2013 MASSACHUSETTS FAMILY IMPACT SEMINAR

YOUTH at Risk Part 2

CHILDREN IN NEED

CLARK UNIVERSITY
Mosakowski Institute for Public Enterprise

YOUTH at Risk, Part 2: Children in Need

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BRIEFING REPORT

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Purpose and Presenters

In 2009, Clark University was accepted as the university to represent Massachusetts in the National Policy Institute for Family Impact Seminars at the University of Wisconsin—Madison (http://familyimpactseminars.org). Family Impact Seminars are a series of annual seminars, briefing reports, and discussion sessions that provide up-to-date, solution-oriented research on current issues for state legislators, their aides, and legislative support bureau personnel. This research is objective and nonpartisan, and the seminars do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

Youth at Risk, Part 2: Children in Need is the fourth Massachusetts Family Impact Seminar, and the second in a series to focus on the well-being of youth in the Commonwealth. Today's seminar is designed to emphasize a family perspective in policymaking on issues related to children in foster care who need adoption, child hunger, and child homelessness. In general, Family Impact Seminars analyze the consequences an issue, policy, or program may have for families.

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Executive Summary

By Denise A. Hines, Ph.D.

The youth of Massachusetts are of primary concern to legislators and citizens. This briefing report features three essays by experts—Fern Johnson, Deborah Frank, and Donna Haig Friedman—who focus on three aspects of children in need: children in foster care who need adoption, children who are hungry, and children who are homeless. Each report has further and more detailed suggestions for helping these children in need; below is a summary of the problems we face.

In Massachusetts, nearly 9,000 children are in the foster care system, with more than 2,700 waiting for adoption. On average, children spend more than three years in foster care before adoptions finalize. In comparison to their white counterparts within foster care, African-American children wait five times longer — nearly nine months more — for adoption.

Trans-racial adoption (TRA), the adoption of children of one race by parents of another, within foster care is a highly contested issue. More white parents want to adopt than there are white children in the foster care system, while children of color are less likely to find a permanent home.

Legislative efforts to amend this discrepancy by promoting TRA have failed to significantly improve placement statistics. The 1996 Removal of Barriers to Interethnic Adoption Provisions prohibits agencies receiving federal funding from considering race in decisions on foster or adoptive placements.

The National Association of Black Social Workers (NABSW) is the most noted critic of TRA. They argue that white parents are ill-equipped to teach children of color how to navigate discrimination, create coping strategies for racism, and promote a healthy racial identity. They note that agency policies, absence of minority staff members, lack of training, and failure to effectively recruit, provide barriers for African-Americans who want to adopt. When these barriers are removed, black families adopt at higher rates than whites.

Research shows that TRA children are able to gain a healthy racial and cultural affiliation, although they may take more time to do so than children of same-race families. Parents can support this process by incorporating cultural traditions from the child's birth culture into family traditions. Support groups, online communities, and educational materials support parents in creating multicultural households that embrace the birth culture of both parents and children.

Another example of children in need is children who are hungry. Almost 15% of American households have difficulty providing adequate food. Although Massachusetts falls below the national average for household food insecurity, almost 12% of its households in 2011 dealt with food insecurity and 4.5% dealt with very low food security. The Massachusetts state average for child food insecurity is 16.8%.

Food insecurity is linked to poverty and households of limited resources, and it has negative implications on child health and development. It is associated with low-birth weight deliveries and with various psychosocial and health risks in moderate- to high-risk pregnancies. In comparison to their food secure peers, food insecure children have poorer overall health, greater hospitalizations, poorer behavioral health (e.g., aggression), poorer emotional health (e.g., anxiety, suicidal ideation), poorer social health (e.g., not getting along with other children), and poorer academic achievement.

Food insecurity poses a serious risk to the growth, health, cognitive, and behavioral potential of America's poor and near-poor children. All of these issues combined pose serious economic costs to the general population, currently estimated at $167.5 billion to the U.S. as a whole.

Some of the more relevant government programs to address child food insecurity are the Supplemental Nutrition Assistance Program (SNAP), the food and nutrition program for Women, Infants, and Children (WIC), and free or reduced-price school meal programs. These programs have their limits. Many families whose incomes exceed the eligibility cutoff for these programs may still be unable to avoid food insecurity without assistance, if the costs of competing needs (e.g., energy, housing, medical bills) are overwhelming.

Inextricably linked to the issue of child hunger is the issue of child and family homelessness. The number of homeless children in Massachusetts in 2010 was estimated to be 22,569, with 13% of Massachusetts children living in poverty for an average of five years. Massachusetts ranks 8th in the nation on issues of child homelessness. This performance highlights the state's commitment to addressing homelessness.

Reasons for homelessness in Massachusetts are several-fold. First is the Hardship Gap, which refers to families whose combined family income and awarded work supports still leaves them without enough to cover basic costs of living. Nearly 25% of Massachusetts families fall into this gap regardless of their income source. Another reason is the Eligibility Gap, which is when families make too much to qualify for public work supports, but too little to pay all their bills. Nearly 37% of all people in families with earners who cannot meet their family's basic need are also ineligible for any work support programs in Massachusetts.

A final barrier is the Coverage Gap, in which residents are eligible for work supports but do not receive them. Over-reliance on low parental income due to the coverage and eligibility gaps demonstrates a risk for homelessness that remains misunderstood at multiple institutional levels. Reasons for the coverage gap vary as much as the support programs themselves, and the programs' rules vary. However, the need for programs far exceeds the amount of funding provided to cover those who are eligible.

Housing insecurity and instability are known risk factors for homelessness. In comparison to homelessness, housing instability is more prevalent, although less apparent. Nationwide, only 52% of low-income families are securely housed. Of 6,000 Boston families with children under the age of 4, only 43% were securely housed in 2012.

The implications of housing insecurity on family well-being are severe, yet varied. For older children, impacts include poor school performance, mental health issues, and behavioral concerns. Meanwhile, young mobile children are more likely to be food insecure, in fair or poor health, at risk for developmental delays, and seriously underweight.

The consequences of when a family's housing insecurity crosses the line into homelessness are imperative to understand. Dislocation of a family into shelters or transitional housing can result in stress, discontinuity of educational experience, and a sense of social exclusion for children. Homeless children are more likely to be asked to repeat a grade, be put in special education classes, and score low on standardized tests.

What can Massachusetts policymakers do to help these three overlapping groups of children in need? Massachusetts should support both TRA families and African-American families seeking to adopt. Measures aimed at streamlining permanent and stable housing for foster children are important. Massachusetts should recruit families who represent the racial and ethnic backgrounds of children in foster care and provide sufficient resources, including funding, to support such recruitment. They can help families address the needs of their TRA children through cultural competency policies and programs that provide post-adoption support services.

To help curb child hunger, lawmakers could advocate on a federal level to prevent cuts in food programs. Lawmakers can support the continuation or the increase of state contributions to the SNAP and WIC program administration and outreach, and streamline the application process so that households low in food security can access the support they need. They can continue to support or even increase funding for the Massachusetts Emergency Food Assistance Program (MEFAP), a state-funded program that distributes free food to all eligible emergency food providers.

The school breakfast program is an important component of the nutritional safety net and has been linked to positive changes in meal patterns and nutritional outcomes. In a recent report, Massachusetts ranked 42nd in its participation in this program. Boston, in comparison with about 55 other urban districts, was 8th. There is much to learn from Boston, which introduced Universal Breakfast across the district this year. To improve participation across the Commonwealth, Massachusetts could eliminate the stigma of the breakfast program by making it universal in low-income districts.

In the realm of child and family homelessness, it is important to recognize that state regulations have historically focused on shelter access. Massachusetts has a 5-year plan that focuses on prevention and intervention policies for child homelessness. A deeper look at the root causes and the populations most at risk are necessary if Massachusetts policymakers wish to sustain the State's historically well-ranked national leadership on the issue of child homelessness.

Some suggestions include increased investment in affordable housing, combining housing subsidies with WIC or SNAP support to close the coverage gap, implementing a preventive counseling program and redirecting resources from crisis management to education and economic development, and increasing housing vouchers.

Further steps include modifying the unpredictability of prevention services by securing funding; ensuring prevention initiatives across locations within the State and expanding access; replicating, expanding, and sustaining promising models of prevention that show signs of stabilization; investing in long-term evaluations of program innovations by investigating what is happening with families who are diverted from shelters and receiving cash assistance; and facilitating a cross-sector planning process and peer learning among agencies and initiatives already taking action.

The Family Impact Guide for Policymakers

VIEWING POLICIES THROUGH THE FAMILY IMPACT LENS

- **Most policymakers would not think of passing a bill without asking, "What's the economic impact?"**
- **This guide encourages policymakers to ask, "What is the impact of this policy on families?" "Would involving families result in more effective and efficient policies?"**

When economic questions arise, economists are routinely consulted for economic data and forecasts. When family questions arise, policymakers can turn to family scientists for data and forecasts to make evidence-informed decisions. The Family Impact Seminars developed this guide to highlight the importance of family impact and to bring the family impact lens to policy decisions.

