Summary: Childhood Homelessness in Pennsylvania

October 2013

In 2012, 9,098 children/youth slept at least one night in emergency (EH) or transitional (TH) housing in Pennsylvania. This report offers discussion topics for understanding the scope of childhood homelessness in Pennsylvania. It offers a preliminary understanding of the needs of children in EH/TH, and examination of the characteristics and challenges of children experiencing homelessness, with emphasis on childhood risks and developmental periods. This report is timely for a variety of policy makers who are considering plans that affect these children and youth, including:

- Regional planners who will be asked by the federal government to implement the impending federal plan to end family homelessness, expected to be published in 2014;
- School districts who assist more than 20,000 homeless students;
- The state Department of Education’s homeless task force who are developing recommendations for the Pennsylvania General Assembly;
- Pennsylvania’s Congressional delegation and state legislators who determine funding;
- Early childhood professionals in the Head Start, Early Education, Child Care, and Early Intervention systems who teach/evaluate children experiencing homelessness; and
- Providers of family services.

The Findings:

1. 9,098 children/youth stayed at least one night in emergency/transitional housing in 2012;
2. While the overall number of children served in PA decreased by 3% from 2011 to 2012, there was great variability across CoC’s in terms of changes in the number of children served;
3. Children under age 6 were disproportionately more likely to be served by emergency/transitional housing providers than older children;
4. Across the state, infants comprised 12% of children served; children ages 1-5 comprised 46% of children served; children ages 6-12 comprised 31% and adolescents comprised 11%;
5. Analyses reveal that rates of childhood homelessness were statistically associated with rates of children born to a mother under age 18, rates of low birth weight births, rates of children eligible for free/reduced lunch and rates of childhood poverty.

Conclusion:

1. Based on the rates of childhood poverty across the more rural regions of the state, it is important to consider the issue of need for services versus availability of services;
2. That many CoC’s around the state high in rates of childhood homelessness are also high in rates of other childhood risks underscores the importance of trauma-informed care and identifying and addressing the myriad of risks experienced by many homeless children and their families.