Assessing Health, Promoting Wellness

Serving Specific Populations

Children and Families

One of the fastest-growing segments of people who become homeless is families with children. Poverty and the lack of affordable housing are the main causes of family homelessness. Other contributing factors include declining wages, changes in welfare programs, lack of health insurance, soaring rents, and domestic violence.

The experience of being homeless is extremely traumatic for families and children. The loss of home, community, stability, safety, friends, and routines is outside the realm of everyday experience and is highly stressful.

Before turning to a shelter, families are likely to move many times—from one friend's apartment to another, possibly to a vehicle, and sometimes even to an abandoned building or the streets. For many families, past traumatic experiences compound the stress of homelessness, including catastrophic illness, abrupt separations, and physical or sexual abuse.

The experience of falling into homelessness often provokes feelings of anger, self-blame, fear, and hopelessness for parents. Children are keenly aware of the mounting stress and tension, and the chaos that dominates their lives. In the midst of this turmoil, families meet a complicated maze of social services, a living situation that offers little privacy, the need to parent in public, and an uncertain future.

The pages that follow include some basic information about family homelessness and its consequences, specific areas that deserve attention when working with families, and suggested resources for additional information.

Who are families experiencing homelessness?

The typical family without permanent housing consists of a mother in her late twenties with two young children.

- 40% of children in families experiencing homelessness are age 5 or younger
- Families of color are overrepresented in this population:
 - o 43% are African American
 - o 38% are White, non-Hispanic
 - o 15% are Hispanic
 - o 3% are Native American

Violence plays a significant role in the lives of families experiencing homelessness.

- More than half of school-aged children (57%) who are homeless were witnesses to or victims of violence in their households or communities
- By age 12, most children who are homeless (83%) had exposure to at least one serious violent event, with 25% witnessing violence in their own family

How does homelessness influence mothers' overall health?

Mothers who become homeless often have significant histories of interpersonal violence. For them, the experience of becoming homeless layers on top of already complicated traumatic experiences.

- Over a lifetime, 92% of mothers experiencing homelessness endured severe physical and/or sexual abuse; in 63% of cases, an intimate partner perpetrated this abuse
- These mothers have:
 - o three times the rate of post-traumatic stress disorder (36%)
 - o twice the rate of drug and alcohol dependence (41%)
 - o twice the rate of major depressive disorders (45%)

How does homelessness influence children's overall health?

Children living without permanent housing experience higher rates of health, educational, emotional, and developmental problems than their housed counterparts do.

Physical health impacts:

- Children experiencing homelessness are sick four times more often than other children and have:
 - o four times as many respiratory infections
 - o twice as many ear infections
 - o five times more gastrointestinal problems
- Children experiencing homelessness are four times more likely to have asthma
- Homeless children go hungry at more than twice the rate of other children

Mental health impacts:

- Children experiencing homelessness have three times the rate of emotional and behavioral problems as non-homeless children
- Among school-age children, 47% have problems such as anxiety, depression, and withdrawal, compared to 18% of other children
- By age 8, one in three homeless children has a major mental health disorder

Unmet service needs:

- Children experiencing homelessness have significant unmet service needs concerning their health and wellbeing:
 - o less than one-third receive the mental health treatment they need
 - o 33% lack essential immunizations
 - o 27% never saw a dentist
 - o 15% receive their only medical care in emergency rooms
 - o 30% of homeless families receive no food stamps or WIC, though most are eligible

Adapted from: National Center on Family Homelessness. (2007). Understanding the research about homeless families.

Specific areas to keep in mind when working with children and families

Attachment relationships

Attachment is the long-enduring, emotional bond between a child and a primary caregiver. Healthy attachments provide the building blocks for later relationships and a child's ability to master developmental tasks. It is important to remember that working with children means working with their families as well—particularly strengthening the mother-child relationship, since most children who are homeless live with their mothers.

Developmental stages

At each developmental stage, children and youth face different tasks that build on one another: a toddler learns to explore the world; school-aged children form friendships; and adolescents begin to separate from caregivers and become more independent. For some children experiencing homelessness, behaviors may "regress" to earlier stages of development (may also apply to teen parents). Considering developmental stage as well as chronological age may be helpful in offering services to children and youth experiencing homelessness.

Children's behavior problems

Children living in homelessness and other highly chaotic, unstable situations often exhibit behavioral difficulties. Their way of coping with a situation is usually through their behaviors. For example, they may be "bouncing off the walls" and have trouble calming down. They may be very withdrawn or overly compliant. Their moods may cycle quickly among extremes of anger, sadness, withdrawal, and agitation. Their reactions may mimic other disorders, such as attention deficit disorder/attention deficit hyperactivity disorder or bipolar disorder.

