

Addressing the Developmental Needs of Homeless Children

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DEVELOPMENTAL NEEDS OF HOMELESS CHILDREN

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Addressing the Developmental Needs of Homeless Children

Introduction

Homeless children make up a large subset of the population of the United States. Nearly 1 million families experienced homelessness in 2010 (U.S. Department of Housing and Urban Development [HUD], 2010); approximately 1.55 million children were homeless that year. The number of families entering shelters increased by 39% between 2007 and 2010 (HUD, 2012). According to the National Center on Family Homelessness [NCFH] (2009), about half of the population of homeless children is under age six. Due to the instability of their living situations, and relationships with their caregivers, homeless children need to have their mental health evaluated and attended to on a regular basis. Zlotnick, Tam, and Zerger (2012) showed that homeless children have disproportionately high rates of unmet health needs including acute health problems, trauma-related injuries and chronic diseases as a result of living in unstable and often unsafe environments.

Experiencing homelessness causes many children in the United States to grow up with developmental delays, resulting in poor academic performance and culminating in high numbers of mental health disorders. Twenty percent of homeless preschoolers have emotional problems requiring treatment and by age eight, one third has at least one major mental health disorder (Bassuk, 2010; Donlon, Lake, Pope, Shaw, & Haskett, 2014). The developmental needs of homeless children are not being properly monitored and/or met. These needs are, in most cases, not even being addressed. By leaving these issues unattended, we see that the realities of homeless children's circumstances, poverty and traumatic stress, result in poor mental health outcomes, including high rates of behavioral problems, delayed developmental milestones, emotional dysregulation, attachment disorders, and anxiety and depression (Bassuk, 2010). Not tending to the unique personal developmental needs of homeless youth is injuring their chances at healthy lives. To prevent this outcome, attention towards homeless children and their developmental needs is necessary.

Current research in this field reveals many issues with the lifestyles currently experienced by homeless children. NCFH (2012) found:

Loud noises and even new experiences can lead to feelings of fear or anxiety. Being left alone for long periods of time, or being hungry, creates an inner sense of abandonment that is relieved only by the reassuring presence of a caregiver who meets their needs. (p. 11)

I will take a look at how the lack of stable caregiver attachment only furthers the lack of developmental attention given to homeless children. Developmental delays cause serious issues later in life, most notably in academic performance, and need to be addressed early to help avoid large gaps in children's development. Children who were homeless began to show delays in cognitive functioning and language skills as early as 18 months (Donlon et al., 2014). If these delays go untreated, Anooshian (2005) pointed out how specific aspects of homelessness—family violence, economic distress—yield negative outcomes related to social isolation. In other words, homeless children, who lack proper developmental care, tend to end up isolated and violent. This results in negative effects not only to the children and their families, but also to

society as a whole. By not addressing the needs of homeless children, we lose future contributors to society, and possibly add to violent crime.

A main point of focus, child-caregiver relationships are very important in maintaining a child's proper developmental schedule. Currently, many interventions for children and families experiencing homelessness continue to focus on the child(ren) or their caregiver(s) alone, without addressing caregiver-child relationships (Kilmer, Cook, Crusto, Strater, & Haber, 2012). In Anooshian's report (2005) about violence and aggression in the lives of homeless youth, Anooshian point out that there is a connection between violence experienced by mothers and social isolation in their children. Additionally, Kim (2013) talked about children performing poorly in school and how to address poor academic performance; however, there is rarely research that deals with how to treat both the caregiver and the child at the same time. Addressing the developmental needs of homeless youth requires at least a two pronged approach, designed to help caregivers and children simultaneously.

Furthermore, research by Donlon et al. (2014) pointed out shelter policy and shelter staff involvement, in their current state, is negligent to the development of homeless children:

(a) mental health needs of children were a relatively low priority, (b) there was not a cohesive shared source of accurate information related to child and family resources in the community, and (c) there was no mechanism for consistent and sustained linkage between families and services. (p. 164)

This demonstrates the urgent need for remediation of the shelter system for coping with mental and physical growth of homeless children.

