Developmental Consequences of Homelessness for Young Parents and Their Children

Melissa A. Kull
Amy Dworsky
Beth Horwitz
Anne F. Farrell
Chapin Hall at the University of Chicago

Abstract

When families experience homelessness, both parents and children are adversely affected. The effects of homelessness may be even more profound when both the children and parents are young. Using developmental and ecological lenses, the authors describe how homelessness complicates the tasks facing young parents and their children in the early years of children's lives. They also draw on the (limited) existing literature to make recommendations for practices that may reduce some of the adverse consequences of homelessness for young parents and their children.

Family homelessness affects far too many young parents with young children in the United States. Approximately one third of all people who experienced homelessness on a single night in 2017 were in families with children, meaning about 184,000 people or 58,000 households, and 12% of these people were in families with a parent under 25 years old (U.S. Department of Housing and Urban Development, 2018). About half of the children in these families were younger than 6 years old, including 11% who were infants under 1 year old. Estimates from the Family Options Study (Gubits et al., 2015) found that 27% of families with children who are homeless are headed by a person under 25 years old, suggesting that the experience of being a young parent while homeless is more widespread than initially estimated.

A number of studies have examined the deleterious consequences of homelessness for young children (Brown,

Competencies for Prenatal to 5 (P-5) Professionals™

P-5 1 P-5 2 P-5 4

For more information see page 4, or visit www.zerotothree.org/p-5

Shinn, & Khadduri, 2017; Obradović et al., 2009; Sandel et al., 2018a; Ziol-Guest & McKenna, 2014), but relatively little attention has been paid to the fact that the parents of those children are often young themselves; in fact, little is known about how programs can effectively serve young families experiencing homelessness. In this article, we use a developmental and ecological lenses to focus on the requisite needs and tasks of young parents and their children in the early years of children's lives, and we explore the ways in which homelessness can interfere with optimal health and development for both young parents and children. We then discuss implications for practice, focusing particularly on the types of programs that may address the distinct needs of both young parents and children in families experiencing homelessness.

Pregnancy and Parenthood Among Youth and Young Adults Experiencing Homelessness

Over the past two decades, pregnancy and birth rates among U.S. adolescents and young adults have declined dramatically

(Kost, Maddow-Zimet, & Arpaia, 2017). In contrast, data collected as part of Voices of Youth Count (VoYC, see Box 1; Dworsky, Morton, & Samuels, 2018), a national policy research initiative aimed at advancing knowledge about homelessness among unaccompanied youth and young adults, suggest that pregnancy and parenthood are common among the nearly 4.2 million young people who experience homelessness each year; in fact, many young parents who are homeless are homeless with their children. According to VoYC's estimates, 1.1 million children had a young parent between 18 and 25 years old who had been homeless in the past year (Dworsky et al., 2018).

One explanation for this situation is the heightened risk for pregnancy among young women experiencing homelessness (Crawford, Trotter, Hartshorn, & Whitbeck, 2011; Haley, Roy, Leclerc, Boudreau, & Boivin, 2004); another is the increased risk for homelessness and housing instability among young women who become pregnant or give birth (Kull, Coley, & Lynch, 2016; Shinn et al., 1998). Several young women who participated in the in-depth interviews component of VoYC described their pregnancy as yet another source of conflict or cause for parental rejection in a dysfunctional or abusive family that ultimately led to their leaving or being kicked out of their home (see Box 2, Gina's story).

Homelessness During Pregnancy

Pregnancy is widely recognized as a critical developmental period. Even with housing and intact social supports, pregnancy

Box 1. Voices of Youth Count

Despite federal, state, and local policies and programs, far too many young people in the United States continue to experience homelessness. Voices of Youth Count (VoYC) is a national research and policy initiative designed to fill critical gaps in researchers' knowledge about the scale and scope of the problem. Using multiple research methods, VoYC sought to gather data from a wide variety of sources that could be used to quide policy, practice, and future research.

The VoYC research activities included:

- brief surveys with about 4,000 youth experiencing homelessness in conjunction with point-in-time youth counts in 22 diverse counties across the US;
- surveys of service providers and Continuum of Care leads in the same counties;
- in-depth interviews with about 200 youth who had experienced homelessness in 5 of the 22 counties;
- partnership with Gallup, Inc., to collect survey data from a
 nationally representative sample of more than 26,000 adults
 about homelessness and housing instability among youth in
 their households during the past year and to conduct follow up
 interviews with 150 of the respondents; and
- consultations with stakeholders representing a number of different systems.

