October, 2022

Childhood Homelessness in Pennsylvania

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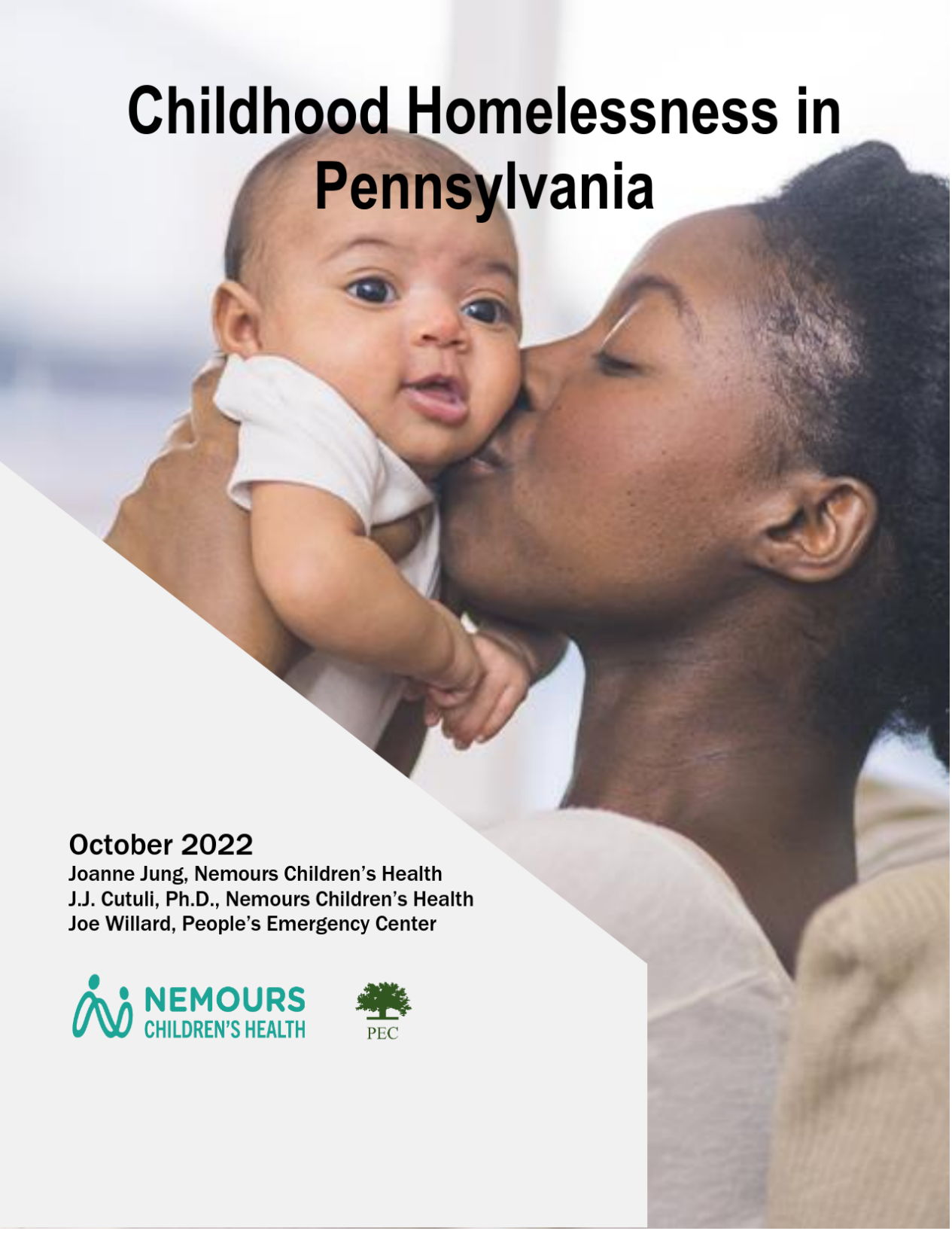

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NEMOURS CHILDREN'S HEALTH

PEC

Executive Summary

Children and youth who experience homelessness are known to be at risk for a variety of poor outcomes in both the short and long terms. This report summarizes data on the subset of children and youth who are served by homeless housing programs in Pennsylvania. We document how many children and youth are served by these programs in 13 of Pennsylvania's 16 regional Continuums of Care (CoC) and draw correlations between the number served in homeless housing programs and the rate of other known childhood risk factors. We make recommendations based on the data for even more effective homelessness prevention efforts and responses to family, child, and youth homelessness to optimally promote resilience. We conclude that homeless housing programs are inherently child-, youth-, and family-serving programs, given the number of children and youth who stay in these programs. As such, housing programs need to comprehensively attend to the developmental needs of those they serve beyond just shelter and housing. In this way, homeless housing programs can help promote resilience.

Key findings

- In 2021, over 14,000 children and youth (Birth to 17) were served by homeless housing programs in Pennsylvania, an 8.0% decline from 2019 and likely influenced by the COVID-19 pandemic.

- Racial and ethnic inequity remains: 54.4% of families served by homeless housing programs identified as Black or African American (vs. 12.2% of all Pennsylvanians), 13.5% Hispanic/Latino/a (vs. 8.4%), and 39.2% White.

- Some regions serve more children and youth: The largest numbers of children and youth served by homeless housing programs were in Philadelphia and Beaver Counties.

- Regions differed in their capacities to serve children and youth in housing programs: The Eastern CoC, Lancaster, and Luzerne Counties had the lowest capacities given levels of childhood poverty.

- Young children are commonly served by homeless housing programs: Young children are the largest group (Birth-5 years: 42%), followed by school age (6-12; 37%) and adolescents (13-17; 21%).

- Homelessness occurs in the context of other threats to children and youth. Regions that serve more children and youth in homeless housing programs were also more likely to have high rates of other childhood risk factors, including risks beginning during pregnancy and persisting over time.

Recommendations (see additional recommendations on pages 11 and 23)

- Homeless housing programs need to be viewed and funded as child-, youth-, and family-serving agencies with an obligation to support varied developmental needs, beyond housing services alone. This will require expansions of the services offered directly by housing agencies as well as the capacity to assess and connect families to other needed mainstream services.

- We must learn from the COVID-19 pandemic. Housing programs should consider the perception and potential reality that they were less-safe spaces. Large-scale policy interventions also may have meaningfully reduced the need for shelter. Additional research should better-document what worked—and what did not—leading to more effective approaches to child and youth homelessness.

- Promoting resilience among those who use housing programs will likely involve both efforts to prevent adversity from occurring and also comprehensively responding to adversity when it does. This should include interventions that support health and developmental needs at all ages, beginning with prenatal care and involving education, health, and human service systems.

Introduction

Children and youth experiencing homelessness and housing insecurity are more likely than stably-housed peers to experience risk factors that threaten their health and well-being. These risk factors, such as poverty and low birth weight, make children experiencing homelessness more vulnerable to long-term negative health and mental health outcomes and poor school achievement. For example, childhood homelessness was associated with later aggression and behavioral problems in high school.[1] Risk factors in the lives of children who experience homelessness begin as early as before birth, underscoring the importance of intervening early and providing developmentally sensitive services for children in homeless housing programs.

In 2021, 14,117 children and youth slept at least one night in homeless housing programs across Pennsylvania according to regional Homeless Management Information Systems (HMIS). However, this number does not include children and youth in other homeless situations, such as those doubled-up with friends or family or living in a car or on the streets This report provides data on child homelessness in Pennsylvania from different Continuum of Care regions. We make recommendations to promote resilience for children and youth experiencing homelessness.

Why is this report needed? This report is needed to help address child and youth homelessness and its associated risk factors in Pennsylvania. Child homelessness can negatively impact child development and contribute to problems in cognition, learning, memory, physical health, and mental health.[1] Understanding childhood homelessness and development can help homeless housing programs meet the developmental needs of each age group. This report only covers the fraction of children and youth who experience homelessness and are served by homeless housing programs. These data do not include the majority who are homeless in other settings, such as living doubled-up with other families or friends. This report addresses the following topics:

1. Presents data on the number, ages, and race and ethnicities of children and families served by homeless housing programs in Pennsylvania,
2. Characteristics of each stage of development and important milestones,
3. Prevalence of other childhood risk factors associated with homelessness, and
4. The degrees to which the risk factors are correlated to homelessness.

This report is intended for the following audiences:

1. County homeless service planners who design systems to end homelessness;
2. Early childhood professionals (Head Start, Child Early Care and Education, and Early Intervention providers), including the PA Early Learning Resource Centers;
3. Providers of family services who serve children and youth to enhance their understanding of the importance of providing supportive care;
4. Pennsylvania's Dept. of Education for Children and Youth Experiencing Homelessness;
5. Pennsylvania's 17 Congressional members and two Senators as they consider funding homeless strategies, the Pennsylvania General Assembly, and the County Commissioners of all of the Commonwealth's counties.
6. Pennsylvania's homeless housing planners and providers.
7. The Family Promise network of agencies throughout Pennsylvania.

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[1] Gultekin, L. E., Brush, B. L., Ginier, E., Cordom, A., & Dowdell, E. B. (2020). Health risks and outcomes of homelessness in school-age children and youth: A scoping review of the literature. *The Journal of School Nursing*, *36*(1), 10-18

Children and Youth Served by Homeless Housing Programs in Pennsylvania

In 2021, 14,117 children and youth aged 0-17 were served by homeless housing programs in Pennsylvania.[2] These children and youth slept in one of the following homeless housing programs: emergency housing (EH), transitional housing (TH), rapid rehousing, permanent supportive housing (PSH), or safe haven for at least one night between October 1, 2020 and September 30, 2021. This number does not include children served by homelessness prevention programs alone, such as rental assistance, eviction prevention services, and similar.

Table 1 presents the numbers of children and youth served in fiscal years 2019, 2020, and 2021. Pennsylvania is served by 16 Continuums of Care (CoCs) which are regional organizations that receive federal support for efforts to quickly address homelessness while minimizing trauma and dislocation. This report mostly considers information from the 13 Pennsylvania CoCs that contributed information. We consider all 16 CoCs when data come from other sources (e.g., the U. S. Department of Housing and Urban Development).

- The overall rate of child and youth homelessness declined by 8.0% across Pennsylvania from 2019 to 2021. It declined by 12.6% from 2019 to 2020 and then increased by 4.3% from 2020 to 2021 (*Figures 1-3*).
    - Eight CoCs reported decreases in the number of children and youth served from 2019 to 2021: Philadelphia, Dauphin, Delaware, Luzerne, Lackawanna, York, Allegheny, and Eastern PA.
    - Five CoCs reported decreases of more than ten percent: Philadelphia, Luzerne, Lackawanna, York, and Allegheny.
    - Four CoCs reported increases in the number of children and youth served: Montgomery, Chester, Berks, and Western PA. All reported increases of more than ten percent.

