UNDERSTANDING MOTHERS EXPERIENCING HOMELESSNESS

A gendered approach to finding solutions for family homelessness
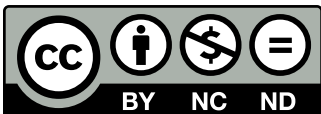
Katrina Milaney, Kaylee Ramage, Xiao Yang Fang & Marilyn Louis

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How To Cite This Document:

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The following report examines social experiences for mothers and children who are experiencing homelessness in two shelters and one housing program in Calgary, Alberta. Currently, much of the research on homelessness and what works for supporting individuals into sustainable housing comes from research on the single, adult, male population.

This study provides evidence to better understand how families become homeless, and the experiences of mothers and children as they move within various public systems while dealing with a history of violence, trauma, and poverty.

We conclude with several recommendations, from an asset- or strength-based approach, to reduce structural barriers, bridge gaps between public systems, increase access and availability of supports and ensure cultural supports and trauma-informed care is at the root of interventions for vulnerable women and children.

ON ANY GIVEN NIGHT ACROSS CANADA, THERE ARE APPROXIMATELY 35,000 PEOPLE EXPERIENCING HOMELESSNESS (GAETZ, DONALDSON, RICHTER, & GULLIVER, 2014).

In Calgary, according to the 2014 Point-in-Time count, there are more than 3,500 people each day without a permanent address. Of those, 859 are women and 209 are families; these families include 284 children. However, there are an additional 14,000 Calgary households at imminent risk of homelessness (Calgary Homeless Foundation, 2014). Families are a minority sub-group of the homeless population; however, homelessness for families is increasing. According to Segaert (2012), there was a 50% increase in families' average length of stay in shelter and total numbers across Canada between 2005 and 2009. Women make up approximately 25% of the adult homeless population, but they are the majority of lone parents in families experiencing homelessness (Calgary Homeless Foundation, 2014). Homelessness for women and families is particularly complex because of the presence of children and gender-specific vulnerabilities.

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(Calgary Homeless Foundation, 2014).

25%
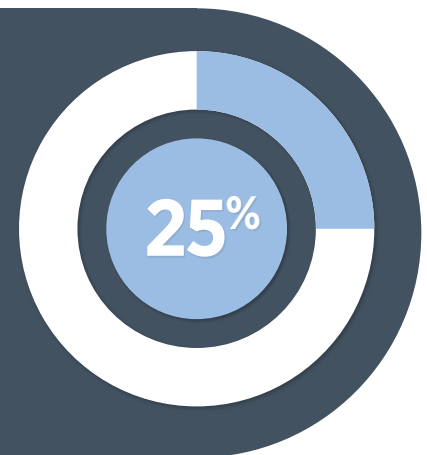
PTSD > 36%

Depression > 50%

WOMEN EXPERIENCING HOMELESSNESS HAVE HIGH RATES OF POST-TRAUMATIC STRESS DISORDER (36%), MENTAL HEALTH ISSUES LIKE DEPRESSION (50%) (BASSUK, VOLK, & OLIVER, 2010) AND REPORT HIGH RATES OF SEXUAL EXPLOITATION, VIOLENCE, AND ASSAULT (PARADIS & MOSHER, 2012), WHICH RANGED BETWEEN 37%-89% (HOMES FOR WOMEN, 2013).

Sexual exploitation, violence, and assault > 37-89%

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

Risk factors, or pathways for homelessness, are typically a combination of individual and structural factors (Tutty et al., 2013). Individual factors include family violence, mental health issues, substance use, low income, under or unemployment and a lack of social supports. Structural issues include a lack of affordable and appropriate housing options, and public policy that creates barriers for those on the margins.

Family violence, separation or divorce are risk factors that impact women and families in particular (Tutty, et al, 2013; Broussard et al., 2012; Paradis, Novac, Sarty, & Hulchanski, 2008; Barrow & Laborde, 2008; Bassuk & Rosenburg, 1988; Bassuk et al., 1997; Shlay, 1994). While each individual or family's experience is different, the level of vulnerability and complexity of support needs is usually the result of the combination and cumulative effects of these factors (Frankish, Hwang, & Quantz, 2005).

In 2007, the Sheldon Chumir Foundation estimated that emergency responses to homelessness like police, emergency medical services and emergency room visits costs Canadian taxpayers approximately $4.5 to $6 billion every year.

Gaetz, Donaldson, Richter and Gulliver (2014) argued that emergency responses to homelessness are expensive and ineffective because without permanent interventions to end homelessness, individuals -- including children -- will continually cycle through expensive public systems. Also, their physical and mental health will deteriorate the longer or more often they are homeless. Homelessness also increases the likelihood of an early death (Frankish, Hwang, & Quantz, 2005).