Despite the existence of rudimentary health management systems in place meant to help address developmental issues in homeless children, said systems are not adequate. The homeless service system, according to Zlotnick et al. (2012) has historically focused on responding to the diverse, wide-ranging issues and needs that the experience of homelessness creates for individuals and families. While some of these needs can only effectively be met with customized care, they are primarily caused by social and structural breakdowns; homelessness puts up barriers to services more readily available to housed persons (Zlotnick et al., 2012). This lack of preparation to solve the problem, with customized care, or any care at all, leads to shockingly low numbers of homeless children receiving proper developmental care. Bassuk (2010) showed:

Twenty percent lack regular medical care, more than half visit hospital emergency rooms each year, one third receive no help for emotional problems, and almost one third do not receive the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or Food Stamps, even though they are eligible. (p. 498)

Simply not having the right infrastructure in place is also detrimental to the development of homeless youth. If not dealt with now, the gap between what services are offered and what services are needed will only grow. More research is needed into how to solve or even confront the issue of developmental delays and mental health disorders observed in homeless children.

The developmental health needs of homeless youth suffer due to lack of attention and resources dedicated to changing shelter policy, educating parents to better deal with stressors of homeless life, and giving children the proper channels by which to get help for any developmental issues that might arise; thus, a program or system to better evaluate these individuals unique developmental situations must be implemented—not only at a community and shelter level, but also on an interpersonal level between parent and child. By better understanding the causes of developmental neglect in homeless children – violent incidences, mobility, shelter policy, social stigma, and child-caregiver attachment issues – a more cost effective and efficient solution can be produced to stem the detrimental effects observed in their school performance and mental health.

Causes

Violence

Homeless children in the United States are witnessing domestic violence frequently, and it is causing their developmental needs to be neglected, leading to mental health issues and poor school performance. Grant, Gracy, Goldsmith, Shapiro, and Redlener (2013) illustrated that in children of mothers residing in New York City domestic violence shelters studied in 2004, “Twenty percent of the children were diagnosed with a developmental delay or learning disability, and 23% were diagnosed with a psychiatric disorder” (p. e5). There is a substantial positive correlation between domestic violence and developmental delays and mental health issues; thus, domestic violence is a direct cause of mental issues and developmental delays, shown to exist in homeless children. Anooshian (2005), supports Grant and stated that violence experienced by homeless mothers contributes to the behavior problems, social isolation, and avoidance experienced by homeless children. When mothers of homeless children are subjected to domestic violence, their children suffer. Illustrating again, domestic violence, can, and does, negatively affect the development and mental health of homeless children. This issue is brought into perspective by Grant et al. (2013) who stated that 34% of homeless children have been exposed to domestic violence. Domestic violence incidents are very prevalent in the lives of America’s homeless youth and these incidences of violence can directly cause mental health problems later in life.

Mobility

Coinciding with domestic violence, mobility, or lack of a stable home, is another cause of neglect of developmental needs in homeless youth. Homelessness and residential mobility lead to poor school performance, repeating grades, dropping out, and lower rates of high school graduation (Bassuk, 2010). These are all symptoms of children who have not had their developmental needs addressed properly. When children have the proper attention, their school performance does not suffer. Cutuli, Desjardins, Herbers, Long, Heistad, Chan, and Masten (2013) backed up this research, stating that, “Residential mobility is linked with lower levels of academic achievement, more problems at school, and increased rates of grade retention” (p. 842). While it is easiest to see these effects in academic performance, they ultimately end up manifesting as developmental delays due to poor developmental attention. A mobile lifestyle

causes a lack of attention to a child's development, which could have been avoided if their family didn't have to spend as much time and effort moving from place to place.

Moving often also leads to familial isolation, or a disconnection from the community, where children and caregivers cannot access the support they need for raising a child. A disconnection affects families' capacity to access natural supports in the community, and the isolation of parents and children experiencing homelessness has been framed as one of the most damaging facet(s) associated with residential instability (Kilmer et al., 2012). Moving already causes stress on the family, which leads to a child's developmental needs being neglected, but being isolated and disconnected from the community even furthers said neglect. Children need some monitor on their development in order to have their developmental needs met, when a family is isolated and constantly moving, this will not happen properly.

