

Child Housing, Health and Well-Being: An Exploration of Interconnected Needs



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INTRODUCTION

Housing instability and homelessness are key barriers to healthy childhoods in which children and families flourish. The issue is much more complex than just ensuring individuals have a roof to sleep under. Family health, economic well-being, geography, transportation, and cultural expectations all play a role in the housing decisions families make, and the impacts housing has on health and well-being. The physical environments and communities in which children live play a significant role in their overall well-being and development. Young children who experience housing disruptions may form fewer secure attachments, which are linked to language and social-emotional development. Even for children whose housing is secure, low-quality housing presents safety concerns for children such as lead exposure and asthma-inducing causes.

Nationally, the scale of this problem has a large impact on young children. Approximately 1.27 million children younger than age 6 are homeless in any given year, with a large proportion of these children under age 1. Infancy is the period of life when a person is most likely to live in a homeless shelter.¹

Across adult and child populations, homelessness is linked to a range of negative health impacts. Studies found that high rates of asthma, obesity, and psychiatric, behavioral or developmental problems have been documented in homeless children.² There is a higher rate of adverse childhood experiences (ACEs) incidence among homeless individuals, including children.³

South Carolina is a living example of this larger national trend. Statewide, 12,000 students were considered homeless in South Carolina in 2017 using the broader definition which includes “doubled up” housing. In Greenville schools, 1,106 students were homeless which represents about 9 percent of the state’s homeless student population.⁴ According to the Greenville County’s Affordable Housing Study, 51 percent of students in the Greenville County School District (South Carolina) live at or below the federal poverty level; the number of homeless students has increased 113 percent since 2012.

There is no one reason why homelessness is on the rise, but rather many factors contribute: a decline in housing affordability and home ownership rates; a rise in evictions; an increased demand for rental housing; and general economic conditions.⁵ Homelessness rarely happens in isolation; families experiencing homelessness are likely experiencing instability or negative outcomes in another domain of family life as well (health, economics, safety, education, etc.). These issues may lead to the housing crisis; may be caused by the housing crisis; or may both be the result of the same situation. For example, inability to secure a living wage may lead to inadequate housing; however, also consider the impact of lacking a safe, fixed address on a parent securing employment while homeless. Additionally, these two crises – economic and housing instability – may both have roots in the same cause (for example, fleeing a domestic violence situation which leaves a parent and child both homeless and without financial support).

This paper introduces readers to the complexities of homelessness and housing instability for children and families; portrays the landscape of the current needs and situation in South Carolina, specifically Greenville County; identifies the direct and indirect connections between health and housing conditions; and provides recommendations for next steps.

No one paper or project will solve homelessness and housing instability nationally, in South Carolina, or even within our home community of Greenville County. This is a multi-faceted, complex problem, further complicated by the rapidly changing demographics and development. Additionally, this paper focuses most specifically on young children – elementary school and younger – with a particular focus on the prenatal and age 0 to 3 periods. This is both because children are in uniquely sensitive periods of development in this phase, at which time homelessness can make a significant impact, and also because younger children are more likely to be homeless than are older children. Some discussion is contained herein regarding the needs of older children and youth; our focus on younger ages should not be taken as a sign that older children do not have their own specialized needs.

Finally, this brief must be considered in light of the COVID-19 pandemic which has rapidly become a global health crisis and, at time of publication in September 2020, has had a significant impact on families in South Carolina. Alongside the most immediate health care concerns around the virus that causes the disease, the economic crisis as well as closures of schools and businesses have directly impacted a range of issues facing families, including food and housing insecurity. This paper does not attempt to update the literature in each section specific to the coronavirus, as the situation and what is known are changing so rapidly. However, the issues in

this paper are all the more urgent for children and families in light of this global crisis and its racial and socioeconomic disparities.

DEFINING THE ISSUE

Government Definitions

There is no one single way to be “homeless,” and, as a result, there are many definitions and important concepts to understand the full range of issues under this umbrella. The definition used by the federal Department of Housing and Urban Development – and so reflected in most state and local housing agencies – define as homeless someone who “lacks a fixed, regular, and adequate nighttime residence.”⁶ The vast majority – 91 percent – of US families meeting this definition live in shelters, but the remaining 10 percent live in places not meant for human habitation, such as in cars or on the street.⁷

This more expansive definition of “homeless” is used by the McKinney-Vento Act, the federal law focused on education of homeless students. McKinney-Vento was most recently amended in 2015 with the passage of the Every Student Succeeds Act (ESSA) and focuses on addressing challenges homeless students face in enrolling, attending, and succeeding in school. Each State Educational Agency is responsible for ensuring that homeless students have equal access to the same free and appropriate public education as other children and youth, including public preschool. The act creates a role for school systems in identifying homeless students; removing enrollment barriers (including those related to application materials/records, fine and fees; proof of residency); collaboration with other agencies and service providers working with these families; working to ensure school stability through the end of the school year, including transportation; and professional development.⁸ Homelessness often causes a major disruption in school attendance⁹ and can impact academic performance; thus, school stability is a priority per McKinney-Vento.

