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# **Fostering a Developmental Perspective in Understanding Youth Homelessness**

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## **Abstract**

Of the approximately 565,000 people experiencing homelessness at a given point in time in the United States, over 200,000 are persons in families, representing about 35% of the entire homeless population. This prevalence estimate provides a strong basis for concern about the potential effects of homelessness experienced by the children in those families. Homelessness is a challenging and traumatic experience for anyone. For children experiencing homelessness, the damage can be even more pervasive given their position in the process of development. The experience of homelessness offers a package of substantially negative effects that should be viewed in light of the differential developmental process. This paper explores the research on the negative life outcomes experienced by homeless children including disparities in health and in educational outcomes. It concludes by discussing implications for policy and practice.

*Keywords:* homelessness, youth, developmental perspective

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Of the approximately 565,000 people experiencing homelessness at a given point in time in the United States, over 200,000 are persons in families, representing about 35% of the entire homeless population (NAEH, 2015). While the enumeration of homelessness has been fraught with difficulty for decades (Burt, 1992), this prevalence estimate provides a strong basis for concern about the potential effects of homelessness experienced by the children in those families (NAEH, 2011; U.S. Department of Health and Human Services, 2007; National Center on Family Homelessness, 2010). Despite the considerable resilience commonly demonstrated by children, the experience of homelessness offers a package of substantially negative effects that should be viewed in light of the differential developmental process (Bassuk, 2010). This paper explores the research on the negative life outcomes experienced by homeless children including disparities in health and in educational outcomes. It concludes by discussing implications for policy and practice.

## **Health Disparities**

Children who experience homelessness are more likely to have negative health outcomes than their securely-housed counterparts (Hart-Shegos, 1999; Weinreb, Goldberg, Bassuk, & Perloff,

1998). Acute health conditions including chronic ear infections, bronchitis, and diarrhea disproportionately affect children experiencing homelessness (Weinreb et al., 1998). Chronic health concerns such as asthma, high lead levels, and major mental health disorders also affect homeless children at a greater rate (Hart-Shegos, 1999). Health disparities tend to be facilitated through three particular pathways: exposure, a lack of access, and stress.

### **Exposure**

Most families who enter a homeless shelter have moved multiple times prior to entry, and the quality of the housing in which they resided prior to entry into the shelter system is likely to be of quite poor quality (Kerker et al., 2011). These stressful housing arrangements may have included units of housing that were temporary and overcrowded, campgrounds, or places not meant for human habitation such as cars or outside (Torrico, 2009). In the context of these substandard housing arrangements, homeless children are often exposed to environmental toxins and disease. Homeless children are exposed to deadly infectious diseases (i.e. tuberculosis) at a higher rate than housed children (Cutts et al., 2011; Hart-Shegos, 1999). Homeless children are regularly exposed to other environmental hazards including infestations of insects, lead paint, mold, or other harmful toxins (Hart-Shegos, 1999). For example, lead exposure is correlated with severe outcomes for children including the potential for a “negative relationship to later IQ test scores” (Dilworth-Bart & Moore, 2006, p. 248).

### **Lack of Access**

While experiencing a greater need for health services, homeless children often experience a lack of access to necessary care (Hart-Shegos, 1999). Whether through lack of financial resources, health insurance, or regularity of care, homeless children often lack the familial stability required to make and keep medical appointments (Bassuk, 2010). This lack of access to appropriate and timely medical care becomes a serious impediment to health (Hart-Shegos, 1999; Miller & Lin, 1988). Anemia and stunted growth are among the food-related health concerns among homeless children (Hart-Shegos, 1999). According to Aratani (2009), about 45% of homeless children are victims of “inappropriate food consumption” (p. 6) and obesity is prevalent. Although eligible, nearly one-third of homeless families do not receive WIC or food stamps, representing a deep lack of horizontal adequacy in a program that could otherwise be quite useful (Bassuk, 2010). In other words, while the program is effective for those who are enrolled, many eligible households do not glean the programs benefits because they are not enrolled.

