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## Addressing the Challenges of Child and Family Homelessness

Kerri Tobin

Marywood University, ktobin@marywood.edu

Joseph Murphy

Vanderbilt University, joseph.f.murphy@vanderbilt.edu

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## **Introduction**

Homeless children in families comprise the fastest-growing group of homeless persons in the United States. Indeed, the American Academy of Pediatrics considers homelessness to be an issue with which pediatricians should be concerned.<sup>1</sup> In this article, we review existing literature to provide a background for researchers, policymakers, and service providers hoping to understand the phenomenon of child and family homelessness and evaluate the various strategies used to address it. We begin with a definition and description of the population of homeless families with children, then offer a broad consideration of the effects of child and family homelessness. We end with a platform of policies and other action steps for addressing the problems of homelessness for children and their families, with particular attention to strategies that empower homeless families.

## **Definitions and Demographics**

Although it is not an easy task, the law provides guidance in establishing what it means to be homeless. Until very recently, US Department of Housing and Urban Development (HUD) defined as homeless “an individual who lacks a fixed, regular, and adequate nighttime residence,” who resides in “supervised publicly or privately operated shelter designed to provide temporary living accommodations,” or “a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”<sup>2</sup> The Department of Education’s definition, as expressed in the McKinney-Vento Homeless Assistance Act, was broader, including HUD’s definition plus “children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason... abandoned in hospitals; or awaiting foster care placement.”<sup>3</sup> The primary distinction between the two was consideration of those who have no home but live with friends or other family members, called “doubled up” – these individuals were homeless according to the Department of Education, but not by HUD. Although HUD’s definition may be expanded to include doubled-up people by the 2009 Homeless Emergency Assistance and Rapid Transition to Housing Act, this is not yet reflected in published counts of the homeless.<sup>4</sup>

These differing definitions pose problems for researchers, as do the resources necessary to perform counts of homeless persons. Estimates of how many people are homeless differ both for departments of the government and for advocacy agencies. However, most agree that families with children represent the fastest growing segment of the homeless population.<sup>5-7</sup> In 2010, 35 percent of all homeless persons were

persons in families.<sup>8</sup> “If asked to describe a ‘typical’ homeless person, few people would think of a child living with a parent in a shelter for the homeless. Yet perhaps the most alarming change in the homeless population has been the dramatic rise in the number of homeless families with children” in recent decades.<sup>9(p. 275)</sup>

Actual homeless counts vary greatly.<sup>10</sup> A decade ago, Burt stated that “during a typical year between 900,000 and 1.4 million children are homeless with their families”<sup>11(p.1)</sup> and very recently, Bassuk asserted nearly the same: “1.5 million children experience homelessness in America each year.”<sup>12(p.496)</sup> On the more conservative end, the most recent Annual Homeless Assessment Report (AHAR) to Congress reports that 346,620 children resided in homeless shelters at some point during 2010.<sup>8</sup> The National Center for Homeless Education estimates that 794,600 school-aged children were homeless, according to the broader Department of Education definition, in 2009.<sup>13</sup> In 2010, the National Association for the Education of Homeless Children and Youth reported a 41 percent increase over the 2007-2008 and 2008-2009 school years, with 956,914 homeless children enrolled that year.<sup>14</sup> Additionally, in 2010-2011, the National Center on Homeless Education reported a 13 percent increase, bringing the total to 1,065,794 homeless children in schools across the country.<sup>15</sup> Because schools often rely on parent or student self-report to determine housing status, these numbers are likely not entirely accurate. Despite a lack of consensus on exact numbers, however, all reports point to a problem of homelessness among families unprecedented in the United States since the Great Depression, and continuing to grow.<sup>12</sup>

In addition to examining the numbers of homeless families with children, it is instructive to look at characteristics they share. Though not all homeless families or experiences of homelessness are alike, the dominant form of family homelessness is a single adult with one or more children.<sup>16-18</sup> The average homeless family is headed by a woman under age 30 who is a member of a minority group.<sup>8</sup> Homeless children tend to be young, with 41 percent under the age of six.<sup>19(p.3)</sup> The most recent AHAR provides the following age breakdown for familial homeless children in shelters and transitional housing: 51 percent under age 6, 34 percent ages 6 to 12, and 15 percent age 13-17.<sup>8(p.32)</sup> Additionally, the experience of homelessness varies. The majority (75 percent) of homeless families experience short-term homelessness (between three weeks and three months) and tend to remain housed afterward; 20 percent have one homeless stay that lasts more than six months; and only 5 percent of families are what is termed “episodically” homeless, having repeated short

stays in family shelters.<sup>20</sup> It is important to keep these variations in mind when evaluating, designing, or advocating for services.

### **The Impact of Homelessness**

Homelessness can be exceptionally harmful to families and children. Living in a shelter or on the street can be unsanitary, unsafe, and chaotic. These parents and children are at great risk of sustaining physical damage, including injuries and infections. Children also commonly suffer extensive emotional harm: living on the streets or in a communal shelter erodes children's sense of privacy, security, and trust. The education of children growing up without homes is in peril, as homelessness makes attending school and meeting learning goals exceptionally difficult.

