

# The Sounding Board

## Homeless Children and Destitute Families

A recent report, *America's Youngest Outcasts: A Report Card on Child Homelessness* from the National Center on Family Homelessness has serious implications for this country's child welfare systems. The authors of this report, Ellen Bassuk, Carmelia DeCandia, Corey Beach and Fred Berman, found that in the 2012-2013 school year almost 2.5 million American children were homeless at some point. The authors state that "Based on a calculation using the most recent U.S. Department of Education's count of homeless children in U.S. public schools and on 2013 U.S. census data:

- 2,483,539 children experienced homelessness in the U.S. in 2013
- This represents one in every 30 children in the U.S."

Even more alarming than the number of children homeless at some point during the year are the trends in child homelessness discussed in this report:

- In 2012-2013, child homelessness increased 8% nationally, with increases in 31 states and the District of Columbia.
- Child homelessness affected 1 in 50 children in 2006, 1 in 45 children in 2010 and 1 in 30 children in 2013.
- The authors estimate that about half of children who experienced homelessness were less than 6 years old and about a third were 6-12 years old.

A study of homeless children is necessarily a study of destitute families. Homeless families as defined in this study lacked stable housing and may have lived on the street, doubled up in living arrangements with friends or relatives, lived temporarily in motels or hotels which they could not afford for more than 14 days, included women fleeing domestic violence or sexual assault who found refuge in shelters or lived in "a place not meant for human habitation." An early study found that the majority of homeless families were composed of single women and young children, often more than one child. According to this report, "Families who become homeless tend to be living in very precarious economic circumstances prior to their homelessness. A single event such as the loss of a job, an illness, injury, a large household bill, loss of a car or day care can topple a vulnerable family into homelessness." Homeless families have often exhausted the patience and good will of friends or extended family members after "doubling up repeatedly" during multiple moves.

Homeless families are among the "poorest of the poor," i.e. defined in this report as "people living at 50% or less of the federal poverty level," about 20 million Americans, or 7% of the U.S. population. A 2011 study of this group of impoverished persons found

that individuals had an average annual income of \$5570 while families of four had an average income of \$11,157. A 2009 study conducted by Partners for our Children at the University of Washington School of Social Work (POC) found that about half of families with open child welfare cases, both in-home and out of home, had annual incomes of less than \$10,000 per year. The same destitute families who are at risk of homelessness are also at risk of CPS reports and losing custody of their children, usually due to alleged neglect.

### **Causes of Child Homelessness**

The same factors that lead to destitution and homelessness also often lead to child welfare involvement: single parent families in which the caregiver has limited education and no job skills, racial discrimination, histories of trauma in birth families, trauma resulting from interpersonal violence within families, mental health conditions such as severe depression, substance abuse and lack of family supports. In addition, according to the authors, the Great Recession resulted in the net loss of 150,000 publicly funded housing units, along with a policy decision to give priority for limited housing vouchers to veterans and chronically homeless individuals. Furthermore, the authors state that "Families at the bottom of the income distribution also saw continued substantial declines in real net worth between 2010 and 2013." In other words, the continuing effects of the recent recession have led to a reduction in federally funded low income housing available to many homeless families, while income inequality has become more extreme for destitute, the "poorest of the poor", families.

Two populations are particularly vulnerable due to their high poverty rates: single parent families and racial minorities. In 2013, almost 40% of single parent families headed by women were poor compared to a poverty rate of 7.6% for married couple families. Many of these single mother families find themselves "in desperate circumstances" when kinship supports are diminished due to "lack of safe, affordable housing, explosion in violence and drug abuse, collapse of institutional supports in many inner-city neighborhoods, and lack of education and flexible jobs that pay livable wages," the authors state.

African Americans are three times more likely to be homeless when compared to the overall U.S. population (HUD, 2012) and they make up 38% of shelter residents; shockingly, a 1999 study referenced in the report found that "Black children under five years of age were 29 times more likely than White children to be in emergency shelter" due to homelessness."

