Meeting the developmental needs of young children experiencing homelessness

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Overview

About 1.2 million U.S. children under 6 years old experience homelessness every year.[1] The vast majority of children stay with friends or extended family, while others stay in shelters, motels or hotels, or settings not intended for human habitation.[2,3]

Young children (those ages 0 to 6) make up nearly half of all children living in emergency shelters, and infancy is the developmental period of greatest risk for entering a shelter.[4,5] In recent years, more children are at risk for homelessness due to rising housing costs, evictions, growing economic insecurity, and the erosion of public early childhood and family support programs.[6]

Homelessness during early childhood is especially concerning because the first years of life are a period of rapid brain development, when children are particularly sensitive to their environments.[7,8] External influences, both positive and negative, have a more pronounced effect as young children are developing foundational cognitive, social, emotional, and motor skills that support life-long developmental competencies.[9] Homelessness is a risk for a variety of poor outcomes, spanning physical health, behavioral health, education, and other important developmental areas.[10]

Children's developmental resilience in the face of these challenges depends on how well social systems support their families and assist them in meeting their children's needs. To promote healthy early developmental skills, young children need warm and responsive caregivers, consistent and healthy nutrition, adequate housing, protection from danger, healthy sleep, and appropriate environmental stimulation.[11] Homelessness threatens each of these needs.[12,15]

This early window of sensitivity also presents opportunities to promote resilience. Early sensitivity enables developmental screening and interventions to alter the course of young children's development. Early intervention and prevention programs can promote developing skills, with a high financial return on investment.[16–18] For the purposes of this policy brief, we define early intervention and prevention broadly to include Individuals with Disabilities Education Act (IDEA) Part B- and C-specific eligibility, as well as evidence-based services, such as early home visiting, parenting supports, and early education centers.

This policy brief urges federal and state leaders to invest in the systems that identify and support young children experiencing homelessness through:

- **Expanding early developmental screening:** Policymakers should fund efforts to screen all families experiencing homelessness (broadly defined), including funding for screening tools, training, and outreach strategies in community settings.

- **Increasing timely access to family-based and trauma-informed early prevention and intervention services:** Building financial infrastructure and clear, timely referral processes for early prevention and intervention services for families experiencing homelessness is key. Early prevention and intervention services should include evidence-based family prevention programs, early education, and other developmental intervention services such as occupational therapy, speech therapy, and more.

- **Stabilizing family basic needs:** Policymakers must strengthen and expand programs that reduce housing and food insecurity for families with young children, including housing subsidies, the Special Supplemental Nutrition Program for Women, Infants, and Children, Temporary Assistance for Needy Families, and others.

With the development of comprehensive infrastructure to support early screening and intervention, policymakers have the potential to alter lifelong developmental trajectories for millions of U.S. children.

In Brief

- Children under age 6 are at greater risk for experiencing homelessness compared to older children, yet early childhood homelessness increases the risk of concurrent and future developmental problems.

- Families experiencing homelessness are under identified for supports and face barriers to engaging in screening and early intervention services.

- Early identification of developmental problems and early prevention and intervention services can effectively support children and families while providing a high societal return on investment.

- Federal and state policies need to increase access to family-centered screening and early prevention and intervention services for young children experiencing homelessness both in and outside of shelter settings. Policies should address common barriers to access including effective outreach, knowledge/awareness, professional staffing, transportation, and trusting relationships with families.

- Early intervention services are a complement to—not a replacement for—programs that support basic needs or reduce housing instability, including housing support, financial support, and nutrition assistance programs.

The growing and urgent problem of early childhood homelessness

Young children ages 0 to 6 years old are disproportionately affected by homelessness. Every year, about 1.2 million young children in the United States experience homelessness, including more than 446,000 infants and toddlers.[1,2] Nearly half of all U.S. children staying in emergency or transitional

shelters are under the age of 6 years old.[19] The crisis of family homelessness in the United States is also worsening. Point-in-time estimates in 2024 suggest a 33 percent increase in child homelessness since 2023.[6] Affordable housing remains out of reach, with only 29 affordable and appropriately sized units available for every 100 renter households.[20] Lack of affordable housing will continue to exacerbate the already-alarming rates of precarious housing and family homelessness in this country.

