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Effects of Homelessness on Children

The Housing & Homelessness Alliance's 2025 Point-in-Time Count found 633 children experiencing homelessness in Vermont.[1] In this report we examine research on the impact that homelessness has on children. The research shows that homelessness disrupts children's education, psychological development, and physical health, preventing them from reaching the same developmental milestones as their housed peers. Vermont-specific research on the impact of homelessness on children is limited; but there is no reason to believe that the valuable insights provided by the general research on the effects of homelessness on children wouldn't apply to unhoused children in Vermont.

For this report, the definition of homelessness is in accordance with *The McKinney-Vento Act*: "individuals who lack a fixed, regular, and adequate nighttime residence."[2]

Education

In this section, we focus on how homelessness affects the education of children. Studies have shown that homeless children score lower on standardized tests than their housed peers.[3] "Academic achievement" will be defined as the outcome and quality of students' schoolwork as measured by indicators such as course grades.[4] Homeless children are predisposed to lower rates of academic achievement because of the factors discussed below.

High Mobility

The high levels of mobility experienced by homeless children impede academic achievement. The lack of a stable residence contributes to higher rates of school transfers and absenteeism, resulting in poorer academic performance.[5] Researchers from a 2013 study found that homeless

[1] Housing & Homelessness Alliance of Vermont (HHAV) and Vermont Balance of State Continuum of Care, *2025 State of Homelessness in Vermont Report: 2025 Vermont Point-in-Time Count*, July 2025.
[2] State of Vermont Agency of Education, *Education for Homeless Children and Youth*, Accessed September 20, 2025. https://education.vermont.gov/student-support/federal-programs/consolidated-federal-programs/education-homeless-children-and.
[3] Joseph Murphy, "Homeless Children and Youth at Risk: The Educational Impact of Displacement," *Journal of Education for Students Placed at Risk*, 16 (2011): 38-55.
[4] Travis T. York, Charles Gibson, and Susan Rankin, "Defining and Measuring Academic Success," *Practical Assessment Research & Evaluation,* 20 (2015): 5.
[5] Roy Grant, Delaney Gracy, Grifin Goldsmith, Alan Shapiro, Irwin E Redlener, "Twenty-five years of child and family homelessness: where are we now?" *American Journal of Public Health*, 103(2) (2013): 1-10.

and highly mobile students from third to eighth grade showed significantly lower academic achievement compared to students who were neither low-income, homeless, nor highly mobile.[6] Homeless children move on average greater than sixteen times more often than a housed child, leading them to fall four to six months behind with each move.[7]

Under *The McKinney-Vento Act*, Vermont is federally required to transport unhoused children to their "school of origin."[8] "School of origin" refers to the last school that a child attended while being permanently housed, including preschool.[9] This right to remain at the school of origin lasts for the entire duration of homelessness. If a student becomes permanently housed mid-academic year outside of the original district, they are permitted to complete the year at their school of origin.[10]

Shelter Types

Different degrees of homelessness have different effects on children's education. The most harmful type of homelessness to a child's education is street homelessness, the second most harmful is sheltered homelessness, and the third is doubled-up homelessness.[10]

According to Vermont Public, the most common type of shelter in Vermont is the congregate shelter. These are shelters that have cots or bunk beds lined up in a large space. Family shelters in Vermont are generally either "semi-congregate," meaning families might have their own room, but share a kitchen and common spaces, or fully "non-congregate." In three Vermont counties, Orange, Essex, and Grand Isle, there are no family shelters. The demand for family shelters in Vermont exceeds the current availability.[11] There is a correlation between children living in congregate and semi-congregate shelters having lower homework scores due to lack of space and distracting environments.[12]

Learning Disabilities

Higher rates of learning disabilities and lack of access to special education services have negative impacts on the academic achievement of homeless children. Learning disability

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[6] J. J. Cutuli, Christopher David Desjardins, Janette E. Herbers, Jeffrey D. Long, David Heistad, Chi-Keung Chan, Elizabeth Hinz, Ann S. Masten, "Academic Achievement Trajectories of Homeless and Highly Mobile Students: Resilience in the Context of Chronic and Acute Risk," *Child Dev.*, 84(3) (2013): 12.
[7] Murphy, "Homeless Children and Youth at Risk: The Educational Impact of Displacement," 38-55.
[8] State of Vermont Agency of Education, *Education for Homeless Children and Youth*, Accessed September 20, 2025. https://education.vermont.gov/student-support/federal-programs/consolidated-federal-programs/education-homeless-children-and.
[9] National Center for Homeless Education, *McKinney-Vento Law into Practice Brief Series: Transporting Children and Youth Experiencing Homelessness,* August 2025, https://nche.ed.gov/wp-content/uploads/2025/08/NCHE_Transporting_Children_and_Youth_Experiencing_Homelessness_2025.pdf.
[10] Murphy, "Homeless Children and Youth at Risk: The Educational Impact of Displacement," 38-55.
[11] Carly Berlin and Lola Duffort, "Family shelters are scarce as hundreds of children and caregivers exit motels." Vermont Public (Colchester, Vermont), October 1, 2024, https://www.vermontpublic.org/local-news/2024-10-01/family-shelters-are-scarce-as-hundreds-of-children-and-caregivers-exit-motels.
[12] Grant, et al., "Twenty-five years of child and family homelessness," 1-10.