Shelter Policy

Mobile homeless families are usually moving from shelter to shelter, and in homeless shelters, youth continually miss out on developmental help due to the minor supports put in place by existing shelter policies, overcrowding, and layout. Most agencies that serve families without homes lack screening and assessment protocols or procedures for referring children to appropriate mental health providers. In fact, only 9% of shelters include questions about children's functioning during intake process (Donlon et al., 2014). If a shelter is not putting in the effort to keep checks on the children's developmental health, they cannot properly attend to said children's needs. Homeless shelters also lack sufficient resources to follow children over time to ensure that services are accessed consistently and effectively (Brinamen, Taranta, & Johnston, 2012; Donlon et al., 2014). Without proper monitoring of homeless children that reside in shelters, there is no way to help resolve developmental delays or mental health disorders and issues that arise due to the experiences of homeless life. Properly monitoring a child's developmental needs is hard when shelters are overcrowded. Kilmer et al. (2012) pointed out that, when families enter a shelter, they may be separated from each other because of overcrowding or shelter policies that exclude men and older adolescent boys. Overcrowding or excluding men due to overcrowding throws a wrench in what little shelter policy there is to try monitoring a child's development. Poor monitoring of a child's development, by shelters, leads to neglect of a child's developmental needs.

Shelters not only have policies that add to developmental neglect, but are also physically set up in a way that does not promote family well-being. Donlon et al (2014) found that shelter policies, physical layout, and regulations, while intended for safety, do not offer good support in the way of positive parenting and healthy familial interaction. Yet, positive parenting and stable attachment are paramount in a child's mental safety. Homeless children cannot have their needs properly attended to when shelter layout and policies are not proper environments for family well-being. Children need structure, predictability, and consistency in their world—the unsafe, unpredictable living situation in some shelters is not congruent with those needs (Kilmer et al., 2012). The lack of structure and layouts that are not conducive to positive parenting does not coincide with ideal cases for children to grow up properly and have their developmental needs attended to.

Social Stigma

Another factor of homelessness that plays into developmental neglect, usually made apparent in the school environment, are the social stigma placed on homelessness. Kim (2013) found that teachers initially hold stereotypical beliefs due to the limited information they have about homeless children and their families, stating, “they naively believe that homeless children are messy, chaotic, and dysfunctional, and that these behaviors need to be fixed” (p.166-167). This pre-loaded bias held by a child’s teachers can be detrimental to their success in school and the monitoring thereof. Teachers can unknowingly enter into a negative pattern of behavior—with a pre-conceived notion that the child will likely fail, the teacher will inevitably teach to the child as though they are behind or struggling, and the child ultimately ends up performing poorly, as expected. Social stigmas, such as stereotyping, cause self-fulfilling prophecies which can contribute to developmental delays in homeless children that can otherwise be avoided. Kim (2013) pointed out, however, that when the teachers are made aware of the child’s actual situation and taught to treat homeless children on an individual basis and address the child’s needs specifically, the children’s performance increased. “Awareness of situations and challenges faced by homeless children and their families is the first, very critical step for teachers to genuinely understand these children’s lives out of school and support their school success” (Kim, 2013, p.167). Social stigmas of being homeless can be fought. A positive step toward reducing developmental neglect in homeless children can be taken by reducing social stigmas attached with being homeless through education and awareness programs.

Child-Caregiver Attachment

Finally, the central cause of neglect towards the developmental needs of homeless children is disruption or lack of maintenance to the child-caregiver attachment. Research from the NCFH (2012) illustrated that young homeless mothers (age 18-25) are likely to have experienced disrupted attachments and separations from their own families. “This can place young mothers and their infants and toddlers at increased risk of developmental and mental health disorders” (NCFH, 2012, p.14). Disrupted attachment, between children and parents, especially younger mothers, leads to developmental delays. Without a proper attachment, children lose out on having a constant monitor towards their developmental needs. Anooshian (2005) pointed out that many children have been separated from their caregiver temporarily; thus, children are not being properly monitored by their caregivers. This is backed up by Zlotnick, Tam, and Zerger (2012), showing over 70% of homeless mothers are not living with their children. Disrupted attachments cause developmental delays that can initiate or perpetuate negative societal behavior. Homeless children are having their attachments disrupted at a high rate, and are thereby losing out on the benefits of having a caregiver close at hand. When a mother or caregiver is with the child, they can help the child’s development by monitoring where the child is currently and what the child needs to move forward.

