

Early Childhood Housing Instability and Homelessness in North Carolina:

Landscape and Recommendations to Address Unmet Needs



healthpolicy@duke.edu

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AUTHORS

Laura Stilwell
Michelle Franklin, PhD
Ainsley Buck
Stephanie Green
Sophie Hurewitz
Sophie Johnson
Karina Vasudeva
Beth Gifford, PhD
Gillian Sanders Schmidler, PhD
Rushina Cholera, MD, PhD

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Executive Summary

The North Carolina Early Childhood Action Plan (ECAP) aims to ensure the long-term health and development of children through specific goals, which include improving access to safe, secure housing and high-quality learning in early childhood. The purpose of this policy brief is to provide specific recommendations to help achieve these goals through cross-sector integration of housing and early care and education (ECE) services.

For decades, there has been a growing housing affordability crisis across the U.S., with many low-income families unable to find safe and affordable housing.¹ This housing affordability crisis paired with the negative economic consequences of the pandemic and high levels of inflation has further worsened housing stability for low-income families with children, placing more children at risk for homelessness.²⁻⁴ Even prior to the COVID-19 pandemic, approximately 32,000 children 0-5 years of age experienced homelessness annually in North Carolina (NC) alone.⁵ Housing instability in childhood has been associated with poor child health, food insecurity, and lower school achievement.⁶⁻⁸ Access to high-quality ECE programs can help buffer these negative impacts. However, despite eligibility for services, only eight percent of homeless children aged 0-5 in NC participate in federally funded ECE programs.⁵ Understanding the challenges faced by programs providing these services and by families attempting to access these programs is critical to addressing the large gap between eligibility and access.

Through focus groups with professionals from NC organizations that serve families experiencing housing difficulties, and interviews with NC parents who have experienced housing instability and/or homelessness with their young children, we identified the following themes:

1. The unique developmental needs and material necessities (e.g., diapers, formula) of young children (0-5 years old) are not routinely considered by housing programs and policies
2. Current housing and support services fall short of meeting families' needs due to limited availability of shelters and temporary housing that house entire families as well as strict eligibility requirements that fail to consider the multiple, competing demands families face

3. Limited formal cross-sector communication and collaboration occurs between housing and ECE systems, presenting opportunities for new technologies and programs to improve cross-sector integration and optimize service provision for young children

Our findings were synthesized to reach the following policy recommendations:

1. Improve shelters' and temporary housing programs' abilities to serve the needs of young children through: 1) systematic implementation of validated tools, such as the Early Childhood Self-Assessment Tool for Shelters and 2) increased child development training for staff
2. Increase enrollment of children experiencing homelessness in Early Head Start and Head Start through direct recruitment of children staying in shelters or temporary housing and relaxation of documentation requirements for families
3. Improve access to high-quality ECE for children experiencing homeless through increased funding for child care subsidies and NC pre-kindergarten, and through prioritization of homeless families to receive these programs
4. Facilitate coordination and collaboration among housing and ECE providers through convenings, formalizing existing collaborations, and closing feedback loops for referrals

Implementation of these recommendations would facilitate establishment of the housing and ECE supports for children experiencing homelessness that are critical for meeting the NC ECAP overarching goal of providing children with safe, stable nurturing environments necessary for a healthy start.

Key Definitions

In this policy brief, we use the terms “homelessness” and “housing instability” as follows:

Homelessness

For the purpose of this brief, we refer to an individual as experiencing “homelessness” if they lack a fixed, regular, and adequate nighttime residence, have a primary nighttime residence that is not meant for human habitation (e.g., car), or if they are living in a shelter or temporary housing. It also includes individuals who are sharing the housing of other people or living in a motel, hotel, trailer park or camping grounds due to economic hardship or loss of housing. This definition aligns with the McKinney-Vento definition.⁹

Housing Instability

Housing instability is a broader term and includes living in fear of eviction or foreclosure due to difficulty paying rent or mortgage, spending a majority of income on rent, living in overcrowded conditions, or moving frequently due to economic hardship or loss of housing.¹⁰ Homelessness as defined above is a form of housing instability.

Scope of the Problem

Approximately 1.3 million US children 0-5 years of age experience homelessness annually. In NC alone, an estimated 32,000 children or 1 in 23 children aged 0-5 years old experience homelessness.⁵ This estimate from NC likely represents a significant underestimate as many young children experiencing homelessness are not counted unless they are enrolled in public education, including Head Start, or have interacted with the programs supported by the U.S. Department of Housing and Urban Development (HUD).⁵ Additionally, these estimates are from prior to the onset of the COVID-19 pandemic, which worsened housing stability for low-income families.²⁻⁴

The environments and socioeconomic conditions that children experience in the first few years of life significantly shape their health and development trajectories.¹¹⁻¹⁶ Prior to starting school, young children spend the majority of their time at home, therefore, access to safe, stable housing is critical for young children’s health and development. Housing instability has been linked to a range of negative child health and development outcomes, including inadequate nutrition, poor educational performance, behavioral and mental health problems, among others.^{8,17-20} Moreover, children experiencing housing instability or homelessness may be at greater risk of experiencing other adverse childhood

Housing instability has been linked to a range of negative child health and development outcomes, including inadequate nutrition, poor educational performance, behavioral and mental health problems, among others

experiences (ACEs), which can further harm children’s healthy development.^{21,22} Cross-sector services, such as ECE programs, healthcare, and social services, can provide a buffer against the aforementioned negative effects.²³⁻²⁶ ECE programs, such as Head Start, high quality child care, or pre-K, may be particularly beneficial, as they offer children a safe, stable, nurturing environment. In addition, Head Start programs provide families with a range of additional services, including connecting them to other community and federal assistance programs, ensuring children receive medical and behavioral screenings, and assisting with mental health services (as needed) for both children and their families, among others. However, despite eligibility for services, only eight percent of homeless NC children aged 0-5 years access federally funded ECE programs.⁵ This gap between eligibility and uptake of programs among NC families with

young children experiencing homelessness represents a key opportunity for policy reform to promote and support the well-being and developmental trajectory of children.

