

## Students Experiencing Family Transitions: The Needs of Military, Foster, and Homeless Children

### Homeless Children

- Each year in America 2.5 million children—one in every 30—go to sleep without a home of their own.<sup>1</sup>
- During the 2014–2015 academic year, U.S. schools identified 1,263,323 students who were homeless, a 3.5% increase over the number of enrolled students who were homeless at some point during the previous three school years.<sup>2</sup>
- Homeless school-age children have rates of mental health issues two to four times higher than those of poor children aged 6 to 11 years who are not homeless. Overall, 14% to 26% of homeless preschoolers and 24% to 40% of homeless school-age children have mental health issues that require clinical evaluation.<sup>3</sup>
- Homeless children are eight times more likely to be asked to repeat a grade, three times more likely to be placed in special education classes, twice as likely to score lower on standardized tests,<sup>4</sup> and 16% less proficient at reading and math than their peers.<sup>5</sup>
- Many homeless children are unable to attend school consistently because they constantly move to find shelter, lack the records needed for school enrollment, do not have transportation,<sup>6,7</sup> or are ashamed of their situation.<sup>8,9</sup>
- A significantly higher proportion of pre-school and school-age children of homeless families have mental disorders with impairment, such as disruptive behavior disorders, anxiety, and depression, as compared to low-income children who are not homeless.<sup>10</sup>
- Major factors that contribute to homelessness among children and youth include lack of affordable housing, financial insecurity, violence at home, behavioral health problems, lack of positive social support, and involvement in the child welfare system.<sup>11</sup>
- The stress of homelessness contributes to increased levels of school-age children’s anxiety, depression, and other mental health problems that negatively impact their brain development.<sup>12,13</sup>
- A study of homeless adolescents found that 79% had experienced multiple childhood abuses and 28% had experienced multiple street victimizations, and each additional experience nearly doubled the youths’ rates of substance use disorder, post-traumatic stress disorder, and depression.<sup>14</sup>

### Children in Foster Care

- There were an estimated 427,910 children in foster care in 2015, with an average age of 8.6 years.<sup>15</sup>
- Foster children have higher rates of placement in special education, school dropout, discipline problems, and involvement in the criminal justice system.<sup>16</sup> They have significantly more mental health problems than their non-foster care peers,<sup>17</sup> and those transitioning to adulthood have two to

four times higher rates of mental health disorders over their lifetimes than the general population of transition-aged adults.<sup>18</sup>

- Changes in home placements of foster children are often accompanied by school transfers, which frequently lead to disruptions in educational services, enrollment delays, or temporary placements that result in the loss of days or even weeks of schooling.<sup>19</sup>
- Placement in foster care is associated with increased educational risks, including absenteeism and tardiness, school changes during the year, disciplinary problems and suspensions, poor reading and math skills, lower scores on achievement tests, repeating one or more grades, and dropping out of high school.<sup>20</sup>
- Analyses of dozens of studies involving thousands of children revealed that children placed in foster care have generally lower levels of cognitive and behavioral functioning than children from the general population,<sup>21</sup> and foster care was not found to improve children's developmental trajectories.<sup>22,23</sup>
- Youth formerly in foster care earn about half as much and their employment rate is 20 points lower than other young adults from a nationally representative sample with similar levels of educational achievement.<sup>24</sup>
- When compared to all households with children, those with foster children are more likely to be low income, have severe financial housing burdens, receive public assistance, have a householder who did not work in the previous year, and have a householder who did not complete high school.<sup>25</sup>
- Delays in language development are common among foster children under the age of 6, highlighting the need for early identification and intervention efforts as they enter school.<sup>26</sup>

## Military Dependents

- There were 1,819,659 military dependents in 2014, with 37% ages 0 to 5 years, 31% ages 6 to 11 years, and 24% ages 12 to 18 years.<sup>27</sup>
- Less than 1.2% of military dependents attended Department of Defense Educational Activity Schools in the U.S. in 2017,<sup>28</sup> suggesting that an overwhelming majority of military dependents in the U.S. attend public schools.
- Research has shown that children who have had a parent deploy to a war zone experience more mental health issues, injuries, and child maltreatment when their parent returns compared to other children. These negative experiences are amplified in children of combat-injured parents.<sup>29</sup>
- Research has demonstrated that a parent's deployment places their children at high risk for psychosocial dysfunction<sup>30</sup> and long-term adverse effects on their standardized test scores.<sup>31</sup>
- Move-related stressors negatively affect military dependents' adjustment to new school environments,<sup>32</sup> and changing schools during the elementary school years predicts declines in classroom participation and academic performance.<sup>33</sup>
- Some female adolescents with a deployed parent may demonstrate increases in risky sexual behaviors and self-injury in an attempt to keep the parent home.<sup>34</sup>
- Military children report more risky behaviors than civilian children, including more use of cigarettes and other substances, increased likelihood of carrying a weapon, and more experiences of victimization.<sup>35,36,37</sup>
- Military dependents experience significantly higher rates of diagnoses of anxiety, stress,<sup>38</sup> and emotional and behavioral disorders compared to national averages.<sup>39,40</sup>