### **Damaged Physical Health**

Children and adults who are experiencing homelessness are likely to suffer both chronic and acute health problems.<sup>21</sup> The unsanitary shelter conditions in many cities, exposure to weather and extremes of temperature, and lack of regular medical care that often accompany homelessness leave individuals vulnerable to a host of illnesses. Although some cities have made great strides in the last decade to create and sustain supportive family shelter systems that protect families from these problems,<sup>22</sup> this is not the case everywhere. Homeless children contract four times as many respiratory infections and twice as many ear infections as housed children.<sup>23-25</sup> They are also four times more likely to have asthma.<sup>24, 26-28</sup>

Malnutrition is a particular health concern for homeless children, who are twice as likely as housed children to go hungry.<sup>6</sup> Shelters may lack cooking and refrigerated storage facilities, forcing parents to resort to unhealthy fast-food choices or unsafe preparation methods.<sup>29</sup> And despite the existence of programs like Food Stamps and free school lunches, "many homeless children do not get the nutritional balance necessary for healthy growth."<sup>30(p.24)</sup> Inadequate nutrition sets children up for future problems like cognitive delays and problems with academic achievement.<sup>29, 31</sup>

The combined effects of these physical risks lead to homeless parents having less energy to face life's challenges and to their children having fewer healthy days to attend school. Children are also vulnerable to chronic illnesses that disrupt their potential to grow into productive adults. "[H]igh rates of acute and chronic health problems...[and] the constant barrage of stressful and traumatic experiences has profound effects on their development and ability to learn."<sup>24(np)</sup>

### **Psychological and Emotional Impairments**

Beyond the physical health problems that affect homeless children, “many [also] experience serious psychosocial and mental health problems.”<sup>32(p.352)</sup> Studies have demonstrated repeatedly that homeless children suffer much greater rates of psychological illness than their housed peers.<sup>33,34</sup> Girls are more likely to develop “internalizing” problems such as depression and anxiety, while boys are more likely to struggle with dysfunctional “externalizing” behaviors such as aggression.<sup>35,36</sup> Children of both genders suffer from high rates of depression, as do homeless women<sup>19,37</sup> and men.<sup>38</sup> In addition, mental health treatment can be very difficult for homeless families to access.<sup>39</sup>

### **Developmental and Educational Deficits**

Homelessness also has devastating effects on the cognitive development and educational success of children. Homeless preschool children are four times more likely than their housed low-income peers to experience developmental delays.<sup>40</sup> Types of developmental lags include “delays in language, in reading for school-age children, in personal and social development, and in motor development.”<sup>41(p.119)</sup>

Research is inconclusive regarding how homeless children compare to housed low-income children once they reach school age. Where such comparisons can be made, they are noted here. Most researchers agree that “although all children living in poverty are at risk for poor academic achievement, the risk is even greater among children who experience homelessness and high residential mobility.”<sup>42(p366)</sup> Homeless children evidence educational problems, particularly the mobility that accompanies homelessness.<sup>40,43</sup> Students who are living in shelters change schools more often than their housed peers, and often in the middle of the school year, when the greatest disruption to learning is likely.<sup>44</sup> The loss of time, both literal and academic, that accompanies school transfers leads to absences and missed skill development. With each change in schools, it is estimated that the homeless child loses between four and six months of learning.<sup>45</sup> Voight, Shinn and Nation’s recent study shows that disruption in third grade not only cause a loss of learning in reading that year, but also future learning as well.<sup>46</sup> Masten asserts that “addressing achievement disparities in urban school districts may be virtually impossible without addressing mobility related to poverty.”<sup>47(p364)</sup>

Homeless children are more likely to be absent when compared with housed low-income students.<sup>44,48</sup> Maternal homelessness is also associated with lower attendance in school.<sup>49</sup> In one study, low-income

housed and homeless children's academic outcomes were found to be more accurately predicted by the number of days they had been absent from school than their housing status.<sup>50</sup>

In addition to losing considerable academic time, homeless children are more likely than their housed peers to have trouble with classroom engagement.<sup>51</sup> They are also diagnosed with learning disabilities at twice the rate of housed children.<sup>24,52</sup> Despite this overrepresentation in eligibility for special education, however, homeless students often do not receive the services for which they qualify.<sup>53</sup> Because they change schools often, the diagnosis process is disrupted and lengthened<sup>54</sup> and school staff may be unwilling to initiate the referral process for homeless students, expecting them to move before it is complete.

It is not surprising then, when considering homeless students' high rates of school change, absenteeism, and low rate of receipt of needed special education services, that these children evidence lower levels of academic success than other students. They are more likely to perform below grade level,<sup>7</sup> with as many as two thirds of homeless high schoolers lacking proficiency in math and reading.<sup>55</sup> The National Center for Homeless Education reports that less than a quarter of homeless children in the United States complete high school.<sup>45(p1)</sup>

### **A Platform for Action**

Homeless families with children have needs that are not easily met by the same systems that support homeless childless adults. A separate body of research has arisen around attempts to address homelessness specifically for this population. The main areas in which responses to family and child homelessness have been developed and studied are in poverty policy, housing, social services, and schooling.