More information can be found at voicesofyouthcount.org

Box 2. Gina's Story

One of the young people we spoke with as part of Voices of Youth Count's (VoYC) in-depth interview component was a 20-year-old woman named Gina* who was living in Texas. She had been living with her parents when she became pregnant at 17. She had a poor relationship with her father, whom she described as emotionally unstable. Her pregnancy added to the conflict between them, and she was forced to leave home. "I got pregnant at a young age, so [my father] didn't like that." Gina moved among friends and relatives until she returned to her parents' home, where she was living when she gave birth to her daughter. Gina continued living with her family after the birth of her child; howevever, problems with her father persisted. She reported "I didn't wanna stay on the streets with my daughter, so I had to give [money] to [my dad]. But I didn't want to." Gina eventually entered a shelter for women and children, which helped her access Temporary Assistance for Needy Families and employment resources, got her on the waitlist for supportive housing, and provided her with reliable child care. "They can help me like get a place, so I don't have to keep going back and forth to my mom and dad's." With the shelter's assistance, Gina was able to achieve some semblance of stability for herself and her daughter.

1 "Gina" is a pseudonym.

can be physically and emotionally demanding for young women. It can be far more stressful for young women who are homeless and have few, if any, supports. Pregnant women who are homeless are less likely than their housed peers to receive early and consistent prental care (Bloom et al., 2004), in part because of health insurance problems and lack of transportation (Fleming, Callaghan, Strauss, Brawer, & Plumb, 2017). Feelings of social isolation associated with being homeless may be especially pronounced during pregnancy (Weimann, Rickert, Berenson, & Volk, 2005). This isolation may explain why some of the young women who were interviewed as part of VoYC sought support from family members during pregnancy or after their child was born (Dworsky et al., 2018).

Pregnant women who are homeless tend to have more physical health problems and more symptoms of depression than do pregnant women who are housed (Cutts et al., 2015, 2018; Meadows-Oliver, 2009; Tischler, Rademeyer, & Vostanis, 2007). The stress of homelessness can disrupt fetal brain development and can have long-term negative health effects (Berkman, 2009; National Research Council & Institute of Medicine, 2000; Shonkoff & Garner, 2012). Moreover, homelessness is associated with an increased risk of exposure to violence, victimization, drug use, and trafficking (U.S. Interagency Council on Youth Homelessness, 2018), which can also have severe developmental repercussions for children when experienced in utero (Bandstra, Morrow, Mansoor, & Accornero, 2010; Talge, Neal, Glover, & the Early Stress, Translational Research, and Prevention Science Network, 2007).



Homelessness can interfere with optimal health and development for both young parents and children.

Given the experiences associated with an inability to access safe and secure housing, being homeless during pregnancy increases the risks for birth complications, low birth weight, preterm birth, and effects related to poor maternal nutrition or substance abuse (Chapman, Tarter, Kirisci, & Cornelius, 2007; Cutts et al., 2015; Little et al., 2005; Sandel et al., 2018b; Stanwood & Levitt, 2004; Stein, Lu, & Gelberg, 2000). These risks have been found to adversely affect children's cognitive, physical, and social-emotional development. In addition, children whose mothers were homeless while pregnant were more likely to be hospitalized and to experience fair or poor health than children whose mothers had never been homeless (Cutts et al., 2018; Sandel et al., 2018b). Furthermore, the longer their mothers were homeless, the higher the children's odds of experiencing negative health outcomes (Sandel et al., 2018b). Together, these findings raise concerns about the health and well-being of both mother and child when young mothers experience homelessness during their pregnancies.

