking skills.¹³
- Children who have experienced homelessness are at higher risk of experiencing developmental delays, such as speech delays, lack of school readiness, and academic failures, and depression compared to children who have been stably housed.^{14,15}
- Housing insecurity exacerbates the myriad and lifelong health effects caused by adverse childhood experiences (ACEs), which include asthma, coronary heart disease, stroke, and diabetes.^{9,16}
- Mothers who have experienced homelessness are four times more likely to be followed by child welfare agencies or have children placed in foster care than low-income mothers who have never experienced homelessness.¹⁷
- Each move a child experiences before preschool increases their ACE score by three fourths, which is associated with worse neurodevelopmental outcomes.¹⁸

Impact of Homelessness on Infants in the Womb

- Infants born to women experiencing homelessness are more likely to be born prematurely and with low birth weights, to require a ventilator upon birth, and to require admission to a neonatal intensive care unit than those born to women who are stably housed.^{19,20}
- If mothers are exposed to extreme stress during pregnancy, their infants undergo changes to the brain that affect their ability to react to stress for the rest of their life.²¹

Pregnancy and Concerns Among Women Experiencing Homelessness

- Pregnant women who live in shelters are less likely to receive well care in ambulatory settings and are about 50% more likely to use the emergency department for their care.²²
- Homelessness during pregnancy increases multiple complication risks in pregnant women compared to housed pregnant women, especially bleeding complications (1.9

times higher risk), early labor (2 times higher risk), and overall complications (2.6 times higher risk).²²

- At delivery, people experiencing homelessness had 10 times the odds of mortality compared to their housed peers.²³

Policy Recommendations to Prevent and Mitigate the Health Consequences of Child Housing Insecurity.

- Racial equity and low-income households should be centered in the design and provision of all housing and support services.
- Families comprising children ages birth to six and pregnant persons with housing insecurity should be prioritized for homelessness prevention services.
- Supportive services should be provided to children and families experiencing housing insecurity with the goal of preventing homelessness.
- Pregnant and postpartum persons, infants, and toddlers – whether literally homeless or doubled-up – should be prioritized for stable housing, including rapid rehousing and transitional housing, to prevent maternal and child mortality and morbidity.
- Families must be universally considered in the development and/or expansion of permanent supportive and affordable housing.

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