

 Parenting and Homelessness:
Overview and Introduction to the Special Section

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This overview of parenting and homelessness includes the characteristics and needs of families who are homeless, with a focus on the unique challenges faced by mothers, fathers, and children. In addition, the authors discuss how homeless families are narrowly defined based on the family members who present at shelters and other service programs. In order to fully support parents and their children as they exit homelessness, homeless service programs should consider the broader context of the nontraditional family system and support networks. The overview also includes common challenges to parenting while homeless, a summary of the articles in the Special Section, and recommendations for research, practice, and policy.

Keywords: parenting and homelessness, homeless families, homeless mothers, homeless fathers

“Making the decision to have a child is momentous. It is to decide forever to have your heart go walking around outside your body.”

—Elizabeth Stone

Families comprise the fastest-growing segment of the homeless population, now accounting for more than one-third of the overall group (U.S. Department of Housing and Urban Development

[HUD], 2009). This epidemic of family homelessness has been exacerbated by the current economic crisis. Housing foreclosures and unemployment rates are skyrocketing, while affordable housing and social service resources are shrinking. Every day, more and more parents and their children join the ranks of people who are homeless.

Recently, HUD (2009) released its July 2008 Annual Homeless Assessment Report (AHAR) to Congress, estimating that 1.6 million people experienced homelessness during the course of one year, and 664,000 were homeless on a given night in January 2008. Over the course of one year, 32% of people who became homeless were identified as parts of families (HUD, 2009). Within the point-in-time count, family members accounted for more than one-third (38%; HUD, 2009). This represented a 9% increase in family homelessness from the previous year's report. Using a literal definition of homelessness, the AHAR data do not capture individuals and families who are involuntarily “doubled-up” in the housing of friends and families, so these figures significantly underestimate the extent of the problem.

As rates of family homelessness climb, overburdened social assistance systems are expected to support an influx of families. Many of these families may be facing homelessness for the first time, or they may be caught in an intergenerational cycle of homelessness, poverty, mental illness, trauma, and substance abuse.

Families who are homeless have many strengths, but also face significant challenges. However, they all share one thing in common: mothers' and fathers' primary roles as parents and members of a family unit. A parent's identity is often defined in relationship to others, especially their children, and to how well they care for them. Loving, protecting, nurturing, guiding, and teaching children is fundamental to helping children grow, develop, and thrive. Homelessness undercuts parents' ability to protect their children, often leaving mothers and fathers feeling depressed, anxious, guilty, and ashamed.

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The vast majority of homeless families are headed by women alone who are extremely poor. Yet poverty alone does not fully account for women's homelessness. Rather, poverty chips away at women's protective resources, enabling the events of their lives to become catastrophes. Against a backdrop of minimum subsistence, motherhood (and single parenting in particular) may jeopardize a woman's ability to maintain her home. Women must combine their role as worker with that of parent and homemaker, a difficult position even for women with adequate financial resources and social supports. Despite this reality, the challenges of parenting in these circumstances have not been adequately addressed by the homeless service system.

Although a rich body of literature on homelessness exists, most of it centers on defining the scope of the problem and identifying risk factors (Bassuk, Buckner, Perloff, & Bassuk, 1998; Browne, 1993; Culhane & Kuhn, 1998; Rog & Buckner, 2007; Zlotnick, Tam, & Bradley, 2007), documenting the characteristics and needs of people experiencing homelessness (Bassuk, Buckner, Weinreb, Salomon, & Bassuk, 1996; Christensen, Hodgkins, Garces, Estlund, & Miller, 2005; Gewirtz, Hart-Shegos, & Medhanie, 2008; Hicks-Coolick, Burnside-Eaton, & Peters, 2003; Weinreb, Goldberg, Bassuk, & Perloff, 1998), discussing barriers to care in the areas of health, mental health, and substance abuse (Gelberg, Browner, Lejano, & Arangua, 2004; Kim et al., 2007; Page, 2007), and describing housing and program interventions (Cheng, Lin, Kaspro, & Rosenheck, 2007; Gewirtz, 2007; Larimer et al., 2009; Lehman, Dixon, Kernan, Deforge, & Postrado, 1997; Rach-Biesel, Scott, & Dixon, 2003; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000). Previous research on family homelessness has exposed the erroneous notion that a family consists only of a single mother and two children. The role of parenting is minimally addressed, and the broader networks and nontraditional family structures barely acknowledged.