Homelessness During Infancy and Toddlerhood

Children's early experiences and interactions with their environments set the stage for future well-being (Center on the Developing Child, 2009), which is why homelessness during this critical period may lead to changes in brain architecture that can have long-lasting developmental effects (Berkman, 2009; National Research Council & Institute of Medicine, 2000; Shonkoff & Garner, 2012;). For example, homelessness during infancy and toddlerhood is associated with delays in social and emotional skill development (Brumley, Fantuzzo, Perlman, & Zager, 2015; Haskett, Armstrong, & Tisdale, 2015), cognitive functioning (Brown et al., 2017; Obradović et al., 2009; Ziol-Guest & McKenna, 2014), and the acquisition of language and literacy skills (Brown et al., 2017; Obradović et al., 2009;

Ziol-Guest & McKenna, 2014). It has also been linked to lower levels of academic achievement and school engagement (Obradović et al., 2009; Perlman & Fantuzzo, 2010) as well as higher rates of behavioral problems (Bassuk, Richard, & Tsertsvadze, 2015; Brown et al., 2017; Fantuzzo, LeBoeuf, Brumley, & Perlman, 2013).

At the same time, homelessness interferes with children's access to important early learning opportunities (Bassuk et al., 2015; Fantuzzo et al., 2013). During the 2014–2015 school year, only 8% of the more than 1 million children under 6 years old who experienced homelessness participated in Head Start, Early Head Start, or McKinney-Vento-funded early childhood education programs (U.S. Department of Education, 2015; U.S. Department of Health and Human Services, 2015). This statistic indicates that the vast majority of children most in need of safe and secure spaces to learn, consistent and predictable routines, and supportive social interactions are not exposed to critical learning opportunities.

Family homelessness typically does not occur in isolation. Rather, family homelessness is often part of a larger constellation of adversities such as poverty, domestic violence, parental mental health or substance use problems, and food insecurity, which exert a cumulative negative impact on child health and development (Shonkoff & Garner, 2012). The compounded, prolonged exposure to these adverse events through childhood may result in the biological embedding of stress, which has long-term health and developmental consequences stretching from infancy through adulthood.

Homelessness and Parenting Young Children

Newborns have substantial physical and emotional needs, and caring for a newborn is both physically and emotionally taxing. For young parents who are homeless, the demands of caring for a newborn are compounded by the stress of not having a safe and stable place to live or the financial resources to meet their children's basic needs. Indeed, children who experience homelessness during the early years of life are more likely to experience food insecurity and have reduced access to medical and dental care (McCoy-Roth, Mackintosh, & Murphey, 2012). Many young mothers experiencing homelessness also lack social support, have histories of family instability including placement in foster care, and have mental health and substance abuse problems that affect parenting (Levin & Helfrich, 2004; Saewyc, 2003). Homelessness can result in child-parent separation and heightened levels of parental stress, leading to diminished parental responsiveness, fewer material resources, and lower quality parent-child relationships at a time when such investments are most valuable (Coley, Lynch, & Kull, 2015; Crawford et al., 2011; Gershoff, Aber, & Raver, 2007; McCoy-Roth et al., 2012; Sandel et al., 2018a). Furthermore, the homelessness-related challenges that parents face in caring for their young children can also hamper their efforts to stably exit from homelessness. Webb and colleagues (2003) found that a wide swath of women of childbearing years in Philadelphia had

previously experienced an incident of homelessness and that the risk of homelessness increased as the number of dependent children increased.

In addition to their physical needs related to safety and sustenance, babies also have substantial emotional needs; infancy is a critical time for bonding and the development of the attachment relationship between parent and child that sets the foundation for future relationships and socialemotional functioning (Lyons-Ruth, 1996). Unfortunately, the parent-child bond can be undermined by homelessness, which often includes frequent moves between unpredictable or chaotic environments (Swick, 2008), as well by continued interpersonal family issues that young parents may experience when they are doubled up with friends or family. As babies begin to grow, explore their worlds, and interact with others, parents are integral in helping their toddlers and young children develop requisite social-emotional and self-regulatory skills. Responsive, sensitive interactions with parents support the development early social-emotional and self-regulatory skills, but extreme residential instability and general family chaos may impair the parent-child relationship and decrease children's health and well-being (Coley et al., 2015; Sandel et al., 2018b).

Recommendations for Practice

Young parents experiencing homelessness need developmentally appropriate services and supports for both themselves and their young children. They also need resources to help them become economically self-sufficient. Unfortunately, research to date reveals little about the effectiveness of programs specifically for young parents who are homeless. A systematic evidence review conducted as part of VoYC (Morton, Kugley, & Epstein, in press) found only one rigorously evaluated intervention exclusively for young mothers experiencing homelessness, namely, a transitional housing program with wraparound services. The results of the evaluation were inconclusive due to high attrition (Duncan et al., 2008). In addition, although a quarter of the homeless youth and young adults served by transitional living programs and maternity group homes funded by the U.S. Department of Health and Human Services are pregnant or parenting (youth.gov, n.d.), the impact of those programs on young parents and their children has not been rigorously evaluated. Research has also failed to engage young parents meaningfully in the construction of solutions and systems intended to promote their well-being and that of their children.

