
Babies in Emergency Housing

Is Philadelphia Doing
All That It Should?

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Introduction

More and more families are experiencing homelessness in Philadelphia. Some 1,500 families access shelter annually (Office of Supportive Housing, 2013). Compounding this challenge is the fact that low-income families with young children and infants are more likely to access emergency housing, possibly because they are less likely to have well-established and robust social support networks. Many families with infants engage emergency shelter as an option of last resort.

Why does this matter? The emergency housing environment can serve as both a risk and a protective factor for young children experiencing homelessness. Environments that do not address the developmental needs of young children coupled with experiences of trauma can have long-lasting negative effects on infants. The data in this report shows that infants who experience homelessness tend to experience more risks to positive development than their housed peers. This report includes action steps to be considered by Philadelphia's family homeless housing system.

What does the literature tell us?

In 2013, 2,402 of Philadelphia's youngest children (age five or younger) received shelter from one of the city's emergency or transitional housing provider facilities (Office of Supportive Housing, 2013). Children under six represent more than half (50.5%) of all children experiencing homelessness in Philadelphia (Solari, Althoff, Bishop, Epstein, & Morris, 2015).

Furthermore, children are at greatest risk of entering the shelter system during the first year of life (Perlman & Fantuzzo, 2010). Perhaps the most vulnerable segment in our society, these babies and toddlers are more likely to be born prematurely and at low birth weight (Fantuzzo, LeBoeuf, Brumley, & Perlman, 2013). Despite this fact, very little is known about the prenatal and perinatal experiences of pregnant women experiencing homelessness and their children.



Key Findings from the Current Report:

- The overall rate of prenatal homelessness declined across time.
- Experiences of prenatal homelessness were associated with disproportionately higher rates risk factors for poor perinatal outcomes. These findings are consistent with prior studies on prenatal homelessness.

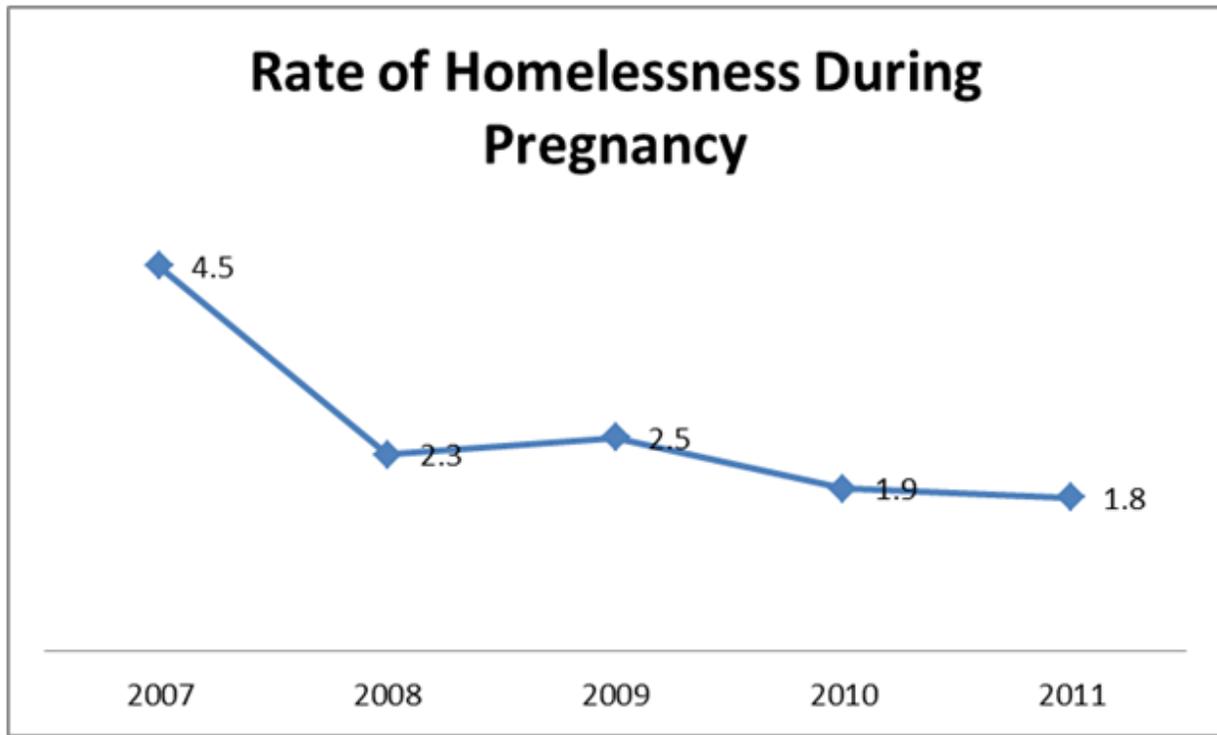
From the limited research currently available, we know that the environment of children born into homelessness may be playing a critical role in their development. In fact, children born into homelessness are at increased risk for a stay in Neonatal Intensive Care Units¹ (NICU), less likely to have well-baby visits, and less likely to be breastfed by their mothers (Little et al., 2005; Richards et al., 2011). These experiences have important implications on developmental outcomes and may ultimately hinder healthy development.

