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Center for Advanced Studies in Child Welfare

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CW360°

a comprehensive look at a prevalent child welfare issue

Safety | Permanency | Well-Being

The Impact of Housing and Homelessness on Child Well-Being

Spring 2017

From the Editors

On any single night, an estimated 550,000 people experienced homelessness in 2016 (U.S. Department of Housing and Urban Development, 2016). Research has shown that the well-being of both families and unaccompanied youth is greatly affected by the experience of housing instability and homelessness. The nexus between housing insecurity and child welfare has become more clear over time. Poorer physical health, mental health, and educational outcomes are just a few of the negative consequences that families and unaccompanied youth face. Families and unaccompanied youth facing the many obstacles tied to attaining and retaining safe and stable housing often become involved with the child welfare system, and those same housing obstacles later contribute to barriers for family reunification once involved with the child welfare system.

This issue of *CW360°* explores the complexity of ensuring access to safe and stable housing and the resulting impact on the well-being of unaccompanied youth and families. The consequences of homelessness are not only costly for those directly affected by it, but also for child welfare systems and society at large. Over time, many federal, state, and community initiatives have addressed the need for access to affordable and safe housing, but more work is needed. Most child welfare experts in the areas of research, policy, and practice agree that in order to effectively end homelessness, we must begin by addressing poverty, ensuring equitable access to employment and education, and investing more in community-focused prevention initiatives.

Preparation for each issue of *CW360°* begins with an extensive literature review and an exploration of best practices in the field. Then, CASCW staff choose individuals who emerged as leaders or who had a unique contribution to the issue's topic to write articles that offer insights on a range of policies, programs and strategies to inform the child welfare practice community.

CW360° is divided into three sections: overview, practice, and perspectives. The overview section explores the history of housing and homelessness in the United States, and summarizes key federal and state housing initiatives and policies that address housing instability and homelessness for children, youth and families. The practice section includes articles on evidence-informed, innovative, and promising practices for ending homelessness and supporting families and youth in accessing safe and affordable housing. The perspectives section presents articles from a variety of child welfare stakeholders, highlighting key experiences and lessons learned from child welfare professionals, families, and youth related to housing and homelessness.

We have created a key to help you identify the articles in this issue that focus on unaccompanied youth, those that focus on families, and those that include both. Please look for the icon when searching for youth-specific articles, and look for the icon when searching for articles that are specific to families.

We have included information and tools throughout this publication that will help you identify opportunities to apply the research, practice, and perspectives to your own work settings. **Please refer to the discussion questions at the end of the publication to guide conversations with workers and administrators at your agency.** Please note, we have removed the reference section from the printed editions of *CW360°* in order to make more space for content. You can find a full listing of the citations in PDF format on our website at http://z.umn.edu/2017cw360.

We hope that you find this issue informative and useful in your work with children and families.

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The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

The WIT-Y consists of three components:
The WIT-Y Assessment, **The WIT-Y Snapshot**, and **The WIT-Y Blueprint**.

For additional information visit: z.umn.edu/wity

Center for Advanced Studies in Child Welfare

Anu family services

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Understanding the Nexus of Child Welfare and Housing in America

Ruth White, MSSA

For nearly two decades, I have happened upon the right combination of opportunities necessary to afford me a bird's-eye view of the intersection of housing and child welfare. Each day brings new appreciation of the impractical expectations we place on front-line child welfare workers who stand at this intersection and face the remarkable complexity presented by the families and communities with whom they work. With this understanding, I gravitate toward public policy solutions that coalesce a multi-disciplinary set of tools and resources flexible enough for a work environment where one arrives never knowing what each day will hold.

Housing instability is a major problem among child welfare families – triggering removal, delaying reunification, and creating conditions that lead to deleterious effects on child well-being. According to the U.S. Department of Health and Human Services (HHS) (2012), housing problems are commonplace among child welfare families and remediating housing problems poses a special challenge for which "child welfare workers are uniquely ill-equipped" (English, 2006, p. 237). Furthermore, we now have a solid base of evidence to indicate that solving family housing problems reduces caseloads, improves family well-being, and results in significant cost savings (Harburger & White, 2004; Farrell, 2016; Fowler, 2017; Littel & Scheurman, 2004; Shinn, 2016, U.S. Children's Bureau, 2017).

With the complexity of the child welfare field, housing-child welfare partnerships offer a straightforward way of keeping families together and safe. Given the growing number of homeless families and the shrinking pool of affordable housing in the U.S., perhaps cross-systems partnerships are more important now than ever before.

The History of Homelessness and Child Welfare Partnerships

The struggle of workers and policymakers to adequately match housing problems with housing services within child welfare has been documented in social work literature dating back to a 1975 report by Parke and Collmer. However, it was not until the unexpected spike in family homelessness in the mid-1980s that a broad audience took notice and intervened.

The emergence of family homelessness in the 1980s caught communities off-guard nationwide (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). The network of private and public family and domestic violence programs we see today (albeit still inadequate) did not exist. The only federal funding available to assist homeless families short-term, was the Emergency Food and Shelter Program administered by Federal Emergency Management Agency (White, 2005). While non-profit and faith-based institutions sprang into action, they were unable to fully meet the need for emergency shelter.

> It was not until the unexpected spike in family homelessness in the mid-1980s that a broad audience took notice and intervened.

As a result, communities were confronted with a growing number of long-term street homelessness among families. Community leaders turned to the only federal entitlement source available: child welfare funding under Title IV-E of the Social Security Act (Doerre & Mihaly, 1996). Given the inflexible nature of this funding stream, an alarming number of children were removed due to family homelessness (Thoma, 1998) and placed into care with little chance of reunification.

This trend triggered legal action on behalf of homeless families across the nation. The litigation resulted in at least four statewide consent decrees (Kosanovich, et. al., 2005), requiring the development of housing resources to keep homeless families together. The most well-known of these cases, the Norman Consent Decree, required Illinois to create a statewide housing assistance program using state dollars for housing counselors and to subsidize rent (Gwinn, 2015). Similar programs were established in several other states.

The most well-researched and robust of these partnerships is The Supportive Housing for Families Program, a partnership of the Connecticut State Department of Children and Families, the state housing authority, and a statewide non-profit agency, The Connection, Inc., with ongoing evaluation conducted by the University of Connecticut. Their research indicates that over 90% of families in this program maintain permanent housing and 88% of families remain intact (Farrell et al., 2017). This research also revealed that using state dollars to subsidize permanent housing saves the state $14 to $21 million dollars each year by avoiding foster care placement (Cronin, 2010).

In addition to statewide partnerships, legal efforts sparked a national conversation about the role that the child welfare system should play in responding to family homelessness. In 1990, the Child Welfare League of America (CWLA) convened with the Children's Defense Fund, American Public Human Services Association, U.S. Department of Housing and Urban Development (HUD), and U.S. Department of Health and Human Services (HHS) to discuss cross-systems coordination between child welfare and housing agencies. They created a program that matches HUD resources with HHS services – the Family Unification Program (FUP). HUD provides federal housing vouchers to local public housing authorities to pay fair-market rent in private apartments. Child welfare agencies identify families in need of housing, make the referral to their local housing authority, and provide services to help families find and keep housing.

It was the perfect marriage of social programs: each agency stays true to its mission and mandates, and resources are shared across systems to do what is in the best interest of families and communities (Doerre & Mihaly, 1996). FUP was included in the Cranston-Gonzalez National Affordable Housing Act of 1990 (National Center for Housing and Child Welfare, 2008). More than 330 communities (CWLA, 2013) have established FUP partnerships since then, many of which still exist today. Permanent housing subsidies coupled with services for families continues to be the gold standard in improving family

functioning and child well-being (Farrell et al., 2017; Fowler, et al., 2017: Ryan, 2009; Shinn et al., 2016). Cunningham & Pergamit (2017) and Dworsky (2016) say FUP continues to be a blueprint for housing-child welfare partnerships, but it is not a silver bullet.

How much housing work should child welfare agencies do?

Researchers and policymakers must continue to ask just how deeply child welfare workers should engage with families on housing issues (Fowler, 2015; Gambril, 2008; Shdaimah, 2009). Despite the known correlation between homelessness and child well-being, child welfare policy experts have not provided clear guidance as to when homelessness can or should be treated as child neglect. In a 2004 review of the literature, Jones, Meyer, and DePanfilis concluded that there is little evidence of a direct link between housing conditions and child maltreatment. Hirsch, et. al. found that "hazardous housing conditions triggered investigations but not substantiations of physical abuse or indicated reports" (2017, p. 87). Similarly, Shinn (2016) found that homeless families were more likely than housed families to be investigated but not substantiated for child maltreatment.

Poor housing and, particularly, homelessness continue to play a pivotal role in how families are assessed. Homeless families are more likely to have children placed in foster care than similar parents who are stably housed. Indeed, HHS reports that 10% of the children who entered foster care in 2014 were removed because of housing problems. Additionally, one-third of children in foster care are unable to return home due to inadequate housing (U.S. Greenbook, 2016).

When families cannot be reunited, regardless of the reason, there is a sizeable group of adolescents who remain in foster care until they become adults. The most recent figures indicate that 20,789 youth aged out of foster care in 2015. Though it is impossible to track the outcomes of each of these young people, several studies indicate that perhaps as many as a quarter of these young people will experience homelessness within a year of emancipation from foster care (Courtney & Hughes-Huering, 2005; Dworsky, 2005; Festinger, 1983; Pecora, Kessler et al., 2005).

This rate of youth homelessness is entirely predictable, yet child welfare policy makers have not allocated sufficient resources to prepare youth for independence. In fact, a top concern of former foster youth is their nearly universal inability to afford safe, decent housing (Champaign, 2014; Foster Youth in Action, 2017).

Left to navigate these challenges are frontline child welfare workers, who, in the absence of an adequate supply of safe and affordable housing, are all too often forced to separate homeless and precariously housed families in order to protect children. Family separation through out-of-home placement in the child welfare system is an inappropriate and costly solution to homelessness. Instead, researchers and policymakers must work harder to address America's affordable housing crisis at the federal level, so that child welfare workers can appropriately tap housing resources to support families, not foster care.

How can federal policy address family housing problems?

Because it administers FUP funding, HUD has led the charge on housing solutions that keep families together and safe. In fact, HUD has five subject matter experts trained on the intersection of housing and child welfare. But unfortunately, HUD's funding has decreased rapidly over the past 10 years.

In 2014, a record high of 11.4 million households paid more than half of their income toward housing costs (Joint Center for Housing Studies, 2016). At the same time, the supply of affordable rental units rose by only 7%. Consequently, homelessness is on the rise among families with children. In 2004, the National Center for Family Homelessness estimated that 1.35 million U.S. children were homeless; by 2014, the estimate increased to 2.5 million (National Center for Family Homelessness, 2014). During the same timeframe, HUD lost over 150,000 housing subsidies (Center on Budget and Policy Priorities, 2016).

HHS has recently expressed an interest in exploring what housing interventions are most effective for child welfare families and youth and how child welfare agencies can play a role in these interventions. HHS acknowledged that "numerous studies show that inadequate housing increases the risk of entry into foster care, and delays in reunification of families from foster care with negative effects on children" (HHS, 2012, p. 10).

In 2012, HHS issued two multi-year $25 million housing initiatives to explore the effectiveness of housing-child welfare partnerships; one dedicated to bringing an end to family homelessness, the other aimed at young people aging out of foster care. Not surprisingly, the Urban Institute and the University of Connecticut, tasked with researching these pilot sites, report that "there is a limit to how much expertise and resources child welfare agencies can or should devote to housing" (Cunningham & Pergamit, 2017, p. 138). They further report that the most effective and expedient route to improving housing stability, family functioning, and child well-being for homeless families is through cross-system collaboration. And so we return to the work of the '90s, with housing-child welfare partnerships. However, we owe it to frontline workers, and the families they serve, to re-establish the level of affordable housing resources that were available at that time. As we continue to explore solutions to this widespread issue facing families, children and unaccompanied youth, we will concurrently support workers at the front-line of child welfare practice as well – an important call to action.

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Exploring the Intersections between Child Welfare, Housing, and Homelessness: Current Research, Policy, and Practice

Mark Greenberg, JD and Megan Tackney, MPA

Stable housing is a crucial contributor to family economic success and to healthy child development. And research shows that experiencing homelessness can have devastating consequences for families and youth. Homelessness for families is often associated with family separations, poor health, exposure to violence, and stress (U.S. Department of Health and Human Services and U.S Department of Housing of Urban Development, 2007). For young children, it is associated with social, emotional, and behavioral problems and with academic delays (Buckner, 2008). And, for adolescents in families, homelessness is associated with school moves and absences, as well as behavior problems (Walker, Brown, & Shinn, 2016).

The Obama Administration placed a major emphasis on efforts to prevent and end family and youth homelessness. As one part of these efforts, the Administration for Children and Families (ACF) in the Department of Health and Human Services (HHS) focused on how the child welfare system affects and interacts with homelessness and how more effective approaches could prevent homelessness and better serve children and families experiencing homelessness.

In 2015, approximately 265,000 children entered foster care across the country. For over 10 percent of these children (approximately 27,000 children) inadequate housing was reported as a reason associated with the child's removal and this percentage is higher among older youth (U.S. Department of Health and Human Services, 2016a). Inadequate housing includes homelessness as well as substandard, overcrowded, unsafe, or otherwise inadequate housing facilities that are not appropriate for parents and their children to reside in together. While families may be facing homelessness for the first time, many are caught in a cycle of poverty, mental illness, trauma, and substance use. The complex needs of families in or at risk of entering the child welfare system are often made worse by homelessness or unstable housing which, in turn, increases stressors and can affect adults' ability to care for their children. Among families experiencing homelessness, recurrent shelter entries and longer stays in the shelter system increase the likelihood of involvement in child welfare (Courtney, McMurtry, & Zinn, 2004; Park, Metraux, Broadbar, & Culhane, 2004).

In 2015, approximately 265,000 children entered foster care across the country. For over 10 percent of these children ... inadequate housing was reported as a reason associated with the child's removal and this percentage is higher among older youth

ACF recognized the importance of addressing housing stability for families at risk of child welfare involvement by funding five communities to develop and implement local supportive housing service programs for families who come to the attention of the child welfare system due to severe housing issues and high service needs. Each supportive housing program integrates community services for housing search and assistance, customized case management, and evidence-based services for parents and their children (Cunningham et al., 2014). While we await the final evaluation results, preliminary findings point to the need for child welfare agencies and homelessness assistance providers to implement strategies such as encouraging child welfare professionals to conduct early screenings of families for housing instability or homelessness, linking child welfare administrative data with other available data, creating public-private partnerships at the local level, and creating other regional strategies to secure additional housing resources. Looking to the future, we hope to have a more robust understanding of how to identify and target high-need families for supportive housing, what supportive housing models for this population look like, the impact of supportive housing on child welfare involvement and homelessness, and costs and savings from this intervention, specifically in child welfare and other public services.

We know that youth who are involved in and/or leaving the child welfare system are at an elevated risk of homelessness. Over 20,000 youth age out of foster care each year (U.S. Department of Health and Human Services, 2016a). The National Youth in Transition Database indicates that by age 21, about one-quarter (26 percent) of youth who had aged out of foster care reported experiencing homelessness within the last two years. And 43 percent of these youth reported ever being homeless in their lifetime (U.S. Department of Health and Human Services, 2016b).

It is clear that more must be done to help reduce the risk of homelessness for youth

leaving foster care. To do so, the Obama Administration funded a grant program to build an evidence base to prevent youth homelessness among the most at-risk youth in foster care. In the first phase, ACF funded 18 grants across the country and yielded several critical lessons with regard to data integration, partnerships, and service models on how various systems must work together to prevent youth homelessness. In the second phase, six grantees are testing and implementing their interventions, creating more flexible independent living programs, connecting youth to supportive adults, and creating enhanced transition planning for the most at-risk youth exiting foster care (U.S. Department of Health and Human Services, 2013-2018).

Additionally, the Obama Administration worked to improve transition planning for youth aging out of foster care. Federal law requires that child welfare agencies work together with the young person to plan for their transition from foster care into independent living. ACF's Children's Bureau continues to support states in improving the practice of transition planning so that every youth leaving care has a concrete plan to continue their education, gain employment, know and understand their benefits, and maintain safe and stable housing.

Many homeless youth are involved in multiple systems at once, including the Runaway and Homeless Youth Program, other homeless assistance programs, and the child welfare system. While ACF's Runaway and Homeless Youth Program funds approximately 300 organizations around the country, there are still not enough providers needed to meet the needs of this population. In January of 2017, the Department of Housing and Urban Development (HUD) awarded a new $33 million to 10 communities for a youth homelessness demonstration project (U.S. Department of Housing and Urban Development, 2017). Outside of those new funds, ACF engaged in a number of initiatives to understand youth homelessness and improve performance standards and program requirements for runaway and homeless youth providers. We funded a demonstration project to test models of transitional housing and service interventions for LGTBQ youth and youth who have aged out of foster care; released a landmark study of youth living on the streets to understand their characteristics, experiences, and service needs (U.S. Department of Health and Human Services, 2016c); and completed the first Runaway and Homeless Youth program performance standards (U.S. Department of Human Services, 2017a). Additionally, ACF is working with HUD to leverage the Family Unification Program (FUP) to provide housing choice vouchers and services for youth (U.S Department of Housing and Urban Development, 2016).

Two new pieces of legislation, the Preventing Sex Trafficking and Strengthening Families Act and the Justice for Victims of Trafficking Act (JVTA) seek to make the child welfare system more aware of and responsive to potential victims of human trafficking.

Since October 1, 2010, states have had the option to extend foster care to the age of 21 and receive federal reimbursement for youth that are pursuing education, employed, or have a medical condition that requires additional support. As of December 1, 2016, 23 states have updated their policies and extended foster care for youth over the age of 18. The administration also recommended that Congress allow states to use their John H. Chafee Foster Care Independence Program funds to provide services to youth up to age 23 in states that had extended foster care to age 21. Congress has not yet acted on this proposal.

Family preservation services can play a critical role in reducing the risk of youth homelessness. As an alternative to removing youth from their home or waiting until family conflict results in youth being kicked out or running away from home, child welfare agencies should provide family counseling, supportive housing, parenting classes, mental health services, and substance abuse treatment as necessary for both parents and youth. ACF urged Congress to expand funding for these efforts, although a funding expansion has yet to be passed.

Homeless youth and youth involved in the child welfare system are at an increased risk of being victims of human trafficking. Two new pieces of legislation, the Preventing Sex Trafficking and Strengthening Families Act and the Justice for Victims of Trafficking Act (JVTA) seek to make the child welfare system more aware of and responsive to potential victims of human trafficking. ACF has released four sets of guidelines with regard to the Preventing Sex Trafficking and Strengthening Families Act, including one regarding the responsibility of child welfare agencies to develop new policies related to youth who have run away from foster care (U.S. Department of Health and Human Services, 2014). Guidance for the JVTA is forthcoming.

Finally, we believe it is important for housing providers and child welfare agencies to understand each other's systems and enhance partnerships. ACF recently put out a child welfare and homelessness information memo that highlights the role that child welfare agencies can play in effectively addressing homelessness and housing instability and simultaneously improve permanency, safety, and well-being outcomes for youth and families (U.S. Department of Health and Human Services, 2017b).

While there's much that can be done, there are also some key gaps in the research as it relates to homelessness and child welfare. We still lack a good national count of homeless youth and of their characteristics. While we understand that prevention should play a critical role in ending youth homelessness, the research base on effective prevention strategies remains thin. Too often, there is a separation between the research base relating to youth homelessness and the research relating to successful strategies for working with disconnected youth. There are important intersections between youth and family homelessness, particularly regarding young parents with children. For example, an estimated 26 percent of youth served by the federal Transitional Living Program are pregnant or parenting (U.S. Department of Health and Human Services, 2016d). Data tells us that by age 21, one-quarter of foster youth have given birth to or fathered a child within the last two years, creating young and often vulnerable families (U.S. Department of Health and Human Services, 2016b). We need to know more about how to target and serve young parents, how they interact with child welfare system, and how parenting at a young age while involved in the child welfare system affects homelessness.

Important progress has been made in the efforts to address family and youth homelessness, however there is more work to be done to reach the national goal of ending family and youth homelessness by 2020.

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Additional information about the Administration for Children and Families is available at www.acf.hhs.gov.

Planning to Prevent Homelessness: Ensuring Lifelong Housing Stability for Youth Involved with the Child Welfare and Juvenile Justice Systems

Lisa Pilnik, JD, MS, and Richard Hooks Wayman, JD

In a recent survey of hundreds of homeless youth across the country, the federal Administration on Children, Youth and Families' Family and Youth Service Bureau (2016) found that almost 40 percent had spent time in foster care and nearly 44 percent had been in a juvenile detention center, jail, or prison. Homeless youth may be reported to child protection and enter into foster care as abused or neglected children in need of services (sometimes called entering through the front door). Foster youth may also be discharged from their foster homes or group homes and experience homelessness as young adults (sometimes called entering through the back door).

Juvenile justice systems can also act as a pipeline for youth to become homeless. Minnesota's 2009 statewide survey of homeless youth found that 37 percent of surveyed homeless youth had an out-of-home placement through juvenile justice placements (Owen 2009). New York's Covenant House shelter reports that 30 percent of its residents have a history of delinquency adjudications and incarceration. (New York City Association of Homeless and Street-Involved Youth Organizations 2005). One study compared youth with a history of juvenile justice involvement in a Seattle Workforce Investment Act (WIA) program to youth with no involvement and found that court-involved youth were less likely to be living with their parents or have a permanent address (Feldman & Patterson 2003).

