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Considerations for Supporting Homeless Adolescents

Megan Reyes

A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

School Counseling at

Winona State University

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Winona State University
College of Education
Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Considerations for Supporting Homeless Adolescents

This is to certify that the Capstone Project of
Megan Reyes
Has been approved by the faculty advisor and the CE 695 – Capstone Project
Course Instructor in partial fulfillment of the requirements for the
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Abstract

Every year, there is over one million adolescents who face homelessness in the United States. Even with this rising number of homeless adolescents, various definitions of homeless adolescents currently exist. This paper will clearly define homelessness, in particular homeless adolescents, through the McKinney-Vento Act of 2001. In addition, the precipitating factors for school counselors to look for when working with adolescents who may be at-risk of facing homelessness will be delineated. Many different effects of homelessness will also be discussed, as well as engaged roles school counselors can assume to collaborate with other educators and community members by advocating and addressing homelessness at a local, state and federal level. Finally, a new collaborative effort that has been developed addresses and advocates for the needs of homeless adolescents and families is the Community Action Targeting Children who are Homeless (CATCH) program is presented. Overall, the CATCH program advocates for homeless adolescents social-emotional needs and developmental status through different levels of intervention.

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Considerations for Supporting Homeless Adolescents

Recently, there has been many challenges our youth face on a day-to-day basis. Some of these challenges can be: academics, social situations, friendships, family, mental health, and housing. There are many adolescents who face, at some point in their life, a traumatic experience. For each individual, a traumatic experience will be different. One type of traumatic experience an adolescent or an adult may face is an unstable living situation. Unstable living situations can range from families losing their homes and living doubled-up with another family, to living in shelters or the streets, running away, “couch surfing” and being kicked out of the home by owners. On estimate, 1 in every 30 youth will face homelessness at some point in their lifetime (Low, Hallett, & Mo, 2017). With the nation facing a crisis of youth and family homelessness, there has been an increase in the number of students being identified as homeless in all school districts across the nation (Miller, 2012b). With a variety of precipitating factors and the effects of homelessness, there has been a wide interest on how educators can aid homeless youth through these difficult times. The purpose of this paper is to describe issues homeless youth experience, and to identify strategies educators can use to support them in their precarious situation.

Review of Literature

Homelessness

By the end of the twentieth century, the United States had no specific federal or state standards addressing homelessness that affected families and youth. It was in 1987, that the United States Congress passed legislation to provide funding and mandates for states to following in regards to providing education and additional supports for homeless children and

youth (Aviles, 2017). This legislation was known as the Stewart B. McKinney Homeless Assistance Act of 1987. The Act was the first of its kind to address the complexity of homelessness in the United States. With recent amending, in the early 2000s, as part of the No Child Left Behind Act, the McKinney-Vento Act redefined protections and states a clear legal definition of homelessness, especially in regards to homeless children (Miller, 2012a).

According to the McKinney-Vento Act of 2001, the definition of homeless children and youth:

(A) means individuals who lack a fixed regular, and adequate nighttime residence; and

(B) includes:

- (i) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) Children and youths who have 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;
- (iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) (Section 725).

With the McKinney-Vento Act developing criteria for homelessness among children and youth, there are still many problems with developing estimates regarding the homeless child population. According to Kidd and Scrimenti (2004), it is often difficult to access homeless populations depending on the ambiguity of the definition as well as on the circumstances that constitute homelessness. Homeless adolescents can consist of runaways, throwaways, street youth, system (child welfare), and homeless families (Toro, Dworksky & Fowler, 2007, p. 232). Because of these different types of homelessness, there have been few efforts to generate estimates of homeless adolescents (Kidd & Scrimenti, 2004). However, in recent years, with the increase in research and surveys conducted on homelessness, one category called “unaccompanied homeless youth” has emerged (Aviles, 2017). Unaccompanied homeless youth are “not in consistent care of a parent or legal guardian” (Aviles, 2017, p. 312). Thus, this research suggests the need for broadening one aspect of the definition by the McKinney-Vent Act.