- Differences in child and youth homelessness rates after March 2020 are probably at least partly attributable to responses to and features of the COVID-19 pandemic. Since the start of the pandemic, the Centers for Disease Control and Prevention (CDC) has been making efforts towards keeping people out of shelters to prevent the spread of coronavirus. The CDC declared an eviction moratorium in September 2020, which prevented landlords from removing tenants from a rental property for non-payment of rent. Emergency rental assistance was also distributed to keep people out of shelters.[3]

[2] Based on 13 out of 16 CoCs in Pennsylvania

[3] CDC Issues Eviction Moratorium Order in Areas of Substantial and High Transmission. (2021, August 3). Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2021/s0803-cdc-eviction-order.html

Table 1: Number of Children Served by CoC and Homeless Housing Program in Pennsylvania.*

	2019					2020					2021				
Continuum of Care	**EH**	**TH**	**Rapid Rehousing**	**PSH**	**Total Served**	**EH**	**TH**	**Rapid Rehousing**	**PSH**	**Total Served**	**EH**	**TH**	**Rapid Rehousing**	**PSH**	**Total Served**
CoCs experiencing overall decreases															
Philadelphia	2952	583	1234	1121	5079	2130	456	1079	1050	4229	1882	390	1459	1096	4022
Dauphin Co.	302	16	n/a	130	448	118	60	n/a	77	255	287	64	n/a	86	437
Delaware Co.	394	0	251	73	718	266	0	201	92	559	421	9	208	76	714
Luzerne Co.	130	79	143	154	506	57	61	115	152	385	81	61	71	153	366
Lackawanna Co.	78	42	105	65	290	38	19	85	49	191	29	32	133	62	256
York Co.	426	199	318	23	966	369	86	340	19	814	244	24	388	16	672
Allegheny Co.	537	28	438	864	1725	454	20	418	835	1560	429	12	429	778	1517
Eastern PA	963	198	1096	204	2461	954	213	965	182	2314	1113	208	889	197	2407
CoCs experiencing overall increases															
Montgomery Co.	212	74	337	24	647	166	25	303	80	574	225	31	434	74	764
Chester Co.	182	0	207	46	435	208	0	170	45	423	291	0	155	49	495
Berks Co.	142	27	119	167	455	109	28	95	167	399	248	24	75	163	510
Beaver Co.	171	16	202	119	508	227	24	220	147	618	275	18	125	119	537
Western PA	284	88	587	279	1238	195	85	573	357	1210	274	94	676	376	1420
PA TOTAL	**6773**	**1350**	**5037**	**3269**	**15476**	**5291**	**1077**	**4564**	**3252**	**13531**	**5799**	**967**	**5042**	**3245**	**14117**

*The number of children does not always add up to the total due to the adjustment for duplicates. Philadelphia CoC also considers a small number (suppressed) served in Safe Haven programs in their total.

Figure 1: Child and Youth Homelessness Counts From 2019-2021, by Major Urban CoCs

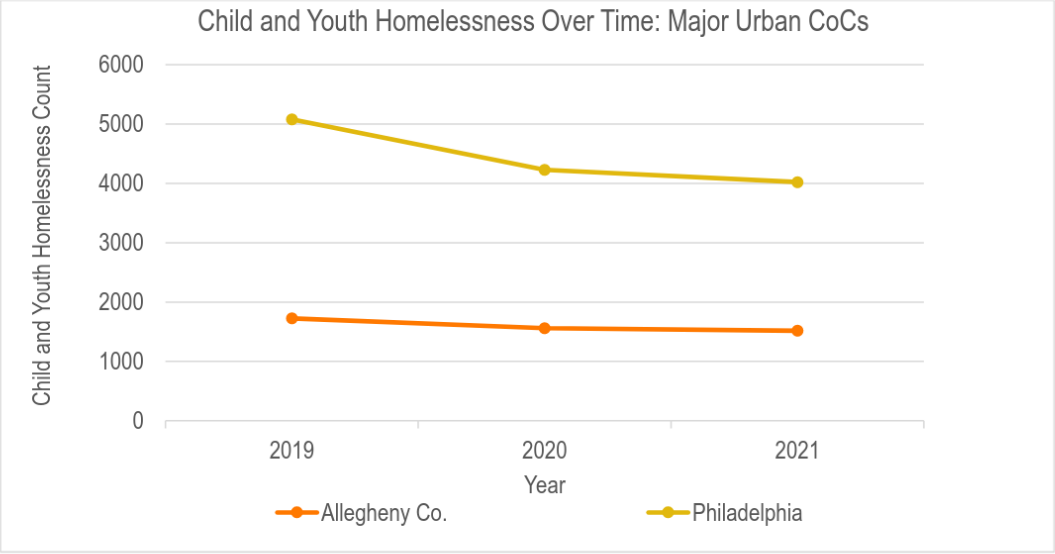


Figure 2: Child and Youth Homelessness Counts From 2019-2021, by Rural CoCs

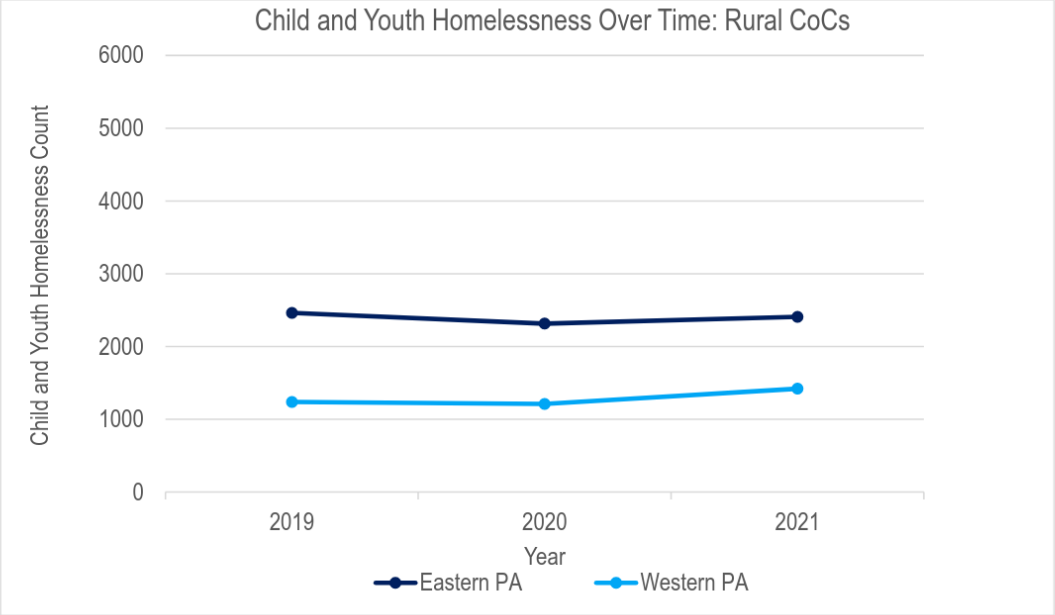
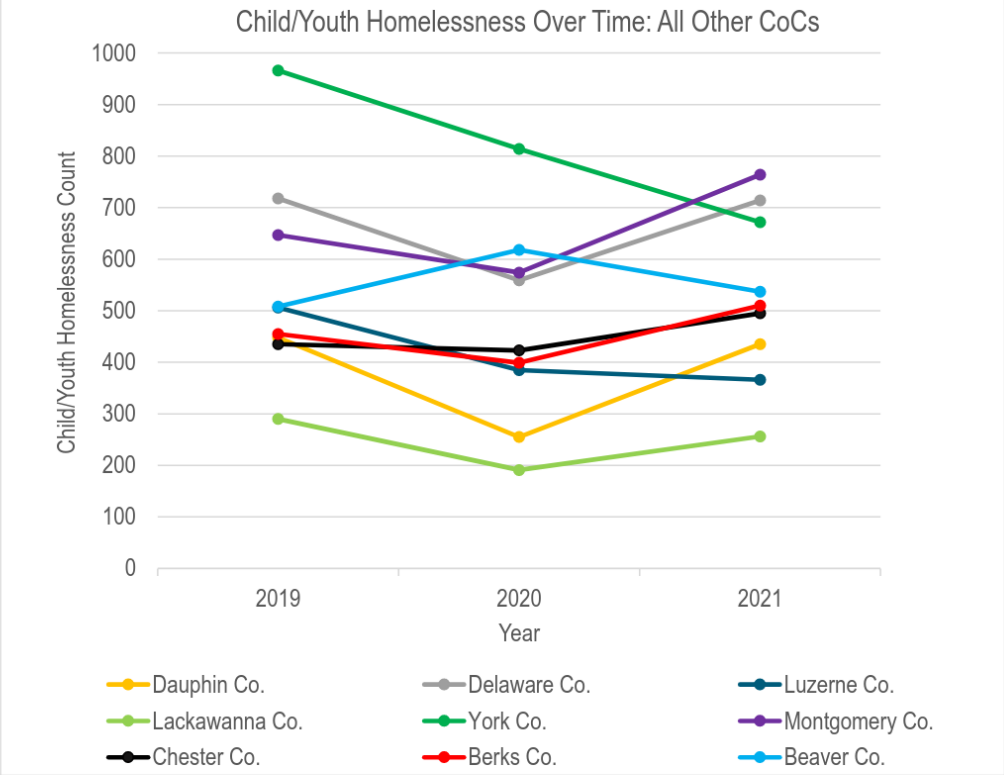


Figure 3: Child and Youth Homelessness Counts From 2019-2021, by All Other CoCs



Race and Ethnicity of Families Served in Homeless Housing Programs

Table 2 and *Table 3* present the race and ethnicities of families served in homeless housing programs by CoC. Over half (54.4%) of families self-identified as Black or African American, while 39.2% of families identified as White. Black or African American families are overrepresented in homeless housing programs, as only 12.2% of the total population in Pennsylvania identify as Black or African American. Hispanic/Latino families are also overrepresented, as 13.5% are served in homeless housing programs compared to 8.4% in Pennsylvania.

Table 2: Race of Families Served in Homeless Housing Programs by CoC

	2021 Race						
Continuum of Care	**White**	**Black/African American**	**Asian**	**Multiracial**	**Other (American Indian, Alaska Native, Native Hawaiian, Pacific Islander)**	**Unavailable**	**Total families served**
Philadelphia	213	1913	8	22	8	18	2180
Dauphin Co.	43	151	0	1	1	5	201
Delaware Co.	92	232	1	4	1	8	338
Luzerne Co.	104	75	0	5	1	0	185
Montgomery Co.	89	222	1	18	4	27	361
Chester Co.	157	155	0	15	7	0	334
Berks Co.	200	92	0	1	1	0	294
Lackawanna Co.	90	24	1	3	3	0	121
York Co.	134	125	2	44	35	0	340
Allegheny Co.	233	425	1	25	7	0	691
Beaver Co.	142	97	0	12	0	0	251
Eastern PA	781	356	3	64	20	76	1300
Western PA	592	117	0	20	3	0	732
PA TOTAL	**2870**	**3984**	**17**	**234**	**91**	**134**	**7328**

Table 3: Ethnicity of Families Served in Homeless Housing Programs by CoC

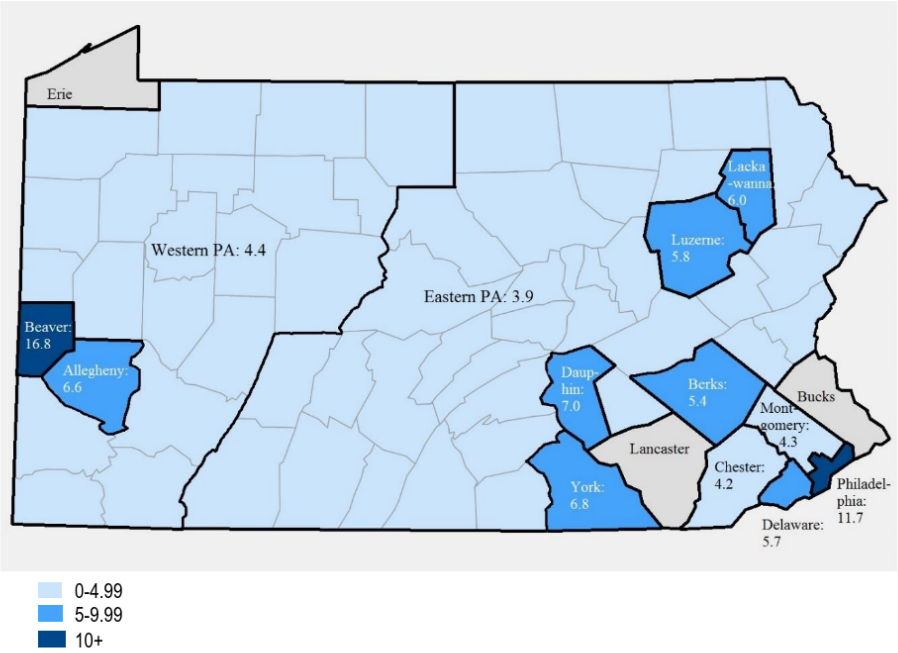
	2021 Ethnicity			
Continuum of Care	**Hispanic/Latino**	**NOT Hispanic/Latino**	**Unavailable**	**Total families served**
Philadelphia	175	1997	11	2180
Dauphin Co.	24	177	0	201
Delaware Co.	18	317	3	338
Luzerne Co.	38	147	0	185
Montgomery Co.	29	332	0	361
Chester Co.	61	273	0	334
Berks Co.	134	160	0	294
Lackawanna Co.	25	96	0	121
York Co.	136	204	0	340
Allegheny Co.	24	667	0	691
Beaver Co.	0	251	0	251
Eastern PA	308	959	34	1300
Western PA	17	715	0	732
PA TOTAL	**989**	**6139**	**48**	**7328**

Rates of Child and Youth Homelessness by Region

Figure 4 depicts the rates of children and youth in CoC homeless housing programs across Pennsylvania. These rates only consider children served in homeless housing programs, not children who lived doubled-up or in other homeless situations.