Homelessness disproportionately affects racial and ethnic minority families, immigrant communities, and people with disabilities.[21–23] Black, Native American, and Latino/a individuals are more likely to experience homelessness with children, compared to White families.[21,22] This disparity is rooted in systemic racism, including the ongoing impacts of slavery, segregation, poverty, housing discrimination, incarceration, and disparities in access to health care.[24] Immigrant families also face additional barriers such as language, fear of immigration uncertainty, and limited eligibility for social program benefits.[25] Any policy responses to the crisis of homelessness must intentionally address these disparities. Materials and services should be accessible in multiple languages and must attend to variation in cultural norms and stigma around early childhood developmental disability and mental health.

Homelessness poses risks to childhood development and lifetime outcomes

Homelessness threatens young children through both immediate negative experiences (such as witnessing violence) and longstanding chronic risks (including lack of nutrition) to child development. Families face residential instability, food insecurity, loss of routine, limited access to quality health care (including prenatal

Defining Homelessness

Homelessness is more than staying in a shelter or on the street. Federal definitions should be uniform and match this reality.

The U.S. Department of Housing and Urban Development uses a definition of "literal homelessness" that refers only to individuals residing in homeless shelters or being unsheltered. Yet the vast majority (84 percent) of families with children experiencing homelessness are staying temporarily with friends or relatives or in hotels or motels due to economic hardship.[2,3] The HUD "literal definition" of homelessness that guides many programs excludes families temporarily staying with friends and family or who are paying to stay in hotels or motels.

The McKinney-Vento Homeless Assistance Act, which authorizes various education and early childhood programs for homeless youth, acknowledges these other forms of homelessness. New policies and initiatives—including funding formulas—should adopt this broader definition of homelessness to better serve the population of families experiencing homelessness beyond those in shelter systems.

care), limited access to quality child care, and frequent exposure to potentially traumatic events.[10,26,27] Children experiencing homelessness face more risk factors than their low-income but stably housed peers, including more community violence, parental incarceration, and involvement with child protective services.[12,28]

The stressful experiences of homelessness can hinder development, especially during early childhood. Experiences matter more during early childhood because it is a period of rapid brain development and heightened sensitivity to experiences.[7,8] Indeed, homelessness during early childhood makes developmental challenges more likely in nearly every assessed domain, including cognitive ability, speech, education, mental health, and physical health.[5,29–41]

Programs must identify and support children experiencing homelessness who are already showing developmental challenges. If developmental disparities go unaddressed, young children can face long-term problems across almost every aspect of their life. This affects the specific child, as well as society in general: These children are more likely to need additional educational support, face arrest or involvement in the justice system, and require higher-cost medical care later in life.[42-46]

Not all children with early experiences of homelessness have poor outcomes, however, and policymakers and practitioners have tools to support children's resilience and healthy development.[10] Resilience can occur through varied and powerful positive factors in the lives of young children. In most cases, resilience is rooted in environments that are responsive to the specific needs of the child. Formal social service systems can help support resilience when they are effective in identifying child and family needs through screening, are intentional about ensuring access for families who need support and help ensure that the child's and their family's basic needs are met.

Developmental disabilities and mental health issues also occur at disproportionately high rates among parents experiencing homelessness, heightening children's risk for developmental disabilities of their own. Disabilities are 2.5 times more likely among single adults experiencing homelessness, compared to the general U.S. population.[23] Twenty-one percent of parents staying in shelters reported a developmental or physical

disability, while 74 percent of parents experiencing homelessness meet the criteria for at least two lifetime mental health disorders.[46,47]

Families thrive when caregivers are well-supported. Programs for families experiencing homelessness must acknowledge the varied-but-common needs and challenges of caregivers when it comes to accessing and participating in services. First, children cannot benefit from public supports when caregivers cannot access them due to the challenges of homelessness, such as lack of time, unemployment, stigma, reduced autonomy, strained relationships, or residential mobility, or challenges specific to individual parents, including challenges with daily living and mental health diagnoses. Furthermore, two-generation approaches to program delivery generally support children's well-being by simultaneously attending to the needs of the child and their caregivers.