Kilmer et al. (2012), showed that the ill effects of separation can be countered, though, if the attachment is not disrupted, when they stated, “Efforts to foster caregiver well-being can have not only the intended, targeted effect, but their benefits can snowball, contributing to other important gains—for example, in child development and adjustment—in the longer term” (Kilmer et al., 2012, p. 392). Interruption of the attachment between caregivers and homeless

children later causes problems such as mental health issues and developmental delays, but these problems can be reversed if the attachment is reformed and maintained. It is necessary for a strong secure attachment to be achieved and maintained, not only to sustain the mental health of homeless children, but also to make sure that their continuing developmental needs are attended to and monitored on a regular basis.

Effects

Mental Issues

Mental health issues manifest themselves in homeless children as a direct result of developmental neglect. Studies suggest that children who experience homelessness show high rates of mental health problems, including internalizing and externalizing disorders. Donlon et al. (2014) put forth that 14% of toddlers, 47% of 5-11 year-olds, and 67% of adolescents meet criteria for mental health services. Due to developmental neglect, these children are growing up to experience mental health disorders that could have been prevented or at the very least treated if caught early enough. A system used to address the developmental, including mental health, needs of homeless children could prevent future emergence of mental health disorders seen in today's homeless youth. Continuing the mental health research of homeless youth, Grant et al. (2013) found that 37% of school-age homeless children screen positive for depression and 78% of school-age homeless children have psychiatric, behavioral, or academic problems. Thus, not addressing homeless children's mental health needs becomes a snowballing problem. Children do not have a permanent home, they have unstable relationships with their caregivers (sometimes they are even separated), and shelter policies do nothing to make sure their needs are being met; consequently, homeless children's mental issues go unchecked and build up. Not helping early on can cause irreparable damage later in life; taking away a potentially productive member of society.

School Performance

Mental illness is not the only result of homeless children not having their developmental needs met; because their developmental needs have not been addressed properly, most homeless children perform much worse than their non-homeless counterparts in school. Children who have experienced homelessness have lower levels of academic achievement, even while accounting for other salient social risk factors (Cutuli et al., 2013). Shown in Figure 1 and backed up by Kilmer et al. (2012), "11.4% of high-school students experiencing homelessness meet grade-level standards for math proficiency, and 14.6% are proficient in reading" (p. 391). Because their needs are not addressed, homeless children fall behind in school; this gap will only grow wider as the children progress from elementary school to high school (as demonstrated in the graphs below). Poor school performance is paired with social isolation that homeless children experience.

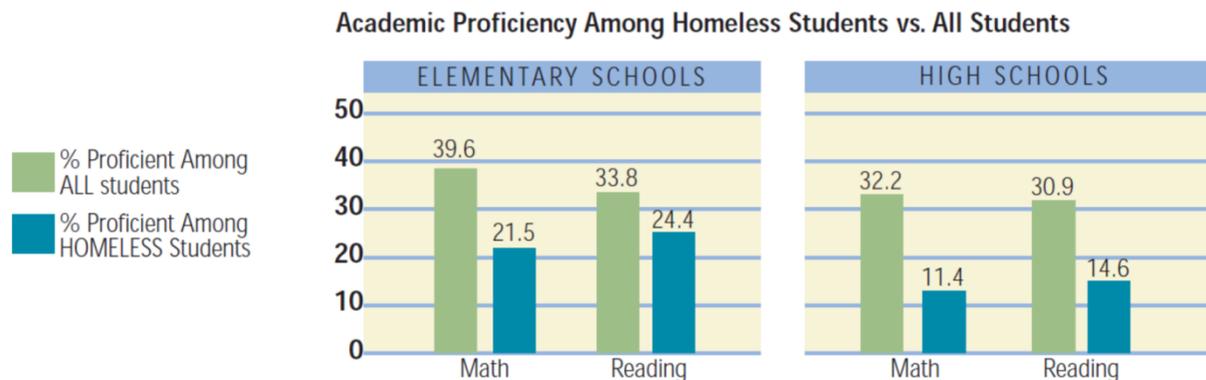


Figure 1. Academic Proficiency Among Homeless Students vs. All Students. National Center on Family Homelessness. (2009). *America’s Youngest Outcasts: State Report Card on Child Homelessness*. Copyright 2009. Reprinted with permission.

Domestic violence also plays a direct role in the subpar academic performance of homeless youth. Children whose mothers report excessive violence and economic distress are most likely to experience social isolation and rejection by peers (Anooshian, 2005). Disruption in the child-caregiver attachment causes developmental neglect which leads to social isolation and rejection in school and worse academic performance. Cutuli et al. (2013) added to this by finding that homeless children in New York City shelters had more academic problems in reading, math, and spelling compared to a control sample of classmates. When this study was expanded, math, spelling, and reading achievement scores were still lower for the homeless group. Children experiencing homelessness are consistently suffering academically.