- Beaver and Philadelphia CoCs had the highest rates of children and youth served by homeless housing programs per 1,000 children and youth.
- Eastern, Western, Chester, and Montgomery CoCs had the lowest rates of children and youth served by homeless housing programs per 1,000 children and youth.

Figure 4: Rates of Children and Youth Served by Homeless Housing Programs per 1,000



*Homelessness data comes from 13 CoCs, population under 18 comes from the Pennsylvania Department of Human Services.[4]

[4] 2021 Annual Child Protective Services Report. (2021). Pennsylvania Department of Human Services. https://www.dhs.pa.gov/docs/OCYF/Documents/2021-CPS-REPORT_FINAL.pd

Children and Youth in Poverty and Homeless Housing Program Capacity

The level of childhood poverty often predicts levels of housing instability and homelessness in a region. CoCs homeless housing program capacity should be proportional to the degree of childhood poverty in their region. This ratio helps describe the region's ability to respond to child and youth homelessness and housing insecurity (Table 4; Note: available data were from 2020 at time of writing):

- CoC homeless housing program capacities ranged from 13 children and youth in poverty per every 1 'bed' (Allegheny County CoC) to 35 children and youth in poverty per 1 bed (Eastern PA CoC)
    - Six CoCs had high capacities with ratios under 20:1 (Philadelphia, Chester, Bucks, Allegheny, Beaver, and Erie County CoCs)
    - Three CoCs had especially low capacities with ratios over 30:1 (Eastern PA, Lancaster, and Luzerne)

Table 4: Ratio of Children and Youth in Poverty to Beds in Homeless Housing Programs

2020	
Continuum of Care	**Child:Bed Ratio**
Philadelphia	16:1
Dauphin Co.	27:1
Delaware Co.	25:1
Luzerne Co.	33:1
Montgomery Co.	23:1
Chester Co.	18:1
Berks Co.	29:1
Lackawanna Co.	22:1
Lancaster Co.	31:1
Bucks Co.	19:1
York Co.	20:1
Allegheny Co.	13:1
Beaver Co.	15:1
Erie Co.	19:1
Eastern PA	35:1
Western PA	29:1
PA Total	22:1

*Data for beds comes from the Housing Inventory Count by the U.S. Department of Housing and Urban Development.[5] Data for child poverty comes from the SAIPE via census.gov.[6] Ratios are rounded down.

[5] CoC Housing Inventory Count Reports. (2020). U.S. Department of Housing and Urban Development. https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?filter_Year=2020&filter_Scope=CoC&filter_State=PA&filter_CoC=&program=CoC&group=HIC.
[6] Small Area Income and Poverty Estimates (SAPE). (2020). U.S. Bureau of the Census. https://www.census.gov/data-tools/demo/saipe.

Recommendations: Implications of the Numbers of Children and Youth Served

1. *Patterns in the number of children and youth served by different programs over time*. The number of children and youth served in homeless housing programs for homeless and residentially unstable individuals and families declined from 2019 through 2021 across Pennsylvania. Changes varied across different sorts of homeless housing programs, with notable declines in emergency and transitional housing, a slight increase in rapid rehousing, and the number served in permanent supportive housing programs remaining essentially the same. Note: The data for the current report do not distinguish families who were served by a housing program in more than one year.

   This general pattern highlights three implications:

   a) Housing interventions need to function and be acceptable to families, especially during a disaster. The context of the COVID-19 pandemic almost surely contributed to fewer children and youth served by homeless housing programs, though considerable numbers were served in Pennsylvania, nevertheless. Families may have been less likely to seek out homeless housing programs because of fear of infection that accompanies congregate living in shelter, for example. Meanwhile, housing response systems may have been disrupted during the pandemic, as such disruptions were evident across nearly all sectors of society. This may have contributed to fewer children or youth served and/or the possibility that data tracking was less reliable during that period. Disaster planning needs to include explicit procedures to serve families in unstable housing situations, and in ways that prioritize the health and safety of both children and their caregivers.

   b) Sweeping and targeted policy interventions likely helped reduce child, youth, and family homelessness during the pandemic, as well. Regional, state, and federal policies rapidly changed in unprecedented ways to assist families during the COVID-19 pandemic. Efforts such as the national eviction moratorium, the expanded child tax credit,[7] and increased funding to schools to support students experiencing homelessness also likely contributed to the declines in children and families served in these homeless housing programs. These interventions should be deeply understood, leading to replication of effective approaches to preventing family, child, and youth homelessness. As we progress through the pandemic and some or all of these interventions end, agencies should be prepared for increases in children, youth, and families who need housing and other supports.

   c) All homeless housing programs—including rapid rehousing and permanent supportive housing interventions—must be equipped to meet the developmental needs of children and youth and ready to connect them to other needed services. Fewer children and youth were served in emergency and transitional housing programs and more in rapid rehousing and permanent supportive housing programs, continuing a longstanding trend among housing providers. These are interventions that serve vulnerable children and youth. They must support positive development beyond mere provision of housing and should be evaluated on the developmental outcomes of the children and youth that they serve.

2. *Inequity based on race and ethnicity*. Black and African American and Hispanic families make up much higher percentages of families served by homeless housing programs than would be expected given the racial and ethnic demographics of Pennsylvanians overall. The reasons for these disparities go

[7] Parolin, Z., Collyer, S., & Curran, M. A. (2022). Absence of monthly child tax credit leads to 3.7 million more children in poverty in January 2022. *Poverty and social policy brief*, *6*(2), 1-5.

beyond the data available in this report. Nevertheless, these data underscore that interventions for families and youth experiencing homelessness must meet the needs of Black or African American and Hispanic families while other efforts continue to identify and address the varied systemic factors that contribute to these clear disparities.

3. *Differences across regions.* Among those CoCs contributing data, regions that contain larger cities, or have large cities close-by, tend to have higher rates of children and youth served by homeless housing programs. CoCs who serve higher rates of children and youth should consider more preventative measures to establish and maintain stable housing.

4. *Regional capacities to serve children and youth in homeless housing programs varied widely.* The number of children and youth in poverty is one important indicator of the likelihood of child and youth housing instability. Yet, many regions of Pennsylvania had very high ratios of child poverty to homeless housing program capacity. This should be addressed on a region-by-region basis to ensure that each CoC is able to swiftly and comprehensively serve children, youth, and families experiencing housing instability.

Characteristics of Children Served by Homeless Housing Programs

Age Distribution

Children and youth served by homeless housing programs across Pennsylvania were more likely to be under five years old, and less likely to be 6-17 years old. *Figure 5* compares the statewide age distribution of children and youth to the age distribution of children and youth served in homeless housing programs across Pennsylvania. In homeless housing programs in 2021[8]:

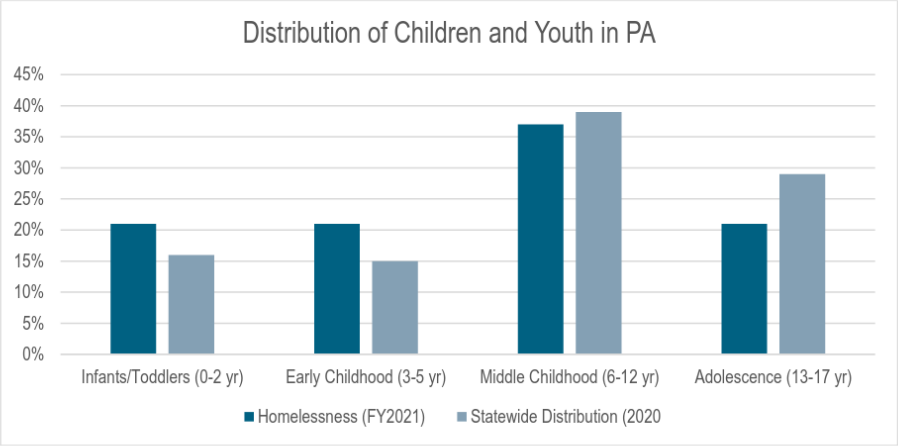
- 42% of children and youth served were age five or younger.
    - 21% of children and youth served were two years old or younger.
    - 21% of children and youth served were ages three to five.
- 37% of children and youth served were school age (6-12).
- 21% were adolescents ages 13-17.

Served children and youth varied across homeless housing programs by age (Table 5):

- In Emergency Housing programs, children and youth were most likely to be 6-12 years old (37.2%) and least likely to be 13-17 years old (20.1%).
- In Transitional Housing programs, children and youth were most likely to be 0-2 years old (35.4%) and least likely to be 13-17 years old (12.2%).
- In Rapid Re-housing programs, children and youth were most likely to be 6-12 years old (34.6%) and least likely to be 13-17 years old (18.9%).
- In Permanent Supportive Housing programs, children and youth were most likely to be 6-12 years old (40.7%) and least likely to be 3-5 years old (15.6%).

[8] These percentages, along with the percentages in Figure 3, exclude Chester CoC for all ages and Berks CoC for ages 0-5, as they provided different age breakouts. Table 5 includes Chester and Berks CoCs.

Figure 5: Age Distribution of Children and Youth in Pennsylvania



The ages of those served across Pennsylvania shows the importance of meeting the unique developmental needs of each age group and how resources can best be allocated to serve children and youth. The developmental needs and milestones of each age group are described in the next section. *Table 6* presents the ages of children and youth served by homeless housing programs.

- Delaware, Luzerne, and Berks CoCs serve a higher percentage of school-aged children (ages 6-12) than the average in Pennsylvania of 38%.
- Delaware, Allegheny, Eastern PA, and Western PA CoCs serve a higher percentage of adolescents.

Table 5: Age Distributions of Children and Youth Served by Homeless Housing Program

Age	EH	TH	Rapid Re-housing	PSH
0-5 Years old	2525	540	2359	1167
6-17 Years old	3290	368	2641	2181

Table 6: Counts of Children and Youth Served in Homeless Housing Programs in 2021, by Age

Continuum of Care	0-2 years old	3-5 years old	6-12 years old	13-17 years old	Total Served
Philadelphia	1138	866	1468	692	4022
Dauphin Co.	94	80	164	99	437
Delaware Co.	77	155	314	168	714
Luzerne Co.	128	21	147	70	366
Montgomery Co.	223	178	261	102	764
Chester Co.	232		263		495
Berks Co.	190		212	108	510
Lackawanna Co.	52	63	93	48	256
York Co.	111	256	261	44	672
Allegheny Co.	320	260	579	359	1517
Beaver Co.	103	128	186	120	537
Eastern PA	388	480	853	686	2407
Western PA	191	340	545	344	1420
PA TOTAL	**6074**		**8186**		**14117**

Why Developmental Period Matters

Child development involves biological, physical, cognitive, social and emotional changes that occur from birth through adolescence. Each developmental period (infancy/toddlerhood, early childhood, middle childhood, and adolescence) is characterized by appropriate milestones, the achievement of which depends on the child's behavioral, psychological, biological and environmental factors. While normal stress can help children develop effective coping strategies, prolonged stress and deprivation can have lasting negative effects on the brain, emotions, behavior, and later outcomes.

