

# Bringing Children in from the COLD

## Solutions for Boston's Hidden Homeless

*Boston's hidden homeless are not living in shelters or on the street. Unrecorded by any homeless census, they move frequently, often into overcrowded apartments, or double up with another family never knowing how long they can stay. New research reveals that young children in these families are more likely to be hungry and in poor health. This winter, in the face of rising unemployment and historically high prices for food and energy, unless we act now, more of Boston's children will end up among the hidden homeless.*

*October 2008*

**The Children's Sentinel Nutrition Assessment Program (C-SNAP) & Medical-Legal Partnership for Children (MLPC) at Boston Medical Center**

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## > Boston's Hidden Homeless

Every day, Boston Medical Center (BMC) pediatricians see patients like Sarah Hammer whose two daughters have severe asthma. Ms. Hammer's heat and lights had been cut off when she fell behind on the bills. Since losing her job, it had become impossible to make ends meet. To make sure the girls were getting their nebulizer treatments, her landlord was letting her run an electric cord from the basement, and the neighbors were letting the girls bathe at their apartment to avoid triggering their asthma with cold showers. The family had cut back as far as they could on food in order to pay the rent.

What Ms. Hammer and many other families don't know is that chronic medical conditions like severe asthma qualify them for protection against utility shut-off. Faced with what was clearly a potential health crisis for the girls, Ms. Hammer's pediatrician wrote a prescription to the Medical-Legal Partnership for Children (MLPC). MLPC is an innovative service at BMC that works to safeguard children's health through legal advocacy services focused on basic needs such as food, utilities and housing. The girls' pediatrician knew that MLPC would try to negotiate with the utility companies. He also knew that if service restoration regulations did not apply or required too large a payment, Ms. Hammer and the girls would have to move. He feared they would end up without a place of their own, sleeping on someone's couch wondering how long they could stay. He knew that by winter the family could end up among Boston's hidden homeless.

*"Providing children with  
a safe, decent, affordable  
home is like giving a vaccine.  
It keeps kids healthy."*

— Megan Sandel, MD

## > Who are Boston's Hidden Homeless?

Boston's hidden homeless are not living in shelters or on the street. Unrecorded by any homeless census, they move frequently, often into overcrowded apartments, or double up with another family. Sometimes a job loss or a serious illness leaves them unable to pay the rent; sometimes they are forced to move when their building is foreclosed on; they may be escaping domestic violence; or sometimes, their limited income simply cannot be stretched any further. These families are our neighbors or our co-workers — nothing outwardly identifies their crisis.



To measure just how many families in the Boston Metropolitan area are among the hidden homeless and the health impact this has on their young children, C-SNAP interviewed families with children under three that visited BMC's Emergency Department. Eight thousand families interviewed over the last ten years were categorized as:

- **Housing Secure:** They had not moved or been crowded or doubled up in the last year.
- **Moderately Housing Insecure:** They had not moved more than once in the last year but were crowded and/or doubled up.
- **Severely Housing Insecure:** They had moved two or more times in the last year.

C-SNAP research found that 38% of the families surveyed were moderately or severely housing insecure. These families are Boston's hidden homeless.

Those surveyed by C-SNAP have limited incomes, with many living below the poverty line. According to data from the Census Bureau for 2007, approximately 39,000 families with children under five in Boston had incomes below the poverty threshold. Based on this figure, C-SNAP estimates there are at least 14,800 hidden homeless families in the city. Because this estimate does not include families with incomes just above the poverty line, it likely underestimates the actual number.

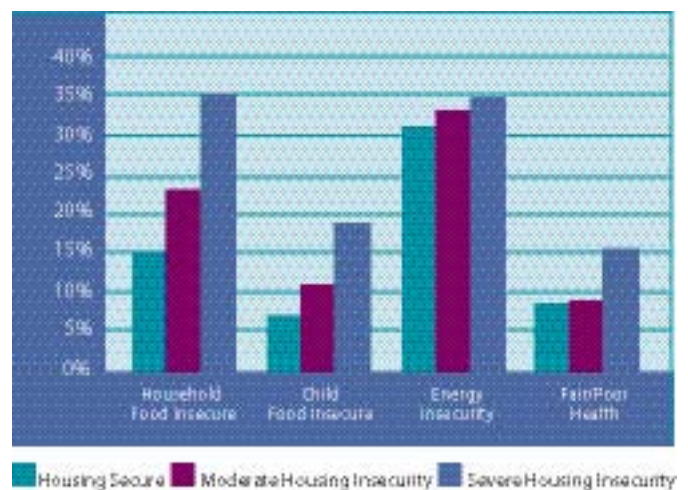
## > What happens to the health and well-being of children living among the hidden homeless?

While previous research has shown that homelessness affects the health and development of school-age children, little has been known until now about the impact on young children of multiple moves, overcrowding, or living in a home in which two families are doubled up.

