

# Child Homelessness and Trauma:



## THE CONNECTIONS AND A CALL TO ACTION

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## INTRODUCTION

The National Center on Family Homelessness estimates that more than 2.5 million children and their families will be homeless in the United States at least one night within a given year, and approximately half or 1.25 million will be children under the age of six.<sup>1</sup> Families experiencing homelessness live in emergency shelters, transitional housing, in cars, under bridges or in other places unfit for human habitation. First 5 LA estimates that on any given night 3,000 children from birth to age 5 in Los Angeles County may be among them.<sup>2</sup>

Experiencing homelessness can be traumatic for anyone, but it can be especially detrimental to young children. Children who experience homelessness have higher rates of school absenteeism, developmental delays, and mental health problems than other children.<sup>3</sup> They are sick four times more often than other children and have emotional and behavioral problems such as anxiety, depression and aggression at three times the rate of their peers.<sup>4</sup>

There is growing consensus among researchers that the systems that touch homeless families should address the trauma caused by loss of home, safety and security as well as other traumatic events that often pre-date or accompany homelessness such as domestic violence and/or substance abuse.<sup>5</sup> Without a trauma-informed approach, which uses knowledge of trauma and its effects in the design and delivery of services, children may suffer negative consequences that last a lifetime including potential damage to their mental, physical, cognitive and social functioning<sup>6</sup>.

This report intends to raise awareness about the relationship between homelessness and trauma on young children, and elevate the critical importance of using trauma-informed approaches when providing services to families experiencing homelessness and support to families at risk of becoming homeless.

## HOMELESSNESS - NATIONAL AND LOCAL TRENDS

Using data from the U.S. Department of Education and 2013 U.S. Census data, the National Center of Family Homelessness estimates that 2.5 million children in America go to sleep without a place to call home each year.<sup>7</sup> While there are many types of homelessness, the typical homeless family consists of a single mother in her late 20s, with two young children, most often under the age of six.<sup>8</sup>

While these statistics are unsettling, there have been some positive, nationwide shifts in family homelessness. The Federal Housing and Urban Development Department (HUD) estimates that the number of homeless people in families with children declined 6 percent between 2015 and 2016, due in part to concerted efforts of the federal government working closely with local agencies.<sup>9</sup> However, family homelessness remains on the rise in some large urban communities including Los Angeles County.

The 2017 Greater Los Angeles Homeless Count, which measured homelessness on a single night in January, showed a 29 percent increase countywide in the number of homeless family members from 2016.<sup>10</sup>

Homelessness in the County overall rose 23 percent, despite 14,000 people being placed in permanent housing.

Homelessness impacts virtually all demographics. For the 2017 Greater Los Angeles Homeless Count, African Americans made up a disproportionate 40 percent of the homeless population. The number of Latinos increased by nearly two-thirds from the prior year. The Asian American homeless population increased by almost a third. Youth between 18 and 24 comprised the fastest growing segment of the homeless population in the County, and the number of women experiencing homelessness in L.A. County continued to skyrocket. Approximately 18,000 women accounted for over a third of Los Angeles County's homeless population.<sup>11</sup> This represents a 33 percent increase over the prior year, and a staggering 90 percent increase since 2013.

Approximating the number of homeless children from birth to age 5 is challenging. While the Greater Los Angeles Homeless Count does not identify the ages of homeless children, the County's Chief Executive Office's Research and Evaluation Services unit (CEO/RES) estimates that roughly 32,000 family members, including approximately 21,000 children

<sup>1</sup> National Center on Family Homelessness Youngest Outcasts Report, 2014.

<sup>2</sup> First 5 LA, 2012

<sup>3</sup> Bassuk, DeCandia, Beach & Berman, 2014.

<sup>4</sup> The National Center on Family Homelessness, 2010; Child Trends, 2012.

<sup>5</sup> Bassuk et al., 1996; Brown & Bassuk, 1997.

<sup>6</sup> Cook, A. Spinazzola, J., Ford, J., et al., 2005.

<sup>7</sup> Bassuk et al., 2014.

<sup>8</sup> National Center on Family Homelessness, 2011.

<sup>9</sup> HUD Annual Homeless Assessment Report to Congress, 2016.

<sup>10</sup> Los Angeles Homeless Services Authority Homeless Count, 2017.

<sup>11</sup> Los Angeles Homeless Services Authority, 2017.

## HOMELESSNESS AND CHILDHOOD TRAUMA

Homelessness is traumatic for young children. The loss of community, possessions, routines, privacy and security is highly stressful and can lead to anxiety, depression, withdrawal and aggression at a rate three times higher than children who are not homeless.<sup>17</sup> Children experiencing homelessness must deal with fears that their most basic needs won't be met: 74 percent of them worry that "I will have no place to live,"<sup>18</sup> and 87 percent worry that "something bad will happen to my family."<sup>19</sup>

Homeless families are more vulnerable to other forms of trauma and adversity, such as physical and sexual assault, witnessing violence, or abrupt separation. By 12 years of age, 83 percent of children experiencing homelessness have been exposed to at least one serious, violent incident, and almost 25 percent have witnessed intimate partner violence.<sup>20</sup> Many children experiencing homelessness also have been the target of maltreatment and/or have been temporarily separated from their caregiver.<sup>21</sup> These children are more likely to have experienced chronic health conditions and limited access to health care and family violence, as well as maternal substance abuse and maternal depression.<sup>22, 23, 24</sup>

While there is wide variability in the life experiences of children in families experiencing homelessness, many have faced one or more challenges that hinder their development. It can negatively affect a child's mental health, physical health, educational advancement, and can be a risk factor for homelessness later in life.