Programs and mandates must be cognizant of both the contexts of family homelessness and potential caregiver disabilities. Thoughtful programs across service sectors need to be put in place to support both the needs of children and their caregivers. Shaping effective policy that benefits all U.S. families experiencing homelessness requires this sort of equitable service provision. Otherwise, the programs will fail.[48]

Validated screening can expedite services

Timely developmental screening will identify children with delays and guide appropriate care. Well-validated, standardized assessments are essential for gathering trustworthy information about developmental progress. This includes tools such as:

- The Ages and Stages Questionnaires[49]
- Brigance Early Childhood Screens[50]
- Devereux Early Childhood Assessment[51]
- The Bayley Scale of Infant and Toddler Development[52]

Practitioners can also use standardized guidelines developed by experts in the field for assessing multiple levels of functioning, including health,

developmental milestones, mental health, parent well-being, and attachment relationships.

Recognizing this need for early screening, policies and mandates have broadly prioritized developmental screening efforts to improve timely diagnosis, referral, and uptake of early intervention services for all children. The American Academy of Pediatrics recommends, for example, standardized developmental screening that covers multiple areas of skills and child functioning for all young children.[53] This recommendation has improved timely diagnosis, treatment referrals, and uptake of early intervention services for all children.[54,55] Head Start and Early Head Start also mandate comprehensive developmental screenings within 45 days of enrollment.[56]

Evaluation and monitoring for infants, toddlers, and preschoolers with developmental delays and disabilities is mandated by the Individuals with Disabilities Education Act, Parts B and C. Some states, including Massachusetts and Minnesota, mandate further screening efforts across all pediatric or learning settings. These states require standardized developmental screenings be available in community-based settings and are funded through Medicaid reimbursement or school readiness initiatives.[57]

Despite these policies, families experiencing homelessness are still often delayed or completely missed in the early identification of developmental concerns.[30,58] Families experiencing homelessness can lack stable access to primary care physicians and early learning programs where screening typically occurs. Families who experience homelessness but are connected to formal service systems (such as shelters, child welfare, or high-quality preschools) are more likely to be identified and benefit from support services.[26] Unfortunately, families who are staying in motels, hotels, or staying with family or friends are often missed. Despite well-intentioned universal screening efforts, a lack of access to screening opportunities contributes to disparities in service receipt and outcomes.

Promising local models must be expanded nationally. In Minnesota, for example, the McKinney-Vento Liaison for a large urban school district works in conjunction with several family shelter sites to do outreach and offer developmental screening on-site at shelters annually. This has improved identification of children in need of additional services. Aligned with this

example, a more comprehensive national reform is necessary to address these inequities in access to developmental screening.

Eliminating barriers to early intervention will increase utilization and improve outcomes

Identifying children in need of services is only the first step. Following identification of delay or disability, families must be swiftly connected to appropriate, accessible, and evidence-based early intervention services. Such services—including occupational therapy, speech therapy, and physical therapy—will support children's developmental outcomes.[7,18,59,60] Access to services can be further expanded by widening the eligibility criteria for the Individuals with Disabilities Education Act Part C. Despite the potential to include children's experience of early environmental risk (such as homelessness) in IDEA Part C state eligibility criteria for early intervention, very few states (Massachusetts, New Mexico, and West Virginia) do, as of a 2023 analysis that includes such criteria.[61]

