

## **CHAPTER 12**

### **CHILDREN OF HOMELESS PARENTS**

#### *Highlights: The Children of Homeless Clients*<sup>1</sup>

- Most homeless clients who are parents of minor children do not live with them. Among homeless women, 60 percent are parents of minor children, but only 39 percent live with at least one of them. Among homeless men the situation is more extreme; 41 percent are parents of minor children but only 3 percent live with one or more of these children.
- Most school-aged children in homeless families (93 percent of children ages 6 and older) attend school regularly. Among pre-school aged children (3 to 5 years old), parents report that 52 percent are not enrolled in any pre-school and 46 percent attend pre-school regularly.
- 30 percent of school-aged children in homeless families have been enrolled in special classes due to a learning or other problem at some time in their life. 34 percent have repeated a grade in school.
- Although 97 percent of homeless clients in family households say that their children eat three or more times a day, 10 percent also say that their children sometimes do not get enough to eat.
- Thirty-one percent of the children in homeless families where the client has ADM problems are teenagers (between the ages of 12 and 17) compared with only 12 percent of children in households where the client does not have ADM problems.

#### **INTRODUCTION**

Of all homeless people, homeless children are the most vulnerable, yet are also those about whom the least information is available. Tallies of shelter and other service users usually count children if they are present, but may not report results separately for children and adults. Most interview studies of homeless people include only adults, plus the occasional youths who are present on their own in facilities serving adults. Some interview studies ask homeless adults whether they have children with them, but only a few have gathered more detailed information

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<sup>1</sup> Unless noted specifically in the text, all comparisons are statistically significant at  $p = .10$  or better, and all percentages presented by themselves have a 90 percent confidence interval no larger than  $\pm 8$  percentage points. A confidence interval of  $\pm 8$  percentage points means that if the reported percent is 60, 60 is the estimate of the value and the probability is 90 percent that the value falls between 52 and 68 percent. Confidence intervals greater than  $\pm 8$  percentage points will be noted in a footnote as: 90% C.I. =  $\pm X$  percentage points.

about those children. Still fewer have actually examined the situation of children directly (e.g., Bassuk and Rosenberg 1990; Zeisemer, Marcoux, and Marwell 1994).

Even the term “homeless children” is ambiguous. The majority of homeless clients are parents (57 percent of homeless male clients and 76 percent of homeless female clients). Yet only 15 percent of homeless clients report that they are living with their own minor children. Children in homeless families should clearly be included in any discussion of homeless children. Homeless parents, however, may also have minor children who do *not* live with them. Some of these children may never have lived with this homeless parent and should not be thought of as homeless just because a non-custodial parent is homeless.

Other children, however, may have lived with the parent up until the time the parent became homeless. There are many reasons why these children may have separated from their parents, including emergency shelters not accepting teenage children, parents wanting to minimize disruption in the child’s home and school life, and relatives agreeing to care for the children until the parent secures stable housing. Such children are obviously affected by a parent’s homelessness and, under some definitions, might be considered homeless themselves at least with regard to eligibility for educational and other support services. Finally, some homeless children are youth who are homeless on their own, not because of a parent’s homelessness. Although there are many studies that focus specifically on homeless youth, such youth usually comprise only a very small proportion of samples from studies of homelessness that find their samples in adult shelters, transitional housing programs, and general street searches (see, for example, Ringwalt et al., 1998). The same is true for this study.

NSHAPC was designed to shed light on two of these groups who might be considered “homeless children”—those homeless with a parent, and those who are not with the homeless parent but the parent knows where they are. The study did not directly interview the children of homeless parents, nor are these children included in the findings describing NSHAPC program clients presented throughout this report. However, the study *did* ask clients about their children, including the number of children under age 18 and age 18 and older. For every child under age 18, the survey collected information about that child’s sex, age, and where the child lived. If the child was living with the homeless client (i.e., living in a homeless family), questions were also asked about schooling and school-related issues. These children are clearly homeless. For children *not* living with the homeless client, information was collected about the child’s current living situation and how long ago (if ever) the child had lived with the client.

Thus the survey can answer questions about certain matters such as schooling which are directly relevant to services needed by children in homeless families. NSHAPC data can also be used to examine whether parents and their children are separated by homelessness, and what share of

homeless adults have children living apart from them. This chapter reports the results of these inquiries.<sup>2</sup>

### **WHERE THE CHILDREN OF HOMELESS CLIENTS LIVE**

Chapter 3 reported that 63 percent of homeless clients are parents (76 percent of women and 57 percent of men). But it is also true that only 15 percent of homeless clients say they live in families. An important issue is the whereabouts of the remaining children, as well as the living situation of children in homeless families. Table 12.1 presents data using as its unit of analysis homeless clients who are parents, to show what share of their children under age 18 live with them. Table 12.2 uses the minor children themselves as the unit of analysis, in order to show their sex, age, and, for children not living with the homeless client, where the child is living and when the child last lived with the client. This analysis is reported for all minor children of homeless clients, and also separately by the parent's sex.

Forty-seven percent of clients have at least one minor child, with 17 percent having one, 15 percent having two, and 16 percent having three or more minor children (table 12.1 and figure 12.1). Homeless men and women are equally likely to have one minor child (17 percent of each), but homeless women are more likely to have two (18 versus 13 percent) and especially three or more minor children (26 versus 11 percent). In addition, 15 percent of homeless clients have children all of whom are 18 and older. The survey did not inquire further about these children.

