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# Missoula's Homeless Children: Effects of Homelessness on Mental, Emotional and Social Health

Sarah Lynn Shapiro

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## Introduction

The World Health Organization (WHO) defines health as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 2015). Being homeless has a dramatic effect on the health and well-being of individuals. More than 1.5 million children live in families without a home (Aratani, 2009). Mental, emotional, and social health of children are all greatly impacted by being homeless.

Homelessness negatively affects the mental functioning of children. In the Massachusetts shelter system, a research study of 82 homeless families found that “47% of the 81 children tested manifested at least one developmental delay” (Hart-Shegos, 1999). A similar study was done in Ohio of 162 homeless children that found that “44% manifested at least one developmental lag.” (Rafferty, 1991). Both of these studies showed that being homeless made a child’s chances of having a developmental delay, such as language development, more likely. Other cognitive functions, such as learning disabilities, are also greater in the homeless population. In a research study of the Metropolitan Achievement Test in mathematics, 4,203 homeless children grades 2-8 were compared to children of stable housing. Results of this study found that “Homeless students were less than half as likely to score at or above grade level as were all students both citywide and in the three districts with the most homeless children” (Rafferty, 1991). Overall, homeless children in multiple studies were seen to have more delayed development and learning difficulties than the children of stable housing (Vostanis, Grattan, Cumella, 1997). “Nationally, 75 percent of homeless children perform below grade level in reading, 72 percent perform below grade level in spelling, and 54 percent perform below grade level in math” (Hart-Shegos, 1999). Clearly, these studies reveal that children that who experience homelessness have cognitive issues and perform worse in school.

In addition to cognitive issues, children who experience homelessness also tend to have more mental health issues than those children with stable housing. Numbers from the Children’s Depression Inventory (CDI) and Children’s Manifest Anxiety Scale (Bassuk, Ellen, Rubin, Lenore, 1987) reveal that homeless children tend to have higher depression, anxiety, and self-

harm rates (Vostanis, Grattan, Cumella, 1997). In a Massachusetts study of 156 children from 82 families with children that completed the CDI, “54% of the 44 homeless children over the age of five scored above the cutoff score of nine, indicating a need for mental health evaluation; 31% were clinically depressed” (Rafferty, 1991). The study described that the greater the score, the less likely the child would be able to receive services to help with the mental illness. Another study that looked at New York school aged children described that “Almost half (47percent) have problems with anxiety, depression, or withdrawal, compared to 18 percent of other school age children” (Rafferty, 1991). That difference in percentage between children in stable housing and children facing homelessness is a large gap.

As well as mental health issues, homeless children have been observed to struggle more socially than children of stable housing. Homeless children have more behavior issues, and also tend to have smaller social groups (Rafferty, 1991). When looking at homeless children compared to children of stable housing, the children of stable housing tend to be more “popular” and have more friends. Also, with the instability in housing, many homeless children change school district’s often, and therefore need to change social groups (American Psychological Association, 2015). The changing of schools and friend groups leads children to have a harder time adjusting socially. The mix of behavior issues and switching school districts leave homeless children with a lack of stability and social coping skills.

The biggest indicator of whether someone will be homeless in the future is if they were homeless as a child (Kelly, 2007). Research has shown that childhood homelessness has been linked with higher adult “substance abuse issues, mental illness, attempted suicide, criminal activity, later victimization, risky sexual behavior, and homelessness” (Kelly, 2007). Being homeless as a child frequently effects a person’s coping skills and leads to a variety of mental, social, and physical health issues. The future of homeless children really depends on services and resources that are offered to that child as they develop.

The homeless population in Missoula is large and growing. According to the Missoula County Public Health Department, “In Missoula, half of the homeless are families, and they are the fastest-growing population of homeless people in the U.S. and in Montana” (MCPHD, 2012)

While the entire homeless population is growing, the number of homeless families is growing even faster. According to Missoula's 10 year plan to end homelessness, "The number is fluid, but on any given day, at least 200 people are homeless in Missoula" (Missoula County, 2012). The Missoula County 10 year plan describes that a majority of the homeless population in Missoula are Missoulians that are going through a rough financial time. Contrary to popular belief, the homeless population has not traveled here from outside of Missoula to obtain free resources.

With such a large number of homeless children in Missoula, it is really important that we find the most effective interventions to put in place to help prevent future health issues. When looking at all the health issues that children face because of homelessness, and the long term results of homelessness, early interventions are vital. It is also important to understand what interventions will be best implemented in Missoula specifically.

### **Research questions**

- What effect does homelessness have on Missoula children's mental (cognitive), emotional and social well-being?
- What interventions are in place in Missoula to reduce the effects of homelessness on children?
- What are the barriers to addressing the problem of homelessness in Missoula?

### **Research Methods**

**Study Participants:** Participants consisted of staff and administrators of local non-profits that serve the homeless and low-income population.

