



# HOMELESS CHILDREN 0-5 IN LOS ANGELES COUNTY

A REPORT TO THE FIRST 5 LA COMMISSION

JULY 2012



Champions For Our Children

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## Executive Summary

The purpose of this report is to provide a picture of the current state of homelessness for children ages 0-5 and their families in Los Angeles County. It was completed at the request of the First 5 LA Commission.

### Key Findings

**On any given night, at least 3,000 children ages 0-5 in L.A. County are homeless. They are living with their family in shelters, transitional housing, on the street or somewhere else not fit for human habitation.**

- While the number of homeless children and adults who were homeless on any given night remained relatively stable between 2009 and 2011, the number is anticipated to increase due funding cuts and the depletion of federal stimulus funds for homeless services.

**There are some sources of data that indicate the number of families with young children who are homeless and or at risk of becoming homeless has increased in recent years.**

- Data from the L.A. County Department of Public Social Services shows that there has been a 105 percent increase in the number of homeless CalWORKs families between July 2006 and March 2012 whereas the number of overall CalWORKs families has only increased 16 percent in that time period.
- The number of homeless children served by Head Start and Early Head Start in L.A. County has increased 13 percent between 2009 and 2011.
- Although not a direct measure of homelessness, calls to 211 for emergency shelter referrals for families with children 0-5 more than tripled between 2010 and 2011, indicating that either the need has increased, the availability of shelters for families has decreased, or both.

**Nearly one-third of L.A. County's homeless children ages 0-5 are in SPA 6 (South LA).**

- The geographic distribution of the homeless population changes depending on whether one looks at the total homeless population or just homeless families with children. While SPAs 4 and 8 have the highest proportion of the total homeless population, SPA 6 has the highest proportion of the homeless child population.

**Homelessness puts children at risk of poor outcomes in all of First 5 LA's goal areas.**

- Research shows that homeless children are 12 times more likely than other children to go into the foster care system, are more likely to be overweight and obese than other children, are twice as likely to repeat a grade and have twice the rate of learning disabilities as children who are not homeless
- Research also shows that women who were homeless during pregnancy were more likely to give birth prematurely than other women.

### Conclusions and Next Steps

While the data on homeless children and families in the County is complex and sometimes difficult to navigate, it is clear that the number of children ages 0-5 who are homeless or at risk of homelessness is high and is expected to climb.

The next steps included in this report focus on the need to improve data on homeless children 0-5 in L.A. County by joining existing efforts to coordinate data across county departments and homeless agencies, improving data collected on housing and homelessness among First 5 LA funded programs, and partnering with local Continuum of Care agencies to continue to track homelessness in this particularly vulnerable population.

## Introduction

The purpose of this report is to provide the First 5 LA Commission and other stakeholders a picture of the current state of homelessness among First 5 LA's target population – pregnant women and children up to age 5 in L.A. County. A motion was passed at the February 2012 Commission meeting directing staff to explore the Commission's role in addressing this population with the following three objectives:

1. In the short term, staff will present a baseline data report to the Commission on the scope of the homelessness problem among First 5 LA's target population in Los Angeles County;
2. In the intermediate term, staff will explore opportunities to include the homeless population within the existing projects that are moving forward and the Community Investments Department will explore potential opportunities to leverage funding to address this population. If opportunities are found within the existing projects or through leveraging opportunities, those will be presented to the Commission.
3. In the longer term, staff will work with the Program and Planning Committee to develop a longer term approach to address this population (First 5 LA, 2012)

This report is intended to address the Commission's short term objective of a baseline data report. Currently, there is no single report that addresses the issue of homeless children ages 0-5 in L.A. County so this report provides an opportunity to fill that gap and to serve as a resource to others who may need information on this special population. The report begins with a discussion of the complicated issue of defining homelessness, the types of data available on homeless children and families, who is at risk of becoming homeless, the consequences of homelessness for children, and scope of the problem nationally. Next, the report describes the data on homeless children in L.A. County, using data from homeless counts and homeless service data collected by HUD as well as locally funded agencies, local Head Start and Early Head Start data, data from CalWORKs, and data from 211 Los Angeles County. Lastly, the report highlights some of First 5 LA's investments and how they have addressed the homeless population. The report concludes with some next steps that focus on improving the data available on children 0-5 and their families in L.A. County who are homeless or at risk of becoming homeless.

## How is homelessness defined?

One of the major challenges in assessing the issue of homelessness among children and families is that there are different definitions for what constitutes "homelessness". Furthermore, how these definitions are used has important consequences for determining program eligibility and how data on homelessness is tracked. Depending on which definition is used, the numbers can vary significantly. Since homeless funding is often based, in part, on need, the way homelessness is defined and enumerated also affects the amount of money available to help the homeless.

Most definitions of “homeless children” are grounded in one of two primary Federal definitions – the Department of Housing and Urban Development (HUD) definition that is mandated by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Department of Education’s definition that is mandated by the McKinney-Vento Homeless Assistance Act, Title X, Part C (The National Center on Family Homelessness, 2011).

### **Department of Housing and Urban Development (HUD) Definition**

HUD’s definition was revised as a part of the HEARTH Act of 2009 and includes four broad categories of homelessness (National Alliance to End Homelessness, 2012):

1. The ***core definition of homelessness (“literally homeless”)*** includes individuals or families (a) whose primary nighttime residence is a place not designed for or ordinarily used as a place for human habitation (including car, park, abandoned building, bus/train station, airport, or camping ground), (b) who are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing and hotels and motels paid for by charitable organizations or federal, state, and local government programs), or (c) who are exiting an institution where they temporarily lived (up to 90 days) and they had been living in a place not designed for human habitation or in a shelter prior to entering that institution.
2. Individuals or families who are ***imminently losing their primary nighttime residence*** within 14 days and no subsequent residence has been identified and the individual or family does not have the resources or support networks needed to obtain permanent housing.
3. Individuals or families who meet ***other Federal statutes for homelessness*** and meet all of the following characteristics: unaccompanied youth (less than 25 years of age) or a family with children or youth; qualify as homeless under other federal definitions but who do not otherwise qualify under the HUD definition; has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance; has moved two or more times in the 60 days immediately prior to applying for assistance; has chronic disabilities, chronic physical or mental health conditions, substance addiction, history of domestic violence or childhood abuse, child with a disability, two or more barriers to employment (including lack of high school degree or GED, illiteracy, low English proficiency, history of incarceration or detention for criminal activity, history of unstable employment).
4. Individuals or families who are (a) ***fleeing or attempting to flee domestic violence***, dating violence, sexual assault, stalking, or other life-threatening conditions that relate to violence (b) have no other residence, and (c) lack the resources or support networks to obtain other permanent housing.