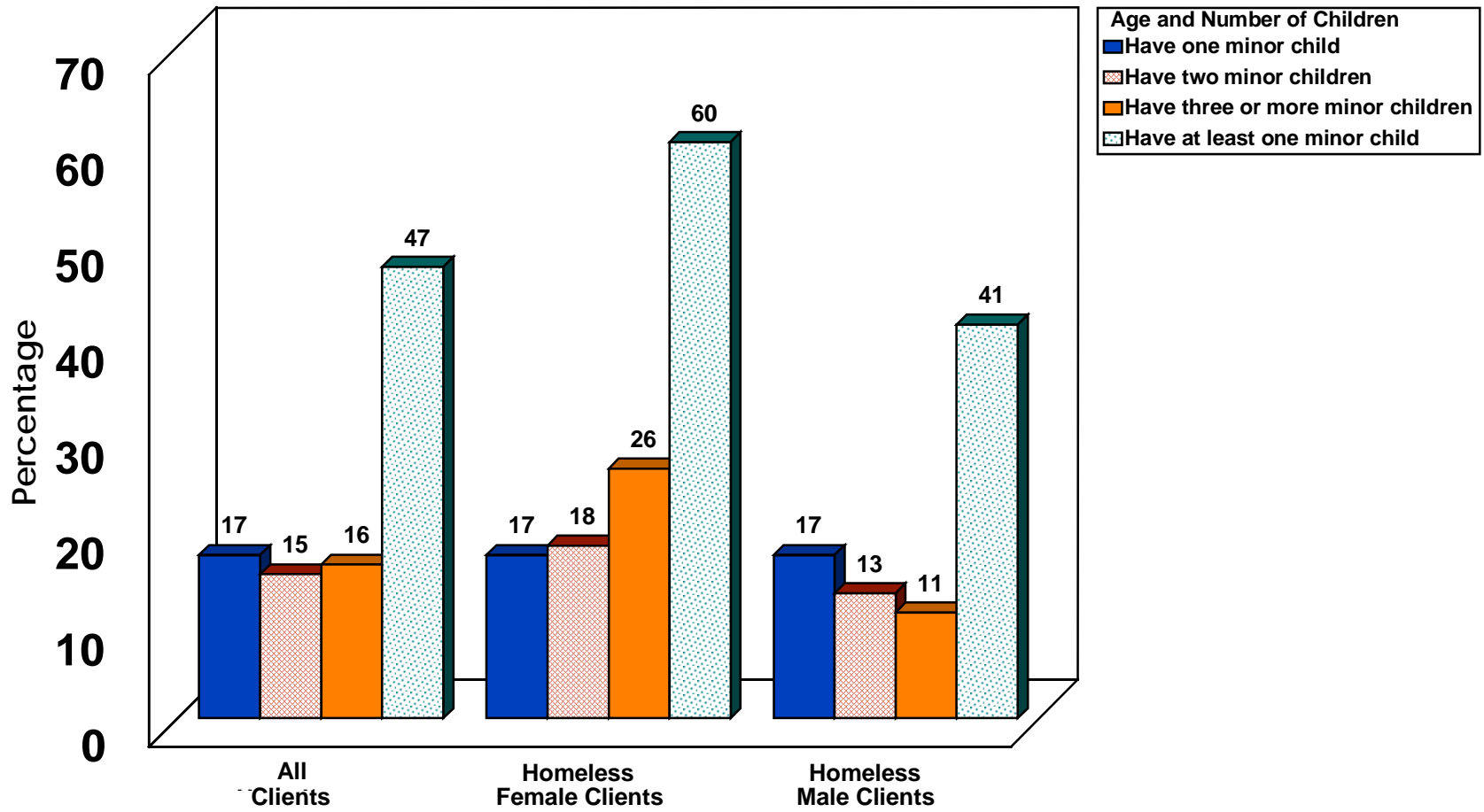
Female homeless clients with minor children are much more likely than their male counterparts to live with at least one of them (second and third columns of table 12.1). Sixty-five percent of female homeless clients who have minor children live with one or more of them (39 percent of all homeless women). This compares to 7 percent of male homeless clients with minor children who live with at least one of them (3 percent of all homeless men).

For the homeless client sample as a whole, it is clear that most minor children do not live with the homeless client (second panel of table 12.1). For clients with one minor child, 74 percent do not live with that child (figure 12.2). For those with two minor children, 63 percent do not live with either child and another 9 percent live with only one of their minor children (thus 68 percent of these children live away from the homeless client). The majority of children of homeless clients with three or more children do not live with the client. Further, the data for

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<sup>2</sup> As reported earlier, NSHAPC did not succeed in interviewing many youth who were homeless on their own, despite deliberately including shelters for runaway and homeless youth in the sampling frame. Only 1 percent of the NSHAPC sample are youths aged 17 and younger and homeless on their own. If one increases the age for "youth" up to 20 and younger, another 6 percent of the homeless clients in this survey would be considered "youth," and 5 percent more come under the "youth" designation if the age range is further extended to include those up to age 24. Earlier chapters of this report provided information about clients in this age range; this chapter does not include any further discussion of these youths.

Figure 12.1  
**Minor Children of Homeless Clients, by Client's Sex**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Table 12.1  
**Parenting Status of Homeless Clients**

	All Homeless Clients (N=2938)	Women (32% of Homeless Clients) (N=950)	Men (68% of Homeless Clients) (N=1985)
Of Currently Homeless NSHAPC Clients, Percent Who:			
Are Parents	63(%)	76(%)	57(%)
Only Have Children 18 and Older	15	15	15
Have at Least 1 Minor Child	47	60	41
Have 1 Minor Child	17	17	17
Have 2 Minor Children	15	18	13
Have 3 or More Minor Children	16	26	11
Live With at Least 1 Minor Child	14	39	3
Client Has 1 Minor Child Who:			
Lives with Client	26	61	10
Does not Live with Client	74	39	90
Client Has 2 Minor Children Who:			
Both Live with Client	28	43	18
1 Lives with Client	9	23	*
Neither Lives with Client	63	34	82
Client Has 3 or More Minor Children Who:			
All Live with Client	30	52	8
2 Live with Client	7	12	1
1 Lives with Client	14	12	14
None Lives with Client	50	25	77

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes values that are less than .5 percent but greater than 0.

male and female homeless clients make clear that homeless women are much more likely than men to be in families, regardless of how many children they have.

### **CHILDREN'S SEX, AGE, AND RACE**

Minor children of homeless clients are about equally likely to be male than female (table 12.2). The majority (62 percent) of children who live with their homeless parent are 8 years old or younger. Close to half (47 percent) of children in homeless families are the children of black non-Hispanic parents. Among those in a family headed by a homeless male client, however, the majority (58<sup>3</sup> percent) are white non-Hispanic.

### **EDUCATION AND DAY CARE**

Except for homeless clients who have not lived with their children for 5 years or more (or have never lived with them), all clients with children were asked questions about their children's schooling and day care. Parents who do not live with their children were very likely to respond "don't know" to these questions and therefore are excluded from the findings reported here. In general, among children in homeless families, attendance at day care, pre-school, or school increases as the age of the child increases.

#### *Infants and Toddlers (aged 0 to 2)*

Among infant and toddler children in homeless families, significantly fewer than half participate in day care (table 12.3). Only 19<sup>4</sup> percent of children in homeless families receive day care. Sources of day care include child care centers, friends and relatives, the shelter where the family resides, and "other" sources.