PRACTICAL DEFINITIONS

Sheltered/Unsheltered

There is limited research on the health impacts of living in a shelter on children and adolescents. Research is generally focused on a broad range of housing situations, including shelter, without specifying impacts from this one scenario. Some of the health impacts of living in shelter are similar to those of other crowded, communal living situations, including increased exposure to illness and hygiene issues. However, the specifics of life in shelter also create challenges unique to the environment.

Nationally, there are four types of shelters: ¹⁰

- Emergency shelters allow those who are fleeing a negative situation such as domestic violence an immediate housing option.
- Transitional housing provides shelter for those experiencing homelessness and can last up to a year.
- Permanent supportive housing provides longer-term housing along with services that aim to help the individual/family out of chronic homelessness.
- Rapid rehousing refers to programs that provide short-term rental services or assistances.

In 2016, the median amount of time families with children stayed in emergency shelters was 49 nights, while the median stay in transitional housing was 140 nights; South Carolina-specific figures for all populations (not just families) found an average stay of 63.7 days in emergency shelter.¹¹ In addition to sharing communal living space and the conditions of housing, many shelter residents may come into conflict with the rules of shelters which are generally in place to maintain safety and order but often infringe upon resident agency. Shelter rules for youth (adolescents and teens) often include curfew, being accompanied at all times, and signing in and out of the building. One study looked at the experience of youth across 10 family shelters in New York City in relation to these rules, particularly with an eye towards how previous trauma may color these interactions. Findings showed that youth-reported difficulty following shelter rules were associated with a higher levels of depression, though it was also linked to lower levels of substance use. The researchers theorize that this reflects a response to authority rather than a response to a specific rule. The mean age of participants was 12.87 years.

Another group of particular concern when it comes to family homelessness is “street-involved youth” or “street youth” - “youth who is not necessarily homeless but who is exposed to and experiencing the physical, mental, emotional and social risks of street culture.”¹² This can be youths who are in-between permanent shelters (with families or on their own) or potentially those who minimize time in a sleeping location because of challenges. One Canadian study found that street involved youth often lack the money, transportation and knowledge to access appropriate health care; they also may have increased concern about confidentiality, difficulty trusting authority, and need for adult consent.¹³ Given these characteristics, health care providers should approach treatment slightly differently – by attempting to reduce the need for follow-up visits which are likely to be missed and providing treatment in-office if possible versus prescribing a medication which may be lost or stolen on the streets.¹⁴

Doubled Up

A large number of families also live “doubled up” – living with friends and/or families in conditions which are generally not meant to accommodate the number of residents – creating conditions which are not ideal for child development and which may introduce instability. Some families living doubled up may live with in the same place full-time, or may circulate among a small number of residences. Experts estimate that the number of families living doubled up is probably *three to ten times* the number of children in shelter.¹⁵ In the 2015-2016, about 1.3 million students were homeless, with just over three-quarters living in “doubled up” housing. Another 14 percent are in shelters; 7 percent in hotels/motels; and 3 percent unsheltered.¹⁶

Motels/Moving from Place-to-Place

For many families and children, homelessness and/or double up living may be relatively short-term conditions. In 2016, the median amount of time families with children stayed in emergency shelters was 49 nights, while the median stay in transitional housing was 140 nights.¹⁷ However, frequent changes in living situation can themselves be disruptive.

Instability is the “experience of change in individual or family circumstances where the change is abrupt, involuntary, and/or in a negative direction, and thus is more likely to have adverse implications for child development;”¹⁸ the Children’s Health Watch defines this as moving two or more times in the previous 12 months.¹⁹ Various types of instability are usually intertwined, with one change impacting another domain. Urban Institute researchers report that “in some cases the causality of instability is not one-dimensional but results of a complicated series of events that compound over time”²⁰ -- essentially, a domino effect. While cost is a key element linked to housing, interpersonal factors and logistical needs are also important. Data from the

2013 American Housing Survey found that 3.3 million households had a new member join in the previous 12 months, which can cover a range of situations; however, a quarter of respondents reported “lack of money” as the reason for their move into an existing household.²¹ Housing instability and inadequacy are linked to other forms of instability and inadequacy -- economic, family, employment, childcare and school, residential, and domestic violence.