WHY FAMILY IMPACT IS IMPORTANT TO POLICYMAKERS

Families are the most humane and economical way known for raising the next generation. Families financially support their members and care for those who cannot always care for themselves—the elderly, frail, ill, and disabled. Yet families can be harmed by stressful conditions—the inability to find a job, afford health insurance, secure quality child care, and send their kids to good schools. Innovative policymakers use research evidence to invest in family policies and programs that work, and to cut those that don't. Keeping the family foundation strong today pays off tomorrow. Families are a cornerstone for raising responsible children who become caring, committed contributors in a strong democracy, and competent workers in a sound economy [1].

In polls, state legislative leaders endorsed families as a sure-fire vote winner [2]. Except for two weeks, family-oriented words appeared every week Congress was in session for more than a decade; these mentions of family cut across gender and political party [3].The symbol of family appeals to common values that hold the potential to rise above politics and to provide common ground. However, family considerations are not systematically addressed in the normal routines of policymaking.

HOW THE FAMILY IMPACT LENS HAS BENEFITED POLICY DECISIONS

- In one Midwestern state, using the family impact lens revealed differences in program eligibility depending upon marital status. For example, seniors were less apt to be eligible for the state's prescription drug program if they were married than if they were unmarried but living together.
- In a rigorous cost-benefit analysis of 571 criminal justice programs, those most cost-beneficial in reducing future crime were targeted at juveniles. Of these, the five most cost-beneficial rehabilitation programs and the single most cost-beneficial prevention program were family-focused approaches [4].
- For youth substance use prevention, programs that changed family dynamics were found to be, on average, more than nine times more effective than programs that focused only on youth [5].

Questions policymakers can ask to bring the family impact lens to policy decisions:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?

HOW POLICYMAKERS CAN EXAMINE FAMILY IMPACTS OF POLICY DECISIONS

Nearly all policy decisions have some effect on family life. Some decisions affect families directly (e.g., child support or long-term care), and some indirectly (e.g., corrections or jobs). The family impact discussion starters below can help policymakers figure out what those impacts are and how family considerations can be taken into account, particularly as policies are being developed.

Family impact discussion starters

How will the policy, program, or practice:

- support rather than substitute for family members' responsibilities to one another?
- reinforce family members' commitment to each other and to the stability of the family unit?
- recognize the power and persistence of family ties, and promote healthy couple, marital, and parental relationships?
- acknowledge and respect the diversity of family life (e.g., different cultural, ethnic, racial, and religious backgrounds; various geographic locations and socioeconomic statuses; families with members who have special needs; and families at different stages of the life cycle)?
- engage and work in partnership with families?

Ask for a full Family Impact Analysis

Some issues warrant a full family impact analysis to more deeply examine the intended and unintended consequences of policies on family well-being. To conduct an analysis, use the expertise of both family scientists, who understand families, and policy analysts, who understand the specifics of the issue.

- Family scientists in your state can be found at familyimpactseminars.org
- Policy analysts can be found on your staff, in the legislature's nonpartisan service agencies, at university policy schools, etc.

Apply the Results

Viewing issues through the family impact lens rarely results in overwhelming support for or opposition to a policy or program. Instead, it can identify how specific family types and particular family functions are affected. These results raise considerations that policymakers can use to make decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

ADDITIONAL RESOURCES

Several family impact tools and procedures are available on the website of the Policy Institute for Family Impact Seminars (familyimpactseminars.org).

1 Bogenschneider, K., & Corbett, T. J. (2010). Family policy: Becoming a field of inquiry and subfield of social policy [Family policy decade review]. *Journal of Marriage and Family, 72,* 783-803.

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Trans-Racial Foster Care and Adoption: Issues and Realities

By Fern Johnson, Ph.D., with the assistance of Stacie Mickelson and Mariana Lopez Davila

Trans-racial adoption (TRA), the adoption of children of one race by parents of another, has grown rapidly since the middle of the 20th century, but this adoption option remains controversial [1]. In the state system through which children move from foster care to adoption, there are more white parents who want to adopt than there are white children waiting for homes, and children of color are less likely than white children to be placed in a permanent home. Legislative efforts to amend these discrepancies by promoting TRA have not significantly improved placement statistics. This report describes the positions of advocates on both sides of the TRA debate and explores methods for increasing the number of permanent placements of children into loving stable homes.

DEMOGRAPHIC AND PROCESS PERSPECTIVES ON FOSTER CARE AND ADOPTION

Who are the children waiting for homes and families?

Massachusetts court data for 2008 indicate that 2,272 children were adopted in the state, with approximately one-third (712) of these adoptions occurring through the public agency system [2]. In FY 2011, the number of public agency adoptions in the state was 724 [3].

In 2011, more than 7,000 children under the age of 18 were in the adoption placement system in Massachusetts; 5,700 were in foster care and the rest in other arrangements, including group homes [4]. Adoption was a goal for 32% (2,368) of these children. The median ages for these waiting children indicated that most would be long past the baby/infant stage: 11.1 for whites, 12.7 for blacks, 11.7 for Hispanic/Latino, and 4.5 for Native Americans [5].

In comparison to their white counterparts within foster care, black children spend more continuous time in placements than non-Hispanic whites (1.3 years compared to 1.1 years) [5]. Children of color not only have longer stays in the system, but the larger groups are also disproportionally represented in the adoption placement system.

The recent data in Massachusetts shows that non-Hispanic white children are underrepresented in comparison to their presence in the population by 22%, but black children are overrepresented by 10% and Hispanic/Latino children by 9% (see Table 1). That means an imbalance in the potential matching of adoptive parents with children of the same racial background.

	Children in Placement System	%	2010 MA Child Population	%
Non-Hispanic White	4,167	46%	1,128,048	68%
Black	1,549	17%	97,504	7%
Hispanic/Latino	2,372	26%	157,507	17%
Asian	185	2%	60,003	4%
Multiracial	420	5%		

Table 1: Number of Children in Placement: FY 2012
Source: Massachusetts Department of Children and Families; U.S. Census Bureau

What are the requirements for approval as a foster/adoptive parent?

The Multiethnic Placement Act

Adoption agencies have historically given preference to same-race adoption. In 1994, in an effort to combat the increasing number of foster children, Congress enacted the Multiethnic Placement Act (MEPA). MEPA's purpose is two-fold:

1. Prohibit the delay or denial of a child's foster or adoptive placement solely on the basis of race, color, or national origin; and
2. Require that state agencies make diligent efforts to recruit foster and adoptive parents who represent the racial and ethnic backgrounds of children in foster care (HR 4181).

In 1996, MEPA was amended by the Removal of Barriers to Interethnic Adoption Provisions (IEP), which deleted the word "solely" from MEPA's prohibition against delaying or denying an adoptive placement on the basis of race. Thus, the IEP policy prohibits agencies that receive federal funding from considering race in decisions on foster or adoptive placements (HR 3348).

Massachusetts Regulations and Procedures

The Department of Children and Families is responsible for deciding the eligibility of potential parents as outlined in their procedures in Title 102. Potential parents go through a rigorous process of training and assessment to determine eligibility. Detailed information is gathered concerning the physical space in the home, familial relationships and history, as well as emotional, physical and physiological preparedness. The following requirements represent a brief overview.

Eligibility Requirements

1. The individual's home meets the physical standards as set forth in regulation and is free of any animal that would pose a danger to a foster child.
2. The individual's schedule would not require that a foster child of preschool age spend an excess of 50 hours per week in child care or that a foster child in the first grade or beyond spend more than 25 hours in child care each week.
3. The individual has a stable source of income sufficient to support his/her current household members and a stable housing history.
4. The individual possesses the basic ability to read and write in English or in his/her primary language.
5. The individual has a working telephone in his/her home for both incoming and outgoing calls.
6. The individual is at least age 18, a U.S. citizen, or has been granted legal permanent resident status (MA DSS, 2003).

RACIAL MATCHING: VIEWPOINTS ON WHO SHOULD ADOPT CHILDREN OF COLOR

The Racial Matching Position

One position on TRA holds that children should be placed in homes of like racial and cultural backgrounds. The basic argument is that such placement enhances the development of positive racial identity and coping skills to deal with racism in society.

The National Association of Black Social Workers (NABSW) has been central in this position. They argue that white parents are ill-equipped to teach children of color — especially black children — how to navigate discrimination, create coping strategies for racism, and promote a healthy racial identity.

The NABSW notes that that it is a common belief that black families are less interested in foster care and adoption. However, agency policies, absence of minority staff members, lack of training, and failure to effectively recruit all provide barriers for African-Americans who want to adopt. In reality, when these barriers are removed, black families adopt at higher rates than whites. It is notable that 70% of African-Americans who adopted through private African-American agencies were unsuccessful in trying to adopt through public agencies [6].

The NABSW [7] advocates for African-American families who wish to adopt to have fair and equitable treatment, rights, and access. Their policy recommendations are to:

1. repeal MEPA and IEPA;
2. mandate culturally competent services in staffing requirements, including the revision of procedural and policy manuals; and
3. mandate that county and local governments develop community boards to monitor child welfare agencies and outcomes.

The Transracial Adoption Position

Increasing numbers of whites have been interested in adopting children of color, both internationally and domestically. This increase is thought to be a response to the need for children of color to be placed in stable home environments, along with a greater value for diversity in U.S. society. In addition to factors such as the availability of children, Jacobson, Nielsen, and Hardeman [1] note, "increased acceptance of transracial adoption and interracial marriage and the decline of blatant prejudice are also likely factors associated with the increase in transracial adoption" (p. 84).

