

Homeless Youth in Marion County Face Grim Prospects

Analysts estimate that between 5,000 to 7,500 children and youth in Marion County are homeless,¹ a situation that makes them more likely to fail in school, become physically or mentally ill, and use aggressive behavior that lands them in the court system.²

While some children are homeless with their parents, many unaccompanied youth are minors living essentially on their own without supervision by a parent or guardian. Runaway kids leave home due to intolerable conditions that often include parental abuse. “Throwaway kids” are those who have been forced by parents or guardians to leave home. Under Indiana law, living on one’s own when under the age of 18 is a juvenile offense unless the minor has been legally emancipated, so they become juvenile criminals with few options. In a desperate effort to obtain food and housing, a high proportion of runaways and “throwaway kids” turn to prostitution, drug trafficking, stealing, or other illegal activities.³ (See the box on page 3.)

“Near 10th and Rural in Indianapolis, I met a cute, blonde girl, age 15, dressed in shorts and tank top, who prostituted herself for money. Her mom was a crack addict, and the girl was left to find her own food and shelter. She had just left a health clinic where she learned she had AIDS. I asked if she told the guys to use protection because of the AIDS, and she said, ‘No, they just want sex, and I just need money. They don’t care what I’ve got or anything about me, so I don’t care what they catch. I’ve got my own problems.’ She was thin, but the most striking feature about her was the sadness on her face. Most street kids have the same sadness about them.”

BARBARA LUCAS, RESEARCHER

Indianapolis Homeless Count

Every year or two since 1993, researchers have conducted studies on the numbers and needs of people who are homeless in Marion County. Traditionally this research is in response to federal agencies that provide funding to aid those experiencing homelessness and has taken the form of a one-night count of people living in shelters combined with an estimate of the number of people who are homeless but living in unsheltered situations.





Until the January 2008 Indianapolis Homeless Count, there was no attempt to include children and youth other than those staying in shelters with their parents. Unaccompanied youth are difficult to identify because the only shelter services available for runaway or “throwaway kids” in Indianapolis are two crisis shelters with extremely limited capacity and legal restrictions on their ability to help. Unlike their adult counterparts, unaccompanied minors do not have relatively easy access to overnight shelters, soup kitchens, and other services unless they call upon friends or relatives. Most keep their homelessness a secret because they fear being turned in to authorities.

It is widely believed among service providers that Marion County has a large number of homeless children and youth, but determining exactly how many is extremely difficult. In preparation for the January 2008 count, the Indiana University Center for Health Policy began working with the 11 school corporations that serve Marion County to begin counting—or at the very least, estimating—the number of homeless children and youth attending schools in the area.

McKinney-Vento Act promotes aid for homeless students

Even though schools throughout the country are required by federal statute⁴ to count the number of homeless children and youth in their districts, some schools are better at doing so than others. Every school district is responsible for seeking out homeless children and youth, enrolling them, and providing assistance to help them succeed. The McKinney-Vento Education for Homeless Children and Youth Act provides the following guidelines to identify homeless students. Homeless students include those who are:

- living in motels, hotels, or camp grounds for lack of other suitable housing,
- sharing the housing of others due to loss of housing, economic hardship, or similar reasons (sometimes called “doubled up”),
- runaway and “throwaway” children and youth,
- living in homes for unwed or expectant mothers for lack of a place to live,
- living in homeless and domestic violence shelters,
- living in transitional housing programs,

- living on the streets, in abandoned buildings, or in public places not meant for housing,
- living in cars, trailers, or campgrounds,
- awaiting foster care,
- migratory children staying in housing not fit for habitation.

Implementation of McKinney-Vento has made a tremendous difference in the ability of homeless children and youth to gain access to public schools. Prior to 1992, children were often turned away from school if they could not prove where they lived. Although this still occurs occasionally, it is now rare.

Why do we want to know the number of homeless students?

In 2002, Indianapolis adopted *The Blueprint to End Homelessness*, a 10-year strategy developed by the Coalition for Homelessness Intervention and Prevention. One of the ways noted in the Blueprint to end homelessness is to prevent homelessness from happening. To do that, it is imperative that we address issues that cause homelessness among unaccompanied minors. Failure to do so ensures new generations of homeless people.