### Health and Homelessness

According to the National Center for Homeless Education, more than 20 percent of homeless children ages 3-6 years old require mental health care for emotional issues.<sup>25</sup> Mental health issues are even more pervasive for school-age children. It is estimated that 24-40 percent of elementary-age children experiencing homelessness have some form of mental health issue that will necessitate professional evaluation.<sup>26</sup> This rate is two to four times higher than the rate for children living in poverty in this age range. The prevalence of mental health issues among the homeless population continues to increase as children age. A 2009 survey

ages 18 and under, experienced varied periods of homelessness during Los Angeles County's 2015-16 Fiscal Year.<sup>12</sup> First 5 LA estimates that roughly 3,000 children under age 6 in L. A. County are homeless on any given night, and over 3 times as many, or approximately 11,000 children under 6 years old are homeless at some point during the year.<sup>13</sup> Most of these children already have experienced and/or will experience some form of trauma that will affect their overall health and development.

## CHILDHOOD TRAUMA

*Childhood trauma* is defined by leading early childhood development and mental health professionals as emotional and/or physical responses that arise as the result of adverse experiences a child may be exposed to in their formative years. These incidents include, but are not limited to: domestic violence; community violence; physical and emotional abuse or neglect; or having a parent struggling with substance abuse, depression, or other mental health issues.<sup>14</sup>

Children exposed to adversity and trauma are at high risk of developing negative health, social and economic outcomes throughout their lives. Trauma is especially relevant during early childhood when research tells us that 90 percent of brain development occurs by age five. During these early years, brain connections, which determine how children learn, think and grow are formed, making young children who experience trauma particularly vulnerable.<sup>15</sup>

Childhood trauma is associated with increased risk for diseases, developmental delays and mental health issues in adulthood including anxiety and depression, as well as chronic health conditions such as asthma, heart disease and diabetes.<sup>16</sup>

<sup>12</sup> This estimate is based on the CEO/RES's preliminary analyses for a forthcoming study based on County data sources and records in the Homeless Management Information System (HMIS).

<sup>13</sup> Samuels et al (2010) estimate 51% of homeless children are under 6 years old. First 5 LA applied this percentage to the CEO/RES estimate of 21,000 homeless children (21,000 x 51% = 10,710).

<sup>14</sup> Bassuk et al. 2006.

<sup>15</sup> Early Childhood Education Degrees, 2013.

<sup>16</sup> Felitti et al, 1998

<sup>17</sup> The National Center on Family Homelessness, 2010; Child Trends, 2012.

<sup>18</sup> National Alliance to End Homelessness, 2012.

<sup>19</sup> The National Center on Family Homelessness, 1999.

<sup>20</sup> National Center on Family Homelessness, 2011.

<sup>21</sup> Anoooshian, 2005; Haber & Toro, 2004.

<sup>22</sup> Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010; Perlman & Fantuzzo, 2010.

<sup>23</sup> Zlotnick, 2009.

<sup>24</sup> Lee et al., 2010.

