

Homeless and Hurting: Implications for the Mental Health of Children

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## Homelessness: Implications for the Mental Health of Children

### **Scope of the Problem**

Four-year old Alexis smiles with triumph as she places another piece into her Mickey Mouse puzzle. Her classmate, Leslie, draws quietly next to her, but her longing stare makes it apparent that she would like to join in on the puzzle. “Leslie, would you like to ask Alexis if you can help her finish the puzzle?” a teacher asks. Leslie sheepishly nods and the teacher proceeds to help facilitate a successful conversation between the two preschoolers and the parallel play transitions to mutual play. In mutual play, children both contribute their own imaginative elements while also hearing other contributions to the play and coming to understand other points of view. This mutual play is the basic state of relationships—what ultimately gives purpose and meaning to our lives. Developing social skills such as mutual play is a top priority at The Ark because the students are being prepared to enter the Baltimore City public school system where The Ark believes a sense of connection and belonging are essential to thrive. The preschoolers are also homeless.

The Ark preschool is a place of stability, learning, and healthy food for Baltimore’s homeless children, an extremely vulnerable and at-risk population. One way in which The Ark executes this mission is through providing a support system for families seeking help in overcoming the adversity of homelessness. At a time when children learn to understand language, communicate needs and express feelings, the parent-child interactions necessary to facilitate this learning is less than optimal. Homelessness often forces parents under enormous stress to shift their focus from their children to their immediate need of finding a permanent home. Living in transition, these children are lacking consistency, routine, and predictability. From the early age of three, many homeless children are taught—why build trust and form bonds

with peers only for them to be unexpectedly taken away? The Ark actively works towards counteracting this message by providing them with a normalcy that allows them to continue their learning and stay healthy, both physically and mentally.

Homelessness is a term that has many different uses and carries many different connotations. The Ark approaches homelessness as instability, a disruption, and the absence of the right to a basic human need. Put in universal terms, homelessness is the lack of permanent housing. Children represent the largest portion of the homeless population. Further, families with children comprise at least 38% of the homeless population (Menke, 2000). Making up 1% of the general population, 1.35 million children are homeless in the United States each year. As the fastest growing segment of the homeless population, this number also has risen in past years and continues to rise (Baggerly & Jenkins, 2009). Nearly twice as many as the school districts in the school year 2004-05, 93% reported 1.1 million students homeless at the beginning of the year 2013 (Child Trends, 2013). This paper specifically focuses on the homeless population of children suffering from emotional and behavioral issues that need much more support than only The Ark.

A typical homeless family is comprised of a single mother with two or three children (Bassuk, 2010). Because women with preschool children are a relatively new group of the homeless population, there is a need to describe these children. The present focus will remain on preschool-aged homeless children specifically where the average age of a homeless child is six years old. Homeless children tend to share a number of demographic characteristics. They are likely members of a racial or ethnic minority, especially Native American or African American. These families tend to be largely mobile with approximately 50% of homeless children attending three different schools in one year according to the most recent estimates. Additionally, homeless

children are three times more likely than poor but housed children to have witnessed violence, substance abuse, and crime and arrests. These children are at a high risk for experiencing more medical and mental health problems than children who are housed (Baggerly & Jenkins, 2009). These unsettling characteristics, among others, contribute to the challenges and struggles preschool-aged homeless children encounter. Further, childhood homelessness is a significant predictor of a number of adverse outcomes concerning development (Powers-Costello & Swick, 2011).

Multiple researchers have produced evidence of delays in development among these younger homeless children. It has been found that 61% of homeless children younger than 5 years old had at least one developmental delay, and 44% exhibited two or more delays. Language and cognitive development are the two most common delays found in this population of children (Chiu & DiMarco, 2010). However, new research emerged concerning the social-emotional development of preschool-aged homeless children. As young as the age of three years, children who are homeless have been found to have less social support and fewer coping behaviors than children who have never been homeless. As a result, studies are beginning to document the potential for delayed emotional and social development concerning preschool-aged homeless children (Youngblade & Mulvihill, 1998). Because the negative effects of homelessness on children's social-emotional development are now seen as early as the preschool years, homeless children ages 3-7 are especially important to consider (Averitt, 2003).