NC has demonstrated a commitment to prioritizing the needs of children

NC has demonstrated a commitment to prioritizing the needs of children. Recognizing the importance of early childhood experiences on long-term health and development, NC released the [North Carolina Early Childhood Action Plan in 2019](#), which outlines 10 goals, each with a set of measurable outcomes to achieve by

2025. The overall objective of the ECAP is to guarantee “all North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.” The ECAP focuses on housing and ECE in three of its 10 goals:

- improve access to safe and secure housing;
- ensure students enter kindergarten “on track for school success;” and
- increase availability of high-quality early learning.

We sought to identify and propose solutions to the gaps at the intersection of housing and ECE services in order to address multiple goals identified as NC ECAP priorities in ensuring the healthy start of children.

Methodology

With the goal of developing policy recommendations to improve available services and more effectively integrate housing and ECE services, we conducted a qualitative study. Through web searches and recommendations from our collaborators, we identified NC professionals from various sectors (e.g., healthcare, education, housing) who interact with families with young children experiencing housing instability. These individuals were then emailed and asked to participate in a study to better understand how families with young children (ages 0-5 years old) who are experiencing homelessness are connected to social safety nets and early childhood programs. Twenty participants were divided amongst three virtual focus groups, which occurred in March and April 2022 and were 60 minutes in length. Focus group questions assessed three main domains, including professional interactions with families experiencing housing instability, current state of coordination with other programs, and gaps in services for children ages 0-5 years.

We also conducted interviews with caregivers who have previously or were currently experiencing housing instability and/or homelessness with their young children. Potential participants were identified through our collaborators. Caregivers were emailed asking if they wanted to participate in a study to understand the experiences of caregivers with young children who were or are currently without stable housing. These emails

assured caregivers that participating in the study was optional and would not influence services or resources they receive now or in the future. We conducted individual interviews with three mothers of young children in April 2022 that ranged in length from 25-80 minutes. These interviews provided an in-depth understanding of the realities of accessing and using housing services and other social safety net programs. The [Appendix](#) includes interview consents and guides. Both focus group participants and mothers were compensated for their time.

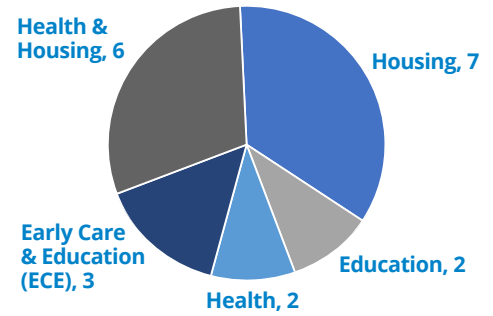
We analyzed these data using content analysis with a rapid analysis approach.^{27,28} Rapid analysis is a rigorous approach to analyzing qualitative data that provides valid results in a timely manner and is therefore useful for informing policy recommendations.^{28,29} We first placed the qualitative data into a matrix with columns corresponding to the main question areas from our semi-structured focus groups and interviews. Using this matrix analysis, we then organized key findings into themes.³⁰ Within each theme, we iteratively determined categories that provided further explanation of the data gathered and supported the identified theme. Findings from both the focus groups and interviews with parents were synthesized in the analysis process.

Results

Twenty NC professionals participated in our focus groups and represented different sectors, including housing (n=13), education (n=2), health care (n=8), and ECE (n=3) (see Figure 1). These groupings are not mutually exclusive; 6 professionals were housing specialists from NC Medicaid pre-paid health plans (managed care organizations) and are included in both the health care and housing sector counts. The 20 professionals were from 16 different institutions, including homeless shelters, government institutions, pre-paid health plans, non-profits or initiatives focused on housing, homelessness, and/or ECE as well as others. Some of these institutions primarily served Alamance (3), Durham (3), Orange (1) or Vance (2) counties, while other institutions (7) provided services statewide. Three caregivers completed interviews. All identified as mothers of young children who were currently experiencing (1) or had previously experienced housing instability (2). Two mothers had a child under 5 years old at the time they experienced housing instability. For the other mother, her child was between 5 and 10 years old.

Three main themes emerged from data synthesis of the focus groups with NC professionals and qualitative interviews with mothers: 1) the unique developmental

FIGURE 1 | Focus Group Participant Breakdown



needs and material necessities (e.g., diapers, formula) of young children (0-5 years old) are not routinely considered by housing programs and policies, 2) current housing and support services fall short of meeting families' needs due to limited availability of shelters and temporary housing that house entire families as well as strict eligibility requirements that fail to consider the multiple, competing demands families face, and 3) limited formal cross-sector communication and collaboration occurs between housing and ECE systems, presenting opportunities for new technologies and programs to improve cross-sector integration and optimize service provision for young children. We describe each of these themes in more detail below. Categories that emerged with each theme are italicized and bolded. **Figure 2** demonstrates the relationship between themes, categories, and recommendations.