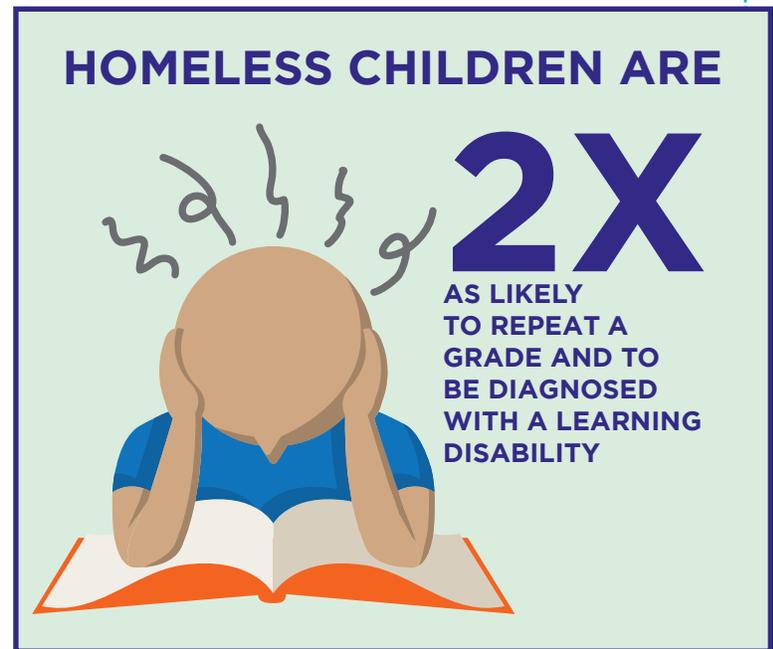
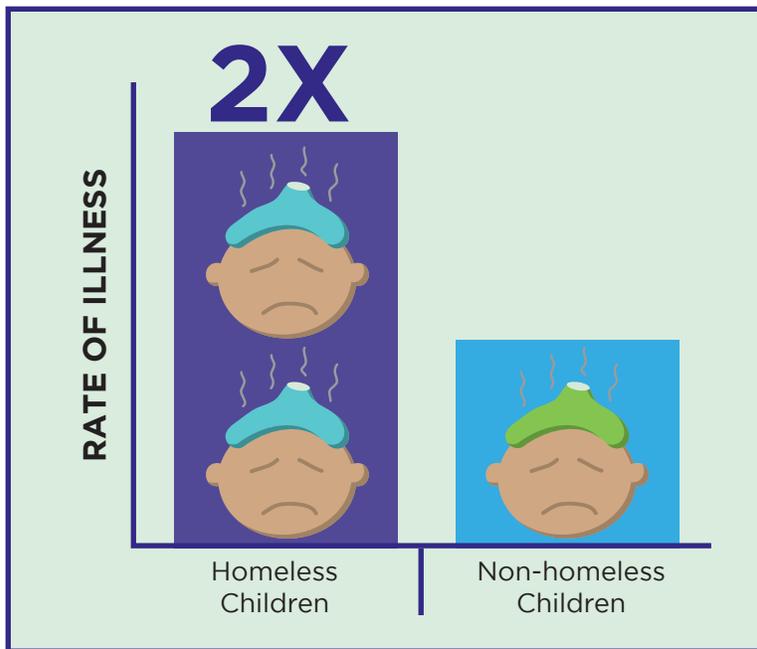
<sup>25</sup> National Center for Homeless Education, 2013.

<sup>26</sup> Bassuk et al. 2015.

completed by mothers and case managers at 18 supportive housing units found that 67 percent of the adolescents met the criteria for mental health services.<sup>27</sup>

Homeless children experience significant physical health problems as well. Children who do not have a place to call home are sick at twice the rate of other children. They suffer twice as many ear infections, have four times the rate of asthma, and have five times more diarrhea and stomach problems.<sup>28</sup> A study of homeless pediatric patients in New York City found that rates of overweight and obesity among the homeless children far exceeded national rates.<sup>29</sup>

(e.g. depression, anxiety), can negatively impact educational achievement, social and interpersonal relationships and mental and physical health status.<sup>32</sup> Children who have experienced homelessness were found to have lower classroom engagement,<sup>33</sup> and lower scores on measures of reading, math and general cognitive ability.<sup>34</sup> School mobility negatively affects the academic performance of children without a home as well as school engagement and peer relationships.<sup>35</sup> Within a single year, 97 percent of homeless children move up to three times; 40 percent attend two different schools, and 28 percent attend three or more different schools.<sup>36</sup> The disparities between homeless and non-homeless children extend to overall educational achievement,



### Homelessness and Educational Ramifications

Homeless children demonstrate developmental delays that can impact their educational achievement. These delays may include difficulties with attention, speech delays, immature peer interactions, language disabilities and cognitive delays.<sup>30</sup> A longitudinal study found that children who were homeless began to show delays in cognitive functioning and language skills as early as 18 months.<sup>31</sup> Homeless children also demonstrated significant delays in language development, gross motor skills, fine motor skills, and social/personal growth.

Left undiagnosed, developmental delays and disabilities, as with emotional and behavioral issues

with homeless children being twice as likely to repeat a grade and to be diagnosed with a learning disability.<sup>37</sup>

### Impact of Shelter Living

After entering a shelter, children's lives can continue to be stressful. Shelter policies typically are instituted for safety purposes, not for supporting positive parenting and healthy family interactions. Shelters may deny admission to fathers, prohibit pets and personal food, and resemble barracks rather than homes.<sup>38</sup> Families in shelters are often isolated from their social networks, and their family routines and traditions are disrupted.<sup>39</sup> Children and families who live in shelters need to make significant adjustments to shelter living and are confronted by

<sup>27</sup> Gertwitz et al., 2009.

<sup>27</sup> Bassuk & Friedman, 2005.

<sup>29</sup> Grant, et al., 2007.

<sup>30</sup> Guarino and Bassuk, 2010.

<sup>31</sup> Garcia, et al., 1998.

<sup>32</sup> The National Early Childhood Technical Assistance Center (NECTAC), 2011.

<sup>33</sup> Fantuzzo, et al., 2013.

<sup>34</sup> Perlman & Fantuzzo, 2010; Shinn et al., 2008.

<sup>35</sup> Buckner, Bassuk, & Weinreb, 2001.

<sup>36</sup> The National Center on Family Homelessness, 1999.

<sup>37</sup> Buckner et al., 2004

<sup>38</sup> Tischler, Rademeyer, & Vostanis, 2007.