Further, juvenile justice youth may be at higher risk of homelessness because they do not benefit from federal streams of funding that provide aftercare services. Many youth in foster care benefit from the Chaffee Foster Care Independence Act programs and the Fostering Connections to Success Act programs that allow youth in some states to remain in foster care until they are 21 or to receive housing assistance when attending college or vocational schooling. However, no such comparable funding exists for juvenile justice youth who are often discharged back to their families and communities with no specific supports in place.

A concise outline of the key elements that must be addressed to prevent youth homelessness for youth involved with foster care or juvenile justice system include:

Prioritize prevention: Additional investments in prevention strategies, such as in-home child welfare services, community based behavioral health services, or juvenile justice diversion programs, can help prevent out-of-home placement. Foster care placements and juvenile incarceration often remove children from their home schools, from adults with whom they have positive relationships, and even from medical and mental health providers. These disruptions can contribute to poorer educational (Leone & Weinberg, 2012) and other outcomes, making it more difficult for young people to obtain and keep employment and housing when they exit those systems.

Provide appropriate services: Child welfare and juvenile justice systems have a responsibility to provide youth in their care with access to services and supports that they need to become successful adults. Examples can include vocational training; educational services; behavioral health services; and specific training in life skills such as budgeting, nutrition, and finding and keeping housing. Opportunities to 'practice housing' by being exposed to supportive housing or independent living programs that help youth explore community-based housing opportunities without the risk of eviction or termination when mistakes are made would also be beneficial (Dion, Dworsky, Kauff, & Kleinman, 2014).

Unfortunately, supportive housing programs for foster youth are in scant supply. HUD published a report on housing programs currently available for youth aging out of foster care. The report's authors conducted a web-based environmental scan and located only 58 housing programs. However, the authors noted several programmatic elements that were common between the programs, including: cross-sector collaboration, blended funding, integration of youth populations, a philosophical approach to programming, and colocation of services. (Dion, Dworsky, Kauff, & Kleinman, 2014).

Ensure youth are aware of the Fostering Connections to Success Act, which greatly expands the housing options for young people in foster care who are reaching age 18. It also provides new opportunities to youth who have already exited foster care but find themselves homeless and without the support they need to succeed. Flexible federal funding under the Fostering Connections act could cover: (a) expenses for transitional housing or supervised independent living program; (b) opting to remain in care and draw on child welfare resources to help pay for dormitory housing at local colleges; or (c) offering extended family members/kin payment for providing housing and support to youth in transition (McDonald, 2014).

Increase cross-coordination between public systems of care: Local systems of care must engage in continual planning and problem solving to decrease the incidence of youth homelessness (Administration on Children and Families, 2016). Also, note that researches found a lack of cross-agency collaboration between public housing agencies, child welfare agencies, and homeless youth serving nonprofit organizations in the implementation of a federal housing program known as the Family Unification Program (Dion, Dworsky, Kauff, & Kleinman, 2014).

It is time-consuming and challenging to bring systems together to discuss cross-agency coordination, coordinated entry for youth experiencing homelessness, data collection, or implementation of evidence-based service and housing models. However, foster youth and juvenile justice youth are often served simultaneously through multiple systems of care, which should encourage early identification of personal housing crises and efforts to share resources to prevent duplication and inefficient delivery of needed support services or housing assistance.

Adopt appropriate transition planning: Thoughtful planning can ensure that youth who age out of foster care or exit the juvenile justice system are prepared to transition successfully to independent adulthood. Planning must begin on the day a young person enters a foster care placement or juvenile justice supervision for what will happen when he or she leaves (Altschuler & Bilchik, 2014).

Juvenile justice youth may be at higher risk of homelessness because they do not benefit from federal streams of funding that provide aftercare services.

Child welfare and juvenile justice systems have a responsibility to provide youth in their care with access to services and supports that they need to become successful adults.

This plan should include case management so that youth who are in custody (or under probation supervision) are receiving needed services throughout their involvement with the juvenile justice system, and *must also include a concrete transition (exit) plan*. Agencies should ensure that this planning includes/addresses the following (Coalition for Juvenile Justice, 2016):

- *Long-term housing stability*, meaning that agencies ensure that youth are positioned to safely return to their homes until adulthood and/or find and keep new places to live or independent housing. This could include providing family counseling to address high-conflict relationships, offering educational and vocational services, meeting behavioral health needs (and planning for behavioral health care after system involvement), or offering short-term financial assistance and rapid rehousing services for youth to reconnect to family or kin (U.S. Department of Housing and Urban Development, 2015).
- *Intake assessments* to identify risks or concerns related to housing and other needs (e.g., mental health, substance abuse, disability), as well as *ongoing, research-informed, assessment, planning, and service provision* that is prioritized immediately and throughout system involvement. As youth spend more time involved within foster or group care or with the justice system, and as they age and have new experiences, their needs may change.
- Transition plans must be individualized and *address the particular needs and circumstances of young people*. For example, youth who were gang-involved may not be able to safely return to their previous neighborhood, young people convicted of sex offenses may have severe restrictions on where they can live, and youth with disabilities may be eligible for additional services or supports as they transition to adulthood.
- Planning should occur *in partnership with families* (as defined by youth), and needs to *reflect the realities of young people's lives*, such as where and with whom they feel most safe. Services should also be offered to families as appropriate (e.g., helping a parent or potential guardian find stable housing or employment may lead to a young person having a safe home after system involvement).
- Youth aging out of foster care may require assistance in increasing *social capital*, including searching out and building relationships with *extended family members*.
- Youth, particularly those exiting foster care, should also be fully educated about their *rights and entitlements* (such as education funding, extended foster care, and Medicaid eligibility), which can vary by state.
- *Pregnant and parenting youth* may also need extra support to ensure they have networks and resources in place when they exit the juvenile justice system, and plans should be developed that address the needs of both the young person and their child.
- For youth in non-secure residential placements or programs as part of their juvenile justice involvement, agencies must recognize that youth may leave these settings for a number of reasons, but may be able to successfully return and complete programming if they are given the chance. This behavior is often normal and expected and community based programs: Justice agencies should give youth these second (or third) chances rather than automatically classifying them as violations and moving to higher levels of supervision.

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HOUSING OPPORTUNITIES – POLICY OPTIONS for FOSTER YOUTH:

- **Fostering Connections to Success and Increasing Adoptions Act of 2008:** Extends the age of eligibility for Title IV-E child welfare reimbursement from 18 to 21 years old for youth who meet certain criteria. This major policy change enabled states that have extended care to age 21 to use Title IV-E funds for this group and gives other states a financial incentive to extend care. The act also expanded the type of reimbursable dwellings to include supervised independent living settings (such as host homes or college dormitories).
- **Chafee Foster Care Independence Program:** Provides funding for independent living services for youth in the foster care system and enables states to use up to 30 percent of Chafee funds on housing subsidies, transitional housing, or other housing-related costs.
- **Transitional Living Program:** Funds local and state governments, community-based organizations, and tribal entities to provide longer-term housing and supportive services to homeless youth ages 16 to 21 who cannot return home.
- **Education and Training Voucher Program:** Designed as a federally-funded, state-administered initiative to provide funding and support for post-secondary education. Eligible students may receive grants of up to $5,000 per year for up to five years or until their 23rd birthday and can be combined with other grants or scholarships to minimize the need for student loans (Dion, Dworsky, Kauff, & Kleinman, 2014).

A Review of Supportive Services For Homeless Families and Youth

Nan Roman

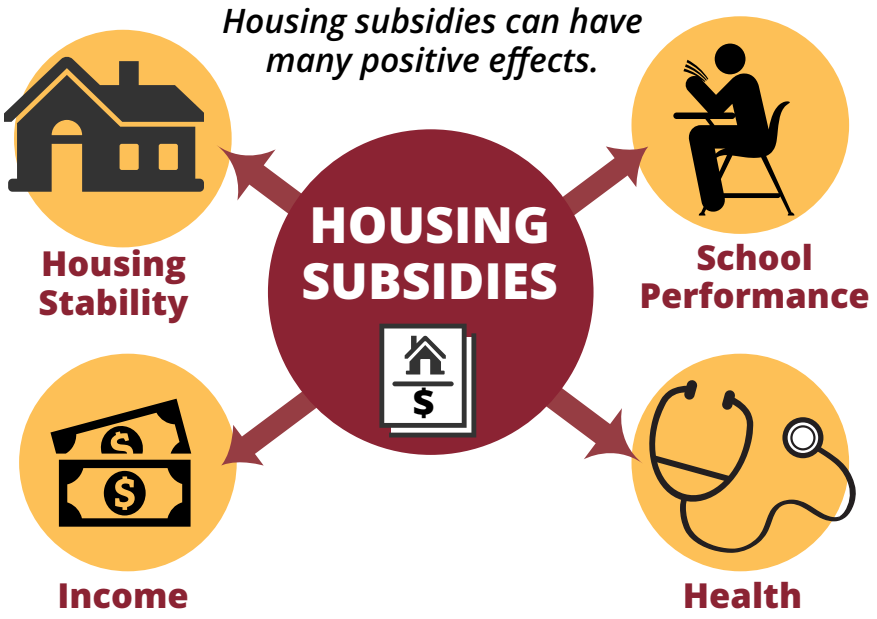
Homelessness among families and unaccompanied youth is far too common. For families, the root cause is usually the widening gap between income and the cost of housing (Khadurri, 2008). For youth, in addition to housing cost, family conflict or breakdown, often exacerbated by poverty or LGBTQ status of the child, is frequently involved (Robertson, 1998).

There is help for families and youth who experience homelessness. The funding is typically supplied by federal, state, or local governments, but also can be provided through programs that specifically target homelessness, or through larger anti-poverty, welfare, or housing programs. Philanthropic foundations and individuals also contribute resources, while nonprofit organizations most often provide supportive services and housing. Sometimes assistance to homeless families is comprehensive and coordinated enough to be seen as a system, especially in larger cities, but less often are services coordinated for homeless youth. In smaller towns and rural areas, assistance is more often scattershot. No matter the size of the community or the population to be served, it is rare that available services meet the need. Many homeless people are completely unsheltered: according to the most recently available data, 176,357 people on any given night representing 32 percent of the total homeless population (Henry, 2016).

Families. Typically a family that becomes homeless first goes to a shelter. Most shelters provide safety, a roof over the family's head, and basic services. Some may try to help people regain their previous housing, or make arrangements for a new home. With or without that assistance, the majority of families access a new place to live and leave the shelter relatively quickly (Culhane, 2007).

Those families that do not leave a shelter quickly may be referred to a transitional housing program. Transitional housing is often a facility, or scattered apartments, designed for a stay of up to two years. Families in transitional housing may receive intensive services in areas like parenting, financial literacy and employment to help them get back on their feet. Because of its high cost and modest outcomes, the supply of transitional housing is shrinking. Since 2007, transitional housing capacity has decreased 23 percent (National Alliance to End Homelessness, 2016).

A growing approach to family homelessness is rapid re-housing. Rapid re-housing quickly transitions families from shelters into housing. This is done by helping them find and negotiate a rental unit, paying the rent for a limited time, and connecting them with services and supports in their new community. It is a cost-effective approach and ends homelessness for the vast majority of families served (Cunningham, 2015).



A small number of families may manage to obtain a long-term housing subsidy, most typically a federal housing voucher. However, housing subsidies are very scarce: only one in four households eligible for a housing voucher subsidy receive one, due to lack of supply (Joint Centers, 2016). Housing subsidies can have many positive effects, including housing stability and improvements in income, school performance, and improved health (Gubits, 2015). If someone in the family is disabled, the family might receive permanent supportive housing (a long-term housing subsidy along with a package of supportive services).

In addition to housing support, families may also have access to services such as early childhood intervention, employment assistance, trauma-informed care, domestic violence services, budgeting services, parenting classes, vocational training, and others.

Youth. Unaccompanied homeless youth are generally divided into two groups: those under age 18 (minor youth) and those ages 18-24 (young adults). Most young people who become homeless return home very quickly (National Alliance to End Homelessness, 2012). But because they are young, they are very vulnerable to physical or sexual violence, substance use, and criminal activity during even short spells of homelessness (Robertson, 1998).

There are often restrictions on who can help youth under age 18 without a parent's permission. Certain federally funded programs can shelter minor homeless youth and help them reconnect with their families, but there are not enough of these programs to meet demand, with shelters for runaway and homeless youth reporting over 2,400 turnaways in FY 2014 (NEO-RHYMIS, 2017). While it might be assumed that the child welfare system would have some responsibility for homeless minors, this is not a settled matter. Thus, these youth often fall through the cracks, receiving no services or shelter.

While it might be assumed that the child welfare system would have some responsibility for homeless minors, this is not a settled matter. Thus, these youth often fall through the cracks, receiving no services or shelter.

Older unaccompanied youth can access a wider range of assistance. There are a variety of federally funded homeless youth programs that provide an array of service and housing models. Older youth can also access adult homeless programs. These programs include innovative models like host homes (staying with a host family), permanent supportive housing (for youth with disabilities), rapid re-housing, and wrap-around case management.

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Supportive Housing: Lifeline for Families Who Are Homeless and Involved with Child Welfare

Judith Meltzer, MA, and Deborah De Santis

The federal *Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System* is a $35 million five-year, five-site demonstration initiative facilitated by the U.S. Administration on Children, Youth and Families (ACYF). It provides an opportunity to "examine and further efforts of the child protective services system to reduce family separation due to a lack of adequate housing" (United State Department of Health and Human Services Administration for Children and Families, 2012).

To be considered for funding through the demonstration, each applicant had to be able to provide housing for at least 50 families through local resources. The grantees in Broward County, FL; Cedar Rapids, IA; Memphis, TN; San Francisco, and the state of Connecticut are now collectively providing housing and services to more than 300 families with children at risk of, or already in, foster care.

These five demonstration sites are in the midst of testing a resource-rich approach that uses the provision of affordable housing as a platform for stability for families involved in child welfare systems so that they can pursue intensive services and supports to safely stay together or be reunified.

Child welfare agencies have long recognized that families they work with often need housing assistance and where resources have permitted, they have been in the housing business. Many local child welfare offices have small pools of flexible funding to help families pay for temporary shelter, utilities, security deposits, and even a month or two of rent. Frontline staff also can help families access federal Family Unification Program (FUP) vouchers for housing when they complete their court-ordered requirements.

As these housing needs have been addressed in conjunction with child welfare cases, child welfare staff have generated a greater understanding of the role that housing plays in family stability and well-being. These families face severe and multiple challenges including recurring homelessness, frequent encounters with child welfare and mental health systems, domestic violence, and substance abuse issues (United State Department of Health and Human Services Administration for Children and Families, 2012).

Supportive housing is a newer option for child welfare systems serving families with complex needs. These programs emphasize permanent housing and support regardless of the individual's service or treatment participation. In the national effort to reduce individual, chronic homelessness, steady research concludes that this approach has been very effective (United States Interagency Council on Homelessness, 2017).

While families who can benefit from supportive housing do not represent a large portion of the overall child welfare population, they can be the most challenging and costly families to child welfare and homelessness systems. Supportive housing in this context is a very specific service intended to meet the specialized needs of a small number of families. For example, the demonstration sites target families with complex challenges as early as is possible in the family's current episode of involvement with the child welfare system.

Supportive housing case managers work side by side with other professionals intervening with families to provide intensive wraparound services and act as system navigators and neutral advocates for parents and their children.

The demonstration sites are learning that successfully embedding supportive housing into the service array available to families requires strong systems-level partnerships between child welfare agencies, health care providers, and housing providers. Key partners for child welfare agencies are the organizations that control the housing resources, such as public housing authorities or executive-level housing departments, and those that provide the supportive case management services to families.

Independent evaluations of the demonstration, to be released in 2019, will provide policymakers with data on whether the provision of supportive housing services can indeed help families stay together in an environment that remains safe for everyone. But, what we are seeing thus far suggests that supportive housing can be used as a family preservation strategy, helping to stabilize the family's circumstances and enhance child safety by offering housing and supportive services before child protective services would need to intervene. Internal demonstration evaluation reports tracking enrollment indicate that nearly 60 percent of the enrolled families have "family preservation" as their child welfare case goal at the time of enrollment. Once housed, their child welfare case was closed or the child welfare agency continued to provide services to preserve the family and avoid out-of-home placement. Unpublished internal evaluation updates with family profiles compiled from family interviews describe how families achieve stability and enhance safety with housing and supportive services. In addition, it appears that offering supportive housing to parents shortly after their children have been removed can pave the way for accelerated reunification while still keeping a child welfare case open and expecting parents to complete court-ordered services.

In the end, our goal is to show that supportive housing, if targeted to the right families, can be a smart public policy investment. Our five demonstration projects are beginning to see outcomes that may prove just that.

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Strategies from the demonstrations that work especially well:

- **Using data to target families most in need.** The sites have been proactive in creating and using data from different public agencies to develop a profile of those who are most in need of supportive housing. San Francisco and Connecticut have started screening practices to collect information on the housing needs of all families involved with the child welfare system.
- **Establishing multi-agency teams to coordinate services.** Vulnerable families need access to many different services, and it can be difficult to align goals and resources among providers. The sites are coordinating with multiple partners including landlords, behavioral health counselors, and the families' own support networks to help keep children and parents safe.
- **Creating stronger partnerships between housing and child welfare.** Partnerships between state and local housing agencies and local child welfare organizations have been essential to progress so far. The demonstration site in Memphis, with support from the local Continuum of Care collaborative, has prioritized units for parents with disabilities who are experiencing homelessness and child welfare intervention.
- **Using a Housing First philosophy.** This approach connects families experiencing homelessness to permanent housing quickly and successfully, without any preconditions or barriers.

Homelessness and Its Implications for Child and Youth Well-being

Jason M. Rodriguez, MS, Zachary Glendening, MA, and Marybeth Shinn, PhD

Homelessness is all too common for American children and youth. On any given night, more than 61,000 families with children, 3,800 unaccompanied children and adolescents under 18, and 31,900 unaccompanied youth (18–24) sleep in a homeless shelter or unsheltered location in the U.S. (Henry, Watt, Rosenthal, & Shivji, 2016). Far more experience homelessness over longer periods or by broader definitions. For example, over the course of a year, more than half a million families stay in homeless shelters (Solari, Morris, Shivji, & de Souza, 2016), and 1.3 million schoolchildren experience some form of homelessness (Endres & Cidade, 2015). Furthermore, as many as 1.7 million children—most between 15 and 17—are told to leave or stay away from home for at least a night (Hammer, Finkelhor, & Sedlak, 2002).

> Children in families who experience homelessness tend to be young; half are under the age of 6.

Families

Children in families who experience homelessness tend to be young; half are under the age of 6 (Solari et al., 2016). Compared to middle-class children, they are at risk for lower functioning across multiple domains of well-being (Buckner, 2008). They (along with children who frequently move) have worse academic outcomes than other poor children. Masten et al. (2014) describe this as a "continuum of risk," with homeless children at one extreme.

Perhaps the largest risk for children—especially older children (Gubits et al., 2013)—is separation from their families and involvement with child protective services (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Rodriguez & Shinn, 2016). Additional episodes of homelessness increase this risk (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Park, Metraux, Brodbar, & Culhane, 2004; Rodriguez & Shinn, 2016). Families sometimes separate voluntarily to protect children from hardship, unsafe living situations, and exposure to homeless shelters, or because of the mother's or father's own perceived inability to parent (Shinn, Gibbons-Benton, & Brown, in press). Extreme hardship and homelessness can disrupt familial and parental practices (Conger, Conger, & Martin, 2010; Gershoff, Aber, Raver, & Lennon, 2007; Mayberry, Shinn, Benton, & Wise, 2014; McLoyd, 1990), potentially leading to child maltreatment and child protection intervention. Finally, the relentlessly public and stigmatizing nature of homelessness can make others perceive different parenting practices as maltreatment (Barrow & Lawinsky, 2009; Mayberry et al., 2014; Park et al., 2004), and even an unfounded allegation can increase the risk of later child removal (Reich, 2005).

Unaccompanied Children and Youth

Children and youth cite various reasons for leaving home, including physical or sexual abuse, limited social support, family conflict, neglect, personal substance use, and depression (Aratani, 2009; Hyde, 2005; Tucker, Edelen, Ellickson, & Klein, 2011; Yoder, Whitbeck, & Hoyt, 2001). Homelessness might amplify the negative effects of these problems (Whitbeck, Hoyt, & Yoder, 1999). It increases children's risk of dropping out of school (Farrow, Deisher, Brown, Kulig, & Kipke, 1992), participating in gang activity (Yoder, Whitbeck, & Hoyt, 2003), and engaging in survival sex (Clayton, Krugman, & Simon, 2013; Tyler & Johnson, 2006). Runaway youth also disproportionately experience depression, conduct disorder, post traumatic stress disorder, substance abuse, suicidal ideation, HIV, Hepatitis B and C, herpes, and chlamydia (Ginzler, Garrett, Baer, & Peterson, 2007; McManus & Thompson, 2008; Morewitz, 2016; Noell et al., 2001; Thompson, Maccio, Desselle, & Zittel-Palamara, 2007; Whitbeck, Johnson, Hoyt, & Cauce, 2004).