Precipitating factors of homelessness. There are a variety of precipitating factors that may cause homelessness in children. One major precipitating factor of homelessness is the family unit. The Great Recession in the United States is one factor that has increased youth and family homelessness (Miller & Schreiber, 2012). During this time, families were faced with unemployment and a lack of affordable housing (Gültekin, Brush, Baiardi, Kirk & Vanmaldeghem, 2014). With the lack of affordable housing, many families experienced foreclosure and became homeless. Following the Recession, about 1/6 of the population in the United States were living at or below the poverty line and had an increased chance of becoming homeless (Gültekin et al., 2014). Since the Great Recession, families still face hardships, such as finding jobs that pay fair wages and provide for affordable housing (Miller, 2012a). Often

families that struggle to find affordable housing have to find alternative places to stay. In these instances, families are involuntarily forced to “double-up” with other family members or friends (Low et al., 2016); that is, a family shares a home with another family. With families living in doubled-up situations, there is an increase of stressed and limited resources. According to Low and others (2016), families that lived doubled-up often end up in a homeless shelter due to interpersonal difficulties of confined space and finances. Shields and Warke (2010) mention, even with the McKinney-Vento Act, there is a need to address the income gap and housing costs. Due to economic crisis, there has been an increase in family homelessness.

Another precipitating factor is parental incarceration. In recent years, there has been an increase in incarcerations. With this increase, there has been a noticeable increased risk of child homelessness. Wildeman (2013) notes if a child’s father has a criminal history or is currently incarcerated, there is an increased risk that a child and their family will become homeless. Research has shown when there is a parental incarceration there is an increase in: familial finance destabilization, a higher risk of divorce and damage in relationships with members of the family, and decrease in institutional supports (Wildeman, 2013). In regards to maternal incarceration, this can be damaging for the family unit as children are often placed in child welfare programs/foster care. Once individuals who were convicted are released, they are met with a challenge. Convicted individuals are not able to receive specific federal funding, such as food stamps, welfare, and subsidized housing. Thus, families have to either risk having an incarcerated parent live with the family illegally and risk losing their home live without the parent in the family after imprisonment. Having an incarcerated parent, leaves many challenges for families and leaves these families at a higher risk of homelessness.

When evaluating unaccompanied homeless youth, there are several precipitating factors. According to Kidd and Scrimenti (2004), unaccompanied homeless adolescents often have troubling pasts and face an assortment of challenges from social to psychological or even medical problems. These troubled pasts may include: (a) parents abusing drugs and alcohol, (b) poverty, (c) instability, (d) parental criminality and (e) domestic violence (Kidd & Scrimenti, 2004, p. 326). In one study, researchers found 84% of homeless adolescents reported some form of physical or sexual abuse prior to becoming homeless (Bender, Deprince, Begun, Hathaway, Haffejee, & Schau, 2016b). Most of these adolescents in this study reported leaving home to escape victimization, even with the increase risk chance of victimization while living on the street. With victimization, there is an increased risk for mental illness, particularly Post Traumatic Stress Disorder (PTSD; Bender et al., 2016b). Children who struggle with undiagnosed mental illness often struggle with social support networks and disaffiliate themselves from their families (Fisk, Rowe, Laub, Calvocoressi & Demino, 2000). With difficult pasts and possible undiagnosed mental illness, homeless adolescents often abuse substances in a way of coping with past traumatic events (Kidd & Scrimenti, 2004); thus, causing more difficulties for homeless adolescents to process and remediate.

Another precipitating factor that is correlated with homelessness in youth is family conflict. In particular, family conflict associated with adolescent sexual identity can lead to homelessness in those who identify as Lesbian, Gay, Bisexual or Transgender (LGBT). Shelton and Bond (2017) state the research that is conducted homeless youth is not always quite accurate, especially in terms of homeless LGBT youth. Out of the estimated population of homeless youth, 20-40% of the homeless youth population identify as LGBT (Shelton & Bond, 2017). Based on recent research focusing on LGBT youth, Shelton and Bond note not all of these youth

experience family rejections as projected. LGBT youth, in general, face many societal barriers and some of these particular barriers can cause homelessness. These barriers can stem from lack of access to health care, public accommodations, or employment, or from experience with other types of stigmas and discrimination from society or their own families (Shelton & Bond, 2017). However, the number of LGBT youth whom are homeless has been on the rise and more research is trying to determine why.