EFFECTS ON CHILDREN

To understand why housing matters so much to young children, it helps to understand how young brains develop.

Young children go through a phenomenal period of brain development during the first 5 years of life, particularly in the first 3 years. Neural connections form faster during this period than during any other period of life. The flip side of this booming development is that early childhood also represents a uniquely sensitive period for children.²² While children may only retain a small number of explicit memories from their first 3 years, the skills, competencies, and relationships developed during that time build the foundation for growth over the rest of their lives.

Broadly, children in the first years of life thrive when they are able to develop secure attachments to their caregivers; before young children can speak or develop friendships, they learn from responsive, face-to-face, reciprocal relationships.

All families will have days where maintaining this environment is difficult. However, any prolonged disruption of these relationships can have negative impacts on child development, and material scarcity, toxic stress, and instability, all key culprits. Exposure to stress, and the activation of the body’s response systems, is actually important to developing a well-regulated respond system in children. The key is to “buffer” these occurrences with nurturing, supportive relationships which bring the child back to baseline; as the Harvard Center for the Development Child writes, however, “if the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and brain architecture, with lifelong repercussions.” So-called toxic stress is created by prolonged and elevated stress response system without protective relationships.²³ Toxic stress is linked to long-term impacts including poor academic performance, inability to regulate emotions, adult cognitive abilities.²⁴ On a more tangible level, instability creates a number of challenges that both stress families out and create barriers to the care children need (including health care, access to education, etc.), including transportation issues and absenteeism. There is also a connection to ACEs, the ten early childhood experiences which have been well-established in research to have negative impacts into adulthood. Many of these ACEs are linked to household functioning, substance use and mental health issues, and family separation due to incarceration – all of which are intertwined in the lives of many families experiencing housing instability.²⁵

Physical and Mental Health

Homelessness begins impacting children even before they are born. Studies have found that children whose mothers who were homeless (living in shelter, motel, transitional housing, or not having a consistent place to sleep at night) during pregnancy and/or postnatally have negative health outcomes. Through interviewing low-income caregivers with children under 4-year-olds, researchers identified that families who were homeless both during a pregnancy and in the first year after birth had higher rates of hospitalizations after birth, fair/poor child health, and developmental delays; these outcomes were also more likely for children who were homeless only after birth.²⁶ Children whose mothers were homeless only during the pregnancy also had

higher rates of being hospitalized since birth and of fair/poor health than those who had never been homeless (but not for developmental delays). The researchers theorize that these outcomes may be linked to “limited social capital” which limits material resources and emotional support during/after pregnancy as well as the higher reported rates of maternal depression and anxiety which are linked to hypertension as well as other conditions. Being homeless at any point in the first year of life was associated with a higher rate of “fair or poor” infant health and developmental risk; it was linked to fair/poor health and depressive symptoms for the mother as well as child food security and foregoing health care for family members other than the infant.²⁷ The impacts of homelessness on child health – particularly related to asthma and emergency department (ED) usage – can persist up to age 6.²⁸

How common is homelessness during pregnancy and infancy? A five-city study (Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia) interviewed over 20,000 caregivers and found the following rates of homelessness: 3.2 percent homeless prenatally only; 3.7 percent postnatally only; and 3.5 percent both pre- and postnatally.²⁹ At least in these five cities, about 10 percent of low-income mothers experienced homelessness before and/or after the birth of their babies. The more representative Pregnancy Risk Assessment and Monitoring System (PRAMS) finds that about 4 percent of U.S. mothers experience homelessness in the 12 months before a pregnancy, and that these mothers were generally younger, less educated, and uninsured; they were also likely to experience differences postnatally, including less likely to begin/sustain breastfeeding, have babies with lower birthweights, and require a NICU stay. These mothers were also more likely to be Black or Hispanic, pointing to racial disparities in both health care access as well as housing stability.³⁰