This Special Section of the *American Journal of Orthopsychiatry* is a call to the homelessness field to recognize the critical importance of parenting and the reality of nontraditional family units, and to begin to address ways of supporting parents as they seek to stabilize their lives and care for their children. The articles in this Special Section address pathways to homelessness related to parenting, social supports, family functioning, family violence, and interventions to support parents. As family homelessness grows, this knowledge is critically important.

Who Are the Families?

Researchers and policymakers have traditionally divided the homeless population into three distinct subgroups: (1) singles, (2) families, and (3) unaccompanied youth. Generally, sheltered families are viewed as being comprised of a single parent—most often a mother—with two children, 42% of whom are less than six years old (Burt et al., 1999). This view tends to be based on who presents at, and is eligible for, family shelters rather than on the reality of families' lives. Qualitative research indicates that we cannot assume a person's status as a parent, single, or member of a family without gathering additional information (Barrow, 2008). In addition, quantitative research shows that 60% of "single" women who are homeless and 41% of men are in fact parents, but only 65% and 7%, respectively, have their children currently with them (Burt et al., 1999). Many women living on the streets alone who have

mental illness have children who are either grown or have been taken away because of their illness. A family who enters shelter with two children may have other children living with relatives or an ex-partner. Or, a man who is seeking substance use treatment may have multiple children placed in foster care as he attempts to get sober and obtain housing. Finally, the children in the family may have different fathers and as a result, different family networks.

Barrow (2008) gathered information about the complexity of family structures, indicating that many sheltered families are often only one part of an extended and nontraditional family network. Figure 1 illustrates the context of the sheltered family's life and the potential importance of other relationships that often remain unacknowledged in a shelter setting.

Family composition may also change over time, as the structures of homeless family units tend to be fluid because of the high rates of separations of family members who are homeless. Among homeless children, one in five are separated from their families at some point (National Center on Family Homelessness [NCFH], 1999). The reasons why parents separate from their children while homeless are complex and include: voluntary separations to shield children from the trauma of homelessness; involuntary separations because of a parent's hospitalization, incarceration, or substance use treatment; and exclusion of older boys in some family shelters

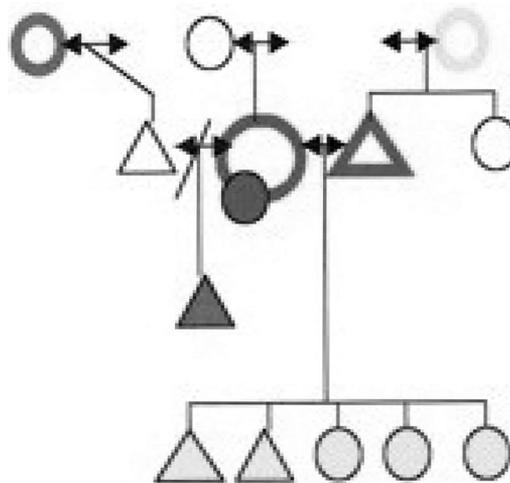


Figure 1. Beyond shelter: Extended familial relationships of homeless mothers with separated children. Adapted from Barrow, S. (2008). *Wide angle: Why context matters in research on homeless families*. Unpublished manuscript. Circle = Female. Triangle = Male. This figure represents the complexities that can occur in the familial relationships of homeless families. The top row represents the existing family members of the previous generation; the rows below represent the current generation; the bottom two rows represent the children in the current generation. The shelter family consists of a pregnant mother and her husband represented by the larger circle and triangle in the center of the figure; the overlapping circle represents the pregnancy of the woman. Arrows to the left of the circle lead to an ex-partner; arrows to the right lead to the current husband with the mother in the shelter. Mother's children include the following: Minor son with her ex-partner living with his paternal grandmother (darkly shaded triangle) and five minor children with current husband (bottom row): two sons, three daughters living with husband's mother (lightly shaded).

(Barrow & Lawinski, 2009). More than half of the cities surveyed by the U.S. Conference of Mayors (2006) report that families may have to break up in order to be sheltered. A study by Zlotnick, Robertson, & Tam (2003) found that over a 15-month period, only one in three homeless mothers maintained custody of their children throughout. Mothers who were separated were more likely to have used substances during the study period and to have had a longer history of homelessness.

