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child homelessness:

minimizing the impact, ending the epidemic

Each year, one in 50 American children experiences homelessness.¹ Family homelessness is caused by the combined effects of lack of affordable housing, extreme poverty, decreasing government supports, changing family demographics, the challenges of raising children alone, domestic violence, and fractured social supports. For extremely poor families and those with vulnerabilities or little safety net, even seemingly minor events can trigger catastrophic outcomes and catapult a family onto the streets.

Many children experiencing homelessness describe worries and fears about their safety and that of their caretakers.

A child's path to homelessness often includes violence and chaos, family financial stress, and serious disruptions in interpersonal relationships and education. The experience itself means a loss of place, belongings, and feeling safe and secure. Within one year, 97 percent of children experiencing homelessness move, often leaving behind familiar surroundings.²

Many children experiencing homelessness describe worries and fears about their safety and that of their caretakers. The constant stress puts them at risk for developing significant mental health issues.³ By age eight, one out of three children experiencing homelessness—compared with about one out of five other school-age children—will have a diagnosable mental health disorder that interferes with daily activities. Almost half suffer from anxiety and depression, while one-third express their distress through aggressive behaviors.⁴

The mental health of a child is inextricably linked to the health and well-being of that child's caregiver, and more than 50 percent of mothers experience a major depressive episode while homeless.⁵ Such episodes impede a parent's ability to bond with a child, leading to the increased likelihood that the child will struggle with developmental delays, academic problems, and health issues.⁶

Program and policy responses can mitigate the impact of homelessness on children and help end child homelessness.

Providing Child Programs

Services available for families who have experienced homelessness are often primarily focused on the adult caregiver. In light of the traumatic experiences children endure, trauma-specific children's programming in homeless service settings is vital for addressing the issues that families bring to the shelter and the problems that arise in shelter life. Trauma-specific programming for children includes:

Provider Education. To accurately identify child mental health needs, service providers working with homeless and at-risk children need adequate training. They must be able to assess whether a child's behaviors coincide with the usual patterns of development or reflect a more significant issue. Professional development for providers should involve understanding child development, including developmental milestones and the impact of traumatic stress on children at particular stages. Training should also include basic education about parent/child attachment and the impact of stress on this primary relationship.

Child-Specific Assessment and Referral. Specific questions about mental and physical health, traumatic experiences and development should be routine in the intake assessment process. Thorough child assessments allow providers to make immediate referrals for further evaluation and services. Because a subgroup of children will require more intensive services, all programs must establish local referral networks willing and able to work with homeless children and their families.

Trauma-Specific Mental Health Services. Trauma-specific services for children may include individual and family therapy services that focus on helping children to manage traumatic stress and are conducted by professionals with expertise in trauma and children. Some professionals use creative, nonverbal services such as play therapy, art, dance, and yoga for children. These outlets allow children to build coping skills to identify, express, and manage feelings associated with the stressors they face. Involving community partners in collaboration to address these needs is essential, as many homeless-serving agencies lack on-site mental health services.

Provider education, child-specific assessment and referral, and trauma-specific mental health services should also take into account the child's caregiver relation-

ships. Children's experiences of violence and instability can result in disruption of the fundamental parent-child connection, which ought to help children learn coping skills, create relationships, and understand themselves and the world. There is a need for service models that support the family as a unit, with specific attention paid to the ways the family can regain a sense of control, safety, and stability.

Mental health and early intervention providers need to actively collaborate with shelter systems to create integrated treatment plans that involve open communication and joint service planning. Service unification can help create a treatment community that understands homeless families and serves the full range of needs, as opposed to just a few issues in isolation. Such a "service network" can give homeless families a sense of safety and predictability, instead of fragmented support.

Policy Responses

Policy responses to child homelessness and its impact must focus not only on minimizing the duration and intensity of the experience for currently homeless families, but also on ending homelessness.

Homelessness is extremely costly in both human and economic terms. Only one in four homeless children graduates from high school. Numerous studies have calculated the benefits to society of better high school graduation rates. For example, one estimates net lifetime increased contributions to society at \$127,000 per student.⁷ Extrapolating from that amount, The National Center on Family Homelessness calculates the loss to the United States of those three out of four homeless children as a potential \$26 billion annually.