### **Department of Education Definition**

The U.S. Department of Education uses a broader definition of homelessness than HUD (United States Department of Education, 2004). This definition goes beyond the HEARTH/HUD by including children and youth who are:

- sharing the housing of other persons (sometimes referred to as “doubled-up”);
- abandoned in hospitals; or
- awaiting foster care placement.

Many child advocacy organizations follow the U.S. Department of Education (DoE) definition because of the inclusion of these additional groups. One challenge, however, in using the DoE definition of homeless is that it assumes that families who are sharing housing with others are homeless or at risk of becoming homeless, when they may be sharing housing for many reasons that do not necessarily relate to homelessness (e.g., sharing resources to save money, living with family members for the social support)<sup>1</sup>.

### **What data are available on children and families?**

There are a number of different sources of data on homeless children and families. Each data source has its strengths and limitations, and each tells a somewhat different story about the scope of the population of homeless children and families.

#### **HUD-Funded Continuum of Care Agency Data**

The most comprehensive and frequently cited data source used to estimate the number of homeless individuals and families comes from the local HUD-funded Continuum of Care (CoC) agencies. HUD collects prevalence data from homelessness agencies using point-in-time counts<sup>2</sup> as well as through a web-based data collection system. In L.A. County, there are four CoC lead agencies that cover four different regions of the county. The Los Angeles Homeless Services Authority (LAHSA) is by far the largest of the CoCs in the County, covering all of L.A. County except Pasadena, Glendale and Long Beach. Each of the other three regions (Pasadena, Glendale, and Long Beach) operates its own CoC.

#### ***Homeless Count Data***

The homeless counts that are required by HUD capture the number of homeless “on any given night” and include both sheltered<sup>3</sup> and unsheltered homeless persons<sup>4</sup>. Each of the CoC’s in Los Angeles County conducts its own count. The Greater Los Angeles Homeless Count conducted by LAHSA is not only the largest in the county but it is the largest homeless count in the country,

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<sup>1</sup> D. Wickrema, personal communication, June 8, 2012

<sup>2</sup> Point in time counts are conducted over a single day or several days each year and provide a snapshot of the number of homeless individuals and are essentially an effort to conduct a regular “census” of the homeless population in a given community.

<sup>3</sup> Shelter counts include those who are living in emergency shelters, transitional housing, or staying in a hotel or motel using vouchers.

<sup>4</sup> Unsheltered homeless are those who are living on the streets, or in a vehicle, encampment, abandoned building, garage, or any other place not normally used or meant for human habitation.

covering more than 4,000 square miles (Los Angeles Homeless Services Authority, 2011). A significant amount of resources go to fund the homeless counts (particularly LAHSA's), and they provide a reliable, unduplicated, point-in-time count of the homeless. The homeless counts provide an estimate of the number of individuals and families who are "literally homeless" on any given night. However, because the counts are conducted on a particular night (or series of nights) in January of a given year, they do not provide an enumeration of the number of individuals and families who are homeless over the course of the year. Another limitation to the point-in-time counts is that the number might be quite different if it were conducted a day, a week, or a month later in that given year. Despite these limitations, the homeless count data is still one of the best sources of trend data available because it is collected and monitored regularly at the local and national levels.

### ***Homeless Management Information System (HMIS) Data***

In addition to the homeless count, HUD requires its funded agencies to collect and enter data on the individuals receiving homeless services using its Homeless Management Information System or HMIS. The HMIS provides an unduplicated count of service recipients and records data on their needs and characteristics (The National Center on Family Homelessness, 2011). It also is intended to help stakeholders understand trends in homelessness, patterns of service use, and to measure the effectiveness of homelessness services (The National Center on Family Homelessness, 2011). Although the HMIS is the most dependable mechanism for collecting data on homeless families who receive services, it does not capture all homeless families. Specifically, it includes only those individuals and families who come into contact with a HUD-funded service agency and therefore does not capture individuals and families who do not have access to these services, those who are turned away because they are not eligible, or those who may receive services from programs that do not use the HMIS. There are efforts currently underway by philanthropic groups such as the United Way and the Hilton Foundation to expand the use of HMIS to agencies that receive private funds (D. Wickrema, personal communication, May 31, 2012).

### **CalWORKs Data**

The Los Angeles County Department of Public Social Services (DPSS) collects administrative caseload data on families seeking assistance from the CalWORKs program.<sup>5</sup> DPSS uses the following characteristics to identify families who are homeless or at risk of homelessness: no fixed and regular nighttime residence; sharing a residence with family or friends on a temporary basis; a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; needs housing in a commercial establishment (e.g., hotel/motel), shelter, publicly funded transitional housing or from

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<sup>5</sup> "CalWORKs is a welfare program that gives cash aid and services to eligible needy families. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses." (from <http://www.ladpss.org/dpss/calworks/>)

a person in the business of renting properties; and/or received an eviction notice or notice to pay rent or quit (Los Angeles County Department of Public Social Services, 2011).

### **Head Start and Early Head Start Data**

Head Start and Early Head Start programs are required by the Administration for Children and Families to collect and report data on children enrolled in their programs who are homeless, using the Department of Education homeless definition. Although homeless children qualify for Head Start and Early Head Start, many may not have access to or knowledge of these programs (Child Trends, 2012). Approximately one-quarter of all homeless children are estimated to be enrolled in Head Start and Early Head Start nationally (Institute for Children, Poverty & Homelessness, 2011). Children are counted as homeless if they experienced homelessness at any point of the program year.

### **Los Angeles Mommy and Baby Survey Data**

The Los Angeles Mommy and Baby (LAMB) survey is a population-based surveillance tool sponsored by the Los Angeles County Department of Public Health and First 5 LA that asks women who recently gave birth about events that happened before, during and after their pregnancy. As part of the survey, women are asked a series of questions about stressful life events during pregnancy and one of the questions asks women if they were homeless during their pregnancy.

### **211 Los Angeles Data**

Although not a direct measure of the number of homeless children and families, 211 LA County collects data from their information and referral service on the number of calls related to housing and homelessness.