A study in Massachusetts found that families use of ED for health care increased in the 12 months *before* use of emergency shelter and tapered off, to some degree, in the 12 months after (though it still remained high). The conditions which were being treated more commonly (for children: respiratory infections, otitis media, and asthma; for adults: pregnancy complications, respiratory conditions, and back pain) were noted by the researcher as conditions “typically addressed in less intensive setting,” suggesting that the turbulence in a family’s situation in the 12 months before a housing emergency is also causing this discontinuity of care and use of ED for routine care.³¹ The use of EDs for health care after emergency housing placement also suggests that families may be placed in shelter locations separate from their usual networks and communities, losing easy access to a regular health care provider. In particular, pregnancy and childbirth complications were linked to ED visits for adults in the study, potentially due to an increase in stress and disrupted health care access as a result of housing instability.³²

When family financial resources are strained, tradeoffs are made. A 2019 study found that 54 percent of 1,000 renters surveyed, reported they had delayed medical care in order to pay their rent – this included foregoing routine check-ups, treatment while sick, and accessing over-the-counter medicine.³³ All of the medical professional surveyed reported at least one case of their patients expressing concern about housing affordability.³⁴ This study did not specifically ask about children in the household, but it makes clear the concerns and trade-offs for adults, which will impact any children in the household. Families are likely to prioritize a child’s needs before their own; at least one study found that mothers who experience homelessness delayed health care services for a family member other than the child.³⁵ However, parent health is important to a two-generation model of child well-being and flourishing and thus should be considered essential rather than an afterthought.

Academic Achievement

Homelessness affects a child's academic achievement far before they enter school. It can even begin as early as prenatally. Homelessness or housing instability causes a great deal of stress. While stress, especially chronic or toxic stress, is not good for a person of any age, its effects on children are far worse. Because the brain is developing so rapidly during the early years of a child's life, it can be significantly affected by stress. Stress manifested in adverse childhood events such as homelessness or housing instability can alter the structure and function of the brain.^{36 37} This affects the social, cognitive, and emotional development and competence of the child. Because of this, children can experience memory problems, academic difficulties, poor interpersonal skills, and behavioral challenges.^{38 39} Specifically, stress can affect the development of a group of processes known as executive functioning. Executive functioning includes a person's ability to make and follow plans, focus attention, use information to inform decision making, inhibit impulsive behaviors, and form social relationships. All of these processes are critical to the success of a child in school and beyond. So, children who experience adverse childhood events and other forms of stress are behind academically before they even step foot in a school.

Unfortunately, homelessness continues to affect academic achievement beyond this critical period of development. School-aged children experiencing homelessness or housing instability face a number of challenges to succeeding in school that their housing stable peers do not face. Homeless students may have a more difficult time completing homework due to chaotic surroundings in a shelter or a crowded doubled-up house. They often experience frequent moves which cause them to get behind in school.⁴⁰ Homeless students are also more than two times as likely to be chronically absent than their housing stable peers due to difficult commutes, lack of sleep, chronic physical and mental illnesses, etc. ⁴¹ Due to all of these reasons and more, students experiencing homelessness have lower academic achievement.

While the "achievement gap" between homeless children and their housed peers can be seen as early as preschool, this achievement gap is evident by the third grade when students begin standardized testing. One study found that homeless students were about half as likely to receive a proficient score on standardized tests as their housed peers. ⁴² An analysis done by the National Center for Homeless Education revealed that in the 2016-2017-year, homeless students in grade 4 around the country received proficient scores in language arts and math at percentages of 29.3 percent and 27.6 percent respectively. ⁴³ The national proficiency levels for all fourth graders in language arts and math were 37 percent and 40 percent. ^{44 45} Unfortunately, these data reveal that this gap continues on throughout high school.

Stability/Routines

A chaotic household, which can be caused by overcrowding or incomplete facilities, trickles down to impact the daily living conditions of families in several ways. It "hinders parents' ability to be actively involved with their children and maintain consistent parenting strategies such as bedtimes, mealtimes, and homework schedules."⁴⁶ About 14 percent of households with children were considered overcrowded between 2009 and 2011. Overcrowding and chaos are predictors for poor attention skills, conduct, and ability to process social cues in children.⁴⁷

Stability = Routines

Imagine a family's morning routine, having breakfast, packing lunches, brushing teeth, getting the kids to school and child care, and getting the adults off to work.

Now imagine that routine changing every few months, starting over in a new space which might not have a full kitchen or might have a family member sleeping on the couch.

The adults are stressed about a longer commute, which makes pick-up time harder after school. The children might be going to a new school, closer by, but starting over with new teachers and new classmates.