The high cost of maintaining homelessness was noted in an issue brief published by the Indiana University Center for Health Policy, *Serving the Homeless Could Save Taxpayer Dollars*,⁵

Our findings suggest that each year Marion County and the city of Indianapolis expend between \$5,912 and \$15,560 [per homeless person] in the public health care and criminal justice systems to respond to the needs of the average chronically homeless person with mental illness and/or substance abuse problems. This estimate does not include any costs associated with providing food or shelter. According to the 2007 Biennial Count of the Homeless, there are approximately 500 people on the streets of Indianapolis or in the shelters who face mental illness and/or substance use related challenges. When we extrapolate the average costs estimated above to that population, public health care and criminal justice expenditures for the chronically homeless population in Indianapolis range from \$3 million to \$7.8 million.

Homeless children are plagued by more illness than their peers, have a greater number of behavior problems, perform much worse academically, have poorer school attendance, and are often developmentally delayed. Researchers have noted that these issues, combined with lack of sleep, poor diet, and exposure to the

Living on Their Own in Indianapolis

Transition to adulthood is a challenging time for youth even under good circumstances. Adolescents lack the economic, social, and emotional resources to adequately provide for their own needs, but find a variety of ways to do so. A 1995 study of nearly 500 unaccompanied youth in Indianapolis found the following:

- They stay in the metro area, but are highly mobile. Thirty-two percent had found themselves with no place to sleep during the previous 6 months; 24 percent stayed in four or more places; and one-third had been away from home for a year or more.
- One-fourth were completely without an adult in their lives, and only 10 percent had a father figure.
- Twenty-eight percent worked either part or full time; 32 percent were involved in stealing; 26 percent sold drugs; and 27 percent regularly sold their possessions or themselves to make money.
- About half had tried to get medical care but were not able to obtain it.
- Forty percent suffered from depression; 33 percent had witnessed violent crime; 27 percent had been victims of violent crime; and one-fourth had made a plan to commit suicide.
- Close to half had dropped out, been expelled, or suspended from school and did not plan to return. Forty percent had been in trouble for poor attendance.
- Their diets were severely inadequate.
- Two-thirds reported substantial alcohol usage in the prior 6 months; over 80 percent smoked cigarettes; three-fourths reported using marijuana; and 33 percent had used crack or cocaine.
- One-fourth had been sexually assaulted by a parent or guardian, and over half had been physically abused by a mother or father figure.
- One-fourth were gang members and almost 60 percent had been in six or more physical fights—about half of these led to injury that required medical treatment.
- Many reported carrying weapons—most commonly, a knife.
- Thirty-two percent have had sex to get money, 21 percent for a place to stay, and 12 percent for food.
- Their greatest health concern was catching or dying of HIV/AIDS.

Source: Lucas B., & Hackett, L. (1995). *Street Youth: On Their own in Indianapolis*. Health Foundation of Greater Indianapolis.

elements, lead to disproportionately higher rates of problems with health, emotions, behaviors, and substance use than those experienced by housed adolescents.⁶ Their mental and physical problems result in depression, suicide, acting out, and aggressive behavior. These behaviors often get them in trouble, which means they end up in the juvenile (or adult) court system. Since they do not have access to routine medical care, their illnesses tend to become severe before they seek help at an emergency room.

Given the number and frequency of their risky health behaviors, it is apparent that maintaining homeless children and youth under these conditions is an expensive proposition. When we consider the high costs of dealing with their behavior and

health problems in schools, their contact with the justice system and police, the costs associated with insurance reimbursement of items they steal, the health care for sexually transmitted disease or childbirth, and the strain on social services that is created as these young people grow into adults, it is staggering to even begin to consider the costs.

It is easy to understand that children and youth who are on their own and homeless are likely to become the most difficult to treat homeless adults.

How many homeless youth are in Marion County?

There are several acceptable ways of estimating the homeless population. According to the National Coalition for the Homeless



Table 1: Estimate of Homeless Children and Youth Ages 0 – 18 in Marion County, Indiana, 2006

	Marion County Population, 2006	Estimated Homeless (2% of Population)
Total number of children under age 18	232,607	4,653
Number of youth age 18 (estimate)	14,976	300
Total population ages 0-18	247,582	4,953

Source: Estimated homeless numbers from the National Coalition for the Homeless. Estimate of the number of youth age 18 is from the Indiana Youth Institute Database of Child Indicators.