FIGURE 2 | Themes, Categories, and Recommendations to Address Early Childhood Housing Instability & Homelessness

THEMES	CATEGORIES	RECOMMENDATION
The unique developmental need and material necessities of young children are not routinely considered	Material and developmental needs differ for infants and toddlers	<p>Recommendation 1 Improve shelters' and temporary housing programs' abilities to serve the needs of young children through:</p> <ol style="list-style-type: none"> 1. systematic implementation of validated tools such as the Early Childhood Self-Assessment Tool for Shelters and 2. increased child development training for shelter staff
	Limited availability of high quality, affordable child care	
	Public school system serves as a main stopgap for children	
Current service provision falls short of meeting families' needs	Families need to rely on informal support networks	<p>Recommendation 2 Increase enrollment of children experiencing homelessness in Early Head Start and Head Start through direct recruitment of children staying in shelters or temporary housing and relaxation of documentation requirements for families</p>
	Limited capacity of existing public sector resources	
	Families with complex social and economic situations face eligibility barriers	<p>Recommendation 3 Improve access to high-quality ECE for children experiencing homeless through increased funding for child care subsidies and NC pre-K and through prioritization of homeless families in receiving these programs</p>
	Limited availability of child care impacts caregivers' employment	
	Many programs fail to accommodate diverse family structures	
There is limited formal cross-sector communication and collaboration between housing and ECE systems	Lack of formal processes in place for communication, collaboration, and referral between housing and ECE systems	<p>Recommendation 4 Facilitate coordination and collaboration among housing and ECE providers through convenings, formalizing existing collaboration, and closing feedback loops for referrals</p>

1. The unique developmental needs and material necessities (e.g., diapers, formula) of young children (0-5 years old) are not routinely considered by housing programs and policies.

Professionals and parents described how many organizations use a “one-size-fits-all” approach to serve families experiencing housing instability, which does not account for the variable needs of individual families and their children. In a focus group, one professional stated:

“I feel like typically for children in shelter, their needs are ignored.”

Director of non-profit focused on homelessness

This issue is particularly striking when considering how **the material and developmental needs for infants and toddlers differ from those of school-age children.** Infants and toddlers need diapers, formula or breastmilk, baby food, and frequent doctor visits, as well as require more sleep and naps throughout the day. However, both professionals and families described how current supports for homeless families either do not take these needs into account or are inadequately resourced. For example, in a focus group, one professional noted that:

“Even when you go to the diaper ministries and places, typically there’s not enough, of course, and that’s not a knock against anyone, but there’s not enough.”

Director of non-profit focused on homelessness

Another mother described how the shelter program where she and her child were staying required them to get up at 6:00 am, lacked spaces for children to nap during the day, and overall failed to provide a healthy environment for young children:

“There are a lot of programs out there that have family on their name or say they’re for families and with a focus on children. And unless you understand the psychology of a child, and also know the

dynamics around what it takes to raise a child, like a healthy child, then a lot of these programs from my experience are not getting it right. And, a lot of the values that they say they espouse, they don’t.”

Mother of young child experience housing instability

Families with young children who are not yet in school also have a higher need for ECE services. Professionals and families noted how gaining access to child care is often key to reestablishing housing security as it allows caregivers to obtain employment or look for housing, as one professional, in a focus group, succinctly explained:

“...If we can’t find child care for our families, we can’t start to move... that’s the jumping off point for their success.”

Housing specialist from pre-paid health plan

However, **there exists limited availability of high quality, affordable child care** and as such, many families are forced to rely on a patchwork system of relatives and friends that may be unreliable or insufficient. For example, one mother described how her one-year-old had to stay with a relative for half the week so that she, the primary caregiver, could work. She described the emotional challenges with this arrangement, expressing how she simply missed her child.

Professionals also highlighted that **no standard screening process exists to identify families experiencing housing instability across social service sectors in NC, with the school system serving as the main stopgap for most children.** Under the McKinney-Vento Act, schools are required to identify any enrolled children experiencing homelessness and also should screen for younger siblings to refer them to eligible services, such as Head Start and other ECE programs. However, the degree to which young siblings (ages 0-5 years) are identified and referred is unclear since this data is not well tracked and younger siblings can be easily missed if schools fail to inquire about them. Otherwise, young children who are not yet in school often do not come to the attention of services until they

have entered a shelter or Child Protective Services (CPS) has become involved with their family. At that point, the child may have been homeless for a significant period of time already.

2. Current housing and support services fall short of meeting families' needs due to limited availability of shelters and temporary housing that house entire families as well as strict eligibility requirements that fail to consider the multiple, competing demands families face.

The focus group participants and interviewees underscored multiple ways in which current services are not meeting the diverse needs of families. In particular, the inability of services to keep up with demand for housing means many **families need to rely on informal support through their own networks**. A housing specialist in a focus group explained:

“...My pitch to them now is family and friends, and just search and see what family member will accept you, or what friends will give you a room or whatnot, because dealing with the lower-end housing, they can't find nothing out here.”