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents leave home for similar reasons as their heteronormative peers (Cochran, Stewart, Ginzler, & Cauce, 2002), but in larger numbers (Cray, Miller, & Durso, 2013). They also are often forced from their homes due to their sexual orientations or gender identities (Durso & Gates, 2012). They encounter more physical and sexual victimization on the streets than other runaway children (Whitbeck, Chen, Tyler, & Johnson, 2004) and have worse mental and physical health outcomes (Cochran et al., 2002; Dank et al., 2015; Gangamma & Serovich, 2008; Whitbeck et al., 2004).

Older youth, similar to parents in young families, often lack the resources for housing. Aging out of foster care poses a special risk. Nearly one quarter of 19-year-old ex-foster youth report having experienced homelessness in the previous two years, compared to 10 percent of 19-year-old youth still in foster care (U.S. Department of Health and Human Services, 2014). Many who avoid homelessness do so only barely; housing insecurity affects from 25 to 50 percent of youth no longer in foster care (Dion et al., 2014).

Solutions

Although some resources such as Head Start can mitigate risk for children who become homeless (Brown, Shinn, & Khadduri, in press), the best solution is to end homelessness

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Percentage of Foster Youth Experiencing Homelessness in the Previous Two Years.

Barriers Confronting Parents Reunifying with Children in Foster Care

Amy D'Andrade, PhD

One of the primary functions of the child protective services system is to reunify parents with children removed from their home due to maltreatment. Since the Adoption Assistance and Child Welfare Act of 1980, public child welfare agencies have been required to make "reasonable efforts" to help families reunify. To meet this requirement, child welfare agencies sometimes provide services directly, but more often refer parents to providers in the community. Workers outline a case plan detailing the services needed to resolve parents' troubles that interfered with adequate parenting, and the juvenile court judge orders parents to access and use the services within a specific time frame – usually six to 12 months – before their children can be returned to their care.

The kinds of problems that interfere with parents' ability to provide minimally adequate care for their children and for which treatment services are often ordered include substance use, domestic violence, and mental health concerns. Studies generally find high rates of these concerns in the reunifying parent population, with estimates ranging from about 25 to 75 percent (Besinger, Garland, Litrowlik, & Landsverk, 1999; Marcenko, Lyons, & Courtney, 2011; Wells & Shafron, 2005). Often these problems co-occur.

Because of the various problems parents can have, a reunification services case plan almost always consists of multiple service requirements addressing multiple problem areas. Parents are asked to engage with a variety of service types offered by an array of different providers (Altman, 2008). Many studies have found that when parents use services, they are more likely to reunify with their children (Choi & Ryan, 2007; Green, Rockhill, & Furrer, 2007; Grella, Needell, Shi, & Hser, 2009; Lewandowski & Pierce, 2004; Marsh, Ryan, Choi, & Testa, 2006). Since only about half of parents succeed in their efforts to reunify (Children's Bureau, 2016; Webster et al., 2017), an important challenge for those in the field is to figure out how to structure reunification service delivery to maximize parents' ability to access and use ordered services.

In a study funded by the California Social Work Education Center, I and my colleague Ruth Chambers looked at reunification services and case plans for 277 parents attempting to reunify with their children in one large urban California county. Data from the study suggest the need for models that would ease the process of accessing and using services. First, we found that parents had many service requirements included in their case plans, both overall and on a weekly basis. Parents were ordered to use an average of almost seven different kinds of services. For some services such as visitation, drug testing, and 12-step meetings, parents were ordered to attend the service multiple times per week, resulting in a total attendance requirement of approximately eight events per week. In addition, we also found that a substantial proportion of parents – about one-third – were ordered services for problems they were not known to have.

Because of the various problems parents can have, a reunification services case plan almost always consists of multiple service requirements addressing multiple problem areas.

In addition to the treatment concerns mentioned above, many reunifying families also deal with issues of incarceration, poverty, and housing instability (Choi & Ryan, 2007; Courtney, McMurtry, & Zinn, 2004; Ross, Khashu, & Wamsley, 2004; Wells & Shafran, 2005). These environmental and structural types of challenges complicate parents' lives and can hinder parents' ability to access treatment services. A second finding from the study was that parents with substance use, domestic violence, and mental health concerns had a greater number of these environmental and structural challenges to deal with than parents without them. More environmental challenges could result in greater difficulty accessing services. Third, we found that the more treatment concerns a parent had, the more weekly service events they had to attend (see Figure 1). While it makes sense that parents with more treatment concerns would need more help and thus more services, it also seems likely that these parents would have more difficulty accessing multiple services.

Service use also varied considerably by service type (see Figure 2). Services with the lowest use rate were logistically challenging services: batterer's treatment, a 52-week treatment program, from which parents were dropped if they missed several of the weekly sessions; and drug testing, which involved frequent phone check-ins and random testing times occurring two or three times per week. Services with the highest use rate were logistically less burdensome: inpatient substance use treatment required no travel once enrolled and the psychological evaluation was a one-time session. This finding suggests that difficulty in accessing services contributes to lower use rates.

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Figure 1: Rate of Environmental/Structural Challenges for Parents with and without Substance Abuse Problems

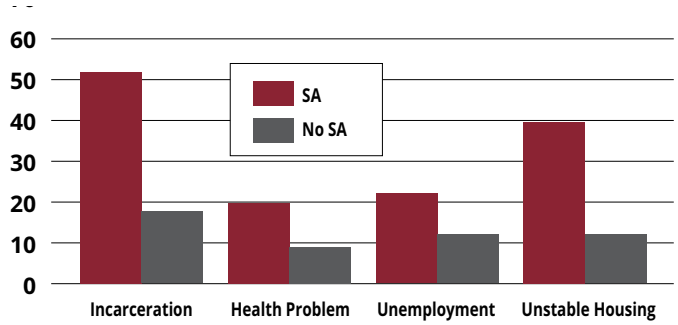
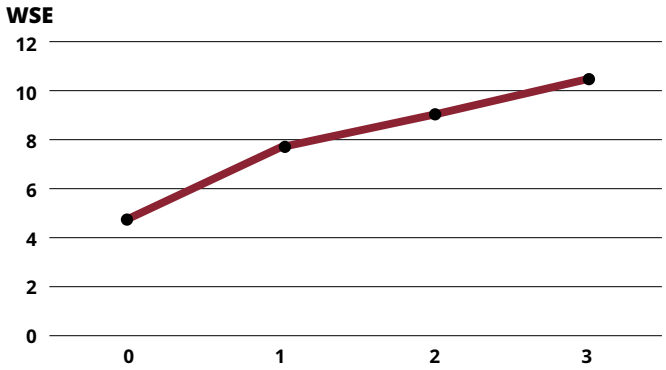


Figure 2: Average Weekly Service Events (WSE) by Treatment Concern



The Economic Link Between Housing Instability and Food Insecurity

Christian King, PhD

Housing instability and homelessness have remained persistent problems in the United States. Housing instability is an umbrella term that includes missing rent or mortgage payments, living in overcrowded housing, moving more than once per year, having been evicted, or experiencing homelessness. The 2016 Annual Homeless Assessment Report to Congress estimated that on a single night in 2016, about 550,000 people experienced homelessness (U.S. Department of Housing and Urban Development 2016). In addition, housing has become less affordable over time. A report for the National Low Income Housing Coalition shows that over half of all renters in the U.S. pay more than 30 percent of their income for housing (Arnold et al., 2014). Its most recent report of 2016 concludes that in "no state, metropolitan area, or county can a full-time worker earning the prevailing minimum wage afford a modest two-bedroom apartment" (Yentel et al. 2016). The report points to stagnant wages and growing income inequality as reasons for this decrease in housing affordability.

Housing instability and homelessness can have many negative consequences on health and health behaviors. Housing instability can lead to anxiety and depression through the stress it generates (Burgard et al., 2012; Phinney et al., 2007). Individuals who experience unstable housing could adopt negative health behaviors such as substance use or unhealthy eating to cope with the stress. In addition, unstable housing disrupts the social networks of people, which may reduce or limit their access to informal social support. Moving to less safe neighborhoods could also explain the negative impact of housing instability on health. Unsafe neighborhoods take a toll on both physical and mental health (Diez Roux & Mair, 2010).

In order to create policy that addresses the negative consequences of housing instability and homelessness, it is important to understand the contributing factors; the goal being to reduce their prevalence. Once people experience homelessness, it is increasingly difficult to help them climb out of it. Reducing the prevalence of housing instability and homelessness in children is even more crucial because children who experience homelessness have worse physical development, educational attainment, and labor market outcomes (Oreopoulos et al., 2008).

A recent study found that food insecurity contributes to housing instability (King, 2016). Food insecurity, defined as the inability to access enough food to maintain a healthy and active life, affects about one out of seven households in the U.S. Reports for Feeding America, a network of food banks, show that more than half of the 46.5 million unique clients the food banks serve reported having to choose between paying for food or housing (Mabli et al., 2010; Weinfield et al., 2014). Food insecurity in rural areas pose additional challenges. Rural households are substantially more likely to live in food deserts with poor access to supermarkets and healthy foods (Larson et al. 2009). Rural residents are also less likely to have access to food banks in close proximity.

Similar to housing instability and homelessness, food insecurity also has been found to have many negative consequences on health. There are several ways that food insecurity is connected to health problems, which can then lead to housing instability. First, food insecurity has been linked with maternal depression (Hadley & Patil, 2006; Heflin et al., 2005), which in turn increases the risk of housing instability (Corman et al., 2016; Curtis et al., 2014). Second, food-insecure households have lower levels of social support (Tarasuk 2001; Walker et al., 2007), which could also be a result of mental illness and depression (Harknett & Hartnett, 2011). Households with lower levels of social support have been found to be a greater risk of housing instability (Eyrich et al., 2003; Fetig & Reingold, 2008). Third, food-insecure households tend to experience multiple forms of material hardships, such as missing utility bill payments (Corcoran et al., 1999; Heflin, 2006). As a result, food insecurity could lead to housing instability through the depletion of or unavailability of resources.

The study consistently finds an association between food insecurity and housing instability (King, 2016). In addition, a large proportion of food-insecure households at risk of housing instability also experience various material hardships. Given that homelessness is a persistently difficult issue to deal with, reducing the prevalence of food insecurity in low-income households could be an effective and more efficient way to reduce the prevalence of housing instability and homelessness.

The challenge is that these households could also experience various forms of material hardships, with lower levels of social support, and mothers with poor mental health. However, there is evidence that several strategies may be effective in reducing food insecurity. Formal assistance, through public assistance programs such as the Supplemental Nutrition Assistance Program, the School Breakfast Program, and the National School Lunch Program have been found to reduce food insecurity (Bartfeld & Ahn, 2011; Dunifon & Kowaleski-Jones, 2003). Also, there is some evidence that promoting informal assistance may also be effective in reducing food insecurity (Garasky et al., 2006; Martin et al., 2004; Morton et al., 2005). For example, households with stronger informal networks are more likely to be able to receive help from neighbors and friends when in need (Martin et al., 2004). In addition, food banks play an important role in alleviating hunger and poverty (Loopstra & Tarasuk, 2012; Riches, 2002). Furthermore, these strategies do not need to be mutually exclusive. Given the many negative consequences of food insecurity and housing instability, reducing their prevalence would go a long way in reducing health disparities and social inequalities.

Children who experience homelessness have worse physical development, educational attainment, and labor market outcomes.

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Supportive Housing and Child Welfare Involvement

Emily Warren, PhD

Supportive housing programs in the U.S. typically combine affordable housing, by way of a unit or subsidy, with supportive services. Services can consist of many different programs, including parenting training, mental health and substance abuse services, financial literacy and eviction prevention programs, children and youth programs, and referrals to external services or supports. Housing subsidy receipt along with services appears to be an effective combination for many families to ensure long-term residential stability by addressing a variety of family issues that can contribute to housing insecurity (Bassuk & Geller, 2006). While research examining the impact of supportive housing for families is limited, there is a growing emphasis on the value of supportive housing programs that stabilize families while providing affordable housing and comprehensive services through a coordinated service delivery system (Kilmer et al., 2012).

Maltreatment Risk and Housing Insecurity

Potential explanations for the overlap between housing insecurity and child welfare involvement are important for informing best practices and for preventing future maltreatment through housing assistance. Lack of appropriate housing may, directly or indirectly, increase a family's risk of child welfare involvement. Families living in emergency shelter may be more likely to be reported to child protection services (CPS) than independently housed families as they interact more frequently with social service workers who are also mandated reporters. This fishbowl effect is supported by research showing that families who stay in shelter more frequently and for longer time periods are more likely to be involved with CPS than families who can re-house more quickly (Park et al., 2004). An episode of homelessness is extremely stressful for families and may place additional strain on parents that contributes to inappropriate parenting behaviors that constitute maltreatment (Warren & Font, 2015). While housing insecurity alone is unlikely to warrant maltreatment substantiation, housing problems often accompany other family issues that can lead to CPS involvement, including substance abuse, mental illness, and domestic violence (Font & Warren, 2013). For families involved in the child welfare system, housing insecurity also often delays reunification efforts (Courtney, McMurtry, & Zinn, 2004).

The Value of Housing and Services

Recent demonstration projects highlight the potential value of housing assistance for families involved in the child welfare system. The Family Unification Program (FUP) provided a housing subsidy to CPS-involved families for whom inadequate housing was a primary factor in substantiation and out-of-home placement (Rog, Gilbert-Mongelli, & Lundy, 1998). Families randomly assigned to receive a housing subsidy were less likely to report homelessness or experience out-of-home placement at follow-up three months later than families who received only housing referral services (Fowler & Chavira, 2014). These results highlight the value of a housing subsidy rather than supportive services, which may be sufficient for families in which housing insecurity is the primary issue threatening child safety. Other programs provide a housing subsidy with supportive services, which may be most effective for families experiencing other risk factors for maltreatment in addition to housing insecurity. Families selected for Keeping Families Together, a program in the City of New York that provides supportive housing placement to families involved with the child welfare system, maintained residential stability and experienced faster reunification after supportive housing placement (Swann-Jackson, Tapper, & Fields, 2010). Services that families in the program received, such as substance abuse treatment, employment search assistance, financial literacy training, and family therapy, are likely to be an important component of a housing intervention for families with multiple risk factors.

Families randomly assigned to receive a housing subsidy were less likely to report homelessness or experience out-of-home placement at follow-up three months later than families who received only housing referral services.

The Need for Additional Research and Evaluation

Evidence from programs such as the Family Unification Program and Keeping Families Together can inform best practices for providing housing assistance to families involved with the child welfare system. However, evaluation of other interventions is needed to adequately inform a service model that aims to prevent child maltreatment. The need for intensive intra-agency cooperation and data sharing agreements often complicate implementation and evaluation of such programs. The Partnership to Demonstrate the Effectiveness of Supportive Housing (Meltzer & DeSantis, this issue) will likely be useful for understanding these process issues as well as for informing best practices in serving at-risk families through a supportive housing model (Burt, Gearing, & McDaniel, 2016).

Evaluation of other programs that serve at-risk families will be valuable, but family housing policy will also benefit from additional research examining the intersection of homeless and child welfare service systems. Understanding the prevalence of housing insecurity as a causal antecedent to child welfare involvement or as a co-occurring risk factor is important for identifying the most effective services. For some at-risk families, access to a housing subsidy may be sufficient and most cost effective, while other families are likely to require much more intensive services through a supportive housing model. Supportive housing programs continue to show promise as an intervention for promoting long-term residential stability and child well-being, but housing-insecure families will be best-served by programs that adequately and appropriately address their unique challenges.

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Risk and Resilience in Children of Families Experiencing Homelessness: Implications for Policy and Practice

Ann S. Masten, PhD, & Rachel Foster, BA

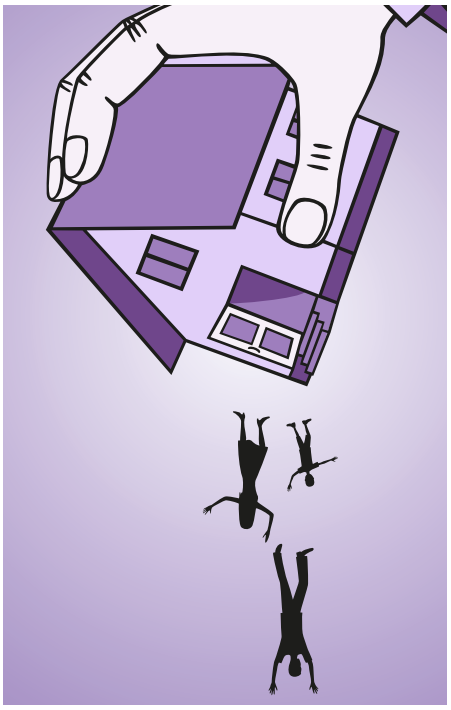
Children from impoverished families with housing instability show high levels of risk for a wide range of problems in school readiness, reading and math achievement, mental health, and physical health (Tobin & Murphy, 2013). Highly mobile children share many of the risks of other low-income children, but data suggest that they fall higher on a continuum of risk than similar but stably housed peers. However, data also show that many of these children are well-adjusted, healthy, and successful at school, which begs for the answer to two key questions: What makes a difference and what can be done to mitigate risk and promote resilience in low-income, mobile children? This article highlights findings from studies of risk and resilience in homeless and highly mobile children from low-income families and their implications for child welfare policies and practice.

High on a Continuum of Risk

Residential mobility is higher for American children living in poverty than the general population and it often brings surges in family stress along with disruptions in education, childcare, and family routines (National Research Council, 2010; Schmitt, Finders, & McClelland, 2015). Frequent moving in childhood is associated with a host of academic, behavioral, and social problems. Early research on children from homeless families indicated that these children shared many of the same risk factors as low-income children from more stably housed families but they were higher on a continuum of cumulative risk (Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). Common risk factors included households headed by a single parent, low maternal education, parental incarceration, maltreatment, witnessing violence, and adverse childhood experiences. Not surprisingly, families currently staying in a family emergency shelter reported higher levels of recent adversities than families from similar backgrounds who were not currently in shelter (Masten et al., 1993).

Subsequent research has corroborated the observation that unstable housing is an indicator of very high risk to school achievement and child well-being, even beyond the well-established risks of poverty (Brumley, Fantuzzo, Perlman, & Zager, 2015; Miller, 2011; Samuels, Shinn, & Buckner, 2010). Analyses of administrative data from the Minneapolis Public Schools has provided compelling evidence of a risk gradient for children identified as homeless (according to guidelines of the Department of Education) compared with children who qualified for free meals (Cutuli et al., 2013). Children identified as homeless at any time during the study window had significantly lower math and reading scores on a nationally standardized test than their more stable-housed classmates receiving free school meals (a poverty indicator). Children receiving free meals as well as the children identified as homeless during the study had lower academic achievement than more advantaged children in the district, even taking into account differences related to attendance, sex, ethnic or racial status, English language learning, or special education.

Despite the growing evidence of high cumulative risk among children from low-income mobile families, there also is clear evidence of resilience among children from residentially unstable families. Indeed, the variation in adjustment was striking among children in families with unstable housing.



Resilience in Children from Families Experiencing Homelessness

In the Minneapolis studies of achievement based on district administrative data, findings implicated attendance and early reading achievement as predictors of math and reading success in children who experienced homelessness (Cutuli et al., 2013; Herbers et al., 2012). Homeless children had generally lower attendance which in turn was associated with lower achievement. Numerous studies have documented the problem of school attendance among students with housing instability (Masten et al., 1993; Miller, 2011). Additionally, results showed that reading scores in first grade predicted later achievement in both math and reading, as well as growth in achievement over time from third to eighth grade. Reading was a particularly good indicator of future achievement for disadvantaged children, suggesting that the development of early reading skills may function as a protective factor.

These findings were informative, but they did not account for the resilience observed in many homeless and highly mobile children. This is not surprising, because schools cannot collect data on some of the most important protective factors for human development, either because it is not appropriate or because it would be too expensive. Two factors widely implicated in the literature on resilience in children are parenting quality and a group of neurocognitive skills often described as "executive functions" (Masten, 2014). These two potential influences on resilience are especially intriguing because there is good evidence that parenting and executive functions can be learned; these are malleable resilience factors.

Studies of families staying in emergency shelters suggest that parenting skills play a protective role for mental health and school success (Masten et al., 2015). Children with parents who manage to function well despite the stresses and strains of housing instability and associated adversities are more likely to succeed in school, have better mental health, and also are more likely to have good self-control skills. Children with better parenting and better self-control skills also show lower levels of biological stress as measured by cortisol levels in saliva, a biomarker of stress (Cutuli, 2011; Cutuli, Wiik, Herbers, Gunnar, & Masten, 2010).

Children with parents who manage to function well despite the stresses and strains of housing instability and associated adversities are more likely to succeed in school, have better mental health, and also are more likely to have good self-control skills.

Executive functions generally refer to the voluntary and goal-directed control of attention, working memory, emotions, and behavior. These skills develop rapidly in the preschool years and they play a crucial role in early school success, although they continue to develop throughout the school years (Zelazo & Carlson, 2012). In preschool and the primary grades, listening to the teacher, waiting in line, sitting in a circle, paying attention, and resisting the temptation to run or disrupt the classroom are all fundamental learning tools. Research on children staying in emergency shelters has consistently indicated that executive function skills predict early school success, including learning and classroom behaviors (Masten et al., 2015). Research also suggests that one of the ways that effective parenting influences children's success at school is through its role in facilitating development of good self-regulation skills (Herbers, Cutuli, Supkoff, Narayan, & Masten, 2014; Masten et al., 2015). Such findings indicate that it may be strategic to assess and boost these skills in preschool or kindergarten.