School

The McKinney-Vento Act gives children the right to attend their school of origin, which is helpful for children's emotional health if they do not have to transition among schools. If they do change schools, they should enroll immediately (without requiring immunization records, prior academic records, etc.). Some schools may not be familiar with this law and workers may need to inform school administrators about it.

Resiliency

Despite many challenges, children experiencing homelessness are often enthusiastic, energetic, and eager to learn and explore their worlds. With support, children and their families can be remarkably resilient.

Resources:

- Children's Health Fund www.childrenshealthfund.org
- National Association for the Education of Homeless Children and Youth <u>www.naehcv.org</u>
- National Center on Family Homelessness www.familyhomelessness.org
- National Child Traumatic Stress Network <u>www.nctsnet.org</u>
- National Law Center on Homelessness and Poverty www.nlchp.org

Youth

This adapted fact sheet from the National Coalition for the Homeless (NCH) discusses the dimensions, causes, and consequences of homelessness among youth, as well as some relevant program and policy issues. You can find references and resources not included here at the NCH web site http://www.nationalhomeless.org/publications/facts/youth.pdf.

Definitions and dimensions

Homeless youth are individuals under the age of 18 who lack parental, foster, or institutional care. Sometimes, people refer to them as "unaccompanied" youth. An estimate of the number of youth experiencing homelessness is between 500,000 and 1.3 million young people each year. According to the U.S. Conference of Mayors, unaccompanied youth account for 3% of the urban homeless population.

Causes

Causes of homelessness among youth fall into three inter-related categories: family problems, economic problems, and residential instability.

Family problems

Many youth become homeless because they leave home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect. Disruptive family conditions are the principal reason that young people leave home—in one study, more than half of the youth interviewed during shelter stays reported that their parents either told them to leave or knew they would leave and did not care. In another study, 46% of runaway and homeless youth experienced physical abuse, with 17% forced into unwanted sexual activity by a family or household member.

Economic problems

Some youth may become homeless when their families suffer financial crises resulting from lack of affordable housing, limited employment opportunities, insufficient wages, no medical insurance, or inadequate welfare benefits. These youth become homeless with their families, but shelter, transitional housing, or child welfare policies separate them later.

Residential instability

Residential instability also contributes to homelessness among youth. A history of foster care correlates with becoming homeless at an earlier age and remaining homeless for a longer period. Some youth living in residential or institutional placements become homeless upon discharge—they are too old for foster care but have no housing or income support after discharge. One national study reported that more than one in five youth who arrived at shelters came directly from foster care, and that more than one in four were in foster care during the previous year.

Consequences

Youth face many challenges living on the streets. Emergency shelters house only a few of them because of lack of shelter beds for youth, restrictive shelter admission policies, and their preference for greater autonomy. Because of their age, youth experiencing homelessness have few legal means by which they can earn enough money to meet basic needs.

Many adolescents often feel compelled to exchange sex for food, clothing, and shelter in order to survive on the streets. In turn, youth experiencing homelessness are at a greater risk of contracting AIDS or HIV-related illnesses. Anonymously performed HIV prevalence studies in four cities found a median HIV-positive rate of 2.3% for homeless persons under age 25.

Other studies found rates ranging from 5.3% in New York to 12.9% in Houston. Suggestions are that the rate of HIV prevalence for youth experiencing homelessness may be as much as two to ten times higher than the rates reported for other samples of adolescents in the United States.

Adolescents living on the streets often suffer from severe anxiety and depression, poor health and nutrition, and low self-esteem. In one study, the rates of major depression, conduct disorder, and post-traumatic stress syndrome were three times as high among runaway youth as among youth who did not run away.

Furthermore, youth who have no permanent housing face difficulties attending school because of legal guardianship requirements, residency requirements, proper records, and lack of transportation. As a result, they face severe challenges in obtaining an education and supporting themselves emotionally and financially.

Program and policy issues

Youth living in homelessness benefit from programs that meet immediate needs first, and then help them address other aspects of their lives. Programs that minimize institutional demands and offer a range of services have success in helping these youth regain stability.

Educational outreach programs, assistance in locating job training and employment, transitional living programs, and health care especially designed for and directed at homeless youth are also necessary.

In the long term, youth experiencing homelessness would benefit from many of the same measures that are necessary to fight poverty and homelessness in the adult population, including the provision of affordable housing and employment that pays a living wage. In addition to these basic supports, the child welfare system must make every effort to prevent children from ending up on the streets.

Excerpted and adapted from: National Coalition for the Homeless. (2008). Fact sheet: Homeless youth. Retrieved from http://www.nationalhomeless.org/factsheets/youth.html