

Child and Youth Health and Homelessness

"[We] recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. [We] shall strive to ensure that no child is deprived of his or her right to such health care services."

UN Convention on the Rights of the Child, Article 24

"[We] recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development... We shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing and housing."

UN Convention on the Rights of the Child, Article 27

Signed 16 February 1995

Summary of Recommendations:

- **Expand and improve mental health services for children experiencing homelessness.**
 - Ensure access to mainstream behavioral health systems
 - Increase trauma-informed mental health outreach services, including crisis services for shelters
 - Increase funding for the Community Health Services Performance Partnership Block Grant
- **Expand and improve services for teenagers experiencing homelessness.**
 - Increase mental health, outreach and risk reduction services
 - Implement enhanced planning and services for youth aging out of foster care
 - Increase coordination between the child welfare, legal, education and homeless service systems
 - Ensure access to routine adolescent services adapted for homeless youth, specifically educational and employment services
 - Ensure developmentally appropriate services for teenage heads of household in shelters
- **Ratify the U.N. Convention on the Rights of the Child.**
- **Expand the Chronic Homelessness Initiative to include children, youth, and families.**
- **Appropriate resources for the following programs in FY 2006:**
 - At least \$705.3 million for Violence Against Women Act programs
 - At least \$730 million for the Maternal and Child Health Services Block Grant program
 - At least \$70 million for Education for Homeless Children and Youth Program
 - At least \$140 million for Runaway and Homeless Youth Act programs

Homelessness among children and youth in the United States is a horrifying reality. Each year in the United States, more than 1.35 million children experience homelessness¹ – living in shelters, vehicles and parks, or doubled up in crowded rental units with family or friends. The fundamental cause of homelessness among children and youth is the lack of safe, decent, and affordable housing. This lack of permanent housing is complicated by several factors: the inability of families and independent young people to secure livable incomes; disruptions due to domestic and community violence; childhood abuse, neglect and abandonment; poor health conditions including addictions and mental illnesses; and inadequately funded and overwhelmed family preservation and support systems.

The causes of adult homelessness can begin in childhood. Many homeless adults have experienced homelessness and out-of-home placements as children. Almost half of homeless families have children who are currently living in, or have lived in, out-of-home or foster care placements. Parents who have never lived in stable families are less able to provide a stable home environment; consequently, only with homelessness prevention and early intervention services is there hope that the vicious cycle of homelessness will be broken for future generations.

Homelessness is a health hazard for children and youth. Homeless children and youth are at great risk of physical and mental health problems such as depression, malnutrition, immunization delay, asthma and complicated upper respiratory tract infections, and gastrointestinal problems. The transience and stresses involved in homelessness are risk factors for developmental delay and behavioral health problems. Without stable living situations, preventive physical and mental health services are difficult to access. Lack of health insurance and barriers to mainstream health care systems keep homeless children sick and make homeless youth less likely to seek the care they need for acute or chronic health problems.

¹ Burt, M. and Aron, L. "Homelessness: Programs and the people they serve." Washington, DC: Urban Institute, 1999

Spotlight Issue – Children’s mental health: Approximately one in every five school age children in the United States has a diagnosable mental disorder.² Children experiencing homelessness, in contrast, have a one in three chance of suffering from such a disorder by the time they are eight years old.³ The stress and trauma associated with a child’s lack of stable housing often lead to profound mental health needs. These needs, however, are regularly unmet, as the majority of mental health disorders in 6- to 17-year-olds goes untreated.⁴ A child’s unmet need for mental health care exposes him or her to a much greater likelihood of future school failures, employment instability and poverty than if the disorder had been identified early and dealt with immediately.

Spotlight Issue – Homeless teens: Many homeless youth are runaways, aging out of foster care, or abandoned and neglected by their parents. Rather than seek refuge in the limited number of teen shelters, most homeless youth choose instead to live on the streets. Surrounded by violence, drugs and prostitution, many of these youth suffer from emotional or physical trauma. They have disproportionately high rates of suicide, substance abuse, and sexually transmitted diseases, including HIV. The services most readily available to these teens – child welfare, juvenile and criminal justice, hospitals, among others – are fragmented, uncoordinated and ineffective; homeless youth are prone to become frustrated with the agencies providing these services. They become reluctant to access such services on a regular basis or follow up with mainstream services. Additionally, teens who are parents and heads of household are placed into mainstream family shelters, but their service needs are complicated by the ordinary developmental needs of adolescents.

Recommendations

1. **Expand and improve mental health services for children experiencing homelessness.**
 - A) **Ensure access to mainstream behavioral health systems.** Mainstream mental health service providers are not always knowledgeable about the specialized mental health needs of homeless children, and may lack the resources to overcome the barriers homeless families face in accessing mainstream systems. In many areas, there exist waiting lists for children needing low-cost or free mental health care. We urge Federal, state, and local governments to increase funding for training and services within the mainstream mental health system.
 - B) **Increase trauma-informed mental health outreach services, including crisis services for shelters.** Many families become homeless after one or a series of severe traumas, e.g. fire, domestic violence, or street crime. Shelters serving homeless families need to incorporate awareness and sensitivity to the affects of trauma into their residential, case management, and mental health services. Limited funding makes it difficult to adequately train and retain high quality staff who can meet children’s mental health needs. We urge Federal, state, and local governments to increase funding for homeless service providers to allow for specialized training for staff and for on-site mental health services.
 - C) **Increase funding for the Community Health Services Performance Partnership Block Grant.** Require states to allocate a significant portion of their grants on community-based services and supports for children with mental health needs.
2. **Expand and improve services for teenagers experiencing homelessness.**
 - A) **Increase mental health, outreach and risk reduction services.** Many homeless youth face complicated mental health and substance abuse issues due to traumatic history of abuse and neglect. Mainstream chemical dependency services are geared to adults and often do not have an adolescent focus. Although mental illness can strike any child, homeless youth are among those who are at an elevated risk. We urge federal, state, and local governments to specifically address adolescent risk reduction services and target resources for improving mental health services for homeless youth.