Lastly, one precipitating factors for homelessness in adolescents is the child welfare system. According to Rashid (2004), adolescents who age out of foster care have many challenges. These challenges include “lack of affordable, stable housing, lack of employment and educational experience, financial hardship, inaccessibility of medical care, increased likelihood of mental health or substance abuse, incarceration, and early pregnancy” (Rashid, 2004, p. 240). “Aging out” leaves many adolescents on their own to develop some independent skills without receiving financial support, as they are not able to return to their homes or families of origin. Rashid’s research showed that former foster care adolescents find it very difficult to find affordable housing and are unable to support themselves financially after leaving the welfare system. The research continued to show these adolescents often face homelessness in result.

Effects of Homelessness

Lack of access to basic needs. Once homeless, adolescents face many different effects of homelessness. One major effect is the lack of access to meet their basic needs. If basic needs are not met, this can cause further harm for homeless individuals. One basic need that adolescents and families face is affordable housing. With limited affordable housing, families and adolescents often struggle finding a steady place to stay each night. Another basic need homeless adolescent may face is a sense of belonging, especially through homeless communities.

Often these communities develop a new form of culture and cause youth to become involved in drug/alcohol use/dealing and involved in other criminal activity. This is not the only reason homeless youth may become involved in delinquent activity, especially if they are not able to find a job. Lastly, youth who are homeless often struggle with health problems. Yet, many homeless children will go without medical treatment for most of their lives.

Affordable housing. Once homeless, adolescents and their families are forced to meet their basic needs of survival. These basic needs can consist of finding shelter, food and means of protection (Smith, 2008). In regards to shelter, there are many different types of residential living situations. These residential settings include, but are not limited to: doubling-up, shelter, motels/hotels and public spaces (Pavlakakis, 2015). Because of these different living situations, and the high costs of housing, there has been a steady number of families facing homelessness and relying on family and friend with which to cohabitate (Hallett, 2010). As mentioned previously, cohabitation, or doubling-up, can cause additional stress on individuals and family/friends. Because of these additional stressors, families or adolescents are forced to go back to living in public spaces and shelters (Hallett, 2010). In regards to unaccompanied homeless minors, there is a lack of shelters available for these individuals as there are often age and gender limits at shelters (Davies & Allen, 2017; Kidd & Scrimenti, 2004). However, it is not just the lack of shelters available but the fear of the lack of security, privacy and trust in living in a shelter (Murphy & Tobin, 2012). With the lack of shelters available, large numbers of homeless often go hungry and have to face the numerous dangers and stressors of living the street life.

Homeless communities. With an increase of adolescents facing homelessness, there is a sense of community formed among these adolescents. There are approximately 1.7 million adolescents who are considered runaway or unaccompanied minors throughout the nation

(Davies & Allen, 2017). Within-in this sub-group of homeless adolescents, there is a sense of community among them due to the similarities of being exposed to trauma, abuse and/or neglect. Davies and Allen (2017) suggest that in their own culture is a sense of surrogacy/peer support in replacement of parent support. Within this sense of youth culture, Smith (2008) notes a clear sense of values, norms and activities that guide adolescents' and life events. Because of the culture created, there is often exposure to victimization, drug/alcohol use, and involvement in crime (Smith, 2008). Smith continues to suggest that with the lack of self-esteem by homeless adolescents, they often look to others who are considered 'off the streets' to set the norms; that is, behaviors, activities and beliefs. Yet, within this sense of identity/culture there are limitations created in getting help to escape homelessness. Such limitations, or barriers, focus on lack of trust within adult interactions, mistrust in institutions, age restrictions of shelters, discouragement in educational participation, and lack of knowledge in the different aid systems available (Davies & Allen, 2017; Hallett, 2010; Murphy & Tobin, 2012). Therefore, educators need to consider development and implementation of interventions that work with homeless adolescents and gain their trust.