Imagine adding in the additional stress of barely making rent each month, worrying about the electric bill, or foregoing car repairs to pay housing costs.

This causes more than just a headache – it's a recipe for disruption, stress, and an environment which does not fully support child flourishing.

A number of factors contribute to housing instability, including economics, family circumstances, and the broader housing market. Instability, including both homelessness and frequent moves, have a negative impact on children's mental and emotional health, including anxiety, withdrawal, stress, early depressive symptoms, and poor social development.⁴⁸ Each move may exacerbate these concerns. Children can be buffered by a number of protective factors through these changes, particularly through the continuation of safe, stable, and nurturing relationships.⁴⁹ Adult caregivers are also impacted by this frequent turnover and the circumstances which lead to it. Maternal depression rates are higher in families with less stability, and this

has a negative impact on the parent-child relationship which is so crucial to early childhood development.⁵⁰

HOUSING: A PRIMARY FACTOR

A roof over a family does not guarantee safe and healthy living conditions linked to child flourishing. **Housing quality** and **affordability** are important considerations.

Housing Quality

While a roof over a child's head is key to creating a flourishing environment, the quality of the housing scenario is also important. Environmental hazards and poor-quality housing is not always visible and, particularly for low-income residents who are more likely to be renters, often feels out of the control of residents.

Lead exposure is one of the most pressing issues in children's health. Exposure to lead can drive/trigger - an increased risk of developmental delay, behavior problems and poor social-emotional development, slow growth, anemia, and – in rare case - seizures, coma, and death.⁵¹ There is no level of lead exposure considered "safe" for children, and even low blood lead levels can have been shown to have an impact; this is particularly true for children under the age of 6.⁵² Household lead exposure generally occurs through two avenues: lead in drinking water and/or lead paint in the home.

According to the CDC, an estimated 14 million children below the age of 6 live in houses built before 1960, which are more likely to have lead-based paint; 35 percent of low-income housing units have such paint.⁵³ A national report on lead-based paint in housing done by the

Department of Housing and Urban Development (HUD) and the United States Environmental Protection Agency (EPA) reveals that approximately 76 percent or 27,275 housing units in the U.S. that were built between 1960 and 1979 have lead paint somewhere in the home. That number increases to 90 percent for homes built before 1960. There are approximately 12 million homes that have been determined to have lead-based paint that are occupied by families with children under the age of 7. In the South region of the United States, 82 percent or 20,393 privately owned housing units have lead-based paint somewhere in the building.⁵⁴

Lead exposure via water is usually a result of lead pipes used in the water delivery system. Older homes are more likely to have lead pipes. However, public water systems also play a role, as the situation in Flint, Michigan has demonstrated – when the city switched to using a different water source, the water was not treated with an anti-corrosion agent, resulting in corrosion of the delivery pipes and leaching of lead into the system.⁵⁵

Roughly 87 percent of the U.S. population receives their household water from public water systems.⁵⁶ Of the 671 public water systems that are monitored for lead in South Carolina, 99 percent have not had excessive lead levels (>0.015 mg/L) since 2014 and no public water systems serving more than 50,000 residents have exceeded this lead level in the last five years.⁵⁷

More than 25 million Americans have asthma⁵⁸, and it effects around 6.2 million children nationally.⁵⁹ In South Carolina, 8.4 percent of children currently have asthma.⁶⁰ While genetics play a role in asthma risk, environment is also a factor. Childhood asthma has been linked to indoors growing molds in the home, though the link is complicated.⁶¹ Some research has shown a link between household mold exposure at an early age and later asthma diagnosis. One study tested samples on the Environmental Relative Moldiness Index when children were 8 months old and followed up regarding asthma tests at age 7, finding a link. They identified three types of mold specifically identified with asthma. Other studies have found that even homes with high ERMI scores which are remediated can yield improvements in children’s asthma.⁶² Mold can be remediated, either by individuals or specialized firms depending on the situation, though families may be unaware they have a need, particularly if the mold is “invisible” in an HVAC or water system. The situation is more complicated still for renters. Landlords are only obligated to maintain essential services like hot water and plumbing, but this is often not well-defined in state/local laws⁶³ and requirements vary by area. According to the American Apartment Owners Association a “landlord generally cannot be held liable unless he or she knew — or should have known — the problem existed.” Tenants are encouraged to document all reports of old or environmental issues that they make to their landlords. There are some issues which may merit going to court, but the cost and time commitment is often too onerous for tenants.⁶⁴