#### *Pre-School Children (aged 3 to 5)<sup>5</sup>*

Almost half (46 percent) of children in homeless families between the ages of 3 and 5 attend preschool regularly (8 percent attend kindergarten, 10 percent attend Head Start, and 28 percent are in some other type of pre-school program). Slightly over half (52 percent ) of pre-school

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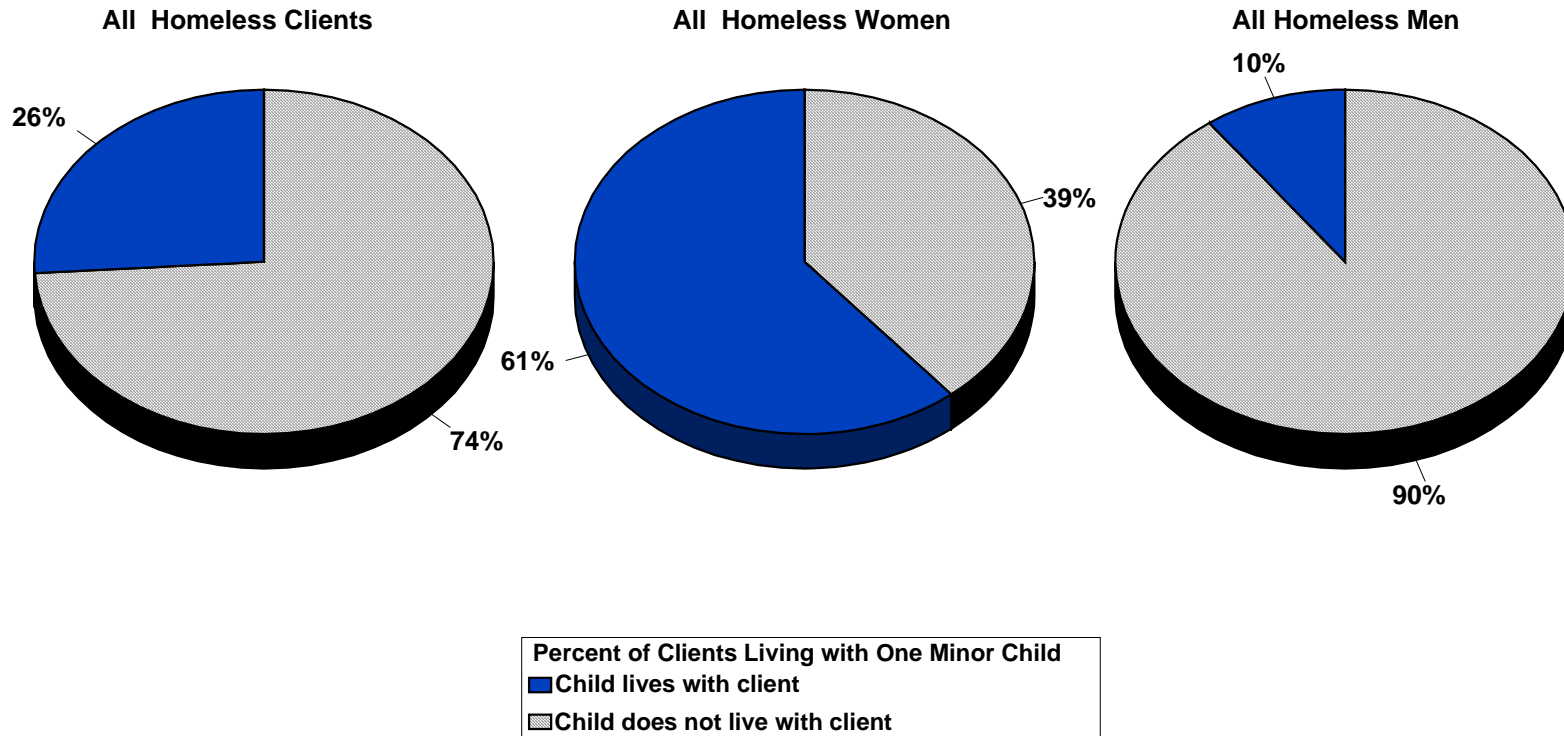
<sup>3</sup> 90% C.I.= ± 14 percentage points.

<sup>4</sup> 90% C.I.= ± 9 percentage points.

<sup>5</sup> For this section the 90% C.I.= ± 11 percentage points for all statistics.

Figure 12.2

**Among Homeless Clients with One Minor Child, Likelihood That This Child Lives with the Client**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Table 12.2  
**Children in Homeless Families:  
Age, Own Sex, and Sex of Homeless Parent**

	Children in Homeless Families		
	All Children (N=1007)	Family Head is Female (N=893)	Family Head is Male (N=113)
Percent of Children in Homeless Families	100(%)	86(%)	14(%)
Child's Sex			
Male	53	52	55
Female	47	48	45
Child's Age			
0 to 2	20	19	Insufficient N
3 to 5	22	22	
6 to 8	20	21	
9 to 11	13	13	
12 to 14	11	10	
15 to 17	9	10	
Not Answered	5	6	
Child's Race <sup>a</sup>			
White non-Hispanic	38	34	58
Black non-Hispanic	47	49	34
Hispanic	13	14	7
Native American	2	2	1
Other	1	1	*

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Percentages do not sum to 100% due to rounding. \* Denotes values that are less than .5 percent but greater than 0. <sup>a</sup>Child's race was not asked, and is assigned from the respondent's race/ethnicity.

<sup>b</sup>To be classified as having one's child living with one if one lived in a shelter, the respondent had to say both that the child lived with him/her and that the child was with him/her at the time of the interview. Some parents living in a shelter said one of these but not the other, and were therefore categorized as not having their child(ren) living with them. These people appear as "other". Insufficient N signifies that sample size was too small for data to be reported.



Table 12.3  
**Day Care and Pre-School Attendance of Children  
Aged 0 to 5 in Homeless Families**

	Children Aged 0 to 5 in Homeless Families
<i>(Among Children Between the Ages of Birth to 2)</i>	<i>(N=200)</i>
Receives Day Care Other than School	19(%)
Day Care Provided by	
Shelter	3
Day care center	10
Friends/relatives	3
Other	3
Don't Know/Refused	0
<i>(Among Children Between the Ages of 3 and 5)</i>	<i>(N=239)</i>
Pre-School Attendance	
Attends Kindergarten regularly	8
Attends Head Start regularly	10
Attends other pre-school regularly	28
Enrolled, but does not attend pre-school regularly	*
Not enrolled in pre-school	52
Don't Know/Refused	3
Time Since Attended Pre-School Regularly	
Less than 1 month	3
1 to 3 months	1
4 to 6 months	3
7 months or more	2
Never attended regularly	46
Reasons for Not Attending Pre- School Regularly	
Transportation problems	2
With Unable to register (no documents)	1
Doesn't stay in one place long enough	3
Lack of clothing, shoes, cleanliness	0
Child doesn't like school	0
Child must babysit younger siblings	0
Child has been sick	0
Child too tired	0
Other	48
Ever Enrolled in Special Classes Due to Learning or Other Disability	11
Receives Day Care Other than Pre-School	23
Day Care Provided by	
Shelter	4
Day care center	9
Friends/relatives	7
Other	2

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% or other total due to rounding. \* Denotes values that are less than .5 percent but greater than 0.

aged children in homeless families do not attend any form of pre-school regularly, and most of these (46 percent) have never done so (table 12.3 and figure 12.3).