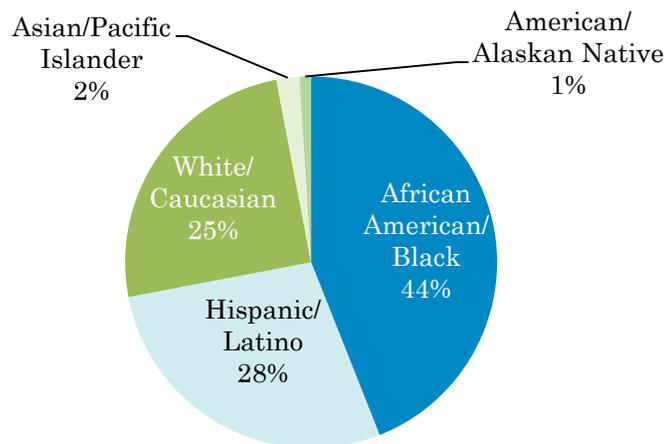
### **Which families are most at risk of becoming homeless?**

According to the 2011 Hunger and Homeless Survey findings, unemployment, lack of affordable housing and poverty were the leading causes of homelessness for families with children (The United States Conference of Mayors, 2011). Persistent unemployment appears to be driving homelessness rates more than foreclosures or evictions (The United States Conference of Mayors, 2011). Using HUD data, Cunningham (2010) calculated that nearly one-fourth of homeless families who entered shelter in 2010 had come directly from a home that they owned or rented, whereas nearly half came from situations where they had been doubling up with friends or family (Cunningham, 2010). This may indicate that families first seek out the help of friends and family but if the doubling up situation does not work out for whatever reason, these families may then have no other choice but to turn to the shelter system (Cunningham, 2010).

Although there are many paths to homelessness and not all homeless families fit the stereotype, the typical homeless family consists of a young single mother in her late twenties and two children, and usually one or both of those children are younger than age 6 (The National Center on

Family Homelessness, 2011). Homelessness affects people of from all ethnicities but occurs disproportionately among people of color, especially African American/Blacks (Rog & Buckner, 2007). In greater L.A. County, African Americans/Blacks represented 44 percent of homeless population in 2011, but they represent only 8 percent of the total county population (see Figure 3) (Los Angeles Homeless Services Authority, 2011).

**Figure 1: Ethnicity of the Homeless Population in Greater LA County, 2011** [Source: LAHSA 2011 Homeless Count]



Researchers who examined predictors of homelessness among poor families with children, found that family level factors such as residential mobility, mother's general health and their mental health problems, exposure to domestic violence as well as a lack of social support was associated with homelessness (Reingold & Fertig, 2006). While mental illness and substance abuse are common in the homeless population as a whole, adults in homeless families have lower rates of both mental illness and substance abuse than homeless single individuals, but both groups have higher rates than other poor adults (Shinn, et al., 1998). Recent research by Shinn and Greer (2012) using data from over 11,000 families applying for shelter found that certain characteristics put families at higher risk of entering shelter, while other characteristics served a protective function and reduced the risk of shelter entry. These characteristics are presented in Table 1.

**Table 1: Risk and Protective Factors Associated with Families Entering Homeless Shelter (Shinn & Greer, 2012)**

Risk Factors for Shelter Entry	Not Predictive of Shelter Entry	Reduced Risk of Shelter Entry
<ul style="list-style-type: none"> <li>• Female headed household</li> <li>• Pregnancy</li> <li>• Child under 2 years old</li> <li>• History of public assistance</li> <li>• Eviction threat</li> <li>• High mobility in the previous year</li> <li>• History of protective services</li> <li>• High level of conflict in the household</li> <li>• Disruptions as a child (e.g., foster care, shelter history as a youth)</li> <li>• Shelter history as an adult</li> <li>• Recent shelter application</li> <li>• Seeking to reintegrate into the community from an institution</li> </ul>	<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnicity</li> <li>• Number of children</li> <li>• Marital status</li> <li>• Veteran status</li> <li>• Losing assistance in the last year</li> <li>• Overcrowding</li> <li>• Doubled up</li> <li>• Extremely cost burdened</li> <li>• High rent arrears</li> <li>• Home in disrepair</li> <li>• Subsidy receipt</li> <li>• Chronic physical health problems</li> <li>• History of mental health problems</li> <li>• History of substance abuse</li> <li>• History of domestic violence</li> <li>• Any involvement with legal system</li> <li>• Giving birth as a teenager</li> </ul>	<ul style="list-style-type: none"> <li>• Being older</li> <li>• Having a high school diploma/GED</li> <li>• Being employed</li> <li>• Being a leaseholder</li> </ul>

The researchers used these risk variables to create a potential screening tool for the HomeBase program in New York City which is designed to help families and individuals resolve immediate housing issues that put them at risk of becoming homeless. They found that if the screening tool was used they would be significantly more effective in targeting these prevention services to those families at highest risk of becoming homeless (Shinn & Greer, Targeting Homelessness Prevention Services More Effectively: Introducing a Screener for HomeBase, 2012).

As found in Shinn and Greer (2012), one of the groups that is particularly vulnerable to becoming homeless is youth who are transitioning out of foster care and juvenile correction facilities. On a national level, one-quarter of former foster youth reported that they had experienced homelessness after exiting foster care (Child Welfare League of America, 2012). According to a study of foster youth in L.A. County at ages 17, 18, and 19, approximately 20 percent of former foster youth had a

period of homelessness in the previous 12 months, slightly lower than the national rate (Pergamit & Johnson, 2009). These youth often lack the resources to support themselves and also lack social support networks to help them make the transition from being in foster care or institutional care to living independently (National Alliance to End Homelessness, 2010). Although estimates of teenage pregnancy within the foster youth population is difficult to estimate, there is evidence that female foster youth are at heightened risk of becoming pregnant and giving birth (Dworsky & DeCoursey, 2009). According to Pergamit and Johnson (2009), approximately 20 percent of former foster youth in Los Angeles County were parents at age 19 (Pergamit & Johnson, 2009). Thus, not only are foster youth at risk of becoming homeless, but a sizeable proportion of them are also likely to become parents of children in First 5 LA's target population.

### **What are the consequences of homelessness for children?**

Homelessness is a traumatic event for young children and unfortunately, many of the children who experience homelessness also have experienced a host of other negative life events, particularly violence. More than 92 percent of sheltered and low-income mothers have experienced some form of physical or sexual assault at some point in their lives (Bassuk, Volk, & Oliver, 2010). By age 12, the vast majority (83 percent) of homeless children have witnessed at least one violent event either during the period of homelessness or while housed (Bassuk, Volk, & Oliver, 2010).