### **Stress**

Homeless children often make many housing moves prior to and including potentially multiple entries into the shelter system. The transitory nature of the homeless experience contributes to the levels of toxic stress that influence poor mental health outcomes for children (Bassuk, 2010; Hart-Shegos, 1999; Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). In addition to more normative childhood worries, homeless children are faced with the anxieties of adult issues such as safety, food acquisition, and housing instability. The implications of these experiences for school-aged children include concern about the perceptions of their peers and risks associated with bullying. About one-third of homeless children have a mental health disorder that impacts daily functioning (Hart-Shegos, 1999).

The homeless experience itself is traumatic. Homeless children are regularly exposed to toxic levels of stress, including the exposure to violence before and during episodes of homelessness (Aratani, 2009). Runaway and throwaway youth are especially at risk for witnessing and enduring acts of violence, with more than one-third of unaccompanied youth meeting the criteria for post-traumatic stress disorder (Aratani, 2009). Although not as evident, characteristics of post-traumatic stress disorder are also observed in young children (Bassuk, 2010). Incidence of both child protective service involvement and separation from their families become a reality for children experiencing homelessness (Bassuk, 2010). While it remains somewhat unclear how high rates of childhood stress and trauma may affect health outcomes in adulthood (Bassuk, 2010), research has demonstrated that adverse experiences in childhood provide for detriments in health at middle-age and the later stages of life (Reuben et al., 2016).

## **Educational Disparities**

### **Developmental Delays**

Numerous conditions and factors create a challenging cycle for homeless children in regard to educational outcomes and school performance. In part due to the health issues and disparities discussed above, homeless children have more developmental delays and behavioral health issues that impede their ability to learn (Hart-Shegos, 1999). A trajectory toward developmental delay often begins before birth for children in the cycle of homelessness and may continue to deteriorate throughout the school process depending on the specific series of events. Women who are homeless have less access to prenatal medical care, more exposure to stress and violence, and an increased pressure to focus on survival needs. These stressors leave children at a disadvantage from the prenatal stage forward (Hart-Shegos, 1999; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995). Specifically, Hart-Shegos (1999) explains that homeless children experience learning disabilities twice as often as children who are stably housed.

### **Unstable Housing**

The homeless experience does not provide the consistency and stability required to foster academic progress. As a result, homeless children have little stability in regard to academic development. Children who are homeless are faced with the prospects of attending multiple schools in a single academic year and many schools over the course of their academic career. According to Hart-Shegos (1999) more than 40% of homeless children attend two schools in a single year, while almost 30% of homeless children attend three or more. Homeless children often miss school days for a number of homelessness-related reasons. According to one study, Zima and colleagues (1994) found that 16% of homeless children had missed over three weeks of school during the three-month period immediately prior. As a result of the inconsistency in the academic process, homeless children are likely to perform poorly in school as demonstrated by poor performance on achievement tests (Hart-Shegos, 1999). Poor performance also may appear as a cascade of events, impacting emotional and social issues for homeless children and resulting in further poor academic outcomes such as poor test performance, grade retention, and, for older youth, dropping out (Aratani, 2009; Hart-Shegos, 1999).

From a developmental cascade perspective we see a contributory pattern in the educational experience of homeless children. Homeless children are faced with developmental delays that impact their mental and physical health; both these developmental delays and mental and physical illness impede a child's ability to learn. Attendance in school is impacted by circumstances surrounding a precarious housing status and the accompanying life stressors. Struggle in the learning process further impedes the child's future ability to learn, and so on. Despite greater academic need, access to special services is often unavailable (Hart-Shegos, 1999).

## **Fostering Developmental Understanding**

### **Cascading Effects**

Applying a fundamental understanding of childhood development is useful in understanding the ways in which the homeless experience negatively affects children (Lerner, Jacobs, & Wertlieb, 2005). As such, examining the effects of childhood homelessness as a pattern of cascading effects may be useful, as it speaks to the interrelatedness and complicated nature of the phenomenon. As part of the developmental process, experiences and the consequences of such experiences have the potential to accumulate and permeate various personal and interpersonal systems (Masten & Cicchetti, 2010).

When homelessness is part of the childhood experience, aspects of that experience provide effects that cascade into various domains. As each element of the situation affects the next and is impacted by the previous, a cycle is created that worsens the effects of the experience over time. This is particularly important in terms of framing the homelessness experience as a fluid process that includes the contexts of living arrangements before and after episodes of homelessness.