Addressing Persistent Achievement Disparities through School Readiness

Data on the achievement gaps related to housing instability suggest a combination of chronic and acute risk (Cutuli et al., 2013). Gaps observed early in elementary school do not appear to close over time; if anything, they grow worse (Cutuli et al., 2013; Obradovic et al., 2009). Thus, research on low-income children with higher levels of achievement has underscored the importance of getting off to a good start in school, often described as school readiness (Blair, 2002).

Based on links between executive function skills and school outcomes in children staying in emergency shelters (Masten et al., 2012), there is growing interest in the possibility of improving these skills among preschool-aged children in residentially unstable families through training of the children, their parents, or teachers (Masten et al., 2015). Preschool children can learn better executive function skills through a variety of methods, including individual coaching and preschool curriculum (Diamond & Lee, 2011; Raver et al., 2011; Zelazo & Carlson, 2012). Targeting such foundational skills has the potential to promote school readiness and initiate a positive cascade of competence skills that depend on self-regulation. Recent efforts to develop interventions to promote executive function among homeless and similarly mobile low-income children have focused on a combination of classroom curriculum and teacher professional development, parent education, and individualized child coaching (Casey et al., 2014).

Simultaneously, there is growing interest in early childhood screening for executive function skills in addition to early literacy and numeracy skills. Results of a recent study, still underway, by a team of collaborators from the University of Minnesota and the Minneapolis Public Schools indicates that brief computerized measures of executive function skills have value added over the usual school readiness measures as predictors of school success (Kalstabakken, 2016; Wenzel et al., 2013).

Mitigating Stress and Building Family Support to Promote Child Resilience

Ideally, child and family homelessness would be completely prevented. There is little doubt that unstable housing is a threat to human well-being and development. However, eradicating family homelessness has proven to be very challenging (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014). Thus, it is important to consider how to mitigate cumulative risk and improve protections for children in families currently homeless or at risk for unstable housing.

A wide range of interventions have been proposed and implemented in communities across the United States to stabilize family housing and child schooling, and to promote child well-being (Haskett, Loehman, & Burkhart, 2016; Herbers & Cutuli, 2014; Schmitt et al., 2015). These include rapid re-housing of homeless families without prerequisites, family advocacy and case management, physical and mental health services, parent education, teacher training, and ensuring that families know the legal rights of homeless children under federal and state guidelines. Unfortunately, few of these efforts have been systematically evaluated and the complexity of the issues is widely acknowledged.

One of the few randomized trials in the literature to date compared the effects of the Family Critical Time Intervention to usual care for children in 200 newly homeless families with a mother who had serious mental health or substance abuse problems (Shinn et al., 2015). The intervention combined housing with case management to connect families to community services. Results were mixed for children but did show encouraging benefits for children's emotional and behavioral issues.

There is a great need for more research on the effectiveness of programs designed to reduce risk or promote adjustment of children with unstable housing. Nonetheless, there is a growing consensus that a coordinated, multi-system approach is needed to address the complex and dynamic needs of low-income mobile children and their families (Haskett et al., 2016; Masten et al., 2014, 2015; Miller, 2011; Schmitt et al., 2015; Sulkowski, 2016). The resilience of these children depends on the coordination and effectiveness of multiple systems. These include family, child care, school, and child welfare systems, as well as access to health care, housing, emergency services, economic supports, and transportation. Intergenerational and multi-sector approaches may be essential for stabilizing these families and providing the opportunities and supports their children need to thrive.

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The Complexities of Youth and Family Homelessness: Findings From the Minnesota Homeless Study

Stephanie Nelson-Dusek, MA and Michelle Decker Gerrard, EdM

Since 1991, Wilder Research has taken an in-depth look at the prevalence and causes of homelessness through its Minnesota Statewide Homeless Study. The study is conducted every three years and includes a count of those who were homeless on a single night, as well as face-to-face interviews with those who are considered homeless according to the federal definition (Title 42, 2010).

Study Methods

In the most recent homeless study, interviewers conducted 3,672 interviews with homeless adults and unaccompanied youth. Interviews were completed on October 22, 2015, by 1,100 volunteers and program staff at more than 370 locations, including shelters and transitional housing programs, meal sites, service centers, encampments, and other places not intended for housing (Wilder Research, 2016).

The number of people counted in the 2015 study under-represents the total homeless population. Many of those experiencing homelessness outside the shelter system are not found on the single night of the study, including youth who couch hop and people living in rural areas where there are fewer shelters.

over half of all homeless people (51%), which is disproportionate compared to their representation in the total Minnesota population (32%).

Wilder Research estimates that there are at least 3,700 children homeless with their parents on any given night; however, this figure excludes a far larger number of children whose parents are doubled-up with friends or families and eligible for school services to homeless students under the McKinney-Vento Act.

Since 2012, the number of homeless families has decreased 12 percent; the figure below shows fluctuations in the number of homeless families over the study history.

Children (age 17 and younger) with parents and youth (age 24 and younger) on their own and under are most likely to be homeless in Minnesota. They make up over half of all homeless people (51%), which is disproportionate compared to their representation in the total Minnesota population (32%).

How many children and youth are homeless in Minnesota?

Children (age 17 and younger) with parents and youth (age 24 and younger) on their own and under are most likely to be homeless in Minnesota. They make up

Figure 1: People experiencing homelessness, by age group

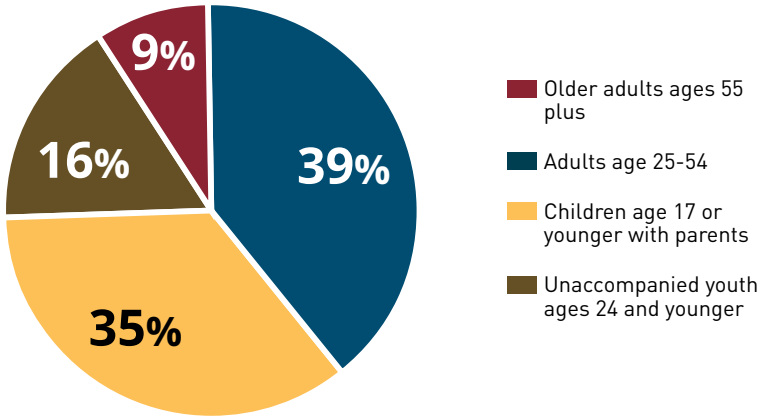
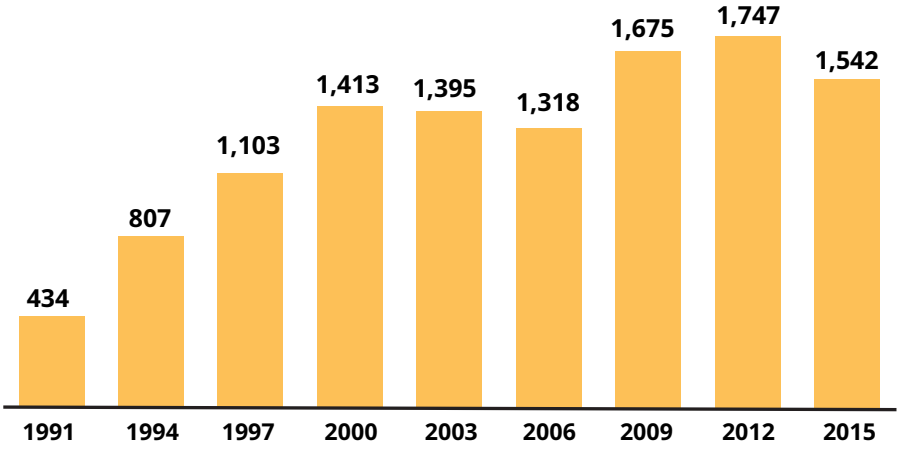


Figure 2: Number of homeless families in Minnesota



What challenges do homeless children and youth face?

Homeless children and youth often come from troubled backgrounds and face significant challenges in their lives, such as histories of abuse and trauma, poor mental and physical health, and difficulties at school.

Adverse Childhood Experiences

The Minnesota Homeless Study asks about selected adverse childhood experiences (ACEs); many of these experiences are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. A large majority of homeless youth (89%) had at least one adverse experience in childhood, the most common of which were living with a substance abuser (61%), witnessing abuse (60%), and living in an out-of-home placement (54%). Female youth were more likely than males to report having been victims of sexual abuse.

Health and wellness

Children and youth also face complications with their physical and mental health. Among parents whose children were living with them (based on questions that were asked of parents), 25% said that at least one of their children had an emotional or behavioral problem and 12% had at least one child with a chronic or severe physical health problem.

Table 1: Selected adverse childhood experiences among homeless youth

	Female youth	Male youth	All youth
Lived with substance abuser as a child	63%	59%	61%
Witnessed abuse as a child	63%	57%	60%
Out-of-home placements as a child	52%	58%	54%
Lived with parent/guardian with mental illness	50%	45%	48%
During childhood, had a parent serve time in prison	48%	47%	47%
Physically abused as a child	49%	42%	46%
Sexually abused as a child	38%	19%	30%
Neglected as a child	30%	27%	29%
At least one of the above adverse childhood experiences	88%	91%	89%

These health issues are exacerbated for unaccompanied homeless youth. Over half (57%) have a serious mental illness, with anxiety (37%) and depression (32%) being the most common, and 36% have a chronic physical health condition.

The overarching positive finding of Wilder Research's ninth triennial statewide study is that the total number of homeless people decreased for the first time since 2006.

Education

Among homeless parents who have school-age children with them, most (87%) report that all of their children attended school on the day of the survey. However, 38% report a child had to change schools due to their housing situation. In addition, over one-third (34%) of parents report that their school-age child has been a victim of bullying.

Homelessness is not only painful and stigmatizing for those experiencing it, but it is also seemingly intractable for those trying to fix it. Despite targeted efforts to reduce homelessness, new people come into shelter every day. However, the overarching positive finding of Wilder Research's ninth triennial statewide study is that the total number of homeless people decreased for the first time since 2006. In all likelihood, the numbers we found would be significantly higher were it not for the wide range of supportive services available. To address homelessness, we must use strategies that are known to work, broaden public awareness and commitment to solving the problem, expand the safety net to better catch those at risk of losing housing, and back up these efforts with resources that match the need.

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Definition of homelessness

For this study, homelessness is defined using the criteria from the most recent reauthorization of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in May 2009. A homeless person is anyone who lacks a fixed, regular, and adequate nighttime residence, and:

1. Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
2. Has a primary nighttime residence that is a supervised, publicly- or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); or
3. Has resided in a shelter or place not meant for human habitation and is exiting an institution where he or she temporarily resided (this includes those persons leaving detox on the date of the study who were homeless upon entry).

This definition is expanded to include persons who will imminently lose their housing, as evidenced by an eviction action that notifies them that they must leave within 14 days; or persons staying in hotels or motels (not paid for by public or charitable funds) who lack the resources necessary to reside there for more than 14 days; or persons in doubled-up situations where there is evidence that the owner or primary renter will not allow the individual or family to stay for more than 14 days.

A doubled-up parent not meeting these criteria may be included if they have a child with them, have a significant history of residential instability, and have a barrier (or have a child with a barrier) that interferes with housing or employment.

For youth through age 24, the definition of homelessness is expanded to include people who are not with a parent or guardian and who are staying temporarily with other relatives or friends ("couch hopping"). Federal and state legislation governing services for runaway and homeless youth explicitly include youth through age 24.

The Importance of Supportive Services for Families Experiencing Homelessness

Abigail H. Gewirtz, PhD, LP, and Ashley Chesmore, MPH, MSEd

Homelessness is often a socioeconomic problem (i.e., caregivers having insufficient income to meet their family's basic needs), however it also can be associated with other challenges. Homeless adults are disproportionately likely to have experienced foster care as youth and may currently be involved with the child welfare system, mired in a cycle of poverty and interpersonal risks such as abuse, neglect, and violence (Dworksy, Napolitano, & Courtney, 2013; Fowler et al., 2013). Compounding these stressors is the high comorbidity of mental health problems among homeless families including psychiatric disorders and substance abuse among adults (Fazel, Geddes, & Kushel, 2014) and elevated rates of mental health issues including conduct problems among children (Lee et al., 2010). Homeless families typically consist of a single mother and her young children (Bassuk, 2010). The capacity of family shelters is often insufficient to meet the needs of families, and few shelters will house adolescent males together with their mothers. These factors can hinder reunification, as finding appropriate housing is crucial for family stability.

While challenges facing homeless families are significant, evidence-based practices and policies can be helpful in reducing homelessness and improving family well-being. Housing First policies prioritize speedy access to affordable and reasonable permanent housing options for families (United States Interagency Council on Homelessness, 2017). Federal Section 8 vouchers enable families to secure typical market-rate housing with federal subsidies; unfortunately, the waiting list in most metropolitan areas is several years long (Bailey et al., 2016). Moreover, many families need more than financial assistance to remain in permanent housing. Caregivers may struggle with substance abuse, mental illness, HIV/AIDS, or another chronic illness (Fazel et al., 2014). Women and their children may also be homeless as a result of efforts to flee an abusive partner or prostitution (Heerde, Scholes-Balog, &Hemphill, 2015; National Coalition for the Homeless, 2009).

Family supportive housing is an increasingly popular approach to end homelessness (Byrne, Fargo, Montgomery, Munley, & Culhane, 2014). Family supportive housing provides both temporary and permanent housing with case management and other psychosocial supports for families dealing with multiple challenges. Supportive housing programs include case management services to assist families in accessing healthcare, financial assistance, employment, education, and training support (Gewirtz, Hart-Shegos, & Medhanie, 2008). In addition, including mental health prevention and treatment interventions among the array of services offered onsite may significantly improve the well-being of families (Gewirtz, 2007).

A team of prevention researchers at the University of Minnesota partnered with the Healthy Families Network, a group of nonprofit supportive housing organizations affiliated with the Family Housing Fund of Minneapolis, to implement and evaluate the first comprehensive prevention program for youth and their families in supportive housing, known as Early Risers (ER). ER targets the prevention of behavioral and emotional problems in at-risk 5- to 12-year-old children and the promotion of parenting education and parents' well-being (August, Realmuto, Hektner, & Bloomquist, 2001).

ER was originally validated for youth exhibiting early onset antisocial behavior and it appears on several lists of best or evidence-based practices. A cluster randomized trial was conducted to test the ER program in all 16 single-site family supportive housing organizations in the Twin Cities area (Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009). Eight were randomly selected to implement the ER program, and seven were randomly assigned as alternative condition sites (i.e., they were provided programming for babies and teens). One site closed before the project began.

All families were offered the opportunity to participate and family advocates delivered the program components. ER included three annual summer camps, two years of after-school programming, two years of school advocacy, and a 14-week parenting program, Parenting Through Change (Forgatch & DeGarmo, 1999). The alternative programming included a summer jobs program and a nurse home visiting program for two years. Families consenting to be enrolled in the research participated in interviews and videotaped family interaction tasks at baseline (pre-programming), and at one year, two years, and three years post-baseline.

We evaluated the program using intent-to-treat analyses, in which all 161 families with 270 children, regardless of whether they participated in programming, were compared over time to examine change in parenting and child adjustment between families in the ER vs. alternative condition sites. Compared to families in the alternative sites, those in the ER sites demonstrated improved parenting locus of control (i.e., sense of control in parenting) at two years post-baseline, and these changes led to significant improvements in observed parenting practices and in child behavior (Gewirtz et al., 2015). At three years post-baseline, we also found that ER significantly reduced children's conduct problems through children's improved executive functioning (i.e., capacity to delay gratification and engage in complex tasks) (Piehler et al., 2014). The findings showed that it is both feasible and impactful to provide prevention programming for families in supportive housing and that doing so can improve child and parental well-being (Gewirtz, Burkhart, Loehman, & Haukebo, 2014).

ER [Early Risers] targets the prevention of behavioral and emotional problems in at-risk 5- to 12-year-old children and the promotion of parenting education and parents' well-being.

In considering the high rate of child welfare system involvement among homeless families, this study has important implications for child welfare practice. Without a safe and consistent place to live, parents may struggle to address the problems that initially led to child welfare involvement. Improvements in parental locus of control may be especially important because the combination of poverty and child welfare involvement may lead many parents to feel disempowered. Moreover, other studies have shown that improvements in parenting reduce the risk and incidence of child maltreatment (Prinz et al., 2009; Webster-Stratton & Reid, 2010).

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Former Foster Youth Typology of Risk: Pre-Existing Risk Factors and Homelessness

Amanda Yoshioka-Maxwell, MSW, and Eric Rice, PhD

Homeless youth suffer from a wide range of risk factors that impact the length and quality of their lives. As many as 40% of all homeless youth report a history of foster care and 11% to 36% of the foster youth population experience homelessness after leaving care. Thirty percent of all homeless adults report a foster care history compared to 4% of the general public (Rice, 2012; Yoshioka-Maxwell, Rice, Rhoades, & Winetrobe, 2015; Roman & Wolfe, 2006; Dworsky, Napolitano, & Courtney, 2013; Dworsky, Dillman, Dion, Coffee-Borden, & Rosenau, 2012).

Emerging research suggests that some experiences while in foster care may impact behavioral health outcomes; childhood abuse, neglect, and exposure to other traumatic stressors are common among youth in foster care and are associated with adverse health outcomes in adulthood (Courtney et al., 2011; Hudson & Nandy, 2012; Nyamathi, Hudson, Greengold, & Leake, 2012). Given the rates of foster youth who become homeless, and the impact of adverse childhood experiences (ACEs) on rates of substance use and sex risk behaviors among youth experiencing foster care and homelessness, this paper will seek to understand how a variety of ACEs can be used to generate a typology of homeless former foster youth and subsequently how this typology based on ACEs is related to substance use and sexual risk-taking during homelessness (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998; Larkin & Park, 2012; Keeshin & Campbell, 2011). Such a typology may be useful in identifying early intervention strategies for the subsets of homeless former foster youth and foster youth at risk of becoming homeless.

The YouthNet data set (Rice, 2012) was used for this analysis, utilizing a convenience sample of 1,046 homeless youth (ages 13-25) from three drop-in centers in Hollywood, Venice, and Santa Monica, California, collected as part of a longitudinal study of social networks at those locations. General inclusion criteria for participation in the study included youth who self-identified as homeless (e.g., sleeping on the streets, staying in an emergency shelter, at immediate risk of being homeless such as couch surfing, about to be evicted, etc.) and being 14-25 years old. A latent class analysis (LCA) was conducted in SAS statistical software to determine a profile of risks among these homeless former foster youth, using ACE variables to construct these classes.

Results of the LCA indicated that homeless former foster youth generally fit into four distinct risk classes regarding their homelessness risk and trauma experience: high homelessness risk and low trauma experience (class 1), low homelessness risk and low trauma experience (class 2), low homelessness risk and high trauma experiences (class 3), and high homelessness risk and high trauma experience (class 4). Results also indicated that the presence of homelessness risk more highly predicts engagement in drug and sex risk behaviors when compared to youth with homelessness risk and trauma experience. Class 1 (high homelessness risk and low trauma experience) predicted the largest number of drug use, sex risk, and depressive/suicidal risk variables; youth who had largely experienced homelessness risk variables were more likely to engage in lifetime drug use with a variety of drugs, to engage in sex risks, to have experienced suicidal ideation in the past 12 months, and to have above average CESD scores measuring depressive symptoms (Radloff, 1977).

Upon examination of the impact of these classes on current risk behaviors, the presence or absence of a trauma history made the largest impact on rates of current drug use, sex risk behaviors, and depressive symptoms.

Upon examination of the impact of these classes on current risk behaviors, the presence or absence of a trauma history made the largest impact on rates of current drug use, sex risk behaviors, and depressive symptoms. And while risk for homelessness did impact engagement in these behaviors, it was the presence of multiple trauma experiences that most significantly affected behavioral health. While prior literature has looked at risk typologies for foster youth, this study specifically examined class membership of homeless former foster youth by their risks

LCA Four Homelessness Risk Classes

CLASS 1	CLASS 2
HIGH homelessness risk **LOW** trauma experience	**LOW** homelessness risk **LOW** trauma experience
CLASS 3	**CLASS 4**
LOW homelessness risk **HIGH** trauma experience	**HIGH** homelessness risk **HIGH** trauma experience

prior to homelessness. Results indicated that the presence of homelessness risk more highly predicts engagement in these behaviors compared to youth with both homelessness risk and trauma experience, raising questions surrounding the impact of homelessness risk on engagement in drug use and sex risk behavior. These findings suggest that youth who have experienced trauma may also have other skills or experiences that have helped to reduce their incidence in drug and sex risks and lower their levels of depressive/suicidal symptoms. The findings are reinforced by the low levels of drug use and sex risk behaviors among youth who have experienced trauma but have not experienced homelessness risks and provide information about the ways in which risk is organized among these youth.

These results may influence the way risk among homeless former foster youth is examined when choosing and interventions. Youth who have experienced trauma may have skills that have mitigated their incidence in drug and sex risks and have reduced their levels of depressive/suicidal symptoms. Finally, these results suggest that the risk incurred by so many homeless youth is similarly influential in the lives of homeless former foster youth, impacting behavioral health outcomes.

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Evaluating Innovation in Housing Services: Providing Support to Innovation Through Developmental Evaluation

When a community wants to develop new services for homeless youth and young families, what is really involved? When Olmsted County and Center City Housing Corporation began collaborating in 2012, they set out to fully explore this question. They identified a target population, potential site, funding for housing development, potential service partners, and longer-term sustainable service funding. Gage East, a permanent supportive housing project for homeless families and youth in Rochester, Minnesota, opened in August 2016 with these initial parameters established. Other program partners, including Family Services Rochester, Workforce Development Inc., and Fernbook Family Center, were poised to provide case management, vocational services, parent education, and early childhood development. Yet many questions remained about how to take the ideas of Housing First and Harm Reduction models (Russell, 2010) and bring them into operations.