In addition to exposure to violence, homeless children often live in chaotic and stressful environments, characterized by frequent moves, family separations, unpredictable adults (often due to substance abuse and mental health problems), as well as placement in foster care (National Child Traumatic Stress Network, 2005). Within a single year, 97 percent of homeless children move up to three times, 40 percent attend two different schools and 28 percent attend three or more different schools (The National Center on Family Homelessness, 1999). Homeless children are also often separated from their families. There are many reasons for this including child abuse and neglect, shelter eligibility criteria, and parents' efforts to protect their children from the trauma of living in a shelter. Homeless children are 12 times more likely than other children to go into the foster care system (The National Center on Family Homelessness, 1999).

The constant unpredictability of homelessness can create high levels of anxiety and stress for homeless children with 74 percent of them worrying that "they will have no place to live" (National Alliance to End Homelessness, 2012) and 87 percent worrying that something bad will happen to their family (The National Center on Family Homelessness, 1999). Not surprisingly, children who experience homelessness are sick four times more often than other children, experience acute and chronic health problems such as asthma on a moderate to severe level at much higher rates than other children, and have emotional and behavioral problems such as anxiety, depression, withdrawal and aggression at three times the rate of other children (The National Center on Family Homelessness, 2010; Child Trends, 2012).

In a study of a representative sample of homeless pediatric patients in New York City, Grant et al. (2007) found that rates of overweight and obesity among the homeless children far exceeded national rates that were used for comparison. The authors point out that the issue of obesity in this population is not caused by homelessness per se, but likely to be made worse because of the lack of access to nutritional foods and cooking supplies while in shelters.

These health and behavioral consequences for children who experience homelessness coupled with the frequent moves between schools have further consequences in terms of school performance and children's ability to build stable and healthy friendships. While poorer children generally have lower academic achievement than children from higher income families, homeless poor children have even lower academic achievement (Child Trends, 2012). Homeless children are twice as likely to repeat a grade and have twice the rate of learning disabilities as children who are not homeless (National Child Traumatic Stress Network , 2005).

## **How many homeless children age 0-5 are there?**

### **National Data**

According to HUD's 2010 Annual Homeless Report to Congress which is based on homeless count data from around the country, while the rate of homelessness for individuals fell between 2007 and 2010 there was a 20 percent increase in family homelessness (U.S. Department of Housing and Urban Development ). The effects of a struggling economy are greatest for children, with the National Center on Family Homelessness reporting a 38 percent increase in the number of homeless children between 2007 and 2010<sup>6</sup> (The National Center on Family Homelessness, 2011). Using DoE data (and therefore the broader definition of "homeless"), it estimated that one in 45 children in the U.S. are homeless each year and children ages 5 and under are estimated to make up approximately 42 percent of all homeless children (The National Center on Family Homelessness, 2011).

Homeless families are more likely to become homeless due to economic challenges, whereas individuals are more likely to become homeless due to substance abuse and mental illness (U.S. Department of Housing and Urban Development, 2010), therefore family homelessness is more likely to be affected by the economic downturn. Another factor that may be influencing this trend at the national level is the emphasis on moving chronically homeless individuals into permanent housing, thereby increasing the proportion of the homeless population made up of families with children (U.S. Department of Housing and Urban Development, 2010).

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<sup>6</sup> Based on DoE data which uses a broad definition of homeless.

## Los Angeles County Data

### *Homeless Count Data*

For the purposes of this report, we compiled data from each of the four L.A. CoCs' homeless count reports (City of Glendale 2009; City of Glendale 2011; Jocoy, 2010; Jocoy 2011; LAHSA, 2009<sup>7</sup>; LAHSA 2011; Urban Initiatives 2010; Urban Initiatives, 2011). The homeless count reports include data on children under age 18 and generally do not separate out the numbers of children 0-5. However, at the national level, it is estimated that 42 percent of all homeless children (under age 18) are under the age of six<sup>8</sup> (The National Center on Family Homelessness, 2011) and there is evidence that this percentage applies locally as well<sup>9</sup> (Los Angeles Homeless Service Authority, 2012). Therefore, we estimated the number of homeless children 0-5 in the homeless count by calculating 42 percent of the all homeless children under age 18 captured in the counts (see Table 1). The estimated number of homeless children under age 6 in L.A. County was 2,981 in 2009 and 2,880 in 2011 – representing a 3 percent decrease between 2009 and 2011. The number of all homelessness persons also decreased by 3 percent between 2009 and 2011 (Los Angeles Homeless Services Authority, 2011).

	Children 0-5		All Homeless Persons <sup>11</sup>	
	2009	2011	2009	2011
Greater Los Angeles	2,669	2,548	47,572	45,422
Long Beach	190	246	428	412
Pasadena	98	58	3,909	4,290
Glendale	24	29	1,137	1,216
Los Angeles County Total	2,981	2,880	53,046	51,340
<b>Percent Change</b>	<b>3% decrease</b>		<b>3% decrease</b>	

The stability in the numbers between 2009 and 2011 is somewhat surprising given the struggling economy and the national trends in homelessness that show an increase in recent years. However, local experts attribute the stability in the homeless count to the influx of federal stimulus funds in

<sup>7</sup> LAHSA adjusted their 2009 data after the 2009 county report was published based on feedback received from family providers in 2010 (See LAHSA, 2011 page 11, footnote 1, for more details). LAHSA provided us with the number of additional children ages 0-18 (3,252) that they added to the Greater LA Count and the 42% was applied to the adjusted number (6,354) to arrive at the estimated number of children 0-5 in 2009 (2,669).

<sup>8</sup> The 42 percent is based on DoE data and therefore the educational definition of homelessness

<sup>9</sup> Data from LAHSA's Family Transitions Project indicate that close to 50% of the children served were age 0-5 and the City of Long Beach's 2011 homeless count found that 42.7% of the homeless children (<18 years) were under age 5.

<sup>10</sup> Data extrapolated from each COC homeless county report by calculating 42% of the number of children 0-18 in each count. The number of homeless children in Greater Los Angeles County for 2009 was obtained from LAHSA staff since the numbers in the 2009 published report were adjusted in 2010 and the adjusted number of children was not published.