### **Poverty Policy**

There are different ways to support homeless families, but most agree that broad policy changes are needed.<sup>56</sup> One of the most crucial policy interventions for homeless families is increasing their income to decrease the effects of poverty. This can be accomplished through direct income supports, tax credits, and increasing the minimum wage. Additionally, supporting employment with related services, such as transportation subsidies, removes barriers to employment. Unlike individuals, homeless families also need quality, affordable, accessible child care in order for adults to go to work.

### **Income Supports**

Families who are homeless can be eligible for a wide range of income supports such as Temporary Aid to Needy Families (TANF), Section 8 or public housing, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and others. Unfortunately, many of these programs have been chronically underfunded. Indeed, "TANF benefits are the primary source of income for families who are homeless [but] families receiving the maximum monthly TANF benefit would have to spend 210% of their monthly income to afford a two-bedroom apartment at FMR [Fair Market Rent]."<sup>6(p.39)</sup> Nonetheless, enrolling families in income support programs has been shown to be important: "despite...grants at well below the poverty level, [our] data suggest that welfare remains a protective factor against family homelessness."<sup>57(p645)</sup> Additionally, these programs are often underutilized, failing to reach all who qualify for them because families do not know about the programs or how access them, or because policy barriers prevent them from receiving the benefits. Medcalf observes, "TANF represents a critical support for families with financial distress, however, it reaches only a small fraction of children in households with poverty-level incomes."<sup>40(p.9)</sup> Efforts to help families access these benefits stand to provide crucial support; policy changes that affect funding increases can be expected to do the same.

### **Job Training, Transportation, and Child Care**

Many family shelters and transitional housing programs have job training and education services for parents, but researchers have found that in many instances homeless individuals do not access these services or do not manage to find and maintain stable employment even after successfully completing job readiness activities.<sup>58</sup> Also, since "the typical homeless head-of-household has a tenth grade education and reads at a sixth grade level...often has a substance abuse history...[and] has virtually no work experience,"<sup>59(p111)</sup> these individuals require much more basic and intensive education and skill development than most programs are prepared to provide. Likewise, employment does not lead to immediate savings sufficient for security deposits and moving expenses, so the most successful programs must also provide transitional family income supports.

Another crucial employment-related service is transportation assistance, since homeless individuals cannot get to work without transportation.<sup>40</sup> This assistance can take the form of subsidies for public

transportation, free bus and subway passes, or transportation to work sites provided by housing facilities.

Child care services are considered one type of employment support, since homeless parents cannot work if they do not have places to send their children.<sup>60,61</sup> “Child care...may become a barrier to work for families who are homeless.”<sup>6(p.41)</sup> Currently, states are given federal funding through the Child Care and Development Block Grant (CCDBG) to provide child care vouchers, and can also transfer up to 30 percent of their TANF funding to child care expenses.<sup>6</sup> They can prioritize who gets CCDBG vouchers, but only one state, Massachusetts, gives priority to homeless children.<sup>6</sup>

## Housing

The basic structure of housing available to homeless individuals is poorly suited for families’ needs. Over twenty years ago, Mihaly recommended that “families always should be sheltered in facilities that provide separate sleeping spaces that meet local health and safety codes...provide 24-hour shelter, and allow them to leave their possessions safely during the day.”<sup>62(p22)</sup> But the situation for families is still bleak today: “there was a 22 percent increase from the previous year, with denial of 52 percent of emergency shelter requests from families.”<sup>40(p.10)</sup> According to the National Center for Family Homelessness, there were 29,949 units of emergency shelter, 35,799 units of transitional housing, and 25,141 units of permanent supportive housing for families available nationwide, totaling 90,998 units.<sup>13</sup>

Policies and requirements at shelters often affect families differently than homeless individuals. Often, parents are forced to “seek alternative, precarious arrangements in order to keep their children with them,”<sup>63(p15)</sup> because many shelters will not accept adolescent male children. Emergency shelters and transitional facilities may have length-of-stay limits that result in repeated forced moves, which disrupt social connections and schooling.<sup>64</sup> In an attempt to address this problem, “New York City mandated shelter stays for up to one year in order to help families reduce residential (hence school) mobility,”<sup>28(p.28)</sup> an encouraging step toward recognizing the stability homeless children need.