Unmitigated, these kinds of issues have health and financial costs that burden individual families and health systems. As a result, Medical-Legal-Partnerships (MLPs) have arisen over the past decade to address these kinds of issues. MLPs are a cross-disciplinary approach to integrated healthcare, proven to improve child and family health and economic outcomes. Using this approach, doctors and lawyers work together to address and prevent health-harming civil legal barriers to a person’s quality of life and health outcomes.⁶⁵ Using the prior example of asthma, an MLP could work in the following ways:

1. A child is admitted to the hospital multiple times for asthma
2. The child is prescribed medicine, but continues to return to the hospital because the root cause (mold in housing) is unaddressed
3. Doctor/nurse refers the family to an MLP attorney

4. The attorney investigates the home and takes legal action to address the root cause on behalf of the family

Over the last decade, 333 hospitals and health centers across the U.S. have adopted the MLP approach. Beyond health care organizations, 146 legal aid agencies and 53 law schools across 46 states collaborate on MLPs.⁶⁶

Children can also be impacted by environmental hazards in properties outside of their homes, of course. Several school systems have made headlines in recent years regarding lead, mold, and other substandard conditions. Child care facilities, with their decentralized administration, may also face challenges. There is no national policy that requires all child care facilities undergo testing for common contaminants; just 13 states require tests for environmental issues such as lead paint, lead in water, radon, and asbestos.⁶⁷ Children are more likely to be exposed to toxic chemicals because they are developing still, they have a tendency to explore objects of all kinds with their mouths, and they crawl around and explore in areas that may be contaminated.⁶⁸ Because of their smaller size, children are also more susceptible to environmental hazards than are adults on a “per unit of body weight” basis.⁶⁹ The issues of child care and housing conditions intersects directly at home-based child care, in which children are provided child care in the (licensed or unlicensed) home of a local resident, as opposed to a larger center. Home-based child care is more common among low-income residents because of its lower costs.⁷⁰

Housing Affordability

Housing affordability is complex. HUD defines paying more than 30 percent of monthly income on housing as being “burdened” by housing costs, but this is not simply a proxy for income because of the regional cost differences and availability of adequate housing.⁷¹ However, this metric *can* be linked to other indicators of families who may be struggling; “state level median rents are a strong predictor of food insecurity.”⁷² Affordability matters not only for the sake of family finances, but is also shown to result in fewer disruptive moves for children (which is linked to better school attendance and behavior) and also reduces crowding in housing and prevents homelessness.⁷³

Applying the cost burdened metric to 2018, 83 percent of families making less than \$15,000, 79 percent of families making \$15,000-\$29,999, and 55.7 percent of families making \$30,000-\$49,999 were cost burdened.⁷⁴ Specifically for renters, 47.5 percent of families were cost burdened in 2018.⁷⁵ Another useful metric in describing housing affordability is the price to income ratio. This is calculated for any given housing market by taking the average cost of homes sold and dividing it by the median income of that market. A standard, accepted figure for a “healthy market” is 2.6⁷⁶; or put simply, if the median income of an area is \$50,000 annually, the average price of homes sold should be \$130,000 to make the ratio 2.6. Since 2000, however, the price to income ratio has risen steadily to 4.2 nationally in 2017.⁷⁷

Eviction and “soft eviction”

Nationally, about 2.3 percent of renter households were formally evicted in 2016, according to the Eviction Lab at Princeton University.⁷⁸ This number only reflects formal evictions completed through the legal system; it does not include “informal evictions,” including paying residents to leave, illegal lockouts,⁷⁹ and other “soft” evictions in which landlords create conditions in which renters decide to move or are threatened with eviction and so move.⁸⁰ Rates differ sharply by state and localities based on protection for renters offered by different areas. Across South Carolina, 41,000 households are evicted from rental housing each year, or 8.87 percent of all

renters – 112 families per day. The rate of eviction *filings* is even higher, at nearly 19 percent of renter homes in South Carolina.⁸¹ North Charleston, South Carolina has the unfortunate distinction of having the highest rate of evictions of any city nationwide, at 16.5 percent.⁸² Unfortunately, more recent public data is not available for all communities, as highlighted by the Eviction Lab. This data gap is a major barrier for better understanding the tremendous disruption of eviction and the impacts on children.