Without the stability and security of a home, these young children are deprived of opportunities for growth and development that can benefit their academic, social, and emotional trajectories. Consider Alexis at The Ark. At 12:30, after lunch and another round of tooth brushing, the children proceed to their cots for a nap lasting over an hour and thirty minutes.

Upon asking The Ark's director why such a large amount of time was allocated to sleep rather than, suppose, to provide interactive activities for the children to work on their social skills, I was told simply – the children need sleep. Many of these children live in overnight homeless shelters where communal sleep is provided. With multiple other families in the same room, the lack of privacy can often make it hard for others in the room to sleep. The Ark is able to provide the children with sleep essential to their mental and physical development that they may be deprived of due to circumstances outside of their control.

A product of homelessness, this deprivation leaves young children with a multitude of other needs to be met. Homeless children need safety. Many homeless children live in unsafe and chaotic environments, are exposed to a variety of traumatic stressors. Homeless children need stability. It is not uncommon for homeless children to move three or more times in just one year. Homeless children need trust. However, parents of homeless children are often preoccupied and understandably stressed as they work towards finding permanent housing. Homeless children need freedom. At a time when children should be developing a sense of safety and security, homeless children have no freedom to explore the world around them such that the research shows these children are often surrounded by violence. The experience of homelessness can pervade multiple levels and facets of a child and family's world such as how much education a person obtains, having food security, housing status, and discrimination and social support (Kilmer et al., 2012). These levels and facets of the human life will be referred to as social determinants here. These social determinants may be biological, socioeconomic, psychosocial, behavioral or social in nature. When homelessness pervades these social determinants of health, health outcomes are negatively affected.

As such, social determinants of health such as these can create devastating circumstances concerning homeless children's social and emotional development and ultimately, their mental health (Bassuk, 2010). These social determinants of health raise many questions, including the question first posed by Norman Daniels: "What do we owe each other to promote and protect health in a population and to assist people when they are ill and disabled?" Mental health needs of homeless children can be incorporated into the "index of primary social goods" (Daniels, 56). These children are lacking the morally important good of mental health services that society has an obligation to justly distribute. The children are currently being denied the fulfillment of mental health needs that allows individuals "to choose among the life plans they can reasonably pursue, given their talents and skills" (Daniels, 77). Compared to children who do not suffer the circumstances of homelessness, homeless children do not have the same opportunities for normal functioning. In short, these children's development is stifled by a way of life that is beyond their control and responsibility.

Because homeless children tend to be from low-income households, they carry not only the stigma of being homeless and impoverished, but also the weight of adversity and struggle that comes from these two categories. Homeless children comprise a minority group that is becoming increasingly salient today, as homeless rates increase. Despite efforts to create equal developmental opportunities, these children are still disproportionately developmentally disadvantaged and at high risk for mental illness. Therefore, homeless children are becoming increasingly important to educators, researchers, and policy makers. This group carries a bundle of stigmas and developmental delays due to race and socioeconomic status. Therefore, the effects of homelessness and cumulative risk on preschool-aged children is a field of particular interest because it may provide insight into the mental health issues faced by homeless children. Thus,

analyzing the developmental barriers to mental health and the treatment necessary to enhance homeless children's capability to live a functional life is the focus of this paper.

### **Developmental Barriers to Mental Health**

#### ***Individual***

Individual developmental barriers homeless children face are barriers inherent to the child regardless of their homeless status. These barriers include gender, age, ethnicity, and socioeconomic status. Each of these interact with homelessness to profoundly exacerbate preschool-aged homeless children's risk to mental illness. Gender and differences in mental health has been a widely debated topic in recent years. As such, gender is a considerable variable that might interact with homelessness to affect the children's mental health. Because the literature on major stressors has suggested that males and females may react differently, this is important to consider when looking at homeless children (Masten et al., 2003). Menke (1998) found that the boys in her experimental sample were more risk than girls for depressive symptoms and behavioral mental health problems.