The most recent trend in family homelessness policy is toward programs like Housing First and Rapid Re-Housing, which are similar initiatives focused on finding permanent shelter for families before attending to other issues. These types of programs, which comprised 34 percent of homeless shelters in 2010<sup>8</sup> are unlike traditional housing programs because they do not require participant sobriety or participation



in supportive services.<sup>65</sup> The 2009 American Recovery and Reinvestment Act (ARRA) included a one-time \$1.5 billion investment in Homelessness Prevention and Rapid Rehousing Act (HPRP). The program expired in September 2012.<sup>66</sup> Although they are initially expensive, these types of programs have been shown to be more effective than non-housing interventions at reducing homelessness and its long-term costs,<sup>12</sup> and no less effective at reducing mental health and substance abuse issues.<sup>67</sup> In particular, rapid re-housing programs are designed to be client-centered and empowering, involving families in setting goals and making decisions.<sup>68</sup>

### **Social Services**

It is important to note that the interventions described in previous sections are subject to an important criticism – they often require large-scale structural changes outside the purview of service providers. As Wasserman and Clair point out, strategies for remedying homelessness based on changing city-, state-, and federal-level poverty and housing policy generally fall “into the painfully ambiguous category of ‘long-term solutions,’ which largely seems to indicate that no one has much of an idea about how to proceed.”<sup>69(p33)</sup> So while service providers can advocate for large-scale changes, the issue of how to deal with families who are homeless right now requires a different set of strategies.

The provision of social services to homeless families is one such popular remedy. Though many researchers take a critical perspective on the logic of treating what is clearly a social problem at the level of the individual,<sup>70,71</sup> a tremendous amount of research and advocacy work exists in this area. Unfortunately, the social service model generally presumes that the deficiencies lie in homeless individuals rather than in the structure of society, and as such, they seek to change or heal individual pathologies.<sup>71</sup> Of additional concern is research showing that non-housing interventions have little effect on homelessness.<sup>72</sup> However, such services remain a popular offering. When endeavoring to treat or recommend treatment for homeless families, then, service providers need to take a critical view of the potentially victim-blaming nature of many social services<sup>69</sup> or the ways they sidestep the increasingly-supported reality that what homeless people need is housing.

Social services generally take place within transitional housing facilities or off-site at community agencies. Shelters conduct assessments, identify problems, and provide services intended to remedy these problems.<sup>73</sup> The provision of services is expensive and often difficult given the widely varying and multiple challenges confronting homeless families.

Additionally, designing services can be difficult since not all families have the same needs: a middle class mother fleeing domestic violence might need short-term shelter and longer-term counseling, whereas chronically poor and persistently homeless families may need housing with more supports,<sup>74</sup> everything from basic services such as food and clothing to sophisticated interventions designed to buffer families from trauma, victimization, and loss.

The best services for homeless families come in the form of well-matched,<sup>61</sup> comprehensive, adaptive, and responsive service plans<sup>75</sup> that provide opportunities for dialogue<sup>69</sup> to allow family members to identify and make plans to achieve their own goals. This section will explore the five main categories of services typically offered to homeless families: case management; addiction and mental health support; enhancement of social connections and empowerment; parenting support and family reunification; and physical health care.

### **Case Management**

Case management is one of the most popular strategies for helping families escape homelessness, particularly when paired with transitional housing.<sup>76</sup> Operating on the assumption that services for families exist in the community but are inaccessible,<sup>73</sup> case management introduces a “benefits and entitlements specialist, expert at negotiating service bureaucracies”<sup>77(p366)</sup> who can link mothers and children with TANF funding, food stamps and WIC, Section 8 housing vouchers, child care subsidies, and other programs. In most cases, case workers make a plan for each family, help with program referrals and contacts, and monitor the family’s progress, often making home visits, and also providing training in basic household skills like budgeting and problem-solving.<sup>73</sup> Some case managers help families connect with religious institutions and recreational activities.<sup>78</sup> Others accompany families while they visit agencies, make court appearances, take their children to medical appointments, and even go to routine places like the grocery store.<sup>59</sup> While all these services have the potential to be helpful to struggling families, the most empowering approach engages families in dialogue about their needs rather than imposing an external assessment and service plan.

Research is inconclusive on the relationship between case management and exiting homelessness. “No clear pattern has yet emerged” between family needs, the intensity of case management, and outcomes.<sup>73(p80)</sup> Shinn and Weitzman found almost two decades ago that “once families had subsidized housing and income support from welfare, case management services made only a small additional

difference.”<sup>41(p.115)</sup> More recently, Dauber, Neighbors, Dasaro, Riordan, and Morgenstern find that intensive case management with homeless families has little impact on child welfare outcomes.<sup>79</sup> Another recent study in Boston showed that 81 percent of families participating in a rapid re-housing program without case management remained successfully housed after two years.<sup>80</sup> Knowing that many families are able to exit homelessness without case management, providers should assume that homeless people are whole, cognizant individuals and identify structures that allow them to take part in decisions about their care.