Even as researchers and service providers acknowledge the lack of evidence-informed models for prevention and intervention with young parents experiencing housing instability and homelessness, the field is well aware that these young families are not in a position to wait. In the absence of comprehensive empirical findings, there are lessons to be drawn from the larger literature on homelessness, early adulthood, and parenting. As researchers and service providers endeavor to engage young parents as partners in model development, test interventions, and adjust them accordingly, there are opportunites to integrate



Newborns have substantial physical and emotional needs, and caring for a newborn is both physically and emotionally taxing.

••••••

what is known to increase the chances that the needs of young parents and their children who are homeless will be addressed. In response to this need, we identify five priority lessons from the literature that, if implemented on a broad scale, could advance the well-being of this population.

Connect Young Parents Who Are Homeless With Their Children to "Two-Generation" Programs

Homeless service providers should develop partnerships with two-generation programs that can address the individual needs of parents and children as well as the collective needs of the family by integrating parent-focused and child-focused service provision. The programs typically involve engaging young parents in education, career training, and employment opportunities; promoting parent-child bonding; improving parent and child health and well-being; and linking families with economic, social, and other supports (National Human Services Assembly, 2015; Seimer Institute, 2017). Examples of two-generation approaches include the Special Supplemental Nutrition Program for Women, Infants, and Children, home visiting programs, and early childhood education programs such as Head Start and Early Head Start. Indeed, long-term findings from the Nurse-Family Partnership, an evidence-based home visiting program with comprehensive child and family supports, showed that 12-15 years after participation in the program, children were less likely to engage in delinquent behaviors, and mothers reported having longer interpersonal relationships and a greater sense of personal mastery (Olds, Henderson, & Cole, 1988; Olds, Kitzman, & Cole, 2010).

Prioritize Children Experiencing Homelessness for Enrollment in Early Childhood Programs

Communities should ensure that young parents and children experiencing homelessness are being served by early childhood programs. Although federal law requires Head Start and



Most programs for homeless families do not serve minor parents, and many programs for homeless youth do not serve youth who are parenting.

Early Head Start programs to prioritize children experiencing homelessness for enrollment, that mandate does not apply to federally funded home visiting programs or to other early childhood education providers. Prioritizing the enrollment of children experiencing homelessness is important given that they tend to lag behind their low-income stably housed peers in the domains of social—emotional and cognitive development and that they are generally less likely to participate in early childhood education programs (McCoy-Roth et al., 2012). One study found that homeless or highly mobile children who particated in Head Start made significant gains relative to their low-income but stably housed peers on measures of social—emotional development but fell further behind on measures of cognitive development (Institute for Children, Poverty, and Homelessness, 2013).

Screen Pregnant Youth and Young Parents for Homelessness and Housing Instability

Identifying pregnant young women who are homeless or at risk for homelessness is important because doing so can reduce their risk for poor birth outcomes and their child's risk for poor health and delayed development (Sandel et al., 2018b). Research has also demonstrated the value of screening for housing instability in settings where families with young children are served. In a study of nearly 1,000 families with a child enrolled in Head Start or Early Head Start, 53% of families were identified on the Quick Risks and Assets for Family Triage—Early Childhood as having significant to severe barriers to housing, such as living in transitional housing or a shelter, among other issues (Farrell, Kull, & Ferguson, 2018); nearly all were referred to housing resources, such as eviction prevention or rental assistance programs, and many were referred to other necessary family support services.

Develop the Capacity of Homeless Service Providers to Serve Young Parents Who Are Homeless, Regardless of Their Age, Gender, or Marital Status

A survey of homeless service providers administered as part of VoYC found significant gaps in the availability of services for young parents who are homeless, particularly if those parents are minors or live in rural areas (Dworsky et al., 2018). Most programs for homeless families do not serve minor parents, and many programs for homeless youth do not serve youth who are parenting.

