



Homelessness and Its Consequences

When a person or family is described as homeless, we think of people in despair. Yet, the very concept of “homelessness” transcends the simple reflection of difficult economic circumstances. It evokes a more unsettling description of people living in a state of disconnect from society itself. Having a home, a stable place of residence—even if the conditions are far less than may be desired—is a fundamental and almost universal goal of people in most human societies.

Most of us in the United States take our housing for granted. Whether luxurious or modest, and even if poorly maintained or literally run down, the vast majority of Americans grow up experiencing the notion of living somewhere

specific. Children “go home” after school; parents “come home from work.” The security of family, even when it is limited or consumed with other difficult issues, is closely tied to a stable place of being.

For homeless children and families in America, there is an altogether different reality. Understanding the implications and meaningful details of homelessness helps to clarify the health care challenges that homeless people and the service providers who care for them face on a daily basis. This is not just a matter of very disadvantaged children who need medical care and a food

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pantry; it is also about families who live in a state of social isolation and excessive risk physically and emotionally.

As is often the case in attempting to quantify social conditions, counting homeless people, especially children, is difficult. The first challenge is defining what we mean by “homeless.” A straightforward approach might be to simply count the number of men, women, and children staying in official homeless shelters across the nation on any given day. In the late 1980s in New York City, for instance, the number of homeless children in the city’s family shelter system comprised some 10,000

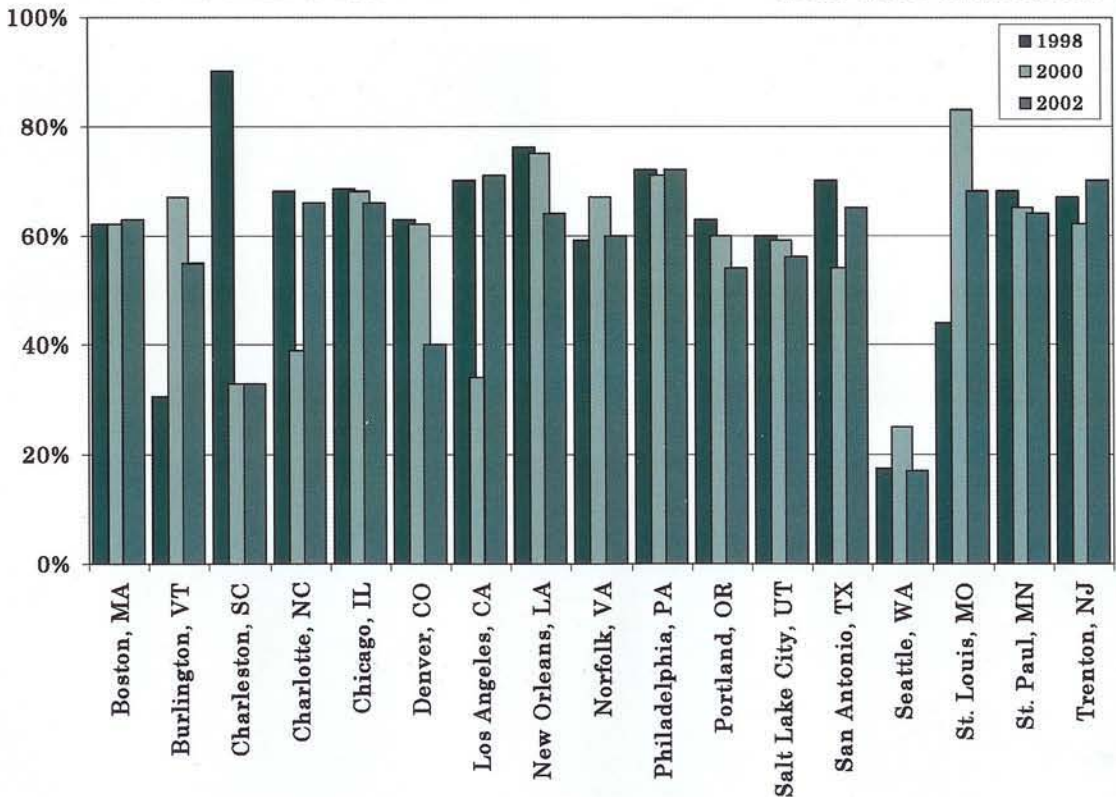


Figure 9.1: Percentage of Homeless Family Members Who Are Children in Select Major Cities