### **Mental Illness, Substance Abuse, and Counseling**

Alcohol, drug, and mental health (ADM) problems, as well as sub-clinical mental health issues, are well-documented in homeless families, though not always at rates higher than in other low-income families.<sup>81</sup> Additionally, there is reason to believe that ADM issues may be symptoms, rather than causes, of homelessness.<sup>69,70</sup> Regardless of whether these conditions cause or result from homelessness, researchers and advocates generally call for ADM treatment to be widely available to homeless families in shelters and off-site.<sup>82</sup> Rog and colleagues found that 67 percent of homeless families in their study received mental health or substance abuse services.<sup>73(p509)</sup> Indeed, many programs require participation in ADM programs. At the same time, many homeless mothers who are preoccupied with basic survival find required participation in treatment so stressful or threatening that they decline to participate,<sup>83</sup> even if it means sacrificing shelter. At present, there is little empirical evidence to support a best practice for intervention with substance-abusing homeless mothers, but one pilot study finds that providing rental and utility assistance first, without requiring sobriety, then adding an ADM treatment component three months later, shows promising results for mothers and their children.<sup>84</sup>

As with case management, there is disagreement within the research community about the efficacy of providing or requiring ADM treatment for homeless persons. McChesney points out that “delivering mental health services will not decrease the total number of homeless families,”<sup>85(p197)</sup> and the Urban Institute reports that helping families deal with emotional problems is much easier once families are permanently housed.<sup>86</sup> Counseling is nonetheless a popular service delivered to this population. Individual members of a family may be offered counseling alone, and the family unit may be given access to group counseling to improve communication and cohesion.<sup>83,87</sup> Some argue for the teaching of coping strategies like social problem-solving, relaxation training, and

behavioral self-control to help children and adults handle the stresses of being homeless.<sup>87,88</sup>

In particular, trauma caused by violent victimization is common in homeless families.<sup>89</sup> Women escaping intimate partner violence (IPV) are not the only victims. In their study, Tyler and Melander found high rates of IPV experienced by both men and women, prompting them to recommend extreme sensitivity on the part of service providers to the potential mental health outcomes of violence, such as Post-Traumatic Stress Disorder.<sup>90</sup> Victims of IPV who are homeless are also at high risk of revictimization, so Tyler and Melander also advocate training for shelter personnel and changes in laws to allow greater protections, as well as additional research into ways to break the cycle of violence.<sup>90</sup> D'Ercole and Struening point to the high likelihood of homeless women having experienced physical or sexual abuse at some point in their past as a reason for caregivers to be particularly sensitive to the effects of trauma these women might be experiencing, advocating a low-demand drop-in center approach – one where women can first “drop in” and participate in whatever programs they want, without signing up for long-term programs or being held to participation requirements – for establishing trust.<sup>91</sup> Bassuk and colleagues call for health care providers to incorporate screenings for indicators of abuse and assault into routine exams with homeless women, both alone and with children, and to forge connections with mental health treatment providers to allow for coordination of referrals and services.<sup>57</sup>

### **Social Connections and Empowerment**

People experiencing homelessness need to engage in meaningful activity to combat isolation and forge social connectedness.<sup>92</sup> Formal and informal social connections are believed to be crucial for homeless families in particular.<sup>93-95</sup> Without this *social capital*, defined as trust and reciprocity within networks of relationships between individuals, their families, and their communities<sup>94,96</sup> “it is extremely difficult for families to exit homelessness, and almost impossible for them to remain housed.”<sup>97(p18-19)</sup> Many advocate for group therapy as an efficient way to give homeless youngsters and their parents increased social support.<sup>87,98</sup> Some counselors and case managers are adept at helping mothers find supports within their existing social networks. This is particularly critical for the mother of an infant, because having a safe place where her child can live for even a few days can protect her from having that child placed in foster care. Services need to help families “repair relationships and maintain productive roles in the community.”<sup>99(p484)</sup> However, social capital takes

many forms, and research is inconclusive on which type is most useful for homeless persons. Irwin, LaGory, Ritchie, and Fitzpatrick found that homeless men with strong trust, religious network ties, and social support had fewer depressive symptoms, but concluded that social capital is important but “not robust enough to mediate their stressful life circumstances.”<sup>100(p1940)</sup>

Empowering homeless families is crucial. As mentioned previously, many programs “actually do more harm than good” because they are “based on a deficit model of human services.”<sup>101(p198-199)</sup> In contrast, though few in number, family-centered programs “recognize inherent strengths within all families and value the priorities that each family establishes.”<sup>102(p21)</sup> These programs operate from the assumptions that the caregivers in the family are competent, family preservation is essential, families are capable of making decisions about their own treatment, and “families have rights and beliefs that need to be recognized and respected.”<sup>101(p21)</sup> D’Ercole and Struening cite Margot Breton’s “sistering” program, which emphasizes self-help to combat learned helplessness and encourages homeless women to establish “a sense of dignity and worth.”<sup>91(p150)</sup>

Fraenkel, Hameline, and Shannon detail a study using group narrative therapy to promote both family empowerment and social connections with other families.<sup>58</sup> This technique involves having families tell how they came to be homeless and envision preferred futures. This therapy seems “uniquely suited to address the impact of stigmatizing language and images of ‘the homeless,’ and to help families recover and enlarge other ways of viewing themselves.”<sup>58(p329)</sup> It encourages positive expectancy – a sense of hope about the future<sup>103</sup> – and focuses on externalization, encouraging families to identify themselves as separate from the circumstance of being homeless. This approach asks professionals to act more as facilitators than directors of treatment, increasing the empowerment of family members as they take a central role in their own treatment. The experience of “being witnessed bearing testimony”<sup>58(p330)</sup> has well-documented therapeutic benefits for trauma survivors, and speaking to other homeless families allows for a sense that one is not alone, as well as for cohesiveness and bonding.