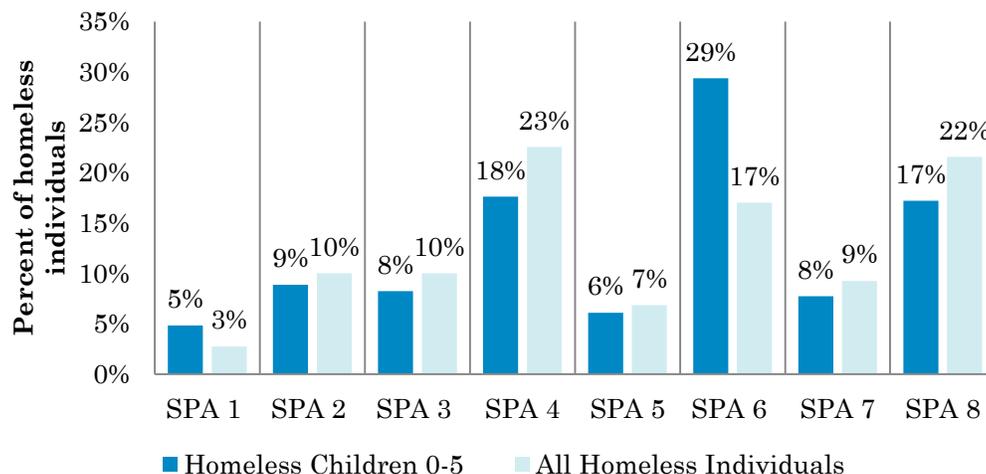
<sup>11</sup> From Los Angeles Homeless Authority (2011), page 11, Figure 1

2009<sup>12</sup>. Most of the funds went to programs for homeless families and provided short term assistance (for example, providing funding for a security deposit or to pay arrears on utility bills) as well as rapid re-housing for families to get them into stable housing (typically a rental property) and provide support services once they were stably housed. Unfortunately, most of the stimulus funding ran out in the winter/spring of 2012, so local homeless experts are anticipating that the upcoming homeless count (to be conducted in January 2013) will show an increase, especially for families with young children<sup>11</sup>.

The geographic distribution of the homeless population is uneven across the County and the distribution is somewhat different for children than it is for the total homeless population. As shown in Figure 3, when looking at all homeless individuals, SPA 4 (Metro LA) and SPA 8 (South Bay) have the highest share of the homeless population (23 percent and 22 percent, respectively). However, when looking at children 0-5, SPA 6 (South) has the highest proportion of children (29 percent) (City of Glendale 2011; Jocoy 2011; LAHSA 2011; Urban Initiatives, 2011)<sup>13</sup>.

**Figure 3: Number and Percent of All Homeless Individuals and Children 0-5 by SPA, 2011<sup>14</sup>**

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
<b>All Persons</b>	1,412 3%	5,139 10%	5,134 10%	11,571 23%	3,512 7%	8,735 17%	4,759 9%	11,078 22%	51,340 100%
<b>Children (0-5)</b>	142 5%	261 9%	242 8%	517 18%	179 6%	862 29%	227 8%	505 17%	2,936 <sup>15</sup> 100%



<sup>12</sup> D. Wickrema, personal communication, June 8, 2012; M. Silverbush, personal communication, June 7, 2012.

<sup>13</sup> See Appendix A for a map of the L.A. County Service Planning Areas (SPAs).

<sup>14</sup> SPA 3 includes Pasadena 2011 count, SPA 2 includes Glendale 2011 count, and SPA 8 includes the Long Beach 2011 count

<sup>15</sup> The estimates of the number of children 0-5 differ between Table 1 and Figure 3 by about 20 children and reflect differences reported in the Greater Los Angeles Homeless Count which are likely due to missing data (Los Angeles Homeless Services Authority, 2011)

### ***Homeless Management Information System (HMIS) Data***

In 2011, 3,636 families with children ages 0-5 were provided homeless services by the CoC's in L.A. County (see Table 2). This represents 4,513 children ages 0-5 in families. The number of children served by the CoC's is higher than the number of children captured in the homeless counts because the two numbers represent different counts. The homeless count data represent the number of children who were homeless at a particular point in time (when the count was conducted), whereas the HMIS data represent an unduplicated count of the children served during a particular period of time (e.g., January 1, 2011 through December 31, 2011).

**Table 3: Number of Homeless Children 0-5 Served by Homeless Continuum of Care Networks in Los Angeles County (January 1 – December 31, 2011)**

	Greater Los Angeles	Long Beach	Pasadena	Glendale	County Total
<b>Number of Children Served (0-5)</b>	3,368	585	382	178	<b>4,513</b>
<b>Number of Families with Children Ages 0-5</b>	2,565	398	541	132	<b>3,636</b>

### ***CalWORKs Data***

According to DPSS data, there has been a 105 percent increase in the number of homeless CalWORKs families between July 2006 and December 2011, whereas the number of overall CalWORKs families has only increased 16 percent in that time period (Los Angeles County Department of Public Social Services, 2012). As of March 2012, there were 11,243 CalWORKs homeless families out of a total of 177,193 CalWORKs Families.

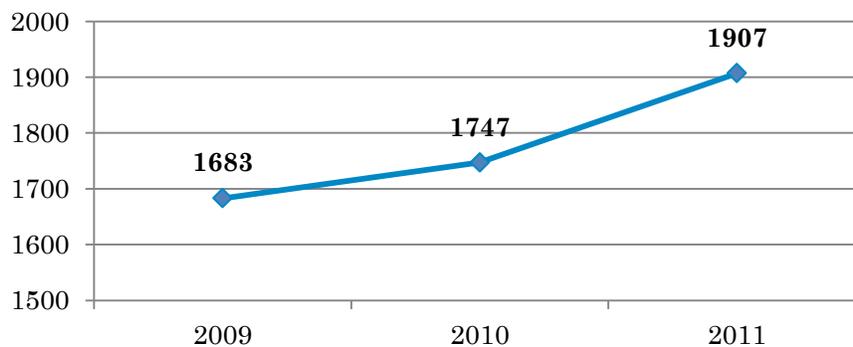
According to a report issued by DPSS in 2005, 26,108 children (under age 18) in the DPSS program data were homeless that year. Homeless families in the CalWORKs system were four times more likely than non-homeless CalWORKs families to have a child under 1 and they were one and a half times more likely to have a child under age 5 (County of Los Angeles, Department of Public Social Services, 2005). As the report highlights, there are limitations to the data. Since the DPSS data system did not have a reliable way of identifying homeless families, they had to use other variables to identify these families. Homeless families were identified if: (a) the family was issued aid from any of four special assistance programs for homelessness (Temporary Assistance, Permanent Assistance, Emergency Assistant to Prevent Eviction, Moving Assistance) and/or (b) the family used a DPSS office or homeless shelter as their residential mailing list on their aid application (County of Los Angeles, Department of Public Social Services, 2005). First, not all families who report that they are homeless are eligible for aid and therefore would not be captured under the first part of the definition. Second, not all families who use the DPSS office or shelter as their mailing address are homeless. Lastly, families who are “doubled up” on a short-term basis

with extended family or friends may not identify themselves as homeless – and would not be captured by the definition<sup>16</sup>. Nonetheless, the data from DPSS may be a strong indicator of those children who are at-risk of becoming homeless and a valuable indicator that the number of families at risk of homelessness is increasing.