While many communities are hesitant to introduce new restrictions governing evictions, there are other opportunities to help mitigate a landlord-tenant disagreement to avoid a formal eviction, which is disruptive to both parties. For example, in 2019, the Charleston Housing Court Pilot Project – the first in the state – was launched. Local legal and social service providers partner on the effort.⁸³ Pro bono attorneys work with low-income clients, who are connected with the court through a 2-1-1 call and screening process. The goal of the pilot is to help landlords and tenants communicate the issues and find alternatives to evictions where possible, including connecting residents with rent assistance, challenging an illegal eviction, addressing poor conditions, or – if parting ways is the best decision – negotiate a move without an eviction on record, which can make future housing harder to secure.⁸⁴

CASE STUDY: Homelessness in South Carolina and Greenville

As an organization based in Greenville, South Carolina with national policy experience, ICS recently had the privilege of doing a “deep dive” on childhood homelessness in our local area. While each community – and often, sub-communities within those – faces its own specific challenges to providing safe, affordable, quality housing to residents, there are often major trends which can be identified. Housing issues are complex and as we have outlined above, impact all aspects of family life. However, the fact that several trends are at play in most communities allows communities to learn from each other. We provide this section on Greenville County and the Upstate region as a tangible example of what family housing challenges can look like, and how stakeholders can collectively approach challenges.

First, what is the scope of childhood homelessness in the region, and who is disproportionately impacted? At the state and local levels in South Carolina, there are two main resources that provide reliable figures on homelessness: the annual “Point in Time” (PIT) count and the Department of Education (and its constituent school districts). Both are valuable within their given scope, however, due to the differences in definition, referenced above, the results paint different pictures.

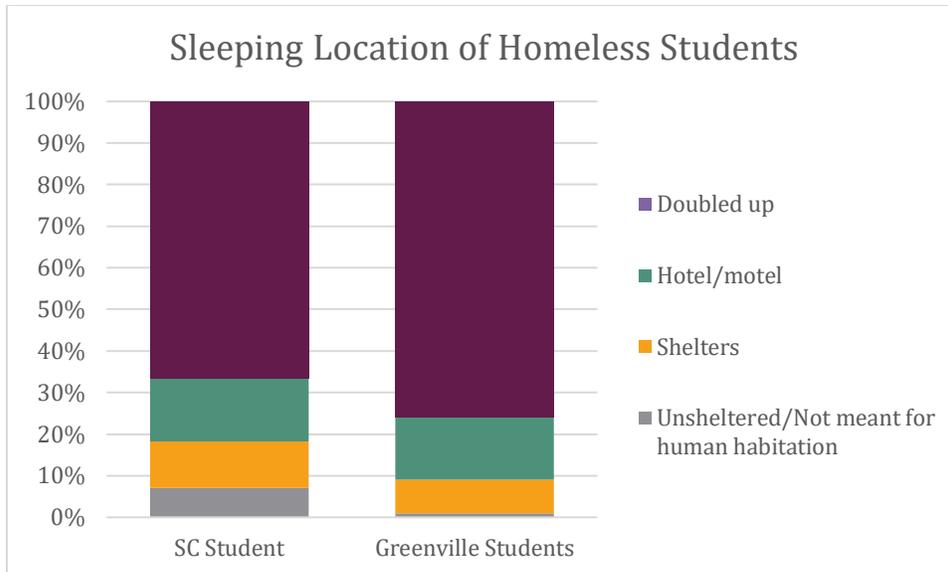
The 2017 PIT count, performed annually in January, identified at least 3,916 individuals as experiencing homelessness, a 29 percent decrease from the previous year.⁸⁵ In 2019, that figure was 4,172. However, during the 2016-2017 year, 11,338 individuals were served in homeless housing projects.⁸⁶ While it is fair to assume that some of these 11,338 individuals were double counted, the disparity in figures demonstrates that there is an unresolved dissonance in fully understanding the scale of the issue. That said, the PIT count also notes several demographic findings, which are reported here for the state, Upstate consortium, and Greenville County:

- **Age and Family Composition:** The vast majority of homeless individuals are over the age of 24 (80 percent). About 1 in 7 homeless individuals in SC and in the Upstate is under the age of 18.⁸⁷ In the Upstate (comprising 11 counties), 269 families are represented in this count.⁸⁸
- **Race:** Half of the Upstate's homeless population under this definition is white, with 44 percent of the population reported as Black.⁸⁹ For reference, the Census Bureau reports that the general population of this region is 19 percent Black, indicating that homelessness disproportionately impacts this population in the Upstate.⁹⁰
- **Gender:** Men represent between 61-63 percent of the homeless population captured in the report across all analysis groups (SC vs. Upstate and sheltered vs. unsheltered).
- **Frequency:** Statewide, and in the Upstate region, almost all individuals in the PIT count were homeless for the first time (98 percent statewide; 99 percent in the Upstate), as opposed to returning to homelessness, which speaks to the often short-term but turbulent nature of homelessness.⁹¹