Yet, children of TRA may struggle to develop positive racial identities and cultural affiliations. They may need to resolve the dissonance between the cultural and racial affiliations of their upbringings and their physical appearances. TRA children are able to gain healthy racial and cultural affiliations, but they may take more time to do so than children of same race families [8]. The reclaiming of one's birth culture — or reculturation — may also be an integral part of forming a healthy cultural identity [9].

Parents can support this process by making their home reflective of their new multiracial family identity, by incorporating traditions from the child's birth culture into family traditions and "infusing" race into child-rearing practices [10]. It is also critically important for white parents to examine what they may lack in racial awareness, to be vigilant in their awareness of racial issues and incidents affecting their children, and to reach out to both black adults and to other TRA families [11].

American demographics are shifting, as are assumptions about what a family should look like. More resources are available for white parents of children of color. Support groups, online communities and educational materials assist parents in creating multicultural households that embrace the birth cultures of both parents and children. The state of Connecticut has specific polices that address "cultural competence." One such program trains, financially supports, and monitors care of ethnic skin and hair [12]. Doing so creates mechanisms for supporting the exploration and expression of racial identity.

ADOPTION AND CHANGING U.S. SOCIETY: A MASSACHUSETTS PERSPECTIVE

Growth of Multiracial Society: Diversity and Adoption in Massachusetts

Massachusetts needs to support both TRA families and African-American and other families of color seeking to adopt. Those skeptical and those supportive of TRA agree that streamlining permanent and stable adoption placements are imperative [7, 13, 14]. The following suggestions do not seek to side with either camp, but rather are formulated to strengthen the current system:

1. Enforce the MEPA/IEPA requirement for diligence in recruiting families who represent the racial and ethnic backgrounds of children in foster care and provide sufficient resources, including funding, to support such recruitment [15].
2. Support white parents who adopt transracially in addressing their TRA children's needs through cultural competence programs that provide both pre- and post-adoption support services.
3. Create mechanisms for assessing the experiences of TRA adoptees as well as same-race adoptions.

The U.S. population is increasingly multi-racial and multi-ethnic, and this trend will continue in the coming years. More and more people claim mixed-race heritage, with the result moving in the direction of less stark boundaries among races. It is important to carefully examine the adoption placement system to discern ways in which unjust barriers have been created for prospective adoptive parents, and to remove these wherever possible.

It is equally important to give more comprehensive attention to the information that parents who adopt transracially must know and face in order to parent their children of color in ways that help their identity development. They must also be conscious of how race impacts daily life. The priority should always be the children and their movement into stable, loving home environments.

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Food Insecurity Among Children in Massachusetts

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In the wake of the economic crisis in 2008, the number of Americans experiencing food insecurity—defined as limited access to sufficient nutritious food necessary to lead an active and healthy life—rose to 50.1 million in 2011, 16.6 million of whom are children [13].

The U.S. Department of Agriculture (USDA) and the Census Bureau differentiate levels of food security with very low food security—the most severe food-insecure condition measured by the USDA—characterized by family members who report repeated episodes of both inadequate dietary quality and quantity of food [40]. Although Massachusetts falls below the national average for household food insecurity, almost 12% of its households in 2011 dealt with food insecurity and 4.5% with very low food security [13].

Nationwide, households with children experience higher rates of food insecurity than the national average, with rates as high as 22% (more than 1 in 5) for households with children under six. Also at increased risk are households headed by a single parent (36.8% for women and 24.9% for men), and of Hispanic and black families (26.2% and 25.1%, respectively) [13].

Of food insecure families with children, 85% have a working adult in the home and 70% have a full-time worker [40], underlining the impact of low wages on a family's ability to feed its members adequately.

Food insecurity threatens health, cognition, and emotional regulation at any age. However, it particularly jeopardizes the health and development of children, who may experience concurrent and persistent impairments, depending on the chronicity and developmental timing of food insecurity. Food insecurity thus poses a serious risk to the growth, health, cognitive, and behavioral potential of America's and the Commonwealth's poor and near-poor children [16].

Paradoxically, food insecurity can be associated with obesity. Insufficient financial resources and the pernicious effects of advertising encourage families to purchase cheap but filling foods which are nutrient-poor but energy-dense, contributing not only to children's iron deficiency and decreased bone density, but also to obesity.

Food insecurity also has serious and increasing economic costs to the country. In 2005, scholars estimated that the total cost burden of hunger in the U.S.—considering factors such as impaired educational outcomes, costs associated with mental and physical illnesses linked to inadequate nutrition, and charity required to help families get through another day—is a minimum of $90 billion annually [8]. That number has since risen to $167.5 billion nationally, and in 2010, it was $2.72 billion in Massachusetts for health, educational, and emergency intervention [46].

CHILD FOOD INSECURITY IN MASSACHUSETTS

Scope of the Problem

While the USDA provides food security statistics based on Census data, Feeding America, a national hunger-relief organization, utilizes a different methodology through indicators such as poverty, unemployment, and median income, and provides statistics on children living in food-insecure families at the state and county level.

According to Feeding America, the Massachusetts state average for child food insecurity in 2010 was 16.8%, higher than the USDA estimate. The highest rates in 2010 were Hampden County (21.6%), Bristol County (18.6%), and Suffolk County (17.6%) [24]. Only two counties in Massachusetts — Dukes and Norfolk — experienced rates lower than 12%.

Project Bread, a statewide anti-hunger organization, reported that the food insecurity rate in Massachusetts has grown more than 43% since the start of the recession in 2008 [45]. The increase in food insecurity is connected to the Commonwealth's widening wage gap, one of the widest in the nation. High average incomes mask the poverty and food insecurity issues faced by low-income communities in places such as Springfield, Lowell, Lawrence, Fall River, Brockton, New Bedford, Worcester, selected neighborhoods of Boston and rural areas [45].

Figure 1 demonstrates the dramatically increased rates of household and child food insecurity starting in the recession years. These figures are for Boston-area families with young children using the emergency department at Boston Medical Center.

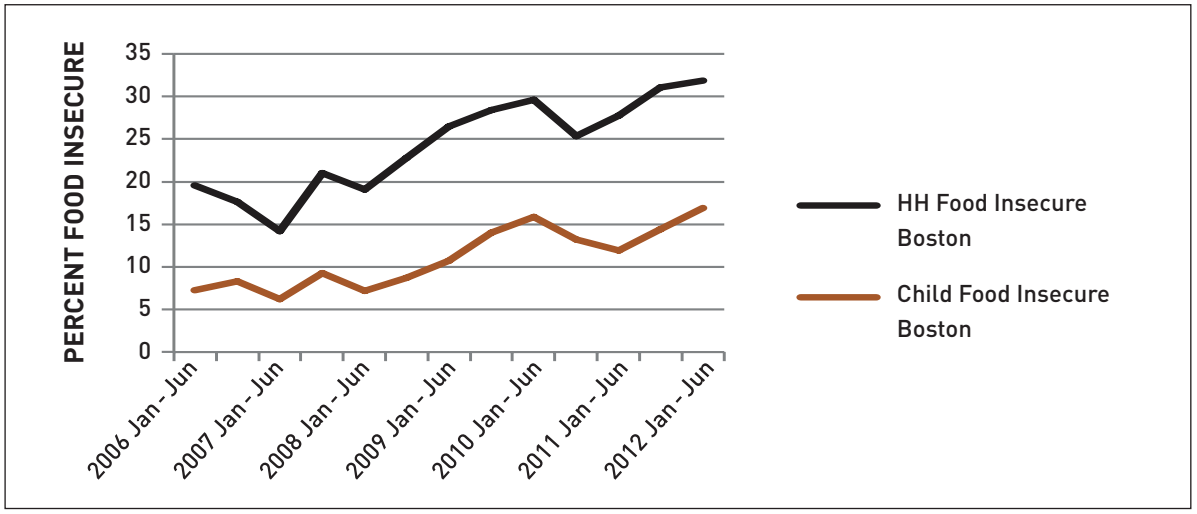

Figure 1: Food insecurity increased dramatically from 2006-2012 among Boston-area families with young children
Source: Children's HealthWatch, 2006-2012

Impacts of Food Insecurity on the Health of Children

There are special concerns about the effects of food insecurity and nutrition on the health of both the mother and the child, from conception through the prenatal period and during the interval before and between pregnancies [34]. The mother's nutritional status before she conceives, as well as her experience of food insecurity and poor nutrition during pregnancy, is linked to a host of perinatal problems and complications.

Of particular concern is the risk of food-insecure mothers entering pregnancy with insufficient iron stores and low-folate diets, which are linked to complications such as preterm births, fetal growth retardation, and birth defects. These risks are especially critical for black, Latina, and single mothers whose children are at heightened risk of adverse outcomes [10, 18, 25, 34, 41, 42].

Deprivation in early life also has dramatic impacts on health. Particularly vulnerable are infants and toddlers because they are undergoing rapid growth of body and brain, when deprivation can shape future trajectories of health, and cognitive, motor, social, and emotional development [16].