Eleven percent of 3 to 5 year old children in homeless families have been enrolled in some type of special education class. Almost a quarter (23 percent) receive some type of day care other than pre-school. This care comes from day care centers, friends and relatives, the shelter where they live, and elsewhere.

### *School-Aged Children (6 and older)*

Regular attendance among school-aged children in homeless families is very high: 93 percent are reported to attend school regularly (table 12.4 and figure 12.4).<sup>6</sup> Two percent attend but not regularly and 3 percent do not attend school at all. Reasons given for not attending school regularly include transportation problems, not staying in one place long enough, the child not liking school, the child's illness, and "other."<sup>7</sup> Thirty percent of school-aged children in homeless families have been enrolled in special education classes of some type, and 34 percent have repeated a grade at school. Only 8 percent attend some form of day care other than or in addition to school. Three percent are in day care centers, 1 percent are cared for by friends or relatives, and 3 percent use some other form of care (which does not include care provided through shelters).

## **FOOD CONSUMPTION AND ACCESS**

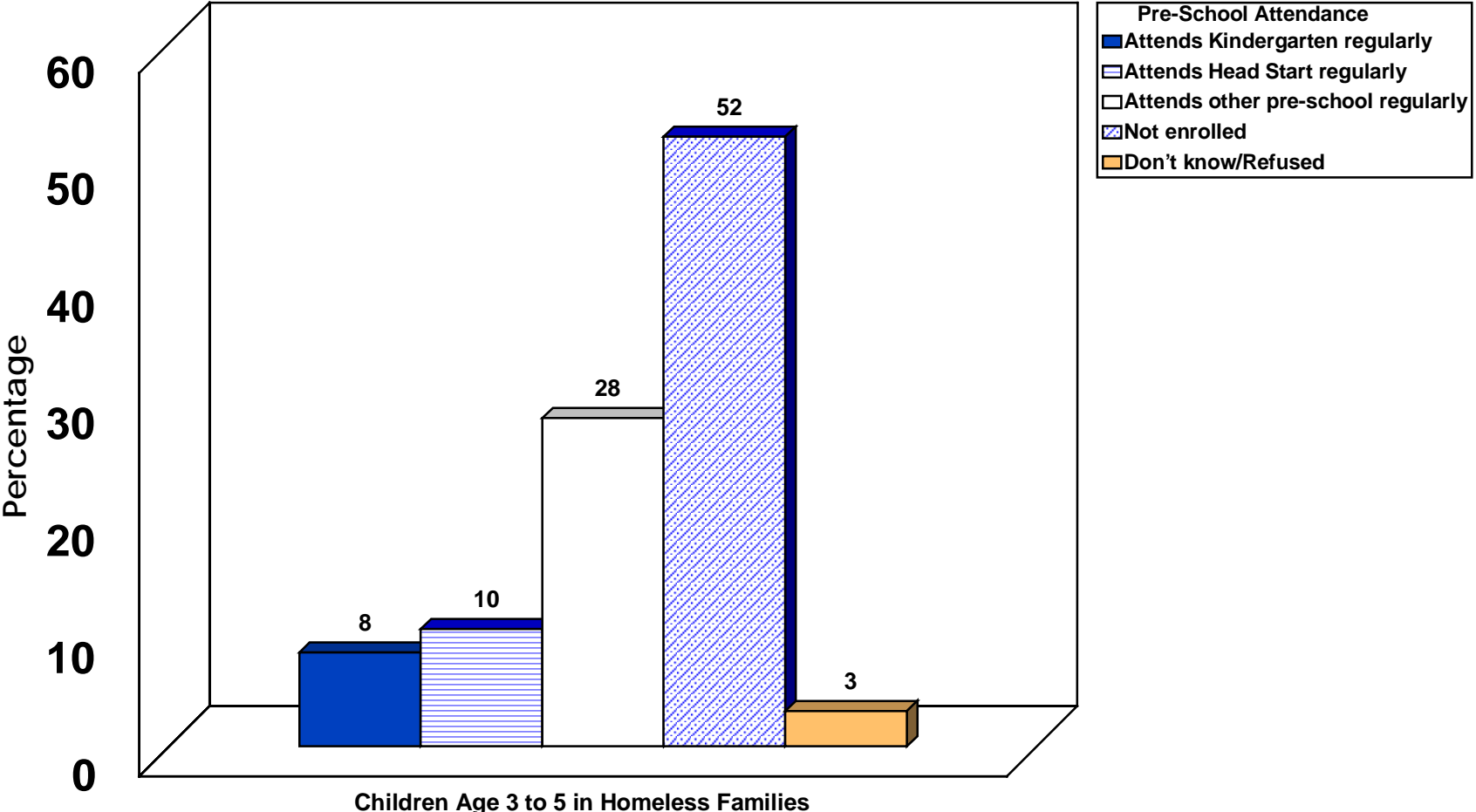
Clients in families were asked a series of food-related questions in relation to their children (table 12.5). The questions did not cover each individual child but were phrased to include all of the children living with the client. The data, therefore, cannot be analyzed by child and must be analyzed by client household. The vast majority (97 percent) of homeless clients in families report that their children usually eat three or more times a day. Three percent report that their children usually eat twice a day and 1 percent report that the children usually eat only once a day.

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<sup>6</sup> This level of regular school attendance may seem high in light of a study done for the U.S. Department of Education that found in a series of field visits that about one-fourth of school-age homeless children experience some interruptions in schooling (Anderson, Janger, and Panton, 1995). Both sources of information are likely to have their biases (parental self-report for NSHAPC clients, including personal definitions of what constitutes "regular" school attendance, and small and possibly unrepresentative field sites for the Anderson et al. study). In addition, it is possible that homeless children have trouble attending school when they first become homeless, but that these difficulties are resolved as the family situation stabilizes in a shelter.

<sup>7</sup> Caution should be exercised in interpreting these statistics because they affect so few children.