Housing specialist from pre-paid health plan

Consistent with this advice, two of the parent interviewees described how they had found their current, non-program affiliated housing situations through their own networking and self-advocacy. However, this solution is not feasible for many low-income families whose social networks are already strained, or for many families who may not have a local social network to rely on. A caregiver who migrated to the United States recalled when she and her child first became homeless:

“I have no family here. I have nowhere to escape, no friendship, no church, no network. Where is my next step to go?”

Mother of a young child experiencing housing instability

The **limited capacity of the existing public sector resources** has also led to some housing programs to turn to private-sector solutions. For example, an executive director of an emergency homeless shelter that serves single men, women, and families described how their shelter relies significantly more on connections with private landlords to place families into stable housing, given the long waitlists and limited funding for public housing programs. The inability of public sector services to keep up with demand has been exacerbated by the end of supports established at the beginning of the COVID-19 pandemic, such as Emergency Rental Assistance Programs (ERAP).

The aforementioned “one size fits all” approach means that many **families with complex social and economic situations face eligibility barriers**. One mother recalled the eligibility barriers she faced trying to find help after fleeing a domestic violence situation. Because her hourly wage was “too high” and her name was still associated with assets belonging to her ex-husband, she was turned away from numerous programs, even after explaining her situation. She described how many programs simply take one’s hourly wage, multiply by 40 hours per week, and determine eligibility, failing to consider that housing instability may make it challenging to maintain a full-time work schedule or that **limited availability of child care impacts caregiver’s employment**, leading them to reduce their work hours to care for their children or forego employment all together. Another mother described being dismissed from a shelter program for failing to meet their work requirement due to her inability to find child care:

“...I wouldn't get a job because I didn't have child care. And I wouldn't get child care because I couldn't get a voucher for child care. It's like this big circle.”

Mother of a young child experiencing housing instability

Moreover, the “one size fits all” approach to service provision results in **many programs failing to accommodate diverse family structures**. Several professionals described how shelters and temporary housing programs are typically geared towards single adults, while the few that serve families often focus on single mothers with children. Consequently, many

shelters do not accept children and rarely do places support fathers with children, which leads some families to refuse services in order to keep their family together.

“I do know, that just in general, the capacity for shelters to be able to keep families together, regardless of what that family structure looks like [whether] single dads with kids, or kind of however that family unit is, being able to keep them together, there are not a lot of options in our community”

Early childhood coordinator for county government

3. Limited formal cross-sector communication and collaboration occurs between housing and ECE systems, presenting opportunities for new technologies and programs to improve cross-sector integration and optimize service provision for young children.

Focus groups and interview participants also highlighted the **lack of formal processes in place for communication, collaboration, and referral between housing and ECE systems**, which results in families falling through the cracks and foregoing access to resources for which they are eligible. For example, professionals noted that organizations often provide resource lists to families for additional services, placing the burden on families to connect to these services. Professionals from organizations who directly refer families to other programs described the challenge of ensuring families were successfully connected, citing lack of standard follow-up procedures and frequently changing contact information of families as key barriers.

Discussions with families demonstrated how this lack of integration between the housing and ECE sectors can manifest in practice and negatively affect families. Despite being in a shelter or temporary housing program that accommodates children, two of the three mothers interviewed described the frustration of being unable to access child care. For example, one mother reported receiving support in enrolling for the child care subsidy and Early Head Start, but her child was placed on the waitlist for both programs and she lacked access to affordable alternatives in the meantime. For both mothers, the lack of stronger cross-sector support had negative repercussions. As described earlier, one mother had her child stay with a relative for half the week so that she could work, while for the other mother, her inability to access child care meant she could not find a job, resulting in her being dismissed from a shelter program for failing to meet their work requirement.

One professional described a novel app recently developed to improve communication across housing and ECE sectors. The new [Head Start Referral App for Children Experiencing Homelessness](#), developed by SchoolHouse Connection and the National Head Start Association, is currently being piloted by McKinney-Vento Liaisons in several states, including North Carolina. When a McKinney-Vento Liaison identifies a K-12 student who has a younger sibling under the age of 5, the app allows McKinney-Vento Liaisons to directly refer the younger siblings to Early Head Start or Head Start programs. The goal of the app is to increase the number of homeless children participating in these programs.

Policy Recommendations

Together, the interviews we conducted with housing professionals and parents highlighted the unique needs of families with children aged 0-5 years who are experiencing housing instability and homelessness, as well as the challenges faced by organizations attempting to address these needs. Our policy recommendations center on addressing these needs and challenges with the goal of helping local and state policymakers better support young children and families experiencing homelessness.

Recommendation 1

Improve shelters' and temporary housing programs' abilities to serve the needs of young children through: 1) systematic implementation of validated tools, such as the Early Childhood Self-Assessment Tool for Shelters and 2) increased child development training for staff

Professionals and families both described how the unique needs of young children are not routinely considered by shelters and temporary housing programs. To help address this issue, additional funding and support should be provided to shelters and temporary housing programs to implement a validated tool, such as the [Early Childhood Self-Assessment Tool for Shelters](#). The Early Childhood Self-Assessment Tool aims to “support the safe and healthy development of young children in shelter settings” and has been validated by the Administration for Children & Families in partnership with [Child Care Services Association](#) (CCSA). The tool includes a checklist of best practices to support the needs of young children, allowing shelters and temporary housing programs to identify whether they are implementing each practice and if further action is needed for adoption and adherence. The tool includes a range of policies and practices, such as providing a place for infants to practice “tummy time,” informing parents about the dangers of co-sleeping with their infants, ensuring there are sanitary diaper changing stations, and having a private space for breastfeeding. The tool also asks programs to identify if they have age-appropriate supplies for young children, such as safety-approved cribs, formula, baby food, and fever-reducing medications for children, among others. Participants in our focus group noted that shelters and temporary housing programs often lack age-appropriate supplies for young children, suggesting the identification of such supplies is an important feature of this tool.