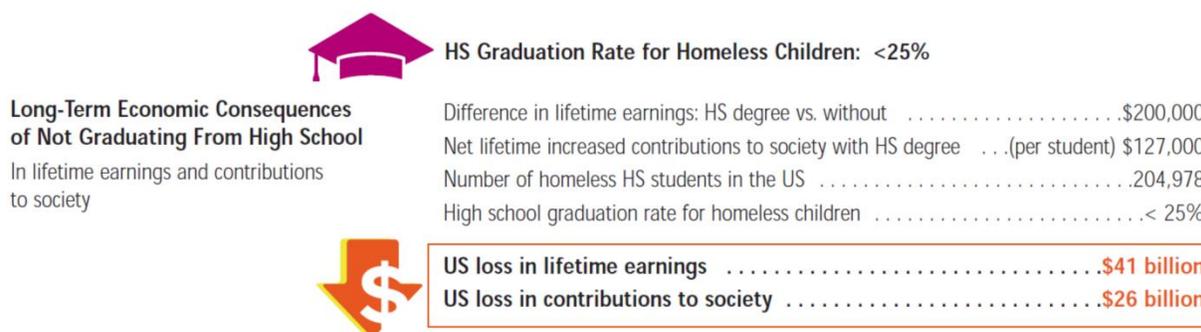


Figure 2. Long-term economic consequences of not graduating from high school. National Center on Family Homelessness. (2009). *America’s Youngest Outcasts: State Report Card on Child Homelessness*. Copyright 2009. Reprinted with permission.

Poor academic performance leads to an overall high school graduation rate less than 25% for homeless youth (NCFH, 2009). As shown in Figure 2, this results in \$26 billion of lost contributions to society in the United States. Failing to address the developmental needs of America’s homeless youth is resulting in poor academic performance, and ultimately costs society as a whole. Lack of stable schooling (associated with high mobility), lack of shelter preparedness regarding mental/physical well-being, and lack of stability in caregiver relationship culminate in a harmful upbringing that is hard to emerge from unscathed. Across the board, homeless children’s academic performance suffers because their developmental needs are not

addressed in the current system. Because of this, homeless children tend to fall behind the curve and ultimately cost society billions.

Solutions

Not confronting the developmental needs of homeless children, caused by their mobility, caregiver attachment issues, violent experiences, and social stigma, leads to mental disorders and degraded school performance. This problem needs to be stemmed at the source. NCFH (2012) has shown that services targeted towards improving developmental outcomes have positive effects on individual and family functioning, and decreased costs to society. Furthermore, when children were assessed and provided with individualized early interventions, this resulted in improvement across multiple developmental domains (NCFH, 2012). Simply assessing children and providing personalized care that addressed their developmental needs saves effort, and money, later in life.

In order to execute on a solution, we must analyze the basic necessities that help promote social and developmental well-being in homeless children. According to NCFH (2012):

Promoting wellness involves creating environments that are safe, trauma sensitive, and protective from additional stressors; providing supports and services to minimize the impact of risk factors on developmental outcomes; and for young families, capitalizing on brain plasticity to foster resiliency. (p.10)

Children are at a time in their lives when stability and safety are paramount to their future success. In order to promote the best development for a child, shelters need to reflect the safe environment that the NCFH talked about. Shelters need to decrease stressors and traumatic events in the lives of homeless children and their families. Paramount in this reduction of stress is, as discussed earlier, maintaining a stable attachment between caregiver and child. Kilmer et al. (2012) explained:

A central emphasis of work with children and families experiencing homelessness—especially those with younger children—should be strengthening the family unit, with a particular emphasis on strengthening or maintaining the strength of the caregiver-child dyad. This dyad warrants clear attention, because caregivers are a core proximal influence on children's development and adaptation, and the caregiver-child relationship is a key contextual factor (one that is amenable to intervention) that can have significant impact on various life domains and factors affecting a child. (p. 392)

Introducing policies that maintain a child's connection—physically and emotionally—with their primary caregiver, is the most beneficial option to help resolve developmental issues in homeless children. It is easier to maintain a secure attachment between caregiver and child than to stop all domestic violent incidences in that child's life. Stopping the social stigma placed on homeless is also much harder than educating homeless parents about maintain a secure attachment with their child and how to monitor their development.

