Philadelphia Children and Youth
Experiencing Homelessness:
Practical Strategies for Action
Introduction

In 2009, one out of every 94 Philadelphia children (birth–17) experienced homelessness, and the number of very young children (age four and under) who experienced homelessness grew by 12% between 2008 and 2009.

In January 2009, the nonprofit community serving children and youth who are homeless launched an initiative in partnership with the city to meet the challenge of better serving the growing number of children and youth who experience homelessness. Dr. Donald Schwarz, Deputy Mayor for Health and Opportunity and Philadelphia Health Commissioner, accepted an invitation from the nonprofit community serving families that are homeless and formed the Children’s Work Group (CWG).

The CWG was asked to develop and implement cross-agency strategies to prevent children from becoming homeless and to address the needs of children in emergency, transitional and supportive housing programs. The scope of the group’s charge was to:

- Identify standards for placement of children into emergency housing
- Assess the current state of child wellness and children's services in agency programs
- Engage the public-private sector for resources to fill gaps in services
- Make recommendations for policy and procedural changes
- Prioritize strategies for the implementation of new policies

A sub-group of volunteers from the CWG met throughout 2009 to identify what data were available and attainable that would be useful to both the City and the nonprofit community. The subcommittee gathered data, with a special focus on children three and under, and held focus groups with consumers and providers of both emergency and transitional housing. The focus group participants’ input provides details about families’ experiences in emergency and transitional housing, giving valuable context to the data relating to child well-being, permanency and safety.

Based on this information, the subcommittee developed a report, “Philadelphia Children and Youth Experiencing Homelessness” based on data from Fiscal Year 2009 (July 1, 2008 to June 30, 2009). The full report is available at:

http://www.oneneighborhood.org
http://www.pec-cares.org/publications.html
Drawing from the report, the CWG Report Subcommittee has developed this Practical Strategy for Action. These are strategies that can be achieved in a reasonable amount of time with limited resources and collaboration and cooperation between the City of Philadelphia and agencies that are dedicated to serving children and youth experiencing homelessness.

The report begins to tell the story of the lives of these young children and helps identify promising next steps for them, their families, and the city. However, we must emphasize urgency. If the thousands of children and youth impacted by homelessness are to overcome the tremendous challenges these circumstances impose, we must understand what their needs are and work together to improve their chances for a healthy, safe, and productive life.

The Children’s Work Group will focus attention on these critical issues and provide leadership in the implementation of the strategic action steps.
Purpose of the Report

The goal of the “Philadelphia Children and Youth Experiencing Homelessness” report is to use data to understand trends and make policy recommendations for children experiencing homelessness, with a specific focus on young children (age three and under). Due in part to financial constraints, this report is limited in scope and not a comprehensive or exhaustive view of all of the complex issues facing children who are homeless. Rather, it provides information on key health and welfare issues and makes targeted recommendations for manageable change. Through collaborative effort, the city and providers can improve services and achieve better outcomes for children who experience homelessness.

Recommendations were derived by the CWG Report Subcommittee with input from focus groups of providers and consumers.
Overview of Findings

We learned the following as a result of looking at the data and talking with stakeholders:

➢ A growing number of young children in Philadelphia experienced homelessness with 46% of the 5,000 children served in emergency and transitional housing in 2009 under the age of five.
➢ Most of the children have health coverage and are connected to a primary care health provider.
➢ Most of the children are up-to-date with immunizations and have been screened for lead poisoning.
➢ While most of the children screened for lead poisoning do not have elevated lead levels, a higher percentage of those screened children have elevated lead levels than is found in the general population.
➢ Nearly half of children under age three are administered an “Ages and Stages” questionnaire in emergency housing to determine if further assessment of developmental health issues is needed.
➢ Many of the school aged children are frequently late for school.