Despite the current economic circumstances, a concerted effort—by national, state, and local political leaders, funders, the White House, service providers, advocates, and philanthropic foundations—could end child homelessness. In March 2009, The National Center on Family Homelessness released *America's Youngest Outcasts: State Report Card on Child Homelessness*, which offers comprehensive state-by-state data on the status of homeless children. (See “Ranks of New England States.”) The report urges federal and state action to end child homelessness and recommends strategies. Listed at www.HomelessChildrenAmerica.org, the strategies include:

- creating state and local housing trust funds to complement the National Housing Trust Fund;
- placing families directly into permanent housing rather than into motels—a safer, more stable, and less costly strategy;
- permitting Temporary Assistance for Needy Families recipients to pursue educational opportunities that could increase their future income and decrease the likelihood of their needing public assistance;
- ensuring, under the leadership of state mental health departments, that all providers serving homeless children and families have demonstrable competencies

in trauma-informed and trauma-specific program models;

- improving access to primary, dental, and mental health care by incentivizing collaboration between the health-care community and agencies serving homeless families;
- strengthening schools’ efforts to identify and support students experiencing homelessness; and
- including appropriate strategies to end child homelessness in all state and local 10-year planning efforts.

Children who are homeless need the same things that other children need to grow up happy and healthy: a safe and stable home; access to quality schools; affordable and reliable health care; nourishing daily meals; opportunities to play in safe neighborhoods; and strong attachments with caregivers. Unfortunately, for many children who are homeless, those experiences are infrequent. Although the effort to end this scourge begins with agencies working at the community level to mitigate the impact of homelessness on children, it also requires enlightened policymakers at city, state, and federal levels.

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Endnotes

¹ *America's Youngest Outcasts: State Report Card on Child Homelessness* (Newton, Massachusetts: The National Center on Family Homelessness, 2009).

² *America's New Outcasts: Homeless Children* (Newton, Massachusetts: The National Center on Family Homelessness, 1999).

³ R. Masi and J. Cooper, *Children's Mental Health Facts: Facts for Policymakers* (New York: National Center for Children in Poverty, 2006).

⁴ J.C. Buckner and E.L. Bassuk, “Mental disorders and service utilization among youths from homeless and low-income housed families,” *Journal of the American Academy of Child and Adolescent Psychiatry* 36, no. 7 (1997): 890-900.

⁵ L.F. Weinreb, J.C. Buckner, V. Williams, and J. Nicholson, “A comparison of the health and mental health status of homeless mothers in Worcester, Mass.: 1993 and 2003,” *American Journal of Public Health* 96, no. 8 (2006): 1444-1448.

⁶ See “Young children develop in an environment of relationships” (Cambridge, Massachusetts: National Scientific Council on the Developing Child, 2004); J. Knitzer, K. Johnson, and S. Theberge, “Reducing maternal depression and its impact on young children: Toward a responsive early childhood framework” (working paper, National Scientific Council on the Developing Child, Cambridge, Massachusetts, 2004); and Project Thrive Issue Brief no. 2 (New York: National Center for Children in Poverty, 2008).

⁷ H. Levin, C. Belfield, P. Muennig, and C. Rouse, *The Costs and Benefits of an Excellent Education for All of America's Children* (New York: Columbia University, 2007), www.cbce.org/media/download_gallery/Leeds_Report_Final_Jan2007.pdf.

Ranks of New England States

From *America's Youngest Outcasts: State Report Card on Child Homelessness*

	Overall rank*	% Homeless among children living in poverty
Connecticut	1	4%
New Hampshire	2	6%
Rhode Island	4	2%
Massachusetts	8	9%
Maine	9	4%
Vermont	10	7%

* Composite of four domains.
States ranked 1-50, with 1 being best and 50 being worst.

“One in 50 children is homeless each year in the United States,” says Ellen Bassuk, president of The National Center on Family Homelessness. “New England states fare better in the rankings than much of country, but the reality is that children who are homeless live in every state.” See www.homelesschildrenamerica.org.