<sup>39</sup> Paquette & Bassuk, 2009.

other problems, such as the need to reestablish a home, interpersonal difficulties, mental and physical problems, and child-related difficulties such as illness.<sup>40</sup>

### Childhood Trauma and Future Homelessness

Several studies suggest a correlation between childhood adversity and homelessness later in life. Herman, Susser et al. (1997) examined the connection between childhood adversity and adult homelessness by sampling both formerly homeless individuals and a comparison group of individuals who had never been homeless. The study found that lack of care during childhood, coupled with either physical or sexual abuse, was associated with a high risk of adult homelessness. Similarly, Larkin and Park (2012) surveyed over 200 people experiencing homelessness who were receiving services from homeless service agencies and drop-in centers in California and New York. Results indicated that 87 percent of the clients reported having had experienced at least one form of adversity prior to age 18. Approximately 50 percent of those surveyed reported experiencing a combination of parental loss, emotional neglect, living with a substance abuser, and emotional abuse as a child.<sup>41</sup>

Trauma may not only increase the risk of future homelessness, but may also limit the ability of an individual to respond to homelessness in a healthy and resilient way. The long-term effects of early developmental trauma, such as child abuse and neglect, can make it challenging to cope with the innumerable obstacles individuals encounter when trying to establish a home and stability after being homeless.<sup>42</sup>

## TRAUMA-INFORMED SYSTEMS OF CARE

While the impact of trauma on a child can be profound, research on children's resilience demonstrates that positive and secure attachment with at least one caring adult, who is prepared to respond to the effects of trauma, can lessen the negative impacts on the child's developing brain. These safe and nurturing relationships can be strengthened by using trauma-informed approaches throughout the systems of care with which families interact.<sup>43</sup>

*Trauma-informed care* can be defined as “a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological,

and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”<sup>44</sup> A family-centered, trauma-informed approach is where a service provider understands what childhood trauma is, recognizes its symptoms in a family, and responds by integrating that knowledge into treatment that can set a family and their children on a path to recovery.

Given the high rates of trauma among families who are homeless, the National Center on Family Homelessness concludes, “a trauma-informed approach is an essential component of quality care.” Service providers who view their clients' experiences through the lens of trauma and tailor interventions to their specific needs will increase the effectiveness of programs, improve participant outcomes and facilitate recovery.<sup>45</sup>

To implement a trauma-informed approach, the National Center of Family Homelessness emphasizes the importance of providing child-specific services within the homeless supportive services continuum as soon as possible to lessen the negative impact on their emotional, physical, cognitive and social development. Trauma-specific services for children may include therapeutic interventions that are creative and non-verbal such as play therapy, art and movement therapy along with mental health support services for children and their parents.

Organizations that integrate trauma-informed approaches into their work can help ensure that the damaging effects of trauma are minimized, but it is not always easy. As the National Center on Family Homelessness notes:

*Providing trauma-informed care requires an organizational commitment to building the knowledge, awareness, and skills needed to create service environments that support recovery and healing. Often this means adapting the practices, policies, and culture of an entire organization. Trauma-informed care is driven by a set of core principles integrated into all aspects of an organization, including physical and emotional safety and offering families choice, control, and autonomy over the circumstances in their lives.<sup>46</sup>*

<sup>40</sup> Bassuk & Friedman, 2005.

<sup>41</sup> Larkin & Park, 2012; p. 85.

<sup>42</sup> Hopper, Bassuk and Olivet, 2010.

<sup>43</sup> Felitti et al., 1998.

<sup>44</sup> Hopper, E.K., Bassuk, E. L., & Olivey, J., 2010.

<sup>45</sup> Guarino et al., 2009.

<sup>46</sup> The National Center on Family Homelessness offers a variety of resources for agencies, including training and consultation services as well as their Trauma-Informed Toolkit for Homeless Services.

Regardless of the type of service provided (e.g. housing, mental health, job training), the trauma-informed approach is increasingly considered a key component of quality care. The U.S. Interagency Council on Homelessness and its member agencies have adopted a strategy that promotes “low-barrier entry to services and connecting homeless families to tailored interventions, including the use of trauma-informed and culturally competent practices that are coordinated across programs.”

## CALL TO ACTION

Homelessness exacerbates childhood exposure to trauma, and childhood trauma can be a contributing factor among adults who experience homelessness. This cyclical relationship between the two is damaging and costly to individuals, agencies, and communities. Systems of care that provide services for children and families in Los Angeles County can increase their effectiveness and help break the cycle of trauma and homelessness by using a trauma-informed approach with the clients and communities they serve.

To help reduce the effects of trauma on children prenatal to age 5 and their families experiencing homelessness, First 5 LA encourages policymakers and practitioners to:

- I. Infuse a trauma-informed approach across the prevention-intervention continuum of strategies to address homelessness for children and families; and
- II. Increase research on trauma-informed services and improve data collection, analysis and knowledge-sharing of trauma and homelessness to inform policy and practice for homeless continuums of care.