Further, provision of broad preventative intervention programs also demonstrate promising outcomes for young children's development.[62,63,64] These are programs such as early home-visiting, parent-child dyadic interventions, and early education. Children do not necessarily need to demonstrate delays to be eligible but are deemed at-risk based on other criteria. Early preventative intervention services that include the parent and child together, such as early education and family based interventions, for example, have large estimated returns on investments—up to a $2 to $4 return for every $1 invested in early intervention.[16,17,68,69]

Early Head Start promotes developmental skills (such as social-emotional, cognitive, and literacy), better health, and higher educational attainment.[51,65,66] Enrollment in Early Head Start/Head Start and high-quality early child care programs also serves as a pathway to comprehensive early intervention services for children that develop a disability, while connecting families to supports for their basic needs.[67] Special education services also can be made available through onsite connections to screening and multidisciplinary responses to developmental delays and disability.

Recognizing the importance of these services for children experiencing homelessness, federal guidelines ensure that children under the "broad"

definition of homelessness—including those staying with family or friends, in hotels or motels, and other homelessness contexts—are categorically eligible and prioritized for enrollment in Head Start and Early Head Start. Agencies can reserve up to 3 percent of enrollment spots for 30 days for children experiencing homelessness.

Further, lead agencies that administer the Child Care and Development Fund aim to support access to early child care for low-income families. These agencies are allowed to allocate specific percentages of their budget to perform outreach to families experiencing homelessness. These programs reduce barriers for families experiencing homelessness, including allowing children in Early Head Start and Head Start to be enrolled for 90 days without full records and grace on required immunizations. Publicly funded child care agencies can also prioritize families experiencing homelessness and expedite their enrollment process. Additionally, several states allow for families experiencing homelessness to postpone work requirements for these services.[68]

Despite these efforts, uptake remains low. Only 1 in 10 infants and toddlers experiencing homelessness are enrolled in child care, early education, or home-visiting programs.[2] The U.S. system still depends widely on private child care entities that cannot meet families' needs for care. Parents in emergency shelters highlight lack of subsidies or availability as primary reasons for not engaging in child care. Many parents also are reluctant to engage in child care for their young children, citing concerns for their child's safety with child care workers.[69] Despite these challenges, intentional efforts to encourage collaboration between early childhood programs and shelter systems show great promise for increasing enrollment in early childhood programs.

Many state and federal agencies have taken steps to improve access to early intervention and prevention services for children experiencing homelessness. Pennsylvania legislation, for example, requires early intervention agencies to proactively identify young children with disabilities or delays experiencing homelessness to offer screening, monitoring, and early intervention services, which has corresponded to higher rates of early intervention involvement among families staying in Philadelphia shelters.[70] The Building Early Links for Learning program in Philadelphia reports early childhood program enrollment

rates that are about 600 percent greater than the national average for newborns to 5-year-olds experiencing homelessness.[26]

Following suit, policymakers and practitioners should identify ways to build trust with families around the benefits of child care and early education, increase its availability, and create alternative pathways to initial engagement with early intervention services that are not so dependent on engagement with early education or child care centers.

Affordable housing, rental assistance, and other basic needs programs will reduce homelessness and other threats

In addition to identifying and providing services to children experiencing both homelessness and developmental challenges, policymakers must take action to support access to safe, healthy, and stable environments. In fiscal year 2024, the federal government spent about $58 billion on housing support through tenant-based rental assistance, Department of Housing and Urban Development project-based rental assistance, and public housing—just 1 percent of the federal budget. Yet only 25 percent of eligible families receive HUD-based assistance annually, leaving millions of vulnerable Americans in need.[71] Federal legislation should expand these programs.