In North Carolina, Child Care Services Association is working with Partners for Impact on a three-year pilot to [implement the Early Childhood Self-Assessment Tool](#)

[in shelters](#). Shelters received an incentive of \$500 to participate and an additional \$3000 to implement action steps, such as buying a refrigerator to store breast milk or installing clean changing tables. Anecdotally, shelters who have participated in the pilot have described how completing the assessment tool changed their mindset; they had never previously thought about the specific needs of children when providing services. Shelters in the pilot have also been able to identify some changes they can implement immediately without any new resources, such as including questions about children in their intake forms and creating a small space for children to play by reconfiguring existing space and furniture. **Additional funding and support should be provided to scale this initiative across North Carolina.** During recruitment for the pilot, many shelters declined to participate, reporting their resources were already stretched too thin, they had many competing priorities, or they did not have the capacity to take on this project. Therefore, higher incentives as well as more intensive support may be needed.

Additionally, increased training for shelter and temporary housing staff on child development and the specific needs of children is recommended. To achieve this, virtual modules for shelter and temporary housing staff could be designed and easily scaled. These modules could include topics such as the developmental, material, and health needs of infants and toddlers; how homelessness and poverty impact infants' and toddlers' health and development; how shelter environments interact with infants' and toddlers' wellbeing; and easy changes that shelters can implement to support the needs of young children. For example, the Administration for Children & Families has a [set of modules](#) for professionals in Head Start, Early Head Start, and child care that focuses on identifying families experiencing homelessness. A similar model could be used for modules targeted toward shelter and temporary housing staff that is specific to the needs of young children in shelter and temporary housing settings.

Recommendation 2

Increase enrollment of children experiencing homelessness in Early Head Start and Head Start through direct recruitment of children staying in shelters or temporary housing and relaxation of documentation requirements for families

The housing professionals and parents emphasized a need for prioritization of ECE services for children experiencing homelessness. Enrollment in [Head Start](#) not only provides safe, quality child care, but also connects children to health screenings and nutritious meals, and their families to medical, dental, and mental health services, as well as other programs that support overall family well-being.³¹ Although Head Start prioritizes homeless families, only five percent of children under the age six experiencing homelessness in NC are served by a Head Start or Early Head Start Program, with another three percent enrolled in McKinney-Vento ECE programs.⁵

An increased effort should be made to actively recruit homeless families, including direct, targeted initiatives by Head Start staff to recruit families living in shelters and temporary housing programs.

This effort could involve presentations by Head Start staff to families at shelters or distributing information about Head Start in community settings such as churches or food banks.³² Dissemination of the [Head Start Referral App](#) (described above under Theme 3) to shelters and temporary housing programs could also increase enrollment of homeless families in the program. To support this increased enrollment, however, additional funding for Early Head Start and Head Start at the state and federal level would be necessary.³³

Secondly, administrative barriers to applying and enrolling in Head Start/Early Head start programs should be reduced for families experiencing homelessness. Children experiencing homelessness are automatically eligible for Head Start and Early Head Start, regardless of income status ([see here](#)). This eligibility should be clearly stated on all NC websites and applications for these programs, and protocols should be established, such that families experiencing homelessness do not need to submit any documentation of income. Additionally, regardless of income status, enrollment in Head Start/Early Head Start does not require parents or guardians to provide their social security numbers (SSNs) nor the SSN of the eligible child(ren), and therefore, requests for SSNs should not be included on any NC Head Start/Early Head Start applications. The perceived requirement of a SSN may deter immigrant families from enrolling in these programs.³⁴

Moreover, efforts should be made to help families experiencing homelessness to stay enrolled in these programs. For example, while NC provides families experiencing homelessness a grace period of 30 days to submit necessary immunization records for ECE services, such as Head Start, this period is shorter than many other states. At least 10 states provide 90 days or more ([see here](#)). Additionally, families experiencing homeless often cite lack of transportation as a key barrier to enrollment in ECE programs, including Head Start.³² Given the lack of easily accessible, public transportation in North Carolina, additional supports are needed to ensure families experiencing homelessness can access these programs.