### Trauma and Resiliency Informed Systems Change

**Workgroup:** First 5 LA, in partnership with The California Endowment, the California Community Foundation, Conrad N. Hilton Foundation, and Ralph M. Parsons Foundation pooled together approximately \$200,000 in funds to support integrating a trauma-informed approach into all service delivery systems throughout Los Angeles County, including homelessness programs and services. Part of the pooled funds has supported a public-private county-wide workgroup facilitated by the Center for Collective Wisdom. The workgroup has been meeting since Fall 2016 to standardize basic definitions of trauma and trauma-informed principles and practices for the County, and to develop a framework for transformation and implementation of county-wide integration strategies. A summary of these efforts was released in Summer 2017.

### Prevention-intervention Continuum

- 1 Primary Prevention:** aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that can cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury.
- 2 Secondary Prevention:** aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, implementing programs to return people to their original health and function to prevent long term problems.
- 3 Tertiary Prevention:** aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often complex problems in order to improve as much as possible their ability to function and their quality of life.

Source: Institute for Work & Health: At Work, Issue 80, Spring 2015

## I. Infuse a Trauma-Informed Approach Across the Prevention-Intervention Continuum: Primary, Secondary and Tertiary Prevention

### **RECOMMENDATION #1: Primary Prevention – Invest in programs that support family strengthening and healthy child development.**

Preventing homelessness and decreasing its duration reduces trauma. There are many external factors which can contribute to a family’s vulnerability to homelessness, including economic hardships, scarcity of affordable housing, and limited job opportunities. However, programs and services that strengthen families, build resiliency, and protect families from circumstances and conditions which put them at risk, can be effective.

Voluntary home visiting programs, like those supported by First 5 LA, teach skills that promote positive child-parent relationships and are proven to reduce rates of abuse and neglect, which are risk factors to homelessness.<sup>47</sup> Such programs help prevent and reduce adverse childhood exposure by providing support to new and expecting parents.

Infusing a trauma-informed approach into the training and delivery of home visiting services could improve outcomes for what is already considered an effective family strengthening strategy. These types of programs can help identify families at risk for homelessness and connect them with supportive services. To ensure families identified at risk for homelessness get the support they need, **a formal referral protocol should be established to connect at-risk families with homeless prevention services** as rapidly as possible.

Primary prevention requires going upstream and addressing potential risk factors as early as possible. Given what is known about brain development, early childhood screening for developmental delays and disabilities is an important aspect of primary prevention. Research shows that as many as 13 percent of all children under three years of age have developmental delays which should be addressed to prevent future issues.<sup>48</sup> Yet it is estimated that over 90 percent of children with disabilities go unidentified.<sup>49</sup>

The American Academy of Pediatrics recommends that all children be screened for developmental delays and disabilities during regular well-child doctor visits at 9, 18 and 24 months. **Policymakers and practitioners should encourage timely and trauma-informed screenings to identify developmental delays** and help ensure that intervention is provided when the developing brain is most capable of adaptation and change.<sup>50</sup>

While early identification and intervention programs like home visiting and developmental delay screenings can help build resilience and prevent risk factors for homelessness from developing, childhood trauma often goes unrecognized and unaddressed even in those settings. Therefore, it is important to infuse a trauma-informed approach throughout child and family service delivery systems to maximize the potential for providers to recognize trauma and intervene appropriately.

Ultimately, one of the greatest barriers to ending homelessness may be lack of affordable housing. Increasing the availability of low-income housing and investing in the construction of supportive units would help reduce this barrier.

**The County Homelessness Initiative:** On February 9, 2016, the Los Angeles County Board of Supervisors adopted a comprehensive plan to combat homelessness [<https://www.lacounty.gov/newsroom/homeless>]. The City of Los Angeles adopted its own plan to address the homeless crisis concurrently. These initiatives aim to increase access to permanent housing and provide supportive services to the homeless and those at risk for becoming homeless and are funded in part by two voter-approved initiatives: Measure HHH and Measure H.

**Measure HHH – L. A. City Bonds:** In November 2016, Los Angeles City voters approved a \$1.2 billion bond measure to provide supplemental funding for 10,000 units of permanent housing with support services for the chronically homeless. Along with the 2016 statewide initiative “No Place Like Home,” which provides \$2 billion in bond funding for permanent supportive housing, the City’s effort will help develop the physical infrastructure necessary to help families most in need.

**Measure H – L. A. County Tax:** In March 2017, Los Angeles County voters approved a quarter-cent sales tax to fund homeless programs. Funding supports rapid rehousing, homeless outreach and support services including emergency shelter and case management, and prevention programs for those at risk for becoming homelessness. Measure H is expected to generate about \$355 million annually for homeless programs over 10 years.

<sup>47</sup> Children Now, 2016.

<sup>48</sup> The National Early Childhood Technical Assistance Center (NECTAC), 2011.

<sup>49</sup> Flaming and Burns, 2015.

<sup>50</sup> National Early Childhood Technical Assistance Center, 2011.