According to the authors, destitute parents almost always have histories of trauma which often include physical abuse and/or sexual abuse in their birth families and more recent violence perpetrated by intimate partners, friends and extended family members. One recent study found that more than four-fifths of homeless mothers had experienced multiple traumatic events, and about half had been sexually assaulted. Like other trauma victims, homeless mothers often suffer from chronic and severe depression as well as PTSD, another striking similarity to parents involved with public child welfare agencies.

## States' Rankings and Rates of Single Parent Families and Teen Pregnancy

One of the valuable features of this report is its rankings of states on extent of child homelessness, risk of child homelessness, child well-being, policies that contribute to or diminish child homelessness and a composite measure. For the most part, states' composite rankings are similar to Anna E. Casey's annual Kids Count rankings, with states in New England and the upper Midwest having the best rankings and states in the Southwest and South having the worst rankings. Washington ranks 20<sup>th</sup>, Idaho ranks 24<sup>th</sup> and Oregon ranks 26<sup>th</sup> on the composite measure, though Washington and Oregon rank 10<sup>th</sup> and 11<sup>th</sup> on state policy and planning, which is based on availability of housing units for homeless families, the existence of a state housing trust fund and state planning for homeless families.

A data sheet for each state provides the statistical basis for rankings, including states' rate of female headed households and teen pregnancy rate per 1000 teens, factors which affect both child homelessness and child maltreatment. State policymakers concerned with preventing both homelessness and child abuse and neglect should seriously consider what some states have already done to lower these rates, given the large differences among states.

|               | Rate of Female- headed Households | Teen Birth Rate |
|---------------|-----------------------------------|-----------------|
| Alabama       | 8.1%                              | 39.2 per 1000   |
| Arkansas      | 7.7%                              | 45.7 per 1000   |
| Georgia       | 8.9%                              | 33.8 per 1000   |
| Louisiana     | 9.3%                              | 43.1 per 1000   |
| Mississippi   | 10.0 %                            | 46.1 per 1000   |
| Connecticut   | 7.1%                              | 15.1 per 1000   |
| New Hampshire | 5.7%                              | 13.8 per 1000   |
| Vermont       | 6.0%                              | 16.3 per 1000   |
| Massachusetts | 6.8%                              | 14.1 per 1000   |
| Maryland      | 7.6%                              | 22.1 per 1000   |
| Virginia      | 6.7%                              | 22.9 per 1000   |
| Kentucky      | 7.1%                              | 41.5 per 1000   |
| Tennessee     | 7.5%                              | 38.5 per 1000   |
| Texas         | 8.0%                              | 44.4 per 1000   |
| New Mexico    | 7.8%                              | 47.5 per 1000   |
| Arizona       | 7.1%                              | 37.4 per 1000   |
| Oklahoma      | 7.0%                              | 47.3 per 1000   |
| Minnesota     | 5.9%                              | 18.5 per 1000   |
| Wisconsin     | 6.4%                              | 21.9 per 1000   |
| Iowa          | 5.9%                              | 24.1 per 1000   |

|                |      |               |
|----------------|------|---------------|
| North Dakota   | 5.2% | 26.5 per 1000 |
| California     | 6.8% | 26.5 per 1000 |
| Oregon         | 6.1% | 23.8 per 1000 |
| Washington     | 6.2% | 23.4 per 1000 |
| Idaho          | 5.9% | 28.3 per 1000 |
| Ohio           | 7.5% | 29.8 per 1000 |
| Illinois       | 6.9% | 27.9 per 1000 |
| Michigan       | 7.3% | 26.3 per 1000 |
| Missouri       | 7.1% | 32.2 per 1000 |
| Indiana        | 7.3% | 33 per 1000   |
| Florida        | 7.1% | 28 per 1000   |
| North Carolina | 7.8% | 31.8 per 1000 |
| South Carolina | 8.4% | 36.6 per 1000 |
| New York       | 7.5% | 19.7 per 1000 |
| New Jersey     | 6.6% | 16.7 per 1000 |

Some states in the South and Southwest have teen pregnancy rates 2-3 times higher than rates in the Northeast and upper Midwest; even states with high (i.e., poor) composite rankings on child homelessness such as California and New York have teen pregnancy rates far below those of other states with better composite rankings. Furthermore, a state's teen pregnancy rate is not a straightforward proxy for a child poverty rate; for example, Florida and California have child poverty rates of 25% and 24% respectively but teen pregnancy rates far lower than those of several other states with similar or lower child poverty rates, e.g., Indiana, South Dakota, Missouri, Oklahoma, Kansas and Nevada.