Figure 12.3  
**Pre-School Attendance of Homeless Clients' Children Age 3 to 5**



Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Table 12.4  
**School Attendance of Children  
Aged 6 and Older in Homeless Families**

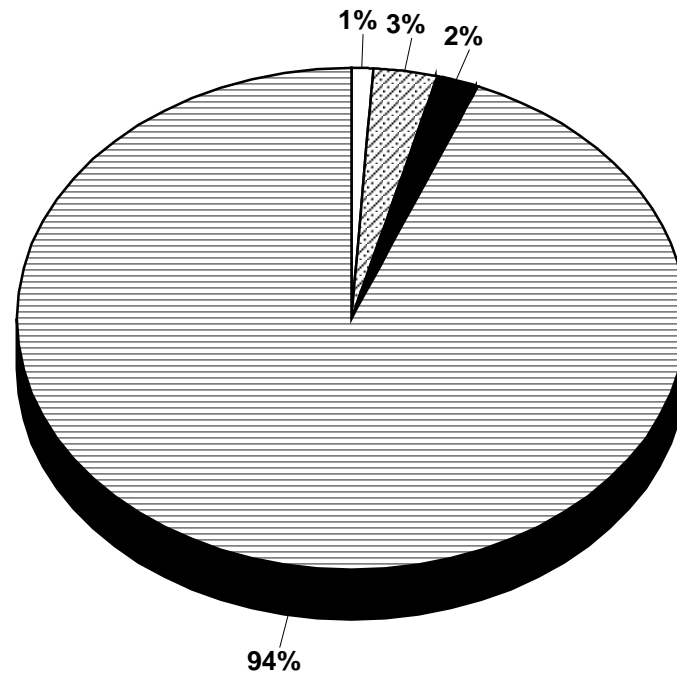
	Children 6 and Older in Homeless Families (N=523)
Primary or Secondary School Attendance	
Attends school regularly	93(%)
Attends school but not regularly	2
Not attending school	3
Don't Know/Refused/NA	1
Time Since Attended School Regularly	
Less than 1 month	1
1 to 3 months	1
4 to 6 months	*
7 months or more	2
Never attended regularly	0
Reasons for Not Attending School Regularly	
Transportation problems	1
Unable to register (no documents)	*
Doesn't stay in one place long enough	2
Lack of clothing, shoes, cleanliness	0
Child doesn't like school	1
Child must babysit younger siblings	0
Child has been sick	1
Child too tired	*
Other	4
Ever Enrolled in Special Classes Due to Learning or Other Disability	30
Ever Repeated a Grade	34
Receives Day Care Other than School	8
Day Care Provided by	
Shelter	*
Day care center	3
Friends/relatives	1
Other	3

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Note: Percentages do not sum to 100% or other total due to rounding.

\* Denotes values that are less than .5 percent but greater than 0.

Figure 12.4  
**School Attendance of Children Age 6 and Older in Homeless Families**



**Child's School Attendance**  
■ Attends school regularly ■ Attends school but not regularly ▨ Not attending school □ Don't know/Refused/NA

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

Table 12.5  
**Food Consumption and Food Access of Children in  
Homeless Families**

	Homeless Clients in Families, Reporting about Their Children (N=465)
Number of Times Child(ren) Usually Eat in a Day	
Less than once	0(%)
Once	1
Twice	3
3 or more times	97
Food Insecure With Severe Hunger	10
In the Last 30 Days Child(ren) Skipped Meal Because Couldn't Get Enough to Eat	7
In the Last 30 Days Child(ren) Was/Were Hungry But Couldn't Get Enough Food	7
In the Last 30 Days Child(ren) Went a Whole Day Without Anything At All to Eat	1

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes values that are less than .5 percent but greater than 0.

These findings do not guarantee that food needs are being met. Although 97 percent of homeless clients in families report that their children eat three or more times a day, in answer to other food-related questions, 10 percent reveal potentially high levels of food problems and even outright hunger among children. Seven percent of homeless clients in families answered “yes” to each of the first two questions indicating that their children have severe food problems, and 1 percent answered “yes” to a third such question:

- In the last 30 days, did your child(ren) ever skip a meal because you couldn’t get them enough to eat?
- In the last 30 days, was/were your child(ren) ever hungry but you couldn’t get food?
- In the last 30 days, did your child(ren) ever go a whole day without anything at all to eat?

Ten percent of homeless clients in families answered one or more of these questions affirmatively.

## **HEALTH AND DENTAL CARE**

As with food and hunger questions, the survey asked clients in families about the children’s health and dental care but these questions were not asked about each child individually. The data, therefore, can only be reported at the household level. Eighty-two percent of homeless clients in families report that their children were examined by a doctor or nurse for a physical health problem or routine check-up within the past six months (45 percent in the past month—table 12.6). However, 11 percent report that such a visit occurred more than a year ago. Thirty-eight percent of homeless clients in families report that the last visit their children had with a doctor or nurse occurred in a private doctor’s office. The next most common sites were community health clinics (reported by 35 percent of parents) and hospital outpatient clinics (12 percent). Other locations served very small proportions of children. The parent and children may or may not have been homeless when this visit occurred.

When asked to identify *all of the places* where their children received medical care in the last year (remembering that a client’s children may have received care in more than one setting, and also that the parent and/or children may not have been homeless when these visits occurred), the most common place was a private doctor’s office (48 percent reported this). This was followed by a community health clinic (44 percent), a hospital emergency room (39 percent), a hospital outpatient clinic (28 percent), and a hospital involving a stay of at least one night (22 percent). Just over a quarter (26 percent) of homeless clients in families report that their children are supposed “to be taking prescribed medications now.” Most of these clients report that the child is able to take the medications as directed. One percent of clients in families report that they sometimes run out and do not refill the prescriptions as they should, another 1 percent report that they sometimes lose their children’s medicines, 1 percent cannot afford the medication, and 1

Table 12.6  
**Health Care of Children in Homeless Families**

	Homeless Clients in Families, Reporting about Their Children (N=465)
Last Time Child(ren) Was/Were Examined or Treated by Doctor/Nurse for Physical Health Problem, Including Routine Check-ups	
Within the past month	45(%)
At least 1 month but less than 6 months ago	37
At least 6 months but less than 12 months ago	7
At least 1 year but less than 2 years ago	9
At least 2 years ago	2
Never	0
Where was Visit	
Hospital (inpatient)	4
Hospital emergency room	4
Hospital outpatient clinic	12
Doctor/nurse in shelter, soup kitchen, etc.	4
Health Care for the Homeless clinic	1
Community health clinic	35
Migrant health care facility	0
Private doctor's office (not in hospital or clinic)	38
Other	4
Child(ren) Has/Have Gotten Care from Following in the Last Year	
Hospital where child stayed at least one night	22
Hospital emergency room	39
Hospital outpatient clinic	28
Doctor/nurse in shelter, soup kitchen, etc.	8
Health Care for the Homeless clinic	6
Community health clinic	44
Migrant health care facility	*
Private doctor's office (not in hospital or clinic)	48
Other	10
Child(ren) Supposed to be Taking Prescribed Medications Now	26
Able to Take Medication that Has Been Prescribed for Them as Directed by Doctor	
Yes, always taken as directed	24
Sometimes run out and do not refill as should	1
Sometimes lose medicines	1
Sometimes forget to take medication	*
Sometimes can't afford medication	1
Sometimes store doesn't have medication	0
Other	1

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \*Denotes values that are less than .5 percent but greater than 0.



percent report that the children cannot take medication as prescribed by the doctor for some “other” reason.