MUCH EXISTING RESEARCH ON WOMEN AND HOMELESSNESS FOCUSES ON THE HEALTH OUTCOMES OF MOTHERS AND THEIR CHILDREN, AND SHOWS ADVERSE PERINATAL OUTCOMES INCLUDING LOW BIRTH WEIGHT, PRE-TERM DELIVERIES, INCREASED RISK FOR ANXIETY, DEPRESSION, DEVELOPMENTAL DISABILITY IN CHILDREN AND HIGH RISK FOR MULTIPLE EPISODES OF HOMELESSNESS FOR THE FAMILY (LITTLE ET AL., 2005).

The literature extends beyond mothers into research on the effects of trauma and familial stress on children and their development. In particular, exposure to violence and homelessness is argued to lead to social isolation, poor school performance, disability and future unemployment (Anooshian, 2005; Benbow, Forchuk, & Ray, 2011; Culhane, Metraux, Park, Schretzman, & Valente, 2007; Gully, Koller, & Ainsworth, 2001). Evidence also suggests that children born into homelessness are at high risk of homelessness as a second generation (Buckner, Beardslee, & Bassuk, 2004; Rafferty & Shinn, 1991).

Indigenous families can have particularly complex needs as they are often affected by intergenerational trauma, due to the political and structural impacts of colonization such as the "sixties scoop'" and residential schools (Ruttan, LaBoucane-Benson, & Munro, 2010). In addition, they may need particular cultural supports and/or support staff with competency in providing culturally safe and appropriate services (Thurston, Oelke, Turner, & Bird, 2013). New immigrants and refugees are often fleeing violence, have experienced deep and profound trauma in their home countries and often experience cultural and language barriers once arrive in Canada (Papageorgiou et al., 2000). According to the Centre for Addiction and Mental Health (CAMH), the number of immigrants and refugees accessing youth and family shelters has been steadily increasing (CAMH, 2014).

Some researchers discuss the ways in which risk factors intersect and exacerbate risk for homelessness. For example, lone parent mothers from minority groups and/or who have a mental health issue face increased barriers to housing access due to racism and stigma (Bassuk & Rosenburg 1988; Benbow, Forchuk, & Ray, 2011). Other researchers connect limited social support or exposure to violence with increased risk of mental or physical health problems (Tischler, Edwards, & Vostanis, 2009; Vostanis, Tischler, Cumella, & Bellerby, 2001).

WHILE THERE IS RESEARCH TO SHOW THE PATHWAYS AND RISK FACTORS FACED BY WOMEN AND FAMILIES, THERE IS LIMITED LONGITUDINAL RESEARCH IN THE HOMELESSNESS LITERATURE ON SOLUTIONS.
In other words, there is a need to develop evidence-based approaches reflective of gendered experiences of homelessness to support lone parent women and their children into sustainable change and opportunities for healthy futures. Given the high rates of female lone-parent families accessing services and the high rates of violence, exploitation and victimization that women face, a "gender lens" is required to develop appropriate supports (Homes for Women, 2013). Applying community-based supports without acknowledgement of "gendered experiences," or taking a "gender neutral" approach, can actually exacerbate emotional and mental distress (Milaney, 2013). The women's complex experiences, interventions and the policies that guide them need to be re-framed within broader social-economic and structural barriers, such as a lack of housing, inadequacy of government financial benefits, racism and multi-generational vulnerability in order to be substantive and sustainable. Thus, there is a need to challenge responses developed primarily for adult single males and to propose an approach for women and their children that is reflective and inclusive of the gendered experiences of trauma as a root cause of homelessness.

This study took up a qualitative approach to examine the experiences of family violence and systems used by families experiencing homelessness, in order to identify changes to service delivery and public policy within a gender appropriate approach. The research question for this study is: How do women understand the complexities related to their experiences of family homelessness, violence, and the influence of services and policy on their life trajectories?

The women's complex experiences, interventions and the policies that guide them need to be re-framed within broader social-economic and structural barriers, such as a lack of housing, inadequacy of government financial benefits, racism and multi-generational vulnerability in order to be substantive and sustainable.

METHODS

This project was grounded in critical social theory (CST). CST is an appropriate approach for complex social issues as it attempts to connect individual issues to each other and to structural issues of power, exclusion, and ideology (Agger, 2006). Some post–modern critical researchers argue that taking a critical approach to examinations of women's experiences adds a level of sophistication to the analysis of complexity and vulnerability that non-critical approaches cannot (Titchkosky, 2007; Milaney, 2013). Critical research that examines structural barriers and the implications of power differentials can help us to understand inequities in service delivery and policy development for people considered vulnerable. This elevates the discussion away from "problems with individuals" and the resultant simplistic responses, and moves towards problems with public systems and therefore, more holistic responses.

Critical research that examines structural barriers and the implications of power differentials can help us to understand inequities in service delivery and policy development for people considered vulnerable.