Delinquent survival. With the development of a hidden culture and community among homeless adolescents, adolescents are exposed to different survival tactics while living on the street or other unstable living situations. Homeless adolescents often struggle finding employment and lack the skills for appropriate work. Ferguson (2017) states, depending on the various areas of the nation the unemployment rate among homeless adolescents' ranges from 39% to 71%. Often, homeless adolescents will have to partake in risky behaviors in order to make money or trades to meet basic needs (Haldenby, Berman & Forchuk, 2007; Kidd & Scrimenti, 2004). Thus, by the time homeless youth reach the street, they often engage in many

activities to survive (Kidd & Scrimenti, 2004). These numerous activities, include but are not limited to: seeking money from family or friends, prostitution, survival sex, panhandling, theft, and dealing drugs. Haldenby and others (2007) define survival sex as sexual activities traded for drugs, shelter, or money. As a result, adolescents will continue to be involved in high-risk sexual activity and could be at a higher risk for health problems.

Health care. In regards to basic needs, homeless families and adolescents often wait to address health concerns. While living in unsanitary, unsafe, and chaotic shelters or street life, homeless children face many incidents of not being safe and risk contracting illness or being injured (Murphy & Tobin, 2012). With a steady population of children experiencing homelessness, and many of these children experiencing trauma, they are likely to experience a chronic health condition with very limited access to health care (Donlon, Lake, Pope, Shaw & Haskett, 2014; Haldenby et al., 2007). Because of homelessness, youth are at a higher risk of experiencing malnutrition, serious injury, infections and suffer chronic emotional harm (Murphy & Tobin; Smith, 2008). Homeless children are at an increased rate of chronic and acute respiratory disease. With this increase of respiratory disease, there is also a heightened chance of exposure to influenza and tuberculosis due to over-crowded living conditions (Haldenby et al., 2007). However, it is not just ailments and injuries that affect this population. With adolescents participating in ‘survival sex,’ and the lack of protection used, homeless adolescents are at a higher danger for becoming HIV infected (Haldenby et al., 2007). Halenby and others (2007) estimated that homeless youth are at 6 to 12 times more likely to be infected with HIV and other STI’s compared to other children of their age. With this increase of illness and infection, it can be a challenge for homeless children to access health care services.

With the conditions that homeless children live in, there is a higher risk of health problems but an increased limitation of getting treated. There are several barriers that stand in the way for homeless families and children to access health care services. One barrier is fear. Homeless adolescents fear they will be receiving discriminatory attitudes and be negatively judged by providers (Haldenby et al., 2007). Another barrier is the lack of information provided. Often at shelter's, providers do not share adequate resources for families or youth to access. Lastly, another barrier is financial. Many avoid seeking treatment due to the costs. Thus, it is important for providers to understand this population better and develop effective approaches to reach this population.

Victimization. Homeless adolescents are at a higher risk of experiencing victimization prior to being on the street and living on the street. According to Rattelade, Farrell, Aubry, and Klodawsky (2013), victimization can be the experience of physical, sexual, and emotional abuse; but also, can include a wide-range of adverse experiences such as bullying, theft or witnessing violence. About 84% of homeless youth report some form of abuse, whether it be physical, sexual or emotional abuse; or neglect or trauma prior to becoming homeless (Bender et al., 2016b; McGuire-Schwartz, Small, Parker, Kim & McKay, 2014; Wong, Clark, & Marlotte, 2014). Tyler and Ray (2019) mention if a child faces abuse, or victimization, they are at a higher risk for running away or leaving their homes.

With homeless children being victimized at a young age, many children will continue to experience behavioral health symptoms at a higher rate compared to peers who are not facing homelessness (McGuire-Schwartz et al., 2014). Wong and others (2014) suggest there is a high correlation between early trauma and later life trauma due to the vulnerability of children leading to more subsequent trauma exposure. Often homeless youth who have reported being victimized

prior to being homeless are often revictimized once they are on the street, and continue to face additional traumatic experiences while living on the street (Tyler & Ray, 2019; Tyler & Schmitz, 2018; Wong et al., 2014). According to Bender and associates (2016b), victimization often has serious consequences for homeless adolescents. Physical, psychological and emotional abuse are considered leading risk factors for social, emotional and poor mental health outcomes (Wong et al., 2014). With multiple traumatic experiences, homeless children are at a higher risk of abusing substances, self-harm, developing depression, anxiety and PTSD (Bender, Brown, Begun, Barman-Adhikari, & Ferguson, 2016a; Wong et al., 2014). Homeless youth who have been victimized are more likely to having some form of mental health disorder (Rattelade et al, 2013).