The Future Services Institute (FSI) at the Humphrey School of Public Affairs was asked to help program partners explore the following key questions: 1) How might partners improve operational alignment during project launch? 2) What services are being provided to residents and what is being learned through those offerings? 3) Does service provision align with client needs and expectations? 4) To what extent are residents engaged with Gage East? 5) In what way has the project influenced residents' lives?

Because this innovation is new to Olmsted County and involves many program partners working together in a complex environment to support vulnerable youth and families, we chose a developmental evaluation design, an approach to evaluation that helps program operators frame the intervention, track its development, identify issues as they surface, and test quick iterations in problem solving (Patton, 2011; Patton, McKegg, & Wehipeihana, 2016).

In the first phase, the evaluation team is working closely with project partners to provide rapid cycle feedback on the project's activities. This rapid cycle feedback is delivered to the project's steering committee through regular status reports that highlight successes and challenges for families and youth served by the project. These reports allow the leadership to brainstorm solutions to operational challenges and find better ways to collaborate across partners. The goal of FSI's engagement in this phase is to support the development of a truly integrated service delivery model for families and youth that is consistent with the original vision of the larger community.

For the second phase, the evaluation team is working to build capacity within Olmsted County Community Services to evaluate the project's impact in the coming years. Partners have different ideas about what success looks like; they also have different sets of accountabilities to their funders and the community. Developing a performance measurement system that reflects the accountability requirements of each partner is crucial to the sustainability of this project so it can provide lasting housing stability to homeless youth and young families in Olmsted county.

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Strategies to End Youth Homelessness: A Plan by A Way Home America

Megan Gibbard, LICSW

Actions designed to effectively end youth homelessness in the United States by 2020 have been outlined in a plan that is supported by A Way Home America (AWHA), a national initiative to prevent and end homelessness among young people. AWHA is composed of advocates, researchers, young people, local and state public sector organizations, homeless youth providers, and philanthropists united with a common goal: By 2020, prevent and end homelessness among all youth and young adults.

Prevalence

Annually, 550,000 youth and young adults under age 24 experience an episode of homelessness lasting longer than one week (National Alliance to End Homelessness, 2012). During a single night in 2015, at least 46,808 young people experienced homelessness alone, without a parent or guardian; 9,901 of whom are parents to children of their own. Of the remaining 36,907, 87% are between the ages of 18 and 24 and 13% are under age 18 (United States Department of Housing and Urban Development, 2015). Efforts are underway across the United States to improve the way young people are counted, as these numbers are commonly understood to be undercounts (United States Interagency Council on Homelessness, 2013).

Common Causes

- Conflict and/or abuse at home is the number one reason young people cite for experiencing homelessness (Administration for Children and Families Family and Youth Services Bureau, 2016).
- Thirty-six percent of young people who aged out of foster care experienced homelessness for at least one night after exiting the foster care system (Courtney, Dworsky, Lee & Raap, 2019).
- Up to 40% of young people experiencing homelessness are LGBTQ, many of whom have encountered rejection from their families or community (Durso & Gates, 2012).
- Due to historical and institutional racism and other structural inequities, overwhelmingly, young people in crisis are disproportionately young people of color.

Solutions

A great opportunity exists now to end youth homelessness: federal agencies are working in close coordination and are partnering with local communities to advance solutions, philanthropy is investing strategically, providers are responding with innovative solutions, new research efforts are more precisely identifying the scope and responses needed, and national advocates have formed an unprecedented alignment of solutions.

A Way Home America believes youth homelessness can be eliminated by 2020 with a few practical steps. First, by providing leadership to help state and local governments and partners in the non-profit and private sector come together to implement a strategy to end youth homelessness in their communities. Second, by ensuring that federal programs work to prevent homelessness

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Policy recommendations for the first 100 days of the Trump Administration and beyond:

White House	• Promote rapid testing and innovation in federal programs addressing youth homelessness through the replication of the 100-Day Challenge approach piloted in Austin, Cleveland, and Los Angeles. The urgency of the 100-Day goal and local innovation lead to concrete results and a better utilization of federal dollars. • Support the Senate's proposed extension of the United States Interagency Council on Homelessness to October 1, 2018, ensuring that federal agencies continue to work efficiently to end homelessness, hand-in-hand with public-private, local, and state partnerships.
Health & Human Services (HHS)	• Advance comprehensive approaches to prevent homelessness by supporting families and young people, given that family conflict is the number one reason young people cite for experiencing homelessness (Administration for Children and Families Family and Youth Services Bureau, 2016). • Highlight promising practices across state child welfare agencies and partnerships with community based organizations to prevent or shorten experiences of homelessness. • Provide safe housing and family support for youth and young adults by requesting funding at the highest levels included in the most recent Runaway and Homeless Youth Act reauthorization.
Housing & Urban Development (HUD)	• Provide safe housing for young adults by increasing funding for McKinney-Vento Homeless Assistance Grants programs for young adults to $642 million, a total which represents sufficient funding to fully address the need that exists for young adults 18-24.
Department of Education	• Publish promising school-based approaches to identify homeless youth and prevent episodes of homelessness. • Identify and support youth who experience homelessness while in school by requesting full authorized funding for the McKinney-Vento Education of Homeless Children & Youth Assistance Act.
Department of Justice (DOJ)	• Partner with federal, state and local agencies to ensure that youth involved with the juvenile justice system receive adequate transition and re-entry planning before exiting custody or supervision. • Care for youth with juvenile justice involvement by requesting full authorized funding for the Juvenile Justice and Delinquency Prevention Act.

A Home for Safe Harbor: Housing for Commercially Sexually Exploited Youth

Ava Sun, BA, Elizabeth S. Barnert, MD, MPH, MS, and Susan Abrams, JD

In recent years, an increased recognition that commercially sexually exploited children are victims who have endured a severe form of child abuse (Clayton, Krugman, & Simon, 2013) has prompted the passage of safe harbor laws in states across the country. Safe harbor laws redirect child victims of commercial sexual exploitation from the criminal justice system and into the child welfare system and specialized services (Shields & Letourneau, 2015). Analysis of these safe harbor laws and their implementation exposes the critical need for and shortage of appropriate housing options for sexually exploited youth (Barnert et al., 2016).

Safe Harbor Study: Background & Methodology

The overlapping terms commercial sexual exploitation of children (CSEC) and child sex trafficking refer to crimes of a sexual nature involving the sexual exploitation of children for financial or other gain (Clayton et al., 2013). Victims may have the following risk factors: foster care involvement; a history of homelessness or being a runaway; a history of child abuse or neglect; identification as lesbian, gay, bisexual, or transgender; family dysfunction; gang involvement; and living in high crime neighborhoods (Clayton et al., 2013). The immediate and long-term negative health effects associated with CSEC include violence-inflicted injuries, sexually transmitted infections, pregnancy, depression, and post-traumatic stress disorder (Greenbaum, 2014).

Despite their victimization, children who have been commercially sexually exploited (CSE) have historically been regarded as criminal perpetrators (Clayton et al., 2013). However, in 2000, Congress passed the Trafficking Victims Protection Act, which marked a pivotal shift toward recognizing and treating CSE youth as victims ("Victims of Trafficking and Violence Protection Act of 2000", 2000). States slowly began to mirror this trend by enacting their own safe harbor laws (Shields & Letourneau, 2015).

To identify best practices for implementation of these laws, we performed a textual analysis of the nine state safe harbor laws enacted as of 2012 and used purposive sampling, a technique relying on a researcher's judgment in selecting study participants, to interview 37 experts in each of these states. Interviewees included experts at state-level leadership positions, non-government organization directors, service providers, child welfare representatives, medical representatives, attorneys, and police officers.

Housing as a Critical but Missing Component to Effective Safe Harbor Implementation

All interview participants agreed that having sufficient placement options for child victims of CSE was vital to the success of safe harbor programs. Critical housing options identified include short- and long-term placements – shelters, safe houses, inpatient mental health facilities, substance abuse treatment centers, and foster care placements.

Despite widespread acknowledgement of the housing needs of CSE youth, both the legal analysis of existing state safe harbor laws and the qualitative analysis of the interview data revealed gaps. As of 2012, just five out of nine states' initial safe harbor laws even mentioned youth placements, and only New York's law mandated establishing a placement option (Barnert et al., 2016).

In the interviews, multiple participants described the shortage of reliable, safe, and appropriate housing options as a primary obstacle to ensuring the protection and well-being of CSE victims (Table 1). Lack of adequate state funding to support effective implementation of safe harbor laws was cited as a contributing factor to deficiencies in placements and services. Consequently, many CSE youth end up back in the juvenile justice system regardless of the protections specified in the safe harbor laws. For example, even if the safe harbor laws prohibited charging a child with prostitution, interviewees in several states expressed that youth were charged with other crimes solely as a means to guarantee access to services and a safe placement option.

The most divisive issue encountered in the study – and perhaps an additional obstacle to the creation of viable housing options – was whether placements needed to be locked. A few participants felt strongly that secure placements were required to ensure successful pathways away from commercial exploitation. Some described CSE victims as frequent runaways and saw locked facilities as the only way to keep youth safe from exploiters and recruiters. In contrast, the majority felt that secure placements were unjust and unnecessary. One interviewee described the push for locked placements as an "overreaction" that was counterproductive to earning trust. Another participant, herself

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Despite their victimization, children who have been commercially sexually exploited (CSE) have historically been regarded as criminal perpetrators.

Table 1: Themes and Representative Quotes from Interviewees Regarding Placement and Housing Aspects of Safe Harbor Laws for Commercially Sexually Exploited Youth

Theme	Quote
Need for placements	"Shelter is the biggest need youth have who are exiting the sex trade."
	"A lot of times, the kid can't go home. Either the family is broken or doesn't know how to deal with the issue. So lots of kids don't have a place to go."
Support for secure placement	"If parents failed before, they will fail again. These kids need locked facilities."
	"When there is a threat, we put them in a new placement and we put a supervision plan in place."
Opposition against secure placement	"You will have a higher rate of kids staying if the facility is unlocked. Choice is more powerful."
	"I know what a locked facility feels like and it feels like a jail, except the bed is a little more comfortable and there's no uniform."

LGBTQ Youth Homelessness: Considerations for Child Welfare Workers

Christa Price, LMSW, Coco Wheeler, MSW, Jama Shelton, MSW, PhD, and Ian Ellasante, MA.

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people are overrepresented in the foster care system compared to their non-LGBTQ peers (Child Welfare League of America, 2012). We also know that LGBTQ young people are overrepresented in the population of young people experiencing homelessness (Choi, S.K., Wilson, B.D.M., Shelton, J., & Gates, G, 2015). Neglect, rejection, and abuse based on their sexual orientation and/or gender identity are the main forces that drive LGBTQ young people into homelessness and the foster care system (Price, Wheeler, Shelton, & Maury, 2015). LGBTQ young people experience homelessness for longer durations of time and have increased rates of negative physical and mental health outcomes than their heteronormative peers (Choi et al., 2015). Service providers say that in addition to needing housing, LGBTQ young people experiencing homelessness need emotional support around sexual orientation, gender identity and expression, and, if applicable, transition-related support. Transition-related support can include assistance with obtaining accurate identification documents and accessing gender-confirming medical care (Choi et al., 2015).

Great strides toward eliminating discrimination in housing for LGBTQ people have been achieved through protections such as the Department of Housing and Urban Development (HUD) Equal Access Rule, which prohibits discrimination based on sexual orientation, gender identity, and marital status in all HUD programs. Despite these protections LGBTQ people still face increased discrimination based on their LGBTQ identities when seeking employment due to a lack of non-discrimination protections in many states. Most affordable housing programs and transitional living programs have employment-based requirements which means LGBTQ young people can fall through the cracks or not access them altogether.

Only half of states include non-discrimination laws or policies based on sexual orientation only or sexual orientation as well as gender identity (Foster Club and The Human Rights Campaign, 2015). Know the protections your state offers to young people in care. A challenge facing LGBTQ young people in foster care is the lack of LGBTQ competency by agency staff and foster families, which can lead to placement in congregate care, psychiatric hospitals, and juvenile justice facilities at disproportionate rates. This ultimately decreases the likelihood that these young people will exit the system with stable housing and permanent adult connections (Jacobs, J.; Freundlich, M. 2006).

Identifying as LGBTQ is only one aspect of an LGBTQ young person's identity. In order to best serve LGBTQ young people, they must be seen as whole people, with multiple characteristics. LGBTQ young people may receive messages that they are inferior through multiple sources, including the government, the media, their families, religious institutions, peers, and educators. The web of cultural oppression composed of transphobia, homophobia, heteronormativity, and cisnormativity and the internalization of each impacts the culture at large and affects LGBTQ people in profound and subtle ways (Connolly, 2005). It is important that providers understand behavioral challenges or compliance issues through this lens.

LGBTQ young people often feel very vulnerable; however, they should not be pressured to change how they identify nor how they express their gender. Child welfare professionals should focus on ensuring the safety of the environment and unique circumstances of LGBTQ young people.

There are a number of precautions that child welfare professionals can take to help ensure safety and stability for their LGBTQ clients that are placed in foster care. It is imperative that professionals acknowledge and understand the unique barriers to economic self-sufficiency and permanence facing LGBTQ young people, particularly transgender young people, and incorporate ways to address those barriers in permanency plans. For example, knowing whether LGBTQ people are protected from discrimination in public housing and employment in their jurisdiction, or pursuing affirming housing before relying upon group home settings. Child welfare professionals can support LGBTQ young people in other ways, including:

> These websites list all the LGBTQ legal protections for housing and employment by state. It is important for case managers to know what protections exist in their state to more effectively support LGBTQ young people.
>
> - http://www.lgbtmap.org/equality-maps/non_discrimination_laws
> - http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf

- Knowing about LGBTQ college scholarships (Point Foundation, Collin Higgins Youth Courage Awards, and other national and state scholarships).
- Partnering with or creating a network of local landlords who will not discriminate against LGBTQ youth people in housing.
- Partnering with or creating a network of local businesses that will not discriminate against LGBTQ young people when hiring.
- Attending regular trainings on LGBTQ inclusivity and utilizing best practices for identifying LGBTQ young people by asking affirming questions on forms and in conversation.
- Partnering with community based LGBTQ youth agencies to recruit LGBTQ-identifying or affirming placement families.
- Displaying LGBTQ-affirming posters and messaging.

We still have a long way to go to assure legal protections for LGBTQ young people in housing and employment. Child welfare professionals are often the first point of contact for LGBTQ young people experiencing homelessness, and we have the responsibility to provide a safe and affirming experience for all young people.

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A Look at Historical Trauma and Housing Issues in Indian Country

Grace Johnson, PLADAC, PLMHP

Misunderstandings regarding Native American housing on and off reservations are common. There are assumptions that all Native Americans receive free housing, which is not true. Growing up on the Pine Ridge Indian Reservation in South Dakota, my mom, who worked for the Bureau of Indian Affairs (BIA), paid rent, utilities, and the cost of oil. Our house was a basic three-bedroom U.S. Department of Housing and Urban Development (HUD) house.

Despite the common assumption that all tribes are wealthy, most are not: Members depend on HUD to provide housing for people living on reservations. Many homes are considered third-world quality, with poor construction, inadequate insulation, no running water or electricity, and unsanitary conditions. Insufficient funding and an unconnected patchwork of programs results in an inadequate response to housing needs (U.S. Commission on Civil Rights, 2003). Housing shortages are common and the poorest tribes sometimes have multiple families sharing one house (Harris & Wagoner, 2017).

Federal Tribal Housing Policy

Federal tribal housing policy began with the Snyder Act, which authorized the BIA to provide social, economic and educational assistance programs for tribes in 1921. The Housing Acts of 1937 and 1949 established housing assistance programs with a goal of safe and sanitary housing for all Americans, but tribal families in remote areas had little access to them. Not until 40 years later, when HUD was established, did the federal government begin to provide significant resources for their housing needs (Kingsley, et al., 1996).

Addressing tribal housing needs is difficult because tribal land is held in trust by the BIA. Private builders face obstacles obtaining mortgages because federal trust land cannot be used as collateral. Therefore, market-based housing programs, such as vouchers, are not useful. Those leaving reservations for better economic opportunities in urban areas are not prepared for higher living costs, and continue to require federal housing assistance (U.S. Commission on Civil Rights, 2003).

Historical Trauma's Effects on American Indian Families

Researchers, policy makers, and practitioners must acknowledge the history of trauma that Native people have experienced. Historical trauma is defined as "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma. Historical unresolved grief accompanies that trauma" (Yellow Horse Brave Heart, 2000).

Government policies from 1880 to the mid-1960s stripped generations of Native children of their culture by removing them from their homes and placing them in government-run boarding schools, where intense trauma occurred for generations. In 1880, the Civilization Regulations Act outlawed tribal religions (until the Indian Religious Freedom Act of 1978). The 1893 Indian Education Congressional Act made attendance compulsory from age five until graduation, and required that children only speak English (Peva, 2012). Separated from family at young ages resulted in children's loss of culture, identity, and parenting (Duran & Duran 1995). Survivors of these schools reported rampant physical, emotional, mental, cultural, and sexual abuse (Duran & Duran, 1995; Yellow Horse Brave Heart, 2000).

A system of care approach works with a variety of agencies in the community that support:

- Parenting skills
- Time management
- Psychoeducation
- Historical trauma training
- Empowerment
- School support
- Food shelves
- Medication management

Congressional acts contributed to the dismantling of tribal sovereignty, leadership, culture, and the family system. The 1885 Major Crimes Act and 1887 Dawes Act (or General Allotment Act) resulted in the loss of tribal authority and weakened family and community cohesiveness. The 1934 Indian Reorganization Act reorganized tribal governments to model the US government (Peva, 2012). This government was considered corrupt (Jorgensen, 2007). In essence, Native people were colonized through these federal policies.

Colonized people experience a complete loss of power and sinking self-worth, causing depression, fear, learned helplessness and cultural self-hate. As a result, family and community problems of all types began to emerge, including addiction, suicide, domestic violence, and horizontal or lateral violence (Duran & Duran, 1995). The effects of historical trauma are multi-layered from the leadership level, to the community, the family, and, ultimately, the individual.

Historical trauma, unresolved grief and a dysfunctional family cycle were passed from one generation to the next, aided by the boarding schools. In traditional tribal parenting, children were seen as treasures and patience was the norm. Parenting was shared, taught and modeled daily through the extended family. To spank a child was unheard of. Those attending boarding schools lost these traditional parenting skills and parented in the way they experienced. Housing problems and homelessness are symptoms of complex trauma spanning generations of Native people.

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Housing Subsidies' Potential Role in Reducing Childhood Trauma and Promoting Healthy Development of Low-Income Children

Yumiko Aratani, PhD, Sabrina Kelley, MPH, and Iran Barrera, PhD

In recent years, there has been increased focus on the long-term health and economic consequences of adverse childhood experiences (ACEs). ACEs are deeply distressing and disturbing childhood traumas experienced during the first 18 years of life, and they include abuse, neglect, and household dysfunction such as witnessing domestic violence, a parent's substance abuse or mental illness, parental incarceration, and separation or divorce. ACEs are highly associated with chronic health problems, mental health problems, and poor economic outcomes in adults (Felitti et al., 1998).

Housing subsidies have a potential role in reducing ACEs among young children in two ways: first, due to low eviction rate, housing subsidies such as Section 8 and public housing can prevent low-income children from experiencing residential instability and homelessness (Shinn et al., 2008). Eviction often leads to chronic homelessness and residential instability (Desmond, An, Winkler, & Ferriss, 2013). Furthermore, homelessness, including doubling up, in which "individuals are unable to maintain their own housing situation and forced to stay with a series of friends or extended family members," (National Health Care for the Homeless Council, 2017) puts children at risk of sexual abuse (Edin & Shaefer, 2015) and exposure to other types of trauma (Anooshian, 2005). Because housing subsidies promote housing stability, they can reduce exposure to ACEs. Second, housing subsidies are a form of income supplement that can reduce parents' stress of paying rent, which could result in better parenting behaviors. This theory is anchored on the family stress perspective that explains the effect of economic hardship on children's development through its negative effect on parental mental health and parenting behavior. We believe that housing subsidies can promote mental health and the well-being of parents and positive parenting behaviors by reducing stress associated with housing stability, which in turn may prevent children from experiencing poor or harsh parenting styles and promote nurturing parent-child relationships.

Despite the benefits of stable housing for families, a high incidence of child abuse and neglect is reported in public housing programs (Levy, Markovic, Chaudhry, Ahart, & Torres, 1995). Public housing authorities (PHAs) can strengthen current housing subsidies to reduce childhood trauma and to promote healthy development among low-income children in the following three ways: improving housing quality, enhancing onsite residential services, and collaborating with other child-serving agencies. Research shows that housing quality, independent of other indicators of socio-economic status, directly affects child development (Evans, Saltzman, & Cooperman, 2001; Weitzman M, 2013). Additionally, the physical environment affects parental well-being and families living in public housing. Adult residents of public housing tend to have chronic health problems and mental health problems (Digenis-Bury, Brooks, Chen, Ostrem, & Horsburgh, 2008). Due to many years of underfunding for public housing, there is an estimated $25.6 billion capital backlog, and many public housing units are deteriorated and need upgrades (Finkel et al., 2010). Rental Assistance Demonstration (RAD) is the national housing initiative led by the U.S. Department of Housing and Urban Development to address the capital needs of public housing. RAD allows PHAs to assemble a mix of public and private sources of funding, including mortgage loans and low-income housing tax credits through the conversion of public housing to Section 8 programs. Fresno Housing Authority, one of the leading agencies to implement RAD, completed the conversions in three cities, and fully upgraded 400 residential units by 2016.