development among homeless youth is twice the rate of their housed peers.[13] This heightened rate of disability stems from a range of factors that homeless children are exposed to such as increased levels of stress, exposure to violent or unhealthy environments, and social embarrassment.[14]

The effects of homelessness on preschool-aged youth are especially notable. Ninety percent of brain growth occurs during the Pre-K age group of three through five years old.[15] However, out of all homeless youth age groups, homeless children between the ages of three and five show the lowest educational program enrollment numbers.[16] The lack of Pre-K enrollment among homeless youth has been linked to lower academic abilities and learning disabilities. Due to their young age, educational nonattendance for children in this age group can lead to developmental delays in many skills including literacy and language.[17] Researchers from a 1991 study found that receptive vocabulary levels among homeless children from ages three to five were significantly lower than the levels of their housed peers.[18]

Vermont has a Universal Prekindergarten Program with aims to provide education access to all children aged three through five years old.[19] There is no data on the accessibility of this program to homeless children, nor can we find any provisions in the law to expand outreach to more homeless children specifically.[20]

National studies found that homeless youth populations show disproportionately high rates of learning disabilities, and they often do not receive adequate educational accommodation services. For homeless youth, the inaccessibility of special education can be attributed to a lack of transportation to the programs.[21]

Psychological Effects

Generally, there is a correlation between traumatic life events and poor mental health in children and young adults.[22] Being homeless increases the chances of encountering a traumatic life

[13] Murphy, "Homeless Children and Youth at Risk: The Educational Impact of Displacement," 38-55.
[14] Yvonne Rafferty, "The Legal Rights and Educational Problems of Homeless Children and Youth," *Educational Evaluation and Policy Analysis*, 17 (1995): 39.
[15] Ross A. Thomson, "Early Brain Development and Public Health." *Delaware Journal of Public Health,* 10(4) (2024): 6-11.
[16] Leslie Rescorla, Ruth Parker, and Paul Stolley, "Ability, Achievement, and Adjustment in Homeless Children," *American Journal of Orthopsychiatry*, 61(2) (1991): 215.
[17] Rajni Shankar-Brown, "A Case Study of the Social and Educational Experiences of Homeless Children." (Doctoral diss., The University of North Carolina Charlotte, 2008), 1-318.
[18] Rescorla, et al., "Ability, Achievement, and Adjustment in Homeless Children."
[19] Vermont Agency of Education and Vermont Department for Children and Families, *Universal Prekindergarten Report 2024,* June 16, 2025. https://education.vermont.gov/sites/aoe/files/edu-2024-universal-prekindergarten-legislative-report.pdf.
[20] Vermont Agency or Education and Vermont Department for Children and Families, *Universal Prekindergarten Report 2024.*
[21] Murphy, "Homeless Children and Youth at Risk: The Educational Impact of Displacement," 38-55.
[22] Marybeth Shinn, Judith S. Schteingart, Nathanial Chioke Williams, Jennifer Carlin-Mathis, Nancy Bialo-Karagis, Rachel Becker-Klein, Beth C. Weitzman, "Long-Term Associations of Homelessness with Children's Well-Being," *American Behavioral Scientist*, 51 (6) (February 2008): 789- 809.

event.[23] Significant risk factors associated with homelessness, such as exposure to violence, abuse, parental incarceration, and the mother's emotional state, induce poor mental health among children.[24] These traumatic life events are found to be the leading cause of poor mental health in children.[25]

Predisposition to Certain Mental Illnesses

The most common mental health disorders found within homeless youths are disruptive behavior and drug and alcohol abuse disorders.[26] Researchers of a study based in San Francisco found that homeless adolescents had an increased mortality rate of up to ten times that of their housed peers. The majority of deaths in the study were related to suicide or drug and alcohol use, further highlighting their correlation with homeless youth.[27]