Our approach allowed a complex examination of the experiences of mothers who experience homelessness through an exploration of multiple experiences of marginality (Thomas, 2007). By using this lens, we have opportunity both to understand "how things are" and therefore create alternatives for how things "could be," particularly useful for challenging "status quo approaches" and to propose alternatives to public policy and service delivery (Milaney, 2013).

The current study included retrospective qualitative interviews with women experiencing homelessness and a group interview with service providers from family shelters. The qualitative interviews focused on understanding of, and responses, to homelessness among women and their children. This approach allowed both historical and current data to be examined. An advisory committee comprised of four community partners, and a representative from the Alberta Ministry of Human Services, provided expert feedback and advice throughout the project. This community-engaged approach was chosen as inclusion of community partners on the research team helps bring diverse skills and abilities to the inquiry process (Denzin & Lincoln, 2011). We also hosted a group member check with seven mothers currently living in a short-term housing program with their children to share preliminary findings and seek their advice and feedback. This group discussion was very helpful in developing recommendations for changes to public policy and service delivery.

INTERVIEWS

Retrospective qualitative, semi-structured interviews with 15 mothers were conducted to determine childhood experiences of homelessness, family violence, low income, mental health and/or substance use issues. Interview questions included information about historical patterns of health and justice system use, and child welfare involvement. Retrospective interviews were chosen as this approach allowed an examination of past histories. Some researchers, such as Morse (2011, p. 411), argue that a retrospective interview about "significant events... is often a more effective design than repeating interviews throughout the event," primarily because participants have had time to think, reflect and learn what effect the incident had on their lives (Morse, 2011). Several community-based organizations supporting families experiencing homelessness were invited to participate. Interviews were conducted in two shelters and one short-term housing program for women and children as these organizations helped to recruit interview subjects. A group interview was conducted with nine staff members who work in the same agencies to gain insight and expertise on current gaps in the system, and to capture ideas for potential solutions.

SAMPLING

Women were recruited from shelters via posters inviting them to volunteer to participate in an interview. Inclusion criteria included: currently staying in a family shelter; having been pregnant and/or had children with them within the last five years while experiencing homelessness; and being over 18 years of age. Women called the research team directly to set up an interview and received a $50 gift card to a grocery store for their time.

A small purposive sample of agency staff who work directly with women and children were invited to the group interview via email. Staff, who had varying years of experience and levels of expertise, were currently working in a family shelter or housing program.

ANALYSIS OF DATA

Qualitative interviews were analyzed using an iterative process to interpret the data including: a) reading and memoing to identify potential themes, b) descriptions of participants and their experiences of homelessness and c) classifying the data into themes (Gay & Airasian, 2003). The research team individually went through interview transcripts and highlighted key themes. The team then met as a group several times to discuss and compare learnings. This process led to the development of potential themes. These themes were shared with the member group, advisory committee and staff in the group interview for further thoughts and discussion. The final themes emerged from this iterative process.

In total, 15 mothers were interviewed regarding their experiences with homelessness and being a mother in the shelter system. The majority of mothers who volunteered for interviews were immigrant or refugee mothers. Several themes emerged regarding their experiences, including their pathways into homelessness, the barriers to stability, their experiences in the shelter system, involvement with Child & Family Services (CFS) and the immigration system, identity, resiliency, and moving forward.

PATHWAYS TO HOMELESSNESS

We identified several pathways into homelessness including, immigration issues, lack of social supports and living with low–to-no income. Having and supporting children, especially when leaving an abusive situation to keep their children safe, was also identified as a trigger for homelessness. Violence was a key initiating factor into homelessness and into other pathways; if a woman was a victim of abuse (especially intimate partner violence), she often found herself without financial support and with strain on employment because of the need for childcare or other supports for her children, for whom she was now completely and independently responsible.
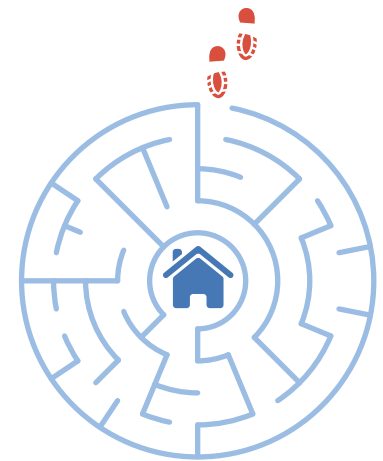
Violence

Violence was experienced by the women in a variety of ways: intimate partner violence, familial violence during childhood and adulthood, and structural violence. Many of the women indicated that they had experienced intimate partner violence at some point in their lives, often from the father of their children. Emotional or physical abuse was identified by several women as the reason they had become homeless, since they needed to find a safe space for themselves and their children and had limited options for sustainable housing on their own. Several of the women indicated they had limited contact with their abusive partners but had continuing concerns for their safety.