Mental health. Adolescents who have experienced victimization, whether prior to becoming homeless or while being homeless, have a higher risk of developing a mental health disorder. Even though homelessness differs for every child, studies have found there are impacts of psychological problems (Miller, 2012b). According to Narendorf (2017), studies have found that about two-thirds of homeless youth meet some form of criteria for a mental disorder. Yet, with these high rates of mental disorders, there can be complex presentations of symptoms which could include multiple disorders. There are often prevalent problems prior to these adolescents becoming homeless and a noticeable increase associated when transitioning to becoming homeless (Narendorf, 2017). Often these presenting issues relate to higher personal victimization or witnessing of a traumatic event. If an adolescent is victimized, there is an elevated risk for PTSD, major depressive disorder, anxiety, stress, anger, and overall psychological trauma (McGuire-Schwartz et al., 2014; Narendorf, 2017; Rattelade et al., 2013; Tyler & Ray, 2019). With the increased risk of running away and revictimization, homelessness and its implications

for youth can negatively affect their mental health (Tyler & Ray, 2019). While evaluating homeless adolescents, Haldenby and others (2007) noticed there was a higher rate of suicide ideation for this population. With a higher prevalence in psychiatric disorders, many adolescents rely on self-medication through substances or self-harm. Wong and others (2014) found many individuals who engaged in substance use or self-harm had been exposed to childhood trauma and continued street trauma while living homeless.

Homeless adolescents, who have been victimized and/or have mental health disorders, often struggle with receiving the necessary support to get treatment. Narendorf (2017) found there are several types of barriers that prevent homeless adolescents from seeking treatment. Some of these barriers are: not knowing where to go, the costs of outpatient/inpatient facilities, waitlists for facilities, or not knowing how to get access to treatment. There are also personal barriers such as stigma, the fear of being discriminated against, and isolation from reliable support (Narendorf, 2017; Wong et al., 2014). Donlon and associates (2014), note another barrier in shelters. Staff members at shelters often focus on providing shelter and safety for families and children. Many shelters lack sufficient resources and screenings to refer children to appropriate mental health providers (Donlon et al., 2014). Often, without the necessary tools, children are at higher-risk for more mental health concerns and delays. Due to these barriers, many will go without treatment and be exposed to more victimization and other risky behaviors.

Substance use. Victimization and mental health are not the only health concerns for homeless adolescents. Another concern that faces homeless adolescents is a risky behavior of substance use. According to Xiang (2012), substance use is often a precipitating factor, directly or indirectly, as well as, a consequence of adolescent homelessness (Haldenby et al., 2007).

Often, adolescents may be asked to leave their homes due to substance usage or will run away to continue to use substances. However, there are often precursors on why an adolescent may use substances. In a sample study, by Xiang, 93% of the youth who abused substances reported having mental disorder and about half of that percentage had more than two mental disorders. These studies have been limited to specific populations around the country but are alarming. In another study, it was suggested that every adolescent has their own victimization profile. There are different levels of victimization profile depending on the experience of direct and indirect victimization. Thus, depending on their victimization profile, there is an association of different substance use patterns (Bender et al., 2016a). Davies and Allen (2017) noted the adolescents who participated in their study did know where to go for treatment for substance use. The federal government has several programs to aid in tracking the numbers and services that are provided; however, responding to the needs to homeless adolescents continues to be a challenge at local and state levels (Rahman, Turner, & Elbedour, 2015).