Expanding rental assistance and prioritizing housing that is appropriate for families can mitigate developmental risks. Access to stable, affordable single-family housing, apartment units, duplexes, or private rooms among others reduces family stress and supports consistent routines that are essential for development. Safe, high-quality housing free of pests, lead, and mold protects against asthma, lead toxicity, and injury. Access to opportunity-rich neighborhoods improves children's health, education, and safety. Reducing overcrowding and preventing displacement further supports family mental health and early learning. Rental assistance policies that provide families with housing choice, longer stays, and private family spaces can promote healthier, more equitable starts for young children. These policies reduce the likelihood of children's future engagement with costly justice, health, and social service systems, while increasing educational achievement and the contribution of skilled labor to U.S. society.[72–75]

Additional resources, such as cash-based and nutrition-focused assistance programs, can alleviate cost burdens for low-income families and increase family access to needed developmental nutrition supports. The Temporary Assistance for Needy Families program reduces family homelessness and has had a particularly positive impact on majority-Black and Native American communities.[76] Yet reductions in access to the program may be driving more instances of family homelessness.

The Women Infants and Children program provides for the nutritional needs of young children and their parents, serving 6.6 million participants each month in 2023, including 39 percent of all infants in the United States.[77] This number has been increasing steadily through 2022, suggesting a growing and pressing nutritional need among young children.[78] Early WIC participation predicts cognitive and academic benefits, providing a positive return on investment.[82] All of these services and policies reduce the known poverty-related impact of instability, unpredictability, and lack of nutrition on the developing brain.

A comprehensive policy response can support long-term positive outcomes for children experiencing homelessness

Young children experiencing family homelessness are often hidden—and sometimes overlooked—from the formal service systems designed to meet their needs. Oftentimes, shelter and housing systems are not versed in early childhood development or equipped to support the needs of young children. Meanwhile, mainstream social service systems may not be designed to accommodate families. Families experiencing homelessness are less likely to receive any service, in general, despite their high risk and eligibility for those services.[2]

Even when families are connected to systems of care, they often do not disclose their housing situation, obscuring their comprehensive service needs. Relatively few providers ask about housing, and even fewer have an effective response to family homelessness when it is disclosed.[79,80] Meanwhile, family shelters and housing services rarely involve expertise in and attention to the unique needs of young children and families, and few specifically coordinate with early intervention programs.[26,81] Coordination

among systems, and between universal early childhood programs, such as early intervention and homelessness-specific systems in particular, is rare despite repeated calls for such coordination.[82]

Policy recommendations

In response to this need and gap in service access, we argue for policy change focused on the following three solutions, described in terms of federal and state policy priorities and priorities for practitioners.

Federal and state policy priorities

Mandate multi-system partnerships to offer comprehensive, family-centered, and trauma-informed screening of young children experiencing homelessness.

Young children experiencing homelessness should not be overlooked. We recommend national- and state-level mandates for coordinated universal developmental screening across shelter, housing, health, and education systems—including early childhood education and child care. These mandates should include expanded access to screening by making it universal to all families in shelter settings, as well as in doubled-up living arrangements such as those in which families stay with friends or relatives. Mandates should ensure that screening follows trauma-informed guidelines.

This approach aligns with the United Nations Conventions on the Rights of Persons with Disabilities, which calls for a twin-track approach to promote accessibility and inclusion throughout public systems while ensuring that the professionals who work within those systems are equipped to meet disability-specific needs.[77] We propose specific actions for practitioners and policymakers below but urge policymakers to be aware of and include information that supports practitioners' work.

Specific policy goals:

Establish and incentivize interagency collaboration among relevant state or federal agencies to operationalize free, universal developmental screening and comprehensive service response for all families with young

children (from birth through 6 years old) experiencing homelessness. This could occur through existing interagency councils—such as the U.S. Interagency Council on Homelessness or analogous state councils—or new collaborations that involve Housing and Urban Development, Health and Human Services, and any other relevant early childhood child and family-serving agencies.

Require universal screening for families experiencing homelessness and independent of enrollment in Medicaid, Early Head Start and Head Start, or other similar programs. Limiting screening to enrolled families misses many of the most vulnerable children, particularly those with histories of trauma who may not engage easily with formal systems of care. Additionally, many parents have experienced interpersonal trauma and are reluctant to send their children to be cared for by others in early child care settings due to safety fears.[78]

Develop clear financial paths to pay for screening services. Universal screening methods in states that mandate early childhood screening (such as Minnesota statues sections 142D.09-142D.093) can be used as guides.