**Data Collection:** Data was collected through in-person, structured interviews. Interviews were held with individuals in the Missoula community who work directly with the homeless children. I used the snowball sampling technique to recruit participants.

Snowball sampling consists of asking the person being interviewed for the names and contact information of other individuals they believe will be an asset to my research. Individuals who were recommended for future interviews were emailed to ask if they were willing to be interviewed and to set up the time and place for the formal interview. Written notes were taken during each interview. Three of the five interviews were audio recorded.

**Analysis of Data:** Qualitative data analysis is the interpretation and understanding of data found from interviews, video's, images, documents, etc. The goal is to find meaning, symbolism, or themes from the sources at which you are looking (QDA, 2012). In this study, audio recordings and written notes were reviewed. Important categories from each interview were noted and were compared with subsequent interviews to determine patterns and relationships among the interviews. Major themes that related to the research questions evolved from those patterns and relationships.

### **Results:**

From January 2016 through March 2016, five key informants were interviewed for this needs assessment. The key informants were professionals or gatekeepers within the homeless community. All interviews were located in Missoula County. Following is a list of participants:

- Coordinator - Family in Transitions
- Executive Director – Missoula Youth Homes
- Assistant Attorney General – Child Protection Unit
- Development Associate - Poverello Center
- Coordinator, Reaching Home - United Way of Missoula

The key informant interviews lasted from 35 minutes to one hour. Key informants ranged in age from early thirties to early sixties. Four interviews were conducted face-to-face, while one interview was over the phone. Themes from the key informant interviews are discussed below.

**Common Themes:**

**Theme One: Academic Struggles are Common**

Most interviewees agreed that homeless children tend to struggle more academically. Keeping up in school is difficult for children because of the insecurity about where they are staying and eating each day. One key informant stated that when looking at the hierarchy of needs, these children sometimes have to figure out other basic needs before school related tasks. One key informant had this to say about academic struggles:

*“Being homeless is like having a learning disability imposed on them. It makes academics even harder for a homeless child. In the hierarchy of needs, academics will come after basic needs.” (KI 3)*

**Theme Two: Emotional and Social Issues Occur Often**

Many key informants agreed that emotional and social issues occur frequently in homeless children because of the lack of basic resources. They explained that lack of basic resources and trauma of homelessness can lead to fewer coping skills which can illuminate more emotional and social issues. Many key informants described that children who have faced homelessness tend to be more withdrawn, resistant, and defensive. One key informant described it as:

*“These children take on an adult level of commitment, and are left feeling stressed and anxious. Homeless children handle more responsibility than the average child their age.” (KI 5)*

**Theme Three: Lack of Funding for Organizations that Address Homelessness**

According to a few of the key informants, one of the biggest barriers in Missoula to addressing the mental, cognitive, and social issues that children face because of homelessness is the lack of money to fund programs and services. Organizations and businesses that are attempting to solve these issues often do not have adequate funding to either continue to meet the need of the population or grow to offer more services. Many non-profits that address homelessness rely on grants that can vary from year to year. Those grants also dictate how a non-profit must function. A few key informants described the need for affordable housing for working families in Missoula. But, the deficiency of subsidized housing and funding to organizations in Missoula that assist with

housing creates a large obstacle. One key informant described the lack of funding to organizations that address homelessness as a barrier by stating

*“Lack of money is one of the biggest barriers. Bad outcomes occur when you take away the support. These organizations rely on the money to come in each year to serve the populations.” (KI 3)*

#### **Theme Four: Stigma Halting Progress**

Stigma is a big barrier to seeking help. Some key informants mentioned that parents struggle in accepting or asking for help because of the stigma that follows homeless families. Even though Missoula is considered a progressive community, there is still negative judgement about homeless or struggling families. One key informant described this issue by saying:

*“The stigma of parents having to say they failed is a big issue. It prevents families from attempting to get the help that is offered in Missoula. It even prevents children from asking for help.” (KI 4)*

#### **Theme Five: Missoula Helping the Homeless Children**

Overall, the interviewees all stated that there are many resources in Missoula that are meant to help homeless children. Those resources include the Poverello, YWCA, Families in Transition, lunch programs in schools, Missoula County Health Department, Partnership Health Care, Child and Family Services, and Best Beginnings. These organizations assist children with any issue relating to basic needs that can help their physical, emotional, and cognitive health.