Our work in Children's HealthWatch focuses on the youngest children, from birth to age four, in five states, including Massachusetts. We found that in comparison to food-secure children, food-insecure children have 90% greater odds of having their health reported as fair or poor and 31% greater odds of having been hospitalized since birth [17].

A study in Worcester is particularly relevant for the consequences of this problem within Massachusetts. In this study, moderate hunger significantly predicted poor health in preschool-aged children, while more severe hunger significantly predicted chronic illness, anxiety, and depression among both preschool-aged and school-aged children [49].

Also at heightened risk are children of recent immigrants. Although 93% of children of immigrants are U.S. citizens and therefore eligible for federal assistance, these programs often do not reach them. Reasons for this include confusion about eligibility in mixed status families, fear of the impact on future ability to adjust the family's immigration status, and other barriers like parents' limited English proficiency.

Thus, children of immigrants participate in child nutrition programs at much lower rates than children of U.S.-born parents, increasing their chances of food insecurity [9]. In fact, studies show that although immigrant mothers are more likely to be married, breastfeed their children, and have fewer low birth-weight babies than U.S.-born mothers, children of immigrant mothers are at increased risk of household food insecurity and consequent poor health [7, 12, 30, 31, 32].

Many studies examine associations between household food insecurity (or food insufficiency, an earlier measurement tool for food insecurity) and older children's health, school performance, and psychosocial functioning. Behavioral, emotional, and academic problems are more prevalent in hungry children, with aggression and anxiety having the strongest association with hunger [33].

In comparison to children ages 6-11 years in food-sufficient families, children ages 6-11 years in food-insufficient families have lower arithmetic scores and are more likely to repeat a grade, see a psychologist, and have more difficulty getting along with other children [1]. Children younger than 12 years categorized as hungry or at risk of hunger are significantly more likely than non-hungry children to have impaired functioning, hyperactivity, absenteeism, and tardiness [30]. Among 15-16 year-olds, children from food-insufficient households are significantly more likely to have dysthymia, thoughts of death, a desire to die, and attempted suicide [2].

Public Programs Ameliorating the Impact of Economic Stressors Associated with Food Insecurity in Massachusetts

The state leverages federal programs — including the Supplemental Nutrition Assistance Program (SNAP — formerly food stamps); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Child and Adult Care Feeding Program (CACFP); and free or reduced-price school meal programs — to address food insecurity in childhood.

Income eligibility for these programs is determined primarily through using a percentage of the federal poverty guideline. In 2012, a household of four people was considered poor if it earned no more than $23,050 per year or $1,921 per month [48]. Program eligibility for families with children in Massachusetts includes having gross income no greater than 200% of the federal poverty guidelines for SNAP, 185% for WIC and reduced price school meals, and 130% for free school meals [15]. There are also state-specific nutrition programs such as the Massachusetts Emergency Food Assistance Program (MEFAP).

Children's HealthWatch and other research groups have shown that these programs exert important protective effects on children's food security, health, and development. However, not all eligible children receive the needed benefits nationally or in Massachusetts. Moreover, in Massachusetts — with our high cost of living — even maximal allowable benefits are often not fully adequate. Using a medical analogy: These programs are very good medicine, but the dose is often not fully therapeutic.

A mother's receipt of WIC is associated with decreased risk of low birth-weight and therefore lower attendant special care costs. In comparison to infants and toddlers who are unable to receive WIC benefits due to access problems, infants and toddlers who receive WIC are more likely to be in good health, have no developmental delays, and have a healthy weight and height for their age [6].

Similarly, SNAP — whose benefits are fully funded by the federal government — partially mitigates the effect of food insecurity on the health status of infants and toddlers, although it does not eliminate it completely [17]. SNAP can also protect against obesity among food-insecure girls, improve children's dietary intake, and reduce the risk for developmental delays among young children [26]. SNAP has lifelong benefits: A longitudinal study showed prenatal or early childhood exposure to SNAP reduces the likelihood of developing metabolic syndrome (obesity, hypertension, diabetes, heart disease) in adulthood [28].

For parents who struggle to provide enough food for their families, meal programs such as the CACFP and the school meals programs are a lifeline. CACFP is a federal nutrition assistance program that provides reimbursements for food served to young children in child care centers, family day care homes, after-school programs, and emergency shelters, as well as adults in long-term care facilities. Parents often rely on child care and after-school programs so that they can work. CACFP plays an important role in raising the quality of the care by providing nutritious meals and making the programs more affordable to parents, since the care providers receive a reimbursement for the meals served [19].

CACFP has been shown to sustain the health of young children in child care. For example, a 2010 study found that children who were receiving CACFP meals were more likely to be a healthy weight and height for their age, less likely to be in fair or poor health, and less likely to be hospitalized, than children whose meals were supplied from home [23].

Similarly, the national school lunch and breakfast programs ensure that school-age children are receiving nutritious meals. Across the state on an average day, 80% of children who are eligible for free or reduced price meals participate in school lunch and 35% of children eligible for free or reduced price meals participate in school breakfast.

The school breakfast program is an important component of the nutritional safety net and has been linked to positive changes in nutritional and educational outcomes. In Lowell, the implementation of school breakfast in elementary school is associated with decreased absenteeism, decreased tardiness, and increased standardized test scores [38], a finding replicated in Philadelphia [39].

The school breakfast program reduces the risk of household food insecurity in several ways: by providing meals to children who might otherwise have to miss a meal, freeing up household resources to feed other family members, and reducing the uncertainty surrounding availability of sufficient food [4]. Children who participate in school lunch have superior nutritional intakes compared to those who do not participate [43]. These programs cannot, however, fully buffer other shocks to family incomes. Other inadequately met survival needs contribute to undernutrition in children.

Sometimes getting ahead may mean falling behind, also known as the "Cliff Effect" [44]. Many families whose incomes exceed the eligibility cut-off for benefit programs — such as child care, SNAP or WIC — may still be unable to avoid food insecurity without assistance, if the costs of competing basic needs (e.g., energy or housing) or work supports (e.g. child care) are overwhelming [11]. Housing and energy costs, which are high in Massachusetts, are two factors that are often not considered when talking about food security [16].

Children's HealthWatch examined the relationships between receiving housing subsidies and nutritional and health status among low-income, food-insecure children younger than three years who lived in rented housing. Among these children, those whose families were on waiting lists for housing subsidies had significantly lower weight for their age than children in similar families already receiving subsidies [37].

As of January 2012, Massachusetts Section 8 Housing had a wait list of 103,226 households — and 64% of these households had children [14]. Because very few new housing vouchers are currently being issued in Massachusetts, most households on the wait list must depend on turnover. This situation results in an average wait time of years rather than months [3], during which time the health of their children may be jeopardized by poor housing and nutritional deprivation.

Another study evaluated the association between a family's participation in the federal Low-Income Home Energy Assistance Program (LIHEAP) and other forms of state and philanthropic energy assistance, and the size, weight and health of its young children. This study found that children in non-recipient households had a greater likelihood of being at nutritional risk for growth problems. Moreover, children from eligible households not receiving LIHEAP had a greater likelihood of acute hospitalization on the day of the interview [21]. These findings highlight the trade-offs that low-income parents must make during times of extreme temperature variations [5, 22].

Housing and heating are directly related to food insecurity as parents face their finite income and the bills that must be paid. Seasonal fluctuations (e.g., higher costs for heating in winter) can force parents to make choices between paying for housing/heating or affording nutritious food. Recent trends in energy and food price increases indicate that this "heat or eat" threat to child health, growth, and development is likely to increase in the future [16].

Another factor that impacts children's food security is out-of-pocket medical costs, whether for adults or children. When the high cost of health care forces families to forego paying for basic household expenses, children's health suffers. Children in families that report not paying their rent or mortgage payment, utilities, transportation, food, or other basic expenses in order to pay for medical care or prescriptions are more likely to be in fair or poor health, be at risk for developmental delays, be food insecure, and have mothers who are in fair or poor health and/or depressed [29].

POTENTIAL LEGISLATIVE AND ADMINISTRATIVE INTERVENTIONS

There are several important policy implications of the research detailed above. We briefly state them here and follow with a more in-depth description of each issue.

1. At the federal level, state lawmakers can lend their voices to protect nutrition assistance programs from cuts in the current budget struggles.

At the state level, state lawmakers can:

2. Sustain and increase state contributions to:
    a. SNAP administrative funds, including frontline caseworkers who process applications; and
    b. WIC, supporting the Governor's proposal for continued state WIC funding in budget line 4513-1002.
3. Advocate with USDA to ask for reconsideration of SNAP overpayment charges for Massachusetts dating from the Great Recession.
4. Streamline and update MassHealth processes for special situations:
    a. Categorize enteral formulas and similar nutritional supplements as pharmaceutical items, not as durable medical equipment;
    b. Create a special category of prior approval for special nutritional supplements requiring a 3-day window instead of the current 15-day period in which prior authorization must be processed; and
    c. Provide an emergency supply of formula via WIC or other mechanisms, pending authorization and appeals processes.
5. Improve participation in CACFP by increasing funding for meal reimbursements and streamlining program paperwork.
6. Eliminate stigmatization of the breakfast program by making it universal in low-income districts, removing barriers to program access by institutionalizing breakfast after the bell and inside classrooms.
7. Improve the quality of school meals served by bringing in the best selection of fresh, commodity foods.