Another critical issue that affects the structure of homeless families is that fathers who are not sheltered with the family tend to remain invisible. Research about their role in the family unit is extremely limited, but suggests that some fathers tend to maintain active relationships with their children, especially when they are very young. Although they tend to be viewed as shadowy figures, children when asked, often name them as major supports. As children approach school age, the father's role tends to lessen. Other research has suggested that many fathers are absent (HUD, 2007; Burt & Aron, 2000). This greatly affects the family and children both financially and emotionally. While families are experiencing homelessness, this loss of support is magnified as mothers struggle to obtain housing, income, and jobs, and to protect their children from multiple stressors. In addition, some fathers who appear to be absent may have been perpetrators of violence within the family. In this situation, their continued impact on the other family members can be damaging.

What Do Members of Families Experiencing Homelessness Need?

Considerable research has been completed about the characteristics and needs of sheltered homeless families, although data related to parenting, separations, and the family system are limited. Among families experiencing homelessness, the overwhelming majority is headed by women, typically in their late twenties with two children (Burt & Aron, 2000). More than half of these mothers do not have a high school diploma (Burt et al., 1999), although more recent data show that homeless mothers in a 2003 study in Worcester, MA, were more likely to have had a high school education (43.6%) than homeless mothers studied in the same city 10 years prior (36.2%; Weinreb, Buckner, Williams, & Nicholson, 2006). Almost all (92%) of the mothers have experienced severe physical or sexual abuse during their lifetimes. Homeless mothers also have high rates of mental health issues, with three times the rate of posttraumatic stress disorder. Almost half experience a major depressive episode while homeless (Bassuk et al., 1996), with more recent data showing this figure as high as 85% (Weinreb et al., 2006). Between about 30% and 40% of homeless mothers report histories of substance use (Bassuk et al., 1996; Weinreb et al., 2006). Mothers' physical health is also compromised. One in three have a chronic medical problem (Bassuk et al., 1996). Studies have also indicated that homeless mothers suffer four times the rate of ulcers and ten times the rate of anemia compared with low-income housed mothers (Weinreb, Goldberg, & Perloff, 1998).

Many mothers (31%) must also face the devastating loss or separation from their children while homeless (Zlotnick, Tam, & Robertson, 2004). Nystrom and Axelsson (2002, as cited in Schen, 2005) suggested that brief separations from children can be expe-

rienced by mothers as lengthy. In this study, postpartum mothers were separated for several days while their infants received medical treatment. They described ". . . wanting to be with their babies; feelings of loss, grief, and distress; crying a great deal; difficulty sleeping; and not wanting to eat . . . powerless . . . guilt; insecurity; loneliness; and a tendency to be suspicious of staff . . ." (p. 234, Nystrom & Axelsson, 2002, as cited in Schen, 2005).

Barrow & Laborde (2008) emphasizes the disempowerment of mothers who are separated from their children, particularly when the separation occurs because of substance use or mental illness. These women are often stigmatized as inadequate parents. They are also more likely to have experienced physical and sexual abuse compared with other mothers facing homelessness (Zlotnick et al., 2004). The impact of prior traumatic events is further compounded by the loss of their children.

While the overwhelming majority of homeless families are headed by a single mother, fathers often play a role even when they do not reside in shelter with their families. Among all homeless men, 41% have children under age 18, but only 7% live with at least one of their children. However, about 16% of sheltered homeless families include a father (Burt et al., 1999). The number of two-parent families is likely to increase as more people face foreclosures, evictions, and unemployment.

Although the literature on homeless fathers or other male caretakers is sparse, there are some clear differences in how mothers and fathers experience homelessness. Mothers tend to focus their concerns around safety and their ability to parent freely without restrictions, while fathers tend to focus on adjustment to their expected gender role and identity (Schindler & Coley, 2007). Social constructions of masculinity indicate that fathers tend to maintain their autonomy and respect by being effective breadwinners for their families. However, high rates of unemployment, jobs that do not pay livable wages, homelessness, and strict shelter rules may undermine a father's self-respect. In addition, fathers may experience additional discrimination when seeking public assistance because of their perceived failure to protect their families (Schindler & Coley, 2007). Factors such as these add to the existing burden that fathers may experience when they are unable to support their children.