## ENDNOTES

- <sup>1</sup> National Center on Family Homelessness at American Institutes for Research. (2014). *America's youngest outcasts: A report card on child homelessness*. Waltham, MA: Author. Retrieved from <http://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>
- <sup>2</sup> National Center for Homeless Education. (2016). *Federal data summary: School years 2012-13 to 2014-15*. Greensboro, NC: Author. Retrieved from <http://nche.ed.gov/downloads/data-comp-1213-1415.pdf>
- <sup>3</sup> Bassuk, E. L., Richard, M., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, *54*, 86–96.
- <sup>4</sup> National Center on Family Homelessness. (2011). *America's youngest outcasts 2010*. Newton, MA: Author. Retrieved from [http://www.homelesschildrenamerica.org/media/NCFH\\_AmericaOutcast2010\\_web.pdf](http://www.homelesschildrenamerica.org/media/NCFH_AmericaOutcast2010_web.pdf)
- <sup>5</sup> National Center on Family Homelessness. (2009). *America's youngest outcasts: State report card on child homelessness*. Newton, MA: Author.
- <sup>6</sup> Institute for Children, Poverty, and Homelessness. (2015). *Empty seats: The epidemic of absenteeism among homeless elementary students*. New York, NY: Author. Retrieved from <http://www.oregonyouthdevelopmentcouncil.org/wp-content/uploads/2016/06/2015-Empty-Seats-The-Epidemic-of-Absenteeism-Among-Homeless-Elementary-Students.pdf>
- <sup>7</sup> Rahman, M. A., Turner, J. F., & Elbedour, S. (2015). The U.S. homeless student population: Homeless youth education, review of research classifications and typologies, and the U.S. federal legislative response. *Child Youth Care Forum*, *44*, 687–709.
- <sup>8</sup> Balfanz, R., & Byrnes, V. (2012). *Chronic Absenteeism: Summarizing what we know from nationally available data*. Baltimore, MD: Johns Hopkins University Center for Social Organization of Schools.
- <sup>9</sup> Embleton, L., Lee, H., Gunn, J., Ayuku, D., & Braitstein, P. (2016). Causes of child and youth homelessness in developed and developing countries: A systematic review and meta-analysis. *JAMA Pediatrics*, *170*, 435–444.
- <sup>10</sup> Bassuk, E. L., Richard, J. 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 and Adolescent Psychiatry*, *54*, 86–96.
- <sup>11</sup> Aratani, Y. (2009). *Homeless children and youth: Causes and consequences*. New York, NY: National Center for Children in Poverty, Columbia University. Retrieved from [http://nccp.org/publications/pdf/text\\_888.pdf](http://nccp.org/publications/pdf/text_888.pdf)
- <sup>12</sup> National Center on Family Homelessness. (1999). *Homeless children: America's newest outcasts*. Newton, MA: Author.
- <sup>13</sup> Hutto, N., & Viola, J. (2014). Toxic stress and brain development in young homeless children. In H. C. Matto, J. Strolin-Goltzman, & M. Ballan (Eds.), *Neuroscience for social work: Current research and practice* (pp. 263–277). New York, NY: Springer Publishing Company.
- <sup>14</sup> Bender, K., Brown, S. M., Thompson, S. J., Ferguson, K. M., & Langenderfer, F. (2015). Multiple victimizations before and after leaving home associated with PTSD, depression, and substance use disorder among homeless youth. *Child Maltreatment*, *20*, 115–124.
- <sup>15</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2016). *The AFCARS report*. Rockville, MD: Author. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>
- <sup>16</sup> Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2010). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 23 and 24*. Chicago, IL: Chapin Hall at the University of Chicago. Retrieved from [http://www.chapinhall.org/sites/default/files/Midwest\\_Study\\_Age\\_23\\_24.pdf](http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf)
- <sup>17</sup> Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, *138*, 1–11.
- <sup>18</sup> Havelicek, J. R., Garcia, A. R., & Smith, D. C. (2012). Mental health and substance use disorders among foster youth transitioning to adulthood: Past research and future directions. *Children and Youth Services Review*, *35*, 194–203.
- <sup>19</sup> Casey Family Programs. (2007). *A road map for learning: Improving outcomes in foster care*. Seattle, WA: Author.
- <sup>20</sup> Casey Family Programs. (2001). *It's my life: A framework for youth transitioning from foster care to successful adulthood*. Seattle, WA: Author.
- <sup>21</sup> Goemans, A., van Geel, M., van Beem, M., & Vedder, P. (2016). Developmental outcomes of foster children: A meta-analytic comparison with children from the general population and children at risk who remained at home. *Child Maltreatment*, *21*, 198–217.
- <sup>22</sup> Ibid.
- <sup>23</sup> Goemans, A., van Geel, M., & Vedder, P. (2015). Over three decades of longitudinal research on the development of foster children: A meta-analysis. *Child Abuse and Neglect*, *42*, 121–134
- <sup>24</sup> Okpych, N. J., & Courtney, M. E. (2014). Does education pay for youth formerly in foster care? Comparison of employment outcomes with a national sample. *Children and Youth Services Review*, *43*, 18–28.
- <sup>25</sup> O'Hare, W. P. (2008). *Data on children in foster care from the U.S. Census Bureau*. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>26</sup> Stock, C. D., & Fisher, P. A. (2006). Language delays among foster children: Implications for policy and practice. *Child Welfare*, *LXXXV*, 445–461.
- <sup>27</sup> U.S. Department of Defense. (2015). *2014 demographics: Profile of the military community*. Washington, DC: Office of the Deputy Under Secretary of Defense. Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2014-Demographics-Report.pdf>
- <sup>28</sup> U.S. Department of Defense Education Activity. (n.d.). *DoDEA Data Center*. Arlington, VA: Author. Retrieved from <http://www.dodea.edu/datacenter/enrollment.cfm>
- <sup>29</sup> Hisle-Gorman, E., Harrington, D., Nylund, C. M., Tercyak, K. P., Anthony, B., J., & Gorman, G. H. (2015). Impact of parents' wartime deployment and injury on children's safety and mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, *54*, 294–301.
- <sup>30</sup> Flake, E. M., Davis, G. E., Johnson, P. L., & Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *Journal of Developmental and Behavioral Pediatrics*, *30*, 271–278.
- <sup>31</sup> Engel, R. C., Gallagher, L. B., & Lyle, D. S. (2010). Military deployments and children's academic achievement: Evidence from Department of Defense Education Activity Schools. *Economics of Education Review*, *29*, 73–82.