### **Timing of Events**

While some children seem to flourish despite these challenges (Bassuk, 2010), it is critical to also note that the neurodevelopment of children within the homeless system is at stake. The plasticity of brain development provides a useful framework in exploring how these negative experiences may alter brain chemistry because the timing of negative experiences in relation to the specific level of brain development is likely a key element for predicting potential impact (Nelson, 2005).

Both biology and experience play critical roles concerning resilience and negative early-life experiences, the possibility remains that positive experiences may offer a change in trajectory (Pollak, 2005). One study conducted by Rafferty, Shinn, and Weitzman (2004) showed that the length of time that occurs after the homeless episode is ended is valuable in assisting children to overcome academic deficiencies that may have occurred. This study showed that while the experience of homelessness affected the academic progress of children in the short term, those negative effects were diminished after five years (Rafferty, Shinn, & Weitzman, 2004). According to Buckner, Bassuk, Weinreb, and Brooks (1999), the literature suggests a relationship between the length of homelessness, specifically among school-aged children, and their ability to adapt to the experience.

One study revealed that problem behaviors exhibited by homeless children over time seemed to increase to a peak and then subsequently decrease. This suggests that perhaps children adapt to shelter life and that a longer shelter stay may provide the stability they need (Buckner et al., 1999). Living in a shelter environment may offer more protections to children who would otherwise be residing in extremely unstable and unsafe housing conditions (Rog, Holupka, & Patton, 2007). Conversely, this also suggests that shorter stays could prove more traumatic. These behavioral response patterns are especially critical as we examine the patterns of homeless families with children, as some families with children use the shelter system in an episodic manner and others more chronically (Culhane, Metraux, Min Park, Schretzman, & Valente, 2007). Both the incidence and duration of homelessness episodes have implications for child development and the creation of effective features of housing programs. In light of recent pressure to implement strategies of rapid re-housing (NAEH, 2016), consideration must be given to the stability of subsequent housing arrangements in order to avoid consistent patterns of housing instability.

### **Protective Factors**

Careful attention must be made to the extent of which homelessness affects the development of healthy support systems and protective life arrangements (Burt, Laudan, Lee, & Valente, 2001). The fostering of protective factors, self-esteem, healthy relationships, and a sense of self-efficacy are likely keys to the development of current and future resilience. Policy and programs need to be developed in a way that accommodates a nuanced understanding about the unique experiences of homeless children and also bolsters any protective factors that may be available to them.

## **Implications for Policy**

### **Housing First for Families**

Programs and policies must not ignore the structural issues that perpetuate and exacerbate the housing conundrum. From a harm reduction standpoint, strategies to limit or prevent episodes of child homelessness are preferred. New strategies to immediately re-house families experiencing homelessness into permanent housing arrangements with optional supportive services are being reinforced through federal policy with the HEARTH Act of 2009 (Legander, 2006; NAEH, 2016; Tsemberis, Gulcur, & Nakae, 2004; U.S. Department of Housing and Urban Development, 2009). Through the 1980s and 1990s many policy and program efforts focused on creating a more “service enriched and physically accommodating” (Culhane et.al, 2007, p. 4) shelter system; however this may have, in conjunction with other structural forces, indirectly lengthened the stay in the homeless system (Culhane et.al, 2007; Culhane, Min Park, & Metraux, 2011). This may have been particularly for lower-barrier families with children. In part due to the shift toward a Housing First approach and through advocacy from the NAEH, many communities have developed 10 Year Plans to End Homelessness (NAEH, 2011). Consideration must be given to how Rapid Re-housing programs will provide for long-term housing stability in the absence of housing subsidies, which are often unavailable.

## **Universal Prevention Strategies**

Shinn, Baumohl, and Hopper (2001) called for increased access to affordable housing as a “universal” (p. 120) method of preventing homelessness. The kinds of “universal” policies that help all individuals, such as paying attention to the collective ability of wages to keep pace with housing costs, can potentially provide the preventative buffer needed to reduce this problem (Shinn, Baumohl, & Hopper, 2001). A lack of affordable housing, combined with a lack of a living wage, creates a suboptimal structural environment. Programs that aim to assist those experiencing homelessness cannot be successful if attention is not given to these overriding conditions in the economic and political environments. While some individuals may have more barriers to housing and potential risk factors associated with homelessness, a focus merely on these deficiencies as the causal mechanism for homelessness negates the larger issue of a structural environment that keeps stable and affordable housing out of reach.