### ***Head Start and Early Head Start Data***

In L.A. County in 2011, approximately 1,900 homeless children were served by Head Start and Early Head Start (Office of Head Start, 2012). The number of homeless children served by Head Start and Early Head Start programs in L.A. County has increased by 13 percent between 2009 and 2011 (see Figure 2). This trend is also mirrored in the national Head Start and Early Head Start data which showed a 50 percent increase in homeless families served between 2008 and 2010 (Institute for Children, Poverty & Homelessness, 2011). It is difficult to know if this increase reflects better access and enrollment of homeless children in these programs or if it is an indication that more children are experiencing homelessness, or a combination of both.

**Figure 4: Number of Homeless Children Enrolled in Head Start or Early Head Start Programs, Los Angeles County 2009-2011** [Source: 2009-2011 Head Start Program Information Reports HHS/ACF/OHS]



### ***Los Angeles Mommy and Baby Survey Data***

The research indicates that pregnancy is a risk factor for homelessness (Shinn & Greer, 2012). According to data from the Los Angeles Mommy and Baby (LAMB) survey, between 2005 and 2010 just over 5 percent of mothers who gave birth in L.A. County were homeless at some point in their pregnancy (Higgins & Chao, 2012). Women who were homeless during pregnancy were more likely than non-homeless women to have had inadequate prenatal care, to have smoked and used illicit drugs, to have food insecurity and to suffer from abuse during pregnancy (Higgins & Chao, 2012). Homeless women were more likely to give birth prematurely (13.6 percent) than women

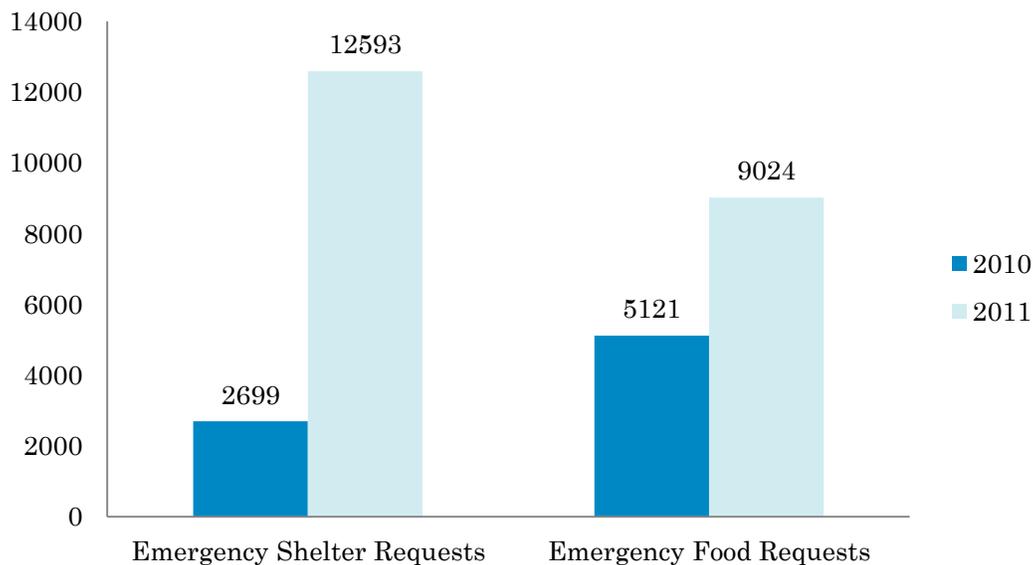
<sup>16</sup> While not all families who are doubled up with friends or family are at risk for homelessness, research on homeless families does indicate that many families who become homeless were doubled up prior to becoming homeless. Therefore “doubling up” is often viewed as an indicator of risk for homelessness.

who were not homeless during pregnancy (9.4 percent). The homeless women were also less likely to be breastfeeding at three months and less likely to read to their baby than women who were not homeless during their pregnancy (Higgins & Chao, 2012). Since the homeless population is highly mobile and the LAMB survey is conducted via mail or by phone, it is likely that the findings underestimate the scope of homelessness during pregnancy. Nonetheless, the data do highlight some of the behavioral and health issues facing this vulnerable population.

### ***211 Los Angeles Data***

According to 211 LA County, the number of calls they received for emergency shelter resource and referral information more than tripled and the calls for emergency food resource and referral information nearly doubled for First 5 LA's target population between 2010 and 2011 (see Figure 1). However, it should be noted that since the same family or service provider can call 211 LA County multiple times the number of calls is not necessarily a proxy for the number of homeless children or families.

**Figure 1: Calls to 211 LA County for Emergency Shelter and Food for Pregnant women and Children under 5, 2010-2011**



### **How has First 5 LA supported homeless children and families?**

There are a number of First 5 LA investments that while not directly targeted at the homeless population, are likely to serve some of the homeless population, or those who are at risk of becoming homeless. First 5 LA does not require grantees to collect data on the housing status or housing needs of the clients served. However, several of the funded programs that provide case management services and/or conduct family needs assessments do have data on housing and homelessness. These programs and investments are highlighted in the following section.

### **211 LA County**

211 LA County is a comprehensive information and referral center that provides services to more than 600,000 callers each year. 211 assumed operations in July 2005 of the First LA 1-888 Parent Helpline (Parent Helpline), which was established to complement 211 by adding an additional phone service to address information and referral needs of First 5 LA's target population. As the data in the previous section demonstrates, 211 handles a significant volume of calls that relate to emergency shelter and food insecurity as well as referrals to other critical services often sought by those who are homeless or at risk of homelessness such as families who need income support, help paying their utilities, housing payment assistance and housing counseling.