**RECOMMENDATION # 2: Secondary Prevention - Invest in early intervention for high risk families, and provide trauma-informed support to service provider staff.**

Secondary prevention strategies target those at high risk of becoming homeless. This includes preventing individuals and families that touch agencies such as mental health services, child protection services, and corrections from falling into homelessness. Examples of secondary prevention include screening for service needs, case management, family mediation, and job placement, as well as other early intervention strategies to help families retain their housing, like cash assistance for rent or mortgage payments and landlord-tenant mediation.

**Secondary prevention can be addressed through systems change and early intervention.** A notable example is LA County’s Homeless Prevention Program for Families. This program coordinates services and leverages funding between the Department of Public Social Services (DPSS), CalWORKS homeless prevention assistance, and other efforts that assist families at risk for homelessness. This coordinated effort provides eviction prevention, rental/housing assistance, case management, employment assistance and legal services. Infusing such strategies with a trauma-informed approach should lead to better outcomes for families at high risk for homelessness.

While strengthening early intervention support systems for high-risk families is essential, family-focused programs can be effective forms of secondary prevention as well. Domestic violence, family separation, child abuse and neglect cause trauma within the family and put families and individuals at risk for homelessness.<sup>51</sup> Programs like Parent-Child Interaction Therapy (PCIT) can help mitigate these risk factors by strengthening family bonds and building resiliency. PCIT is an intervention and treatment approach that teaches parents specific skills to improve the quality of the parent-child relationship and change interaction patterns. Parents learn how to help their children cope with stress and past trauma. The program has demonstrated improved family functioning by reducing the recurrence of child abuse and neglect.<sup>52</sup> **Programs like Parent and Child Interaction Therapy, which help children and families cope with and recover from trauma should be supported.** These programs can help prevent future homelessness and other negative impacts associated with early childhood trauma.

Parent-Child Interaction Therapy was designated an evidence-based practice by the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-Based Programs and Practices. First 5 LA invested nearly \$20 million to help provide PCIT for families with children who were diagnosed with behavioral issues often associated with past maltreatment.

When infusing the trauma-informed approach throughout systems of care, it is important to recognize the impact trauma may have on homeless service providers and case managers. Working with survivors of traumatic life events can be distressing, especially if service providers have a history of trauma in their own lives. **Providing self-care space in the workplace is critical to prevent burn-out and any trauma related ramifications that may affect the staff.** This is critical for job satisfaction and health reasons for the staff, but it also improves outcomes for the populations being served.<sup>53</sup>

**Recommendation # 3: Tertiary Prevention - Utilize trauma-informed approaches throughout homeless Continuums of Care.**

When a family becomes homeless, it may face many unique challenges and needs. The services available to assist them can be fragmented and delivered by different agencies and organizations. The federal government has encouraged the coordination among local agencies and nonprofits serving the homeless through its Continuum of Care program administered by the Department of Housing and Urban Development (HUD).

HUD defines a *Continuum of Care* as “a community plan to organize and deliver services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.” Los Angeles County’s largest Continuum of Care (CoC) is referred to as the Coordinated Entry System (CES). CES is a regionally coordinated system of care for homeless families and individuals that provides rapid re-housing, prevention services and ongoing

<sup>51</sup> National Center for Child Poverty. Homeless Children and Youth: Causes and Consequences, 2009.  
<sup>52</sup> Children Now. California children’s report card: A survey of kids’ well-being and a roadmap for the future, 2016.

<sup>53</sup> Substance Abuse and Mental Health Services Administration (SAMSHA). Trauma-Informed Care in Behavioral Health Services: Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. 2014.

case management and assistance in securing and maintaining safe, stable permanent housing. The goal of CES is to provide a single point of entry for homeless families and individuals to access the housing and support services they need quickly, efficiently and with minimal trauma. Components of CES include: homeless outreach, intake and assessment; emergency shelter; case management, treatment for mental illness and substance abuse; counseling for victims of abuse and/or violence; transitional housing with supportive services; permanent housing; and housing retention and stabilization services.

### First 5 LA's Permanent Supportive Housing Initiative

As part of a pilot of for CES, First 5 LA invested \$35 million to provide housing and services for 1,678 families that were homeless or at risk of homelessness. The investment included funds for rental assistance, supportive services, and construction of permanent supportive housing.

The likelihood of long-term, positive outcomes will increase with **the infusion of trauma-informed and culturally competent practices throughout homeless Continuums of Care**. Without trauma-informed services, families may endure trauma inflicted within a CoC and pre-existing trauma may continue even after a family is housed, putting families at risk for homelessness reoccurring.

For Los Angeles County, the adoption of taxpayer-supported funding of the County Homelessness Initiative provides an opportunity to expand the use of trauma-informed approaches countywide, in a comprehensive and systemic manner. This could include countywide training in trauma-informed approaches for homeless outreach workers, case managers, service providers and housing support staff, including self-care for providers.

## HOME FOR GOOD

**Home for Good.** First 5 LA has joined efforts with Home for Good, a public and private funding collaborative. Our funding will help expand training and utilization of trauma-informed approaches to assisting homeless families. This funding includes developing a trauma-informed module for the Countywide Training Academy that prepares professionals who serve homeless families.