Concerning age, the current research here focuses on preschool-aged homeless children. However, it is important to recognize that previous research has identified age as a critical determinant in development and mental health (Masten et al., 2003). In 2010, 11 percent of homeless children who spent time in shelters were under the age of one year, 41% between one and five, 31% between six and twelve, and 16% between thirteen and seventeen (Child Trends, 2013). As age increases, risk of mental illness increases. . Specifically, adolescents may be especially sensitive to the adversities of shelter life and the humiliations of homelessness (Masten et al., 2003). However, given the evidence that homeless children as young as the age of

three already struggle behaviorally and emotionally, there is large concern for the development of deep and lasting mental illness as these preschool children develop into adults.

Socioeconomic status has also been found to be associated with negative outcomes for children such as behavioral problems, depression, and other alterations in mental health (Menke, 2000). Although it is often assumed that homelessness occurs in the context of preexisting poverty, it is important to address socioeconomic status in the context of the homeless (Masten et al., 2003). Even among very poor families, homelessness appears to be associated with lower income and more recent adversity. Research has shown that homeless children demonstrated more complex and larger numbers of mental health problems than similar sociodemographic, housed children (Vostanis, Grattan & Cumella, 1998). As with poverty, homelessness disproportionately affects minorities, especially black families. In 2010, approximately 39% of sheltered homeless families with children were black (Child Trends, 2013). Therefore, racism and prejudice may add additional burdens to the risks faced by these children. Homelessness exacerbates the usual mental and physical health problems that plague children based on gender, lower SES, and ethnicity.

### ***Family***

The typical homeless family is comprised of a mother in her late twenties with two children. Female-headed families make up 84% of families experiencing homelessness. Of these mothers, 53% do not have a high school diploma and 29% of these mothers are working. These demographic elements that comprise the lives of many homeless mothers suggest significant challenges in their lives. Being unmarried, lacking literacy skills, suffering from chronic unemployment, and having few supportive people in their lives are barriers such that this family structure impacts the dynamics of the homeless parent-child relationship and thus the child's



development (Swick & Williams, 2010). As family members arrived morning and afternoon for pick up at The Ark, the lack of family structure among the homeless became largely evident. The Ark saw grandparents, friends, uncles, aunts, cousins. With this wide pool of involved caretakers in these children's lives, consider the unavoidable chaos at The Ark let alone the child's life outside of the The Ark. For every person who arrives to pick up a child, there must be a signed consent form allowing them to do so. If the adult has not gone through the process of obtaining a signed consent form, complications result and stress levels rise. And yet the diverse group of caretakers is unavoidable and results from single mothers who work, unstable home lives, and other situations specific to homelessness.

Research surrounding homeless families has also found that homeless parents feel greater distress than the general population and other low-income parents, both because of their homelessness and because of the circumstances that led up to it (Masten et al., 2003). Parents that are distracted from their child while attempting to cope with life's issues may not be able to provide the nurturing, attentive relationship a young child requires. Children need stable relationships with mindful, loving adults and predictable, supportive routines to form healthy attachments. Perhaps one of the most stressful and damaging experiences homeless families confront is the lack of parental knowledge of how to have caring relations with their children. In many cases, homeless mothers have not had positive parent role models in that many were themselves abused as children and/or lacked consistent nurturing with loving adults. With little access to resources like adult friends, social contacts, and supportive professionals, homeless mothers have less confidence in their parenting. Further, with fewer resources available for education, social life, and life skills activities, homeless mothers report that a sense of hopelessness pervades their parenting. These barriers to parenting behaviors in homeless parents

leads these parents to have more challenges in supporting their children's development (Swick, 2007).

The psychological functioning of parents is critical to both parent behavior and children's perception, awareness, and concern about maternal distress (Masten et al., 2003). With mental health problems being one of the most cited comorbid conditions among homeless adults, early studies uncovered the risks to adjustment of children living with mentally-ill parents (Howard, Cartwright & Barajas, 2009). The findings of Gerwitz, Hart-Shegos, and Medhanie (2008) found a significant relationship between parent's mental health diagnosis and child behavioral and emotional problems. Mental health problems in homeless parents and children are often inter-related. A previous study on families residing in a homeless hostel showed high rates of parenting difficulties and mental health needs among both parents and their children (Karim et al., 2008).