Furthermore, research documents the importance of access to community resources such as parks, libraries, and afterschool programs for optimal child development (Jencks & Mayer, 1990). Thus, families living in public housing often have limited amenities and resources (Wilson, 1987), as traditional public housing is often located in low-opportunity neighborhoods. Families can also benefit from enhanced onsite services that support their well-being (Manjarrez, Popkin, & Guernsey, 2007). For example, Fresno Housing Authority built community centers at RAD sites to realign health and wellness services for residents and will soon start offering evidence-based parenting and behavioral health (BH) support programs for parents with young children using county funding. In particular, BH support will provide residents with two key resources: (1) education on BH and mental illness or distress and (2) linkages for parents and children to BH screening and services that meet their linguistic and cultural needs.

Finally, collaboration with other child-serving agencies is key to using a whole family, two-generational approach and linking families to services and resources. Many minorities and economically disadvantaged groups are unfamiliar with behavioral health services and do not know how to identify a need for services or where to access them (Barrera, Vélez-Ortiz, & Camacho, 2016). Fresno Housing Authority works with a community-based organization and clinical social workers to better link families with existing social services including domestic violence support, family advocacy, and health insurance enrollment. Collaborating with the department of public health will be also critical in offering other services such as home visiting. Thus, through their housing assistance, PHAs can play an important role in preventing ACEs, which in the long run could help low-income children break the intergenerational cycle of poverty and become self-sufficient and healthy adults.

PHAs can play an important role in preventing ACEs, which in the long run could help low-income children break the intergenerational cycle of poverty and become self-sufficient and healthy adults.

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My House, My Rules

Susan M. Long, PhD

Traditionally, psychologists label the decision to leave an abusive partner as problem-focused coping, (Folkman & Moskowitz, 2004).This term implies that an actor solved a problem. Impoverished women often face homelessness when leaving an abusive partner and must make a forced choice between abuse and housing. Therefore, a better term for homeless abused mothers' actions is survival-focused coping (Goodman, Smyth, Borges, & Singer, 2009). The intersection of poverty and domestic violence (DV) for people with caretaking roles might mean that mothers who solve one problem (DV) face new problems, including a lack of housing, while also trying to prioritize their children's well-being. Homeless families make up around 30% of the homeless population on any given night, and domestic violence is common among this group (United States Interagency Council on Homelessness, 2014). Thus, understanding how homeless abused mothers protect their children is pressing to ensure that they receive the most relevant help.

Abused mothers face myriad challenges before, during, and after they are homeless. Here I describe how women attempted to involve formerly abusive partners in their children's lives during and following homelessness. In 2008-2009, I interviewed 14 black women housed in a transitional living program (TLP) in a large Midwestern city (Long, 2015). The TLP provided one year of housing to sober and employment-motivated shelter residents. Each woman experienced abuse and had been homeless with at least one or more of her children. Five women had completed one year in the TLP and one woman still experienced domestic violence. Interviews were coded and then analyzed using grounded theory, a research method that identifies patterns in data to determine what could be expected in other related sets of data.

Nearly all participants wanted their children to have relationships with their fathers, but these relationships were taxing. Eight out of the ten participants who reported having problems with their children's fathers described them as providing unreliable or irresponsible childcare, and being unsupportive emotionally and financially. Sharon (all names referenced here are pseudonyms) lived in her own apartment with her new husband, and described how she suspected that her son's father (her former abusive partner) used firearms around their child. She said,

"[He] can see [his] child as long as [he] remains a man and is intelligent. … Kids pick up things real fast and see things. I don't want [my son to be influenced] and bring it back home. There was a time when he left with his dad and then he came back and he kept saying, "Pow pow" [mimicking a gun]. I don't want it. Not a water gun, not a paper gun, none of it. I don't do that."

After this incident, Sharon reduced the amount of time her son spent with his father. She did not trust her former partner.

All women monitored their children's fathers' behavior. Like Sharon, all mothers set limits with the fathers when they were deemed a bad influence. Setting boundaries with formerly abusive partners is an important factor in ending abuse and protecting children (Wuest, Merritt-Gray, & Ford-Gilboe, 2004).

Homeless families make up around 30% of the homeless population on any given night, and domestic violence is common among this group.

The women in this study were able to set firm boundaries only after they had their own apartments through the TLP. These boundaries needed to be constantly maintained to reshape fathers' behaviors. For example, mothers closely monitored their children's phone conversations with fathers. Another mother, Tanya, said, "If my son wants to talk to [his father], I block my number and let my son talk to him. The first curse word [his father says], while talking to my son on the phone—I snatch the phone and I hang it up." Tanya would not allow bad language around her son, especially in her own home.

When mothers lived in shelters they did not maintain much contact with their former partners, and they were focused on following the shelter's rules. Such rules included when and where they should be and how their children should behave, but once women were in the TLP living in their own apartments, they were able to set their own rules. Mothers were able to refocus on building their children's relationships with their fathers. However, these men were often unreliable, in addition to setting a bad example Participants also reported receiving little to no financial support from the fathers.

Ending the cycle of violence was impossible for these mothers while they resided with their abusive partners. These women experienced a combination of physical, verbal, sexual, and/or financial abuse, the effects of which were exacerbated by a lack of financial resources. When they lived with friends or in shelters, they followed others' rules. Women leaving an abusive relationship are often required by shelters to end contact with abusive partners. The women I interviewed expressed a sincere desire for their children to have involved fathers because some women did not know their own dads. Thus, once women were stably resettled, rebuilding the father-child relationship was permitted. However, it needed to be on the mothers' terms. This study highlighted how mothers facing abuse transitioned from survival-focused coping in shelters to problem-focused coping in their own homes. For most of these mothers, having stable housing allowed them to guide their children's relationships once they finally had a leg, and their own floor, to stand on.

Author's Note: *The analysis for this article was conducted with the help of Winta Yohannes and Deeya Jhummon.*

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The Every Student Succeeds Act: Increasing Educational Access and Opportunities for Success for Children Experiencing Homelessness and in Foster Care

Barbara Duffield, BS

On December 10, 2015, President Barack Obama signed the Every Student Succeeds Act (ESSA) into law. Although ESSA generally reduces the federal government's role in elementary and secondary education, it establishes new federal protections for children and youth experiencing homelessness and those in foster care.

Under Federal education law, the definition of homelessness includes children and youth who lack a fixed, regular, and adequate nighttime residence.

Children and Youth Experiencing Homelessness

Under Federal education law, the definition of homelessness includes children and youth who lack a fixed, regular, and adequate nighttime residence. This definition includes children and youth living in shelters, transitional housing, cars, campgrounds, motels, and those sharing the housing of others temporarily due to loss of housing, economic hardship, or similar reasons.

Public schools identified 1,263,323 children and youth experiencing homelessness and enrolled in school at some point in the 2014-2015 school year (National Center on Homeless Education, 2016). These numbers do not include young children who are not enrolled in local educational agency (LEA) preschool programs.

Homelessness presents many barriers to school access and success: high mobility, lack of required documents, poor health, hunger, and trauma. Legislatively, these barriers are primarily addressed by the education subtitle of the McKinney-Vento Homeless Assistance Act (the McKinney-Vento Act), first enacted in 1987 and strengthened over the years, including most recently by ESSA.

For the most part, ESSA's amendments codify best practices and address well-documented challenges, such as the under-identification of children and youth experiencing homelessness. ESSA requires that the homeless liaison (required in all LEAs) be able to carry out 10 enumerated duties; participate in professional development; and coordinate and collaborate with community agencies.

The LEA liaison position is critical because children and youth experiencing homelessness often have no support system outside of school. Indeed, most are not able to access even basic services such as emergency shelter; in the 2014-2015 school year, only 14% of identified homeless students were staying in shelters (National Center on Homeless Education, 2016). For unaccompanied homeless youth, the lack of services is even more severe. The liaison may be the only adult looking out for their well-being and advocating for their basic needs and educational support.

ESSA provides other important protections for homeless students, including the right to stay in the same school, if it is in the student's best interest, and receive transportation; immediate enrollment, even if the student lacks required documentation or has missed application or enrollment deadlines; full or partial credit for coursework completed at a previous school; and assistance in obtaining verification necessary for completing the Free Application for Federal Student Aid (FAFSA). ESSA also extends school stability rights to preschool children.

Children and Youth in Foster Care

Educational outcomes for children and youth in foster care typically are poor, because of their life circumstances before entering foster care and the added disruption and mobility that often accompany foster care (National Working Group on Foster Care and Education, 2014). ESSA largely mirrors provisions addressing school stability for foster youth first enacted in the 2008 Fostering Connections to Success and Increasing Adoptions Act, which, among other things, required child welfare agencies to consider proximity to school when making placements and to coordinate with LEAs to keep foster care children and youth in their school of origin, unless doing so would not be in the child or youth's best interest. ESSA requires State Education Agencies (SEAs) to collaborate with child welfare agencies to ensure school stability and immediate enrollment, and to designate a point of contact for child welfare agencies to oversee the SEA responsibilities.

LEAs receiving Title I Part A funding are required to designate a local point of contact, if the local child welfare agency provides written notification that it has designated a point of contact for the LEA. LEAs receiving Title I Part A funding must also collaborate with the state or local child welfare agency to develop and implement procedures

for transporting foster youth. These local procedures must ensure that if additional costs are incurred in providing transportation to the school of origin, LEAs and child welfare agencies must determine who will pay or how the costs will be divided.

ESSA also removes the phrase "awaiting foster care placement" from the definition of homelessness in the McKinney-Vento Act. In so doing, Congress addressed concerns about appropriate roles for educational and child welfare agencies, as well as the need to ensure that the McKinney-Vento Act's very limited funding, which was $70 million in 2016, is focused on children and youth who have few, if any other supports.

Implementation

Protections for homeless students and children and youth in foster care under ESSA went into effect in 2016. Implementation will require time and a sustained focus on training, partnerships, and revised state and local policy. Child welfare and human service professionals should contact their state and local educational agency partners to learn about implementation and they should develop ways to collaborate to ensure that these vulnerable students receive the education they need for healthy, hopeful futures.

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Supportive Housing: An Effective Child Welfare Intervention

Lisa DeMatteis-Lepore, BA, and Ruth White, MSSA

Families who come to the attention of the child welfare system tend to arrive with a complex set of challenges. Child welfare agencies go to great lengths to remediate these issues and, as a result, just over half (51%) reunite safely and successfully with their birth parents (Child Welfare Information Gateway, 2016). For families who are separated and unable to reunify, homelessness, housing instability, and unsafe housing are pervasive (Stoltzfuz, 2008). As many as 30% of the families who remain apart fail to reunify because the parents lack safe housing, and child welfare agencies simply do not have access to housing resources to help them (Courtney, McMurtry, & Zinn, 2004). The U.S. Department of Health and Human Services (HHS) further reports that homelessness is listed as the reason for removal in nearly 10% of cases nationwide, meaning that as many as 26,000 children are removed in one year due to housing problems (U.S. House of Representatives, Committee on Ways and Means, 2016). These data suggest that in order to reduce unnecessary out-of-home placements, child welfare agencies must have access to a range of housing interventions.

While supportive housing has gained a reputation for serving chronically homeless single adults, there exists a decade-old movement to provide supportive housing to families.

Supportive Housing for Child Welfare Families

One evidence-based option for families is supportive housing. While supportive housing has gained a reputation for serving chronically homeless single adults, there exists a decade-old movement to provide supportive housing to families. Generally, supportive housing for families refers to programs that couple housing subsidies (or some type of access to affordable, permanent housing), scattered-site housing, with in-home case management that remains available to the family for about two years post-placement in permanent housing (Allen, 2002; Anderson & Sherwood, 2002; Cohen, Mulroy, Tull, White, & Crowley, 2003; Cronin, 2005; Wilder Research Center, 1998).

In the early years of supportive housing, families were required to prove their ability to live independently for up to two years in transitional housing in order to earn a permanent housing voucher and supportive services (Barrow & Zimmer, 1998). With the emergence of the Housing First movement generated by Beyond Shelter in Los Angeles, the wisdom of mandating families to wait in transitional settings for any length of time was questioned (Tull, 2004). This marked a shift from a homeless services system, with transitional housing as a link from emergency shelter, to a focus on permanency. As a result, models where families are offered permanent, affordable housing as soon as possible and provided with a level of case management necessary to assist the household in maintaining housing stability have emerged. Supportive housing programs for families can be found in some form in at least 20 states (CWLA, 2004).

There are several models of supportive housing for families around the country. Each generally provides services aimed at ensuring that families get the continuing services and housing they need in order to achieve more stable and independent lives (Rog, Gilbert-Mongelli, & Lundy, 1998).

In 2016, the U.S. Department of Housing and Urban Development (HUD) published the results of the Family Options Study, an ongoing, randomized control study established in 2010 that compares the effectiveness and cost of four types of crisis intervention: permanent housing subsidies, transitional housing, rapid re-housing, and emergency shelter. The study demonstrated that permanent housing subsidies were the most cost-effective intervention of the four types. Perhaps more importantly, HUD evaluated the impact of each intervention on a number of child and family well-being variables, including child welfare involvement, family preservation, and school performance. Permanent housing subsidies were the only intervention that had a significant effect on family preservation, school performance, and substance abuse by parents. For families receiving a subsidy, child separation was cut by 42%. Additionally, families receiving a subsidy reported drug or alcohol abuse was cut by 27%.

The Connecticut Supportive Housing for Families® Program

Since 1995, The Connection, Inc. and the Connecticut Department of Children and Families have worked in partnership with the Connecticut Department of Social Services to galvanize the state's housing resources (Section 8, the Family Unification Program, and TANF MOE funds) and the case management expertise of The Connection, Inc. on behalf of families so that they too could have their children returned home safely. Each family receives the appropriate level of case management designed to reintegrate them into their community and end their reliance on public systems of care.

As a result of this Supportive Housing for Families (SHF) program, more than 3,000 children have avoided out of home placement or been returned to their parents – in homes that are affordably rented in safe, decent neighborhoods (Farrell, Lujan, Britner, Randall, & Goodrich, 2012). To date, over 1,100 families have been successfully housed and received case management services reintegrating with their children into the community (Cronin, 2012).

Due to Connecticut's ongoing support of the SHF program, the state has realized cost savings, increased reunification rates, and provided the services necessary to nurture stronger healthier, drug-free families – families that have been able to leave the child welfare system safely. Ultimately, the key to keeping Connecticut's homeless families together is the strength of the partnership and the willingness of housing and child welfare professionals to work together to make supportive housing a viable option statewide.

Supportive housing services include:

- Housing subsidy (or other affordable housing provision)
- Entitlements, including income supports
- Reintegration into communities
- Substance abuse treatment
- Mental health treatment
- Childcare/parenting skills training/ children's services
- Employment and education supports
- Training on daily living skills
- Health care
- Identification and treatment of co-morbid conditions
- Developing positive and supportive relationships
- Transportation

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Moving Toward Inclusive and Affirming Services: Supporting LGBTQ Youth

Ryan Berg, MFA

In early 2004 I began working as a residential counselor for a LGBTQ foster care program in New York City. I found myself wholly unprepared for the myriad personal and social issues I was forced to confront in this program. In this work, my understanding of racial and economic justice, gender identity, crime, and poverty were contested. Facing the youths' realities daily challenged my understanding of privilege, social responsibility, community, and ultimately my understanding of myself.

Research has revealed a number of troubling risk behaviors for LGBTQ youth. These youth are more likely to use and abuse substances and experience sexual abuse, violence, and clinical depression at greater rates than the general population. LGBTQ youth are also more than twice as likely to attempt suicide as their straight peers. The isolation and rejection many LGBTQ youth face coupled with typical adolescent risk-taking behaviors often leads to self-destruction. Leaning on unhealthy ways to cope with trauma can become habitual, and these self-destructive addictions can continue into adult life (Kann, Olsen, McManus, et al. 2015).

The LGBTQ movement has made great strides, yet the focus on marriage equality has resulted in the neglect of LGBTQ youth issues. The narrative of cultural acceptance developed by advocates and media is not entirely accurate. LGBTQ people are less stigmatized and more visible than in the past, but only when safely sexless, coupled, and mirroring heteronormative values that present heterosexuality as the preferred or normal identity. False sense of acceptance and social media allow for youth who are still grappling with identity to step outside the limits of their communities while still relying financially on their families. As a result, many youth are coming out earlier, and some are facing family rejection and often end up in the child welfare system or on the streets. It is clear that the greatest struggles facing the queer community go beyond just marriage.

LGBTQ youths' struggles are intrinsically tied to health care, housing, public safety, prison, immigration, employment, poverty, and homelessness. The mainstream LGBTQ movement does a poor job of addressing the issues that face the most visible of LGBTQ youth (white, middle class), and often completely ignores the least visible (youth of color, poor, or transgender youth).

All youth deserve a safe place to live, yet queer-affirming foster homes can be challenging to find. There are over two million LGBTQ adults in the United States willing to foster or adopt, yet 60% of foster care agencies report never having placed a youth with

LGBTQ couples, and 40% of agencies said they would not even accept applications from LGBTQ individuals or couples (Gates, Lee Badgett, Ehrle Macomber, & Chambers, 2007).

In order to build on the small successes that direct service workers make with LGBTQ youth, policy makers must acknowledge the intersections of systemic racism, homophobia, transphobia, and poverty. LGBTQ youth in foster care need access to services that affirm their identities. Service providers must be trained to see the youth from a trauma-informed perspective – a treatment framework that involves understanding, recognizing, and responding to the effects of trauma. In order to help young people in care develop positive coping mechanisms, we need to help them heal from the underlying cause of their behaviors.

Stable placements are imperative, allowing youth to build attachments with consistent, caring adults. In addition, increasing the number of beds in shelters is only a temporary solution. Creative community responses such as the host home model (J. White, this issue) can help youth build relationships with caring, consistent adults while building connections to their communities.

In order to ensure that LGBTQ youth transitioning out of foster care don't end up homeless, we need to deepen the conversation about homelessness and take action. Family rejection is a large part of the LGBTQ homeless youth narrative, but focusing only on rejection demonizes families, and does little to repair relationships. We can maintain young LGBTQ people in their homes by providing preventative services and education to their parents.

In addition to family rejection, we need to discuss institutional failures that often lead to youth homelessness. Racial disparity – with its collateral consequences – interconnects with other predictors of homelessness. We need to acknowledge how our systems often fail LGBTQ youth of color, and how institutionalized oppression makes it incredibly difficult for a young person to find stable, affordable housing, to get a job with a livable wage, and to have an equal shot at the future they deserve.

The U.S. government spends more than $5 billion annually on homeless assistance programs, yet roughly five percent is allocated to serve homeless youth and children (Morris, 2014). The federal government can minimize the likelihood of LGBTQ youth leaving foster and becoming homeless by increasing federal funding for essential services for LGBTQ youth. Reauthorization of the Runaway and Homeless Youth Act would fund three major programs that provide critical services and support to our nation's homeless youth: street outreach, basic center (shelters), and transitional living programs.

We must also demand LGBTQ-specific protections barring discrimination, establish principles to guard LGBTQ youth from bullying and harassment in schools, and support prevention services that strengthen families with LGBTQ children. Lastly, we must initiate efforts for homeless youth research protocols that take into account and track LGBTQ youth demographic data, including sexual orientation and gender identity. These federal efforts, in conjunction with state, city, and community efforts, could be the steps needed to ensure that LGBTQ youth have a chance at a brighter future.

The mainstream LGBTQ movement does a poor job of addressing the issues that face the most visible of LGBTQ youth (white, middle class), and often completely ignores the least visible (youth of color, poor, or transgender youth).

Ryan Berg, MFA, is the author of "No House to Call My Home: Love, Family and Other Transgressions," and the program manager for the ConneQT Host Home Program at Avenues for Homeless Youth. Contact: rberg@avenuesforyouth.org

Students Experiencing Homelessness

Anne McInerney, LICSW

Mary was married and had a full-time job and two children. Her husband left and moved out of state. She suddenly had a mortgage she could not maintain, debilitating depression, and two young children who began exhibiting aggressive behaviors at school. Mary was forced to foreclose on the house and move in with friends until she got back on her feet. The housing situation was cramped and chaotic, relationships became strained, and they had move out. Mary applied for Section 8 housing, but there was a waitlist. She looked for a new place to live, but everything was out of her budget. She and her children lived in her car until they could get into shelter where, again, there was a waitlist. They lived in their car for two weeks. Cold weather came, the children got sick, and Mary could not afford the deductible for a doctor visit. Mary called a friend in another city, then drove there to stay with her children, where they attended a new school. Mary had no job and a limited support system. This situation happens frequently across the country.

Fortunately, children and youth experiencing homelessness have a safe, warm, and supportive place to go during the day. Schools are often the refuge from chaotic and unsafe living situations. However, schools are underfunded, understaffed, and largely unprepared to provide adequate services and support for homeless students. While the McKinney-Vento Homeless Assistance Act requires school districts to ensure educational stability for students experiencing homelessness, Minnesota ranks thirty-first in meeting the educational needs of homeless children. (Institute for Children, Poverty and Homelessness, 2015). Despite programs such as Head Start and the McKinney-Vento Homeless Assistance Act provisions, 92% of our youngest homeless population across the United States are unserved while 86% are unserved in Minnesota (Administration for Children and Families, 2013).