Infancy and toddlerhood (0-2 yrs.): During the first two years of life, infants and toddlers undergo rapid physical changes that are crucial to their lifelong health, education, and wellbeing. They typically double in weight and length by 6 months and areas of their brain mature to meet developmental milestones such as sitting, pointing, and talking. Infants and toddlers begin mirroring emotions from others and learn rudimentary self-regulation skills with the help of caregivers and routines. During the first years of life, children depend on their caregivers and form attachment relationships, guided by temperament and parenting style. Secure attachments are formed when young children have access to warm, consistent, positive care. These secure attachment relationships with caregivers predicts later positive child outcomes, such as social skills and ability to cope with stress. Some other important milestones include walking, running, and using both hands for a task.[9,10]

[9] Overstreet, L. (2022, April 21). Human Development Life Span. Western Washington University. https://socialsci.libretexts.org/@go/page/2971.
[10] CDC's Developmental Milestones. (2022, August 17). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/actearly/milestones/index.html.

Early childhood (3-5 yrs.): As children grow and experience the world around them, they begin to grasp basic concepts and develop a sense of self. They become more interested in learning about differences between people, especially boys and girls and how they fit into gender stereotypes. During this period, children become better at recognizing that other people can have different thoughts and feelings than they do, a key milestone in emotional development and part of a group of emerging abilities will contribute to the child's ability to form different relationships with others. Self-regulation of feelings, behaviors, and thoughts also develops rapidly during this period. In terms of language development, children's vocabulary expands from 200 words to 10,000 words throughout early childhood. Other milestones during this stage include back and forth conversations, pretend play, and turn taking.[9,10]

Middle childhood (6-12): Growth during middle childhood occurs at a slower pace than in early childhood and adolescence, though changes occur and new milestones are important. Children gain muscle strength and motor skills, and their memory and attention span increase, giving them the capacity to focus on more complex tasks. Children in this stage are better able to solve problems and self-regulate as they enter school. They rely less on their caregivers for everyday tasks and navigate the world of friendships and new routines, though positive relationships with caregivers and other adults remain vital. Some other milestones during this stage include identity development, perspective taking, developing more complex friendships, and gaining academic knowledge and skills at school. [9,10]

Adolescence (13-17): Adolescence is typically marked by the start of puberty, a series of biological, physical, emotional, and cognitive changes. Physically, secondary sexual characteristics begin to mature and adolescents experience drastic changes in their bodies, including a rapid growth in height. Meanwhile, adolescent brains mature in rapid and complex ways throughout the teenage years, and social expectations change from family members, peers, and communities. Adolescents begin to develop more complex identities, such as gender and sexual identity, future occupation, and roles in friendships and new romantic relationships. One key shift in adolescence is an even greater desire for autonomy and independence, especially from caregivers. Part of this process—coupled the specifics of brain maturation in adolescence—often leads adolescents to seek novel sensations and sometimes engage in risky behaviors. Peer and romantic relationships are especially important during this stage. In terms of cognitive development, teens can increasingly think abstractly and consider different points of view. Some teens become parents during adolescence, introducing a host of new roles, responsibilities, and potential strengths and challenges. [9,10]

Implications of Homelessness and Protection by Developmental Period

Infancy/Early Childhood: Children under five make up about 42% of children and adolescents served by homeless housing programs, with infants/toddlers under two and school-aged children most likely to be served by these programs compared to other age groups. Other research finds that infants experiencing homelessness are more likely to have poor health outcomes and experience food insecurity compared to stably-housed infants.[11] Thus, nutrition, which is crucial to infants' physical and cognitive development, may be compromised in infants who experience homelessness. Children experiencing homelessness are also likely to experience other types of adversity such as witnessing violence and separation from caregivers, contributing to worse child outcomes and mental health symptoms. Additionally, mothers with infants experiencing homelessness are more likely to have poor health and postpartum depression symptoms, which can negatively impact parent behavior and

[11] Cutts, D. B., Bovell-Ammon, A., de Cuba, S. E., Sheward, R., Shaefer, M., Huang, C., ... & Frank, D. A. (2018). Homelessness during infancy: associations with infant and maternal health and hardship outcomes. Cityscape, 20(2), 119-132.

contribute to developmental problems for infants,[9,12] though little is known about fathers in families experiencing homelessness. Parents who experience homelessness often experience very high levels of stress which may contribute to insecure attachment relationships and interfere with developing skills to self-regulate their emotions and later form positive relationships.[9,13]

Despite the risks associated with homelessness, not all children who are exposed to stress develop problems later in life. One key protective factor during infancy and early childhood is a positive parent-child relationship. Positive parent-child interactions can act as a buffer against negative child outcomes for children experiencing homelessness.[14] For example, warm and sensitive parenting helps children develop better self-regulation and executive functioning skills, important for school outcomes. Several promising parenting interventions exist for caregivers of infants and young children in shelter, though the evidence for their impact is still developing.[15] One example is the Triple P-Positive program, a parenting intervention that reduces negative parenting behaviors and promotes positive ones via a brief seminar format. Triple P seminars provide opportunities to learn from other parents and has been accepted as generally helpful by parents and caregivers in shelters. However, parents in shelters voiced concerns around implementing parenting strategies within the constraints of the shelter setting, underscoring the importance of feasibility.[16] Another important protective factor during this stage is enrollment in a high-quality early childhood education program.[17] Children who receive a high-quality early education are more likely to engage in appropriate behaviors and have less emotional and social problems in school.[18]

Middle Childhood: Children between the ages of 6 and 12 make up 37% of the total number of children and adolescents served by homeless housing programs. School-aged children experiencing homelessness are likely to have chronic health conditions such as vision problems, asthma, and learning disorders. Chronic health conditions are associated with cognitive and behavioral problems when not correctly managed and contributing to generally poor health. These conditions can impede the education and learning of school-aged children.[19] Though middle childhood is supposed to be a time of learning routines and making friends, some children experiencing homelessness have less opportunities to do so and are more likely to have poor grades, change schools, be enrolled for fewer days, and lower attendance rates than their stably housed peers. Children experiencing homelessness often have smaller social support networks and friends, despite the importance of peer relationships on healthy development.[20] Homeless school-aged children often identify the strict shelter environment and missing friends as stressors in their lives. The most common type of coping mechanism they identify is social support, stressing the importance

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[12] Field, T. (2010). Postpartum depression effects on early interactions, parenting, and safety practices: a review. Infant Behavior and Development, 33(1), 1-6.
[13] Owens, C. R., Stokes, M. K. N., & Haskett, M. E. (2022). 'I just want my parenting to be able to be better than what it is': A qualitative exploration of parenting strengths and needs of mothers experiencing homelessness. Child & Family Social Work.
[14] Herbers, J. E., Cutuli, J. J., Monn, A. R., Narayan, A. J., & Masten, A. S. (2014). Trauma, adversity, and parent–child relationships among young children experiencing homelessness. Journal of abnormal child psychology, 42(7), 1167-1174.
[15] Bradley, C., Day, C., Penney, C., & Michelson, D. (2020). 'Every day is hard, being outside, but you have to do it for your child': Mixed-methods formative evaluation of a peer-led parenting intervention for homeless families. Clinical child psychology and psychiatry, 25(4), 860-876.
[16] Haskett, M. E., Armstrong, J., Neal, S. C., & Aldianto, K. (2018). Perceptions of triple P-positive parenting program seminars among parents experiencing homelessness. Journal of Child and Family Studies, 27(6), 1957-1967.
[17] Cutuli, J. J., & Willard, J. (2019). Building Early Links for Learning. ZERO TO THREE, 43.
[18] Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. Journal of research in Childhood Education, 31(2), 255-269.
[19] Barnes, A. J., Lafavor, T. L., Cutuli, J. J., Zhang, L., Oberg, C. N., & Masten, A. S. (2017). Health and self-regulation among school-age children experiencing family homelessness. Children, 4(8), 70.
[20] Torquati, J. C., & Gamble, W. C. (2001). Social resources and psychosocial adaptation of homeless school aged children. Journal of Social Distress and the Homeless, 10(4), 305-321.

of a high-quality education and a welcoming shelter environment.[21] Schools and teachers can provide support by understanding the perspectives of children experiencing homelessness, offering tutoring times, and setting up peer support groups.[22] Shelters can also better accommodate homeless children and families by providing private family units, child play areas, parenting classes, and community resources.[23]

Adolescence: Adolescents aged 13-17 make up about 21% of children and adolescents served in homeless housing programs. Because adolescence is characterized by identity development and risk taking, adolescents are more likely than other age groups to be homeless due to being kicked out or running away following family conflict or abuse in the home. Family conflict in homeless adolescents often arises due to disputes concerning their sexual orientation, alcohol and drug use, or abuse.[24] Adolescents experiencing homelessness are at increased risk for mental health disorders, substance use disorders, and sexually transmitted diseases.[25,26] Additionally, homeless high school students are more likely to experience sexual and bullying victimization and report feeling unsafe at school compared to non-homeless students. This effect is exacerbated for sexual minority adolescents, who are more likely to be kicked out and experience homelessness.[23] Despite risks associated with homelessness during adolescence, social support and positive coping strategies are protective factors against negative health outcomes such as substance use and suicidality among homeless youth.[27,28] Adolescents experiencing homelessness identify emotional and practical support as needs that service agencies can provide to make them feel safer and more stable, especially support from non-judgmental and trustworthy providers. Shelters and other service providers can support adolescents experiencing homelessness by fostering trusting relationships with them and organizing peer-led activities.[29] Teens mention the lack of autonomy and imposed rules they face in shelters as a reason why they would often turn to running away and other forms of homelessness. Thus, social service settings should consider adolescents' sense of independence and agency when creating rules that might limit their freedom.[30]

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[21] Huang, C. Y., & Menke, E. M. (2001). School-aged homeless sheltered children's stressors and coping behaviors. Journal of Pediatric Nursing, 16(2), 102-109.
[22] Moore, J. (2013). Teaching and classroom strategies for homeless and highly mobile students. National Center for Homeless Education, 1-18.
[23] Sylvestre, J., Klodawsky, F., Gogosis, E., Ecker, J., Polillo, A., Czechowski, K., ... & Hwang, S. (2018). Perceptions of housing and shelter among people with histories of unstable housing in three cities in Canada: A qualitative study. American journal of community psychology, 61(3-4), 445-458.
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[26] Cutuli, J. J., Treglia, D., & Herbers, J. E. (2020). Adolescent homelessness and associated features: prevalence and risk across eight states. Child Psychiatry & Human Development, 51(1), 48-58.
[27] Tyler, K. A., & Ray, C. M. (2019). Risk and protective factors for substance use among youth experiencing homelessness. Children and youth services review, 107, 104548.
[28] Flach, Y., & Razza, T. S. (2021). Suicidality in homeless children and adolescents: A systematic review. Aggression and Violent Behavior, 101575.
[29] Stewart, M., Reutter, L., Letourneau, N., Makwarimba, E., & Hungler, K. (2010). Supporting homeless youth: Perspectives and preferences. Journal of Poverty, 14(2), 145-165.
[30] Garrett, S. B., Higa, D. H., Phares, M. M., Peterson, P. L., Wells, E. A., & Baer, J. S. (2008). Homeless youths' perceptions of services and transitions to stable housing. Evaluation and program planning, 31(4), 436-444.

Childhood Risks in Pennsylvania

A range of risk factors is associated with childhood homelessness, including being served by a homeless housing program. The following childhood risk factors are presented in this report: abuse,[31] poverty,[5] birth to a mother with less than a high school degree, birth to a mother under 18, low birth weight, mother smoked during pregnancy,[32] preterm birth,[33] no prenatal care, first prenatal care visit was during the third trimester,[29] and eligible for free or reduced-price meals at school based on lower family income.[34] *Table 5* presents data on the rates of childhood risks per 1,000 children. Rates that are higher than the statewide rate are highlighted.