In addition to children's exposure to parental mental illness, children are exposed to parental violence. One of the many forms of violence homeless children are exposed to is found in the experiences of their mothers. It is not uncommon for homeless mothers to experience abuse, violence, and troubled relationships, and homeless young people have been found to suffer high rates of child abuse. Yet regardless of whether or not homeless children are victims of violence themselves, the public nature of their lives means that they will become indirect victims of violence as they witness the violence experienced by their mothers (Anooshian, 2003). Homeless children have been found to experience and witness a significant number of physical and verbal aggression exchanges between parents and children than mothers from other social groups. The connections between domestic violence and homelessness make it likely that homeless families are also experiencing emotional problems among family members, increased

arguing, and an increase in the number of family problems that will go unresolved (Howard, Cartwright & Barajas, 2009).

One of Alexis's friends at The Ark, Brandon, had been abused by his father and also displayed high levels of anger and aggression at the young age of five. It is likely that the domestic violence experienced by Brandon was connected with his angry emotions and aggressive behavior. However, The Ark was able to facilitate healthy expression of emotions. The teachers at The Ark could differentiate between play fighting and real aggression, enabling them to supervise healthy rough-and-tumble play with the idea that this type of play is the beginnings of navigating successful cooperative socialization. Brandon benefited immensely from the game of "monster." I imagine an outside observer would be alarmed upon their first encounter with this game. Brandon plays the role of the monster, chasing the other children in and out of the playground while simultaneously letting out terrifying screams. The alarmingly aggressive nature of the screams led me to impulsively want to ask Brandon to lower the intensity. However I came to realize that not only did the children fearlessly see the screams and growls as part of a friendly game, Brandon's role as the monster allowed him to indirectly and healthily express the anger, fear, and other emotions deep inside him. This is one way in which The Ark's facilitation of social skills has positive implications for other areas of the child's life such as expression of emotions and mental health.

### ***Housing***

Although both homeless and low-income housed children experience the negative effects of broad poverty-related adversities, it is housing that is often the most identifiable difference between homeless children and low-income children and the developmental barriers the two populations face. Homeless families can find themselves in a variety of living situations such as

shelters, transitional housing programs, doubled-up, and independent housing. These families typically move four times in the two years prior to becoming homeless. 89% of these homeless families moved in which family or friends in the two years prior to becoming homeless (Bassuk et al., 1997). The residential histories of these homeless families have implications of high mobility and instability for the homeless children. Study findings suggest that homelessness itself presents an additional detrimental impact on children's mental health, physical health, and school performance (Rog & Buckner, 2007).

Conditions such as sustained noise and crowding, common in shelters, have been associated with less responsive parenting, and housing services can usurp parental authority and disrupt family roles and organization. In multiple-family living situations, families may encounter a lack of privacy, and schedules and rules necessary for shelter operations may conflict with family routines. Family processes theoretically mediate the effects of stressors associated with poverty and homelessness on long-term outcomes for the children and their families. Given the importance of healthy family processes to individual and family well-being, it is critical to identify the ways various housing services and housing conditions common among families experiencing homelessness facilitate or present obstacles to family rituals and routines (Mayberry et al., 2014).

Homeless families report not feeling as safe and secure in their environment as compared to house families. Living in shelters can cause families with young children to feel insecure and vulnerable. Interviews with parents and children as well as observations of family interactions and their ways of communicating revealed that moving into the homeless shelter negatively affected the young children. Parents described emotional and behavioral changes in their children such as anger and anxiety (Hinton & Cassel, 2013). Outside of the family, homeless

children continue to be confronted with violence as spectators. The living conditions associated with homelessness include streets, shelters, doubling up with others, crowded housing, and most importantly, a lack of privacy. As children are exposed to violence in their surroundings, these youth become increasingly at risk for a variety of psychological consequences (Kipke et al., 1997). Homeless families struggle with housing leaves these families without a community.

### ***Schools***

The stigma of homelessness often reaches the school system and can pose a variety of challenges that can ultimately impact the quality of education for homeless children. Rather than schools increasing students and families positive feelings and attitudes about themselves, homeless children and parents often perceive school personnel as judgmental, punitive, inaccessible, or indifferent. This miscommunication or negative communication may lead these homeless families to display less interest in the school and educational activities (Kilmer et al., 2012).