> *"It was rocky. Yeah, it was a lot of domestic violence…it was a lot of [Child and Family Services] with us … the boys would be four times there … so this last time they were in care for about a year and a half … It was stressful."*

Intimate partner violence was seen as a clear pathway into homelessness as women were seeking safety. They often put their children first, recognizing that they wanted to be together, even if it meant becoming homeless.

> *"I had nowhere to go except [to] go back to my husband and I didn't want to do that. Emotionally unsafe ... I went down [to the SORCE] and talked to them ... 'cause I really had nowhere to go and I think I broke down and then they told me to check out [Inn from the Cold]."*

One woman talked about her experiences of sexual and physical abuse during childhood. When she tried to voice her experiences to a family member, they treated her with disbelief and caused her to leave the community and her social network behind to go stay with other family.

> *"She'd tell me to quit lying or stop lying or quit saying that, [because] it's not true ... She would beat me so bad to the point where I'd be getting my hair pulled and thrown against the wall. And you know I started getting raped like ongoing so I thought I was normal and I stopped telling my mom 'cause every time I told her, I'd get the beat."*

Another woman discussed emotional abuse at the hands of her mother because of cultural norms and expectations when she wanted to leave her physically abusive husband. She said that when she approached her mother to tell her she was leaving him, her mother called her a "whore" and told her she was a disgrace to her family and her community. She was told to "give him his children back" so that she would not bring the same shame to her children. Violence from persons in authority was also present in the women's stories, instilling fear in them regarding their safety and their rights within their own communities and countries.

> *"When I'm small, the Ethiopian government is sometimes they come my house and beat my father and my big brother."*

IMMIGRATION

Immigration issues were a common pathway into homelessness for the women interviewed. Issues with sponsorship when women left their abusive partners prevented women from continuing the citizenship process or obtaining a work visa. This limited their ability to find work and to make enough money to obtain and sustain housing and other necessities.

> *"After I come here ... I tried to rent. Rent too expensive for me with my two boys. The apartment almost over 1,200 ... I can't afford ... I try to apply Calgary Housing. I lose some document like confirmation of immigration ... The Calgary Housing didn't accept me, my application. I don't have any choice. That's why the reason, I've never been homeless my entire life."*

Issues of intimate partner violence were made more complex when women had been sponsored by their partners.

> *"I cannot work, I'm not allowed to work. I'm not eligible for any help right now. Even the children ... their health card is not working, they don't receive the Canada Child Tax Benefit. Everything, they don't receive everything since April last year and their father is not even giving child support. Even though I already have the court order ... cause he wants me to get deported and he wants to get the kids from me."*

Being controlled by their exes who would refuse to give them their papers if they left was a troubling issue. Women often tried to stay with their partners so that they could complete the sponsorship process and get their citizenship or visas. However, this was often not an option due to threats to their safety. This meant that their partners stopped the sponsorship process. Immigration matters were often complicated by the fact that their children were Canadian citizens and they were not. One woman talked about her abusive partner leaving her with her two kids and thinking that she would come back to him when her work permit expired.

> *"He said if you come back to me, we get together again and I will include you in my permanent residency application ... I said no, I can process my own ... Since he left these kids, he never buy anything for them. He never give anything for them. He never ask where are they living or they have a house to stay or they have food. These kids are just lucky they have a strong mom."*

LACK OF SOCIAL SUPPORTS

Women with limited social networks were also vulnerable to homelessness. Small social networks are a potential result of abusive relationships, where women are isolated from external supports. In their interviews, women described staying with their friends for short periods of time (i.e., couch surfing) before going to the shelter. In some ways, becoming absolutely homeless (i.e., staying in shelter) was a way to keep their social supports from breaking completely as they were worried about permanently damaging relationships because they had become dependent on their support.

Some of the women indicated that they had limited connections with their families and that their families did not know that they had become homeless. These women did not have a strong social network to fall back on when they needed it, leading them into homelessness.

> *"I actually was at my mom's house but we don't have a very good relationship so that's why it [shelter] was my last resort."*

FOCUS ON FAMILY

Many of the women noted that focusing on their children's needs was a contributing factor to their homelessness. One or two events would have made the difference between being able to pay the rent and becoming homeless. For example, one woman lost her job because she had to take time off to take care for her sick son. Without savings and the ability to work, she and her son became homeless. Another woman discussed needing extra space and safety for her children, resulting in higher housing costs than would be required by a single adult. Another woman discussed how she and her three children were "doing good" when she was working two jobs, but eventually the strain of being a single parent became too much.