### **Parenting Support and Family Reunification**

Homeless families are at increased risk for child abuse and neglect charges<sup>59,104</sup> so the provision of services specifically targeting the needs of parents is crucial to this population.<sup>105</sup> Although many shelters and transitional facilities are committed to providing services in the area of

parenting skills to mothers, they differ in approach. Some require participation in formal parenting classes, while others consider this too much stress for a woman in crisis and focus instead on strengthening self-esteem until the woman is ready to volunteer to participate.<sup>77</sup> Daniels and colleagues call for interventions “intentionally designed to affirm and enhance homeless mothers’ parenting skills as a fundamental empowerment strategy” leading to improved parenting.<sup>87(p169)</sup> The amount and quality of social support mothers receive is an important predicting factor in their children’s self-perceptions, concluding that, “maternal social support may serve as a protective factor that facilitates resiliency in homeless children.”<sup>95(p13)</sup> One way in which supporting homeless mothers may help homeless children is by improving their ability to foster their children’s executive function development, which has been shown to have protective factors for homeless students.<sup>106</sup>

Supporting mothers may help reduce instances of child abuse and neglect. One national program using home visits for new mothers was successful in preventing child maltreatment and some researchers would like to see such visits made to parents with newborns and infants in shelters.<sup>89</sup> Nunez profiles one example of a crisis nursery, which aims to prevent child abuse and neglect by giving parents “a respite from their children in times of extreme stress and upheaval.”<sup>59(p139)</sup> Prospect Family Support Center in the South Bronx operates 24 hours a day, seven days a week, and allows homeless parents and those at high risk for becoming homeless to leave their young children up to 72 hours per stay, for up to 30 days per year, and does not require legal separation.<sup>107</sup> After families pick up their children, they are visited by an aftercare worker who helps establish connections to community supports. There is also a 24-hour hotline to provide support to parents.<sup>59,107</sup>

### **Physical Health Care**

Research from Philadelphia suggests that the first six months of homelessness are the most dangerous, and calls for preventive services, early detection and care of illness, and treatment for existing medical conditions to improve health outcomes for homeless adults and children.<sup>105</sup> The American Academy of Pediatrics calls for pediatricians to be aware of the special mental and physical health problems faced by homeless children, and to use “appropriate screening to identify family, environmental, and social circumstances, as well as biological factors” in pediatric assessments.<sup>1(p1097)</sup> Particularly for families, such services as pre- and post-natal care,<sup>24,105</sup> childhood immunizations, health education for parents,<sup>59</sup> regular physicals, and lead poisoning screenings<sup>62</sup> are

especially important. In addition to treating acute illness, researchers have long acknowledged the need for appropriate recreational activities and facilities to support children's healthy physical development.<sup>108</sup>

Two thirds of children eligible for Medicaid are not enrolled.<sup>6</sup> Many advocates call for outreach designed to increase participation, including expansion of presumptive eligibility. Presumptive eligibility means that in certain low-income areas, programs are able to enroll a child to start receiving coverage immediately based on the family's reported income, and have a month to verify that income. Fourteen states have presumptive eligibility for Medicaid and nine for their State Children's Health Insurance Programs.<sup>6</sup> Likewise, expansion of the Medicaid reciprocity model, which allows recipients in one state to receive Medicaid in another state without re-establishing eligibility, would make health benefits more accessible to homeless families.<sup>1</sup> Enrolling families in Medicaid is more cost-effective to society than paying for expensive visits to the emergency room.<sup>6</sup>

Food insecurity, also shared by many housed families living in poverty, is believed to be especially problematic for homeless children. Although "SNAP has been called 'the single most effective program in lifting children out of extreme poverty,'"<sup>6 (p.17)</sup> it and other programs, such as WIC and the Summer Food Service Program, fail to reach enough homeless families and children. Additional outreach and enrollment efforts are needed,<sup>6</sup> as well as modifications to existing food packages that "meet the needs of families with no access to refrigeration or storage."<sup>62(p24)</sup> Some cities require higher nutritional standards for meals provided to homeless families than to individuals<sup>59</sup> under the assumption that childhood nutrition lays a foundation for academic and socio-emotional success, as well as physical health in adulthood. Additionally, researchers have long offered evidence that the availability of food subsidies may actually prevent homelessness by allowing "precariously housed persons to put most of their income into housing."<sup>109(p151)</sup>

## **Schooling**

As shown earlier, homeless children also have educational needs. Research has identified six main ways in which schools can best support and promote the learning of homeless students: (1) developing awareness about homelessness and homeless children; (2) attending to basic needs; (3) creating an effective instructional program; (4) developing a stable and supportive environment; (5) providing additional supports; (6) collaborating with other agencies; and (7) empowering parents.