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- <sup>32</sup> Bradshaw, C. P., Sudhinaraset, M., Mmari, K., & Blum, R. W. (2010). School transitions among military adolescents: A qualitative study of stress and coping. *School Psychology Review, 39*, 84–105.
- <sup>33</sup> Gruman, D. H., Harachi, T. W., Abbott, R. D., Catalano, R. F., & Fleming, C. B. (2008). Longitudinal effects of student mobility on three dimensions of elementary school engagement. *Child Development, 79*, 1833–1852.
- <sup>34</sup> Chandra, A., Martin, L. T., Hawkins, S. A., & Richardson, A. (2010). The impact of parental deployment on child social and emotional functioning: Perspectives of school staff. *Journal of Adolescent Health, 46*, 218–223. Retrieved from <http://www.militaryk12partners.dodea.edu/docs/impact.pdf>
- <sup>35</sup> Acion, L., Ramirez, M. R., Jorge, R. E., & Arndt, S. (2013). Increased risk of alcohol and drug use among children from deployed military families. *Addiction, 108*, 1418–1425.
- <sup>36</sup> Sullivan, K., Capp, G., Gilreath, T. D., Benbenishty, R., Roziner, I., & Astor, R. A. (2015). Substance abuse and other adverse outcomes for military-connected youth in California: Results from a largescale normative population survey. *JAMA Pediatrics, 169*, 922–928.
- <sup>37</sup> Gilreath, T. D., Astor, R. A., Cederbaum, J. A., Atuel, H., & Benbenishty, R. (2014). Prevalence and correlates of victimization and weapon carrying among military- and nonmilitary-connected youth in Southern California. *Preventive Medicine, 60*, 21–26.
- <sup>38</sup> Gorman, G. H., Eide, M., & Hisle-Gorman, E. (2010). Wartime military deployment and increased pediatric mental and behavioral health complaints. *Pediatrics, 126*, 1058–1066.
- <sup>39</sup> Ibid.
- <sup>40</sup> RAND. (2009). *Views from the homefront: The experiences of children from military families* (Fact Sheet). Santa Monica, CA: Author. Retrieved from [http://www.rand.org/pubs/research\\_briefs/2009/RAND\\_RB9488.pdf](http://www.rand.org/pubs/research_briefs/2009/RAND_RB9488.pdf)

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