Increase Partnerships Between Homeless Service Providers and Other Systems That Can Address the Developmental Needs of Young Children and Their Parents

Communities can promote partnerships by engaging the early childhood and early intervention systems in their Continuums of Care, encouraging homeless service providers to refer young parents and their children to early childhood or early intervention programs, and co-locating services in shelters or other housing programs. Better coordination of services and more intensive case management could also reduce barriers that otherwise limit access to services (McCoy-Roth et al., 2012).

Conclusion

Family homelessness has profound developmental consequences for both young parents and their children, including long-term effects on health and well-being. More research is needed on interventions that address the multifaceted needs of this population so that effective programs for young parents and their children experiencing homelessness can be identified. In the meantime, there are practical steps that communities can take to reduce the harmful consequences of homelessness for young parents and their children.

Melissa A. Kull, PhD, is a researcher at Chapin Hall at the University of Chicago, where she focuses on promoting the use of evidence in systems that address family and youth homelessness. Dr. Kull has authored numerous articles on housing and neighborhood effects on children, youth, and families and has previously worked for the New York City Department of Health where she implemented and evaluated mental health programs for children and youth. She holds a doctorate in applied developmental and educational psychology from Boston College.

Amy Dworsky, PhD, is a fesearch fellow at Chapin Hall at the University of Chicago. Her research focuses on vulnerable youth populations including youth aging out of foster care, homeless youth, and foster youth who are pregnant, parenting, or both as well as the systems in which those youth are involved. Dr. Dworsky has a doctorate in social welfare from the University of Wisconsin-Madison.

Beth Horwitz, MA, is a policy analyst at Chapin Hall at the University of Chicago where she focuses on strategic policy research initiatives related to youth homelessness, child welfare, and disconnected youth. She supports community-level and large-scale systems change efforts, working with public and private decision makers to use data and evidence to meet specific population needs. Ms. Horwitz has focused her career on the needs of homeless populations and has previously worked with the chronically homeless and homeless families. She holds a master of arts in social service administration from the University of Chicago.

Anne F. Farrell, PhD, is the director of research at Chapin Hall at the University of Chicago. She serves a critical role in keeping Chapin Hall at the forefront of policy research and fosters a

commitment to innovative, rigorous, and actionable research. In addition to leading Chapin Hall's policy research agenda, Farrell conducts research and policy analysis on housing and child welfare, cross-systems collaborations, family-centered services, and family and community resilience. Dr. Farrell is a principal investigator on a federally funded demonstration project on housing and child welfare, developed a screening tool on housing instability, speaks frequently on the topic of housing, authored several peer-reviewed publications in this area, and serves on the editorial boards of scholarly journals. Dr. Farrell received a doctorate in clinical and school psychology from Hofstra University, a master of arts in psychology with distinction from Hofstra University, and a bachelor of arts in psychology from Fairfield University.

References

- Bandstra, E. S., Morrow, C. E., Mansoor, E., & Accornero, V. H. (2010). Prenatal drug exposure: Infant and toddler outcomes. *Journal of Addictive Diseases*, 2, 245–258.
- Bassuk, E. L, Richard, M. K., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, *54*(2), 86–96.
- Berkman, L. F. (2009). Social epidemiology: Social determinants of health in the United States: Are we losing ground? *Annual Review of Public Health, 30,* 27–41
- Bloom, K. C., Bednarzyk, M. S., Devitt, D. L., Renault, R. A., Teaman, V., & van Loock, D. M. (2004). Barriers to prenatal care for homeless pregnant women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 33(4), 428–435.
- Brown, S. R., Shinn, M., & Khadduri, J. (2017). *Well-being of young children after experiencing homelessness*. OPRE Report No. 2017-06. Washington, DC: U.S. Department of Health and Human Services.
- Brumley, B., Fantuzzo, J., Perlman, S., & Zager, M. L. (2015). The unique relations between early homelessness and educational well-being: An empirical test of the continuum of risk hypothesis. *Children and Youth Services Review,* 48, 31–37.
- Center on the Developing Child. (2009). *Five numbers to remember about early childhood development*. Cambridge, MA: Center on the Developing Child, Harvard University.
- Chapman, K., Tarter, R. E., Kirisci, L., & Cornelius, M. (2007). Childhood neurobehavior disinhibition amplifies the risk of substance use disorder: Interaction of parental history and prenatal alcohol exposure. *Journal of Developmental and Behavioral Pediatrics*, 28(3), 219–224.
- Coley, R. L., Lynch, A. D., & Kull, M. A. (2015). Early exposure to environmental chaos and children's physical and mental health. *Early Childhood Research Quarterly*, *32*, 94–104.
- Crawford, D. M., Trotter, E. C., Hartshorn, K. J., & Whitbeck, L. B. (2011).