8. Sustain funding for MEFAP.
9. Consider an income tax credit of up to $5,000 for persons engaged in commercial agricultural production for donations of food.

Detailed Explanation of Policy Implications

Current ideologically driven budget cutting measures in Washington, D.C. — including sequestration, changes to the Farm Bill, and cuts in housing and energy programs — will exacerbate food insecurity and hardship for families in Massachusetts and around the country. One study estimates 60,497 jobs will be lost in Massachusetts if the cuts happen [35].

Lawmakers can advocate with colleagues on the federal level to prevent cuts in nutrition programs, citing the projected impact here at home. Key programs like WIC are at risk, with more than 9,600 pregnant women and children likely to lose benefits. SNAP, although technically protected, could be used to offset cuts to another program. Such cuts would only increase the problem of hunger and food insecurity in Massachusetts.

The federal-level *Healthy, Hunger-Free Kids Act of 2010* provides $4.5 billion in resources for child nutrition programs. Massachusetts received $2,707,427 from this fund for SNAP in 2010. In addition, Massachusetts already has in effect *An Act Establishing School Based Nutrition and Childhood Hunger Relief Programs* (1992 Session Laws, Chapter 414). This Act includes authorization for a SNAP outreach program and the implementation of the WIC program.

However, with increased need in the community comes increased need for the state to respond effectively. Lawmakers can support the continuation or the increase of state contributions to (a) SNAP administrative funds, which include funds for frontline caseworkers who process applications and determine eligibility, and (b) the Massachusetts WIC program to ensure that pregnant women, infants and young children can access the nutrition and education to support their health.

Massachusetts is currently facing a $27 million USDA assessment of overpayments of SNAP benefits. During the Great Recession, unemployment rates rose to double-digit figures and SNAP caseloads surged across the nation. President Obama signed the American Recovery and Reinvestment Act (ARRA), increasing SNAP benefits by 13.6% on average in April of 2009. Between January 2009 and January 2011 alone, the Massachusetts SNAP caseload grew from 318,286 SNAP households to more than 439,836. This change represents a 72.3% increase in SNAP households, demonstrating the huge surge in need in our state.

Since 2005, the average SNAP caseload also climbed from 500 to more than 900 cases per worker in local Department of Transitional Assistance (DTA) offices. Although requested internally and by a variety of state advocates, state appropriations were not made available to increase DTA resources to manage the surge. Thus, caseworkers had trouble processing SNAP renewal applications in the required timely manner. Appropriately concerned about the nutrition of Massachusetts families, when a renewing household had provided all the necessary information, DTA continued SNAP benefits for these households until they had time to more thoroughly review the case.

The USDA subsequently informed the state that this protocol designed to protect families and elders from hunger was not acceptable and benefits for these families awaiting review must stop. The USDA deemed benefits received in this period as overpayments. However, despite the fact that the USDA decided that these benefits were overpayments, the USDA found no fault or fraud on the part of the SNAP recipients [36].

State lawmakers can ask the USDA to show forbearance in tough economic times. In addition, they can ask the USDA to provide sufficient funding to increase staffing and help DTA modernize its eligibility processing. These steps would remove bureaucratic barriers so that families who have played by the rules are not penalized by going hungry due to overburdened state agencies' inability to keep up with processing paperwork.

In July of 2012, the Massachusetts General Court directed the Office of Medicaid to not terminate coverage to recipients who sent in renewal forms in a timely manner (Section 246 of Chapter 224 of the Acts of 2012). This decision was in recognition of the huge demand for health care among low-income households coupled with the difficulty the State had in keeping up with health care renewals. It is important to recognize the toll the recession has taken on all state agencies and to ensure that low-income households that play by the rules are not punished by overburdened state agencies.

State regulatory changes alone could mitigate the development of malnutrition among some particularly vulnerable populations, such as premature and malnourished infants and children with special health care needs. Current Massachusetts law mandates that specialized formulas and supplements for publicly insured premature and sick infants, and older children with special health care needs, require approval as durable medical equipment (DME), subject to the lengthy prior authorization process (130 C.M.R. & 409.13(B)).

Because it is classified as DME, a patient must obtain prior approval from MassHealth to obtain this formula — a process that takes several weeks, involves a large amount of paperwork, and is ripe for administrative error and delay. As of this moment, the risk of delay by administrative error is borne particularly by these vulnerable sick infants. This is because MassHealth makes no provision for the infant to receive an emergency supply while the approval process is pending. However, some formula may be obtainable from WIC for only a month. My colleagues and I have seen infants who, after discharge from lengthy and expensive neonatal intensive care stays, had to be rehospitalized for malnutrition while this process goes on.

In 2012, the Medical Legal Partnership — in conjunction with pediatricians from area hospitals — suggested that in order to prevent morbidity associated with inadequate nutrition in these vulnerable children, the following changes need to be made:

1. Categorization of enteral formulas and similar nutritional supplements as pharmaceutical items, not as durable medical equipment;
2. Creation of a special category of prior approval for special nutritional supplements requiring a 3-day window instead of the current 15-day period in which prior authorization must be processed;
3. Provision of mechanisms to secure an emergency supply of formula pending authorization and appeals processes.

CACFP provides children in child care and after-school programs with nutritious snacks and meals. The program is administered at the state level, although the reimbursements come from the federal government. In Massachusetts, the Department of Elementary and Secondary Education (DESE) is the designated CACFP administrator and the Department of Early Education and Care (DEEC) is the licensing agency for all child care centers in the state.

CACFP helps to meet the nutritional needs of about 50,000 Massachusetts children from low-income families in child care each day. While participation has been increasing overall, less than half of family day care homes participate nationwide. In Massachusetts, 70% of family day care homes participate, still leaving many children without the benefits of the program [27].

The gaps are overwhelmingly due to onerous program requirements and confusing processes for enrollment. There is also confusing and inconsistent agency enforcement of state and federal regulations, in addition to the actual regulations. This situation leaves current participant providers frustrated and discourages new providers from joining [27].

Key changes include: increasing CACFP funding at the federal or state level in order to raise the meal reimbursement rate, reimbursing providers for one additional meal or snack a day, or reimbursing providers for meals that are prepared but not served due to accident or unexpected child absences. In addition, streamlining program paperwork, putting more forms and requirements online, and not requiring handwritten attendance records would reduce frustration among providers and sponsors, improve program retention, and allow them to focus on their most important task, caring for children [27].

Schools across the Commonwealth recognize the importance of starting the day with a nutritious meal. For example, they provide breakfast on standardized testing days, recognizing that empty stomachs impair the concentration necessary to succeed on tests. However, breakfast on a testing day cannot provide a student with information s/he has missed because s/he was hungry the preceding week or month.

School meals programs need regular, sustained support to effectively reach all students who need them. Given that participation is voluntary for the student, whether the program is student-friendly is almost as important as the content of the food. Therefore, institutionalizing support for the program and removing barriers that stigmatize children by singling them out as reduced- or free-meals participants are important.

One effective strategy is allowing classroom mealtime to be counted as instructional time. This approach is not unrealistic because breakfast provides opportunities to discuss issues such as measuring skills, biology, nutrition, ecology, and other educational domains based on the real-world components of the breakfast.

A recent School Breakfast Scorecard found that for the 2011-2012 school year — for the first time nationally — more than half of all low-income students who participated in school lunch also participated in school breakfast, and more than 90% of schools that operate the National School Lunch Program also offered the School Breakfast Program [20].

The goal is to have as many children as possible who eat school lunch to also eat school breakfast, thereby yielding only a small discrepancy between the two percentages. States that ranked high in this report had institutionalized school breakfast in the classroom at the state level. As a state, Massachusetts ranked 42nd. Boston, in comparison with about 55 other urban districts, was 8th in participation. There is much to learn from Boston, which introduced Universal Breakfast and breakfast in the classroom across the district this year [20].

Existing laws dealing with school-based nutrition programs in Massachusetts are a strong foundation upon which to build. To improve participation, Massachusetts must eliminate the stigmatization of the breakfast program by:

- Putting in place a policy of counting breakfast in the classroom as instructional time;
- Making school breakfast universal in low-income districts (in qualifying areas, all meals at the school are designated as free, drawing a higher reimbursement for the school and removing stigma for the children as all are able to eat for free);
- Removing barriers to accessing the program by offering it after the bell and inside the classroom, including second chance breakfast (providing breakfast 'grab and go' bags at a later hour for schools that start very early in the morning).

Lastly, not just the structure but the quality of school meals is important for students' optimal nutrition and well-being. A significant number of the items used in school meals are provided by the USDA through the Schools/Child Nutrition Commodity Programs [47].

A variety of foods are accessible to states on the federal level, such as fresh produce, whole grains and low-sodium frozen vegetables, but not all of these healthy choices are available in Massachusetts at this time. Therefore, the Commonwealth can improve the quality of the food served by bringing in the best selection of fresh, commodity foods.

MEFAP is a state-funded supplementary food assistance program. Agencies, such as the Greater Boston Food Bank, use MEFAP to purchase foods that are distributed free to all eligible emergency food providers, to sponsor nutrition education initiatives, and to help food banks with funding to distribute food to those in need.