Source: U.S. Conference of Mayors 1998-2002

young people under the age of 20. By the summer of 2003, this number had risen to nearly 20,000.¹

The problem is that these are just “snapshot” accounts taken at any moment in time. In reality, families move in and out of the shelter system over the course of a year, so that the actual number of children in the shelter each year might be 50% to 75% higher than reflected by the one-time count. Using the criterion of being homeless for some part of the year, a 2001 study by the Urban Institute suggested that as many as 1.4 million children, or about 10% of the children living in poverty, were homeless in the United States.²

Family homelessness is increasing. Homelessness in America is surveyed each year by the U.S. Conference of Mayors. Their most recent report issued in December 2003 found that 80% of the cities surveyed had needs for more emergency shelters than in the previous year, and they expected the number of families requesting shelter would increase during 2004. Currently, families with children comprise 40% of the homeless population compared to single homeless men who make up 41% of that population.³ This is a starkly different face of homelessness than is generally expected.

Children in the family shelter system have been termed “attached” homeless children if they are living in a shelter with at least one parent or guardian. In large urban areas, there is another category of attached homeless children. These are children living with parents in temporary and transient conditions. For the most part, their families occupy squalid apartments, sometimes doubled and tripled up with other families. Often they do

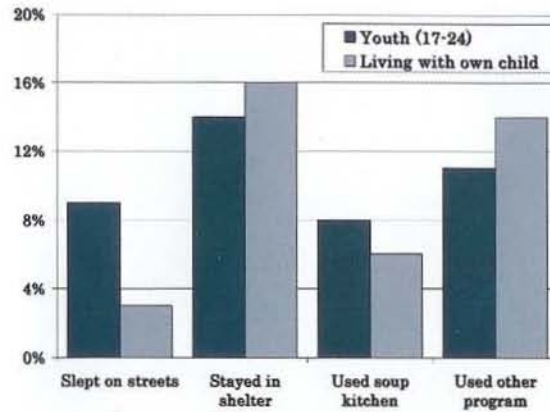
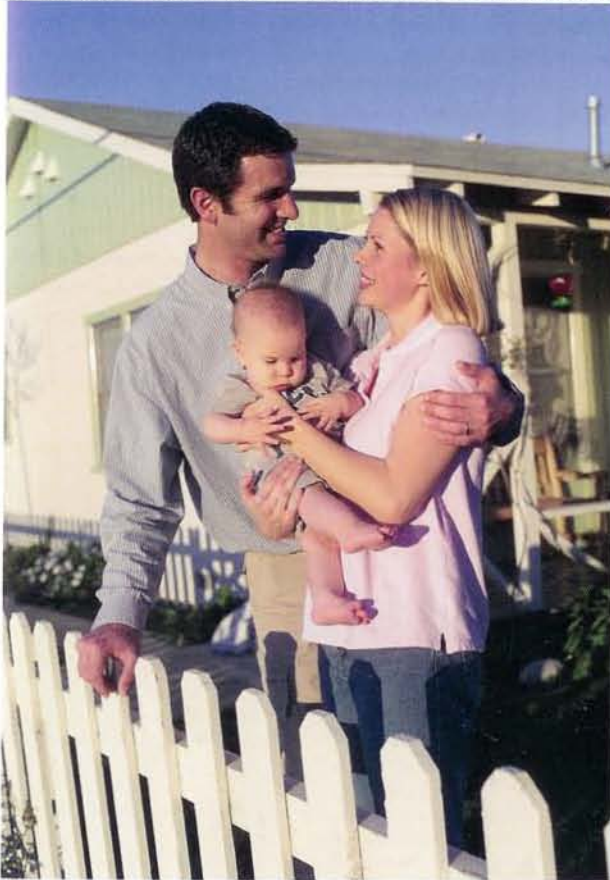