 Pregnancy and mental health of young homeless women. *The American Journal of Orthopsychiatry*, *81*(2), 173–83.
- Cutts, D., Bovell-Ammon, A., Ettinger de Cuba, S., Sheward, R., Shaefer, M., Huang, C., ... Frank, D. A. (2018). Homelessness during infancy: Associations with infant and maternal health and hardship outcomes. *Cityscape: A Journal of Policy Development and Research*, 20, 119–132.

- Cutts, D., Coleman, S., Black, M. M., Chilton, M. M., Cook, J. T.,
 Ettinger de Cuba, S., ... Frank, D. A. (2015). Homelessness during pregnancy:
 A unique, time-dependent risk factor of birth outcomes. *Maternal Child Health Journal*, 19(6), 1276–1283.
- Duncan, B., Harris, G., Reedy, J., Krahe, S., Gillis, R., & Laguna, M. (2008). Common/Unity: an innovative program to address 3 root causes of many of the social ills seen in adolescents. *Clinical Pediatrics*, *47*(3), 280–288.
- Dworsky, A., Morton, M. H., & Samuels, G. M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.
- Fantuzzo, J., LeBoeuf, W., Brumley, B., & Perlman, S. (2013). A population-based inquiry of homeless episode characteristics and early educational wellbeing. *Children and Youth Services Review, 35*(6), 966–972.
- Farrell, A. F., Kull, M. A., & Ferguson, M. (2018, November). Screening for housing instability and homeless in early childhood: Associations with family risks and referrals. Poster presented at the Association for Public Policy Analysis and Management, Washington, DC.
- Fleming, M., Callaghan, C., Strauss, A., Brawer, R., & Plumb, J. (2017). Experiences with prenatal care among women in a Philadelphia homeless shelter. *The Free Clinic Research Collective*, 3, i–iv.
- Gershoff, E. T., Aber, J. L., & Raver, C. C. (2007). Income is not enough: Incorporating material hardship into models of income associations with parenting and child development. *Child Development*, 78(1), 70–95.
- Gubits, D., Shinn, M., Bell, S., Wood, M., Dastrup, S. R., Solari, C., ... Spellman, B. (2015). Family Options Study: Short-term impacts of housing and services interventions for homeless families. Washington, DC: U.S. Department of Housing and Urban Development.
- Haley, N., Roy, E., Leclerc, P., Boudreau, J. F., & Boivin, J. F. (2004).

 Characteristics of adolescent street youth with a history of pregnancy. *Journal of Pediatric Adolescent Gynecology*, 17(5), 313–320.
- Haskett, M. E., Armstrong, J., & Tisdale, J. (2015). Developmental status and social-emotional functioning of young children experiencing homelessness. *Early Childhood Education Journal*, 44, 119–125.
- Institute for Children, Poverty, and Homelessness (2013). Head Start and housing (in)stability: Examining the school readiness of children experiencing homelessness. New York, NY: Author.