In response to the needs of homeless students, school districts work to provide basic necessities for students who have been identified as homeless. Schools are required to provide transportation to eligible students' schools of origin, and students can enroll without records, so that they can be provided the same access to education as students who are housed.

However, we still see homeless children exhibit more health problems and unmet medical needs than housed and low income children. Homeless children suffer from chronic illnesses due to poor nutrition, environmental factors, low birth weights, asthma, limited access to health and dental care, mental illnesses, and substance abuse (Institute for Children, Poverty and Homelessness, 2015).

We also see poor educational outcomes in children experiencing homelessness. Minnesota is one of five states with the biggest difference in homeless students' scores on fourth grade math tests compared to all students. In Minnesota, only 29% of homeless students scored at proficient or above, well below the 71% rate for all students. Homeless students' performance was even below the proficient rate of low-income students at 54% compared to 28% (Institute for Children, Poverty, and Homelessness, 2016). Not only do homeless students change schools more often than their classmates, but each transfer can set them back academically by as much as six months (Institute for Children, Poverty, and Homelessness, 2016). Homeless students also have twice the rate of learning disabilities and three times the rate of emotional or behavioral problems when compared to their housed peers (Institute for Children, Poverty and Homelessness, 2015).

While the McKinney-Vento Homeless Assistance Act requires school districts to ensure educational stability for students experiencing homelessness, Minnesota ranks thirty-first in meeting the educational needs of homeless children.

With the implementation of the Every Student Succeeds Act (ESSA), schools must now ensure that homeless children have access to preschool programs, and procedures are in place to ensure course credit recovery for high school students. Providing these interventions and services will hopefully improve the educational outcomes for our students.

The Saint Paul Public Schools Project REACH program offers services and supports to children experiencing homelessness. Families receive help in accessing the shelter system, applying for section 8, and searching for housing. Children are provided backpacks, school supplies, and weather-appropriate clothing. Families also receive food and basic hygiene items. The Project REACH school social workers can help families access appropriate mental health and medical services. Social workers explain to families the rights to return their children to their school of origin in order to maintain school stability. The program may not solve housing crises, but workers can offer assistance and support until families are stable.

Project REACH also arranges transportation for eligible students to maintain school stability, and places tutors in area shelters to assist students with homework and supplement educational instruction. Project REACH holds a blanket and coat drive every year, partners with Second Harvest to provide food to families, and provides outreach and solicits donations for other needed items, relying on the contributions of several generous community partners.

Although the statistics on family homelessness are staggering, there are success stories. Students graduate, find jobs, and help their families gain stability. Families find and maintain stable housing. Families often return to express gratitude for the support they received. Communities show great support to families in need by donating clothing, hygiene, and other items. Family homelessness may be largely unseen, but schools see the effects. Students experience homelessness in every district, and in every part of the United States. We can raise awareness and offer support to ensure that these students get what they need in school.

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No One Can Thrive Alone: Exploring the Host Home Option

Jacqueline White

When thinking of the things we say to those we love, it is hard to know what will make a difference. The first week that Amy came to live at my former partner Sharon's yellow house in North Minneapolis, it had seemed like the right thing to say, even though it had felt awkward and absurd to me; "Of course we won't make a sexual overture to you. Or strike you." Amy did not have an obvious reaction at the time. The reaction came years later, when she was speaking at a fundraiser for the Twin Cities GLBT Host Home Program, the program that had brought us together. When Amy tried to talk about what those statements had meant to her, she choked up. I knew how excruciating it would be for her to cry, or in her words, "be weak" in public. At 4'8", Amy might be short, but she's got a swagger that gives her a bigger presence. I walked over and stood behind her. I placed my hands on her shoulders: They were trembling. The statements had not been obvious to her.

I legally adopted Amy, who once was homeless. I learned a simple truth from Amy: In order for young people who are homeless to thrive, they need more than beds, meals, GEDs, and jobs. They need what we all need – a secure connection with people who care about them.

When I founded the Minnesota Host Home Network (Network) in 2014, I wanted to champion caring nonpaid adult relationships for youth experiencing homelessness. I thought exposure to the host home model, along with networking and technical assistance, could propel communities to start programs like the one in which Sharon and I had trained to become hosts. We did not know Amy until she chose us – a decision based on a letter we had written. Prospective hosts are required to write such letters. They are written in advance and aren't addressed to a specific teen.

At the Network's first quarterly huddle of social-service staff and community volunteers from across Minnesota, the challenges of the stranger-match model became apparent. Those in the conference room said they struggled to find community members who were willing to open their homes to traumatized teens.

Over the course of subsequent huddles, three groups either dropped or scaled back plans to start stranger-match host home programs. Volunteers in Elk River, a small exurban community north of Minneapolis, realized they couldn't ask others to host when they weren't willing themselves, so they chose to open a drop-in center instead. Open Doors for Youth has already expanded due to demand.

Starting a drop-in center – especially in a semi-rural area with minimal support for young people who lack housing – ended up making more sense than starting a host home program. Recruiting volunteers to tutor or take a shift in the clothes closet was much easier than asking them to host a youth 24/7. Open Doors for Youth also plays an educational function by helping Elk River community members understand that youth homelessness is a local problem, not just something that happens in the cities.

While stranger-matches can work, we must pay attention to what youth do when they first realize they cannot stay at home. For

Best Practices for Host Homes

Based on site visits, research into innovative practices in foster care and mentoring, and quarterly huddles with social service providers and community volunteers, the Minnesota Host Home Network has identified six best practices for host homes, which apply to both formal stranger-match programs as well as informal hosting arrangements.

Youth Agency	The primary factor that differentiates a host home from foster care is that a host home is not a placement. The youth chooses to be in the host home. Sometimes youth are able to find hosting arrangements with adults they already know. In a stranger-match program, a youth may have the opportunity to choose among prospective hosts.
Shared Identity	According to research, one of the strongest predictors of match longevity is whether a mentor and youth are the same race. However, stranger-match programs tend to recruit white middle-class volunteers. Therefore, if a youth is a low-income person of color, the matched individuals have the added stress of negotiating cultural fissures around race and class. The Twin Cities GLBT Host Home Program addresses this issue by training prospective hosts on white privilege. Ensuring that hosts in this program share a queer identity with the youth (or are queer-affirming) also helps mitigate the stranger match and assists with recruitment.
Supportive Community	In many communities of color, informally hosting youth who need housing is a cultural norm. A supportive social norm counteracts the stigma of homelessness and helps the host family feel connected to the larger community. A supportive community also offers an approachable funding base to underwrite a host home program.
Support for Youth and Hosts	Expecting the host to do it all is unrealistic. The GLBT Host Home Program has a dedicated case manager who meets regularly with the youth, while the program director provides support for the hosts. The Leech Lake Band of Ojibwe have a Host Home Program that supports kinship hosts with modest monthly stipends. External support for both parties can help stabilize a hosting arrangement.
Shared Expectations	Informal hosting arrangements often start as a temporary solution. If tensions arise, the youth may opt to leave. Creating a shared agreement about the length of stay, goals for the youth, and house rules can build a shared understanding that provides a helpful basis for navigating conflicts that may arise.

example, desperate and enterprising youth often work their networks, arranging to stay with people they already know. Sometimes they end up couch surfing. The situation can often be unsafe, and may even involve survival sex. However, many times arrangements are made with a parent of a friend, a neighbor, or a relative. Sometimes these arrangements become long-term, creating an ongoing, supportive, stable home.

At Network huddles, we have taken to calling such arrangements "informal host homes." Rather than helping communities start stranger-match host home programs, we are now planning to investigate how drop-in centers could serve as support hubs for these informal hosting arrangements, perhaps offering mediation when tensions arise or financial support. Amy continues to surprise me in the best possible ways. She is now a supervisor at her job, and she and her wife just completed training to become foster care parents for young children.

Jacqueline White is founder and director of the Minnesota Host Home Network. Contact jw@jacquelinewhite.net or visit Mnhosthome.net

What makes a host home work? Host Home Best Practices, developed by the Minnesota Host Home Network, provide a support framework for host homes. Displaying the best practices at the July 2016 huddle are network director Jacqueline White (bottom right), community volunteers from North Star Youth Outreach in Washington County and Open Doors for Youth in Elk River, and staff from the Anoka YMCA Host Home program and Lutheran Social Service homeless youth programs in Duluth, Mankato, and Rochester. Staff from Avenues for Homeless Youth in the Twin Cities and Leech Lake tribal nation's host home program also participate in the Network's quarterly huddles.

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Rural Housing Needs in Minnesota: Implications for Child Welfare Practice

Patrice O'Leary, interviewed by Jennifer Bertram, MSW, LISW

While people in high-density urban areas of Minnesota who are homeless or unstably housed can benefit from a number of resources, people in rural areas are often isolated with a greater distance between communities and have fewer similar resources. The services and supports accessible to people in cities are nonexistent in these areas, and the needs of individuals and families are different.

What urban and rural areas share are the twin challenges of a dwindling number of jobs that pay a living wage and the shrinking supply of affordable housing for a growing number of individuals and families. Patrice O'Leary, of Lutheran Social Service of Minnesota (LSS), knows these challenges well. LSS provides a variety of social services throughout Minnesota: The organization responds to unmet needs in communities across the state. What she has learned is that poverty, as a precursor to homelessness, permeates generations of families and breeds chronic isolation.

Another challenge in rural areas is documentation about homelessness. This is problematic as many services require documentation of a shelter stay. Rural areas do not have a shelter system comparable to those in metropolitan areas. Many people also lack adequate transportation to access services that are outside of their immediate area. Traveling over an hour is not only impractical but impossible for many rural residents. These people must find creative ways to maintain shelter, often in substandard housing that is inefficient to heat and has makeshift water and sewer hookups. Living like this negatively impacts their chances of improving their earning potential or accessing more stable housing.

Opportunities to move out of poverty from one generation to the next are limited in rural areas as well. Small satellite colleges in rural areas often offer fewer degree options for skilled, professional employment and often saturate the market for those professions, which may not match what is needed by businesses in the community. Coordination between educational institutions and business is needed and would help address this mismatch and better serve the needs of rural communities.

A felony conviction remains a persistent road block for youth and adults when accessing housing. They may be hindered from having access to federal subsidies for the rest of their lives. Often landlords who are willing to rent to people with a felony conviction do not have well-maintained, safe properties. Yet landlords are important allies in ending homelessness. Appealing to landlords requires financial sustainability, but also an interest in the greater good.

LSS offers a variety of housing services throughout the state, but most are clustered in three areas. In Minneapolis they offer permanent supportive housing, scattered site housing vouchers, and a transitional housing program; in the Anoka and St. Cloud region they provide housing stability services; and in Brainerd they offer a housing support program. In rural areas, LSS is more likely to be the sole provider of housing and youth services, covering a wider geographic area with fewer specialized housing programs.

Child Protection Involvement

O'Leary says a reality for low-income families is that rigid requirements for federal subsidy, Section 8, or subsidized housing triggers a re-evaluation of household size if children are removed from the home by Child Protective Services (CPS). "Once they're removed, you can't predict how long they'll be out of the home, and that can put people at risk of losing housing. If you need to get housing to get your children back, you won't be eligible for what is needed with your children, so your unit wouldn't be big enough to house yourself with children," she says. LSS housing programs often don't interact with the CPS system. CPS is more likely to be involved when there is homelessness and there are risks to children's safety and well-being.

Recently O'Leary has seen an uptick in foster care placements. For older youth, it can be challenging to get protection from CPS, as it's assumed that they are old enough to protect themselves from abuse. As a result, youth are often left to make a decision not to run away from home, but instead run to a place that is safe.

In working with families, O'Leary says, the "first thing we want to do is stabilize the head of household. We can't address other issues until they are stable." That includes meeting basic needs for all family members, then addressing the educational needs and behavioral issues of the children. When working with people in long-term transitional housing (up to two years), they have a greater opportunity to address family stressors and barriers to making progress on goals. Services can be fragmented across systems and people need help with daily life management skills, including money management, relationships, and self-advocacy. They also need to build relationships with their landlords and neighbors. Lack of these skills can be a barrier to retaining housing.

Working with youth, who have not reached developmental maturity, requires an understanding of their level of self-awareness for their capabilities and the level of responsibility they are prepared to accept. "Many of them don't know what it's like to have a support system," O'Leary says. Youth workers are a catalyst to help youth better understand how to be independent and what is required to be successful. It can be a challenging role when working with people who are often distrustful of adults and are in need of support for daily life management skills. "Their whole future is ahead of them, and it's rewarding to help them believe in their own future, and … help them tap into their dream for themselves," said O'Leary, reflecting on the joys of working with youth who make progress in becoming independent.

People in rural communities face many challenges in supporting unstably housed families and youth, and they will need to make an ongoing effort to identify creative ways to address these challenges and help overcome multi-generational poverty.

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Women of Nations: A Domestic Violence Program Offering a Cultural Connection for American Indian Women

Crystal Hedemann, interviewed by Jennifer Bertram, MSW, LISW

Women of Nations (WON) has served women fleeing domestic violence since 1983. In 1992, WON opened the Eagle's Nest – a 44-bed shelter in St. Paul that is always full, thanks to their collaboration with Day One, a crisis hotline that connects people to a shelter with available space. While WON offers unique services for American Indian women, they accept all women.

Crystal Hedemann is a cultural coordinator at WON. In this role, she connects American Indian women and children with local resources and activities that help them maintain their connection to their culture, including pow wows, drum groups, meetings with elders and ceremonies. These activities are a meaningful part of the healing process for women who have been abused. Ceremonies, such as the pipe ceremony, are a way for women to send their prayers directly to the Creator, who will assist them on their healing journey.

WON prioritizes self-sufficiency for all who receive their services, and aims to remove barriers to leaving an abuser by providing a safe place to stay and access to financial, social, and other resources. Consistent with social work practice, they start where the client is. Then they determine how best to help each woman and child they serve. At WON pets are welcome, as are teenage boys, which is unusual for women's shelters. They understand that if women must leave behind a family pet or find alternate living arrangements for a teenage boy they may not leave an abusive situation.

Parenting

Battered women have often been undermined as parents and need support to rebuild their parenting skills and help heal their relationships with their children. To avoid upsetting their abusers, women may not have used their preferred method of discipline for their children. Hedemann has worked with women who felt guilty for being in an abusive relationship and in response were lenient or overly aggressive to try to get children to behave. Children who have been exposed to domestic violence may act out and have boundary issues. They may also have missed school. Once these children enter shelter, staff members notice that they appear to be calmer, and often they tell staff that they feel safer.

Women in shelter attend a mandatory weekly parenting group that educates them on such things as child development and disciplinary strategies. Other mandatory groups include domestic violence 101, emotional regulation, and financial management.

At WON pets are welcome, as are teenage boys, which is unusual for women's shelters.

Child Protection Involvement

Advocates at WON assist women with child protection cases when necessary. On these cases, when the family is American Indian, Hedemann often consults with the ombudsperson for American Indian families, the Minnesota Indian Women's Resource Center, and an Indian Child Welfare Act (ICWA) expert. She also refers women to the ICWA Law Center, where parent advocates provide support and help ensure that ICWA provisions are being followed throughout the child protection case. "So many women go through case planning without understanding the process," Hedemann said. Often they don't know if their child is eligible for ICWA protections, or what benefits ICWA would offer. Receiving support and guidance through the process benefits the woman and her children, ensuring that their cultural needs are considered when placing a child in foster care.

Hedemann said, "As an advocate, it is my responsibility to know about community resources to provide good support to women and children." She participates in a number of community partnerships and spends time meeting other professionals and working to understand the services available in the community that will benefit the people she works with at the shelter.

When social workers open a case on a family where domestic violence is present, Hedemann advises that they must understand the nature of domestic violence and hold the abuser accountable, not by assigning him anger management classes, but rather a program that specifically works with domestic violence abusers. She sees that often battered women are more cooperative with the child protection system than the abuser, and so the case plan will include only the mother. Ensuring that abusers are included in the case plan is an important step in ensuring that they receive treatment for their abuse, and that they, not the battered women, are held accountable for the well-being of their children.

Being removed from home and placed in foster care can be traumatic for children. When a battered woman has left the abuser, social workers need to note that the children are safe with their non-violent parent and that their mother is actively engaged in ensuring for their safety and well-being. When working on ICWA cases, Hedemann further recommends that social workers be aware that moving a child from a metropolitan area to a reservation can be a culture shock, so when working to find a relative placement or a placement with another American Indian family, try to keep the child in the same community whenever possible.

Battered women's programs like Women of Nations provide valuable support to women and children, and can be a useful resource to child protection workers when a case is opened involving domestic violence. When workers understand the nature of domestic violence and develop case plans that are holistic and that hold the abuser, not the battered woman, accountable for the abuse, the children are better served.

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Legal Representation for Youth

Irene Opsahl, JD

For 27 years, I have represented homeless, abandoned, abused, and exploited youth between the ages of 13 and 17, focusing on helping them understand their legal options and accessing services and support. Many of these youth have been in foster care and would never willingly return to that system. Countless others have reported abuse to adults, who made maltreatment reports only to be told that child protection agencies would not provide protection or services. Some have lived on their own for months or years and do not believe the child welfare system could provide any beneficial support or services. Others have sought help from community agencies and were unable to access services without parental consent. Part of the challenge for lawyers and for service providers involves matching youth to services they will agree to use.

Decisions have been made for these youth by abusive or neglectful caregivers, social workers, and judges without giving weight to their input, often leading to mistrust and disrespect for those decision makers. Recent changes in the law, in particular with respect to the safe harbor laws identifying youth at risk of sexual exploitation (Sun, this issue), have brought attention to youth previously overlooked or screened out of county child welfare agencies. With more youth coming to their attention in light of these changes, child welfare systems must allow more flexibility and creativity in their responses.

To best support these youth, we must start by acknowledging that the traditional placement options available through county child protection systems were not designed to meet their needs. Many of these youth have been making their own choices for quite some time. They may have experienced persistent trauma that affects their ability to process information and interact appropriately with peers and adults. Designing a response based on a youth's individualized goals, in a placement that they helped identify and approve, provides the best chance of ensuring their safety and stability. They need social workers and service providers who acknowledge and respect their experience and their input on decisions that affect their lives. That may mean redesigning services and relying more on services that allow youth to self-refer.

For services to be effective, they must be based on the following precepts:

1. **Hear the youth.** They are the only ones who know what they have been through and how it has affected them. Not all trauma shows up as bruises. Devastating emotional harm may be caused by parental behavior that does not rise to the level of physical abuse. That emotional harm may be more detrimental to the youth's development than physical abuse. An effective plan of services must be developed with the youth and be based on an understanding of the youth's experience. The youth need to know that you have listened and heard them.
2. **Find out what youth need.** Listen to the way they view the future and what they think will help them achieve their goals. Sometimes what a youth wants is not immediately possible. But if you have gained the youth's trust by listening and empathizing, and if you acknowledge their disappointment, they may able to accept delay and be willing to work with you to set up a plan and timeline to reach their goals.
3. **Don't lock youth up to keep them safe.** Locking up youth who have not committed a delinquent act might keep them safe for the time being but it is not an effective long-term strategy to help them understand how to make good decisions. Many of my clients have endured multiple placements and they learn quickly that if they do not think a placement meets their needs they can move, even from a secure placement, by acting out. Their record of behavioral problems makes it increasingly difficult to find a placement facility that will agree to accept them.
4. **Options exist that do not require juvenile court involvement.** For instance, parents who agree that it would be best for a child to live with a relative for a time can use a delegation of powers document or consent to a change of custody.
5. **Remember the goal: to keep youth safe and help them find stability.** It is important to ask yourself, "Where will a youth be willing to stay while they work on therapy, go to school, establish healthy relationships with adults, and learn to see a future for themselves?" If youth feel like they have been inappropriately placed in a setting that is too restrictive, often they are not able to focus on growth and that may lead to placement disruptions.

> Not all trauma shows up as bruises. Devastating emotional harm may be caused by parental behavior that does not rise to the level of physical abuse.

Most of what I know about representing youth I have learned from my clients. If I am thoughtful and respectful I can understand what they are telling me about their lives – what they need, what they expect, and how they see their future. It is my obligation and privilege to help them understand their rights under the law, the limitations placed on them as minors, and the potential consequences of the choices they make, and then advocate on their behalf to help them accomplish their goals.

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Can We End Homelessness?

Cathy ten Broeke, MPA

When I walked into the St. Stephen's church basement in 1993 for my first night of work in the men's emergency shelter, I had no idea that I would spend the next 24 years working to prevent and end homelessness. All I really knew after one night spent talking, eating, playing cards, and watching bad TV with those men, was that I would never be the same. The men I met during the eight years I worked in the shelter did not match the stereotypes I had been taught about who was homeless and why. They worked hard, and they deeply loved the special people in their lives (or those they wished were still in their lives). They were funny, kind, scared, lonely, and creative. They were at the shelter because their incomes were not high enough to pay for a place to live. They were often in extremely poor health, and they were mostly disconnected from any kind of family or community support system to help lift them up. Initially, I believed I was going to the shelter to "help" others. I quickly learned that was not the case. Rather, I was working with others to create a community without homelessness.