Figure 9.2: Percentage of Homeless Having Adverse Experiences Before Reaching Age 18 by Group Type, 1996

Source: Interagency Council on the Homeless 1999

not have legal tenancy rights, making their housing situation unstable. This is precisely the situation, for instance, with many indigent or near-indigent immigrant families who stay with a relative or friend in already overcrowded apartments or houses throughout the United States.

Severe overcrowding is a major problem in many inner-city and rural neighborhoods where such conditions lead to greater opportunity for the spread of infectious diseases as well as significant psychological stress for occupants. In New York City alone, it has been estimated that some 137,000 families with approximately 200,000 to 250,000 children are living in such situations.⁴ The point is that they are both homeless and invisible to the authorities.

There are also “unattached” homeless children and youth, including thousands of children in the nation’s foster care programs who are considered to be difficult to place or to adopt. These children may age out of the system and are simply released to the streets when they turn 18.

Youth who are living on the streets, including those who run away from home as well as those who are forced out by parents or guardians, are also classified as unattached homeless children. In fact, more than a million young people run away from home each year,⁵ many becoming

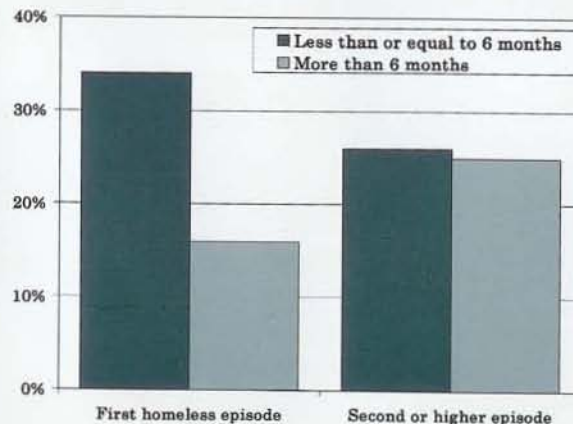


Figure 9.3: Percentage of Homeless by Length of Episode, 1996

Source: Interagency Council on the Homeless 1999

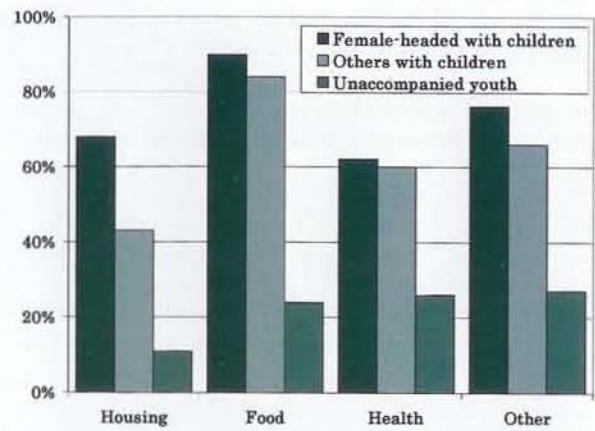
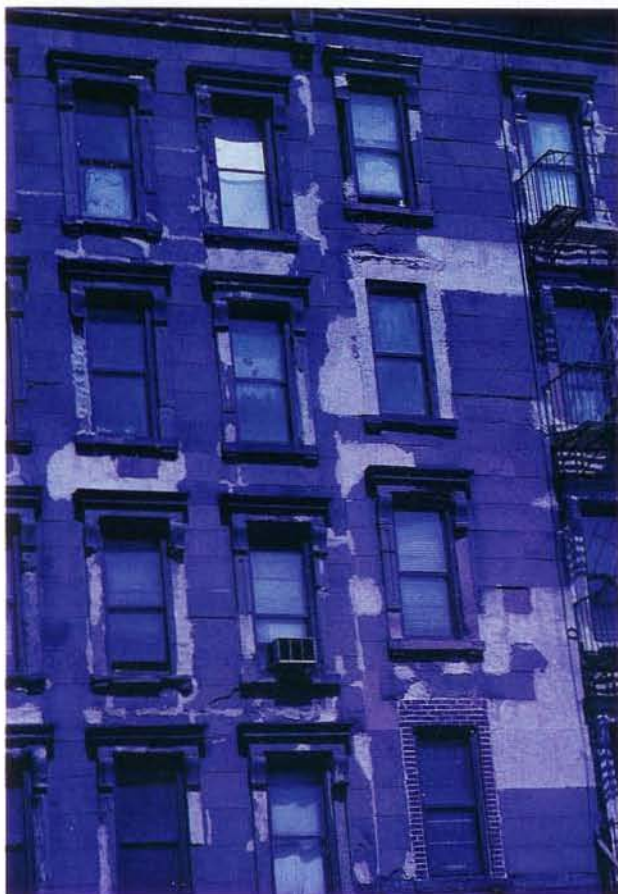