> *"I had everything going. I don't know what happened. Maybe all the stuff I was going through with my ex kind of triggered something, all the put downs, it just made me so not motivated … I would believe him. And that's when everything went downhill, like I just gave up."*

BARRIERS TO STABILITY

STRUCTURAL

A lack of available, affordable housing in Calgary was discussed as a key reason for women's continuing homelessness. Most of the women had limited employment options, especially with the complexities that they had faced in terms of trauma and/or immigration. Several women had reported being on the waitlist for subsidized housing, but said that they were not high enough acuity to get housing or that the waitlists were too long.
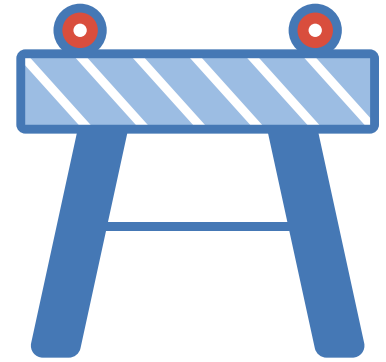
> *"I try to find the apartment but it's too expensive. The small money I had, I can't afford a $1,200 like if you work labour job with the two boys you are low income, you need the low-income subsidy house. I try to apply, the Calgary Housing they didn't accept my application. I didn't have any choice."*

Other women talked about not having the education to obtain employment with a sufficient wage. In order to become a sustainable breadwinner for their family, many of the women needed to upgrade or get additional education; however, this was not possible without financial supports to pay for tuition and/or childcare for when they were in school.

> *"I've tried to apply for AISH a year ago but apparently my diagnosis wasn't, I didn't get accepted. I am on Alberta Works which is only a limit right so I'm trying to not only get the help for my mental illness and search for part time work. It's been hard."*

Long wait times for necessary documentation and immigration were also seen as a barrier for transitioning out of homelessness. Women were often restricted from working due to their immigration status or lack of a work permit, whereas with it, they could afford to move out on their own. Another woman indicated that not having status affected her ability to receive services.

> *"They cannot help me because I don't have status. They said they will call me if there's something they can do because I don't have status … they say because the funding is coming from the government, I should have my status."*

Several of the women described their experiences with the child welfare system. They discussed feeling powerless and needing to prove their "worth" regarding their ability to care for their children. The women said that if they did one thing wrong, they could lose their children.

> *"Well, I wish it was just a journey but it's not. Now I gotta work like twice, three times as hard just to see my kids, just to prove to them that I'm a fit mom."*

Another woman said:

> *"I got put on medication when I was diagnosed with my mental illness and I was abusing it ... the more I was taking, the more aggressive I got towards my kids and I started lashing out on people to the point where I was getting evicted. Yeah, so Children Services stepped in and asked me what I wanted to do and I said, 'Well, I want to give my kids to their dad, to their father 'cause I don't want to lose them through Children Services, right.'"*

Other women discussed the inter-generational impacts of trauma and child welfare involvement.

> *"I grew up in foster homes. There are times that I lived with my granny like she raised me like most of my life and my mom too like it was like a cross between her and my mom. Like I didn't stay in foster homes for very long, just like you know like a couple months here, a couple months there. I've stayed in group homes before. I've been like sexually abused and everything. I lost a lot of really close family members growing up so I had a pretty hard like childhood watching people drink, do drugs in front of me. Yeah, just, it was a pretty tough childhood."*

Some women also discussed issues they faced while trying to access supports for their children through Family Supports for Children with Disabilities (FSCD). Many of the women knew or felt that their children had learning and behavior differences. These issues were exacerbated by being in a shelter, moving back and forth into different housing situations, and having to change schools based on where they were living.

LACK OF INFORMATION

Most of the women had caseworkers in their shelter who supported them while looking for mental health resources, counselling for themselves or their family, housing, access to grants or immigration information, and more. However, even with this support, many of the women did not know all of the resources and services that were available to them. Many women felt trapped in homelessness because of the multiple systems they had to navigate to deal with each "issue." For example, the women talked about difficulty proving their immigration status, where to access the proper paperwork, what paperwork they needed in order to apply for subsidized housing, how to access health care for themselves and their kids, and trying to navigate the court systems to get child support. They also felt overwhelmed, helpless and demoralized when they were continuously rejected in their search for supports.

Some of the women indicated that their caseworkers expected a degree of independence in the search for housing. This could be both helpful and not helpful, as described by one mother. She indicated that it was good to try to learn new skills and do it independently; however, she did not always know how to get started or what was required.

> *"They pretty much expect you to be independent, like you're paying rent here and everything so you have to buy your own food so I guess that's what they're doing, pretty much like teach you how to get out there … I think I need help … how to look for places, like I've never actually lived on my own before so it's kind of nerve-wrecking. I've been looking on websites and stuff but I'm not sure how to go about it, leases and stuff like that, so I need like help with that."*

Much of the information about services that women did collect was from other women in shelter, including where to get information or who to talk to. In many cases, this further complicated the situation as the information didn't always align with what women were hearing from their caseworkers.

EXPERIENCES ACCESSING SUPPORTS

Some women talked about their experiences living in the shelters. Their comments ranged from their perceptions of how shelter life was affecting their children, to the food and services, and the emotional impact.