Ten percent of homeless clients in families reported that their child had needed to see a doctor or nurse within the last year but was unable to do so (table 2.7). The parent may or may not have been homeless at the time that this occurred. Clients in families were also asked what they do when this happens. Fifty-six percent report they buy aspirin or other remedies at a drug store, 10 percent borrow medicine from a friend, 7 percent get aspirin or other remedies at the shelter where they live, 31 percent report an “other” response, and 4 percent do nothing.

### *Insurance Coverage*

The survey asked clients in families whether or not their children were covered by health insurance and if so, what type of insurance (table 2.7). Almost three-quarters (73 percent) report that their children are covered by Medicaid. However, 20 percent say their children who live with them have no insurance, and 12 percent say their children have private insurance (6 percent) or some other form of medical insurance (6 percent).

### *Dental Care*

One-third of homeless clients in families report that their child has never been seen by a dentist and another 23 percent report that the most recent visit was over a year ago (table 12.8). Dental visits were most likely to take place at a private dentist’s office (40 percent) of homeless parents report this) followed by community health clinics (16 percent). In addition, 17 percent of homeless clients in families report that their children needed to see a dentist within the last year but were unable to do so.

## **DIFFERENCES BY PARENT’S ADM STATUS**

### *Age*

Children in homeless families where the client has ADM problems are less likely to be under the age of six than children living in other homeless families (30 compared with 53 percent). However, 31 percent of the children living with homeless clients with ADM problems are between the ages of 12 and 17 while only 12 percent fall into this age range among children in other homeless families.

Table 12.7  
**Health Insurance and Access Issues for Children in Homeless Families**

	Homeless Clients in Family Households, Reporting about Their Children (N=465)
Child(ren) Has/Have Needed to See Doctor/Nurse in the Last Year But Not Been Able to	10(%)
What Respondent Does If Children are Sick and Cannot See Doctor or Nurse	
Buy aspirin/other remedies at drug store	56
Borrow medicine from friend	10
Get aspirin/other remedies at shelter	7
Other	31
Nothing	4
Child(ren)'s Medical Insurance (all that apply)	
Medicaid	73
Private Insurance	6
No insurance	20
Other	6

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

\* Denotes values that are less than .5 percent but greater than 0.

Table 12.8  
**Access to Dental Care of Children in Homeless Families**

	Homeless Clients in Families, Reporting about Their Children (N=465)
<b>Last Time Child(ren) Was/Were Examined or Treated by a Dentist</b>	
Within the past month	6(%)
At least 1 month but less than 6 months ago	23
At least 6 months but less than 12 months ago	15
At least 1 year but less than 2 years ago	13
At least 2 years ago	10
Never	33
<b>Where was Visit</b>	
Hospital (inpatient)	0
Hospital emergency room	0
Hospital outpatient clinic	4
Dentist a shelter, soup kitchen, etc.	*
Health Care for the Homeless clinic	1
Community health clinic	16
Migrant health care facility	0
Private dentist's office (not in hospital or clinic)	40
Other	3
<b>Child(ren) Has/Have Needed to See a Dentist in the Last Year But Not Been Able to</b>	<b>17</b>

Source: Urban Institute analysis of weighted 1996 NSHAPC client data.

\*Denotes values that are less than .5 percent but greater than 0.

### *School-Related Issues*

A surprisingly large attendance gap exists between children in homeless families where the client suffers from ADM problems and those living in other homeless families (Appendix table 12.A2). Sixty-two percent of children between the ages of 3 and 5 in homeless families where the client has ADM problems attend some type of pre-school regularly, compared with only 39 percent of children between the ages of 3 and 5 living in other homeless families. In all, 57 percent of children aged 3 to 5 living in other homeless families have never attended pre-school compared with only 22 percent of children aged 3 to 5 living with a homeless client with ADM problems.

Relatively equal proportions of children age 6 and older living in homeless families where the client has an ADM problem and those in other homeless families attend school regularly. Large differences appear between these two groups when one examines indicators of school problems. Thirty-nine percent of children living in homeless families where the client suffers from ADM problems have had to enroll in special classes due to a learning or other disability, compared with only 19 percent of children living in other homeless families. In addition, 44 percent of children in homeless families where the client has ADM problems have repeated a grade in school, compared with only 22 percent for children living in other households with homeless clients.

### *Health and Dental Care*

Children in homeless families where the client has ADM problems are similar to children in other homeless families in terms of the last time they were examined or treated for a physical health problem and also where this visit occurred. However, when asked to state all the locations where their child received care in the last year, the answers given by clients varied according to ADM status. Fifty-three percent of children in homeless families where the client has an ADM problem received care from a community health clinic compared with 36 percent of children in other homeless families. Children in other homeless families are less likely to be taking prescribed medication than are children living in homeless families where the client has ADM problems (20 to 31 percent; Appendix tables 12.A5 and 12.A6).

## **DIFFERENCES BY PARENT'S RACE/ETHNICITY**

### *Sex and Age*

As with the ADM status of homeless clients in families, there are some small differences in the demographic characteristics of children by that client's race/ethnicity. A larger share of children in white non-Hispanic homeless families are under age 4 (29 percent versus 14 percent of children living in black non-Hispanic homeless families) while a greater share of children in

homeless black non-Hispanic families are in the 6-8 year age group (23 percent versus 13 percent of children in white non-Hispanic homeless families).<sup>8</sup>

### *Food, Health, and Dental Care*

There are few differences in food consumption and health/dental care access by parental race/ethnicity. Most children have received some medical attention during the past year. Children in homeless white non-Hispanic families are much more likely than children living with black non-Hispanic and Hispanic homeless clients to have been seen most recently in a private doctor's office (53 percent compared with 29 to 30 percent), and less likely to have been seen in a community health clinic (21 percent compared with 44 to 45 percent). These differences persist when one examines children's source of medical care over the past year, except that children in homeless white non-Hispanic families are also the most likely to have been treated in a hospital emergency room, and children in homeless Hispanic families are the least likely to have been treated in such places.

Children's health care coverage, as reported by their parents, is uniformly good when looked at by the race/ethnicity of the parent. Medicaid is the insurer of most children in homeless families, covering 79<sup>9</sup> to 80<sup>10</sup> percent of children in homeless Hispanic and black families and 64<sup>11</sup> percent of children in homeless white non-Hispanic families. Children in homeless white families are more likely than children living with homeless black clients to be without health insurance: 30 percent are uninsured, compared with 14 percent of children in homeless black families.

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<sup>8</sup> The sample contains too few children in homeless Hispanic and Native American families to examine detailed age breaks.

<sup>9</sup> 90% C.I.=  $\pm$  17 percentage points.

<sup>10</sup> 90% C.I.=  $\pm$  10 percentage points.

<sup>11</sup> 90% C.I.=  $\pm$  12 percentage points.