Figure 9.4: Percentage of Homeless Households Served by Homeless Assistance Programs by Service Type, 1996
 Source: Interagency Council on the Homeless 1999

part of the 200,000 youth and young adults living on the streets at any given time. Young people living in extremely adverse home environments and some children with behavioral or emotional problems are particularly vulnerable to being forced out of their homes or even voluntarily leaving them. Cities such as New York, Miami, Phoenix, and Los Angeles may have the highest populations of such high-risk young people. Overall, "street youth" comprise at least 5% of America's homeless population.³

Finally, it should be pointed out that even if a family is legally housed, there can be distressing inadequacies in the qualitative aspects of the structure or infrastructure of the family's dwelling. It is not uncommon, for instance, to see families in urban neighborhoods living in buildings with significant and persistent housing code violations, including serious problems with plumbing and electrical service, nonworking elevators, and the like. Similarly, in many poor rural areas throughout the United States, there are countless houses obviously in terrible physical condition that are serving as homes for economically disadvantaged families.

Are such families and children housed or homeless? Clearly, they have shelter and may well have legal tenancy rights. On the other hand, severely substandard

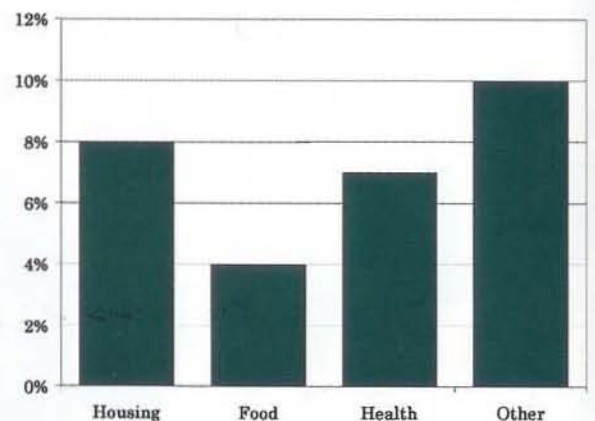


Figure 9.5: Percentage of Homeless Assistance Programs With Services for Runaway Youths, 1996
 Source: Interagency Council on the Homeless 1999

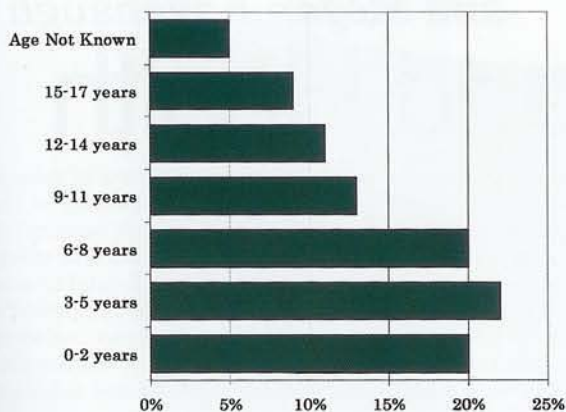


Figure 9.6: Percentage of Children Living with Homeless Parents by Age Group, 1996