The impact of shelter life on children was important. Shelters have many rules on when you need to get up, when meals are served, and when you go to bed. Some floors were closed during the day, so families with small children had to leave their rooms and go out into the community. Many of the mothers found the rules to be stressful and worried that the stress of the situation would affect their children.

> *"The first month is really hard for both especially with my boys. These boys, the youngest one, he really give me hard time because ... like the first month we arrive ... No space ... we went to United Church. We wake up 6 o'clock. The first week, month is really, really hard, tough life. After that we get this place upstairs, the cubicle. Everybody had a cubicle. We stayed the cubicle ... The children gets like little enough sleep but now after one month we said we like. The time we put 8 o'clock the bed children. Just that's part of the life."*

A lack of stability was hard for the whole family. It was hard for children to understand the situation and why they were not living in their previous homes. Some women had stayed at multiple shelters or had been transferred from a shelter to another shelter, often because of length of stay limits, and found it to be stressful.

> *"Oh, it was stressful, especially my four-year-old son and his ADHD. He was a lot. He was like five kids in one. (Laughter) And so but yeah he's okay. I mean but it was hard with the kids because they were constantly saying 'Oh, I don't want to move, we're always moving, what you know, why don't, why don't we stay in one place.'"*

Some of the mothers stated their children understood their situation, but were still reacting to living with other children through bad behavior or language issues. For example, one mother talked about her son learning inappropriate language, such as swear words, from other kids in the shelter. She worried about the impact that the shelter life was having on him and wanted to move out as quickly as possible, so the behavior wouldn't become "normalized."

> *"Really, my boy, I'm thinking sometime my boys might get lost but still the youngest one is very smart. He know between us we don't have house right now. He looking ahead like forward to get the house. He knows we're going to go back to our routine. Sometime he act like other boys but every night I will talk to him. Just I try to do my best. Really he understand."*

There were also many discussions about childcare. With limited financial resources, women often could not afford professional or regular childcare. This made it difficult for them to be out of the shelter with the children all day, trying to find things for their children to do. As well, trying to find a job or go to housing or other appointments was difficult with children in tow.

Most of the women found the shelter staff to be very helpful. One woman mentioned having trouble with one of her boys and the staff would help her put him to bed at night. Another woman appreciated what they did for her and her family.

> *"It's a weekly thing like with my work, my case coordinator to kind of go through the goals that we talked about or are planning to see if they're on track or if we need to do adjustments or add something to it right … I like it. For me, it's mostly getting therapy, programs for myself and the kids like parenting right, housing, clothing resources, doctors, all that."*

Several women also mentioned the need for more training of staff. This was especially true for women who had experiences of trauma in their lives; they noted that the staff could, at times, not know how to address their issues appropriately and respectfully. As one woman said "staff need to know, if a woman gets mad cause you touch her arm … it's not because she's mad, she was probably raped and just doesn't like to be touched."

RESILIENCY

Many of the women we interviewed showed resiliency and hope stemming from their identity as a mother and their need to work towards a better situation for their children. Some women discussed their kids as motivation to move forward despite multiple barriers.

> *"It's my kids, right. I told him that he can go but no matter what, the kids had to stay with me. So that's what motivated me to get the kids to me not to him."*
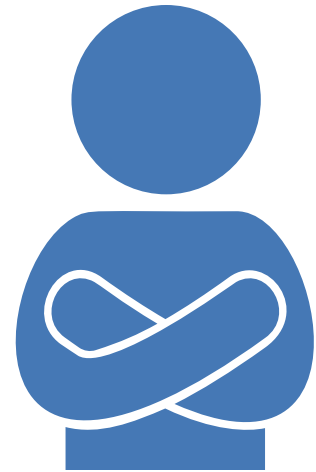
Resiliency also emerged in relation to the experiences women had gone through including abuse in childhood, domestic violence, poverty and homelessness. Their focus was on being strong for their children and continuing to move forward.

> *"I don't know I just, throughout my life has been like a real struggle but I've come to realize it's going to take a lot more than the situations that I've come through to stop me from doing what I need to do to provide for my family. It's just hard being a single parent without any support or anything."*

Discussions of gratefulness and thankfulness emerged several times, particularly for the services they had received at the shelters in Calgary and elsewhere. These women often had few other choices for keeping their children safe.

> *"I lost my immigration papers and so was rejected from Calgary Housing. But I'm still grateful. We stayed with a friend for a month but I didn't want to break the friendship so we moved to shelter. But we are grateful"*

> *"I am like I don't know where I would be if it wasn't for the YWCA 'cause I don't know where else to go. I mean I could have ended up on a street... if I didn't come here, I would have went into prostitution and got into drugs or something."*

The women in the short-term housing program felt that they had developed a sense of community and built strong relationships with other mothers who lived there. This was in contrast to stories from women in shelter, who tried to avoid developing peer relationships for themselves or their children as they were concerned about their kids "normalizing" homelessness.