- **Ensure funded screening infrastructure includes:**
    - Purchase of validated tools
    - Engagement with and training of shelter-based and community staff
    - Dedicated co-located screening spaces in shelters and high-poverty neighborhoods
    - Funding full-time screening coordinators or developmental specialists to conduct screenings and connect families to care
    - Transportation services to screening, if necessary
    - Coordinated and available child care for children who are not being screened but may need to be present at appointments

- Effective integrated data systems with routine staffing, oversight, and necessary data-sharing agreements (including with each relevant homeless management information system and public early intervention

program, among others) to help guide outreach and provide evaluation and accountability so that no child is overlooked

Require proactive and routine coordination between early prevention, intervention, and homelessness-specific service systems to improve service availability and uptake.

Prevention programs targeting parent-child relationships and early education should be universally available to families experiencing homelessness. These programs have robust positive outcomes on child development and relatively large positive returns on investment. Further, experiences of environmental risk, such as homelessness, should be included in state-level eligibility criteria for early intervention services under the Individuals with Disabilities Education Act Part C due to their association with child outcomes. To our knowledge, only a handful of states already consider environmental risks in their eligibility criteria.[61]

If screening efforts identify children with social/emotional concerns, a disability, or a developmental delay, interagency coordination should facilitate needed service provision regardless of if risk is included in eligibility criteria. This will require collaboration between early intervention agencies and other agencies that serve families experiencing homelessness. All children with a developmental disability or delay are already legally entitled to early intervention services under the Individuals with Disabilities Education Act Parts B and C.

Nonetheless, even when services are available, they are underutilized by families experiencing homelessness due to system fragmentation and systemic barriers to entry. Policymakers at the federal and state levels must mandate routine coordination between early education, broadly defined early intervention systems, and housing service providers to ensure eligible children are identified and subsequently receive appropriate referrals and services. We propose specific actions below for policymakers but urge them to be aware of what could support or hinder practitioners' ability to execute the work.

Specific policy goals:

States should include experiences of homelessness as risk-based criteria in their eligibility definitions for Individuals with Disabilities Education Act Part C services. This law affirms that young children at high probability of developmental delay are eligible for appropriate early intervention services even if the child is not currently demonstrating a need or delay. Given the disproportionate and heightened risk across multiple domains, states should include experiences of homelessness explicitly in their eligibility criteria for early intervention services.

Strengthen the integration between homelessness service systems and early intervention services funded through the Individuals with Disabilities Education Act Parts B and C. The law mandates access to early intervention for ages 0 to 2 years and special education for ages 3 to 21 years, including therapies such as speech, occupational, and physical therapy. States are required to prioritize enrollment of homeless-experienced families but often lack mechanisms to do so effectively. Federal policy should require active collaboration between early intervention systems, McKinney-Vento education liaisons, and family shelters. State and federal policy can elucidate expected practices, while establishing reporting requirements and other infrastructure to provide oversight.

Ensure access is not tied to enrollment in early education services. Many families face barriers to enrolling in subsidized child care or may prefer informal arrangements. Requiring center-based enrollment for developmental referrals excludes many families. Policies should require multiple referral pathways that respect family early child care choices. Other states have operationalized this goal by requiring proactive outreach to families being served by homelessness-related agencies such as family shelters or other programs that ask about housing status or are likely to serve many families experiencing homelessness, including the Temporary Assistance for Needy Families program, Supplemental Nutrition Assistance Program, Women, Infants, and Children program, and Kindergarten through 12th grade public education.

Co-locate early education, prevention, and intervention services in or near shelters and in neighborhoods where high rates of family homelessness are likely. Co-location reduces transportation barriers and can facilitate continuity of care. If co-location is not possible, provide transportation that can accommodate car seats, strollers, and large families.