MEFAP is integral to the mission of the Commonwealth's emergency food providers to address immediate food needs in their communities. In FY2012, the four Massachusetts Regional Food Banks (the Food Bank of Western Massachusetts, the Greater Boston Food Bank, Merrimack Valley Food Bank, and Worcester County Food Bank) distributed more than 16 million pounds of MEFAP food (representing more than 12.5 million meals) to those in need throughout the state.

With commodity prices continuing to rise and cuts in federal emergency food funding, the food banks rely even more on MEFAP funding as they strive to provide all those in need in the Commonwealth with three meals a day. While not a structural solution, MEFAP is an important emergency response to fighting food insecurity in households in Massachusetts, and funds should be sustained for this program.

Additionally, Massachusetts lawmakers should consider a tax provision similar to Maine's *Act To Support Maine Farms and Alleviate Hunger (Sec. 1. 36 MRSA §5219-FF),* which provides an income tax credit of up to $5,000 to persons engaged in commercial agricultural production for donations of food to incorporated nonprofit organizations that provide free food to low-income individuals for the purpose of alleviating hunger. This could support both local food production and local food banks to help address food insecurity.

Children who lack food now cannot eat it later and receive the benefits retroactively. Hence, there is urgency when it comes to ensuring that all children in the Commonwealth of Massachusetts have adequate, nutritious food to be healthy, succeed in school, and someday reach their full potential.

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Children and Homelessness in Massachusetts

By Donna Haig Friedman, Ph.D., with the assistance of Katherine Calano, Marija Bingulac, Christine Miller, and Alisa Zeliger

When children are without a safe and nurturing place to live, they face hardships that have long-lasting consequences—for themselves, their families, and the community. That 1.6 million children [1] each year could be without the security of a home—in our wealthy nation—is a national disgrace. The persistent growth in child homelessness is one of the clearest consequences of our collective failure to effectively halt increases in poverty and income inequality in our nation.

For more than three decades, solving family homelessness has been a central objective for policymakers, philanthropies, community coalitions, municipalities, and families themselves. Complexly related, structural root causes of family homelessness, such as unaffordable housing, low wages and low-wage work conditions, exacerbate the problem and are central precipitants for an unending flood of families seeking emergency shelter and other public and private emergency assistance.

Until 2008, state laws and regulations focused primarily on an emergency response: developing emergency shelter programs which not only provided a temporary roof over families' heads, but also provided priority access to housing assistance. Since 2008, however, Massachusetts has intentionally integrated a prevention-based approach into its blueprint for ending family homelessness [2]. Indeed, Massachusetts is highly ranked for its national leadership on having a plan for reducing child homelessness [1].

Nonetheless, the numbers of families seeking shelter has not decreased significantly in the past five years. Now is the time for directing public policy attention to addressing not only the proximate causes of family homelessness (e.g., evictions, rent arrearages), but also its root causes. This policy brief focuses on the extent of child and family homelessness in Massachusetts, its root causes, and those families most at risk. We highlight Massachusetts' current blueprint for addressing family homelessness, and make recommendations based on lessons learned and evaluation of prevention measures.

EXTENT OF THE PROBLEM

On any given night in 2011 in Massachusetts, 17,501 persons were homeless, and 38% of them were children [3, 4]. The number of homeless children in the state during 2010 was estimated to be 22,569, a dramatic increase since 2006 [1]. This increase was largely attributed to the Great Recession and the associated increase in risk factors for homelessness, such as foreclosures and persistent poverty.

In 2010, 13% of Massachusetts children lived in poverty for an average of five years, and the state was ranked 29th in foreclosure rates. Despite more than 15,000 housing units being added through the federal Homeless Prevention and Rapid Re-Housing Program (HPRP), the risks of low-income families becoming homeless have worsened [1]. Although the Recession has caused higher rates of homelessness, the extent of the problem can be slowed only if prevention programs are not cut further and root causes are addressed.

Definition

The federal McKinney-Vento Homeless Assistance Act defines homeless children with the following criteria:

- Sharing the housing of other persons due to loss of housing or economic hardship, where they would not be guaranteed or allowed to stay for more than 14 days;
- Living in motels, hotels, trailer parks, camping grounds, or emergency or transitional shelters;
- Abandoned in hospitals or awaiting foster care placement; or
- Living in cars, parks, public spaces, or migratory situations.

Facts on Family Homelessness in the U.S.

In the public view, lone individuals living on the street are assumed to be the "face of homelessness," but 38% of the homeless in the U.S. — at one point in time in 2011 — were family members and 59% of family members were children [3]. Family homelessness is invisible to the public eye.

When families lose their housing, they commonly move in temporarily with friends and/or relatives. These arrangements are rarely stable or permanent. At times, they lead to families splitting up and children losing friends and educational ground [5]. Understanding these facts is a first step towards solution development and policy action.

In 2010, the National Center on Family Homelessness updated its state-by-state report card titled "America's Youngest Outcasts" [1]. They found that in the U.S.:

- 1.6 million American children — 1 in 45 — are homeless in a year, equaling **30,000 children each week** and more than **4,400 each day.** These numbers are likely underestimates.
- Children experiencing homelessness suffer from hunger, poor physical and emotional health, and missed educational opportunities.
- Sixteen U.S. states have done no planning related to child homelessness, and only seven states have extensive plans.
- States in the North and Northeast tend to have the lowest percentages of homeless children due to lower poverty levels and stronger publicly funded safety nets. This geographic distinction is consistent on a composite ranking, using four data points:
    - Number of homeless children
    - Child well-being
    - Risk for child homelessness
    - State-level planning and policy activities

How does Massachusetts Compare?

In the 2010 National Center on Family Homelessness report, Massachusetts ranked 8th in the nation based on the composite criteria listed above [1]. This performance highlights the state's commitment to addressing homelessness. Below, we highlight Massachusetts' changes and improvements over time on these domains:

- Massachusetts' ranking on **Extent of Child Homelessness** has improved from #30 in 2007 to #21 in 2010.
- Massachusetts' rank in **Child Well-being** has improved from #16 in 2007 to #12 in 2010, and all other New England states scored worse than Massachusetts in 2010.
- Massachusetts' rank in **Risk of Child Homelessness** improved from #19 in 2007 to #16 in 2010. However, in comparison to Massachusetts, all other New England states (except Connecticut) showed a lower risk of homelessness in 2010.
- Massachusetts has continued to show commitment to **State Policy and Planning Efforts,** ranking #2 after Maine in 2010. However, Massachusetts was ranked #1 in policy and planning efforts in 2007.

Homelessness and Student Mobility

Student mobility, caused by housing instability, leads to serious negative consequences for children in their educational progress. Student mobility is most prevalent in the state's 35 lowest performing schools, concentrated in only nine school districts, which saw 45,914 students change schools at least once in 2008-2009 [6]. High mobility is most common in urban school districts, because low-income, Hispanic, black, and special education students are disproportionately more mobile. Specifically:

- Low-income students comprise 31% of the total student body in Massachusetts and 53% of all mobile students;
- Hispanic students comprise 14% of the student body and 29% of all mobile students;
- Black students comprise 8% of the student body and 16% of all mobile students;
- Special education students comprise 17% of the student body and 24% of all mobile students.

Eleven school districts in Massachusetts' "Gateway Cities" (Brockton, Fitchburg, Haverhill, Holyoke, Springfield, and Worcester) represent 35% of all mobile students statewide. Once thriving industrial towns, these cities are now facing troubling economic and social problems, yet are perceived as "gateways" for diverse, foreign-born residents to pursue the American Dream [6].

In addition, emerging data on youth homelessness in the city of Worcester speaks to the alarming state of homelessness for young people and indicates the need for more prevention-focused resources [7]. Findings show that homeless youth:

- Experience greater rates of family violence;
- Become parents four times more often than youth who have homes, thereby creating a "new generation of housing instability" (p. 2); and
- Have an exceptionally difficult time accessing needed support services—40% of youth who tried to get help were unable to because of several barriers: placement on waiting lists, lack of transportation, never hearing back from providers, failure to qualify, and not knowing where to go for help.

ROOT CAUSES OF CHILD HOMELESSNESS

Barriers to Ensuring Basic Needs for Children

Unless family incomes are adequate enough to meet families' basic needs, housing instability and its consequences will be a reality for low-wage earners with children and for Massachusetts communities. In addition to higher wages and a greater supply of low-income housing, effective packaging of wages and public work supports[i] has the potential to bridge the gaps between income and expenses for greater numbers of these families. In reality, however, Massachusetts public work supports — while commendable — are inaccessible for an overwhelming number of low-wage earners in the state.

First, a Hardship Gap exists. That is, families who combine earnings and obtain public work supports are still without enough income to cover the basic costs of living. Nearly 25% of Massachusetts families with a wage earner fall into this gap, regardless of their income source [8]. Reasons for this hardship gap are multi-layered:

- Too many jobs pay too little, affecting housing stability.
  - Consistent with U.S. statistics overall, more than 50% of Massachusetts renter households spend more than one-third of their income on rent [9].
- The housing affordability standards set by the U.S. Department of Housing and Urban Development (HUD) are unrealistic.
  - In no part of the U.S. can a full-time minimum wage worker pay for private market housing with just 30% of his or her income. Even more affected are persons of color, elders, sole women with children, and renters [5].