² U.S. Department of Health and Human Services. “Mental Health: A Report of the Surgeon General.” National Institute of Mental Health (HHS/SAMHSA). Dec 1999. <<http://www.surgeongeneral.gov/library/mentalhealth/home.html>>

³ Bassuk, Ellen, Friedman, Steven, et al. “Facts on Trauma and Homeless Children.” *National Child Traumatic Stress Network*. 2005. <http://www.nctsn.org/nctsn_assets/pdfs/materials_for_applicants/Facts_on_Trauma_and_Homeless_Children.pdf>

⁴ Katoaka, S.H., Zhang, L. and Wells, K.B. “Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status.” *American Journal of Psychiatry* 159 (2002): 1548-1555.

- B) Implement enhanced planning and services for youth aging out of foster care.** Youth aging out of the foster care system do not have the opportunity to receive family support like the 22 million young adults in this country who live with a parent because they are unable to support themselves. Without the support of family, they are on their own to obtain further education, and preparation for employment, as well as health care, mental health care and housing. Youth formerly in care have many strengths and talents and the desire to succeed, but the bleak reality is that an overwhelming number are ill-prepared for the responsibilities of adulthood. Former foster care youth are over-represented in populations of homeless young adults. We therefore urge local governments to provide transitional services and ongoing support systems for youth aging out of the foster care system.
- C) Increase coordination between the child welfare, legal, education and homeless service systems.** Many times an assigned county worker, a juvenile officer, a school social worker, and homeless outreach programs are trying independently to meet the needs of unaccompanied youth. There is a need for more inter-agency collaboration when working with a population characterized by multiple needs. We urge state and local governments and institutions to create model collaborations between systems to better serve and meet the needs of homeless youth.
- D) Provide routine adolescent services adapted for homeless youth, specifically educational and employment services.** There is growing evidence that young people can leave homelessness by providing the right combination of housing and social support, along with education, training, and employment assistance. We urge federal, state, and local governments, as well as foundations to replicate and disseminate effective programs that provide educational and employment services for homeless youth.
- E) Provide developmentally appropriate services for teenage heads of household in shelters.** Many homeless youth have experienced trauma, abuse, and a long history of neglect. Becoming independent and economically self-sufficient, normal developmental tasks of adolescence, is significantly hampered by their situation. Especially vulnerable are adolescents who are homeless with infants and small children. Without specific intervention, they risk repeating history for another generation. We urge federal, state, and local governments to invest in developmentally appropriate training and intervention programs for teen parents to break the cycle of abuse, neglect, poverty, and homelessness.
3. **Ratify the U.N. Convention on the Rights of the Child.** The General Assembly of the United Nations adopted the Convention on the Rights of the Child in 1989. Nations ratifying the Convention commit to protect the basic human rights of children, including: survival; development to the fullest; protection from harmful influences, abuses, and exploitation; and participation fully in family, cultural, and social life. The United States and Somalia are the only two nations who have not yet ratified the Convention.
4. **Expand the Chronic Homelessness Initiative to include children, youth and families.** The Administration's Chronic Homelessness Initiative dedicates Federal, state, and local resources to people fulfilling the chronic homelessness criteria – "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years." Homeless families, children and youth are precluded from the benefits of the initiative and are often overlooked by their communities, unfortunately but necessarily, because of a narrowly constructed national priority.
5. **Appropriate resources for the following programs in FY 2006:**
- Violence Against Women Act – \$705.3 million.** The current funding level for Violence Against Women Act (VAWA) programs is far short of the amount necessary to enable communities to provide violence intervention services to families experiencing domestic violence. We urge Congress and the Administration to appropriate at least \$705.3 million in FY 2006 for VAWA programs. Additional resources will ensure that shelter, counseling, legal, and other support services will be available for the many victims of violence.
- Maternal and Child Health Services Block Grant – \$730 million.** The current funding level for the Maternal and Child Health Services Block Grant program falls far short of the amount necessary to enable states to provide health services to children, youth, and families. We urge Congress and the Administration to appropriate at least \$730 million in FY 2006 for the MCH block grant.

Education for Homeless Children and Youth Program – \$70 million. The Education for Homeless Children and Youth (EHCY) program, reauthorized in 2002, provides homeless children and youth the opportunity to enroll, attend, and succeed in school. EHCY removes obstacles to enrollment and retention by establishing liaisons between schools and shelters and by providing funding for transportation, tutoring, school supplies, and the coordination of statewide efforts to remove barriers. The current funding level for the EHCY falls far short of the amount necessary to ensure access to education for all children and youth experiencing homelessness and the support they need to succeed. We urge Congress and the Administration to appropriate at least \$70 million in FY 2006 for the EHCY program.

Runaway and Homeless Youth Act – \$140 million. RHYA programs support cost-effective, community-based services that protect youth from the harms of life on the streets and either reunify them safely with family, find alternative placements, or ensure their successful transition to independent adulthood. RHYA programs provide crucial housing, education, life skills, and other opportunities and supports to vulnerable youth at a pivotal juncture in their lives. They make the difference between remaining in homelessness and poverty, or achieving stability and independence. Unfortunately for these youth and for our nation's future, the need for comprehensive services continues to outpace the ability of RHYA programs to provide them. We urge Congress and the Administration to appropriate at least \$120 million for RHYA Basic Center and Transitional Living programs (TLP) and at least \$20 million for the RHYA Sexual Abuse Prevention (also known as Street Outreach) program in FY 2006.