C-SNAP research has now shown that children under three years old whose families lack secure housing are more likely to be hungry and in poor health.

C-SNAP found that the percentage of housing insecure families suffering from food insecurity is more than double that of families with stable housing. The percentage of children who are hungry is also more than double. While the differences in energy insecurity among the three categories are smaller, it is noteworthy that overall more than 30% of all families suffer from energy insecurity. Most troubling, 15.6% of children living in severely housing insecure families suffer from poor health versus 8.6% of children in families in stable housing.

### Consequences of Housing Insecurity



**Food Insecurity occurs when there is limited or uncertain access to enough nutritious food for all household members to lead active and healthy lives.**

**Child food insecurity occurs when parents can no longer buffer their children from the household's lack of food. In essence, this is child hunger.**

**Energy insecurity occurs when there is limited or uncertain access to home heating or electricity. Energy insecure families have heated with a cooking stove or gone without heat within the last month, or been served a shut-off notice or had their utility service terminated within the last year.**

> **Is the number of hidden homeless likely to increase as mortgage foreclosures continue to climb?**

Yes. According to data from the City of Boston's Department of Neighborhood Development<sup>1</sup>, foreclosures increased from 60 in 2005 to 703 in 2007. Given current foreclosure rates, the total for 2008 could reach 1,200.<sup>2</sup> Many of these foreclosures are on rental properties and are concentrated in low-income and minority neighborhoods. These foreclosures likely involve a large number of families with children and will force some families out of their homes and into the hidden homeless population.

> **Are rising prices for food and utilities likely to increase the number of hidden homeless families?**

Yes. Boston families with young children will be hard hit by rising prices for food and fuel. Between May 2007 and May 2008, the price of food increased 5.1%, double the annual rate from 1991 to 2006. Prices for staples such as eggs and milk rose even faster: bread is up 12%, milk 17% and eggs 25% in the last year.<sup>3</sup> Recent C-SNAP data show that in 2007 Boston families receiving the maximum Food Stamp benefit would be more than \$2520 in debt at the end of the year if they purchased the government's recommended Thrifty Food Plan on which the maximum benefit is based.<sup>4</sup>

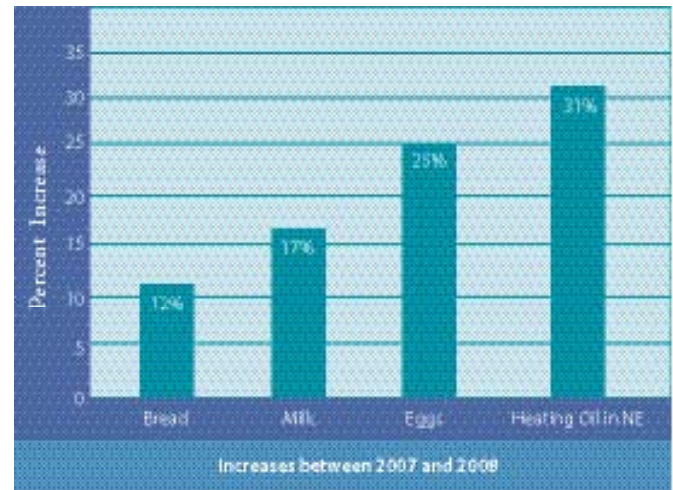
Energy prices have risen even more significantly. Between October 2007 and October 2008, the price of home heating oil in Massachusetts increased over 31%, going from \$2.72 to \$3.57 a gallon.<sup>5</sup> Between 2001 and 2007, the percentage of energy insecure families in the C-SNAP sample rose from 27% to 43%. Boston families that heat with oil are particularly vulnerable. Unlike gas and electricity customers who can, with appropriate advocacy, be protected by utility shut-off protection policies during the winter, there are no shut-off protections for families with an empty oil tank and not enough money to pay for a delivery.

These price increases, coupled with Boston's high cost of housing, are challenging for all but the very wealthy. For Boston families on limited or fixed incomes, they can be devastating.

Pediatricians at Boston Medical Center, who care for some of the city's most vulnerable children, know that this winter's perfect storm of economic events — high prices for food and fuel, growing unemployment, and continued high rates of

foreclosure — will put more children at risk. The shelter system is over capacity with more than 500 families having been placed in motels. The number of hidden homeless families is likely growing each day. The health of children today has profound implications for their achievements and well-being in the future. The time to act is now.

### Increasing Prices for Food and Fuel Squeeze Family Budgets



### Rising Number of Boston Families Struggling to Stay Warm



\* In the C-SNAP sample

<sup>1</sup> *Foreclosure Trends 2007*, City of Boston, Policy Development and Research Division, Department of Neighborhood Development.

<sup>2</sup> Citizens' Housing and Planning Association.