### **Welcome Baby!**

The Welcome Baby! Home visitation program provides low to moderate intensity home visiting services to new and expecting mothers in the Metro LA community of L.A. County. This community has one of the highest rates of homelessness in the County (LAHSA 2011 report). Therefore it is not surprising that while this program does not target the homeless population directly, some of their clients are in fact homeless. Unfortunately, the Welcome Baby! project has only recently added more in-depth questions about housing and homelessness to their protocol so the data available is quite limited. The program staff at Maternal and Child Health Access were able to identify 16 women (or 1.9% of women served) in the third quarter of FY2011-2012 who were identified as homeless in their data system. These women are likely to be "literally homeless" (i.e., living in a shelter, on the street, or some other place not fit for human habitation). More detailed data related to homelessness will be available in the coming months as more data is collected.

### **Healthy Births Initiative**

The goal of the Healthy Births Initiative is to improve pregnancy outcomes for women who are at risk of poor birth outcomes, particularly those who had previous poor birth outcomes. The Best Baby Collaboratives (BBCs) funded through the Healthy Births Initiative provide case management and needs assessment. They also provide referrals to community services as well as health education and social support.

While the Healthy Births Initiative does not target the homeless population specifically, the women served are typically high need and may be homeless or at risk of homelessness. Through the needs assessment and case management services, the BBC's identify those clients who are having problems with housing. In 2011, the Healthy Births initiative had 90 clients who identified "housing" as a need at intake. Housing needs likely encompass a much broader range of issues than homelessness such as inability to pay utilities or rent or simply living in conditions that do not meet a family's needs. Unfortunately, more detailed data is not captured in the data system. While an imperfect indicator of homelessness, it is nonetheless a potential indicator of those families who may be at risk of homelessness. The BBC's typically refer these clients to the appropriate service provider and provide additional supports.

### **Black Infant Health (BIH)**

The Black Infant Health (BIH) program delivers services and supports to pregnant and postpartum Black women in L.A. County and builds on client strengths to empower women to make productive health decisions for themselves and their children. The program works to reduce health disparities and improve pregnancy and birth outcomes in the Black community. While not directly targeted to homeless women, the BIH program does serve women who are homeless (including those who are “living with friends or family with no home of their own”). According to the BIH program staff, between January 1, 2011 and December 31, 2011, the BIH program served 311 homeless women. This represents 22 percent of the women served during that period.

### **Partnerships for Families**

The Partnerships for Families (PFF) initiative is a community-based child maltreatment prevention initiative rooted in the concept of promoting parental resiliency, particularly for those families who may be struggling with domestic violence, substance abuse and/or lack of basic needs. Families who are referred to a PFF program receive case management and family support services. This typically involves at least two home visits per month over a six month period and each family is assigned a case manager who assesses the family’s strengths and needs and provides support, education and referral based on those needs. Between January 2007 and April 2011, 24 families received PFF services and home visits within homeless shelters. This represents less than one percent (0.7 percent) of the total population served by PFF grantees in that period. However, there is a much larger group of families who identified housing as a need and were referred to shelters. Out of the 18,132 clients served by PFF agencies between 2007 and 2011, 4,845 clients (28 percent) had a service related to housing provision (Emergency shelter, Hotel voucher, Housing Issues, and Immediate/Emergency basic needs).

### **Conclusions and Next Steps**

The focus of this report was to provide an overview of homelessness among children 0-5 in L.A. County. It is clear that homeless children are a very vulnerable population, with research showing that they are at greater risk of poor outcomes in all of First 5 LA’s goal areas. They are more likely than other children to be born at low birth weights (Higgins & Chao, 2012), to be overweight (Grant R. , et al., 2007), to suffer from abuse and neglect (Bassuk, Volk, & Oliver, 2010), and to have poor school outcomes (Child Trends, 2012). While there are a number of agencies within L.A. County that collect data on homeless children in First 5 LA’s target population, the data are collected in different ways and provide different perspectives on the issue.

At a national level, the number of children who are homeless has increased in recent years and this is true for both the more narrow definition of homelessness used by HUD as well as the broader definition used by the U.S. Department of Education. The trend in L.A. County has remained relatively stable when looking at data based on the HUD definition but seems to have increased when looking at data based on a broader definition. It may be that the influx of federal stimulus funding for homeless services in 2009 kept families from becoming “literally

homeless,” while the number of families who are on the verge of becoming “literally homeless” has increased. Since the federal stimulus funds have been spent, it is expected that the 2013 homeless count will show an increase in families who are homeless. Regardless of the trends, there are still approximately 3,000 children ages 0-5 who are living with their family in shelters, transitional housing, on the street or some other place not fit for human habitation.

The purpose of this report was to focus on the data available regarding homeless children ages 0-5 in L.A. County. The following are next steps for First 5 LA that relate directly to improving the data available about this vulnerable population. It is expected that the data presented in this report will be used to inform future discussions about First 5 LA’s role in addressing this population.

*Next Step 1: Collaborate with the L.A. County CEO’s Office, LAHSA, and the Los Angeles County Interdepartmental Council on Homelessness (LACICH) on data integration efforts*

A major challenge to addressing the needs of homeless families with young children, and indeed in developing this report, is the difference in definitions and methodologies used to track the homeless population. There are a number of existing efforts both nationally and locally to develop a common vocabulary and ways of collecting data about housing status that would not require agencies to change their definitions or eligibility criteria (U.S. Interagency Council on Homelessness, 2011). At the local level, the Homeless and Housing Unit of the L.A. County CEO’s office is working to strengthen the availability and coordination of homeless data and homeless services in the County. The recently formed Los Angeles County Interdepartmental Council on Homelessness (LACICH) is an effort among the county departments and agencies like LAHSA to collaborate on efforts to end homelessness in the county. First 5 LA will seek to join these efforts and will support efforts to improve data integration and coordination related to homeless children and families.

*Next Step 2: Improve housing and homeless data collected by First 5 LA-funded programs*

First 5 LA has a number of programs that, while not directly targeting the homeless population, have served homeless children and families through their focus on high need families. These programs include 211 LA County, Welcome Baby!, Healthy Births Initiative, Black Infant Health, and Partnerships for Families. Since the data are collected differently in each program the total number of homeless children and families served in these programs cannot be calculated. First 5 LA will work to develop a core set of housing questions to be collected by First 5 LA funded programs and that align with data standards developed by the LACICH.

*Next Step: Collaborate with partners to regularly assess trends in homelessness among children 0-5 and their families*

While the Continuum of Care agencies in L.A. County collect and report data on homeless children using the homeless count and HMIS data, there may be an opportunity to partner with these

agencies to regularly include a section in their reports on homelessness among First 5 LA's target population. It will be important moving forward to continue to track this trend to inform policy makers, funders, advocates and service providers.