Appendix Table 12.A1  
**Demographic Characteristics of Children in Homeless Families,  
 by Standard Groupings of Homeless Parent**

	All Children in Homeless Families (N=1007)	ADM, Past Month@		Race/Ethnicity			
		With ADM (N=378)	Without ADM (N=629)	White Non-Hispanic (N=323)	Black Non-Hispanic (N=470)	Hispanic (N=157)	Native American (N=43)
<b>Among Children Under 18</b>							
All Minor Children Living with Currently Homeless Clients	100(%)	46(%)	52(%)	38(%)	46(%)	13(%)	Insufficient N
Child's Gender							
Male	53	55	50	43	61	47	Insufficient N
Female	47	45	50	57	39	53	
Child's Age							
0 to 2 years	20	15	25	29	14	Insufficient N	Insufficient N
3 to 5 years	22	15	28	21	20		
6 to 8 years	20	19	20	13	23		
9 to 11 years	13	13	13	11	15		
12 to 14 years	11	16	7	11	12		
15 to 17 years	9	15	5	9	11		
Not Answered	5	8	3	7	4		

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding.

\* Denotes values that are less than .5 percent but greater than 0. Insufficient N signifies that sample size was too small for data to be reported.

@ADM = Alcohol, drug, or mental health problem in the past month.

Appendix Table 12.A2  
**Education Status of Children Aged 0 to 5 in Homeless Families,  
 by Standard Groupings of Homeless Parent**

	All Children in Homeless Families (N=1007)	ADM, Past Month@		Race/Ethnicity			
		With ADM	Without ADM	White Non-Hispanic	Black Non-Hispanic	Hispanic	Native American
<b>(Among Children Between the Ages of Birth to 2)</b>	(N=200)	(N=70)	(N=130)	(N=70)	(N=88)	(N=29)	(N=7)
Percent of Children under 18 of Currently Homeless Clients	19(%)	13(%)	22(%)	9(%)	32(%)	44(%)	NA
Shelter	3	*	4	Insufficient N	Insufficient N	Insufficient N	Insufficient N
Day care center	10	9	10				
Friends/relatives	3	1	4				
Other	3	2	4				
Don't Know/Refused	0	0	0				
<b>(Among Children Between the Ages of 3 and 5)</b>	(N=239)	(N=91)	(N=148)	(N=73)	(N=117)	(N=37)	(N=10)
Pre-School Attendance							
Attends unidentified pre-school regularly	13	10	14	Insufficient N	Insufficient N	Insufficient N	Insufficient N
Attends Kindergarten regularly	8	20	3				
Attends Head Start regularly	10	22	5				
Attends other pre-school regularly	15	10	17				
Enrolled, but does not attend pre-school regularly	*	1	0				
Not enrolled in pre-school	52	36	59				
Don't Know/Refused	3	2	3				
Time Since Attended School Regularly, Among Children Who Do Not Attend							
Less than 1 month	3	1	4	Insufficient N	Insufficient N	Insufficient N	Insufficient N
1 to 3 months	1	1	*				
4 to 6 months	3	8	1				
7 months or more	2	6	*				
Never attended regularly	46	22	57				
Reasons for Not Attending School Regularly, Among Children Who Do Not Attend							
With client's parents	2	1	2	1	3	Insufficient N	Insufficient N
Unable to register (no documents)	1	*	2	2	1		
Doesn't stay in one place long enough	3	3	3	4	4		
Lack of clothing, shoes, cleanliness	0	0	0	0	0		
Child doesn't like school	0	0	0	0	0		
Child must babysit younger siblings	0	0	0	0	0		
Child has been sick	0	0	0	0	0		
Child too tired	0	0	0	0	0		
Other	48	34	54	56	37		
Ever Enrolled in Special Classes Due to Learning or Other Disability	11	16	10	20	7	Insufficient N	Insufficient N
Ever Repeated a Grade	NA	NA	NA	NA	NA	NA	NA
Receives Day Care In Addition to Pre-School	23	19	25	34	24	Insufficient N	Insufficient N
Day Care Provided by							
Shelter	4	3	4	Insufficient N	Insufficient N	Insufficient N	Insufficient N
Day care center	9	10	9				
Friends/relatives	7	0	10				
Other	2	4	2				

Appendix Table 12.A3  
**Education Status of Children Aged 6 and Older in Homeless Families,  
 by Standard Groupings of Homeless Parent**

	All Children in Homeless Families (N=1007)	ADM, Past Month@		Race/Ethnicity			
		With ADM	Without ADM	White Non-Hispanic (N=162)	Black Non-Hispanic (N=247)	Hispanic (N=85)	Native American (N=24)
<b>(Among Children Age 6 and Older)</b>							
Primary or Secondary School Attendance							
Attends school regularly	93(%)	96(%)	90(%)	91(%)	94(%)	Insufficient N	Insufficient N
Attends school but not regularly	2	1	4	2	2		
Not attending school	3	2	5	6	2		
Doesn't know/Refused	1	1	1	*	2		
Time Since Attended School Regularly, Among Children Who Do Not Attend							
Less than 1 month	1	0	3	2	2	Insufficient N	Insufficient N
1 to 3 months	1	1	1	2	*		
4 to 6 months	*	1	*	*	1		
7 months or more	2	2	3	5	1		
Never attended regularly	0	0	0	0	0		
Reasons for Not Attending School Regularly, Among Children Who Do Not Attend							
Transportation problems	1	0	1	2	0	0	Insufficient N
Unable to register (no documents)	*	*	*	*	0	*	
Doesn't stay in one place long enough	2	1	3	5	1	*	
Lack of clothing, shoes, cleanliness	0	0	0	0	0	0	
Child doesn't like school	1	1	1	1	*	5	
Child must babysit younger siblings	0	0	0	0	0	0	
Child has been sick	1	0	1	2	0	0	
Child too tired	*	0	1	0	0	2	
Other	4	2	7	7	3	*	
Ever Enrolled in Special Classes Due to Learning or Other Disability	30	39	19	30	30	26	41
Ever Repeated a Grade	34	44	22	38	35	21	44
Receives Day Care In Addition to School	8	7	10	13	7	4	6
Day Care Provided by							
Shelter	*	*	*	*	0	Insufficient N	Insufficient N
Day care center	3	2	3	4	2		
Friends/relatives	1	1	*	2	0		
Other	3	1	5	3	3		

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% or other total due to rounding.

\* Denotes values that are less than .5 percent but greater than 0. Insufficient N signifies that sample size was too small for data to be reported.

@ADM = Alcohol, drug, or mental health problem in the past month.