Implementing a system where children are focused on and developmental needs are resolved and addressed when needed is paramount. The NCFH (2012) set forth the following three main points for a system set up to help homeless families and their children:

When designing or delivering services for young families providers must know: 1) how to conduct comprehensive assessments and target services to meet the specific needs of this subgroup; 2) how to provide or ensure timely access to early intervention for children and; 3) how to build strong collaborations and strategic partnerships while also managing costs. (p. 6)

This message was the foundation for the CATCH program implemented and reported on by Donlon et al. (2014) in Wake County, North Carolina. Wake County recently implemented a program called Community Action Targeting Children Who Are Homeless [CATCH]. The program's success is still under evaluation, but it puts forth a good model for a solution to the problem of dealing with homeless children's developmental needs. The System functions at four levels (Donlon et al., 2014): Community, Shelter, Family, and Child. Each level tackles different issues, with the result being improved quality of life for homeless families and children. The Community Level of the program is a committee that meets once a month and helps ensure that resources are being distributed to help prevent lack of treatment opportunities for homeless children and caregivers. Alongside the monthly meetings, there is a staff member in charge of integrating community programs (e.g. YMCA) with the CATCH system. At the Shelter Level, CATCH makes sure that shelter staff has been trained to help deal with traumatic experiences and are taught to see to homeless children's well-being. Shelter staff also provides feedback at the Community monthly meetings that is used to improve shelter policy, such as the implementation of a motivational interviewing technique that helped parents take part in the recovery of their children. On the family level, CATCH starts to teach parents how to help their child adjust and how to address developmental needs directly. CATCH accomplishes this by attacking on four sides: Promoting social-emotional adjustment of young children through parent skill training, facilitating high-quality parent-child relationships, enhancing parenting and preventing child maltreatment through support, and directly promoting children's social-emotional development. Lastly, CATCH puts in place a way to assess children's functioning and refer to appropriate services. Each level of service is meant to maximally address the developmental needs of homeless children and prevent further harm or delays.

CATCH provides a great blueprint for effecting changes that can fully address the developmental needs of homeless children nation-wide. It is very feasible to enact the CATCH system across the country, because the foundations are already there. Homeless shelters only need make minor changes (at first) to help align themselves with the CATCH way of treatment and prevention of developmental issues. Putting in place the systems at the shelter and child level would be among the easiest to enact. Shelter staff would need training and appropriate avenues for treatment would need to be found for children. The CATCH solution illustrates a simple, cost effective and beneficial system that follows the guidelines set forth by the NCFH.

Furthermore, the NCFH (2010) has shown that the majority of homeless children reside in very few states. During 2005 2006, 75% of America's identified homeless children lived in 11 states (NCFH, 2010). Because of the concentration of the population of homeless children,

maximizing effect per dollar spent on regional specific solution would be easier than other more evenly distributed problems.

Conclusion

Organizations like the NCFH and the HUD have shown that homelessness has a myriad of negative effects on youth; especially those in early development. The leading causes of these negative effects include: violent/traumatic experiences (both domestic and general), caregiver-child relationships being unstable or unmaintained, shelters not implementing proper policies, lack of stability in homeless life, and the social stigma attached to being homeless. Each of these affect, in a complex way, the overall growth and development of America's homeless youth population. Ultimately, the issues above can result in mental health disorders and poor academic performance—leading this segmented population to become a detriment to society instead of contributing members; thus, exemplifying a need for the development of homeless children to be monitored and tended to appropriately.

The CATCH program sets forth to address each of these issues and re-align homeless youth on a path to success using a four tiered approach. By addressing the issue of homeless youth at the community, shelter, family, and child level, the CATCH system confronts the problem from all sides. Addressing the developmental needs of homeless children with broad tools capable of molding to each unique situation more effectively creates positive outcomes. Donlon et al. (2014) illustrates that the simple tools and structures provided by the NCFH (which lead to the foundation of the CATCH program), are easy to implement and effect vast improvements across the board.