Homelessness and education. School districts across the nation have noticed an increase in homelessness. Students who struggle with homelessness tend to experience other barriers and challenges in regards to school. With the variety of environmental factors and high-risk behaviors that can influence a homeless youth's focus, attendance, and persistence in education (Gustavsson & Maceachron, 2011; Hallett, 2010). Students who are considered homeless and highly mobile (HHM) often struggle with school mobility and disrupted relationships (Pavlakakis, 2015). Due to living in a shelter, homeless children are at a higher risk of changing schools more often, especially compared to their housed peers; thus, disrupting learning and missing skill development and setting children back up to 4-6 months behind their

peers (Murphy & Tobin, 2012). By being highly mobile, homeless children score well below on standardized tests, more than likely perform below grade level-it is estimated 2/3 of high school schools lack proficiency in reading and math-and often more likely to repeat a grade more than twice (Miller, 2012b; Murphy & Tobin, 2012). The trends continue to show that low attendance and participation rates, homeless students continue to struggle or drop out of school at an alarming rate.

Another problem homeless children face, in regards to education, is the missed opportunities for supportive services. Murphy and Tobin (2012)'s research found that homeless youth are 14% higher to qualify for special education services compared to their housed peers. Even with this increase chance of qualifying for special education services, homeless students often do not receive the services they qualified for. Most often, it is due to changing schools, the evaluation process is interrupted and lengthened, and possibly school staff may be avoiding to initiate a referral for special education services due to expectations that the student may move before it is completed (Murphy & Tobin, 2012).

Helping Homeless Adolescents

With homelessness affecting over a million children a year, educators and community members across the nation are looking for ways to overcome barriers and assist students and families to succeed. With youth being involved, the McKinney-Vento Act is the first step in reducing barriers for students and families. The McKinney-Vento Act is a federal funded law to protect the right of students and all schools and districts must comply with the Act (Miller, 2012a; Pavlakis, 2015). Schools are to communicate with homeless families and provide aid in removing barriers for children and youth to succeed.

The McKinney-Vento Act allows schools to create a stable environment for students to meet their basic needs, academic needs and social-emotional needs through a traumatic experience. One part of the McKinney-Vento Act states that all students are required to be enrolled to school, even without the necessary paperwork compared to a normal enrollment (Gustavsson & Maceachron, 2011; Havlik, Rowley, Puckett, Wilson & Neason, 2017; Havlik, Schultheis, Schneider & Neason, 2016; Miller, 2012a). This paperwork consists of academic records, medical records, proof of residency and more. The Act also provides funding and opportunity for students to remain at their original school and provide transportation for the student to maintain social, educational, and attendance consistency (Gustavsson & Maceachron, 2011; Havlik et al., 2016). The Act requires school districts to appoint a local liaison. The local liaison is an important for the follow through of the McKinney-Vento Act and to provide success for homeless adolescents. The liaison is responsible for the homeless youth but also working with school and community personnel to support the families and adolescents (Havlik et al., 2016; Pavlakis, 2015). The liaison develops an academic plan with the student to assure equitable access for educational opportunities (Bradley, 2014; Havlik et al., 2016). The liaison provides the necessary funding to support the student in activities and after-school programs. Finally, the liaison supports students to be successful through by providing appropriate services and programs. The Act provides consistent place for students to escape housing circumstances and have their basic needs met, from food to academics to emotional services.

Besides the McKinney-Vento Act, the next level of supporting homeless family and adolescents is at the local, community level. ten Broeke claims that in order to eliminate and address homelessness, a community-wide agenda must be developed, and community members most work collaboratively to develop a solution to aid the homeless individuals (personal

communication, March 26, 2019). With this in mind, there have been already different test-pilots of programs addressing homelessness, specifically children homelessness. Donlon and others (2014) evaluated a program called Community Action Targeting Children who are Homeless (CATCH). Throughout this program, there are several different levels of working as a community that aligned with: The National Center on Family Homelessness interventions, the McKinney-Vento Act, and a, recent, supportive agenda for school counselors on addressing homelessness through the American School Counselor Association (ASCA) (Donlon et al., 2014; Havlik et al., 2017).