Source: Interagency Council on the Homeless 1999

housing too frequently subjects the occupants, adults and children, to unacceptable risk of injury or illness. These families are living in the “gray zone,” somewhere between literally without shelter and adequately housed.

Few things are more unsettling to children and adolescents than being homeless or living in severely inadequate housing. The very reality of losing one’s home and being crowded into a neighbor’s or relative’s apartment or, far worse, being moved into an official homeless shelter is terribly distressing for most children. Generally speaking, such moves do not allow the children to take more than their most minimal possessions with them. The family, almost akin to the circumstances of refugees in war-torn areas, is suddenly thrust into unfamiliar environments which may well be perceived as threatening and overwhelming. Such circumstances certainly create stress and anxiety in children. A similar response in the parents or caregivers, who often feel a terrible loss of self-esteem and control, exacerbates the children’s reactions.

In addition, homeless children are frequently cut off from previously stable relationships with friends, school, and social connections that existed in their original

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neighborhoods. Among the more important disconnections associated with homelessness for children is the loss of access to the usual source of health care. In fact, typically seen among homeless children is a significant deterioration of health status. Levels of immunization against childhood diseases, control of chronic conditions such as asthma and diabetes, and the ability to get timely care for acute illnesses all may suffer substantially when children are homeless for extended periods.

Studies around the country have consistently shown that homeless children experience more acute and chronic health conditions and developmental problems than poor, but housed, children. A 1991 study of children in Philadelphia shelters indicated that homeless children also had more accidents and injuries than their peers.⁶ A New York City study on the impact of homelessness on preschool children—done in 1990 at the Martinique Hotel—showed that 75% of children in child care there showed speech-language delay and/or hyperactivity.⁷ This is consistent with the 1994 finding that 78% of school-age children in Los Angeles County shelters were depressed, had behavior problems, or had severe academic delays.⁸ Similar studies indicated that 72% of homeless mothers

showed signs of depression or other psychiatric disturbance. Barely half of the homeless children eligible for special education services received them, and only 15% of homeless mothers in need of mental health services got any help.^{9,10} More recently, an alarming rate of asthma (40%) was found among children entering the New York City shelter system,¹¹ a situation that the city is addressing through a variety of strategies to improve shelter conditions for homeless children with asthma.

Homelessness in the United States has become a seemingly intractable condition for millions of Americans. This means that children caught in the trap of poverty and homelessness will continue to face adversity and conditions that, if not abated, will affect their long-term ability to achieve their full potential and well-being as contributing members of society. Concerted, persistent efforts by advocates and policymakers will be essential in meeting this most difficult of domestic challenges.



Irwin Redlener

Irwin Redlener, MD, a pediatrician and associate dean at the Joseph L. Mailman School of Public Health at Columbia University, is a nationally recognized expert on child health policy and disaster preparedness. He is also president and cofounder of the Children’s Health Fund, a philanthropic initiative created to develop and support health care programs for medically underserved children. At Columbia, Dr. Redlener founded and directs the National Center for Disaster Preparedness, with a special focus on the needs of children in a post-9/11 world. The acclaimed New York Children’s Health Project, the country’s largest health care program for homeless children, was developed in 1987 by Dr. Redlener. It is the model for the Children’s Health Fund network of innovative health care projects serving extremely disadvantaged children in 17 urban and rural communities across the country. In his role as pediatrician-child advocate, Dr. Redlener has published, spoken, and testified extensively on the subjects of health care for homeless and indigent children, terrorism preparedness, and national health policy.