Recommendation 3

Improve access to high-quality ECE for children experiencing homeless through increased funding for child care subsidies and NC pre-K, and through prioritization of homeless families in receiving these programs

Increasing enrollment and prioritization of homeless families in Head Start alone will not be enough to address the lack of access to ECE services for many homeless families. As of August 2023, approximately 3,000 children are on the wait list for a NC Child Care Subsidy,³⁵ which

means many eligible families, including the three families interviewed, do not receive this crucial benefit. Child care in North Carolina is expensive, with the average annual cost of infant care at \$9,480 (\$760 per month). For a minimum wage worker in NC, the cost of care for one infant would represent 63 percent of their annual salary.³⁶ Child care is, therefore, simply unaffordable for most NC low-income families without the help of a subsidy. Families experiencing homelessness should be prioritized for this subsidy, as access to safe child

care is critical to placing unhoused families on the path to successful employment and stable housing. Moreover, the [U.S. Office of Early Childhood Development](#) recommends prioritizing enrollment of homeless families in ECE programs.³⁷

Along with increasing funding for child care subsidies, expansion of the NC Pre-K program is necessary to reach all eligible children. Eligible children must be four-years of age and from a low-income family and/or have a risk factor that may prevent school readiness, such as a developmental disability, limited English proficiency, educational need, or chronic health condition ([see here](#)). The program lacks sufficient funding to serve all eligible children, leading to waitlists in many counties. Currently,

[only 51 percent of eligible NC four-year-olds](#) are enrolled in the program. Given that housing instability in early childhood is associated with poor school readiness,²⁰ children experiencing homelessness should also be prioritized for the NC Pre-K program. Currently, NC Pre-K programs are “[strongly encouraged](#)” to serve eligible children experiencing homelessness but not required to prioritize their enrollment. As described in [Recommendation 2](#), successful enrollment requires flexibility in meeting documentation and immunization requirements.³⁷ The NC Pre-K program should also work to minimize administrative barriers to enrollment as described in [Recommendation 2](#).

Recommendation 4

Facilitate coordination and collaboration among housing and ECE providers through convenings, formalizing existing collaborations, and closing feedback loops for referrals

We found an absence of formal processes for communication, collaboration, and referral between housing and ECE programs. This lack of structured procedures leads to missed opportunities for agencies to exchange insights and results in families slipping through the cracks, not accessing resources for which they are eligible. Consequently, the absence of structured procedures likely contributes to the large gap between eligibility and uptake of federally funded ECE programs among NC families with young children experiencing homelessness.⁵

Convenings of programs both within and across sectors provide opportunities to share best practices and better integrate housing and ECE systems. For example, cross-sector efforts led by People’s Emergency Center (PEC), a Philadelphia-based non-profit, has led to substantial improvements in meeting the needs of young children experiencing homelessness in Philadelphia, such as the requirement for all housing providers to screen children for developmental delays. In 2018, the Pennsylvania Head Start State Collaboration Office (PAHSSCO) partnered with PEC to create the PA Homelessness Stakeholders Group to prioritize the educational needs of young children experiencing homelessness.³⁸ This group holds quarterly meetings with cross-sector

agencies that interact with unhoused families. Similar efforts can be made in NC, especially in conjunction with [Recommendations 1-3](#). For instance, as more shelters adopt the Early Childhood Self-Assessment Tool ([Recommendation 1](#)) both in NC and across the country, a consortium should be created such that shelters can share best practices and lessons learned. Likewise, regular meetings of Head Start and Pre-K programs across NC could allow programs to share best practices for recruiting and retaining homeless families ([Recommendations 2 & 3](#)). Additionally, cross-sector convenings, like the Pennsylvania Homelessness Stakeholders Group, would ensure ECE and housing programs are working cohesively to prioritize and best serve young children experiencing homelessness.

Along with convening, additional opportunities exist for formal direct collaborations between ECE programs and housing services that can be adopted in NC. For example, Connecticut [recently expanded](#) their “[Head Start on Housing](#)” pilot program, which is a cross-agency collaboration to (1) expedite access to housing subsidies for Head Start families, (2) increase the number of landlords willing to accept vouchers from young families, and (3) secure funding for transitory housing costs (e.g., security deposit, first month’s rent, etc.). Head Start staff work in close collaboration with Coordinated Access Networks and public housing authorities to refer eligible Head Start families directly for housing vouchers and other housing supports. The staff also work with eligible

families immediately upon Head Start enrollment to fill out paperwork and obtain documents necessary for the voucher application, therefore reducing administrative barriers that may prevent families from applying. In fact, the program found that Head Start already collected much of the information needed for the housing voucher application, and in some cases, was able to share this information directly with their local housing authority. Head Start programs are expected to provide family support services, such as referrals for housing services. However, given that stable housing is fundamental for children's early development and educational success, NC Head Start along with NC Pre-K programs should consider adopting a similar strategy to the "Head Start on Housing" program. The adopted strategy should include close collaboration with housing services and direct referral for housing subsidies.^{20,39}

Technology offers a potential opportunity to formalize collaborations and ensure referrals for children experiencing homelessness to ECE programs and other services are completed. Given that all children experiencing homelessness are eligible for Head Start and Early Head Start, data sharing processes between homeless shelters/temporary housing programs and Head Start/Early Head Start programs should be established to facilitate automatic enrollment of children under five. As the aforementioned [Head Start](#)

[Referral App for Children Experiencing Homelessness](#) holds promise in closing the loop between referrals for Head Start programs by McKinney-Vento liaisons and enrollment, this app potentially could be expanded to other settings, such as homeless shelters and temporary housing programs, to help meet this goal.

Another potential resource is [NCCare360](#), a state-wide electronic platform developed to facilitate communication between health care and human service organizations by allowing providers to make electronic referrals, share patient or client information, and track outcomes. However, no professionals in our focus groups mentioned NCCare360. Future work is needed to investigate how this tool can be optimized for use by housing and child care services. Moreover, as with housing vouchers, Head Start already collects much of the information needed for other benefit programs, such as the Supplemental Nutrition Assistance Program (SNAP). These additional services can bolster income for low-income families, allowing them to afford rent or mortgage payments and, in turn foster housing stability. ECE programs should utilize technology to share families' eligibility paperwork and documents directly with other benefit programs to expediate referrals and access.