These babies and toddlers then grow to experience higher rates of asthma and chronic ear infections than their peers (Grant et al., 2007). In fact, experiencing homelessness in the first few years of life has been linked to later poor health outcomes, and developmental delays (Fantuzzo et al., 2013; Haber & Toro, 2004; Park, Fertig, & Allison, 2011). We also know that for school-aged children, experiences of homelessness have been associated with increased school problems, including poor academic achievement, and higher rates of behavioral problems (Masten, Cutuli, Herbers, Hinz, Obradović, & Wenzel, 2014; Perlman & Fantuzzo, 2010).

Understanding the impact homelessness on babies is an important step toward designing services and programs that can best meet their needs. For the current study we used

¹ A neonatal intensive-care unit (NICU) is an intensive-care unit specializing in the care of ill or premature newborn infants.

data from the Pennsylvania Pregnancy Risk Assessment Monitoring System (PRAMS) to understand the impacts of homelessness on infants. The PRAMS was developed by the CDC in the late 1980's to promote positive perinatal outcomes and reduce infant mortality. These data describe a representative sample of all pregnancies in Pennsylvania from 2007-2011, including about 2% of mothers reporting experiences of homelessness in 2011, down from 4.5% in 2007.



We approached the data from an infant mental health perspective which emphasizes parent-child relationships as a cornerstone of intervention, accounts for environmental influences (both risk and protective factors), builds on strengths, and promotes early social-emotional development through positive parent-child relationships. Our research questions were as follows:

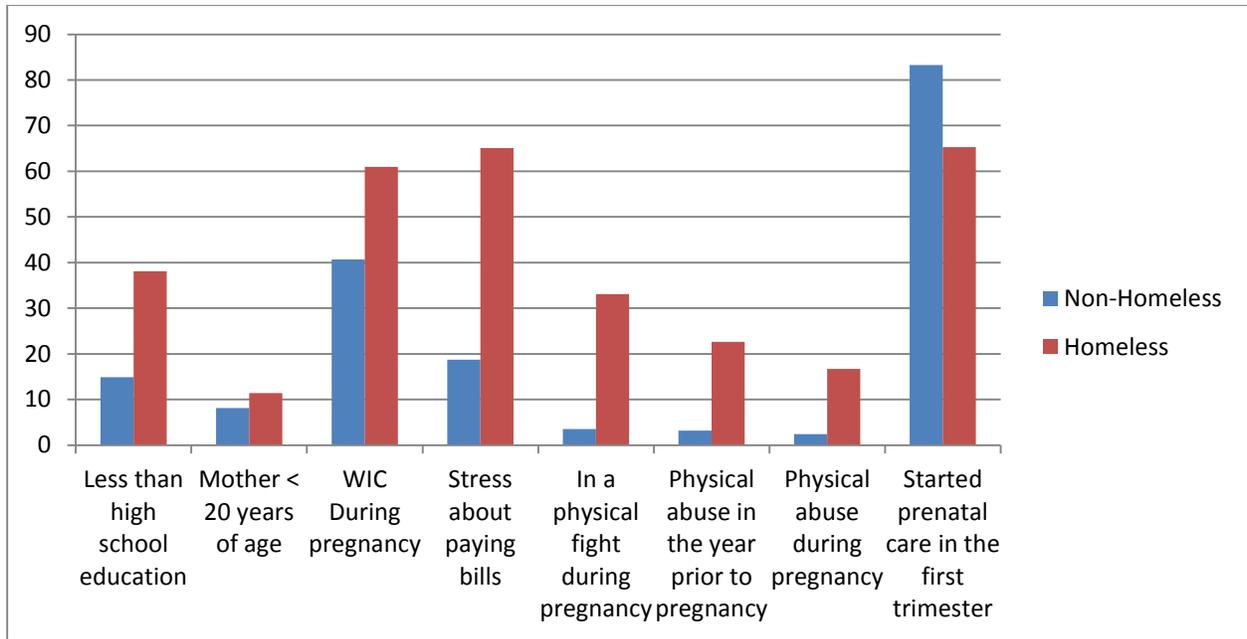
1. What is the trend in prenatal homelessness in Pennsylvania?
2. What is the prevalence of risk factors among mothers experiencing homelessness compared to stably housed mothers?
3. What is the prevalence of adverse perinatal outcomes for infants whose mothers reported experiencing homeless?