Second, an Eligibility Gap exists. That is, when families make too much to qualify for public work supports, but have too little income to pay all their bills, they are in trouble. Something as simple as lack of information about how to access services or rules of eligibility can put families through struggles that exacerbate emotional and financial stress, contributing to housing instability.

- Nearly 37% of all people in families with earners who cannot meet their family's basic needs are also ineligible for any work support programs in Massachusetts.
- Program rules are complex and uncoordinated, with varying definitions of eligibility across programs.
- The programs with highest eligibility gaps are the Temporary Assistance to Families with Dependent Children (TAFDC), Section 8 housing assistance, and childcare assistance [8].

A final barrier is the Coverage Gap, in which low wage earners are eligible for public work supports, but do not receive them.

- Reasons for the coverage gap vary as much as the programs themselves, and the programs' rules vary. However, the need for public work supports far exceeds the amount of funding provided to cover those who are eligible.
- Administrative burden deters families from confirming their eligibility status.
- As workers' earnings increase, co-payments for child and health care increase and SNAP benefits decrease — or families suddenly become ineligible for assistance. Abrupt or precipitous changes in assistance levels serve as a disincentive for workers' career advancement (e.g., workers offered a promotion and higher wages may be better off financially if they turn down promotions and keep their hold on housing assistance or lower child care bills) [8].

The following data contrast the percent eligible versus the percent receiving public work supports in Massachusetts, as of 2007:

- TAFDC (4% Eligible; 1% Receive)
- Section 8 Housing Assistance (11% Eligible; 3% Receive)[ii]
- Earned Income Tax Credit (EITC) tax filers (12% Eligible; 10% Receive)
- Child Care for <13 years old (16% Eligible; 6% Receive)
- SNAP (Food Stamps) (17% Eligible; 6% Receive)
- MassHealth for individuals (19% Eligible; 12% Receive) [8].

Low Family Wages Put Children at Risk of Developmental, Educational, and Health Disparities

Monetary resources and low-wage work conditions are important indicators for child and youth well-being, even beyond the provision of basic needs [10]. Low-wage jobs are the least likely to provide employer benefits such as paid time off for illness, although they are increasingly the most readily available form of employment due to the Great Recession [10].

Single parents, parents of color, and immigrant working parents face acute work/family problems that affect their children even more than white, married citizens' problems do [10]. Highlighted below are aspects of low-wage employment that intersect with child/adolescent well-being.

- Access to adult presence, as well as books, recreational equipment, lessons, and safety, all contribute to positive youth development. Low-income parents experience a time crunch, which impacts their opportunities to offer these resources to their children. In addition, they do not have the resources to pay for time substitutes, such as 'nannies,' or healthy prepared food [10].
- Parental and child stress is greatly increased with financial instability, which is connected to housing instability. All of these stresses impact the potential for children's educational achievement and increase the likelihood of youth dropping out of school [10].
- Low-income employment affects young people's health as well, particularly the children of single mothers. Negative outcomes include:
    - Obesity
    - Malnutrition
    - Lack of physical activity
    - Forced self-care on the child
    - "Adultification" roles for older children who need to take care of younger siblings
    - Early childbearing, associated with perpetuating a young person's educational, workforce, and developmental difficulties [10].

Consequences of Housing Instability and Homelessness on Families and Children

Housing insecurity and instability are known risk factors for homelessness. Housing instability is more prevalent than homelessness, although less apparent. In a nationwide sample of more than 22,000 low-income families, only 52% were stably housed [11]. Housing insecurity is characterized by:

- Multiple moves (5% of the sample);
- Overcrowding and doubling up with another family for economic reasons (41% of the sample).

In a survey of 6,000 Boston families with children under the age of four, only 43% were securely housed in 2012, while 21% lived in crowded places, 8% were homeless, 4% were frequently mobile, and 24% were behind on rent [9].

The implications of housing insecurity on family well-being are severe, yet varied. For older children, impacts include poor school performance, mental health issues, and behavioral concerns. Meanwhile, young mobile children are more likely to be food insecure, in fair or poor health, at risk for developmental delays, and seriously underweight [9].

Stable housing reduces negative outcomes on a wide range of issues, including energy insecurity, household food insecurity, child food insecurity, and child access to healthcare. Increased state investments in stable housing, through programs like the Massachusetts Rental Voucher Program (MRVP), improve health for unstably housed children. [9].

According to Children's HealthWatch [9], families who cannot make rental payments are:

- Three and a half times more likely to be energy insecure in their home;
- Five and a half times more prone to household food insecurity;
- Six times more prone to child food insecurity; and
- Two times more likely to forego health care for their children.

When a family's housing insecurity crosses the line into homelessness, the consequences are magnified. Dislocation of a family into shelters or transitional housing can result in stress, discontinuity of educational experience, and a sense of social exclusion for children. Childhood homelessness is also a risk factor for continued homelessness as an adult [5].

Family homelessness can also put strains on an under-resourced system of care. Challenges arise among shelter staff in the form of help-giving fatigue, and families may in turn feel that seeking shelter is less desirable than living on the streets, in cars, in train stations, or in tent cities [5].

Shelter life can create challenges and stresses on families that perpetuate the sense of being "unseen." However, shelters that follow alternative models by providing safe, respectable, supportive, and predictable environments, have the potential to reverse the damage sustained by both parents and their children on their traumatizing homelessness journeys [5].

Housing Mobility and Educational Achievement

Homeless children are:

- Eight times more likely to be asked to repeat a grade;
- Three times more likely to be put in special education classes; and
- Twice as likely to score low on standardized tests [1].

Educational achievement is related to housing mobility. For example, mobile students in Massachusetts score 24 percentage points lower on MCAS English language arts and math tests [6].

These statistics should come as no surprise, as mobile students already struggle to adjust to emotional and behavioral health challenges, new classroom communities, and inadequate housing, food and health care. Educators also face the challenge of adjusting to the mobility of their students [6]. For families sheltered outside of their home communities, transportation costs for children to attend school in their home districts are high [6].

Massachusetts' commitment to ensuring that all students are college- and career-ready creates a strain on educators who are also expected to serve the needs of mobile students. Mobile students may arrive behind academically or without any academic records.

In urban schools where classrooms may already be crowded, intake requirements and the tailoring of educational needs could create even larger challenges. Rural and suburban schools may have the resources to meet these needs, but student mobility is densely concentrated in urban areas. Thus, we see unequal test scores and college- and career-readiness across geographic boundaries [6].

EVIDENCE ON SOLUTIONS

The Importance of Housing Assistance and Increasing Affordable Housing Options

Housing vouchers encourage positive housing mobility, education and training, child well-being, and family income [12]. An evaluation of programs by HUD showed a reduction in the overall number of moves. A follow-up evaluation indicated that the families relocated to better locations, characterized by lower poverty rates, higher employment rates, and lower welfare concentrations [5].

Subsidized housing reduces housing instability and protects children's health, growth, and development. In addition, because people who devote the majority of their income to housing cannot afford other basic needs, combining housing subsidies with WIC or SNAP support would help close the coverage gap [9].

Funding levels for the state's voucher programs have been on the rise since FY2004. For FY2014, the Governor proposed an 11% increase from FY2013 for the MRVP [13].

Increasing the supply of housing that is affordable to families with low incomes is another important tool for addressing family homelessness. Massachusetts has a Housing Trust Fund, which promotes rehabilitation, construction, preservation, acquisition, and supportive housing to special populations [1].

Housing Trust Funds are supported by public revenue such as real estate transfer taxes. Money from this fund can also be put toward transitional housing and emergency rental assistance, but a focus on improving state-held resources can support the Housing Trust Fund in its ability to fulfill the needs of these programs.

The Efficacy and Limitations of Homelessness Prevention Interventions

Over the past ten years, researchers have evaluated several comprehensive prevention models that are based on an understanding of risk factors. One was the **Homelessness Prevention Initiative (HPI),** funded by the Boston Foundation/Starr Foundation, the Ludcke Foundation, Tufts Health Plan, Massachusetts Medical Society, and Alliance Charitable Foundation. These agencies pooled resources in 2004 for a 3-year investment to learn from a range of promising homelessness prevention interventions across the state.

The UMass Boston Center for Social Policy outlines these models and how they have been implemented [14]:

- In the three years of the initiative, 4,830 families and 2,417 individuals were served, at an average cost of $1,436 per household [14].
- Successes, defined as housing stability for families 12 months after initial intervention, were associated with:
  - families' access to cash assistance, flexibly provided, in concert with case management supports;
  - income maximization strategies (obtaining all the public work supports for which families were eligible);
  - effective regional and local collaborations among organizations for leveraging resources families needed [14].

A sample of other promising approaches

A study in Western Massachusetts suggests that implementing a preventive counseling program and redirecting the community's resources from crisis management to education and economic development leads to better results in maintaining housing stability [14].

In 2007, an **Early Warning System** collaboration was created between utility companies and the state Department of Transitional Assistance (DTA). Its purpose was to inform DTA-assisted families of the resources available, particularly the state's utility discount program. In one year, an estimated 60,000 low-income Massachusetts households were automatically enrolled in the program because of this broadening of access.