HOPES & DREAMS

Hopes and dreams for themselves and their families emerged as an important theme. Many were focused on getting their own home and getting a job or going back to school.

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Mothers talked about wanting their kids to be healthy and to go to college, to do well in school, and to be able to give their children the things that they want and need. Many of the women also talked about their role as mothers, both directly and indirectly. Their focus was on their children, to build a better life for them, to spend more time together and to find sustainable housing outside of the shelter system.

> *"It kind of gets lonely like I'm so used to being a parent and I'm so used … it's not the same when I don't have her. I have freedom right now [because she's with her dad] but at the same time I miss having her around … so yeah I'm hoping once I get my own place like I'll have my weekends with her and I'll be like better. At least I'll get her longer and everything."*

Examination of all of the interviews reveals several key findings. Every mother that we interviewed discussed previous experiences of violence. We can conclude that because of multiple experiences with violence and/or difficulties accessing adequate supports from "systems," including child welfare and immigration, that mothers are fearful of the consequences to them and their children if they reveal histories of violence, mental health or substance use. Many of the mothers discussed their feelings of fear, shame and embarrassment because of their homelessness. Many of the women also discussed past histories of sexual violence and exploitation, and all of them lived in fear of losing their safety and of having to return to an abusive situation due to having no other choice. Despite the stories of structural and informational barriers, mothers still showed resiliency, hope and had strong identities as mothers. The needs of their children were first and foremost, whether for their health, safety or stability.

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Mothers wanted their children to finish school, go to college and become independent and self-reliant adults who did not have to face the same issues they had to. These findings lead us to several recommendations promoting stability for families thereby preventing cycling in and out of homelessness, at the moment of experiencing homelessness and for their children in the future.

EXPAND & ENHANCE THE CONTINUUM OF CARE TO SUPPORT FAMILIES

All of the women we interviewed talked about gaps in services and structural barriers to ending homelessness. Most felt "trapped" in homelessness as they struggled to access the "right" system or support at the "right time." Many of the women struggled to know where to start, particularly if they did not have access to status papers or government financial benefits needed to access housing. Many women also indicated that they were fearful about losing the supports they currently had and having to return to an unsafe or abusive situation.
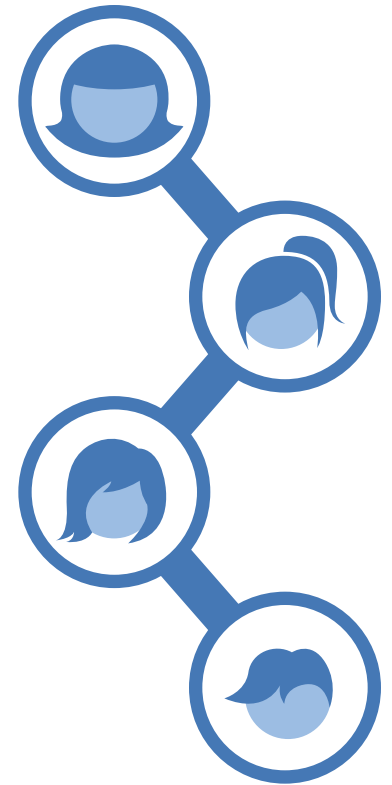
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A finding of particular importance in this study is the structural issue associated with immigration status; there is a need for a continuum of care where families from low to high acuity can receive appropriate and tailored supports that promote empowerment and sustainability. For example, formalized partnerships between shelters and immigration/settlement agencies could help bridge gaps between the homelessness and immigration systems. Second, flexible and mobile funding that can be used for unanticipated costs, like those associated with processing status applications and that follow the family, is needed. For example, if a family stays in a housing program for two years and has access to rent supplements and case management, they could keep their rent supplement when the family no longer needs case management. A strong continuum of care around vulnerable women and their families could include housing supports as well as connections to physical and mental health services, immigration support, child and family services, and education and employment training programs.

## PROMOTE STRONG SOCIAL NETWORKS FOR WOMEN INCLUDING PEER SUPPORT

Women without strong and healthy support systems are more vulnerable to homelessness. This also often limits their opportunities to end their experience of homelessness, or prevent it in the first place. Women in emergency shelter often said that they did not want to become close with the other mothers who were staying at the shelter because they did not want the experience to become "normal." Conversely, women staying in the short-term housing program thought of the women that they lived with as "family." Peer support, or providing access to someone who has lived the same social experience and have since moved on, is emerging as a promising practice in violence interventions and in housing programs (Bean, Shafer, Glennon, 2013; Tutty, Ogden and Wyllie, 2006). Inclusion of peers who have been successful in prevention and intervention programs could be an important first step in helping vulnerable and victimized women to build healthy networks and relationships.

