

June 2011

# Mentoring: Combating Vulnerabilities of Homeless Children

Julia Lane Mitchell

Follow this and additional works at: <https://digitalcommons.unf.edu/fphr>

 Part of the [Public Health Commons](#), and the [Social and Behavioral Sciences Commons](#)

## Recommended Citation

Mitchell, Julia Lane (2011) "Mentoring: Combating Vulnerabilities of Homeless Children," *Florida Public Health Review*: Vol. 8 , Article 13.

Available at: <https://digitalcommons.unf.edu/fphr/vol8/iss1/13>

This Article is brought to you for free and open access by the Brooks College of Health at UNF Digital Commons. It has been accepted for inclusion in Florida Public Health Review by an authorized administrator of UNF Digital Commons. For more information, please contact [Digital Projects](#).

© June 2011 All Rights Reserved

# Mentoring: Combating Vulnerabilities of Homeless Children

Julia Lane Mitchell, MD

---

## ABSTRACT

*Homeless children are at risk for numerous health maintenance, academic performance, job preparedness, and emotional well-being issues. The effects of poverty multiply with time, posing greater risks the longer children are entrenched in homelessness. Expansive, holistic programming can address the special needs of homeless children. One-on-one mentoring offers a viable strategy to prevent morbidity emanating from homelessness by providing personal attention, encouragement, and affirmation to these vulnerable children, who with time, may develop a more defined self-identity that results in motivation and success.*

*Florida Public Health Review, 2011; 8, 66-67.*

---

## Background

All children are vulnerable. Moreover, all are dependent on caregivers to provide their basic needs, to introduce them to a framework of life, to protect them from danger, and to affirm their uniqueness. However, some children are more vulnerable than others to disease, violence, illiteracy, academic failure, job unpreparedness, and mental discord. Social determinants of health provide insight into the disparities and inequities plaguing the more vulnerable populations of children: availability of quality housing, food and water supply, education, and childcare; access to these resources through reliable transportation and flexible parental work schedules; and ability of parents to provide individual stimulation and encouragement to children influence whether these children thrive.

Arguably, homeless children represent the most vulnerable population. In the context of a home, children learn identity, responsibility, and purpose. Without a home, children are introduced to an external stress that exponentially expands and exposes them to insecurity of food, healthcare, and school and work readiness.

Nationally, more than 1.5 million children are homeless in a given year, three-fourths of whom were concentrated in 11 states during 2005-2006. Eleven percent of impoverished children are homeless (National Center on Family Homelessness, 2009). These statistics account for children living in emergency and temporary shelters as well as those at risk for homelessness; however, statistics may fail to consider all children living in sub-par housing. Thus, the problem of housing may be even greater than the statistics suggest because many impoverished children live in unsound, unsafe housing units. Moreover, these numbers represent

a static moment. Because the homeless population is transient, these numbers may be significantly inflated at any point in time (Redlener, 2005).

On a national level, most homeless children have experienced the instability of moving from house to house and school to school. For older children, the disruption of a move during the school year can negatively impact learning and school performance as well as peer relationships, and thus, these children are more at risk for school failure and emotional disturbances. In fact, almost 50% of school-age homeless children struggle with anxiety and depression. Additionally, one-fourth or more of homeless children have seen violent acts first-hand; thus, these children are at risk for becoming victims of violence and/or being violent themselves. Furthermore, 22% of homeless children experience separation from their families, placing them at risk for emotional disturbance as well (National Center on Family Homelessness, 2009).

Florida has nearly 50,000 children without a home during the year - approximately 21,000 of whom are under age 6. Florida ranks 43rd in child homelessness when considering number affected, welfare of those affected, risk of becoming affected, and state policy regarding those affected. When considering the number alone, Florida ranks 46<sup>th</sup>. In reference to welfare, with sub-categories of health, education, and food security, Florida ranks 36<sup>th</sup>. The racial/ethnic make-up of impoverished children in Florida (not necessarily homeless) is 42% white, 33% black, and 24% Hispanic (National Center on Family Homelessness, 2009).

Inflation of numbers at the state level (and perhaps, other levels) was secondary to displacement from the hurricanes of 2005; in the midst of the current financial debacle, the rates of homelessness are likely to rise even further (National Center on Family Homelessness, 2009).