Conclusion

Our current system is falling substantially short of meeting the needs of families with children ages 0-5 years who are experiencing housing instability or homelessness. During the first few years of life, children are particularly vulnerable to experiencing long-lasting negative health and development consequences due to unstable housing. Implementation of these recommendations to improve services, reduce barriers, increase funding, and facilitate collaboration has the potential to improve the quality and availability of housing and ECE services for children and families experiencing homelessness. Significant change is needed to guarantee all children experiencing homelessness have access to the safe, stable, and nurturing environments necessary for a healthy start.

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Appendix

Appendix A: Focus Group Consent Document

As you know, we included the consent form in our initial emails, but I want to briefly go over the important points about this project and informed consent before we begin. At the end, I will ask for verbal consent and permission to record from all of you.

With your permission, we will conduct this focus group and we anticipate it will last 45 to 60 minutes. We will record our discussion so that no important information is missed. After the focus group, a de-identified transcript of the recording will be made. Your privacy is important to us so all information about you will be de-identified in our reported findings and no comments will be attributed to you as an individual. We will not share your name or specific title when results are shared. For example, quotes may be attributed to you as “a housing program director employed by a mid-sized NC non-profit...”.

As a reminder, your participation in this study is completely voluntary. If you would like to take a break, skip a question, decline to answer a question, or leave the focus group at any time, please do not hesitate to let us know. We will provide \$25 gift cards at the end of the focus group. We thank you and greatly appreciate your time helping to inform our recommendations.

Do you have any questions for me now? You can also feel free to ask questions at any time during our session.

We want to provide a couple of guidelines before we begin. Firstly, we want to remind you that there are no right or wrong answers. We are recording our audio today, so we ask that you speak in turns as much as possible.

Additionally, we know that some of these questions may not apply to your personal work. We ask that you answer them to the best of your ability as they relate to your own professional experience.

Do we have verbal permission to audio record our session today? Yes No

Would you like to move forward with the session? Yes No

Fantastic. If you have questions later, please refer to the contact information that we sent out with the consent information.

We will now begin recording.

Appendix B: Focus Group Materials: Verbal Consent + Semi-structured Interview Guide

As you know, we included the consent form in our initial emails, but I want to briefly go over the important points about this project and informed consent before we begin. At the end, I will ask for verbal consent and permission to record from all of you.

Question: How does that sound? [Response] Great!

With your permission, we will conduct this focus group and we anticipate it will last 45 to 60 minutes. We will record our discussion so that no important information is missed. After the focus group, a de-identified transcript of the recording will be made. Your privacy is important to us so all information about you will be de-identified in our reported findings and no comments will be attributed to you as an individual. We will not share your name or specific title when results are shared. For example, quotes may be attributed to you as “a housing program director employed by a mid-sized NC non-profit...”.

As a reminder, your participation in this study is completely voluntary. If you would like to take a break, skip a question, decline to answer a question, or leave the focus group at any time, please do not hesitate to let us know. We will provide \$25 gift cards at the end of the focus group. We thank you and greatly appreciate your time helping to inform our recommendations.

Do you have any questions for me now? You can also feel free to ask questions at any time during our session.

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Additionally, we know that some of these questions may not apply to your personal work. We ask that you answer them to the best of your ability as they relate to your own professional experience.

Do we have verbal permission to audio record our session today? ____ Yes ____ No

We will now begin recording.
[Begin Recording]

Would you like to move forward with the session? ____ Yes ____ No

Fantastic. If you have questions later, please refer to the contact information that we sent out with the consent information.

We will now begin. We welcome and encourage you to use the chat to chime in as well.

1. Please briefly introduce yourself, your role in your organization, and share to what degree you interact with families experiencing homelessness.
2. How do families with young children less than 5-years-old that are experiencing housing instability or who are homeless come to the attention of your organization/organizations that can offer support?
3. Once families with young children less than 5 years old who are experiencing housing instability or who are homeless have been identified, what is their typical journey through your organization or the sector you represent?
 - a) How do you think your process is similar or different from other organizations?
4. When assisting families with young children (0-5 years old) who are experiencing housing instability or homelessness, can you tell us how your organization coordinates with other early childhood agencies, departments, or services such as WIC or Head Start or other organizations represented here today?
 - a) What helps to facilitate this coordination? Note: If clarification is needed examples could include NCCare360, personal phone calls, emails.
 - b) Are there barriers that prevent this coordination?
 - c) What changes do you feel could be made to better facilitate collaboration?

5. What programs or services have you noticed to be particularly effective in addressing housing instability specifically for families with young children under 5-years-old?
 - a) To what extent do you think organizations consider the specific needs of young children less than 5-years-old?
 - b) Would you like to share more about what your organization does to ensure those needs are met?
 - c) Are there disparities or inequities in how families with young children may access and experience services that you have observed?

6. Could you share what needs are not currently being met by the services available specifically for families with young children under 5-years-old experiencing housing instability?
 - a) What changes do you think could be made to address these needs?
 - b) What resources would this require and who would be accountable for coordinating?
 - c) What do you believe is preventing this from happening now?