After working on this issue in non-profits and at all levels of government, I have seen some very significant changes representing great progress. However, one difficult truth remains: No matter where we live, our communities seem to accept the notion that homelessness is unavoidable.

Many people believe that the homelessness we witness in our communities today has always existed, however we did not have widespread homelessness until the early 1980s. In 1981, New Deal and Great Society social programs designed to assist the poor, most significantly the federal funding of affordable housing production, were dismantled. By 1983, the federal Department of Housing and Urban Development's (HUD) budget for affordable housing was 77% less than in 1978. As a result, mass homelessness emerged nationwide. In the years following those devastating policy decisions, homelessness continued to grow. The face of homelessness has shifted as well.

Today, the typical face of homelessness is that of a child. And each homeless child has a story – a girl and her mother sleeping in a car behind a suburban shopping mall because they simply cannot afford a place of their own, a third-grader falling asleep on her desk because the shelter her family stayed in the night before was loud and crowded, a young gay man on his own because of family rejection, a 19-year-old young woman on the street because of the instability of foster care.

The impact of homelessness on children and families is profound and long-lasting.

There is a growing understanding that investing in housing stability is the platform for success for nearly every goal we have for our communities. Homelessness is expensive in terms of public costs associated with shelters and emergency care. But there is another tremendous cost – lost opportunity for families and communities, especially children. Housing stability, we have learned, is a wise public investment.

It is important to understand that ending homelessness does not mean that no person will ever face a housing crisis. Rather, it means that communities will develop systems to ensure that housing crises that lead to homelessness will be prevented whenever possible. And, if homelessness does occur, it will be rare, brief, and non-recurring. Over the years, communities in Minnesota and across the nation have been developing focused systems to prevent and end homelessness.

In 2014, the Minnesota Interagency Council on Homelessness (the Council), comprised of the heads of 11 state agencies, the governor's office, and the Metropolitan Council, launched Heading Home: Minnesota's Plan to Prevent and End Homelessness. This plan provides clear goals, strategies, and actions to prevent and end homelessness for Veterans, people with disabilities, families, children, and youth. The Council set the bold objective to end family, child, and youth homelessness by the end of 2020. In addition, the Council set a goal to effectively end homelessness among minors unaccompanied by parents or guardians by the end of 2017. The path to fulfill that commitment requires collaboration and coordination with key partners, including the development of a clear and appropriate child welfare response for youth that is tailored to their developmental needs and attentive to their assets and resilience along with their challenges. The coordinated response also involves effective partnering with specialized nonprofit service providers for homeless youth.

While one might imagine that the child welfare system and homeless youth services would find unity of purpose in supporting young people experiencing homelessness, too often their relationship has been fueled by frustration and distrust. With the latest iteration of our state plan, I have seen a new direction emerge as leaders from both child welfare and homeless youth services recognize that we all must own this problem and its solution. As these systems confront their limitations and their strengths and as we focus on what is best for youth rather than the constraints or needs of our systems, we are identifying common ground.

In the past two years, with unprecedented housing investments by the state, we have decreased overall homelessness in Minnesota by 13%, chronic homelessness by 15% and family and children homelessness by 23% (Minnesota Interagency Council on Homelessness, 2016). We also have ended veteran homelessness in Southwest Minnesota and are on the verge of ending veteran homelessness statewide thanks to bi-partisan support and significant new investments made at the federal level in housing and services for homeless veterans. Where we focus and invest, we get results.

It is important to understand that ending homelessness does not mean that no person will ever face a housing crisis. Rather, it means that communities will develop systems to ensure that housing crises that lead to homelessness will be prevented whenever possible.

So, can we end homelessness? After 24 years in this work, I believe this is not a question of if we can, but rather whether we will choose to do so.

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A Review of Supportive Services For Homeless Families and Youth
Continued from page 10

The web of homeless youth programs is rarely robust enough to constitute a system. However, some jurisdictions have begun to plan and implement youth systems, which the federal government has encouraged. For example, Los Angeles, Austin, and Cleveland recently participated in a federally supported effort to create coordinated local response systems. Homelessness, housing and child welfare systems were involved, and data sharing, case conferencing, and housing placement were included.

Homelessness among families and youth is driven by many factors, but housing is a major one. There are significant public resources devoted to the problem of homelessness that are increasingly supporting effective, evidence-based practices. As a result, family homelessness went down by 23 percent between 2010 and 2016 (Henry et al., 2016). Youth homelessness may also be declining, although data on youth homelessness has not historically been of high quality (National Alliance to End Homelessness, 2016). But while the solutions to homelessness are known, not enough is being invested in them: ten percent of homeless families are unsheltered, as are approximately 46 percent of homeless youth (Henry et al., 2016). Homelessness is declining, but there are still 61,000 homeless families (194,700 people) and at least 36,000 homeless youth on any given day (Henry, 2016). More must be done.

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Homelessness and Its Implications for Child and Youth Well-being
Continued from page 12

altogether. A large-scale experiment has found that subsidized housing can end homelessness for families and reduce child separations, improve aspects of child well-being, and reduce some factors (such as parental substance use and intimate partner violence) that can lead to homelessness (Gubits et al., 2015, 2016). A sufficient supply of affordable housing will likely be key to ending youth homelessness as well, along with better coordination between public housing and child welfare systems (Dion et al., 2014). Adequate shelter and family reunification strategies can support unaccompanied adolescents who have been abused or forced to leave home.

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Barriers Confronting Parents Reunifying with Children in Foster Care
Continued from page 13

If logistical challenges contribute to a parent's lower rate of use of services, then programs with integrated or co-located services could increase service use and thus, conceivably improve reunification rates. Integrated service delivery models coordinate substance abuse and child welfare services (Fraser, Walton, Lewis, Pecora, & Walton, 1996; Ryan, Marsh, Testa, & Louderman, 2006). With co-location, services of different kinds are located within the same building or area. This could be done based on patterns of treatment problem co-occurrence and associated environmental challenges. For example, in our sample, parents with domestic violence issues had a higher rate of housing instability than parents without domestic violence issues, and parents with mental health problems had a higher rate of serious health issues than parents without mental health problems. Co-locating services for problems that tend to co-occur would greatly facilitate service access and use for parents dealing with multiple concerns. Models of reunification practice and service delivery that ensure all necessary and only necessary services are included on case plans, and that services are easy to access, will have the greatest chance of helping parents resolve their problems that interfere with parenting and successfully reunify with their children in foster care.

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Strategies to End Youth Homelessness: A plan by A Way Home America
Continued from page 23

among youth and families by strengthening federal programs to ensure adequate support for families and preventing the crisis of homelessness whenever possible. Additionally, ensure that youth who have child welfare or juvenile justice involvement are not at risk of homelessness by confirming solid housing destinations upon exit from these systems. Last, by strengthening federal programs and assistance to state and local governments to allow homeless youth to find safe and stable housing, and transition to independence by providing resources to support self-sufficiency through education and employment.

We know this problem of youth homelessness can be solved. A number of states and cities have effectively ended homelessness among veterans, a result achieved through coordinated responses at all levels and strategic federal investment and partnership. This success sets a precedent for ending homelessness among specific populations such as youth.

Complexities and Challenges

We anticipate challenges in achieving these requests, given the current federal environment that favors reduced government spending. A Way Home America will champion more efficient coordinated community responses, including approaches that resonate with conservative policymakers, however partners across our movement agree without question that significant increases in federal investment are also necessary.

We will address the challenges ahead by speaking in a collective voice to highlight the cost-benefit in solving youth homelessness, the innovation of local communities and partnerships with philanthropy and faith communities, the voices of young people on their own behalf, and the promise of helping young people become self-sufficient contributors to their communities.

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A Home for Safe Harbor: Housing for Commercially Sexually Exploited Youth
Continued from page 24

a survivor of CSEC, explained that secure facilities effectively criminalize the victim and result in traumatization similar to placement in the juvenile justice system. The issue was controversial but all agreed that geographic isolation from traffickers and coordination of placements within and across states were important strategies.

The study concluded that a model safe harbor law would include provisions that establish short- and long-term placement options. While there are challenges in establishing uniform safe harbor legislation within and across states, tangible advances have been made to prioritize child welfare-oriented approaches over incarceration for victims of CSE. Further research and awareness of this issue can build upon the progress that has been made to provide the basic necessity of safe housing for these vulnerable youth.

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Supportive Housing: An Effective Child Welfare Intervention
Continued from page 26

Healing Historical Trauma

In my therapy practice, when Native clients are connected with cultural resources, I find greater cooperation and better outcomes. Clients have reported that learning about historical trauma gave them a better understanding of why Native people struggle and has facilitated the forgiveness of their parents. Connecting them to culture seems to increase their sense of belonging and meaning. One client observed that until he healed his trauma he was unable to address his addiction. Culturally informed services include the Red Road to Wellbriety approach (White Bison, 2002), sweats, drumming, pow wows, assistance with tribal enrollment and education about traditional tribal parenting practices.

Some programs that integrate cultural practices have emerged. The Omaha Public Schools N.I.C.E. (Native Indigenous Centered Education) program supports Indigenous families through cultural groups. Additionally, Society of Care is a statewide system of care model in Nebraska that integrates culturally relevant practices that involves collaboration across agencies, families, and youth.

Some Native communities are resistant to offers of support from non-native peoples. Building trust is essential, if possible work with a person from the group. I have been that link as a Native person, but I have seen Native people refuse to cooperate with caseworkers for lack of trust and the family loses. Caseworkers must be patient with these families and understanding of their distrust and collective history. In my experience as a therapist and drug and alcohol counselor, I have seen that it does not matter if you live on or off the reservation, if you're a rural or urban Native or if your tribe is poor or wealthy; historical trauma and unresolved grief are still playing out in families today.

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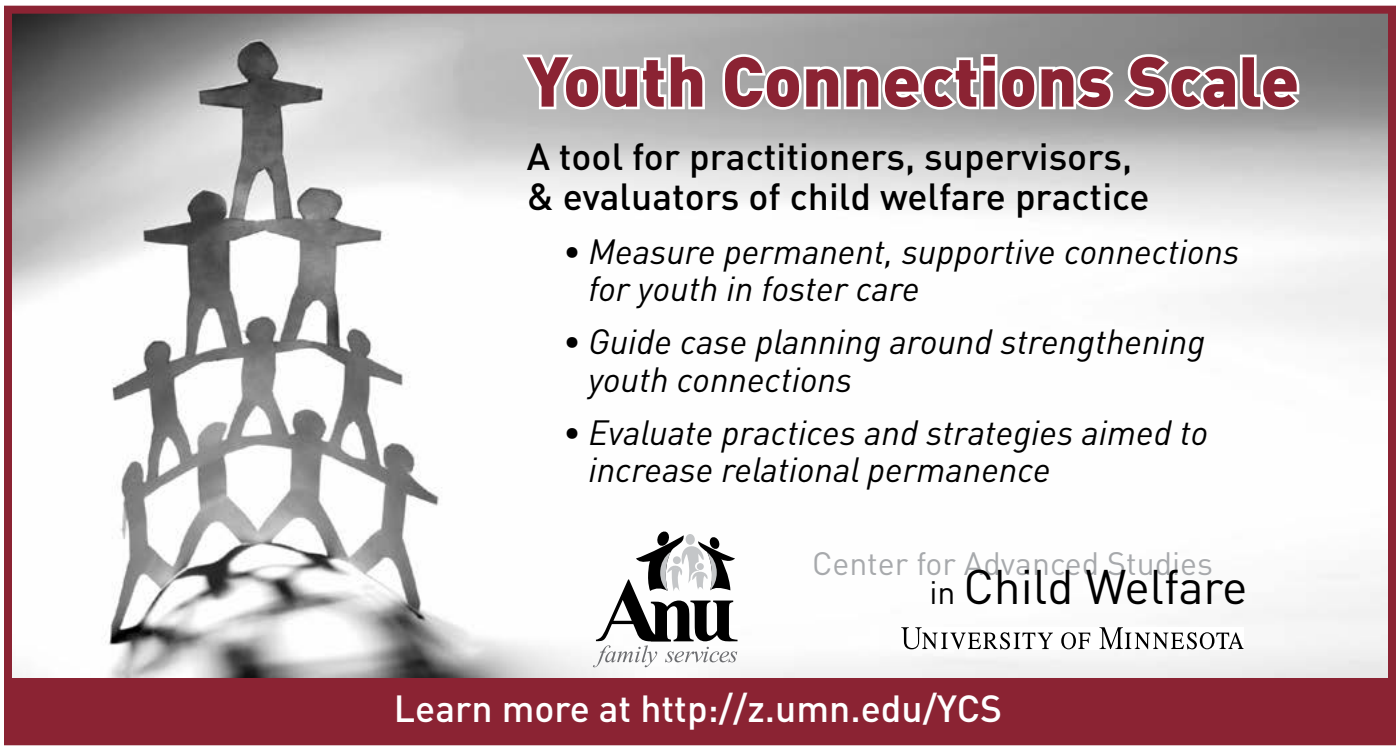

Continued

Agency Discussion Guide

The Agency Discussion Guide is designed to help facilitate thoughtful discussions during supervision and team meetings about the information presented in this issue.

Discussion on Practice Implementation

1. Shelter is considered a basic human right and according to Maslow's hierarchy of need, it is considered the foundation for all other aspects of self-actualization. Without shelter, one's ability to achieve a sense of well-being is grossly undermined. How can we as professionals work with this population to not only help find them shelter, but simultaneously work toward other aspects of their well-being? Is it possible to work on both getting out of homelessness and developing a sense of resilience and well-being with clients? If so, how?

2. Abuse, little to no social support, family conflict, neglect, maltreatment, chemical dependence, sexual orientation, food instability, mental health issues and more oftentimes play a role in youth leaving home (p. 12). Homelessness can create an even more dangerous and negative environment for homeless youth. With such factors complicating the underlying reasons an individual may be homeless, how can professionals sort out these underlying contributors to homelessness and prioritize the needs of the clients in order to best serve them?

3. Homeless children and families are often involved in more than one system. What are some of the challenges we face as professionals working with homeless youth and families? How can we reach across system lines to better work together to advocate for our clients and work to best serve our clients who are homeless? What can we do now that we have not yet done?

Discussion on Agency- & System-Level Changes

1. The Overview section of this issue highlights how "the relentlessly public and stigmatizing nature of homelessness can make others perceive different parenting practices as maltreatment" (p. 12). Even further, a "Lack of appropriate housing may, directly or indirectly, increase a family's risk of child welfare involvement" (p. 15). The line between homelessness and child protection involvement can be blurry. How can we as professionals work to separate these two things, as homelessness is not always indicative of child maltreatment?

2. In combatting homelessness, it is no secret that numerous parties and entities must get on board. In your opinion, is this a problem that would be best addressed from the top-down or the bottom-up? In other words, should we be looking more toward our state and federal governmental agencies or local community to resolve homelessness?

3. The Gibbard article emphasizes that one of the common causes of homelessness is "Due to historical and institutional racism and other structural inequities" (p. 23). Would it be fair to expect some of those same institutions that contributed to inequities that have resulted in homelessness now work to resolve them? How can we hold institutions accountable for assisting in the fight to end homelessness in the current political climate?

4. Ideally, homelessness can be eliminated altogether. In the meantime, shelters, programs, and support systems must be set in place to assist those experiencing homelessness right now. Do our current efforts appropriately reflect both the reactionary need to assist homeless individuals now and the proactive need to work toward ending homelessness in this country? Is the abolition of homelessness possible? How so?

Resources

This list of resources is compiled with input from CW360º authors and editors, as well as staff from CASCW

Governmental Organizations & Resources

- *Administration for Children and Families*—https://www.acf.hhs.gov/
- *Every Student Succeeds Act*—https://www.ed.gov/essa
- *HUD REPORT – HOUSING Option for Youth Aging out of Foster Care*—https://www.huduser.gov/portal/youth_foster_care.html
- *National School Lunch Program*—https://www.fns.usda.gov/nslp/national-school-lunch-program-nslp
- *Rental Assistance Demonstration*—https://portal.hud.gov/hudportal/HUD?src=/RAD
- *School Breakfast Program*—https://www.fns.usda.gov/sbp/school-breakfast-program-sbp
- *Supplemental Nutrition Assistance Program*—https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

National Organizations & Resources

- *A Way Home America*—http://awayhomeamerica.org
- *Children's Defense Fund*—http://www.childrensdefense.org
- *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*—http://www.endhomelessness.org/page//files/Child%20Welfare%20and%20Youth%20Homelessness%20-%20McClain.pdf
- *Family Unification Program*—http://www.nchcw.org/family-unification-program.html
- *Fresno Housing Authority*—http://www.fresnohousing.org/#
- *Keeping Families Together*—http://www.csh.org/KeepingFamiliesTogether
- *National Alliance to End Homelessness*—http://www.endhomelessness.org/
- *National Association for the Education of Homeless Children and Youth*—http://www.naehcy.org/educational-resources/early-childhood
- *National Center for Children in Poverty*—http://www.nccp.org/about.html
- *National Center for Housing and Child Welfare*—http://www.nchcw.org/
- *National Center on Family Homelessness*—http://www.air.org/center/national-center-family-homelessness
- *SchoolHouse Connection*—http://www.schoolhouseconnection.org/
- *True Colors Fund*—https://truecolorsfund.org/

Policy Specific Organizations & Resources

- *Brooklyn Defender Services*—http://bds.org/
- *Center for the Study of Social Policy*—http://www.cssp.org/
- *Child and Family Policy Associates*—http://www.childfamilypolicy.com/
- *Children's Law Center of California*—http://www.clccal.org/about_us
- *Coalition for Juvenile Justice*—http://juvjustice.org/homelessness

Research

- *Critical Elements of Juvenile Reentry in Research and Practice*—https://csgjusticecenter.org/wp-content/uploads/2014/04/4.18.14_Critical-Elements-of-Juvenile-Reentry.pdf
- *Falling Through the Gaps: How a Stay in Detention Can Lead to Youth Homelessness*—http://www.columbialegal.org/sites/default/files/Detention_to_Homelessness_Web_0.pdf
- *The Poverty and Inequality Research Lab (Johns Hopkins University)*—http://povertyinequalityresearchlab.org/

LGBTQ

- *Equal Access to Housing Rule*—https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/
- *Employment Non-Discrimination Laws for LBGTQ*—http://www.lgbtmap.org/equality-maps/non_discrimination_laws
- *CDC: Health Risks Among Sexual Minority Youth*—https://www.cdc.gov/healthyyouth/disparities/smy.htm
- *LGBTQ Youth In the Foster Care System*—http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf

Minnesota Organizations & Resources

- *Beacon Interfaith Housing Collaborative*—http://www.beaconinterfaith.org/
- *The Bridge for Youth*—http://www.bridgeforyouth.org/
- *Wilder Foundation* —http://www.wilder.org/Programs-Services/Housing-Services/Pages/default.aspx
- *The Minnesota Host Home Network*—https://mnhosthome.net/
- *Minnesota Indian Women's Resource Center*—https://www.miwrc.org
- *ICWA Law Center*—http://www.icwlc.org

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100TH ANNIVERSARY GALA CELEBRATION

Saturday, October 7, 2017
5:00–9:00 p.m.
McNamara Alumni Center, University of Minnesota

Please plan to join us for the culminating event of our 100th Anniversary Celebration. The gala starts at 5 p.m. with an hour of hors d'oeuvres and mingling, followed by a sit-down dinner at 6 p.m. At 7, our keynote speaker, Tavis Smiley, will introduce our topic and then lead a panel discussion on social justice and the future of social work. Watch for details on our web page www.cehd.umn.edu/ssw/100th

Minnesota Realistic Job Preview for Child Protection

CASCW produced a new RJP that can be used to assist in hiring processes, and can be particularly helpful with the recruitment, selection, and retention of child protection workers. We also encourage universities to share this video with students considering a career in the field of child welfare. In an effort to capture the complexity and diversity of the child welfare system in Minnesota, CASCW partnered with key stakeholders, including six different counties that represented rural, urban, and suburban populations. This project included the perspectives of managers, frontline workers, and families previously involved with the child protection system. You can view the Minnesota Child Protection RJP along with 12 extended interview video clips at: http://z.umn.edu/mnrjp

25 Years Center for Advanced Studies in Child Welfare

DEPARTMENT OF HUMAN SERVICES

About *CW360°*

Child Welfare 360° (*CW360°*) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading *CW360°* enhances the delivery of child welfare services across the country while working towards safety, permanency and well-being for all children and families being served.

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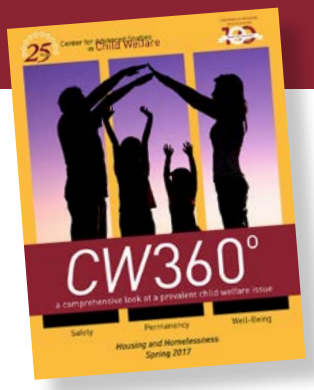

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In This Issue of *CW*360°

- An overview of housing policy for families and youth in the United States
- How research and evidenced-based housing interventions can be incorporated into child welfare practice
- Views on how the child welfare system could improve practice with families and youth experiencing homelessness
- The impact of poverty on housing stability and its correlation to child welfare intervention
- Strategies for leaders and practitioners to take action to end homelessness
- Specific strategies and tactics the child welfare workforce can implement in their own agencies
- Perspectives from individuals with personal experience with the child protection system

*CW*360°

a comprehensive look at a prevalent child welfare issue

Feature Issue: The Impact of Housing and Homelessness on Child Well-Being, Spring 2017

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