<sup>3</sup> Carlson, A, Lino, M, Juan W-Y, Basiotis, PP. *Thrifty Food Plan*, 2006 (CNPP-19). Report published April 2007.

<sup>4</sup> Thayer, J, Murphy, C, Cook, J, Ettinger de Cuba, S, DaCosta, R, Chilton, M. *Coming up Short: High food costs outstrip food stamp benefits*. Report published September 2008.

<sup>5</sup> Mass.Gov

# Recommendations

## Policy Prescriptions from Boston Medical Center Pediatricians

It is time to bring the hidden homeless in from the cold. Without short- and long-term interventions, the ranks of Boston's hidden homeless are likely to grow. As physicians, we know that this will increase the number of children at risk for hunger and poor health.

### Actions to take now

Everything possible must be done to ensure that families can remain in their homes with adequate food and heat.

1. The Commonwealth should immediately make available a **revolving loan program for heating oil and propane dealers**. This will allow dealers to extend credit to their customers who can then spread payments on winter fuel bills into the spring.
2. The Commonwealth should **increase funding for fuel assistance programs**. In recent years, fuel assistance has barely covered a family's need for one month of fuel. With rising prices, this is absolutely insufficient to protect child health.
3. **Shut-off protection programs should be strengthened** by standardizing forms, further automating verification of eligibility and eliminating quarterly certification requirements for those with long-term chronic illnesses. Securing shut-off protection should be a simple and timely process for those who are eligible. Delays are harmful to children's health.
4. The city and the Commonwealth must make every effort to **ensure that all eligible children receive nutritional benefits**, such as Food Stamps, WIC and school meals, for which they are eligible.
5. Every city and town should have an **emergency winter crisis plan**. The Commonwealth needs to provide adequate funding for emergency shelters to meet the needs of families forced to leave their homes because of insufficient heat.

### Together, the city and the state need to take decisive action to:

1. **Invest in prevention**. Housing insecurity is predictable and should be addressed when early warning signs appear. Investments must be made in programs that are designed to respond to early indications of insecurity, especially among Boston's most vulnerable families.
2. **Develop innovative ways to address the challenge of historically high energy prices**. The budgets of low-income families simply cannot be stretched to accommodate these increases without harm to children's health. No family should have to choose between heating and eating.
3. **Increase the number of low-income housing opportunities** including construction of more affordable units and the provision of more rental vouchers. There are simply too few affordable housing options for Boston's low-income families.



*“Everyone needs a place to live with security, with dignity and with effective protection against the elements. Everyone needs a place which is a home”*

— Nelson Mandela

*Policy prescriptions developed in consultation with:*

*Massachusetts Coalition for the Homeless  
Citizen's Housing and Planning Association  
National Consumer Law Foundation  
Massachusetts Law Reform Institute  
One Family*

## The Children's Sentinel Nutrition Assessment Program (C-SNAP)

www.c-snap.org  
617.414.6366

The Children's Sentinel Nutrition Assessment Project (C-SNAP), a multi-site research center headquartered at Boston Medical Center, monitors the impact of public policy on the health and well-being of very young children. By collecting data through pediatricians at five medical centers serving some of the nation's poorest families, C-SNAP provides evidence for policies that promote child health. Established in 1998, C-SNAP has the largest clinical database on low-income children under age three in America and collects data on a daily basis in Baltimore, Boston, Little Rock, Minneapolis, and Philadelphia.

*"Economic conditions and public policy decisions far beyond the control of any parent are painfully written on the bodies and minds of their young children. Only comprehensive approaches at the city, state, and federal level can bring these children in from the cold."*

— Deborah A. Frank, MD, Founder C-SNAP

## Medical-Legal Partnership for Children

www.mlpforchildren.org  
617.414.6393

The Medical-Legal Partnership for Children (MLPC) promotes health and well-being by combining the strengths of law and medicine to ensure that families' basic needs for food, housing, education, health care, and stability and safety are met. MLPC's local program serves eligible patient-families treated at Boston Medical Center and six affiliated community health centers; one of its clinics, Energy Clinic, was created in response to C-SNAP research documenting the child health impacts of insufficient food and home heating. Families are referred to Energy Clinic by BMC clinicians trained by MLPC to identify families struggling with food or utility service problems; MLPC legal staff provide a variety of advocacy interventions. MLPC also is a national program, coordinating over 80 sister sites across the country and Canada that are engaged in various forms of medical-legal partnership.

*"Overdue utility bills are a red flag for health risks. When a family is having trouble paying the heating bill, they are usually having trouble paying the rent and the grocery bill, too; and when the lights get shut off so does the fridge. Helping families access utility benefits before their utilities are terminated helps keep a roof over their head and food on the table."*

— Ellen Lawton, MLPC Executive Director

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