Results:

Results indicated that while the overall rate of prenatal homelessness declined across time, experiences of prenatal homelessness were associated with **disproportionately higher rates of other risk factors**. These risks included: having less than a high school education, maternal age of less than 20 years old, accessing WIC² during pregnancy, stress about paying bills, and not starting prenatal care during the first trimester. Furthermore, mothers experiencing homelessness while pregnant were also at a greater risk of physical abuse both in the year prior to giving birth, and throughout the pregnancy. These findings are consistent with prior studies of prenatal homelessness.

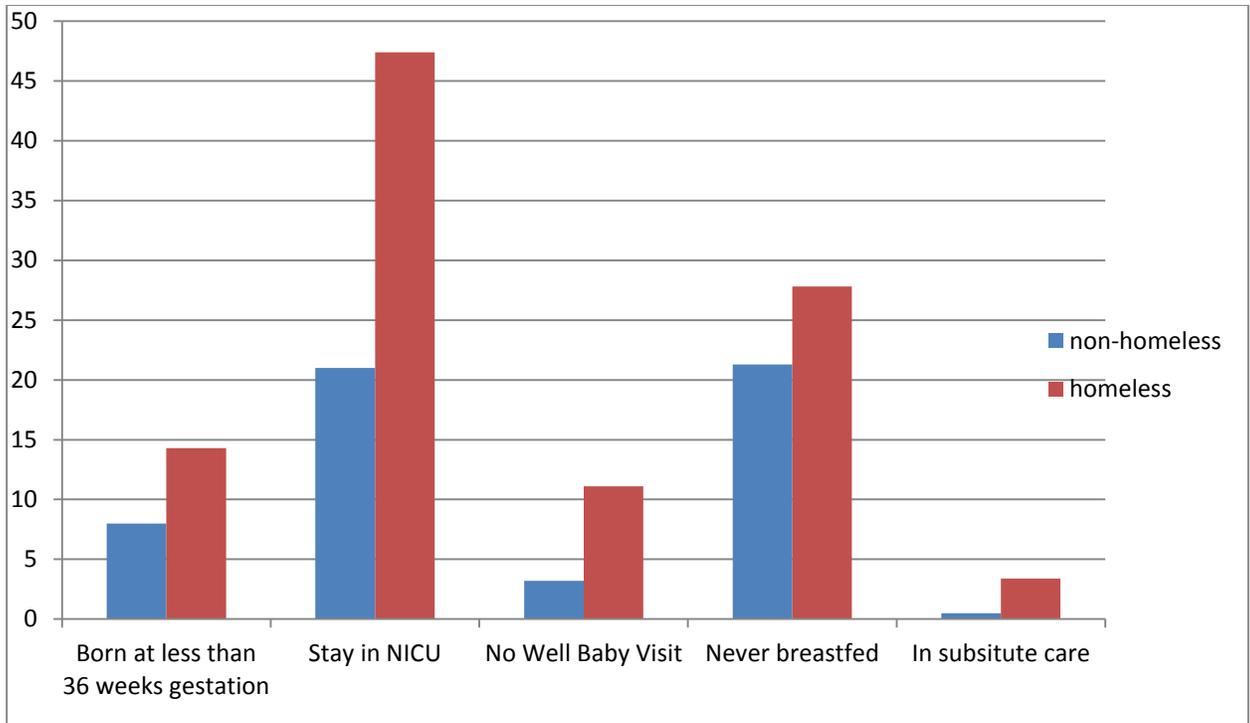


² WIC is the Women, Infants and Children program that serves pregnant, postpartum and breastfeeding women, infants, and children up to age 5 are eligible and are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.



Additionally, prenatal homelessness is associated with **higher rates of poor perinatal outcomes**. These outcomes include increased risk for preterm birth (less than 36 weeks gestation), and NICU stays.

In addition, children born into homelessness are less likely to access well-baby visits, and be breastfed, and are more likely to be in substitute care after birth.



Is Philadelphia Doing All That It Should?

The authors propose the following policy recommendations:

- Pregnant women experiencing homelessness have access to early and consistent prenatal care. The barriers to this care for women experiencing homelessness likely differ from barriers for other populations.
- Findings also suggest that home visiting programs and quality early education may be of particular benefit for infants/toddlers experiencing homelessness. Maternity Care Coalition’s **MOMobile Safe Start** and the **Healthy Babies Initiative** are examples (see inserts).
- Finally, the results support the importance of conducting developmental screenings and assessments of infants and toddlers experiencing homelessness, and ensuring that children identified with developmental delays have access to early intervention services. In Pennsylvania, these screenings are mandated under current legislation. Careful attention should be paid to the process by which these screenings occur, to ensure fidelity of the developmental screening.