The following is a summary of the information presented in *Table 7*:

- Children in Philadelphia and Luzerne CoCs experienced very high levels of risks, with rates that exceeded the state average on 9 out of the 11 risk factors. Children in Montgomery and Chester CoCs experienced relatively fewer risks, with no risk factor rates that were higher than the statewide rates.

- Philadelphia and Beaver CoCs reported the highest rate of childhood homelessness, defined as being served by a homeless housing program (6.5 and 16.8 per 1,000 children). Chester and Eastern PA CoCs reported the lowest rates of childhood homelessness (3.9 and 4.2 per 1,000 children).

- Dauphin and Beaver CoCs had the highest rate of substantiated child abuse (3.6 and 3.2 per 1,000 children). Montgomery and Allegheny CoCs had the lowest rates of child abuse.

- Philadelphia and Luzerne CoCs reported the highest rates of child poverty and children and youth eligible for free/reduced lunch. Chester and York CoC had the lowest rates of child poverty and free/reduced lunch eligibility.

- Berks, Dauphin, and Philadelphia CoCs had the highest rates of births to a mother with less than a high school degree, while Philadelphia, Beaver, and Luzerne CoCs had the highest rates of birth to a teen mother. Montgomery CoC had the lowest rates of birth to a mother with less than a high school degree and birth to a teen mother.

- Philadelphia and Dauphin CoCs had the highest rates of low birth weight. Lackawanna and Philadelphia CoCs had the highest rates of preterm births. Chester and Beaver CoCs had the lowest rates of low birth weight and preterm births.

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[31] Child Abuse Reports. (2021). Pennsylvania Department of Human Services. https://www.dhs.pa.gov/28docs/Publications/Pages/Child-Abuse-Reports.aspx.
[32] Birth Statistics. (2021). Pennsylvania Department of Health. https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx.
[33] EDDIE Birth Statistics (2019). Pennsylvania Department of Health. https://www.phaim1.health.pa.gov/EDD/WebForms/BirthCntySt.aspx#Pb075cbe6bfdc4ce8b54f33615bec61d2_2_15iT0.
[34] National School Lunch Program Reports (2021). Pennsylvania Department of Education. https://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/reports/Pages/National-School-Lunch-Program-Reports.aspx.

- Western PA and Lackawanna CoCs had the highest rates of mothers who smoked during pregnancy (163.4 and 160.0), while Chester and Montgomery CoCs had the lowest rate of smoking during pregnancy (31.0 and 32.6 per 1,000 children).

- Finally, York and Dauphin CoCs had the highest rates of inadequate prenatal care (prenatal care that began during the third trimester). Philadelphia CoC had the highest rate of mothers who did not receive any prenatal care (58.0 per 1,000 children). Allegheny and Berks CoCs had the lowest rates of inadequate prenatal care, while Chester, Beaver, and Berks CoCs had the lowest rates of no prenatal care.

Table 7: Rates of Childhood Risks per 1,000 Children and Youth in Pennsylvania

Continuum of Care	Child homeless-ness	Substantiated Child abuse	Child poverty	Free or Reduced Lunch Eligibility	Low maternal education	Birth to Mom <18	Low Birth Weight	Preterm Birth	Smoked While Pregnant	1st Prenatal Care in 3rd Trimester	No Prenatal Care
Philadelphia	11.7	2.1	269.6	952.2	132.6	16.4	110.8	114.4	44.0	67.3	58
Dauphin Co.	7.0	3.6	154.5	590.5	139.4	13.5	103.8	108.1	82.5	81.9	8.4
Delaware Co.	5.7	0.8	113.7	548.5	62.6	9.1	90.6	91.6	48.1	46.7	22.1
Luzerne Co.	5.8	2.4	237.2	751.6	132.7	15.7	87.1	101.8	137.4	59.4	20.1
Montgomery Co.	4.3	0.8	56.5	330.1	51.3	4.0	69.0	87.0	32.6	37.1	12.4
Chester Co.	4.2	1.0	58.4	284.0	109.0	5.0	64.6	85.7	31.0	36.1	4.6
Berks Co.	5.4	1.7	140	528.7	162.8	14.9	80.5	107.4	58.2	26.4	5.3
Lackawanna Co.	6.0	1.9	163.5	642.1	124.1	9.3	87.1	122.4	160	54.8	10.8
York Co.	6.8	1.8	90.6	445.3	92.8	12.5	83.9	99.4	79.8	71.9	7.3
Allegheny Co.	6.6	0.8	130.3	507.4	40.1	7.1	87.9	99.8	69.3	23.5	6.0
Beaver Co.	16.8	3.2	122.1	505.2	70.6	15.6	66.1	86.5	147.2	38.3	5.2
Eastern PA	3.9	2.5	142.3	492.8	128.2	9.9	75.9	97.8	111	54.1	10.4
Western PA	4.4	2.7	150.7	580.4	127	9.0	80.2	97.2	163.4	57.5	13.2
PA TOTAL	**6**	**1.9**	**143.2**	**542.8**	**115.8**	**10.1**	**83**	**99.4**	**85.3**	**51**	**17.3**

*Child homelessness rates are from 2021, but other rates are from the latest year data was available, which varies from 2019-2021. Highlighted cells note rate that exceeded the statewide rate.

Relations Between Child and Youth Homelessness and Other Risks

Childhood and youth homelessness was related to other risk factors. We correlated the rate of children and youth being served in homeless housing programs with rates of each risk factor in each region. See Table 8. Stronger relations between homelessness and a risk factor are indicated by a relatively larger red 'plus' sign.

- There was a moderate positive relationship between child homelessness and the following risk factors: child abuse, low birth weight, and began prenatal care during the third trimester, none of these correlations were statistically significant.

- There were significant positive correlations between child homelessness and the following factors: child poverty, free/reduced lunch eligibility, birth to a mother under 18, and no prenatal care.

Table 8: Correlations Between Rates of Childhood Homelessness/1,000 children With Rates of Risk/1,000 Children

Risk	Child/Youth Homelessness
Child abuse (substantiated)	
Child poverty	
Free/reduced lunch eligibility	
Low maternal education	
Birth to mother under 18	
Low birth weight	
Preterm birth	
Smoked while pregnant	
Prenatal care began during third trimester	
No prenatal care	

*A correlation table with Pearson correlation statistics and significance is presented in the appendix of this report. Correlations were conducted between the childhood risk factors and child homelessness rates based on the latest data of childhood risk factors available.

Why Prenatal and Early Childhood Risks Matter

Developmental science and neuroscience demonstrate that the prenatal period through the first two years of life are crucial for setting the basic structure of the human brain and setting the stage for developmental competence across the lifespan. The first few years of life involve rapid organization of brain areas and networks through about age 5 years.[35] Childhood risks associated with homelessness, such as exposure to adversity and separation from family, impact brain development and can lead to disruptions in the brain's emotional and cognitive response systems.[36] Early childhood risks are associated not only with changes in brain development, but also with important childhood outcomes and adult psychopathology. For example, children who experience poverty are more likely to have problems with physical health and nutrition and perform worse in school. Low birth weight and pre-term births are also associated with childhood poverty and poor cognitive outcomes, indicating the importance of intervening as early as possible to prevent later poor outcomes.[37] Understanding what types of risks are associated with childhood homelessness is crucial for preventing homelessness and promoting positive outcomes for children.

Recommendations: Implications of Childhood Homelessness and Risk Factors

1. Investments in a public health approach to prevention can help support children and youth. Regions with higher rates of childhood homelessness also show higher rates of other risk factors that threaten positive outcomes for children. These risk factors are signaling that childhood and youth homelessness is occurring in contexts generally marked by low-resources, including poverty, low-income, lack of prenatal care, and other indicators. Broadscale investments in child, family, and youth services taking a public health approach to prevention may be necessary, beginning with prenatal care and carried through early childhood, school-age, and adolescence.

2. Experiencing multiple risks is especially detrimental to children and youth. Childhood and youth homelessness in contexts of other risks means that multiple risk factors are likely accumulating in the lives of children. Developmental science is clear: experiencing multiple risk factors in the absence of offsetting protective factors strongly predicts a wide variety of poor outcomes, including poor health, behavioral and mental health problems, alcohol and substance use, and a host of other problems. While population-wide prevention is important for all children, targeted interventions are also warranted to prevent the accumulation of additional risk experiences for already-vulnerable children. For example, homeless housing programs can coordinate with education systems to target rental assistance and other forms of homelessness prevention to children who already qualify for free or reduced-price meals or who are known to be living doubled-up by the schools.

3. Family- and community-resources can protect children when risk occurs, leading to resilience. Family-based strengths such as positive parenting practices, parents' feelings of self-efficacy and being in control of their family, and both cultural and personal beliefs promote resilience. Housing and other programs need to ensure that they do not interfere with these important resources. Meanwhile, early education / education, health, and human services also play important roles in child and youth resilience. Homeless housing

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[35] Gilmore, J. H., Knickmeyer, R. C., & Gao, W. (2018). Imaging structural and functional brain development in early childhood. Nature Reviews Neuroscience, 19(3), 123-137.
[36] Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., ... & Richter, L. (2011). Inequality in early childhood: risk and protective factors for early child development. The lancet, 378(9799), 1325-1338.
[37] Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. The future of children, 55-71.

programs must coordinate with these varied child-, youth-, and family-serving systems to help support the specific developmental needs of the vulnerable children and youth that they serve.

Existing Efforts

This report underscores the importance of identifying strategies to promote the early development and wellbeing of young children experiencing homelessness. Over the last year, increased attention has been paid to the needs of these vulnerable young children. The authors are aware of the following regional efforts that are raising awareness of the needs of children/youth experiencing homelessness:

- Homeless Education Network (HEN), Allegheny County: With leadership from the Homeless Children's Education Fund, HEN serves as the catalyst for community collaboration aimed at improving educational outcomes for children and youth experiencing homelessness as mandated by the McKinney-Vento Homeless Assistance Act in Allegheny County.

- PA Homeless Stakeholders is a task force led by the PA Head Start State Collaboration Office and PEC to coordinate promotion of activities to outreach and enroll young children experiencing homelessness throughout the Commonwealth, and includes multiple state departments, nonprofit, county leadership, and others

- Children's Work Group Early Childhood Conference (Philadelphia): A public-private collaboration that developed and implemented cross-agency strategies to prevent children from becoming homeless and to address the needs of children in emergency, transitional and supportive housing programs.

- PA Department of Education's Education for Children and Youth Experiencing Homelessness supports PreK and other education programs.

- Early Learning Resource Centers: Administrative structure contracted with the PA Office of Child Development and Early Learning to lead county-level leadership providing childcare and other early care and education programs.

- Many counties too numerous to name here have networks linking the homeless housing programs the ELRCs and ECE programs. Some notable networks are in Dauphin, Lancaster, and Indiana counties.

Other efforts that are not mentioned here are encouraged to contact the authors.

Conclusion

In 2021, 14,117 children and youth under 18 were served by homeless housing programs across Pennsylvania. Data from CoCs in Pennsylvania indicate that children under five are disproportionately more likely than children and youth 6-17 to spend at least one night in a housing program. While the overall rate of homelessness across Pennsylvania declined by 8.0% from 2019 to 2021, the rates vary greatly across regions and years.

Additionally, Black or African American and Hispanic/Latino families are overrepresented in homeless housing programs compared to the racial and ethnic demographics of Pennsylvanians overall.

Along with child homelessness, CoCs across Pennsylvania experience other childhood risks that are associated with worse child and adolescent outcomes. Childhood homelessness was significantly correlated with child poverty, free or reduced lunch eligibility, birth to a mother under 18, and receiving no prenatal care.

Together, these data demonstrate that homeless housing programs serve high numbers of children and youth, affirming their role as child-, youth-, and family-serving agencies. Furthermore, they oftentimes operate in contexts of additional risks—beyond just homelessness—that may have been present in children's lives since before birth. As such, homeless housing agencies have an opportunity to attend to the developmental needs of children, and the specific needs of children who experience adversity, beyond housing services-alone to help promote resilience for those that they serve.