The most important barrier to accessing services for homeless individuals are the two definitions of homelessness. Government agencies and non-profits have two different definitions of homelessness: McKinney-Vento and HUD (Housing and Urban Development). McKinney-Vento is defined as not having a secure sense of housing, which could include staying with relatives or staying in a vehicle. HUD is defined as not having any sort of shelter (Administration for Children and Families, 2016). These definitions are important because agencies can decide which definition of homelessness their clientele needs to fit into in order to gain access to the service. The HUD definition is stricter and more defined, and the McKinney-Vento definition is

broader and more encompassing. Many more people that are struggling in Missoula fall into the McKinney-Vento category. One key informant commented on these services by stating:

*“Although there are many services in Missoula, homeless families and children are still an underserved population. Many services they do not have access to because of different barriers, including time limits or definitions of homelessness.” (KI 4)*

## **Discussion**

Results from this study reveal two major issues faced by children who are homeless. First, each key informant mentioned that academically, homeless children are going to struggle more than the average child to keep up in school. They discussed that homeless children have multiple barriers to being fully focused and able to learn. Some of those barriers include not having a stable transportation to attend school every day, not having a safe environment to practice homework, not having assistance with homework, or needing to take care of a different basic necessity instead of attending school. One key informant mentioned that even when these children are at school, they may be distracted because they have many other tasks or issues to be thinking about. The fact that homeless children struggle academically was supported by the literature,, “Nationally, 75 percent of homeless children perform below grade level in reading, 72 percent perform below grade level in spelling, and 54 percent perform below grade level in math” (Hart-Shegos, 1999). As seen in both the qualitative data analysis and the literature review, homeless children struggle academically more often.

The second major issue that all the key informants discussed was the emotional and social issues that homeless children face. The emotional and social issues tend to be very connected because of the trauma of being homeless. All key informants stated that many homeless children tend to have some emotional issues, mainly anxiety. According to a few of the key informants, this anxiety along with trust issues can lead homeless children to be distant and withdrawn from others. Along with changing location often, it is difficult for many homeless children to make and maintain friendships. The presence of social and emotional issues was supported in the literature. Many researchers have found that homeless children are more likely to be anxious, depressed, and withdrawn (Rafferty, 1991). These emotional issues, changing location often, and

various other factors all contribute to homeless children struggling with relationships (American Psychological Association, 2015). Both the literature review and qualitative data analysis describe potentially that being homeless may have a link to more social and emotional issues than the average child.

There are many barriers to addressing these health issues of homeless children. The main barriers to Missoula homeless children accessing services are tedious paperwork and the two definitions of homelessness. The large amount of paperwork that needs to be completed in order to prove eligibility for services is a big deterrent for many children. One key informant described a program they have that allows them to help the homeless population without all the paperwork. Paperwork excludes many people who need the service. Paperwork can be not only time consuming, but if an individual does not have a birth certificate or other documents needed to complete the paperwork it is not possible to complete it. Another barrier is the two different definitions of homelessness: McKinney-Vento and HUD. McKinney-Vento is defined as not having a secure sense of housing, which could include staying with relatives or staying in a vehicle. HUD is defined as not having any sort of shelter (Administration for Children and Families, 2016). Many of the key informants discussed that the homeless population is mainly in the McKinney-Vento definition of homelessness. But, that entails that they are not able to use any service that only allows HUD. This is important because many people who are struggling in Missoula do not have the resources that they need because of the hardship of accessing because of paperwork and strict definitions.

Although there are many barriers to accessing services, there are still many great resources in Missoula that are meant to help the homeless population. Those organizations include the Poverello, YWCA, Families in Transition, lunch programs in schools, Missoula County Health Department, Partnership Health Care, Child and Family Services, and Best Beginnings. These services all play a very important role in combatting the issues that homelessness can put on children. When children have access to these services, they have more assets to help them be more successful in the future. The services in Missoula are growing, but they still have many barriers to overcome to help the growing population of homeless families in Missoula.

## **Conclusion**

Overall, the findings from the literature review and the information from my primary research hold very similar understandings of the effects of homelessness on children's emotional, social, and cognitive health. Overall, through the interviews I found that homeless children need more help than the Missoula community can provide currently. More money is needed in order to fund the organizations that have solutions to many of the issues. One solution to the stigmatization and isolation of homeless children include fighting the stereotypes surrounding homelessness. Hopefully that would help more children gain the services that they need. Along with ending the stigmatization, making the definition of homeless more inclusive can be a solution to families not qualifying for services that they need. For example, more services moving from the HUD definition to the McKinney-Vento definition for requirements. If children are helped from a young age, services may be able to help prevent some of the later issues (emotional, social, and cognitive) that may occur because of homelessness. The impact of helping children at a younger age would greatly help their chances of success into the future.

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Interview Questions

1. What effects does homelessness have on Missoula children's health?
  - a. Emotional health?
  - b. Social health?
  - c. Cognitive health?
2. What interventions are in place right now in Missoula to help reduce the impacts of homelessness on children?
  - a. Government (policies, etc.)
  - b. Community (nonprofits, socially, etc.)
  - c. Schools
3. What are the barriers to addressing these issues?
  - a. Government
  - b. Community
  - c. Schools