Academic success is largely dependent upon the consistency of the students, teachers, and administration. Concerning the students, regular attendance is necessary in order to make a positive, lasting impact on the child's development. However, families experiencing homelessness evidence high rates of school mobility and the homeless child's educational status is thus compromised. Higher rates of school mobility can impact school engagement, academic performance, and peer relationships. Further barriers to educational services result from school mobility with the potential of miss-transferred or inaccessible records from a prior school (Kilmer et al., 2012). Multiple school transfers can wreak havoc on the lives of homeless children. Research spanning more than two decades indicates that homeless and highly mobile

children are at elevated risk for difficulties in school, including low achievement, conduct problems, and social problems (Masten et al., 2012).

### ***Health***

Homeless families and children are challenged with health problems that potentially stem from homelessness itself or health problems that may have contributed to becoming homeless. Concerning developmental barriers of homeless children, the health of mothers and fathers can impact the quality and quantity of parenting behaviors towards their children. Homeless mothers under the age of 45 have been found to have more acute and chronic health problems than the general population of females under 45 years of age. With homeless mothers facing their own health needs in combination with the search for stable housing, parenting may become a low priority. As such, homeless children may suffer from lack of attention to their needs as they grow and develop (Rog & Buckner, 2007).

Homeless children are more likely to have a history of low birthweight, anemia, dental decay and delayed immunizations, to be of lower stature and have a greater degree of nutritional stress. They are also more likely to suffer accidents, injuries, and burns (Vostanis, 2002). Despite this reported poor health, homeless families struggle to access health care and health services. One of the most significant unmet health needs among homeless families is dental services (Rog & Buckner, 2007). During my time at The Ark, I found that I had forgotten what it was like to be a child aged three to five, and many of my own childhood memories had been stirred up. Brandon was a child with a toothless smile and I found myself recalling my experience of losing my first tooth. However, I soon found out that Brandon's toothless smile was not due to the natural process of tooth loss and regrowth but rather the result of lack of nutrition. Not only was Brandon suffering from dental health, he was also not receiving health services as a result.

***Mental Health***

These data and illustrations of the developmental barriers to mental health help create a comprehensive picture of the developmental challenges facing homeless children. If homeless families struggle accessing general health care and health services, access to mental health services for homeless families also proves to be extremely difficult. Additionally, many find the idea of assigning mental-health workers to preschool-aged children jarring. It is argued that children so small shouldn't need mental-health help. This is concerning because homelessness has an impact on the mental health and behavior of children (Rog & Buckner, 2007). Mental health and homelessness in young children is an important issue because mental health is significantly affected by unstable living conditions, extreme poverty, physical health, and abuse (National Health Care for the Homeless Council, 2009). If children can be treated at ages 3 and 4, they stand a much better chance of navigating through the rest of their lives with good mental health.

Child mental health problems can be behavioral, such as sleep disturbance, eating problems, aggression and over-activity, or emotional such as anxiety, depression and self-harm. In children of pre-school and primary school age, behavioral problems include sleep disturbance, feeding problems, aggression and hyperactivity. These are often comorbid with emotional or developmental disorders. Anxiety and post traumatic stress disorder are often precipitated by life events such as homelessness or witnessing domestic violence (Vostanis, 2002). Further, many aspects of homelessness initiate, compound, or perpetuate the symptom frequency and severity of a wide variety of mental health issues. Almost half of school-age children and over one-fourth of children under five suffer from depression, anxiety or aggression after becoming homeless.

More than one-fifth of homeless children 3-6 years old have emotional problems serious enough to require professional care (Health Care for the Homeless Clinician's Network, 2000).

It is important to note that these mental health problems often persist even after rehousing, thus remaining detrimental to the mental health of children and their parents. As one would anticipate, the needs of homeless families are diverse. A permanent home, as expected, was stated as their greatest need, but other practical issues were often perceived as equally or more important than mental health interventions for themselves or their children. This reinforces the need for a comprehensive approach to coordinating services for this client group and special health services different from ordinary therapeutic and preventive services children may normally require (Karim et al., 2006).