Background: A Family’s Path in Philadelphia’s Homeless System

Philadelphia’s Office of Supportive Housing (OSH) is the agency that assists both families and individuals who are homeless work toward self sufficiency while in safe and stable housing. Its functions include: central emergency housing intake, coordination and contracting with nonprofit organizations to provide Emergency, Transitional and Permanent Housing. OSH serves as the lead agency for the Homeless Management Information System (HMIS), a software application introduced in 2006 designed to record and store client-level information on the characteristics and service needs of those who are homeless.
Philadelphia’s Homeless Continuum of Care

A family’s progression through emergency and transitional housing starts at central intake at the Appletree Family Center, from which the family is assigned to an emergency housing program. The duration of a family’s stay in emergency housing can range from a few days to several months. While not all families who enter emergency housing follow this progression, many move from emergency housing to transitional housing. As with emergency housing, families stay in transitional housing for different periods of time depending on their individual circumstances. Family data are collected at intake and again at specified times and entered into the HMIS system. This provides the basis for the data included in the “Philadelphia Children and Youth Experiencing Homelessness” report, and included in this overview.

Philadelphia Children and Youth Who are Homeless

Families with children are increasingly becoming the face of homelessness. In FY 2009, OSH served more than 5,000 children and youth (ages 0-17) experiencing homelessness. Many of these children are very young. Almost half (46%) of the 5,000 children served by OSH in FY 2009 were under the age of five.

Children in Emergency and Transitional Housing Combined, FY 2009

The largest increase in emergency housing was of young children, with a nearly 12% increase of children under age five in emergency housing between FY 2008 and FY 2009.
Children Served in Emergency Housing, FY2008 and 2009

<table>
<thead>
<tr>
<th>Age</th>
<th>FY08</th>
<th>FY09</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>1,493</td>
<td>1,668</td>
<td>12%</td>
</tr>
<tr>
<td>5-12</td>
<td>1,425</td>
<td>1,438</td>
<td>1%</td>
</tr>
<tr>
<td>13-17</td>
<td>515</td>
<td>476</td>
<td>-8%</td>
</tr>
<tr>
<td><strong>Total under age 18</strong></td>
<td><strong>3,433</strong></td>
<td><strong>3,582</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>

In addition, more than half of very young children, those age three and under, in emergency housing have young mothers (age 18-24).

Children Age 0-3 in Emergency Housing by Age of Head of Household, FY09

The vast majority of families who entered emergency housing in FY2009 had been asked to leave their prior residence. Some had been “evicted” by family or friends, while others had been evicted from their own housing.

Prior Living Situations of Families in Emergency Housing, FY2009
Identified Challenges and Policy Recommendations

The well being of children and families who are at risk of homelessness or who become homeless is fragile. To achieve better outcomes and stability for these families, they must be able to access basic supports and services. While we found many families begin to connect to these services when in emergency housing, there are further improvements necessary to ensure all children who are homeless receive the supports they need.

Working together, the City of Philadelphia, service providers, and citizens concerned about children can improve the lives of children who experience homelessness. The following recommendations provide a guide to help the current generation of children and youth impacted by homelessness grow and prosper despite the difficult circumstances they face. This list does not include all systems improvements that can and should happen, but are activities that can be implemented in the short run.
HEALTH

Challenge 1:
While the majority of young children who are homeless are up-to-date with immunizations, are screened for lead exposure, and are administered the Ages and Stages Questionnaire (ASQ) in emergency housing to determine developmental health issues, some children are still missing out on these important health interventions.

Facts:
> For FY2009, the HMIS/KIDS registry match found that of 2,014 younger children served in emergency housing, 1,510 (74%) were up-to-date with immunizations.
> As a result of follow-up case management by emergency housing providers, the rate of those up to date with immunizations increased to 84% of children discharged from emergency housing.
Of those children in emergency housing in FY2009 who had a lead screening completed that year (592 children), 6.9% had high lead levels. This is more than twice the rate of high lead levels of all children tested in Philadelphia.

While many, in fact 65% of children under age five, in emergency housing in 2009 had a completed lead screening (1,090 of the 1,686 children), a substantial minority remained in need of screening.

Use of the ASQ is currently targeted for use with children age three and under.

Of those children under age three, slightly less than half (46%) were administered the ASQ in FY2009.

Recommendation:
OSH should establish a children’s services agreement with every OSH contracted housing services provider and family to ensure that all children in emergency housing have a completed physical within 90 days of placement and maintain appropriate immunizations during stay, and that all young children (age five and under) are screened for lead exposure and have a completed ASQ within 60 days of placement.