Policy agendas that may help families avoid episodes of homelessness must focus on creating and making available affordable housing. Locating and securing affordable housing is a large feat for many families, and many poor families pay over 50% of their income on housing (National Coalition for the Homeless [NCH], 2007). It is essential that federal housing policy respond to this need by creating an environment favorable to the creation and accessibility of affordable housing through tax credits, the provision of housing subsidies, and the availability of low-rent units.

Housing affordability is further constrained by the lack of a living wage. According to the National Coalition for the Homeless (NCH) working does not necessarily provide an exit to poverty and the minimum wage provides an income that is insufficient to pay for a two bedroom apartment in any state (NCH, 2007). The value of wages has been in serious decline, and the minimum wage in 2004 was worth 26% less than in 1979 (NCH, 2007, p. 2). The provision of appropriate work supports, such as childcare, transportation, and other services, may be an effective way to support the wage-earner and increase the power of their housing dollar. In order to support the multiple needs of families with children, especially those who are precariously housed, an increase to the minimum wage and a focus on creating more sustainable income redistribution policies must be considered.

## **Implications for Program Development**

When developing programs to assist families in preventing their homelessness and ending it quickly, attention should be placed on helping children, specifically in light of the research that identifies their specific areas of vulnerability. Bornstein’s (2005) construct of “positive parenting” (p. 155) implies that parents must be able to provide helpful and hopeful situations to their children to enhance their development. Because shelter life presents obvious obstacles to parents’ ability to provide this, understanding the importance of fostering potential resilience creates a unique opportunity for shelters to support parents. Positive parenting, in light of the adverse experiences of homelessness, creates mindfulness around specific areas of child development including the physical, emotional, social, cognitive, and spiritual domains. Providing education for practitioners on how to support parents in these techniques, and not to undermine parents’ efforts through paternalistic policies and procedures, is critical. A paternalistic approach, positioning parents as subordinates by furthering their inferior position,

may even serve to lengthen their stay in the homeless system, again with multiple implications for children (Culhane et al., 2007). Additionally, as Bassuk (2010) suggests the positive relationship to other caregivers may assist in this process; and, appropriate and careful actions of caseworkers and service providers could potentially fill this role.

In light of the research that provides us with an understanding of the health disparities experienced by homeless children, policy and program efforts must be in place to assist in closing this gap. Ending homelessness quickly may assist in limiting the exposure to both infectious disease and environmental hazards. While programs must first focus on quickly securing permanent housing solutions for families, follow up may include health assessments and intervention when necessary. Screenings, even while still in the homeless system, could include testing for lead levels and the provision of missing immunizations (Burt et al., 2001).

Additionally, ending the homelessness experience as quickly as possible may serve to stabilize the educational experience as well. Both the chaos of the homelessness experience and the constant relocation are impediments to the educational process. Permanent housing with supportive services may provide a more organized home environment, conducive to improved educational outcomes for children. Tutoring, both in the classroom and through home-based services, may be helpful in bringing children more in line with the level of their stably-housed peers. Again, as in past efforts, appropriately identifying children in need (Julianelle & Foscarinis, 2003) and inter-agency collaboration are key.

### Conclusion

The effects of homelessness on children are pervasive and particularly troublesome. This paper discussed some of the most poignant issues affecting homeless children such as the critical disparities in the areas of health and educational outcomes. If programs and policies are to be effective in assisting homeless children, they must work collaboratively with stakeholders, such as community agencies, school officials, and parents, to focus on preventing and/or quickly ending the homeless experience. Further, they must work to identify, assess, and provide targeted services in light of the research identifying the specific developmental needs and opportunities experienced by homeless children. Affordable housing, rental subsidies, living wages, and developmentally-informed housing services are essential components to creating communities with a focus on providing permanent housing first to all children and overcoming the effects of homelessness.

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In research, Ms. Frank has a number of projects in the works including a pair of studies about student perceptions of poverty and students' perception of social and economic distance between groups. She is currently a PhD student at the Bryn Mawr College Graduate School of Social Work and Social Research and her dissertation is a qualitative study called System Building in Homeless Services. Her anticipated graduation date is May 2017. Currently, Jen Frank is active on campus and in the local community.