### **An Ethical Perspective: Equal Opportunity**

Despite the abundance of research and theory addressing homeless children and development, the research available on homeless families with young children is still lacking certain information. The question must be asked: how do young children experience homelessness and what is the importance of early childhood mental health providers understanding the homeless experience and providing care to families with young children through that experience (Hinton & Cassel, 2013)? There is no doubt that without mental health services available or in use, homeless children are deprived of a benefit for their academic, social, and emotional trajectories. These children lack many of the most basic needs, especially shelter. The most effective means of treating the mental health of homeless children is an ethical concern because these children are deserving of care.

Early prevention for these preschool-aged children is important concerning the difficulty that older homeless children have been found to struggle with later in life. The best outcomes are



seen when children are ensured positive experiences prior to entering school. Cost-benefit studies have demonstrated a strong return on investment for high-risk children beginning as early as age four (Center on the Developing Child, 2012). It is clear that homeless children tend to share certain disadvantages and encounter similar developmental challenges during their preschool years and that there is a special nature of health problems among the homeless. The developmental barriers associated with homelessness limit opportunity for normal development and for making choices about the kind of lives these children want to have.

With this elevated risk for socio-emotional, behavioral, and academic problems, preschool-aged homeless children are also at elevated risk for the development of mental health problems (Taylor et al., 2006). The hidden causes behind mental illness can take the form of a lack of proper nutrition, stable housing, and supportive social networks. These social determinants concerning homeless children's health add a moral argument for society's obligation to supply needed mental health services to this population. From my time spent at The Ark, it was only confirmed that homeless children as young as the preschool years are at risk to suffer from mental illness and do not have fair opportunity for normal functioning. They need to be provided with it. This must be done so with mental health services that addresses each social determinant that significantly affects young homeless children. Homeless children a population deserving of much needed help and care, and yet the children at The Ark are an illustrative example of the absence of fair equality of opportunity.

### **The Most Common Barriers to Care**

The Ark was able to provide the children with a calm and safe place to socialize. Homeless parents don't always have the time, energy, or resources to safely supervise outdoor play, and children in shelters often miss out. All children need to express themselves, and The

Ark provided homeless children the opportunity to do so with a variety of vehicles. However, I found The Ark was providing the basic minimum for the homeless children of Baltimore. I saw a need for deeper and more intensive care for these children. A safe place for children to spend their days outside of the streets, homeless shelters, or transient housing is not enough to compensate for the developmental damage already suffered by these young homeless children. Children at The Ark as young as the age of three displayed deep and real negative emotions. I saw the emotional instability of these children permeated their peer relationships, their learning landscape, and behavior adjustment.

The social determinant most largely addressed by The Ark was academics. Serving as a preschool, The Ark's mission was to prepare its preschool students to enter the Baltimore City public-school system. And yet, The Ark also hardly addressed the health, family life, and mental health of the children served daily. This is not to say that The Ark was not making an effective difference in the lives of Baltimore's homeless children. However, there were many needs of the children that I saw not being met. Specifically, I saw the desperate need for mental health services. It is clear that many social determinants must be addressed when addressing the mental health of homeless children. The developmental barriers discussed above reflect the complexities of working with the homeless population. There are multiple needs, such as social, educational and mental health problems of homeless families. Homeless children face adversity concerning housing, family, school, and health. Unfortunately, there are a multitude of barriers to care. To begin, the mental health needs of homeless children are often not the first priority given that often the primary needs of homeless families are rehousing and financial stability. In addition, many homeless families perceive physical health deserving of higher priority than mental health (Tischler et al., 2000).

In contrast with the single adult homeless population, there also has yet to be the development of systematic mental health services for the families and children homeless population. In a time of crisis or mental unrest, there are no mainstream services available to these families (Tischler et al., 2000). Despite the severity and frequency of mental health problems among young homeless people, they are less likely to be referred to specialist services. When they do, these may prove difficult to access: reasons for this include: waiting lists, children's mobility and lack of flexibility from services, perceived stigma of mental health services, not fulfilling referral criteria for severe mental illness, lack of collaboration between mental health, social housing, and non-statutory services and consequently, in-effective use of resources (Taylor et al., 2006).