To help stem the nationwide issue of developmental neglect towards homeless youth, action is needed. With the help of the NCFH, the CATCH program sets forth a blueprint for future solution implementations to help stem the neglect of homeless children's developmental needs. In order for this program to expand and succeed, however, financial and operational assistance is needed at both the federal and state levels. Securing funding for this program is the first step in its application. Because the families of homeless youth typically lack the resources to promote this cause, communities around the nation must step forward to initiate this movement.

The goal of the CATCH program is to identify homeless youth suffering from developmental neglect, and then reverse and remedy these issues with fundamental assistance towards healthy growth and development. If successfully funded and utilized, we will be able to break the cycle of pervasive developmental losses among America's homeless youth and cultivate new productive members of society.

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Appendix A

In 2009, the National Center on Family Homelessness released a report on the current state of child homelessness in the United States of America. The NCFH also ranked each state on how well that state was doing at combating homelessness for children. Titled “America’s Youngest Outcasts,” the report also had 50 “report cards” as quick reference guides to explicitly show how well the states were combating child homelessness.

Below is the executive summary for the report. For further information on, “America’s Youngest Outcasts,” the full report can be found at the following web address:
http://www.homelesschildrenamerica.org/pdf/rc_full_report.pdf

Executive Summary

It is unacceptable for one child in the United States to be homeless for even one day.

The year 2008 will long be remembered by Americans as a time when grossly overpaid bankers, captains of industry, and carmakers hobbled to Washington, hats in hand, begging for bailouts and infusions of billions of dollars. Ignored by members of Congress and the media were scores of children – many still infants and toddlers – who were homeless in the midst of this economic turmoil.

Without a voice, **more than 1.5 million of our nation’s children go to sleep without a home each year.** Homeless, these children also endure a lack of safety, comfort, privacy, reassuring routines, adequate health care, uninterrupted schooling, sustaining relationships, and a sense of community. These factors combine to create a life-altering experience that inflicts profound and lasting scars. The National Center on Family Homelessness (NCFH) has created *America’s Youngest Outcasts: State Report Card on Child Homelessness* to provide a comprehensive snapshot of child homelessness in America today. Updating a study NCFH released in 1999, this report shows that the problem of child homelessness is worsening. The *Report Card* describes the status of homeless children in four areas: extent of child homelessness, child well-being, structural risk factors, and state-by-state policy and planning efforts.

Who are these children? Where do they live? What are the policies, circumstances, and failings that make it possible for **one in every 50 American children** to experience homelessness? What does it say about our country that we are willing to bail out banks, but not our smallest, most vulnerable citizens? The effects of our nation’s economic downturn – including increasing numbers of foreclosures, job layoffs, rising food and fuel prices, and inadequate supplies of low-cost housing – will surely add to the legions of children who are homeless.

This report shows that the majority of homeless children reside in very few states. During 2005-2006, 75% of America’s identified homeless children lived in 11 states.

Children without homes are twice as likely to experience hunger as other children. Two-thirds worry they won’t have enough to eat. More than one-third of homeless children report being forced to skip meals. Homelessness makes children sick. Children who experience homelessness

are more than twice as likely as middle class children to have moderate to severe acute and chronic health problems. Homeless children are twice as likely as other children to repeat a grade in school, to be expelled or suspended, or to drop out of high school. At the end of high school, few homeless students are proficient in reading and math – and their estimated graduation rate is below 25%.

We must not allow grim forecasts about the nation’s economy to delay aggressive action.

It is possible to end child homelessness within a decade with dedicated funds from local, state, and federal governments that are combined with reallocated dollars. All states must specifically address child homelessness in their plans to end homelessness. In almost half of the states’ current plans, children and families are not even mentioned. Making homeless children a priority must come from the top. This is a perfect opportunity for President Obama to ensure that the Interagency Council on Homelessness expands its focus to include children and families and to coordinate their efforts with similar Congressional activities.

Ending child homelessness is within our reach, despite current economic circumstances. This report shows that several states have created the infrastructure and programs needed to turn the tide. At least six states have created extensive plans to combat child homelessness, and a dozen additional states have done significant planning. By looking at innovative programs described in this report, all states can draw on these successful ideas to develop their own plans and strategies for ending child homelessness.

Ending homelessness for all children in the U.S. is possible if a concerted effort is made by national, state, and local political leaders, funders, the White House, service providers, advocates, and philanthropic foundations. If we fail to act, the consequences will play out for years to come as a generation of lost children grow to adulthood. It is virtually impossible to reclaim the life of a child who has spent his childhood without a home.