In Greenville County, at least 627 individuals experienced homelessness in 2017. The majority of individuals (440) were sleeping in sheltered locations, emergency/cold weather shelters with another 187 unsheltered. In the same count, at least 131 were identified as “chronically homeless” and 31 were veterans.⁹²

The Department of Education uses a more broad definition, the McKinney Vento Definition, which not only includes all individuals identified in the PIT count, but also expands it to include any family living “doubled up.” Families with children are more likely to live in “doubled up” housing, long-term in hotels/motels, or in other sheltered arrangements than on the street, as parents will consider many other options before shelter or living unsheltered. As a result, “literally homeless” misses the vast number of students impacted by this less visible form of homelessness; the McKinney-Vento definition used by schools captures this more accurately.

In South Carolina, 14,140 children were homeless based on public school data in 2016-17: 1,006 were unsheltered; 1,581 were in shelters; 2,130 were in hotels/motels; and 9,423 were doubled up.⁹³ Note that this information does *not* generally include young children who are served in preschools or other settings outside of the public school system, as the Local Education Agency (LEA) is the reporting entity. A total of 1,089 students in the Greenville County school system were reported as homeless; their sleeping locations are reported on the following page:



Source: <https://www.usich.gov/homelessness-statistics/sc>; Greenville Housing Authority. *Second Chance Housing: A new lease on life. Our case for collaboration*

With regard to homelessness among children age 0-5 in the region, there is little information available. The school districts are able to identify students experiencing homelessness in pre-k, very little is known about any families with children that are not in school district or government programs. As a result, there is very little, if any, data at the national, state, regional, and local levels. This is a significant barrier to understanding the scope of the issue and how it affects others, such as kindergarten and school readiness, mental and physical health, and financial status of parents.

Building on the work already accomplished in the community, specifically the work of the Greenville Homeless Alliance and Housing Trust Fund, the Institute for Child Success (ICS) partnered with the [Bradshaw Institute for Community Child Health & Advocacy's](#) on behalf of the Greenville County Care Coordination Collaborative (GCCCC). Grant funding was awarded to the Bradshaw Institute by the Community Foundation of Greenville to support the Childhood Homelessness Project. ICS led the Childhood Homelessness Project, which aimed to address the issues of housing instability and family homelessness in Greenville County, South Carolina. The goal of the first year was to develop a deep understanding of the child homelessness landscape and to create a plan to improve family housing stability as well as child health and education outcomes. Under this collaboration, ICS completed the following:

1. developed a Landscape and Unmet Need Analysis.
2. identified and built partnerships, and established a Steering Committee to work on these issues.
3. organized a community listening tour that provided an opportunity for feedback from local service providers, community stakeholders, and families.
4. designed the implementation phase of the proposed initiative including a Strategic Plan that highlights challenges and opportunities for addressing childhood homelessness and instability as well as potential funding opportunities to consider, and next steps for addressing issues on the ground.

ICS completed a deep review of national, state, and local data on homelessness and housing quality, and identified three specific zip codes in the County to conduct “listening sessions” to develop a better qualitative understanding of challenges to quality housing. Broadly, the following trends were identified as contributing to unstable or insufficient housing for children and families:

- Cost of rent
- Lack of available housing options
- High initial housing costs
- Lack of means of communication
- Substance use
- Mental health issue
- Differing housing program eligibility
- Rental histories (including previous evictions)
- Distrust of government entities

The following steps were identified specifically for the Greenville community, taking into account its assets, current lines of community-wide effort, and its history of taking on large scale projects. The steps include:

1. Creating an electronic database of resource documents and training materials
2. Utilization of an existing shared database system in operation in the community
3. Expansion of funding for specific needs
4. Execute on existing affordable housing and shelter bed recommendations
5. Engage with local government through savvy policy creation
6. Strengthen existing collaborations, both formally and informally

ICS believes that these are steps that the Greenville community can take toward significantly addressing the issue of child homelessness in the community. While ICS acknowledges each community will come to a solution in its own way, there are many opportunities to explore these options within communities outside of Greenville. However, ICS asserts that a solution will come in the form of strong local collaboration, supported by technology and information, and funded by a mixture of local, state, and national funders.

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