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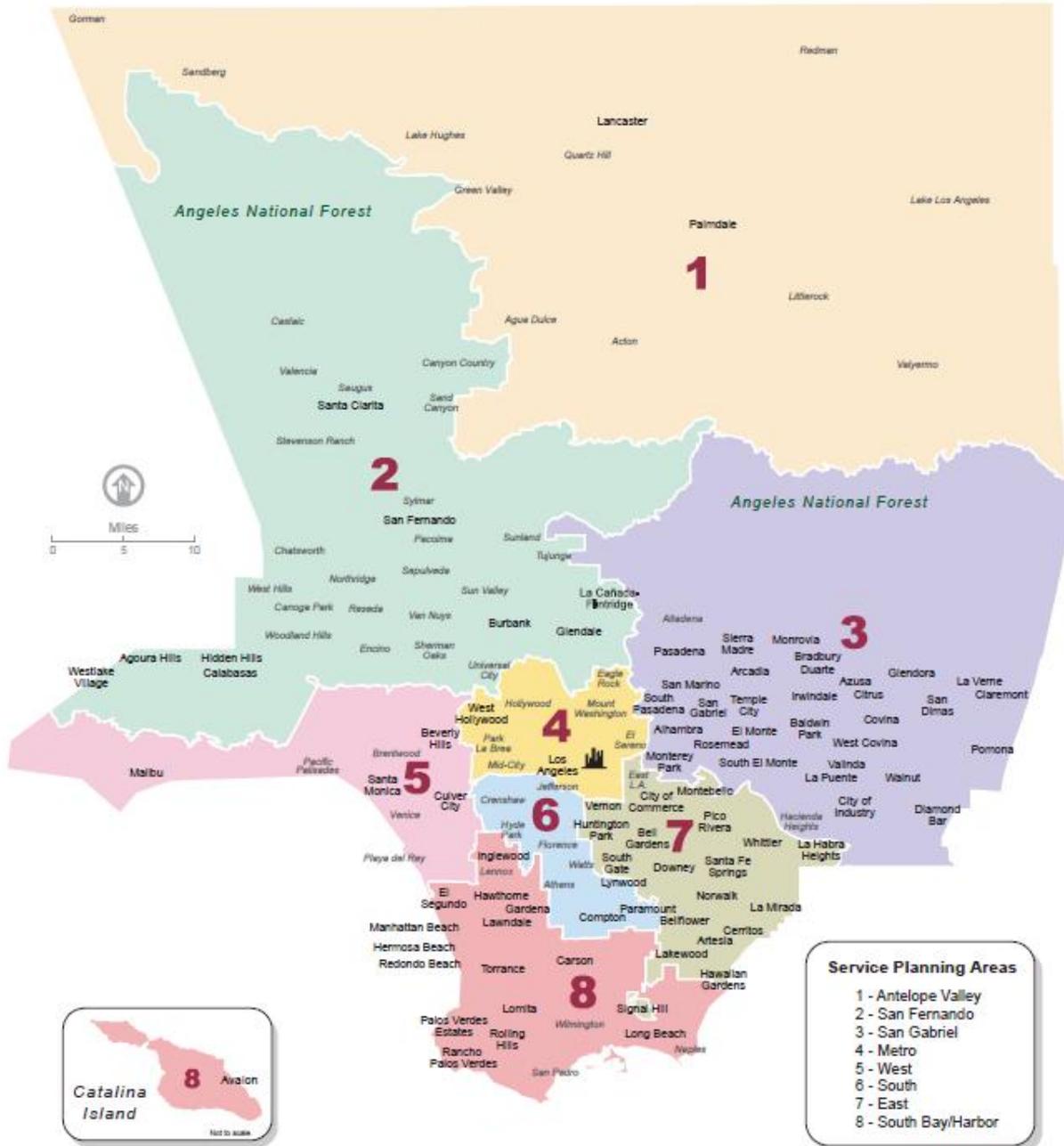
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### Appendix A: Los Angeles County Service Planning Area (SPA) Map

## Los Angeles County Service Planning Areas



From: [http://publichealth.lacounty.gov/nut/beactivela/cities\\_all.pdf](http://publichealth.lacounty.gov/nut/beactivela/cities_all.pdf)

## Appendix B: Potential Leveraging Opportunities Related to Homeless Children

*The following analysis was provided by the Community Investment Department at First 5 LA, in response to the second part of the Commission motion, which directed staff to explore opportunities for leveraging other resources to serve homeless children age 0-5 and their families.*

Based on the Community Investments' Department's initial review and analysis, there appears to be some opportunity to leverage resources for the homeless population in Los Angeles County. Most of the fiscal leveraging opportunities come from the public sector, primarily from the United States Department of Housing and Urban Development and the Department of Mental Health that is worth approximately \$75 million. The Community Development Commission, which serves as the housing arm for the County, has also invested a significant amount of resources since 1997 into the production of affordable housing for families that are low-income, homeless or at-risk of homelessness, and for Transition Age Youth aged 18-24, through its annual Notice of Funding Availability.

There is also about \$5 million that has been invested by private foundations including the United Way of Greater Los Angeles, The Conrad N. Hilton Foundation, the Weingart Foundation and the Kaiser Permanente Community Benefits Program. These investments are being made as part of a collaborative funder's effort coordinated and supported by the United Way of Greater Los Angeles.

While the United Way has been able to leverage significant resources for this issue, these resources are not necessarily targeted toward families with children 0 to 5. The focus of the funder's collaborative which includes organizations from the nonprofit, public and private sectors, is on the chronically homeless, veterans, and transitional age youth, typically age 18 and under. There is no specific focus on funding for families with children 0 to 5. While the chronically homeless includes families with children 0 to 5, resources are not restricted to this population. This population appears to make up a small proportion of all those homeless in the County.

Beyond the key private and public funders mentioned above there does not appear to be significant investments in this issue and even less that is focused on the 0 to 5 population. A similar funder's collaborative exists in Orange County. The Children and Families Commission is part of a collaborative that has made an investment in emergency shelter and housing for families in crisis with some focus on children 0 to 5 and their families. While most of the dollars invested by the Los Angeles and Orange County group appears to be in service provision, there appears to be some opportunity to also leverage non fiscal resources in a way that would promote a more systems approach to addressing the needs of the homeless population.