### **How to Reduce Child Homelessness**

The practice and policy agenda proposed in this report to reduce child homelessness could be, with minor changes, utilized for prevention, early intervention and treatment of child neglect, by far the most common type of child maltreatment in the U.S. The reality that the causes of child homelessness and the policies and practices that are needed to reduce it, are practically identical with the causes of child neglect, especially chronic neglect, is worth pondering. Extreme poverty, combined with histories of trauma in childhood and interpersonal violence as a young adult, is evidently a devastating one/ two punch to both self-efficacy and parenting capacity.

Bassuk and her co- authors recommend the following:

- 1. First and foremost, the provision of safe and affordable housing** "as quickly as possible", and they add that "housing (should) be combined with selected supports and

services tailored to the needs of family members.” These authors comment that “Apart from the idea that stability occurs when a family has obtained their own housing and has access to case management, there are few set rules about what constitutes the necessary elements of housing first and re-housing.”

## **2. Offer Education and Employment Opportunities**

Homeless parents as described in this report often have limited education, few job skills and little or no job experience. “These women have an urgent need for income,” the authors state. An emphasis on mental health treatment and substance abuse treatment that leaves struggling parents without the capacity for self-sufficiency is not likely to be an effective antidote to homelessness.

## **3. Conduct Comprehensive Needs Assessments of All Family Members**

The authors comment that “To link families with housing and services, comprehensive assessments of all family members are required; information beyond housing and income must be gathered including mothers’ exposure to trauma, health and mental health issues, and the children’s needs.” As obvious as this recommendation seems, developing collaborative arrangements to assess the challenges and needs of chronically neglecting families has been a major barrier to improving services and outcomes in child welfare systems, and is likely to be difficult to achieve in programs for homeless families due to siloed human service systems.

## **4. Provide Trauma- Informed Care**

The authors view depression, PTSD and substance abuse as the usual consequences of trauma histories. In their view, trauma informed care is based on an understanding of the effects of traumatic stress, and a commitment to developing trusting and supportive relationships with both children and parents, preventing re-traumatization and creating opportunities “for survivors to develop a sense of safety, control and self- efficacy.” Evidenced based treatments such as Trauma Focused CBT and Child- Parent Psychotherapy should be made available to homeless parents and their children whenever possible, the authors believe.

## **5. Prevent, Identify and Treat Major Depression in Mothers**

According to the authors, depression is “the most common psychiatric problem affecting homeless mothers, which is understandable as the most common mental health condition resulting from trauma is depression. Furthermore, poverty is an accelerator of depression, according to the authors. Severe and chronic maternal depression has a profound impact on parenting capacity and therefore on child development. Depressed mothers are less emotionally responsive and more irritable with children. Depression screening and treatment is low hanging fruit for prevention initiatives utilizing a public health framework.

## **6. Provide Positive Parenting Interventions for Homeless Families**

The authors assert that strengthening parent-child relationships through positive parenting practices (i.e., less coercion, greater emotional responsiveness) is needed to improve children’s developmental outcomes. There has been recent evidence that improved parenting skills can reduce depression, as well as reduced depression

facilitating acquisition of more positive parenting skills.

#### **7. Provide Developmentally Appropriate Services for Children in Transition**

The authors believe that "Universal screening of homeless children birth to five is essential to identify possible developmental problems ..." and that children with exposure to trauma need secure caregiver relationships, safety, predictable routines and strategies to address transitions.

The policy and practice agenda outlined in this report begins with housing and other concrete needs needed to assure the safety of all family members, and includes a comprehensive assessment of family needs, a trauma informed lens for practitioners and policymakers, depression screening and treatment, positive parenting programs and supports and continuing developmentally appropriate services for children in homeless families. Child welfare agencies should consider essentially the same resources, practices and policies for chronically neglecting families.

#### **References**

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**The opinions expressed in this commentary are the author's and are not intended to represent the views of Casey Family Programs or any other organization.**