Appendix

Table 1: Substantiated Child Abuse Reports per 1,000 Children by CoC and County

Source: Department of Human Services, Child Abuse Reports
Link: https://www.dhs.pa.gov/docs/Publications/Pages/Child-Abuse-Reports.aspx

CoC	County	2019	2020	2021
PA TOTAL	ALL	1.8	1.7	1.9
Philadelphia	Philadelphia	2.3	1.9	2.1
Dauphin Co.	Dauphin	2.8	2.9	3.6
Delaware Co.	Delaware	0.7	0.9	0.8
Luzerne Co.	Luzerne	1.9	1.6	2.4
Montgomery Co.	Montgomery	0.7	0.5	0.8
Chester Co.	Chester	0.9	1	1
Berks Co.	Berks	1.9	1.4	1.7
Lackawanna Co.	Lackawanna	2	2.8	1.9
Lancaster Co.	Lancaster	1.3	1.4	1.9
Bucks Co.	Bucks	0.8	0.7	0.7
York Co.	York	2.3	1.9	1.8
Allegheny Co.	Allegheny	0.8	0.8	0.8
Beaver Co.	Beaver	2.5	1.7	3.2
Erie Co.	Erie	1.8	1.5	1.9
Eastern PA (33 counties)	Adams	2	1.7	2.9
	Bedford	2.9	1.8	2.8
	Blair	3	3.6	3.0
	Bradford	2.5	2.3	3.1
	Cambria	1	1.5	1.6
	Carbon	2.6	2.5	3.7
	Centre	1.6	1.1	1.1
	Clinton	3	3.9	3.2
	Columbia	3.6	2.7	3.5
	Cumberland	2	1.8	1.8
	Franklin	2.1	1.5	1.1
	Fulton	2.7	1.7	4.2
	Huntingdon	2.5	1.9	2.9
	Juniata	2.5	4.1	4.2
	Lebanon	1.9	1.5	1.6
	Lehigh	1.9	1.7	1.8
	Lycoming	3.5	3.6	5.3
	Mifflin	2.1	3.2	3.1
	Monroe	3.3	2.9	3.6
	Montour	1.1	1.6	0.5
	Northampton	3	2.1	2.4

	Perry	3	2.4	3.9
	Pike	3.6	2.3	3.3
	Schuylkill	2.2	2.2	1.6
	Snyder	2.9	2	2.3
	Somerset	2.4	2.9	2.5
	Sullivan	2.8	6.9	4.6
	Susquehanna	1.7	2.3	2.0
	Tioga	7.5	5.4	4.3
	Union	2.1	1.7	1.8
	Wayne	3.1	2.2	2.9
	Wyoming	3.5	2.2	3.8
	Northumberland	3.5	3.6	3.9
Western PA (20 counties)	Armstrong	3.3	4.3	3.0
	Butler	1.1	1.1	1.0
	Cameron	0	0	1.4
	Clarion	1.8	1.5	2.7
	Clearfield	1.8	2.1	2.4
	Crawford	3.4	2.6	2.4
	Elk	3.7	6.1	7.7
	Fayette	1.6	3.3	3.7
	Forest	8	2.5	5.3
	Greene	4.2	2.3	4.2
	Indiana	1.9	1.6	2.0
	Jefferson	4.7	6.3	3.1
	Lawrence	0.9	2.1	2.3
	McKean	4.3	3.4	6.4
	Mercer	4.7	3.7	4.7
	Potter	6.2	1.7	3.2
	Venango	5.7	6.5	6.7
	Warren	1.9	1.3	2.3
	Washington	0.9	1.2	1.0
	Westmoreland	1.7	2.1	2.5

Table 2: Child Poverty per 1,000 children by CoC and County

Source: U.S. Bureau of the Census, American Community Survey, 1-year estimate
Link: https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=u18_c&s_measures=u18_snc&s_year=2020,2019&s_state=42&map_yearSelector=2019&s_county=42001,24001,42003,42005,42007,42009,42011,42013,42015,42017,42019,42021,42023,42025,42027,42029,42031,42033,42035,42037,42039,42041,42043,42045,42047,42049,42051,42053,42055,42057,42059,42061,42063,42065,42067,42069,42071,42073,42075,42077,42079,42081,42083,42085,42087,42089,42091,42093,42095,42097,42099,42101,42103,42105,42107,42109,42111,42113,42115,42117,42119,42121,42123,42125,42127,42129,42131,42133

CoC	County	2019	2020
PA TOTAL	ALL	165.4	143.2
Philadelphia	Philadelphia	316.5	269.6
Dauphin Co.	Dauphin	184.3	154.5
Delaware Co.	Delaware	138.4	113.7
Luzerne Co.	Luzerne	246.4	237.2
Montgomery Co.	Montgomery	67.5	56.5
Chester Co.	Chester	62.9	58.4
Berks Co.	Berks	162.4	140
Lackawanna Co.	Lackawanna	190.4	163.5
Lancaster Co.	Lancaster	146.0	97.8
Bucks Co.	Bucks	70.9	61.1
York Co.	York	126.0	90.6
Allegheny Co.	Allegheny	140.7	130.3
Beaver Co.	Beaver	177.7	122.1
Erie Co.	Erie	242.3	180
Eastern PA (33 counties)	Adams	102.4	111.2
	Bedford	140.1	144.3
	Blair	219.2	152.3
	Bradford	212.5	133.8
	Cambria	224.6	160.8
	Carbon	140.2	188.9
	Centre	86.0	93.9
	Clinton	201.6	181.7
	Columbia	173.1	132.1
	Cumberland	94.7	88.3
	Franklin	127.0	122.3
	Fulton	186.0	145.4
	Huntingdon	174.7	142.2
	Juniata	154.2	146.1
	Lebanon	155.3	129.1
	Lehigh	181.7	185.9
	Lycoming	184.2	192.7
	Mifflin	197.4	209.8
	Monroe	173.7	135.0
	Montour	141.7	130.2
	Northampton	103.8	104.0
	Perry	130.9	120.8
	Pike	145.3	136.0
	Schuylkill	155.2	173.8
	Snyder	151.2	137.6
	Somerset	202.4	160.1

	Sullivan	160.9	166.4
	Susquehanna	179.9	162.7
	Tioga	190.9	163.5
	Union	116.5	115.0
	Wayne	171.3	143.6
	Wyoming	151.9	150.3
	Northumberland	202.8	169.2
Western PA (20 counties)	Armstrong	158.7	161.0
	Butler	80.7	78.1
	Cameron	231.0	219.6
	Clarion	168.8	152.2
	Clearfield	186.4	198.6
	Crawford	193.9	183.4
	Elk	118.6	107.4
	Fayette	269.5	234.7
	Forest	300.3	299.3
	Greene	187.6	165.6
	Indiana	192.6	176.7
	Jefferson	279.6	153.6
	Lawrence	180.6	182.8
	McKean	227.6	199.9
	Mercer	187.1	203.2
	Potter	208.7	196.5
	Venango	181.5	228.5
	Warren	232.0	165.4
	Washington	118.2	108.4
	Westmoreland	138.8	112.1

Table 3: Births to Mothers with less than a HS degree per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link: https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx

CoC	County	2019
PA TOTAL	ALL	115.8
Philadelphia	Philadelphia	132.6
Dauphin Co.	Dauphin	139.4
Delaware Co.	Delaware	62.6
Luzerne Co.	Luzerne	132.7
Montgomery Co.	Montgomery	51.3
Chester Co.	Chester	109.0
Berks Co.	Berks	162.8

Lackawanna Co.	Lackawanna	124.1
Lancaster Co.	Lancaster	279.1
Bucks Co.	Bucks	46.4
York Co.	York	92.8
Allegheny Co.	Allegheny	40.1
Beaver Co.	Beaver	70.6
Erie Co.	Erie	141.7
Eastern PA (33 counties)	Adams	97.1
	Bedford	136.3
	Blair	123.2
	Bradford	110.6
	Cambria	90.5
	Carbon	110.5
	Centre	111.6
	Clinton	249.4
	Columbia	123.5
	Cumberland	119.1
	Franklin	189.6
	Fulton	146.9
	Huntingdon	107.8
	Juniata	319.4
	Lebanon	198.4
	Lehigh	105.5
	Lycoming	111.1
	Mifflin	313.2
	Monroe	64.5
	Montour	132.2
	Northampton	61.5
	Perry	207.7
	Pike	45.1
	Schuylkill	148.5
	Snyder	283.2
	Somerset	125.2
	Sullivan	37.0
	Susquehanna	111.4
	Tioga	97.3
	Union	219.6
	Wayne	71.6
	Wyoming	75.0
	Northumberland	180.0
Western PA (20 counties)	Armstrong	131.3
	Butler	40.2
	Cameron	80.0
	Clarion	230.4

	Clearfield	127.1
	Crawford	294.5
	Elk	81.1
	Fayette	145.0
	Forest	171.4
	Greene	148.1
	Indiana	248.1
	Jefferson	242.7
	Lawrence	151.9
	McKean	122.3
	Mercer	206.9
	Potter	134.1
	Venango	123.3
	Warren	136.5
	Washington	68.0
	Westmoreland	58.2

Table 4: Smoked During Pregnancy per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link: https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx

CoC	County	2019	2020
PA TOTAL	ALL	92.9	85.3
Philadelphia	Philadelphia	48.4	44.0
Dauphin Co.	Dauphin	92.6	82.5
Delaware Co.	Delaware	52.5	48.1
Luzerne Co.	Luzerne	136.7	137.4
Montgomery Co.	Montgomery	42.7	32.6
Chester Co.	Chester	34.4	31.0
Berks Co.	Berks	72.3	58.2
Lackawanna Co.	Lackawanna	160.7	160.0
Lancaster Co.	Lancaster	55.1	53.1
Bucks Co.	Bucks	60.5	50.9
York Co.	York	95.1	79.8
Allegheny Co.	Allegheny	69.0	69.3
Beaver Co.	Beaver	150.9	147.2
Erie Co.	Erie	168.3	149.0
Eastern PA (33 counties)	Adams	118.5	97.3
	Bedford	112.1	129.8
	Blair	162.4	162.6
	Bradford	192.3	158.1

	Cambria	199.7	171.0
	Carbon	163.8	192.1
	Centre	76.6	60.1
	Clinton	160.5	141.1
	Columbia	155.2	132.4
	Cumberland	76.7	67.7
	Franklin	104.6	92.2
	Fulton	181.8	154.9
	Huntingdon	186.0	158.0
	Juniata	91.3	125.8
	Lebanon	99.2	75.4
	Lehigh	68.9	68.0
	Lycoming	172.6	160.4
	Mifflin	159.3	142.0
	Monroe	103.1	102.6
	Montour	45.5	59.1
	Northampton	81.5	65.8
	Perry	121.3	109.2
	Pike	147.9	91.8
	Schuylkill	219.8	181.3
	Snyder	120.3	100.8
	Somerset	150.9	181.5
	Sullivan	203.7	130.4
	Susquehanna	214.5	176.5
	Tioga	159.6	184.1
	Union	90.4	66.5
	Wayne	143.2	140.2
	Wyoming	220.8	178.7
	Northumberland	197.4	180.2
Western PA (20 counties)	Armstrong	179.9	182.0
	Butler	105.7	96.6
	Cameron	360.0	250.0
	Clarion	159.5	144.8
	Clearfield	201.7	202.4
	Crawford	192.6	219.3
	Elk	216.2	201.6
	Fayette	250.4	225.8
	Forest	228.6	233.3
	Greene	246.9	250.7
	Indiana	135.3	130.0
	Jefferson	179.9	141.9
	Lawrence	222.4	214.3
	McKean	214.7	228.7
	Mercer	192.1	167.3