(NCH), approximately 2 percent of all children will experience homelessness over the course of a year.⁷ By applying the 2 percent figure to the total number of children and youth in Marion County according to the most recent U.S. Census, we can estimate that 4,953 children and youth were homeless in Marion County during 2006.

Another NCH method for estimation is to recognize that 10 percent of children living in poverty are homeless. Marion County schools enrolled 124,219 students in the 2007-2008 academic year and reported that 74,865 students receive free or reduced priced meals. To qualify for free or reduced price meals, students must meet the guidelines for poverty established by the U.S. Department of Agriculture.⁸ Therefore, using the free and reduced price lunch count as a proxy measure for those living in poverty, we would expect to find 7,487 homeless students in 2006. However, that figure does not include children who are not yet in school or who have already dropped out.

There are eleven school corporations in Marion County, and seven of them agreed to participate in the 2008 homeless count. In January 2008, these seven participating schools reported 2,569 known homeless students. At the end of the previous school year, the total was 3,094, and it is expected that in this year’s annual report to the Indiana Department of Education, the number reported will be higher.

It is not surprising that these numbers are lower than those established by estimation models. Some schools have more experience identifying homeless students and are better equipped

to do so. Turnover among staff often leaves the post of liaison empty, and it may not get filled until the following school year. Even when the position resides with one person over time, the identification of homeless students is usually one of many duties that demands time. Some schools ignore or give only cursory attention to the requirements of the McKinney-Vento law, and thus to the needs of their homeless students.

For example, at the end of the 2006-2007 school year, one Marion County school corporation reported no homeless students, one school corporation reported 1, and another reported 5. In an area where more than 60 percent of students receive free or reduced lunch, it seems their efforts to identify homeless students were limited.

On the other hand, some schools have shown high levels of commitment to identifying and helping homeless students. But even in these schools, officials acknowledge that they are not able to identify all of the homeless students.

How kids become homeless

Most homeless people come from the lower rungs of the economic ladder. Entire families move from poverty into their car, an abandoned building, or other structure that is not suitable for habitation. They have been found in abandoned trailers and old school buses, among other places. Runaway and “throwaway” kids usually come from economically disadvantaged families who experience the entire gamut of social and economic ills and from households where neglect, abuse, and domestic violence are common.

When families become homeless, older children are often allowed to live with friends or relatives. It is easier for families to find shelter space when they have fewer, younger children. This arrangement also allows the older children to remain in their school and maintain their friendship circle. Although this causes families to split up, it is often less stressful than having older children sharing the small space allotted to families in shelters. But for the child left behind and the family housing him, stress increases rapidly and the situation often ends with the “extra” teenager moving out. Thus begins a cycle of *couch surfing* (sleeping wherever they can, often moving from one house to another each night) which leads to chronic homelessness.

Young people who run away from home or are forced to leave by parents or guardians have few options. Under Indiana law, unaccompanied minors are status offenders—juvenile criminals. Living on one’s own when under the age of 18 is a juvenile offense in Indiana, unless the minor has been legally emancipated. There are only two crisis shelters for youth in Marion County, and according to Indiana statute, shelter staff must contact the Indiana Department of Child Services within 72 hours of the child’s arrival. Indiana law makes it very difficult for runaway or “throwaway” youth to find help.

There is a common myth that young people are lured to the streets by the promise of excitement and independence. In reality, they do not run to the streets, but rather, run from violent or abusive situations.

Research suggests that children who are victims of violence are more likely to be violent themselves when living on the street because they learned antisocial and violent behavior at home.⁹⁻¹¹

Other research has found that “throwaways” are more likely to engage in self-destructive behaviors such as suicide attempts, participating in criminal activity, and substance abuse.¹²

One thing is certain, until we address the issue of homeless children and youth in Marion County, we will continue to have a steady stream of young people who become homeless adults. And given the high incidence of emotional and mental problems they acquire while growing up, they will become among the most difficult-to-treat homeless adults.

One successful response

One organization in Indianapolis, Outreach, Inc., offers assistance specifically to homeless youth through the G.O.A.L. program.¹³ Because of legal constraints, they limit their contact to youth who are high school age, and work with them until the age of 25. In addition to helping young people study for and obtain a GED

(general educational development) test and develop skills to help them enter the workforce, they work with homeless and unaccompanied youth enrolled in the Indianapolis Public School system, providing them with the wraparound services needed to empower these youth to remain in school and complete high school. For those whose educational needs extend beyond a traditional setting, Outreach, Inc. staff will explore alternative educational options. Outreach, Inc. provides food and clothing, laundry and shower facilities, hot meals, and intensive case management, as well as advocacy within the school system.