Services to Families in Emergency Housing in Philadelphia

The **Healthy Babies Initiative** provides three core services to families in emergency housing programs in collaboration between PHMC and the Philadelphia Office of Supportive Housing.

One, it manages an immunization program at the Appletree Family Intake Center, the City’s single point of contact for entering the system.

Two, it monitors and supports the parents of infants under four months of age (this set of services are to families with children younger than 18 years) in three emergency housing programs in Philadelphia. Nurses will meet with families to:

- Connect the families to primary care
- Review immunization
- Address chronic health needs of all family members
- Health education
- Limited family planning
- Coordination of care if needed

And, three, the **Healthy Baby Initiative** provides nursing support to twelve emergency housing programs to newborns up to the age of four months.

For more information, contact Ilene Cooper for the **Healthy Baby Initiative** at 267-294-9185

- There is support that quality early childhood services enable children to overcome some of the adverse influence that early traumatic experiences have on their development and well-being, including homelessness. In particular, we find there is evidence that quality early environments are especially beneficial for young children with high risk home environments (Watamura, Phillips, Morrissey, McCartney, and Bub, 2011). Therefore, early childhood service providers should prioritize the needs of young children who experience homelessness.

MOMobile Safe Start is a home visiting support program that helps pregnant women focus on and manage their health during pregnancy to ensure mothers have a healthy pregnancy, childbirth, and life. **MOMobile Safe Start** supports pregnant women who are dealing with chronic health conditions such as diabetes, hypertension, obesity, mental health challenges, substance abuse and intimate partner violence. Through a comprehensive approach that integrates physical health and behavioral health services, insurers, and community resources, Safe Start Advocates help mothers meet their health challenges during one of the most important times in their lives.

The **MOMobile Safe Start** Program offers pregnant women with chronic conditions:

- Home visiting support with community health workers (Advocates)
- Patient navigation services- helping women manage the complex health care system and coordinate care
- Doula (labor support) and breastfeeding support
- Technologies such as texting and Smart Phone apps to assist women in managing their health issues

For more information, contact **MCC Safe Start** at 215-386-3808.

Next Steps:

Fortunately, numerous professionals are already attending to the needs of homeless infants. The

Children’s Work Group Early Childhood Committee

(CWGEC) is a voluntary group of professionals from multiple disciplines who come together to discuss



what they can do to improve the health and well-being of young children experiencing homelessness. Members of the homeless and health care sectors are invited to join this effort.

CWGEC is taking action on the following agenda in 2016:

- Provide a public forum for public health advocates, City leadership, and family homeless providers to discuss related issues.
- Given the data’s implications, CWGEC could intensely explore the unique relation between prenatal homelessness and early risk and protective factors of parents both inside and outside of Philadelphia’s emergency housing system.
- Exploring the availability of transition services for mom and baby when they exit emergency housing.
- Examining the impact of positive-parenting interventions in emergency and transitional housing programs.
- Exploring the relationship between maternal and social service factors and the prevalence of positive perinatal outcomes among women experiencing homelessness during pregnancy.

- Working with the Building to Early Links to Learning (BELL) project, funded by the **William Penn Foundation**. BELL is using the Early Childhood Self-Assessment Tool for Family Sheltersⁱ developed by the U.S. Administration for Children and Families to increase early education enrollment and to measure Philadelphia's emergency and transitional housing programs for environments that are developmentally appropriate for children ages 0-5. Several questions on the evaluation tool focus on infants. This should yield a better understanding of what the system is doing for infants.

The authors are interested in hearing from readers on what services are needed for mom and baby while residing in emergency and transitional housing, and when exit. Send your comments to policy@pec-cares.org. Furthering our understanding of the impacts of homelessness on infants and mothers will help to ensure that families are receiving the services and care they need, both in shelter as well as in the community.

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Joe Willard is the Vice President for Policy for the People's Emergency Center's (PEC). PEC's mission is to nurture families, strengthen neighborhoods and drive change in West Philadelphia. Through a community of more than 240 housing units and five educational centers offering job training, parenting and early childhood education, financial education and planning, life skills and technology coursework, PEC seeks to change the life trajectory for the women and children who seek its services and inspire them to aspire to new heights. All inquiries can be sent to policy@pec-cares.org.

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ⁱ See <http://www.acf.hhs.gov/programs/ecd/interagency-projects/ece-services-for-homeless-children/self-assessment-tool-family-shelters>