Through the Massachusetts Coalition for the Homeless (MCH) **First Stop Initiative,** caseworkers are placed in health centers and public schools to help identify and assist people who are at risk of becoming homeless. These preventative interventions are focused on helping people maximize their incomes by accessing public work supports for which they are eligible, as well as helping them navigate available support services for the purposes of stabilizing their housing circumstances [14].

FamilyAid Boston's **Housing Access Collaborative** started as a pilot program in 2009, but became a permanent program due to its success. Through a mix of services that includes case management, workforce development, literacy training, and other support services, the program has helped 65 families move to permanent housing from being homeless.

In addition, **Victory Programs Inc.,** works with targeted clients including people with substance abuse, chronic diseases such as HIV/AIDS, and issues of domestic violence, and helps them overcome personal obstacles and reach stable housing. Together, these two programs contributed to a 21.5% decrease in the number of families in transitional housing between 2010 to 2011 [15].

The **Dudley Diversion Pilot Project** of 2008 was an attempt to alleviate the rapid increase in the number of homeless families in the prior year in the Dudley area of Boston. Project collaborators — the City of Boston, Massachusetts DTA , and nine other major service providers in Boston — worked with 69 families on the brink of homelessness to find viable alternatives to secure housing [16].

Results of this project showed that 42% of all families were diverted from DTA shelters. Of these, 86% had not entered a shelter after seven weeks. The program invested $50,000 in a flexible way. For example, six families received 1-year housing subsidies averaging $7,564 — considerably less expensive than a 1-year of shelter stay for a family that averages $33,600 [16].

The **Tenancy Preservation Program** (TPP) is a homelessness prevention program that mediates between landlords and tenants facing eviction procedures due to disability-related issues ranging from mental illnesses, substances abuse problems, and old-age impairments. TPP works with landlords to accommodate various disabilities and avoid eviction. TPP works with 500 households every year, preventing evictions — and subsequent homelessness — in 80% of all cases [17].

Recent sobering findings

Very few Massachusetts families who received federally funded, recession-related Homelessness Prevention and Rapid Rehousing (HPRP) resources saw their incomes rise 12-18 months after receiving financial assistance and other housing relocation and stabilization services. For these persistently low-income families, housing assistance and other resources need to be available for long periods of time. Additionally, unless family incomes increase substantially through earnings, the risk of homelessness will remain high for low-income families without a housing subsidy [18].

In an evaluation of homelessness prevention models being implemented by three Boston organizations, cash assistance to families on the brink of homelessness provided a financial cushion that enabled them to remain housed 12 months after the last cash assistance payment. However, persistent unemployment, very low incomes and an expensive rental market continue to pose serious hardships that threaten their long-term housing stability and well-being [19].

RECENT STATE CHANGES: ADDRESSING FAMILY AND CHILD HOMELESSNESS

Massachusetts is a leader in addressing child homelessness. We are ranked second in the country for policy and planning efforts. The state has a 5-year plan that focuses on prevention and intervention policies for child homelessness.

As recommended in the Commission to End Homelessness blueprint, radical changes to the state's approach to addressing family homelessness have been implemented in the past several years, characterized by a shift to a "Housing First" model. As a result, homeless families — who would have in previous years been accepted into one of the state's emergency shelters — are no longer eligible for shelter.

Eligibility criteria have been tightened to allow shelter entry to only those families who are homeless due to domestic violence, eviction caused by loss of income or disability, or living in a place not meant for human habitation. Homeless families denied shelter are offered other supports, ranging from a one-time cash assistance award of $4,000 to multi-year cash assistance with lesser amounts awarded each year [13]. These changes have coincided with the Great Recession, a time in which many low-income families lost their jobs and/or were impacted by the foreclosure crisis.

Gov. Patrick has proposed significant increased funding in FY2014 for state housing voucher programs, which would assist some, but not all, families at risk of homelessness. Before the Great Recession, nearly 200,000 Massachusetts households eligible for Section 8 housing assistance were not receiving this assistance. On average, families eligible to receive a Section 8 Housing Voucher experienced a 2.5-year wait for the voucher. These waits are now even longer [5, 18].

In addition, the supply of affordable subsidized housing is far below what is needed to meet the demand of those eligible for vouchers [14]. The demand for affordable housing for families with low incomes is way beyond what is currently being planned for the state's blueprint to end homelessness [9].

Policy and Planning Overview

Massachusetts and other surrounding states have a variety of bills, laws, and initiatives already on the table to address child homelessness. These initiatives are often related to educational opportunity.

For example, in 2004, an *Act Establishing an Alternative Education Grant Program* was passed that called for the creation of programs and services within the schools that deal specifically with the educational and psychosocial needs of children, particularly those who are currently "suffering from the traumatic effects of exposure to violence," one example of which is child homelessness [20].

In 2008, an *Act Relative to Children's Mental Health* was passed, calling on a task force to ensure that all children in the state of Massachusetts have "access to clinically, linguistically, and culturally appropriate behavioral health services…especially for children transitioning to school from other placements, hospitalization, or homelessness" [21].

A report by this task force states: "By 2017 all schools in the Commonwealth will implement the Behavioral Health and Public Schools Framework to create safe, healthy, and supportive school environments with collaborative services so that all students — including those with behavioral health challenges — are successful in school. The Commonwealth will provide the infrastructure and supports at the state and district levels to enable schools to create these environments" [22]. One of the action steps recommended to schools is to better recognize the early warning signs of students who might be distressed or traumatized due to violence, including child homelessness.

Bills in the current legislative session, relevant for addressing the root and proximate causes of risks of child/youth homelessness in Massachusetts, include:

- HD364: *An Act providing housing and support services to unaccompanied homeless youth*
- SD1487: *An Act relative to the protection of youth*
- HD639: *An Act to prevent homelessness among recipients of transitional assistance*
- HD1862: *An Act to prevent homelessness by providing a refundable rent credit for low-income taxpayers*
- SD861: *An Act establishing earned paid sick time*
- SD501: *An Act regarding pathways to family economic self-sufficiency*
- HD361: *An Act regarding pathways to family economic self-sufficiency*
- SD752: *An Act to improve the Commonwealth's economy with a strong minimum wage*

Other states are currently considering bills that Massachusetts may also think about in its homelessness prevention efforts. For example, in Rhode Island, Bill 5132 would allow families initially eligible for child

care assistance to remain eligible as long as their income does not exceed 225% of the federal poverty level and child care is necessary to maintain employment. RI Bill 2284 would prevent the interruption in benefits for parents receiving child care subsidies whose income fluctuates between 180% and 225% of the federal poverty level.

RECOMMENDATIONS: CONNECTING THE DOTS

With local communities mobilizing to address family homelessness, state support is required to address the root causes of persistent poverty and sustain effective preventative measures.

Next Steps for Policymakers toward Prevention of Child Homelessness

- Modify unpredictability of prevention services by securing adequate and steady funding [1];
- Ensure prevention initiatives across locations within the State and expand access [6];
- Invest state resources in ensuring that low-wage workers in Massachusetts can access public work supports for which they are eligible as a way of supplementing their family incomes [8];
- Increase the state's minimum wage and promote all workers' access to paid sick leave [10];
- Replicate, expand, and sustain promising models of prevention that show signs of stabilization [1];
- Invest in long-term evaluations of program innovations by investigating what is happening with families who are diverted from shelter and receiving time-limited cash assistance [5, 8, 11];
- Facilitate a cross-sector planning process and peer learning among agencies and initiatives already taking action [6].

No Single Solution: A Need for Multipronged Strategies

A single solution for child and family homelessness has yet to be found — and will be impossible to find. Multilayered and sustained cross-policy approaches need to focus on the interrelated factors of high housing costs, low wages, limited prevention resources, and hurdles to accessing public work supports that currently interact in problematic ways to put low-income families and their children at risk for homelessness.

Acknowledging and overcoming challenges outlined in this report are essential steps, if the Commonwealth is committed to closing our children's persistent educational achievement gaps and reducing the number of families seeking shelter. Only a multipronged approach will address structural issues and provide sustained solutions.

In schools, enforcing a mechanism for sharing practices around student intake and assessment, family outreach, and specialized curriculum would advance progress [6]. Allowing for more flexibility in addressing homelessness across state agencies could promote interagency collaboration at the regional and local levels. The Massachusetts Child and Youth Readiness Cabinet is well-poised to prioritize and expand such streamlining efforts [6].

Imbalances between long-term solutions and emergency interventions jeopardize children's well-being as well. When funding favors emergency interventions, money for long-term, sustainable preventative solutions is spread too thin. When the emergency safety net is too thin, children and families without a stable housing are harmed. It is imperative that we achieve a balance between long-term and emergency fixes for child homelessness, and that progress on ameliorating the root causes be effectively sustained.

i Specifically, housing assistance, child care assistance, Supplemental Nutrition Assistance Program (SNAP, previously known as Food Stamps), the Earned Income Tax Credit (EITC), Temporary Aid to Families with Dependent Children (TAFDC) and Mass Health.

ii In 2007, 195,000 MA households were income eligible for Section 8 housing assistance and were not receiving this resource.

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