Invest in universal home-visiting programs (such as the Nurse-Family Partnership or Health Families America) and expand their reach to serve more families experiencing homelessness. These are evidence-based and federally supported programs that offer voluntary home-based services delivered by trained professionals (nurses, social workers, and parent educators) who can provide tailored guidance on child development, maternal health, parenting skills, and connection to resources. These programs that already aim to support high-needs populations could be expanded with specific and targeted efforts for families facing housing insecurity. Families experiencing homelessness are currently underserved by these resources, warranting additional targeted funding for outreach and service provision.[64]

Expand the capacity of early intervention programs by funding additional positions and training opportunities to reduce time on waitlists. Expanding access to early intervention services generally will benefit not only families experiencing homelessness but all eligible families that are struggling to gain access to needed services. Considering their substantial needs, however, families experiencing homelessness should have priority access to services.

Fund dedicated outreach staff who are embedded in early intervention programs and shelters to support the identification, referral, and follow-through for families to engage in screening and services. Trained developmental specialists may serve as active liaisons between families and multiple early intervention service agencies, such as education, health, and housing.

Proactive coordination of systems can reduce barriers to care and ensure that children experiencing homelessness receive timely and appropriate

intervention services. This will support healthy development and ultimately reduce long-term disparities.

Restore, expand, and sustain federal and state poverty-prevention and basic needs programs that prevent the negative consequences of poverty and homelessness on child development

The most powerful way to protect children from the negative developmental effects of homelessness is to prevent homelessness from occurring in the first place. Sustained investment in social safety net programs are effective at reducing the likelihood of homelessness and improving family well-being. Policymakers must act to preserve and expand the social programs that protect young children from the destabilizing effects of homelessness.

Specific policy goals:

Permanently authorize and/or expand core anti-poverty programs that reduce material hardship with implications for developmental outcomes. These programs include:

- Rental assistance programs such as housing choice vouchers
- Temporary Assistance for Needy Families
- Expansion of the Earned Income Tax Credit
- Nutrition programs such as Special Supplemental Nutrition Program for Woman, Infants and Children and the Supplemental Nutrition Assistance Program
- Medicaid and the Children's Health Insurance Program

Amend current laws to set permanent annual funding amounts for social safety net programs that are indexed to inflation or population need. Specify that these funds are or should be entitlement programs.

Target housing investments to support developmental well-being. Federal and state funds should be used to help families live in environments that support early development, including safe neighborhoods, proximity to child care, proximity to health care, clean/safe housing environments, access to public transportation, access to grocery stores, access to safe green

spaces, and other resources. When identifying locations to build affordable family housing units, the families' access to supportive environments must be considered. Agencies may also develop guides for families about what local resources are available across neighborhoods. Further, agencies should offer supports to identify and reduce housing pollutants such as lead paint, asbestos, moisture, and mold.

Practice priorities

Work to ensure access to developmental screening for every child experiencing homelessness.

Young children experiencing homelessness are at high risk for developmental disability and delay as they are exposed to multiple forms of ongoing risk. This includes varied stressors, demands, and possible disability among caregivers, as they navigate family homelessness.

In addition, homelessness and residential mobility often disconnect families from place-based supports where they would otherwise receive important services. These realities simultaneously underscore the importance of developmental screening while also recognizing varied barriers and challenges for practitioners.

Specific practice goals:

Extend screening access to families in a variety of homelessness and agency contexts. This could include building relationships with family shelter providers, local preschools or K–12 providers, or basic-needs program agencies, such as the Women, Infants, and Children program, Temporary Assistance for Needy Families program, or county social services, which may be able to help providers connect to families staying with friends or relatives or facing imminent risk of homelessness.

Ensure comprehensive, family-oriented, and culturally, as well as linguistically, appropriate screening that is standardized and well-validated. Screening should cover key developmental domains, including social-emotional, language, motor, cognitive, adaptive skills, hearing, eyesight, health, and others.