RECREATION

Challenge 2:
Children and youth who are homeless need greater access to recreation and enrichment activities while in emergency and transitional housing.

Facts:
> When asked for suggestions for improvements, consumers uniformly identified the need for more activities for their children in emergency and transitional housing.

Recommendation:
Providers in collaboration with consumers should explore opportunities for emergency and transitional housing sites to offer additional activities for children. Varied activities could include movie nights, special events and outings, and greater access to playgrounds and computer labs beyond regular daytime hours.
Challenge 3:
Lateness to school, which is a known precursor to truancy, has been identified as a prevalent issue for students who are homeless.

Facts:
- Data collected on a subset of 138 students residing in three separate emergency housing programs in the fall of 2009 revealed that even among those traveling less than one mile to school, one-third of students were late three or more times in a three month period.
- For a student traveling distances greater than one mile, the incidence of lateness was even greater. Half of students traveling three to six miles, and 80% of those traveling more than 10 miles, were late three or more times during the reviewed time period.

Recommendation:
While specific emergency housing policies do not seem to be contributing to lateness, additional efforts should be made to assess causes of school lateness as well as compare this data with lateness rates of the School District’s general student body to determine what can be done to diminish lateness for students traveling from emergency housing.
Challenge 1:
While the implementation of HMIS and establishment of central intake at Appletree Family Center has brought the information known about Philadelphia’s families in emergency and transitional housing to a new level, there remains significant variation in the programs and practices utilized by different emergency and transitional housing providers.

Facts:
> The current intake information collected at Appletree Family Center focuses mainly on information from the head of household.
> Many emergency and transitional housing providers do not have complete information on a child’s health and educational needs, which can delay efforts to connect them with proper treatment or supportive services.

Recommendation:
OSH and providers should work cooperatively to standardize children’s data to be collected and entered into HMIS within the first fourteen days of emergency and transitional housing placement. Data could include items such as child health care coverage, primary care provider, school or early care and education enrollment, as well as information on behavioral, developmental, or other special health needs.

Data Matching and Information Sharing between Systems

Challenge 1:
While the number of children being screened by the ASQ is being tracked, difficulties remain in determining whether children receive appropriate follow up evaluations and access recommended treatment.

Facts:
> Nationally, preschool age children who are homeless are more likely to experience major developmental delays and to suffer from emotional problems. Despite these developmental delays and emotional difficulties, preschoolers who are homeless receive fewer services than other children their age.
> A very small proportion of children under the age of five – just 3% were Department of Behavioral Health (DBH) clients in 2009, a small fraction of those likely in need of services.
Recommendation:
Every child with a diagnosed developmental issue must have an individualized service plan maintained in the HMIS so that provider case managers can address follow-up issues with the parent at each face to face meeting.

Challenge 2:
This report had limited capacity to closely examine other important issues due to a lack of data concerning children and youth who are homeless and who are served by multiple systems including child welfare, early care, education, and health care.

Facts:
Information on the number of families who are homeless with involvement in other systems could be used to better understand needs and barriers, as well as serve and coordinate supports for families and children. For instance:

- Beyond limited information on lateness to school, comprehensive data on the educational needs of students who are homeless has not been made available to inform and improve available supports.
- Across the U.S., between 15% and 22% of young people become homeless within one year of aging out of the foster care system, and 53% either become homeless or experience unstable housing within 18 months of foster care emancipation. Yet local, comprehensive data on teens who are homeless who have dropped out of the child welfare system is not compiled and shared.
- Other than Early Head Start and Head Start enrollment numbers, there is no routine data collection or sharing of information on child care and early education access and arrangements for young children who are homeless.

Recommendation:
The City, with support of the foundation community, should invest in efforts to expand upon current information and data sharing between OSH and other systems, such as the School District of Philadelphia, DHS, Head Start, emergency and transitional housing child care programs, Child Care Information Services (CCIS), and DBH concerning children who experience homelessness. Aggregate data should be compiled annually and shared with providers and the public to foster understanding and improve services available to families and children in the homeless community.
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