	Potter	164.6	150.3
	Venango	283.7	259.2
	Warren	202.1	212.4
	Washington	143.0	134.5
	Westmoreland	140.3	118.4

Table 5: Births to Mothers under 18 per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link: https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx

CoC	County	2019	2020
PA TOTAL	ALL	10.4	10.1
Philadelphia	Philadelphia	15.8	16.4
Dauphin Co.	Dauphin	14.7	13.5
Delaware Co.	Delaware	7.3	9.1
Luzerne Co.	Luzerne	16.0	15.7
Montgomery Co.	Montgomery	3.9	4.0
Chester Co.	Chester	5.1	5.0
Berks Co.	Berks	18.9	14.9
Lackawanna Co.	Lackawanna	15.1	9.3
Lancaster Co.	Lancaster	8.3	6.3
Bucks Co.	Bucks	3.2	3.1
York Co.	York	10.1	12.5
Allegheny Co.	Allegheny	7.1	7.1
Beaver Co.	Beaver	6.4	15.6
Erie Co.	Erie	15.1	16.1
Eastern PA (33 counties)	Adams	4.3	8.8
	Bedford	8.8	6.4
	Blair	16.7	13.5
	Bradford	9.6	12.5
	Cambria	17.9	16.8
	Carbon	15.2	8.3
	Centre	2.8	1.9
	Clinton	7.4	2.4
	Columbia	5.3	9.2
	Cumberland	5.0	6.2
	Franklin	13.9	11.1
	Fulton	14.0	0.0
	Huntingdon	13.5	19.1
	Juniata	11.4	6.5
	Lebanon	15.0	9.0

	Lehigh	15.8	14.4
	Lycoming	12.6	9.4
	Mifflin	3.7	7.6
	Monroe	8.8	10.5
	Montour	4.1	4.5
	Northampton	6.2	8.3
	Perry	5.5	4.3
	Pike	2.5	7.4
	Schuylkill	21.8	10.9
	Snyder	5.0	5.3
	Somerset	3.2	9.7
	Sullivan	0.0	21.7
	Susquehanna	0.0	2.9
	Tioga	20.0	17.4
	Union	7.8	7.4
	Wayne	7.7	4.6
	Wyoming	0.0	4.8
	Northumberland	17.4	16.0
Western PA (20 counties)	Armstrong	8.1	5.2
	Butler	3.7	4.2
	Cameron	0.0	35.7
	Clarion	10.1	5.6
	Clearfield	9.7	10.3
	Crawford	11.2	6.0
	Elk	6.8	4.0
	Fayette	18.9	19.7
	Forest	28.6	0.0
	Greene	18.5	16.9
	Indiana	8.8	12.9
	Jefferson	2.1	8.5
	Lawrence	14.6	10.7
	McKean	10.9	18.6
	Mercer	10.8	15.7
	Potter	12.2	5.8
	Venango	9.3	13.8
	Warren	7.9	0.0
	Washington	7.6	6.0
	Westmoreland	8.3	5.6

Table 6: Low Birth Weight per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link: https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Pages/birth-statistics.aspx

CoC	County	2019	2020
PA TOTAL	ALL	84.5	83.0
Philadelphia	Philadelphia	114.7	110.8
Dauphin Co.	Dauphin	94.8	103.8
Delaware Co.	Delaware	84.4	90.6
Luzerne Co.	Luzerne	83.6	87.1
Montgomery Co.	Montgomery	72.2	69.0
Chester Co.	Chester	60.3	64.6
Berks Co.	Berks	81.3	80.5
Lackawanna Co.	Lackawanna	84.7	87.1
Lancaster Co.	Lancaster	63.8	60.8
Bucks Co.	Bucks	74.6	61.0
York Co.	York	89.4	83.9
Allegheny Co.	Allegheny	86.0	87.9
Beaver Co.	Beaver	72.6	66.1
Erie Co.	Erie	91.7	91.5
Eastern PA (34 counties)	Adams	73.6	57.5
	Bedford	52.7	55.3
	Blair	65.8	62.7
	Bradford	54.5	57.9
	Cambria	83.9	84.7
	Carbon	74.3	84.4
	Centre	54.4	38.5
	Clinton	71.6	70.6
	Columbia	89.9	71.7
	Cumberland	64.4	77.7
	Franklin	68.2	75.5
	Fulton	97.9	70.4
	Huntingdon	59.3	79.0
	Juniata	64.6	64.5
	Lebanon	88.6	77.3
	Lehigh	90.1	87.4
	Lycoming	86.7	79.4
	Mifflin	69.6	66.3
	Monroe	93.6	94.9
	Montour	103.3	50.0
	Northampton	84.4	75.9
	Perry	73.5	68.5
	Pike	100.3	76.9
	Schuylkill	84.0	73.4
	Snyder	57.6	61.0
	Somerset	77.0	95.6
	Sullivan	92.6	108.7

	Susquehanna	50.1	64.7
	Tioga	57.4	69.7
	Union	59.4	41.9
	Wayne	61.4	105.7
	Wyoming	75.0	48.3
	Northumberland	79.2	101.5
Western PA (20 counties)	Armstrong	118.3	69.3
	Butler	65.5	66.2
	Cameron	0.0	107.1
	Clarion	68.4	55.7
	Clearfield	93.9	78.3
	Crawford	82.9	94.0
	Elk	67.6	102.8
	Fayette	88.1	103.9
	Forest	114.3	33.3
	Greene	101.9	87.3
	Indiana	84.0	96.5
	Jefferson	92.1	61.4
	Lawrence	81.4	101.2
	McKean	78.8	87.8
	Mercer	93.6	79.7
	Potter	243.9	104.0
	Venango	83.7	84.9
	Warren	65.6	73.7
	Washington	76.1	66.2
	Westmoreland	73.8	76.4

Table 7: Pre-term births per 1,000 births by CoC and County

Source: Department of Health, EDDIE Birth Statistics
Link:
https://www.phaim1.health.pa.gov/EDD/WebForms/BirthCntySt.aspx#Pb075cbe6bfdc4ce8b54f33615bec61d2_2_15iT0

CoC	County	2019
PA TOTAL	ALL	99.4
Philadelphia	Philadelphia	114.4
Dauphin Co.	Dauphin	108.1
Delaware Co.	Delaware	91.6
Luzerne Co.	Luzerne	101.8
Montgomery Co.	Montgomery	87.0
Chester Co.	Chester	85.7
Berks Co.	Berks	107.4
Lackawanna Co.	Lackawanna	122.4

Lancaster Co.	Lancaster	88.1
Bucks Co.	Bucks	95.9
York Co.	York	99.4
Allegheny Co.	Allegheny	99.8
Beaver Co.	Beaver	86.5
Erie Co.	Erie	96.5
Eastern PA (34 counties)	Adams	103.9
	Bedford	63.7
	Blair	73.3
	Bradford	73.7
	Cambria	92.3
	Carbon	89.5
	Centre	80.3
	Clinton	101.7
	Columbia	102.3
	Cumberland	84.2
	Franklin	95.9
	Fulton	105.6
	Huntingdon	78.2
	Juniata	76.0
	Lebanon	102.1
	Lehigh	114.3
	Lycoming	118.9
	Mifflin	86.4
	Monroe	99.8
	Montour	124.0
	Northampton	101.8
	Perry	114.2
	Pike	112.8
	Schuylkill	103.6
	Snyder	92.7
	Somerset	111.5
	Sullivan	148.1
	Susquehanna	75.6
	Tioga	94.8
	Union	85.3
	Wayne	84.6
	Wyoming	117.6
	Northumberland	95.5
Western PA (20 counties)	Armstrong	102.3
	Butler	84.6
	Cameron	80.0
	Clarion	86.3
	Clearfield	105.4

	Crawford	105.5
	Elk	77.7
	Fayette	115.1
	Forest	88.2
	Greene	123.5
	Indiana	87.0
	Jefferson	119.7
	Lawrence	105.8
	McKean	87.0
	Mercer	110.5
	Potter	122.7
	Venango	86.2
	Warren	90.1
	Washington	91.0
	Westmoreland	90.5

Table 8: First prenatal visit in 3rd trimester per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link:
https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth_PrenatalAgeYear_Cnty_2016_2020.pdf

CoC	County	2019	2020
PA TOTAL	ALL	51.8	51.0
Philadelphia	Philadelphia	76.1	67.3
Dauphin Co.	Dauphin	65.1	81.9
Delaware Co.	Delaware	52.5	46.7
Luzerne Co.	Luzerne	63.9	59.4
Montgomery Co.	Montgomery	38.7	37.1
Chester Co.	Chester	42.7	36.1
Berks Co.	Berks	31.7	26.4
Lackawanna Co.	Lackawanna	43.8	54.8
Lancaster Co.	Lancaster	47.6	49.0
Bucks Co.	Bucks	48.2	47.2
York Co.	York	44.5	71.9
Allegheny Co.	Allegheny	25.3	23.5
Beaver Co.	Beaver	36.6	38.3
Erie Co.	Erie	53.2	41.4
Eastern PA (34 counties)	Adams	41.6	43.1
	Bedford	41.8	25.5
	Blair	27.5	30.5
	Bradford	51.3	40.7

	Cambria	45.6	35.2
	Carbon	51.4	43.0
	Centre	78.4	68.5
	Clinton	61.7	68.1
	Columbia	68.8	53.3
	Cumberland	55.9	68.5
	Franklin	57.2	55.1
	Fulton	42.0	14.1
	Huntingdon	40.4	62.7
	Juniata	68.4	58.1
	Lebanon	63.0	58.6
	Lehigh	47.3	49.9
	Lycoming	42.1	46.9
	Mifflin	152.0	162.9
	Monroe	61.1	56.5
	Montour	95.0	95.5
	Northampton	41.6	42.8
	Perry	51.5	68.5
	Pike	72.7	42.2
	Schuylkill	51.0	47.7
	Snyder	60.2	76.9
	Somerset	81.9	74.6
	Sullivan	55.6	65.2
	Susquehanna	78.0	67.6
	Tioga	24.9	37.3
	Union	72.4	46.8
	Wayne	38.4	55.2
	Wyoming	37.5	29.0
	Northumberland	47.7	58.2
Western PA (20 counties)	Armstrong	79.4	57.2
	Butler	34.0	42.3
	Cameron	0.0	0.0
	Clarion	63.3	44.6
	Clearfield	59.4	79.8
	Crawford	82.9	122.9
	Elk	30.4	31.6
	Fayette	62.6	48.0
	Forest	0.0	33.3
	Greene	61.7	59.2
	Indiana	169.2	148.0
	Jefferson	73.2	144.1
	Lawrence	49.8	54.8
	McKean	48.9	63.8
	Mercer	66.0	80.7

	Potter	42.7	69.4
	Venango	53.5	41.3
	Warren	47.2	59.0
	Washington	36.0	29.0
	Westmoreland	31.6	23.2

Table 9: No prenatal visits per 1,000 births by CoC and County

Source: Department of Health, Birth Statistics
Link:
https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth_PrenatalAgeYear_Cnty_2016_2020.pdf

CoC	County	2019	2020
PA TOTAL	ALL	19.9	17.3
Philadelphia	Philadelphia	77.1	58.0
Dauphin Co.	Dauphin	12.2	8.4
Delaware Co.	Delaware	23.3	22.1
Luzerne Co.	Luzerne	15.4	20.1
Montgomery Co.	Montgomery	12.0	12.4
Chester Co.	Chester	5.4	4.6
Berks Co.	Berks	8.3	5.3
Lackawanna Co.	Lackawanna	6.8	10.8
Lancaster Co.	Lancaster	2.3	4.1
Bucks Co.	Bucks	10.5	7.5
York Co.	York	6.3	7.3
Allegheny Co.	Allegheny	3.1	6.0
Beaver Co.	Beaver	3.9	5.2
Erie Co.	Erie	5.8	7.7
Eastern PA (34 counties)	Adams	8.5	3.3
	Bedford	8.8	14.9
	Blair	6.7	7.6
	Bradford	4.8	14.1
	Cambria	10.6	10.1
	Carbon	13.3	23.2
	Centre	8.3	7.5
	Clinton	17.3	9.7
	Columbia	8.8	1.8
	Cumberland	7.7	10.0
	Franklin	4.0	6.8
	Fulton	35.0	0.0
	Huntingdon	2.7	16.3