Reduce stigma and increase access by offering screening to all families experiencing homelessness, not just those flagged for concerns by staff or parents. This universal approach avoids reliance on referrals and may also serve to destigmatize child screening and increase parents' willingness to participate.

Honor family agency in all screening processes. Families should have choice to participate, control how data are used, and receive feedback in accessible language. All interactions should be trauma-informed and provide clear guidance on how to pursue any service recommendations resulting from screening.

Remove barriers to access and participation in services for all eligible families

Many of the challenges that exist for screening children in families experiencing homelessness are relevant and amplified with respect to providing needed interventions. Interventions require additional time commitments from families, along with any logistical challenges. Housing instability may complicate follow-up as families move or encounter additional crises.

Deepening engagement and collaboration can be helpful as families navigate the future. Meanwhile, establishing more robust institutional supports and collaborations focused on family relationships will help sustain effective services.

Specific practice goals:

Include parents in all aspects of early intervention services. Encourage parents to participate in all sessions and provide accommodations to parents who may need child care during appointments.

Crosstrain case managers, shelter staff, and early intervention and education workers on how to support families across multiple systems of care.

Build formal structures to encourage cross-system relationships between family shelters, homeless services, early intervention agencies, early education programs, and pediatric providers. Use self-assessment tools to evaluate how well agencies are identifying, serving, and referring families experiencing homelessness.

Policymakers must weigh costs, feasibility, and potential unintended consequences

Although screening and intervention efforts require investment, research shows that they will lead to significant long-term savings and improved system performance. Early screening and intervention reduce later costs for special education and improve adult outcomes. These benefits can extend across generations, reducing future parental multi-system involvement.

To avoid overtaxing existing agencies and practitioners, policies must include funding to increase staffing and support the capacity of existing programs. This may include funding for on-the-job training for service providers or specific investments in scholarships for students interested in pursuing these careers.

Implementing the above recommendations, policymakers and practitioners must also take care to avoid unintended harm to early intervention users. Cross-system collaboration requires careful data sharing, which raises valid concerns about data privacy. Strong data protections, clear information sharing with families, and the ability to responsibly share, integrate, and use data to oversee and improve services must be built into implementation.

Further, expanded rental assistance must consider and address housing discrimination. Families often face discrimination from landlords, which contributes to additional residential instability and homelessness for minoritized families. Policies should include incentives and accountability measures to ensure equitable access to housing for all families.

Finally, screening and intervention services must avoid stigmatization and be culturally responsive and trauma-informed in their implementation. Parents may be reasonably skeptical or reactive to suggestions that their child be screened or assessed for developmental delay. Care must be taken to provide

accessible educational information about psychological and developmental content and clear pathways to child care.

Conclusion

The United States is experiencing an urgent family homelessness crisis. Point-in-time counts suggest a recent 33 percent increase in family homelessness—one of the highest of any demographic group.[6] Young children are in a critical period of development, when experiences shape the foundations for lifelong cognitive, emotional, and physical health. Without assuring their stability, nutrition, safety, and learning, we risk not only their individual potentials, but the potential of our communities and society.

We can choose to bolster that potential through early intervention efforts. The same developmental sensitivity that makes young children vulnerable to negative experiences also enhances the value of positive experiences for current and future development. Indeed, early intervention can alter lifelong trajectories for children, their families, and society at large.

From developmental screening to early intervention and from housing subsidies to nutritional assistance, we know what works. Yet these resources must be made accessible to our most vulnerable families, and delivered in coordinated, efficient, and equitable ways.

Policymakers across federal and state governments must act now. This means funding universal developmental screening in all shelter and community settings that serve housing-insecure families, expanding access to early prevention and intervention services regardless of children's enrollment in early education settings, and protecting the social safety net programs that reduce incidence of family homelessness.

These actions are not just compassionate; they also are cost-effective and backed by research evidence. With deliberate, sustained, and responsive investment, we can disrupt the cycle of homelessness, promote resilience, and ensure that all children can thrive.

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