Sole fathers who retain custody of their children while homeless face other unique challenges. Schindler and Coley (2007) documented that the services available in family shelters are often geared toward women. In fact, some shelters do not accept men at all. Fathers may experience barriers to obtaining critical services for their family. In addition, fathers who are homeless may be assuming full parenting responsibilities for the first time. New fathers need to learn about basic childcare, as well as how to positively interact with their children and support them through crises and difficult life transitions. Similar to a homeless mother, if a father's primary role as parent is not addressed, it will be difficult to provide critical supports and services that would strengthen the family unit and support his children.

Children who are homeless face distinct disadvantages related to their development, physical and mental health, and education. Forty-two percent of children in homeless families are under the age of six (Burt et al., 1999). Homeless children are sick four times more often than other children. They have four times as many respiratory infections, twice as many ear infections, and five times

more gastrointestinal problems compared with low-income housed children. These children also experience high rates of asthma (Gewirtz et al., 2008; NCFH, 1999). Hunger and nutritional deficiencies are pervasive (NCFH, 1999), often leading to overweight and obesity (Grant et al., 2007; Schwartz, Garrett, Hampsey, & Thompson, 2007). Before homeless children reach the age of 12, 83% have been exposed to at least one serious violent event (Bassuk et al., 1996; Bassuk et al., 1997; Buckner, Beardslee, & Bassuk, 2004; NCFH, 1999). Almost one in four have witnessed violence within their own families (Bassuk et al., 1996; Bassuk et al., 1997; Buckner et al., 2004; NCFH, 1999). Not surprisingly, children who are homeless experience high rates of emotional and behavioral problems (Gewirtz et al., 2008). Some research has documented rates as high as three times those found among low-income housed children (National Child Traumatic Stress Network, 2005). Furthermore, children who are homeless are four times more likely to show delayed development and have twice the rate of learning disabilities as low-income housed children. One in three repeat a grade (NCFH, 1999), and just over one-third are below grade level in either mathematics or reading (Gewirtz et al., 2008).

Homelessness is one of many acute stressors that children who are living in poverty face. Coping with these stressors may be extremely difficult, particularly if children have not had the opportunity to develop self-regulation skills through positive parenting and stable attachments. Buckner, Mezzacappa, and Beardslee (2009) documented the importance of self-regulation of affect related to a range of adaptive functioning indices among children living in poverty. Those with better self-regulation skills scored higher on indicators of adjustment and adaptive functioning related to academic achievement, mental health, behavior problems, and social competence. These data underscore the importance of parenting and children's healthy development as buffers of homelessness and poverty.

Parenting Challenges in the Context of Homelessness

Like all parents, those who are facing homelessness seek to provide basic necessities for their children—shelter, food, clothing, medical care, and access to education. However, unlike housed parents, mothers and fathers facing homelessness and poverty must seek assistance within public systems just to provide basic needs. Meeting these needs becomes more difficult as parents must search for jobs and housing while abiding by shelter rules. Children's attendance at school may be interrupted because of geographic and transportation issues. They must also find space and time to support their children emotionally, and to ensure that they get adequate rest and nutrition and that they comply with their school assignments.

Aside from challenges related to meeting basic needs, parents living in shelters and other residential programs may find it difficult to set and maintain rules for their own children (Cosgrove & Flynn, 2005). As Donna Haig Friedman described in *Parenting in Public* (2000), the structure and setting of family shelters can undermine effective parenting practices. Once families enter shelter, they are acknowledging that all other resources and options are exhausted. In many ways, they are at the mercy of the program and must abide by shelter rules to maintain their housing. Privacy is scarce, and parenting becomes open to public viewing in the

shelter. The longer families remain, the more difficult it becomes to parent autonomously. Yet in order to receive services, families must remain compliant with shelter restrictions.

The context of parenting in public also lends itself to stigma and discrimination because of parents' homelessness status. Mothers who are homeless describe feeling that their parenting practices are being monitored closely; if not viewed as adequate, they risk losing their children (Cosgrove & Flynn, 2005). They may become targets of scrutiny and scapegoating that other parents do not typically experience. These concerns are grounded in the fear of losing their children to foster care, should child welfare become involved (Barrow & Lawinski, 2007).