### **Developing Awareness**

Analysts and advocates in this arena maintain that the first educational move for adults is enhanced awareness of the condition of homelessness and the problems displacement cause for children.<sup>39,110</sup> Tower and White assert that “the most important thing teachers can do for their homeless students is to become educated on the subject of homelessness.”<sup>111(p34)</sup> Thus, training needs to center on sensitizing educators to the needs of these children. It is important that educators become informed about the legal protections provided to children under the McKinney-Vento Act.<sup>63</sup> Likewise, educators must become informed about the resources and services that can help homeless students.<sup>112,113</sup> Relatedly, they need to become knowledgeable about ways in which they can advocate for their homeless students in the larger community.<sup>114</sup> Teachers have a special obligation to help their housed students understand what homelessness means for their displaced peers.<sup>115</sup>

### **Attending to Basic Needs**

Many homeless children lack access to sufficient food, basic school supplies, clean clothes, and routine items for personal hygiene.<sup>40,98</sup> Simply put, schools can create a platform for success by working proactively to address missing basic needs – food, clothing, school supplies, hygiene items, and health services.<sup>40</sup>

### **Creating an Effective Instructional Program**

Research suggests that early intervention with homeless children is crucial. Achievement gaps between homeless and stably-housed children appear early and widen as children age.<sup>42</sup> Once identified, homeless children may be advantaged by two instructional approaches. First, individualized instructional programs appear to be helpful for these highly vulnerable students.<sup>30,116</sup> Second, cooperative learning platforms allow homeless students to master important academic content while developing much needed social-relational skills as they interact with peers.<sup>117</sup> There is also evidence that breaking assignments into discrete pieces of work is a good instructional strategy.<sup>111,118</sup> Such an approach recognizes the likely transience of homeless youngsters and helps ensure completion before departure. Scholars suggest that lessons open and close on the same day<sup>119</sup> and that individualized contracts be established for short durations and be renewed frequently.<sup>59</sup> Researchers and advocates alike routinely argue for a strengths-based approach to instructional planning, as opposed to an over-reliance on a problem-oriented perspective.<sup>26,120,121</sup> Almost all analysts conclude that homeless



children are in need of practical life skills and need extra help to deepen often-underdeveloped interpersonal skills.<sup>122</sup>

Scholars agree that, by and large, homeless youngsters do not need a different or separate curriculum. What they need is access to the same high-quality curriculum available to their peers. At the same time, because homeless students are almost always at a disadvantage in doing required schoolwork<sup>123</sup> what does seem to help is a willingness of schools to “restructure their schedules, social organization, and functions in order to best meet the need of children who have no idea of place.”<sup>124(p15)</sup> One important action is to accelerate students along with their peers while concomitantly addressing remedial needs; homeless students should not be put into closed remediation loops in which they never catch up with peers. Schools that work well for homeless children accelerate and address deficiencies simultaneously.

Homeless students also benefit from more flexible ways to traverse through the curriculum.<sup>39,125</sup> Partial credit programs and credit recovery programs seem to be especially helpful. Credit recovery allows students to fill in gaps in coursework, while partial credit allows them to gain credit for part of a course. Policies that provide flexibility for homeless youngsters to complete schoolwork and school projects at school are also helpful for ensuring the academic success of homeless children. Finally, reformers advocate for curriculum designs that provide homeless students with alternative pathways to success and/or recovery from leaving school prematurely. One set of designs here is referred to as “alternative programs” and a second is known as “dropout recovery.”<sup>39</sup>

### **Developing a Supportive Environment**

As is the case for other groups of students at risk, academic success is also dependent upon the ability of school staff to create a caring and stable culture where homeless children and their families feel safe and valued. The aim is to make the school an oasis of stability and caring in what can oftentimes seem like a random, chaotic, and inhumane world.<sup>116</sup> On the student front, the primary goal is to offset stress and feelings of inadequacy by nurturing a sense of acceptance and belonging.<sup>52</sup> Efforts need to be made to ensure that homeless youngsters become members of the school community, thus replacing social isolation with social connections and support.<sup>5</sup> On the school front, the goal is to create a climate in which homeless students and their families feel welcomed and understood.<sup>39,53</sup>

In a paradoxical way, the goal of the school is to become more institutional and less institutional at once. Institutions by definition are

places that assume control over many dimensions of their clients' lives. For schools to work well for homeless children, it is clear that they will need to extend their reach to address the full array of needs displaced children carry with them to the schoolhouse—safety, health, education, nutrition, and so forth. At the same time, for homeless students to flourish schools need to develop environments that are less institutional and less bureaucratic. They must find ways to jettison the core elements of institutions (eg, impersonality, division, and specialization of work) and replace them with the defining elements of community (eg, empowerment, high personalization). Or as Quint argues, the school must “attempt to act more like a family than an institution”<sup>124(p90)</sup> if educational success for homeless children is to become the norm. These practices would also benefit non-homeless students, but can be thought of as strategies that stand to benefit homeless students more.<sup>126</sup>