Adversities experienced during childhood, including risk factors that are associated with homelessness such as poverty, neglect, and abuse, show a significant association with compromised health in adulthood. In addition to influencing mental health and overall wellbeing, these early adversities can also lead to a higher risk of developing chronic illnesses such diabetes and cardiovascular diseases later in life.[28]

Access to Mental Healthcare

In general, there is a lack of mental health services in the United States. The lack of services is heightened in rural and impoverished areas despite the higher need there.[29] Homeless children are less likely to have regular sources of medical care for mental health in comparison to housed, low-income counterparts. If care is obtained, it is usually accessed through a shelter.[30] Even after a previously homeless child has found stable housing, their increased mental health needs and lack of access to services continue.[31]

In Vermont, there is a state-wide shortage of mental healthcare services. In 2021, the Vermont Department of Health found that 41% of youth aged 12-17 who reported depressive episodes did

[23] Shinn, et al., "Long-Term Associations of Homelessness with Children's Well-Being."
[24] Ilan Harpaz-Rotem, Robert A. Rosenheck, Rani Desai, "The Mental Health of Children Exposed to Maternal Mental Illness and Homelessness," *Community Mental Health Jornal*, 42 (5) (October 2006): 437-448.
[25] Shinn, et al., "Long-Term Associations of Homelessness with Children's Well-Being."
[26] David Borkenhagen, G. Messier, T. Masrani, E. Gunn, A. Bahji, R. Barry, D. Seitz, S. Patten, G. Dimitropoulos, "Prevalence of Mental Health and Substance Use Disorders Among Adolescent Experience Homelessness: A Systematic Review," *Community Mental Health Journals,* (July 31, 2025).
[27] Colette L Auerswald, Jessica S Lin, Andrea Parriott. "Six-year mortality in a street-recruited cohort of homeless youth in San Francisco, California." *PeerJ*, 4 (April 14, 2016).
[28] Weslley Barbosa Sales, Eunice Fernandes Maranhão, Caroline Sousa Truta Ramalho, Sabrina Gabrielle Gomes Fernandes Macêdo, Gérson Fonseca Souza, and Álvaro Campos Cavalcanti Maciel, "Early life circumstances and their impact on health in adulthood and later life: a systematic review," *BMC Geriatrics*, 24(978) (2024).
[29] Grant, et al., "Twenty-five years of child and family homelessness."
[30] Shinn, et al., "Long-Term Associations of Homelessness with Children's Well-Being," 789-809.
[31] Grant, et al., "Twenty-five years of child and family homelessness."

not receive the necessary mental health services due to a service shortage.[32] Regarding homeless youth, there is no research on their specific access to mental healthcare in Vermont.

General Health

Homeless children are more likely to have poorer health status compared to housed children. Despite their lower levels of health, structural barriers and a lack of resources make it harder for homeless children to obtain stable health care.

Common Ailments

Homeless youth have higher rates of acute and chronic illnesses than housed children.[33] Contagious illnesses are more readily transmitted among homeless children due to unhygienic and overcrowded living situations.[34] Unregulated living conditions cause homeless youth to be at higher risk of exposure to environmental health hazards.[35] Researchers in a 2010 study also found that the oral health of homeless children is worse than that of low-income, housed children.[36]

The diets of homeless children are frequently imbalanced, resulting in poor nutrition levels.[37] Limited access to vegetables, fruits, and meats can result in a reliance on cheaper food options, such as fast food and convenience store meals, leading to childhood obesity.[38] Poor nutrition also manifests itself as malnutrition in homeless children who are facing food insecurity and deprivation due to a lack of money, which is most prevalent in rural low-income communities.[39]

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[32] Vermont Department of Health, *Health Needs of People in Vermont*, May 2024, https://www.healthvermont.gov/sites/default/files/document/sha-data-brief-population-statewide.pdf.
[33] Linda Weinreb, Robert Goldberg, Ellen Bassuk, and Jennifer Perloff, "Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children," *Pediatrics,* 102(3) (1998): 554–562.
[34] David L. Wood, R. Burciaga Valdez, Toshi Hayashi, and Albert Shen, "Health of homeless children and housed, poor children," *Pediatrics,* 86(6) (December 1990): 858-866.
[35] Richard M. Gargiulo, "Homeless and Disabled: Rights, Responsibilities, and Recommendations for Serving Young Children with Special Needs," *Early Childhood Education Journal*, 3, (2006): 357–362.
[36] Marguerite Ann DiMarco, Susan M. Ludington, and Edna M. Menke, "Access to and Utilization of Oral Health Care by Homeless Children/Families," *Journal of Health Care for the Poor and Underserved,* 21 (2010): 67–81.
[37] Laura E. Gultekin, Barbara L. Brush, Emily Ginier, Alexandra Cordom, and Elizabeth B. Dowdell, "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) (2020): 10-18.
[38] Wood et al., "Health of homeless children and housed, poor children."
[39] Wood, et al., "Health of homeless children and housed, poor children."; Carmen Byker Shanks, Lauri Andress, Annie Hardison-Moody, Stephanie Jilcott Pitts, Megan Patton-Lopez, T. Elaine Prewitt, Virgil Dupuis, Karen Wong, Marisa Kirk-Epstein, Emily Engelhard, Monica Hake, Isabel Osborne, Casey Hoff, and Lindsey Haynes-Maslow, "Food Insecurity in the Rural United States: An Examination of Struggles and Coping Mechanisms to Feed a Family among Households with a Low-Income," *Nutrients,* 14(24) 2022: 5250.