*Florida Public Health Review, 2011; 8:66-67.*  
<http://health.usf.edu/publichealth/fphr/index.htm>

66

Homelessness causes these children to be more vulnerable physically, mentally, and emotionally. With reference to health issues specifically, homelessness puts children at a higher risk for asthma, emotional stress, and overall health dysfunction. Homeless children are three times as likely to have chronic health problems as their middle class peers (National Center on Family Homelessness, 2009).

Obviously, the children are exposed to stress and disparities, but the effects can multiply with time, creating more barriers the longer the children are enmeshed in poverty and an at-risk environment. Thus, early intervention is critical to help vulnerable children combat the struggles of academic failure and job unpreparedness (Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998). Indeed, these children thirst for affirmation, attention, and acceptance.

One-on-one mentoring offers a unique opportunity to engage and encourage children. It provides venues for growth and exploration that otherwise may not be available for these vulnerable children and provides consistency in a chaotic world. Indeed, a meaningful relationship with a mentor can be an impetus toward resilience for a child facing poverty or homelessness (Anooshian, 2000).

Mentors may make a positive impact on children's lives socially, behaviorally, and academically. Natural mentors are adults who provide a positive influence on children in the environment in which the child lives and plays and not through a formal program (Dubois & Silverthorn, 2005). However, formal mentoring programs play an essential role, especially for children who do not connect well to their teachers or adults in their immediate surroundings.

Homeless children are at risk for depression, delinquency, and academic failure (Zima, Wells, & Freeman, 1994). Indeed, comprehensive programs are needed to address all of the struggles faced by homeless children (Dubois & Silverthorn, 2005). Holistic medical care with preventive services is needed. However, one-on-one mentoring can be a starting ground for children to grow and learn. Children can begin to share their feelings and can get assistance with their homework. They can learn to value themselves and others.

Of course, building a mentoring program for such children is full of challenges. Homeless children and those at risk for homelessness are a transient population; thus, frequent moves prevent the consistency of a formal mentoring relationship needed for a prolonged impact. Indeed, effective mentoring often correlates with the length of the relationship; those paired for a longer time period often benefit more (Dubois & Silverthorn, 2005). Also, recruiting mentors is challenging, as high school and college students have competing

commitments. Young adults can comprise a transient population as well with moves to pursue new jobs or further schooling. Partnering with an existing organization may be helpful in planting seeds for future growth in a new development.

Homeless and impoverished children need positive influences to help them overcome obstacles. One-on-one mentoring provides vulnerable children with a nurturing relationship that ensures stability, consistency, and encouragement. If initiated among young children, mentoring may blunt some of the cumulative effects of poverty and homelessness. One-on-one mentoring warrants more investment to prioritize our vulnerable children.

## References

Anooshian, L.J. (2000). Moving to educational success: building positive relationships for homeless children, pp. 79-98. In: Strong, J.H., & Reed-Victor, E. (eds.), *Educating homeless children: Promising practices*. Raleigh, NC: Eye on Education.

Coll, C.G., Buckner, J.C., Brooks, M.G., Weinreb, L.F., & Bassuk, E.L. (1998). The developmental status and adaptive behavior of homeless and low-income housed infants and toddlers. *American Journal of Public Health*, 88(9), 1371-1374.

Dubois, D. & Silverthorn, N. (2005). Natural mentoring relationships and adolescent health: evidence from a national study. *American Journal of Public Health*, 95(3), 518-524.

National Center on Family Homelessness. (2009). America's youngest outcasts: state report card on child homelessness. Newton, MA. Retrieved June 24, 2011 from [www.homelesschildrenamerica.org](http://www.homelesschildrenamerica.org).

Redlener, I. (2005). Homelessness and its consequences. In Cosby, A.G., Greenberg, R. E., Southward, L.H., & Weitzman, M., (eds.), *About children: an authoritative resource on the state of childhood today*. Elk Grove Village, IL: American Academy of Pediatrics, pp. 42-45.

Zima, B.T., Wells, K.B., & Freeman, H.E. (1994). Emotional and behavioral problems and severe academic delays among sheltered homeless children in Los Angeles County. *American Journal of Public Health*, 84(2), 260-264.

Julia Lane Mitchell ([julialanemitchell@gmail.com](mailto:julialanemitchell@gmail.com)) wrote this paper while a 3<sup>rd</sup> year pediatrics resident at the University of Florida College of Medicine, Jacksonville, FL. She is joining a private practice in Clarksdale, MS, in August 2011. This paper was submitted to the *FPHR* on June 3, 2011, revised and resubmitted, and accepted for publication on June 25, 2011. Copyright 2011 by the *Florida Public Health Review*.