7. Lastly, is there anything else we did not discuss today but that you would like to share before we end?

Appendix C: Family Interview Consent Document

This research study is being done by researchers from Duke and UNC. Our team includes undergraduate students, graduate students, and faculty. We are talking to caregivers with young children (age 0-5) who were or are now without stable housing. We want to understand problems faced by these families and the resources they turn to when facing housing instability or homelessness. We will use what we learn from these interviews to help agencies make better programs to improve housing stability for families.

We would like to interview you for about 1 hour. We will record our conversation so that no important information is missed. The audio recording will be sent outside of Duke for transcription. We will remove any identifying information from the transcript, such as names, locations, etc. Your privacy is important to us. We will delete your contact information once we make sure that the audio recording worked properly. We will not share your name or any information about you or your housing situation that could allow someone to identify you. For example, instead we might say “a caregiver with a young child who has experienced housing instability...”.

We will destroy the recording after a transcript is made. We will only use the data for this project. We will not make the transcripts available to anyone else beyond our team.

There is one exception to confidentiality we need to make you aware of. In research studies, we are required to report situations of child abuse, child neglect, or any life-threatening situation to appropriate authorities (take note of body language, provide reassurance as needed that this is procedural). However, we are not seeking this type of information in our study nor will you be asked questions about these issues.

You can participate in this interview or not, it is up to you. Deciding to participate or not participate in the interview will not impact services you receive for housing or for any other needs. If you would like to take a break, skip a question, or end the interview at any time let the interviewer know. You will receive a \$45 gift card at the end of the interview. You will still receive this gift card even if you skip questions or take a break.

We will be happy to answer any questions you have. If you have questions later, contact Dr. Rushina Cholera (email: rushina.cholera@duke.edu).

If you would like to speak to someone about this study who is not on our team or if you have any concerns about your participation in this study, you can contact the Duke Human Subjects Committee at 919-684-3030 or campusirb@duke.edu. The protocol number is 2022-0332.

We will also be sharing this information with you in an email or text shortly after this discussion.

Again, we greatly appreciate you taking your time to speak with us and share your experience.

Do we have verbal permission to audio record our session today? ___ Yes ___ No

[Begin Recording]

Do we have verbal permission to go ahead and begin? ___ Yes ___ No

Appendix D: Family Interview - Semi-structured Guide

1. Can you begin by telling me a bit about you and your family?
 - a) How old are your children?
 - b) Are there any other young children who live at home with you (e.g., siblings, nieces, nephews)?
 - i) If yes, how old are they?

Housing Experiences

As we talked about earlier, we want to better understand the experience of families with young children who have faced housing instability or homelessness. When I say housing instability I am talking about any of the following three experiences:

- First, Being unable to pay the mortgage or rent on time
 - Second, Experiencing two or more moves over the span of a single year
 - And third, Ever living in a shelter, motel, temporary or transitional living situation, or having no steady place to sleep at night
 - When I talk about housing instability today, I am meaning any of these different experiences. Do you have any questions about that?
2. Based on these definitions, can you tell us about when you and your children first began experiencing housing instability? What was happening in your life during that time?
 3. Can you tell us about where you and your family are living right now?
 - a) How did you come to live here?
 - b) Were there people or organizations that helped you to find your current housing?
 4. Can you tell me about what sources of support you turned to when you and your children first started experiencing problems with housing?
 - a) Can you share how you decided to turn to these resources?
 - b) *If they mention resources beyond relatives or social connections,*
 - i) How did you find out about these resources?
 - ii) Did you access these resources in person, online, or over the phone?
 - c) Can you tell me about any governmental sources of support that you turned to? [if pausing] Such as Medicaid, SNAP, WIC, housing vouchers, etc.?
 - i. *If they don't mention governmental sources of supports*
 - Can you share with us a bit about why you did not receive these benefits?
 5. How did parenting young children impact the type of resources or sources of support you looked out for as you were experiencing housing instability?
 - a) Can you tell me more about your experiences accessing and using these resources (specify which ones) that you that were more specific to parenting with young children?
 - b) Are there any ways that you think these services or resources could be improved?
 - c) Can you tell us about any services that stood out to you as particularly helpful for those experiencing housing stability while parenting young children?

6. Do any of your children have specific needs (e.g., health or developmental needs) that impacted the type of resources you looked for?

a) How did this affect the process of finding resources for your children and your family?

7. Did you notice any ways in which the resources you just mentioned worked together? For example, did one resource refer you to another?

a) Can you tell us about any thoughts you have on ways these resources could better work together or coordinate?

b) What are your thoughts about programs sharing information with one another (e.g., shelter sharing information with schools about children's needs)?

8. *If the participant has not mentioned spending time in a shelter:* During your time with housing instability, did you spend any time in a shelter with your young children? *(If yes, go to 8a)*

You mentioned that you spent some time in a shelter, we would like to hear a little bit more about your experience

a) Did the shelter offer any additional services besides housing? If yes, what services?

i) Can you tell us about your experiences with these services?

Probes: What services do you find helpful? What services did not work well for you?

b) Can you tell us about your experience with any resources that are specific to young children?

Probes: What services do you find helpful? What services did not work well?

c) Can you tell us about any ways you thought your experience at the shelter could have been improved, especially for your child/children?

9. Lastly, is there anything else that you would like to share that we have not yet spoken about yet?