According to The National Center on Family Homelessness, there are five different interventions to for children whose family is homeless and adolescents that face homelessness. These interventions consist of: housing, maternal well-being, child well-being, family function and family preservation (Donlon et al., 2014). The CATCH program incorporated these different interventions at four different levels within a community. These levels are: the community level, shelter level, family level, and child level (Donlon et al., 2014). The first level is the community level. At this level, shelters work with community service programs. By working together, there is an awareness of the variety of services provided and a sense of collaboration with outside providers that are willing to help their community (Havlik et al., 2017; Murphy & Tobin, 2012). The next level is the shelter level. At this level, there is a need to change in structure, policies and practices to support the family (Donlon et al., 2014). Often families and adolescents are not able to feel safe in the shelters and there are many regulations preventing families from staying together causing trauma within families. By having shelters develop a diversion point and change their barriers, shelters are able to better service homeless families and adolescents (ten Broeke, personal communication, March 26, 2019). Having shelters working with the community

individuals, there are ways to place families into independent living accommodations and helping the HHM families find a place to call home (Pavlakis, 2015).

The next two levels in the CATCH program work with the homeless families and youth. The third level is the family level. At this level, it is important to enhance parents to strengthen their relationships with their children (Donlon et al., 2014). Often, homeless families that are in shelters feel they are not able to parent their children; this perception may be due to negative stigmatization by others at the shelter, or working so that the family's basic needs are met (Pavlakis, 2015). Donlon and others (2014) suggest that there is a need to support parents while in the shelter. By giving additional supports to parents, such as mediations or referral process for health care or other services, there will be a stronger relationship and well-being of the child(ren). Pavlakis (2015) made a recommendation to have schools break down the stigma barrier with family units. It is important to overcome stigma and build a foundational relationship for parents/families to be involved in their child's educational development.

Lastly, the fourth level is the child level. The CATCH program labeled this level as the access to a child's mental health and development (Donlon et al., 2014). This level aligned with a recent study done, through the American School Counselor Association, to determine the important involvement of a school counselor and homeless children. School counselors are able to provide additional academic and social-emotional supports, unlike the district community liaison. For example, school counselors are able to supports a students' academic need, whether it be through developing school-based programs or evaluating a student's academic needs (Havlik et al., 2017). School counselors are able to address emotional needs a student may need and provide counseling interventions, group counselor or parental consultation and education to support the student (Havlik et al., 2017).

Another way school counselor is able to advocate and support homeless students are by reducing barriers. With the College Cost Reduction and Access Act of 2007, school counselors are able to assist graduating students with filling out FAFSA's without further complications and are able to vouch for students who are homeless or at risk of being homeless (Crutchfield, Chambers & Duffield, 2016). School counselors are able to develop programs to address the needs of the parents and children, and are able to collaborate with staff and appropriate personnel to increase the awareness of policies and right for the student (Havlik et al., 2017). For example, a school counselor can advocate for the appropriate funding and supports through the McKinney-Vento Act. They are also able to support a student's basic needs while at school by supplying school supplies, snacks, clothing, shelter and enroll them into free and reduced lunch (Havlik et al., 2017). At the student level, there are many resources for homeless students and families to access and the school counselor is prepared to help.

Conclusion

Throughout the past several decades, the definition of homelessness has evolved into a concrete definition to include the wide-range of factors of homelessness an individual may encounter. Through definition and research, the nation is able to now recognize the crisis of youth and family homelessness and look towards working with districts and states to address homelessness within their communities. This paper defined homelessness through the McKinney-Vento Act, discussed several precipitating factors of youth homelessness, shared several effects of youth homelessness, and identified strategies for educators to use to aid homeless youth and families. School counselors along with other educators are able to continue to be the forefront of helping homeless adolescents and their families through difficult times. While at school, school counselors are able to create a stable routines and structures, and

advocate for homeless students. School counselors and homeless liaisons need to continue to work with community members for resources and continue to advocate for local, state, and federal support in ending homelessness. The CATCH program is a great foundational tool for other districts and communities to implement and develop changes that would best fit the needs of their students and families. There is further need of research on homeless populations, especially adolescents, and development of programs and resources to assist those affected by homelessness and prevention programs.

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