### **Recommendation #4: Collect, analyze and share data on trauma and related services to effect policy and practice change.**

More quality research is needed to better understand the impact of trauma-informed approaches in the homeless service sector. Lessons learned from families who have received trauma-informed services and from the experiences of service providers can help improve policies and practice. These data should be combined with those from other public systems such as child welfare, mental and public health, and welfare/social services to offer a more complete picture of child and family outcomes from services that utilize a trauma-informed approach. Recommendations for advancement of quality research:

1. Develop standard trauma-informed approach measures.
2. Collect data on trauma-informed approach measures across homeless family service delivery systems.
3. Provide access to data from the systems that touch homeless families.
4. Conduct the research needed to increase the number of practices considered "promising" or "evidence-based."

The Children's Data Network is conducting an analysis, funded by First 5 LA, of linked, administrative data to better understand the characteristics, challenges, service needs and outcomes of young adults who are parenting and accessing services through Los Angeles County's largest Continuum of Care. This knowledge will be critical for improved service coordination, advocacy, and leveraging of scarce resources that should result in better outcomes for this population.

## CONCLUSION

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On any given night in the U.S., thousands of children are without a home and exposed to adversity and trauma that can last a lifetime. Efforts to build and provide affordable housing are incomplete if the systems that serve families do not incorporate a trauma informed approach. It is essential that a full

array of trauma-informed prevention strategies be applied and strengthened throughout Continuums of Care. By infusing a trauma-informed approach in service delivery systems for vulnerable families, we can help ensure children have the opportunity to grow up healthy, protected, and ready to succeed in school and life.

*First 5 LA was created in 1998 to invest L.A. County's allocation of funds from California's Proposition 10 tobacco tax. We partner with parents, community members, elected officials, county agencies and service providers to ensure that all children in L.A. County enter kindergarten ready to succeed in school and in life.*

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## REFERENCES:

- Anooshian, L.J. (2005). Violence and aggression in the lives of homeless children: A review. *Aggression and Violent Behavior*, 10(2), 129-152.
- Bassuk, E.L., Buckner, J.C., Weinreb, L.F., Browne, A., Bassuk, S.S., Dawson, R, et al. (1997). Homelessness in female-headed families: Childhood and adult risk and protective factors. *American Journal of Public Health*, 87(2), 241-248.
- Bassuk, E.L. & Friedman, S.M. (2005). Facts on trauma and homeless children. From the *National Child Traumatic Stress Network Homelessness and Extreme Poverty Working Group*. Retrieved from [http://www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/Facts\\_on\\_Trauma\\_and\\_Homeless\\_Children.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf)
- Bassuk, E.L., Richard, M.K., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(2), 86-96.
- Bassuk, E., Konnath, K., Volk, K. (2006). Understanding traumatic stress in children. The National Center on Family Homelessness.
- Bassuk, E.L., Weinreb, L.F., Buckner, J.C., Browne, A., Salomon, A., & Bassuk, S.S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *The Journal of the American Medical Association*, 276(8), 640-646.
- Bires, C. (2013). Partnering to serve homeless children. Presentation at the National Alliance to End Homelessness Conference.
- Browne, A. (1993). Family violence and homelessness: The relevance of trauma histories in the lives of homeless women. *American Journal of Orthopsychiatry*, 63, 370.
- Buckner, J. et al. (2004) Exposure to violence & low income children's mental health: Direct moderated & mediated relations. *American Journal of Orthopsychiatry*. 74: 413-423.
- Buckner, J.C., Bassuk, E.L., Weinreb, L.F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of School Psychology*, 39(1), 45-69.
- Burt, M. & Aron, L. (2000). *America's Homeless II: Populations and Services*. Washington, DC: Urban Institute Press.
- Bynum, L., Griffin, T., Ridings, D.L., Wynkoop, K.S., Anda, R.F., Edwards, V.J.... Croft, J.B. (2010). Adverse childhood experiences reported by adults – five states, 2009. *MMWR: Morbidity & Mortality Weekly Report*, 59(49), 1609-1613.
- Children Now (2016). California children's report card: A survey of kids' well-being and a roadmap for the future. <http://www.childrennow.org/files/6214/5192/8816/CN-2016CAChildrensReportCard.pdf>
- Cook, A. Spinazzola, J., Ford, J., et al., 2005. Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.
- Cutuli, J.J., Herbers, J.E., Rinaldi, M., Masten, A.S., & Oberg, C.N. (2010). Asthma and behavior in homeless 4-to-7-year olds. *Pediatrics*, 125(1), 145-151.
- Donlon, P., Lake, J., Pope, E., Shaw, C., & Haskett, M. (2014). Community Action Targeting Children Who Are Homeless (CATCH): Addressing the Mental Health and Developmental Needs of Children Experiencing Homelessness. *Families in Society: The Journal of Contemporary Social Services*, 95(3), 163-170
- Early Childhood Education Degrees, *The Milestones of Your Little Rocket Scientist's Development*, 2013, available at <http://www.early-childhood-education-degrees.com/milestones/>.
- Fantuzzo, J., LeBoeuf, W., Brumley, B. & Perlman, S. (2013). A population-based inquiry of homeless episode characteristics and early educational well-being. *Children and Youth Services Review*, 35(6), 966-972.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V....Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 354-364.
- First 5 LA (2012). *Homeless Children 0-5 in Los Angeles County: A Report to the First 5 LA Commission*.
- Flaming, D. & Burns, P. (2015). *All Alone: Antecedence of Chronic Homelessness*.
- Gabowitz, D. & Konnath, K. (2008). Developing trauma-informed services for families experiencing homelessness. An Interactive Training Video and Guide.
- Garcia Coll C., Buckner, J., Weinreb, L. & Brooks, M. (1998). The developmental status and adaptive behavior of homeless and low-income housed infants and toddlers. *American Journal of Public Health*, 88, 1371-1374.
- Gewirtz, A.H., DeGarmo, D.S., Plowman, E.J., August, G. & Realmuto, G. (2009). Parental mental health, and child functioning in families residing in supportive housing. *American Journal of Orthopsychiatry*, 79(3), 336-347.
- Grant, R. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54, 173-187.