- Kost, K., Maddow-Zimet, I., & Arpaia, A. (2017). Pregnancies, births and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity. New York, NY: Guttmacher Institute.
- Kull, M. A., Coley, R. L., & Lynch, A. D. (2016). The roles of instability and housing in low-income families' residential mobility. *Journal of Family and Economic Issues*, *37*(3), 422–434.
- Levin, M., & Helfrich, C. (2004). Mothering role identity and competence among parenting and pregnant homeless adolescents. *Journal of Occupational Science*, *11*, 95–104.
- Little, M., Shah, R., Vermeulen, M. J., Gorman, A., Dzendoletas, D., & Ray, J. G. (2005). Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal*, *173*(6), 615–618.
- Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. *Journal of Consulting and Clinical Psychology, 64*(1), 64–75.
- McCoy-Roth, M., Mackintosh, B. B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Early Childhood Highlights*, *3*(1), 1–11.
- Meadows-Oliver, M. (2009). Adolescent mothers' experiences of caring for their children while homeless. *Journal of Pediatric Nursing*, 24, 458–467.
- Morton, M. H., Kugley, S., & Epstein, R. (in press). *Evidence on interventions for addressing youth homelessness*. Chicago, IL: Chapin Hall at the University of Chicago.
- National Human Services Assembly. (2015). *Breaking the cycle of poverty in young families: Two-generation strategies for working with disconnected young parents and their children.* Washington, DC: Author.
- National Research Council & Institute of Medicine. (2000). From neurons to neighborhoods: The science of early childhood development. J. P. Shonkoff & D. A. Phillips, (Eds.), Board on Children, Youth, and Families; Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- Obradović, J., Long, J. D., Cutuli, J. J., Chan, C. K., Hinz, E., Heistad, D., & Masten, A. S. (2009). Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience. *Development and Psychopathology*, *21*(2), 493–518.
- Olds, D., Henderson, C. R., & Cole, R. (1988). Long-term effects of nurse home visitation on children's criminal and antisocial behavior. *JAMA*, *280*(14), 1238–1244.
- Olds, D., Kitzman, H. J., & Cole, R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. *JAMA Pediatrics*, 164(5), 419–424.
- Perlman, S. M., & Fantuzzo, J. W. (2010). Timing and impact of homelessness and maltreatment on school readiness. *Children and Youth Services Review, 32*, 874–883.
- Saewyc, E. (2003). Influential life contexts and environments for out-of-home pregnant adolescents. *Journal of Holistic Nursing*, 21, 343–367.

- Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Frank, D. A., Childton, M., ... Cutts, D. (2018a). Unstable housing and caregiver and child health in renter families. *Pediatrics*, *141*(2), e20172199.
- Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Heeren, T., Black, M. B., ... Frank, D. A. (2018b). Timing and duration of pre- and postnatal homelessness and the health of young children. *Pediatrics*, *142*(4), e20174254.
- Seimer Institute. (2017). *Defining two-generation programming in a family stability context.* Columbus, OH: Author.
- Shinn, M., Weitzman, B. C., Stajanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., ... Krantz, D. H. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651–1657.
- Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129, e232–e246
- Stanwood, G. D., & Levitt, P. L. (2004). Drug exposure early in life: Functional repercussions of changing neuropharmacology during sensitive periods of brain development. *Current Opinion in Pharmacology*, 4(1), 65–71.
- Stein, J. A., Lu, M. C., & Gelberg, L. (2000). Severity of homelessness and adverse birth outcomes. *Health Psychology*, *19*(6), 524–534.
- Swick, K. J. (2008). Empowering the parent-child relationship in homeless and other high-risk parents and families. *Early Childhood Education Journal*, *36*(2), 149–153.
- Talge, N. M., Neal, C., Glover, V., & the Early Stress, Translational Research, and Prevention Science Network. (2007). Antenatal maternal stress and longterm effects on child neurodevelopment: How and why? *The Journal of Child Psychology and Psychiatry*, 48(3–4), 245–261.
- Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: Mental health, support and social care needs. *Health and Social Care in the Community*, *15*(3), 246–253.
- U.S. Department of Education. (2015). *Consolidated state performance reports, Part I.* Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2015). *Program information reports*. Washington, DC: Author.
- U.S. Department of Housing and Urban Development. (2018). 2017 annual homeless assessment report, Part II: Estimates of homelessness in the U.S. Washington, DC: Author.
- U.S. Interagency Council on Youth Homelessness. (2018). *Homelessness in America: Focus on Youth*. Washington, DC: Author.
- Webb, D. A., Culhane, J., Metraux, S., Robbins, J. M., & Culhane, D. (2003).

 Prevalence of episodic homelessness among adult childbearing women in Philadelphia, PA. *American Journal of Public Health*, *93*(11), 1895–1896.
- Weimann, C. M., Rickert, V. I., Berenson, A. B., & Volk, R. J. (2005). Are pregnant adolescents stigmatized by pregnancy. *Journal of Adolescent Health, 36*(4), 352.e1–352.e7.
- Youth.gov. (n.d.) Runaway and homeless youth: Resources for young parents and children experiencing homelessness. Retrieved from https://youth.gov/topic/runaway-and-homeless-youth?page=3
- Ziol-Guest, K. M., & McKenna, C. C. (2014). Early childhood housing instability and school readiness. *Child Development*, *85*(1), 103–113.