Outreach, Inc. holds a graduation picnic at the end of each school year where the graduates, their friends and family, and

Outreach, Inc. staff and volunteers come to help celebrate their perseverance in overcoming tremendous obstacles and achieving success. “This is a family celebration. For a lot of the kids, we are their family,” a former board member explained.

Outreach, Inc. caseworkers serve in a parental role, “helping teens with everything from filling out student aid forms to

dealing with difficult family situations. [Outreach is] a bridge from the kid to the school.”¹⁴ Each year about 80 percent of the students participating in the G.O.A.L. program continue their education beyond high school at area colleges or technical schools. They depend on scholarships and jobs to get through school—just like many of their housed counterparts. For young people who did not expect to finish high school, and who did not know at times whether they would have food or clothing, attending college means they can begin working their way out of poverty.

A review of case management files at Outreach, Inc. revealed that during the 2007-2008 school year, the average age of young people on their caseload was 19, and their ages ranged from 14 to



25. There are between 65 and 80 receiving case management services at any given time, and the length of time they have been homeless ranges from 1 month to over 5 years. According to interviews conducted by Outreach staff, some have survived on the streets for so long, they cannot remember when they first became homeless. About half of these youth are either couch surfing or living on the streets full time. About half have some type of disability, have been physically abused, and/or have been in the foster care system. But only 4 of 72 received any type of special education services while they were in school prior to their involvement with Outreach.

At the time they came to Outreach for help, seven had graduated from high school, and one was an honor student at IUPUI. Eighteen were still in public school, but 37 did not attend school any longer even though they were school-age.

Perpetuating the problem

In light of current economic conditions and the after-effects of subprime lending practices, the number of homeless children is expected to continue increasing. More middle class families are losing their housing than ever before. With economic crises comes increased domestic violence, alcohol abuse, and family disruption, which means more children are likely to leave home to escape physical or mental abuse.

Like their working poor counterparts have done for many years, more middle class families are moving in with relatives and friends as they struggle to make ends meet. While doing so provides a temporary place to live for a family that otherwise would have to go to an emergency shelter or hotel, it puts both families under tremendous emotional and financial stress, and often ends with the temporary family being asked to leave. As families move from one home to another and children become separated from their parents, the increasing mobility exacerbates their problems.

Poverty is becoming suburbanized as the working poor and middle class are lured away from the city by the promise of home-ownership in outlying areas. But as foreclosures and a stagnant economy continue to displace families, more and more children will be fending for themselves. Those who come from the poorest families or have mental illness face especially grim prospects.

As the number of families and individuals experiencing homelessness increases, there is likely to be an increased strain on the entire community—on the emergency shelter system due to longer stays, and on the social service sector due to increasing incidence of domestic violence, substance abuse, divorce, and a myriad of other social ills. The number of runaway and throw-away children and youth is also likely to continue an upward trend, further straining area school and juvenile justice systems.

If we ignore the problems of homeless children and youth in Marion County and fail to develop adequate systems to integrate them into the larger social system and keep them there, we will maintain a steady supply of homeless adults as these youth get older and raise their children in poverty and homelessness. In Indianapolis, some homeless people were born into homelessness and do not know any other way of life. Some are 5th and 6th generation members of homeless families who have no concept of home, extended family, or stability. The longer this issue remains unaddressed, the worse the problem becomes.

Thoughts for policymakers

On July 1, 2008, a new statute became law that allows minors to seek services from shelter providers. Successful implementation of this law will require informing and educating school administrators, counselors, and nurses (among others) about the change and implications for their ability to serve students in their schools.

Doctors, employers, and others who come into contact with this population will also need to be informed and educated so that they will offer assistance when they discover a need. Assuming this new law is implemented in a way that is compatible with its intent, shelters must be prepared and equipped to deal with unaccompanied minors and all the issues that come with adolescent homelessness.

As the Indiana Department of Child Services takes on the daunting role of caring for homeless minors, policymakers must ensure that appropriate services are offered in order for them to make needed referrals. Indiana law currently allows medical treatment without parental consent for people as young as 14, but without medical insurance or demonstrated ability to pay, providers are reluctant or unwilling to provide medical care.