These barriers to care make accessing mental health services more difficult for homeless children (Park et al., 2011). Another practical obstacle to mental health services results from homeless children's lack of control over their safety and health. For instance, a mentally ill mother inhibits a child's mobility or ability to obtain care. Several other obstacles result from practical, structural measures. A lack of the financial resources needed to obtain care is the most common cause. The socioeconomic challenges in combination with the instability of homelessness often result in the inability to obtain any form of medical insurance. However, the barriers to care are not just limited to the homeless population such that even private insurance covers health needs according to a very narrow definition. There is no insurance policy in existence that covers the issues associated with the social determinants of and developmental barriers associated with mental health that have been discussed. There is a need for policies that address housing, better nutrition, more flexible schools, and so forth that address these social determinants. The Ark cannot do it all. Already struggling to find and identify with a community,

it is rare for homeless families to find access to comprehensive services with infrastructural efficiency, success, and a sense of community. The existence of such comprehensive services is simply not available.

### **Recommendations**

There is a common interest among researchers, educators, and community stakeholders to promote the health and adjustment of homeless children (Gewirtz, Hart-Shegos, & Medhanie, 2008). The needs of homeless families require a multi-disciplinary response from preventative services. There must be an active endeavor to engage and coordinate multiple agencies in order to increase the range of services available in order to address and bisect domains of adjustment and child, family, and community contexts of influence (Tischler et al., 2000). Community integration and agency partnerships are essential to providing mental health services to homeless children because mental health services receive less funding than physical health or counseling services. Community integration often occurs during the transition of mentally ill individuals into other services and/or housing options. This transition often requires agency partnerships that allow for care providers to work together to assist individuals transitioning from one program to another. In order to do this a care provider does not simply discharge a youth from services once the program is complete, but instead assists into their new surroundings or service (Smith, 2009). With the instability of homelessness, these families must be provided with flexible and consistent services and thorough follow-ups and referrals.

Thus, it is essential to treat young children's mental health problems as persistently and consistently as possible within the context of their families, homes, and communities. It is recommended by the National Center for Homeless Families State Report Card that in order to improve access to mental health care, collaborations between agencies that serve homeless

families and the health care community would be necessary. The current best practices in mental health services for youth from chronically homeless families come from the following service providers: child psychiatrists, clinical managers, family physicians, housing coordinators, licensed social workers, physician assistants, public health nurses, and social work interns (National Health Care for the Homeless Council, 2009). However, the transient nature of homeless families and the separate funding streams of these services make it difficult to collaborate.

### *Shelter as an Intervention*

One solution to combat the risk of mental illness among homeless children is the collaboration of these mental health service providers with supportive housing. This is the “shelter as an intervention” approach. This collaboration provides a valuable solution but hitherto underused and underdeveloped opportunity to support children’s psychosocial functioning. Unfortunately, very few supportive housing sites have been found to demonstrate high “system efficacy” in accessing children’s mental health services, and only a small minority of sites had experienced, licensed, on-site therapists or staff with any experience in best practice prevention or treatment approaches. Other research has shown that providers are also lacking in knowledge about child development or children’s mental health, and many sites do not conduct mental health screening for service planning (Gewirtz, Hart-Shegos, & Medhanie, 2008). It is important to recognize that not all services are effective. The collaborative efforts between supportive housing and mental health services must include some combination of the following features: highly skilled staff, small class size and high adult-to-child ratios, a language-rich environment, age-appropriate curricula, stimulating materials in a safe physical setting, warm,

responsive interactions between staff and children, and high and consistent levels of child participation (Center on the Developing Child, 2012).

There is concern and debate as to whether or not mental health services are available to homeless children. Concerning the majority of poor, urban children, the research has shown that these children do not receive mental health services when in need. While the need for mental health services can be assumed to be at least as great for homeless children as for their poor, housed counterparts, the impact of homelessness on receiving mental health services remains unclear. Several dynamics could potentially lead to differences in children's use of mental health services based on housing status. On the one hand, the use of mental health services may increase with the onset of homelessness. Park et al. (2011) found that children were more likely to receive mental health services once they enter a homeless shelter. The explanation for these findings included the idea that attention increases from service providers in homeless shelters (Park et al., 2011). Without intervention, mental health problems in homeless young people are likely to persist, reduce their ability to cope with homelessness and its related stressors, make it difficult for them to engage with housing and social care agencies, and inevitably impede their ability to move forward (Taylor et al., 2006). These findings further fuel the argument for implementation of mental health services to children through homeless shelters and supportive housing.