### **Providing Additional Supports**

Scholars maintain that supplemental services are important to keeping youngsters in school.<sup>54</sup> These programs can enhance the social skills needed to survive in and out of school, build self-esteem, and lengthen academic learning time and deepen achievement.<sup>127</sup> The goal in crafting a system of additional supports is to embed students in a safe environment and a dense web of interpersonal relationships and to provide additional academic scaffolding. Together these supports help offset the cognitive and social-emotional problems accompanying homelessness—they help to keep these children in school and to ensure maximum academic and social development.

### **Collaborating with Other Agencies and Organizations**

Perhaps no element in the portfolio of strategies to assist homeless children and their families is highlighted more frequently in the literature than the importance of establishing collaboratives among those in a position to help these young people.<sup>28</sup> It is consistently reported that helping homeless children is a community issue, not just a school issue,<sup>128</sup> that an integrated collaborative approach to education is essential when dealing with homeless students<sup>113</sup> and that schools and agencies serving homeless children must collaborate to coordinate efforts.<sup>40</sup>

Analysts affirm that the staggering complexity of the problems associated with homelessness precludes any single agency from resolving matters.<sup>128-130</sup> According to these reviewers, no single agency possesses the comprehensive authority. Neither does any single agency have all the appropriate information and resources to meet the multiple needs of

homeless students.<sup>131</sup> The proposed solution is greater collaboration among agencies that work with homeless children and their families. An integrated system or a network of service providers should replace the current fragmented system of assistance.<sup>132</sup> Multilevel collaboration and interagency collaboration, or “a tapestry of programs,” would better serve homeless families and children.<sup>130(p92)</sup> Analysts and advocates suggest that schools are critical to the success of interagency collaboration,<sup>128</sup> and others even hold that schools should serve as the hub of social service delivery for homeless students.<sup>129</sup>

### **Empowering Parents**

Once teachers, like other providers, are aware of the legal protections afforded homeless students by the McKinney-Vento Act, it is imperative that they share this information with parents. For example, many parents are unaware that they are given a voice in school placements. In cases where families and schools disagree about whether the school of origin or the school where a student is currently residing is the best choice, the school the family prefers must enroll the student while the dispute is resolved and if the two schools are in different districts, the two districts must determine between them how transportation will be provided for the student.<sup>133</sup>

Beyond informing them of legal rights, schools should reach out to the parents of homeless children.<sup>44,98,124</sup> Many parents feel shame at losing their housing, correctly surmising that they will be judged as bad parents.<sup>98</sup> Teachers can help start to build homeless parents’ confidence by treating them with respect and involving them in decisions about their children’s education. Researchers have found that parents of homeless children are very supportive of and concerned about their children’s education.<sup>134</sup> For several reasons, supporting homeless parents is tantamount to supporting their children, and schools need to focus on making sure parents are included in the education of their children in meaningful ways.<sup>53,113</sup> Homeless children in one Minneapolis study whose parents were involved in their education had better grades and test scores as well as fewer teacher reports of behavioral problems in the classroom.<sup>134</sup> Mirroring the literature on students of low socioeconomic status generally,<sup>126</sup> scholarship on homeless children notes the significance of parents’ role in school success.

Researchers recommend that schools involve parents by establishing and maintaining good communication, and support them by being knowledgeable about and able to connect parents with medical and social service resources in the community.<sup>135-137</sup> Masten and colleagues

remind us that teachers and school personnel need to be prepared to build rapport with parents who have no telephones or transportation and “who may be preoccupied with survival needs of their families.”<sup>138(p43)</sup> Some advise teachers to become advocates in the community for their homeless students’ families and to help parents advocate for themselves.<sup>44,114</sup> Education for parents is believed to be particularly crucial.<sup>43,98</sup>

### **Conclusion**

Although homelessness puts families and children at risk for physical, emotional, social, and educational harm, researchers and advocates have collected information on the ways in which policies and programs can ameliorate the problems. Housing that is available without prerequisite leads to stabilization. Services aimed at reducing physical health risks, as well as mental health treatment, lessen the chances that homeless parents and children will find themselves in precarious positions, provided they operate from a strengths perspective and involve parents in designing care plans.

Schools have an immensely important role to play in helping homeless children find stability and academic success. Training teachers to understand the needs of this vulnerable population, making sure students can have their basic physical needs met at school, and tailoring instructional methods to be flexible allow for simultaneous remediation and acceleration are all believed to help support these students. Additionally, a supportive emotional environment at school that offsets children’s feelings of isolation by providing social supports, combined with collaboration with outside agencies to provide additional supports, can equip homeless children with the tools they need. Finally, school personnel can lead the way by reaching out to parents and treating them as important partners in their children’s success in school and beyond.

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