Appendix Table 12.A4  
**Food Consumption and Access of Children Living With Homeless Clients,  
 by Standard Groupings of Homeless Parent**

	Homeless Clients (N=465)	ADM, Past Month@		Race/Ethnicity			
		With ADM (N=189)	Without ADM (N=276)	White Non-Hispanic (N=159)	Black Non-Hispanic (N=207)	Hispanic (N=71)	Native American (N=19)
Number of Times Child(ren) Usually Eat in a Day							
Less than once	0(%)	0(%)	0(%)	0(%)	0(%)	Insufficient N	Insufficient N
Once	1	*	1	1	0		
Twice	3	1	4	2	4		
3 or more times	97	99	95	98	96		
Food Insecure With Severe Hunger	10	11	9	7	10	10	Insufficient N
In the Last 30 Days Child(ren) Skipped Meal Because Couldn't Get Enough to Eat	7	8	6	5	7	7	Insufficient N
In the Last 30 Days Child(ren) Was/Were Hungry But Couldn't Get Enough Food	7	7	7	5	6	8	Insufficient N
In the Last 30 Days Child(ren) Went a Whole Day Without Anything At All to Eat	1	1	2	1	1	3	Insufficient N

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes values that are less than .5 percent but greater than 0. Insufficient N signifies that sample size was too small for data to be reported. @ADM = Alcohol, drug, or mental health problem in the past month.

Appendix Table 12.A5  
**Health Care of Children in Homeless Families,  
 by Standard Groupings of Homeless Parent**

	Homeless Clients (N=465)	ADM, Past Month@		Race/Ethnicity			
		With ADM (N=189)	Without ADM (N=276)	White Non-Hispanic (N=159)	Black Non-Hispanic (N=207)	Hispanic (N=71)	Native American (N=19)
<b>Last Time Child(ren) Was/Were Examined or Treated by Doctor/Nurse for Physical Health Problem, Including Routine Check-ups</b>							
Within the past month	45(%)	48(%)	41(%)	Insufficient N	48(%)	Insufficient N	Insufficient N
At least 1 month but less than 6 months ago	37	28	47		29		
At least 6 months but less than 12 months ago	7	8	6		12		
At least 1 year but less than 2 years ago	9	14	4		11		
At least 2 years ago	2	1	2		1		
Never	0	0	*		0		
<b>Where was Visit<sup>a</sup></b>							
Hospital (inpatient)	4	6	2	8	2	2	Insufficient N
Hospital emergency room	4	4	3	3	3	4	
Hospital outpatient clinic	12	11	14	6	11	18	
Doctor/nurse in shelter, soup kitchen, etc.	4	4	5	5	4	4	
Health Care for the Homeless clinic	1	1	1	1	2	*	
Community health clinic	35	40	30	21	44	45	
Private doctor's office (not in hospital or clinic)	38	33	43	53	30	29	
Other	4	5	2	1	8	0	
<b>Child(ren) Has/Have Gotten Care from Following in the Last Year</b>							
Hospital where child stayed at least one night	22	23	20	21	25	15	Insufficient N
Hospital emergency room	39	39	40	47	39	23	
Hospital outpatient clinic	28	27	29	25	24	31	
Doctor/nurse in shelter, soup kitchen, etc.	8	5	10	9	7	6	
Health Care for the Homeless clinic	6	6	5	3	9	1	
Community health clinic	44	53	36	35	51	48	
Migrant health care facility	*	*	0	1	0	0	
Private doctor's office (not in hospital or clinic)	48	42	54	68	41	23	
Other	10	12	8	17	9	0	
<b>Child(ren) Supposed to be Taking Prescribed Medications Now</b>	26	31	20	29	27	20	Insufficient N
<b>Able to Take Medication that Has Been Prescribed for Them as Directed by Doctor</b>							
Yes, always taken as directed	24	30	19	27	24	20	Insufficient N
Sometimes run out and do not refill as should	1	1	*	*	1	0	
Sometimes lose medicines	1	1	*	*	1	0	
Sometimes forget to take medication	*	0	*	*	0	0	
Sometimes can't afford medication	1	2	1	0	3	0	
Sometimes store doesn't have medication	0	0	*	0	0	*	
Other	1	2	*	*	2	0	
<b>Child(ren) Has/Have Needed to See Doctor/Nurse in the Last Year But Not Been Able to</b>	10	13	7	15	6	8	Insufficient N
<b>What Client Does If Children are Sick and Cannot See Doctor or Nurse</b>							
Buy aspirin/other remedies at drug store	56	51	62	42	66	72	Insufficient N
Borrow medicine from friend	10	16	4	16	4	14	
Get aspirin/other remedies at shelter	7	7	8	5	10	6	
Other	31	35	28	45	24	22	
Nothing	4	6	3	1	5	2	
<b>Child(ren)'s Medical Insurance</b>							
Medicaid	73	75	71	64	80	79	Insufficient N
Private Insurance	6	6	6	4	7	7	
No insurance	20	19	22	30	14	15	
Other	6	8	4	5	7	2	

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding.  
 \* Denotes values that are less than .5 percent but greater than 0. <sup>a</sup>Migrant health care facility was an option but was never selected. Insufficient N signifies that sample size was too small for data to be reported. @ADM = Alcohol, drug, or mental health problem in the past month.

Appendix Table 12.A6  
**Dental Care of Children in Homeless Families,  
 by Standard Groupings of Homeless Parent**

	Homeless Clients (N=465)	ADM, Past Month@		Race/Ethnicity			
		With ADM (N=189)	Without ADM (N=276)	White Non-Hispanic (N=159)	Children of Female Client/Parent (N=723)	Children of Male Client/Parent (N=1373)	Native American (N=19)
<b>Last Time Child(ren) Was/Were Examined or Treated by a Dentist</b>							
Within the past month	6(%)	6(%)	6(%)	Insufficient N	8(%)	Insufficient N	Insufficient N
At least 1 month but less than 6 months ago	23	23	22		23		
At least 6 months but less than 12 months ago	15	19	12		24		
At least 1 year but less than 2 years ago	13	12	13		9		
At least 2 years ago	10	10	11		8		
Never	33	31	36		29		
<b>Where was Visit <sup>a</sup></b>							
Hospital (inpatient)	0	0	*	*	0	0	Insufficient N
Hospital emergency room	0	0	0	0	0	0	
Hospital outpatient clinic	4	5	3	*	8	3	
Dentist a shelter, soup kitchen, etc.	*	1	*	0	1	*	
Health Care for the Homeless clinic	1	*	1	*	1	*	
Community health clinic	16	18	14	6	18	35	
Private dentist's office (not in hospital or clinic)	40	40	40	44	39	42	
Other	3	4	1	1	4	2	
<b>Child(ren) Has/Have Needed to See a Dentist in the Last Year But Not Been Able to</b>	17	22	11	22	13	16	Insufficient N

Source: Urban Institute analysis of weighted 1996 NSHAPC client data. Note: Percentages do not sum to 100% due to rounding. \* Denotes values that are less than .5 percent but greater than 0. <sup>a</sup>Migrant health care facility was an option but was never selected. Insufficient N signifies that sample size was too small for data to be reported. @ADM = Alcohol, drug, or mental health problem in the past month.