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RECOGNIZE THE COMPLEXITY OF FAMILY HOMELESSNESS AND FOCUS ON CULTURE & TRAUMA

Many of the women did not become homeless because of a single issue. They were often dealing with complex issues related to being a single parent, mental health issues, underlying poverty, multiple systems interactions and historical trauma. In addition, many of the women had experienced multiple forms of violence, sometimes at the hands of authority figures. The implications on practice are important to consider. A deep and inherent fear of authority or of retribution, may impact discussions of violence, mental health or substance use. Women may also not trust persons in authority, including service providers because of previous traumatic experiences as the hands of people they thought they could trust.
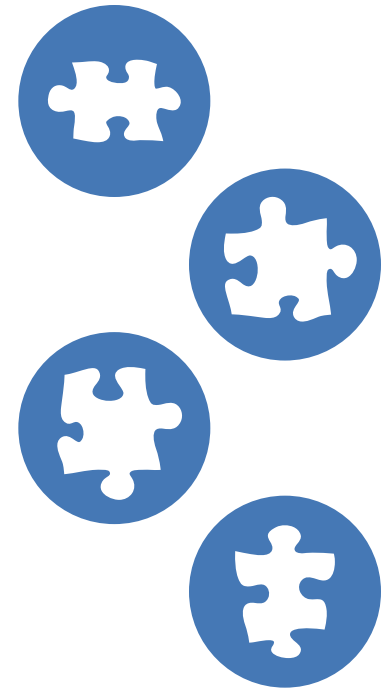
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For these women, there is no simple solution. Some required only a work permit and subsidized housing for a period of time to get back on their feet, but others required more in-depth and long-term supports. More research is needed to develop a framework for cultured and trauma-informed care that is reflective of diverse and multiple experiences. However, one place to start is to recognize the deep and profoundly difficult pathways into homelessness for women and children and to acknowledge that provision of housing without recognition of cultural experiences and in isolation of supports for trauma, is not likely to lead to a sustainable end to homelessness for these families.

SCAN THE ELIGIBILITY CRITERIA & DATA COLLECTION APPROACHES FOR AFFORDABLE HOUSING

Calgary has over 11,000 units of affordable housing. However, the number of units has not grown significantly while Calgary's population has grown exponentially. As a result, there is a waitlist of about 4,000 people trying to access affordable housing (City of Calgary, 2011) and approximately 14,000 Calgary households are at imminent risk of homelessness (Calgary Homeless Foundation, 2014).

All of the women we interviewed experienced multiple barriers to accessing affordable housing. Many cited a lack of information, long wait lists or unclear rules about eligibility. There is also no transparent communication about the eligibility criteria of agency clients and/or any shared data on affordable housing clients. Calgary's affordable housing "universe" is in need of an assessment of current capacity gaps in order to make evidence-informed decisions about how to fill gaps and ensure the available housing is going to people who need it the most.

INCREASE EFFORTS TO PREVENT FAMILY VIOLENCE

Many of the issues identified in this study stemmed from experiences of violence, including homelessness itself. Intimate partner violence, familial violence across the lifespan and structural violence were a part of all of the women's stories. These experiences led the women to lose or jeopardize their social and familial networks, drove them into poverty, and "trapped" them within multiple public systems which ultimately led to their homelessness. Interagency collaboration outside of the homelessness sector, including those working in violence prevention, immigration and settlement agencies, legal advice and low income legal support agencies, education and health care could lead to a "violence prevention task force" to develop and share best practices for identifying, screening and intervening for violence. Recognizing and preventing family violence is an upstream mechanism for preventing family homelessness.

The purpose of this study was to examine how mothers understand complexities related to experiences of homelessness and violence and the influence of service and policies on their trajectories. We used qualitative methods for data collection including interviews with mothers and service providers, and through expert advice from our advisory committee and a member check. Our analysis framework took up a critical approach of systems in order to elevate our discussion of recommendations away from individual issues, and towards proposed alternatives to service delivery and public policy that could potentially bridge gaps between siloed systems and build on the strength and resiliency inherent in mothers.

We conclude that if we can prevent multiple forms of violence and/or bridge gaps between immigration, homelessness and violence sectors to develop holistic supports for women, we have the potential to end homelessness for families currently experiencing it and prevent future homelessness. Future research should focus on the impacts of trauma-informed care and peer support on the successful transition from homelessness towards stability. Future research should also examine the impacts of adding a cultural lens, in addition to gender, to studies of family homelessness. Although Indigenous mothers did not volunteer for our study, statistics show an overrepresentation of Indigenous families in shelters. An unanticipated result was that the majority of mothers who did volunteer were newcomers to Canada. Understanding the impact of culture as well as gender is an important consideration.

Future research should focus on the impacts of trauma-informed care and peer support on the successful transition from homelessness towards stability. Future research should also examine the impacts of adding a cultural lens, in addition to gender, to studies of family homelessness. Although Indigenous mothers did not volunteer for our study, statistics show an overrepresentation of Indigenous families in shelters.

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