Federal, state, and community grants provide funding for many types of these services for the homeless population, including mental health. There is a need to open the lines of communication between agency and service partnerships with supportive housing in order to increase the number of services available to the homeless children population in shelters. When supportive housing is combined with services to promote the mental and physical health of its

residents, the subsidized housing has the potential to be quite cost-effective. DARE to be you (DTBY) is a prevention program that serves high-risk families with children 2 to 5 years old. The developmental approach of this program is directed towards age-appropriate social and emotional functioning of participants in early childhood. DTBY is one example of programming specific to the mental health of homeless children that can be utilized in homeless shelters (National Registry of Evidence-based Programs and Practices, 2006).

Further, the mental health services should not only provide direct intervention with the children but also prevent preventative intervention that offers parenting skill building type services in such settings would be useful for families with children. The only communication The Ark had with supportive housing in Baltimore was to coordinate when the van would pick up and drop off the children each morning and afternoon. Although The Ark was providing a safe haven for homeless children on a day-to-day basis, the lack of coordination between The Ark, the supportive housing, and social services was largely lacking. This recommendation for preventative care among homeless families will help ensure that resident parents will be capable to care for their children with access to parenting skills training and family support in conjunction with mental health services. The Ark currently does not do whole family counseling and guidance. With the recommendation for effective interventions in supportive housing, the hope is that not only will these children engage with the community of supportive housing and mental health services, they will thrive in these settings regardless of their current housing status. As such, there is a need to deliver preventative interventions in community sectors of care (National Health Care for the Homeless Council, 2009).

The application of family supportive housing in promoting children's healthy development is one way to attempt to attack many of the social determinants creating

developmental barriers to homeless children's mental health (Gewirtz, Hart-Shegos, & Medhanie, 2008). A model program that addresses the family as a whole is the Strengthening Families Program (SFP). The SFP is a parenting and family strengthening program for high-risk and regular families. This evidence-based family skills training program works towards reducing problem behaviors, improving parenting skills, and improves social competencies. If this program were to be tailored specifically to homeless families, the program would be able to address behaviors and issues specific to the homeless experience (Kumpfer, 2008). Programming such as SFP is an indirect but effective way to combat the negative effects of homelessness on child development.

### *Advocacy*

A second recommendation is the idea that The Ark should take up advocacy. The Ark can serve as an advocate for policies that help the homeless families and children it serves. It is important to be aware of and advocate for mental-health help in preschools with the argument that it is an efficient way to help small children learn lifelong social and emotional skills they need. Providers of early care and education would be better equipped to understand and manage the emotional and behavioral problems of young children if they had more appropriate professional training. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live.

If the caregivers at The Ark become actively engaged in advocating for other social determinants surrounding the homeless children's well-being, The Ark would be engaging in a broader impact on early childhood mental health. Increasing knowledge and awareness is a vital first step toward reaching the children who need help the most. For example, The Ark can join the initiative of a national effort focused on meeting the mental health needs of young children as



part of overall health care. There is a need for policy makers to consider a comprehensive approach at the federal and state levels for the appropriate intervention for children to be at risk for mental disorders in early childhood settings. Policies must be in existence to ensure referral for screening of children in the preschool years who are involved in homelessness, foster care, or abuse, neglect, and substance abuse. Homelessness is a state of being that often results in the failure to meet minimal standards for health and safety for its children. Although the American Public Health Association and the American Academy of Pediatrics have formulated out-of-home child care programs that includes homeless children, the well-being of these young children require even more public attention to early care and education settings. Despite the current existence of standards such as these, there is still a long way to go.

Homelessness represents an interruption of normalcy in the lives of children. This disruption will likely affect the ability of these children to live independently in the future, and may lead to current and/or future diagnoses of mental illness. Addressing the risk-mediating roles played by both causal-links such as childhood homelessness, as well as protective factors, such as social integration, may allow researchers and policy makers to improve overall mental health among homeless youth. The striking shortage of well-trained professionals with expertise in mental health services for homeless families with young children needs to be addressed. By exposing and working towards the elimination of these developmental barriers, service agencies may provide lasting support to youth, ultimately allowing them to embrace a healthy life with mental soundness.

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