Access to Routine Healthcare

Over half of homeless youth reported visiting a doctor within the past year, but only a third had a routine healthcare provider.[40] The lack of a routine healthcare provider is most prominent for homeless infants, as they are more likely to miss well-childcare visits compared to housed infants.[41]

Homeless children face systemic and individual-level barriers to healthcare access. Systemic barriers include the cost of care, transportation, complicated care systems, and limited availability.[42] Individual-level barriers, such as embarrassment of illness, an aversion to the vulnerability required when seeking healthcare, and fear of not being taken seriously by healthcare providers, deter homeless children from seeking or accessing care.[43]

Homeless youth utilize emergency services at higher rates.[44] Residential instability deters families from obtaining a routine primary care provider, causing homeless families to visit the emergency department at a higher rate. A reported 36% of street youth and 29% of sheltered youth had used the emergency department within the last year, compared to 9% of the housed visits within a year, compared to one-fifth of housed children.[45]

Medical Coverage

The specific rates of medical coverage among homeless youth are ambiguous. However, one consistency across research is that homeless youth experience periods of time where they are

[40] Weinreb, et al., "Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children."
[40] Wood, et al., "Health of homeless children and housed, poor children."
[41] Gultekin, et al., "Health Risks and Outcomes of Homelessness in School-Age Children and Youth."
[42] Kathryn R. Gallardo, Diane Santa Maria, Sarah Narendorf, Christine M. Markham, Michael D. Swartz, Charles M. Batiste," Access to healthcare among youth experiencing homelessness: Perspectives from healthcare and social service providers," *Children and Youth Services Review*, Volume 115, (2020); Weinreb, et al., "Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children."
[43] Jennifer Feldmann, Amy B. Middleman, "Homeless adolescents: Common clinical concerns," *Seminars in Pediatric Infectious Diseases*, Volume 14, Issue 1, (2003): 6-11; Josephine Ensign and Michelle Bell, "Illness Experiences of Homeless Youth," *Qualitative Health Research,* Volume 14 No. 9, (2004): 1239-1254.
[44] Weinreb, et al., "Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children."
[45] Weinreb, et al., "Determinants of Health and Service Use Patterns in Homeless and Low-income Housed Children."

uninsured and do not have a stable source of healthcare, unlike their housed peers.[46] When homeless youth are insured, the most widely used coverage plan is Medicaid.[47]

Conclusion

This report presents the effects homelessness has on children's educational, psychological, and physical development. Frequent school moves, unstable living conditions, and limited access to special education services hinder academic progress and early learning. Exposure to trauma, parental stress, and instability associated with homelessness increases the risk of behavioral disorders and substance use. Poor nutrition, higher rates of chronic illness, and lack of preventative care further endanger children's health. In Vermont, limited shelter availability, transportation challenges, and shortages in mental health providers exacerbate these barriers for homeless children.

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[46] Anne Carroll, Hope Corman, Marah A. Curtis, Kelly Noonan, and Nancy E. Reichman, "Housing Instability and Children's Health Insurance Gaps," *Academic Pediatrics*, 17(7) (2017): 732–738; Gayathri Chelvakumar, Nancy Ford, Hillary M. Kapa, Hannah L. H. Lange, Annie-Laurie McRee, and Andrea E. Bonny, "Healthcare Barriers and Utilization Among Adolescents and Young Adults Accessing Services for Homeless and Runaway Youth," *Journal of Community Health*, 42, (November 2016): 437–443.

[47] Assistant Secretary for Planning and Evaluation and U.S. Department of Health and Human Services, *A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing*, July 22, 2014, https://aspe.hhs.gov/reports/primer-using-medicaid-people-experiencing-chronic-homelessness-tenants-permanent-supportive-housing.