- Grothaus, Lorelle, Anderson, & Knight, 2011 <http://bit.ly/1rN5ZZH>
- Guarino, K. & Bassuk (2010). Working with families experiencing homelessness: Understanding trauma and its impact. Washington, DC: ZERO TO THREE: National Center for Infants, Toddlers and Families.
- Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.
- Gubits, D. (2015). Family options study: Short-term impacts of housing and services interventions for homeless families. Washington, D.C.: United States Department of Housing and Urban Development.
- Haber, M.G. & Toro, P.A. (2004). Homelessness among families, children and adolescents: ecological – developmental perspectives. *Clinical Child and Family Psychology Review*, 7(3), 123-164.
- Herman, D., Susser, E., Struening, E., Link, B. (Feb. 1997). Adverse childhood experiences: Are they risk factors for adult homelessness. *American Journal of Public Health*, 87, 2, 249-255.
- Hopper, E., Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless services settings. *The Open Health Services and Policy Journal*, 3, 80-100.
- Larkin, H. & Park, J. (2012) Adverse childhood experiences (ACEs), service use, and service helpfulness among people experiencing homelessness. *Families in Society: The Journal of Contemporary Social Sciences*, 93(2), 85-93.
- Los Angeles County Homeless Initiative (2016). *Strategies for Combatting Homelessness*.
- Los Angeles Homeless Services Authority (2016). *2016 Greater Los Angeles Homeless Count Results*.
- Marci McCoy-Roth, M., Mackintosh, B., & Murphey D. (Feb 2012). When the Bough Breaks: The Effects of Homelessness on Young Children. Child Trends Retrieved from <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>.
- National Center for Child Poverty. *Homeless Children and Youth: Causes and Consequences*, 2009.
- National Center on Family Homelessness (2011). *The Characteristics and Needs of Families Experiencing Homelessness*. Retrieved from: <http://www.familyhomelessness.org/media/306.pdf>
- National Center on Family Homelessness (no date). *Trauma-Informed Care in Homeless Service Settings*. Retrieved from: <http://www.familyhomelessness.org/media/404.pdf>.
- National Center for Homeless Education (Fall 2013). *Brief: Early Care and Education for Young Children Experiencing Homelessness*. Retrieved from <http://center.serve.org/nche/downloads/briefs/early-childhood.pdf>.
- National Early Childhood Technical Assistance Center (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*.
- Obradovic, J. (2010). Effortful control and adaptive functioning of homeless children: Variable focused and person-focused analyses. *Journal of Applied Developmental Psychology*, 31(2), 109-117.
- Paquette, K. & Bassuk, E.L. (2009). Parenting and homelessness: Overview and introduction to the special section. *American Journal of Orthopsychiatry*, 79(3), 292-298.
- Park, J.M., Fertig, A.R., & Allison, P.D. (2011). Physical and mental health, cognitive development, and health care use by housing status of low-income young children in 20 American cities: A prospective cohort study. *American Journal of Public Health*, 101(s1), s255-s261. doi: 10.2105/AJPH.2010.300098
- Perlman, S., & Fantuzzo, J. (2010). Timing and influence of early experiences of child maltreatment and homelessness on children's educational well-being. *Children and Youth Services Review*, 32(6), 874-883.
- Samuels, J., Shinn, M., & Buckner, J.C., (2010), *Homeless Children: Update on Research Policy, Programs, and Opportunities*. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration (SAMSHA). Trauma-Informed Care in Behavioral Health Services: Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. 2014.
- Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: Mental health, support, and social care needs. *Health and Social Care in the Community*, 15, 246-253. doi: 10.1111/j.1365-2524.2006.00678.x
- The National Center on Family Homelessness at American Institutes for Research. *America's Youngest Outcasts: A Report Card on Child Homelessness. (2014)*.
- Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry*, 79(3), 319-325.