	Juniata	3.8	9.7
	Lebanon	8.1	11.0
	Lehigh	8.2	5.9
	Lycoming	8.4	6.0
	Mifflin	9.2	17.0
	Monroe	12.9	11.2
	Montour	12.4	18.2
	Northampton	10.1	7.9
	Perry	7.4	23.6
	Pike	20.1	14.9
	Schuylkill	20.3	14.1
	Snyder	5.0	18.6
	Somerset	62.6	30.8
	Sullivan	0.0	0.0
	Susquehanna	22.3	20.6
	Tioga	2.5	5.0
	Union	10.3	9.9
	Wayne	10.2	11.5
	Wyoming	8.3	4.8
	Northumberland	9.8	18.2
Western PA (20 counties)	Armstrong	3.2	5.2
	Butler	3.7	9.5
	Cameron	40.0	0.0
	Clarion	15.2	8.4
	Clearfield	23.5	14.8
	Crawford	12.3	4.8
	Elk	3.4	4.0
	Fayette	31.3	33.8
	Forest	28.6	33.3
	Greene	18.5	22.5
	Indiana	18.8	33.5
	Jefferson	18.8	19.1
	Lawrence	7.3	13.1
	McKean	2.7	8.0
	Mercer	6.9	10.8
	Potter	0.0	17.3
	Venango	9.3	9.2
	Warren	23.6	14.7
	Washington	10.6	10.9
	Westmoreland	7.3	6.7

Table 10: Free or Reduced Price Lunch per 1,000 children by CoC and County

Source: Department of Education, National School Lunch Program Reports

Link: https://www.education.pa.gov/Teachers%20-%20Administrators/Food-Nutrition/reports/Pages/National-School-Lunch-Program-Reports.aspx

	County	2018-19	2019-20	2020-21
PA TOTAL	ALL	538.1	542.8	662.0
Philadelphia	Philadelphia	951.8	952.2	902.3
Dauphin Co.	Dauphin	586.3	590.5	468.2
Delaware Co.	Delaware	541.0	548.5	373.7
Luzerne Co.	Luzerne	734.5	751.6	586.2
Montgomery Co.	Montgomery	324.8	330.1	957.7
Chester Co.	Chester	262.0	284.0	275.1
Berks Co.	Berks	519.3	528.7	840.4
Lackawanna Co.	Lackawanna	623.0	642.1	609.9
Lancaster Co.	Lancaster	481.4	475.2	493.6
Bucks Co.	Bucks	309.0	300.0	1000.0
York Co.	York	443.6	445.3	987.7
Allegheny Co.	Allegheny	500.3	507.4	921.1
Beaver Co.	Beaver	493.8	505.2	517.0
Erie Co.	Erie	656.3	653.9	389.8
Eastern PA (34 counties)	Adams	404.3	413.5	1000.0
	Bedford	507.3	496.0	800.0
	Blair	477.6	490.5	0.0
	Bradford	506.0	509.1	0.0
	Cambria	529.9	541.0	594.6
	Carbon	565.8	561.5	0.0
	Centre	252.0	246.1	402.0
	Clinton	537.7	581.4	135.8
	Columbia	492.1	492.1	436.3
	Cumberland	306.3	313.6	262.2
	Franklin	490.1	495.9	497.7
	Fulton	473.6	446.1	0.0
	Huntingdon	529.1	568.0	0.0
	Juniata	473.8	439.3	0.0
	Lebanon	502.7	505.7	1000.0
	Lehigh	586.9	613.5	787.2
	Lycoming	486.3	480.6	1000.0
	Mifflin	528.7	527.5	304.3
	Monroe	521.7	508.1	309.2
	Montour	326.9	360.1	0.0
	Northampton	479.3	472.5	964.0
	Perry	442.7	430.7	0.0
	Pike	431.8	440.3	0.0

	Schuylkill	526.8	525.5	822.2
	Snyder	449.8	452.6	0.0
	Somerset	480.9	483.8	936.8
	Sullivan	416.8	407.7	0.0
	Susquehanna	474.9	478.1	0.0
	Tioga	537.7	497.9	188.1
	Union	346.3	347.4	0.0
	Wayne	463.9	449.5	0.0
	Wyoming	571.4	529.5	0.0
	Northumberland	627.6	655.9	993.0
Western PA (20 counties)	Armstrong	596.6	580.4	217.4
	Butler	307.1	296.5	500.6
	Cameron	600.7	594.4	0.0
	Clarion	428.4	477.3	0.0
	Clearfield	572.5	619.7	483.6
	Crawford	545.0	624.6	934.6
	Elk	392.9	416.6	0.0
	Fayette	778.0	777.2	598.4
	Forest	661.8	776.5	0.0
	Greene	495.4	524.9	864.3
	Indiana	474.4	458.7	0.0
	Jefferson	623.9	605.3	236.0
	Lawrence	563.4	554.3	0.0
	McKean	679.3	677.8	1000.0
	Mercer	542.2	534.7	783.7
	Potter	526.9	543.8	0.0
	Venango	638.2	639.6	0.0
	Warren	521.8	619.3	0.0
	Washington	394.5	387.6	400.8
	Westmoreland	418.0	418.5	935.9

Important Note: During and after 2020, due to the COVID-19 pandemic, many SFAs are operating under the Seamless Summer Option (SSO) or Summer Food Service Program (SFSP) and are not included on this year's report.

Table 11: Homelessness Counts by Age in Each CoC: 2019

Source: From CoCs

Continuum of Care	Infants (0-2 yr)	Early Childhood (3-5 yr)	Middle Childhood (6-12 yr)	Adolescence (13-17 yr)	Total Children & Adolecents *
Philadelphia	1291	1091	1908	864	5079
Dauphin Co.	146	104	187	85	522
Delaware Co.	6	127	388	197	718
Luzerne Co.	111	109	207	79	506
Montgomery Co.	180	132	242	93	647
Chester Co.	209		226		435
Berks Co.	182		180	93	455
Lackawanna Co.	69	62	107	52	290
York Co.	179	195	482	110	966
Allegheny Co.	382	345	618	388	1725
Beaver Co.	98	117	197	96	508
Eastern PA (33 counties)	16	551	1116	778	2461
Western PA (20 counties)	13	294	580	351	1238
PA TOTAL	**6009**		**9624**		**15550**

**The number of children does not always add up to the total due to the adjustment for duplicates.*

Table 11: Homelessness Counts by Age in Each CoC: 2020

Source: From CoCs

Continuum of Care	Infants (0-2 yr)	Early Childhood (3-5 yr)	Middle Childhood (6-12 yr)	Adolescence (13-17 yr)	Total Children & Adolecents *
Philadelphia	1143	889	1547	740	4229
Dauphin Co.	82	52	73	48	255
Delaware Co.	22	134	265	138	559
Luzerne Co.	106	57	158	64	385
Montgomery Co.	171	119	211	83	584
Chester Co.	192		231		423
Berks Co.	154		149	96	399
Lackawanna Co.	65	54	92	45	256
York Co.	44	182	506	82	814
Allegheny Co.	338	295	586	355	1560
Beaver Co.	115	121	261	121	618
Eastern PA (33 counties)	151	516	980	667	2314
Western PA (20 counties)	75	313	501	321	1210
PA TOTAL	**5390**		**8320**		**13606**

**The number of children does not always add up to the total due to the adjustment for duplicates.*

Table 12: Homelessness Counts by Race and Ethnicity of Families in Each CoC: 2019

Source: From CoCs

Continuum of Care	White	Black/African American	Asian	Multiracial	Other Race	Race Unavailable	Hispanic/Latino	NOT Hispanic/Latino	Total famlies
Philadelphia	284	2525	5	20	20	21	265	2598	2870
Dauphin Co.	58	195	0	0	2	2	45	212	257
Delaware Co.	89	242	2	7	3	2	20	323	345
Luzerne Co.	137	124	0	3	0	0	48	264	264
Montgomery Co.	89	176	1	16	0	6	18	270	288
Chester Co.	113	124	1	10	2	0	30	220	250
Berks Co.	160	80	0	2	4	0	112	134	246
Lackawanna Co.	100	26	0	8	3	0	21	116	137
York Co.	171	172	0	69	10	0	17	405	422
Allegheny Co.	278	470	1	34	8	0	31	755	786
Beaver Co.	145	80	0	9	0	0	0	234	234
Eastern PA	1087	420	8	77	16	13	351	1266	1621
Western PA	587	105	2	25	1	15	20	700	735
PA TOTAL	**3298**	**4739**	**20**	**280**	**69**	**59**	**978**	**7497**	**8455**

Table 13: Homelessness Counts by Race and Ethnicity of Families in Each CoC: 2020

Source: From CoCs

Continuum of Care	White	Black/African American	Asian	Multiracial	Other Race	Race Unavailable	Hispanic/Latino	NOT Hispanic/Latino	Total famlies
Philadelphia	243	2045	9	23	12	17	202	2134	2347
Dauphin Co.	39	95	0	0	1	2	20	117	137
Delaware Co.	76	195	1	5	1	3	17	263	281
Luzerne Co.	116	84	0	4	0	0	39	165	204
Montgomery Co.	73	169	1	20	3	12	24	254	278
Chester Co.	134	122	0	19	1	0	52	224	276
Berks Co.	138	67	0	0	5	0	97	113	210
Lackawanna Co.	90	20	1	6	3	0	19	101	120
York Co.	189	114	1	59	6	0	43	326	369
Allegheny Co.	247	421	1	34	6	0	24	678	702
Beaver Co.	182	82	0	20	1	0	2	285	287
Eastern PA	867	333	2	46	9	19	273	992	1276
Western PA	534	94	2	15	5	3	12	641	653
PA TOTAL	**2928**	**3841**	**18**	**251**	**53**	**56**	**824**	**6293**	**7140**

Table 14: Percent Change of the Number of Children and Youth Served in Housing Programs

Continuum of Care	2019-2020 Percent Change	2020-2021 Percent Change	2019-2021 Percent Change
Philadelphia	-16.7%	-4.9%	-20.8%
Dauphin Co.	-43.1%	71.4%	-2.5%
Delaware Co.	-22.1%	27.7%	-0.6%
Luzerne Co.	-23.9%	-4.9%	-27.7%
Lackawanna Co.	-34.1%	34.0%	-11.7%
York Co.	-15.7%	-17.4%	-30.4%
Allegheny Co.	-9.6%	-2.8%	-12.1%
Eastern PA	-6.0%	4.0%	-2.2%
Montgomery Co.	-11.3%	33.1%	18.1%
Chester Co.	-2.8%	17.0%	13.8%
Berks Co.	-12.3%	27.8%	12.1%
Beaver Co.	21.7%	-13.1%	5.7%
Western PA	-2.3%	17.4%	14.7%
PA TOTAL	**-12.6%**	**4.3%**	**-8.8%**

Table 15: Pearson Correlations Between Child Homelessness and Child Risk Indicators

	Homelessness 2021	Homelessness 2020	Homelessness 2019
Child Abuse	.368		
Child Poverty		.516*	
Birth to Mother <18		.675**	
Low birth weight		.324	
Smoked While Pregnant		.025	
Preterm Birth		.170	
Prenatal Care Began 3rd Trimester		.328	
No Prenatal Care		.674**	
Free or Reduced Lunch Eligibility		.589*	
Birth to Mother With < HS Degree			.199

Note: Correlations are between the data from the latest year of child risk indicator available and the corresponding year of homelessness.

*Correlation is significant at the 0.05 level (1-tailed).
**Correlation is significant at the 0.01 level (1-tailed)