Other legal barriers that need to be addressed may include revisiting the definition and/or scope of CHINS (Child In Need of Services) statutes.

However, the new laws are still inadequate as they ignore some important aspects of this problem. We need to develop systems of outreach to identify and assist children who are homeless or at risk of becoming homeless. Currently, schools are charged with including homeless children in their child-find efforts, and some do a fairly good job of reaching out. But schools cannot assume the responsibility alone. Funding for youth shelters and group homes equipped with appropriate staff and facilities to provide needed services such as mental health counseling, medical and dental care, homework assistance, mentoring, and college prep assistance are needed to get homeless youth integrated into the larger society.

Many schools fail to take the McKinney-Vento laws seriously or have not been able to fulfill all the requirements because of budget constraints. In Indiana, each school corporation is

required to have a liaison who is responsible for connecting homeless students with local services. However, these liaisons are often people who “wear so many hats” they have neither the time nor knowledge of local service systems to handle the responsibility effectively. Often, the school liaison is inadequately informed about what his or her responsibilities are. Each school corporation must be held accountable for meeting the requirements of the McKinney-Vento Act. They need to appoint or hire a person who has the time and skill to work with local shelter providers and families to ensure that the best interests of homeless children and youth are considered in all cases. This liaison is needed not only to help homeless students, but to engage the community in doing the same.

Without recognition of the deleterious effects of child and youth homelessness on entire communities, this condition will continue to reduce opportunities for economic advancement for many Indiana cities and towns.

Notes

1. National Coalition for the Homeless estimates. See pages 3-4 of this report for a detailed explanation of the methods used for estimates.
2. MacLean, M.G., Embry, L.E., & Cauce, A.M. (1999). Homeless adolescents' paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology*, 27, 179-187.
3. MacLean, *ibid*.
4. McKinney-Vento Education for Homeless Children and Youth Act Title X, Part C, of the No Child Left Behind Act January 2002.e. See guidance document on line at <http://www.ed.gov/programs/homeless/guidance.pdf>
5. Wright E., Littlepage, L., & Federspiel, C. (2007, July). *Serving the Homeless Could Save Taxpayer Dollars*. Indiana University Center for Health Policy. Available from http://www.policyinstitute.iu.edu/PubsPDFs/251_Homeless.pdf.
6. MacLean, *op. cit*.
7. National Coalition for the Homeless. (2007, August). *Education of Homeless Children and Youth*. NCH Fact Sheet #10, August 2007. National Coalition for the Homeless. Available online from <http://www.nationalhomeless.org/publications/facts/education.pdf>.
8. To qualify for free school lunches for their children, families must meet federal guidelines for annual income per number of family members. The family income must be no more than 133% of poverty level for free lunches or 185% of poverty level for reduced price lunches. In 2008, a family of four (two adults and two children) could make no more than \$27,560 to qualify for free lunch. Guidelines are adjusted annually.
9. Baron, S.W. & Hartnagel, T.F. (1998). Street youth and criminal violence. *Journal of Research in Crime and Delinquency*, 35, 166-192.
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12. Ringwalt, C., Greene, J., & Robertson, M. (1998). Familial backgrounds and risk behaviors of youth with throwaway experiences. *Journal of Adolescence*, 21, 241-252.
13. G.O.A.L. (Graduation, Occupation, Address, Lifestyle) G.O.A.L is a collaborative effort between Outreach, Inc. and Indianapolis Public Schools with funding from the Indiana Dept. of Education.
14. *Indianapolis Star*. (2008, June 10). 12 More Cross the GOAL Line. Section B, page 1. Indianapolis, IN.



CENTER FOR HEALTH POLICY

Indiana University Center for Health Policy

The Indiana University Center for Health Policy is a nonpartisan applied research organization in the School of Public and Environmental Affairs at Indiana University–Purdue University Indianapolis. Researchers at CHP work on critical policy issues that affect the quality of health care delivery and access to health care. The Center for Health Policy is part of the Indiana University Public Policy Institute.

The Center for Health Policy has an ongoing research interest in homelessness and in other social issues that affect community health and quality of life. CHP organized the Indianapolis Homeless Counts in 2007 and 2008 and will organize the annual Indianapolis Homeless Count in January 2009 as well as a summer count in 2009.

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