As mothers struggle to exit homelessness, they are forced to navigate complex service systems to receive income and other public assistance services. Cosgrove and Flynn (2005) explored the stigmatization of mothers who were homeless within these settings. Study participants described dehumanizing experiences—sometimes feeling humiliated and disrespected during their interactions with caseworkers—adding to the chronic stress that parents experience while trying to stabilize their families.

Summary: Special Section on Homelessness and Parenting

This Special Section focuses exclusively on parenting in the context of homelessness. It includes the latest research about risk factors, pathways to homelessness, social support, and interventions to support parents. In addition to seven research articles, this Special Section includes two commentaries that illustrate the consumer and provider perspectives. Fonfield-Ayinla shares her experience as a mother who was homeless and her struggle to overcome domestic violence, chronic illness, and trauma while caring for her young daughter. As she interacted with multiple broken systems, she temporarily lost custody of her child. Thanks to the support of her broader family network, she was able to stabilize her own family unit and graduate from college. In the provider perspective, Schulz has been a pediatric nurse practitioner with the Baltimore Health Care for the Homeless Program for 18 years. She reflects on her experience as part of a primary care team and describes many of the strengths and challenges of families she has encountered. Schulz offers some concrete practice recommendations for better supporting parents who are homeless.

The first two articles begin by looking at two pathways to homelessness. The first article by Haber and Toro examines parent violence toward youth, as well as adolescent violence toward parents (parent-adolescent violence) and its relationship to the later development of behavioral health problems. Homelessness often occurs in the context of family relationships, particularly when youth report that they have left home because of parental violence, abuse, or rejection. This article emphasizes the critical role of conflicted relationships with parents as a precipitant of homelessness. It recognizes that parents who may be invisible to shelter providers have had a profound impact on individuals and family members who are currently homeless.

The second article by Zlotnick reviews compelling evidence linking foster care and homelessness. The relationship is complex and multidirectional. Many people who are homeless have histories of involvement with the foster care system and vice versa. In

addition, youth who are aging out of foster care are in danger of falling directly onto the streets. The support of service providers working with parents who have children connected to the foster care system is critical for avoiding future generations of homelessness.

The next two articles examine family functioning. In the third article, Howard, Cartwright, and Barajas explore functioning among families experiencing homelessness compared with families who are housed. The data show that homeless families fare worse in areas such as finances, living conditions, and interactions with children when parents have a history of mental illness or substance use. However, children who were homeless showed that they experienced better developmental stimulation than housed peers. This research has implications for understanding the strengths of families facing homelessness, as well as the unique characteristics and needs of families based on their histories.

Homelessness does not only exert its impact on parents. Children experience the stress of homelessness, as well as resonating with their parent's stress. The fourth article by Gewirtz et al. presents data from a sample of families residing in supportive housing that show the impact of parenting practices and parental mental health on child adjustment. Of importance, both directly affected children's adjustment. These data indicate the importance of providing supportive services to parents with mental illness who are experiencing homelessness and the salutary impact this may have on children.

The two articles that follow broaden the discussion beyond parents and children to include their social networks. Marra et al. focus on the complexity of kin and social support networks for families facing homelessness. While social supports can help families to avoid or recover from homelessness, Marra et al. describe how conflict among social network members may negatively affect parents. Indeed, among parents who reported fewer instrumental supports, conflict was a risk factor for harsh parenting practices.

It is not only homeless youth whose parents play a role in their experience of homelessness. Although adults who are homeless are older than youth, their parents often experience severe stress because of their children's situations. Polgar, North, and Pollio found that parents who attempt to support their adult children by spending time and money experience higher levels of stress than parents who do not attempt to provide support. These parents also required greater levels of social support to address this stress. The research in this article highlights the importance of recognizing and addressing the resources and strengths within broader family systems.

The final article by Kolos, Green, and Crenshaw describes an evidence-based therapeutic intervention that can support the parent-child relationship while families are homeless. Filial therapy is a form of child-centered play therapy. The clinician teaches the parent how to conduct play sessions over several weeks so that they can continue the work without the therapist. The strategies learned during filial therapy support parents in teaching their children how to express and manage their emotions. A case study illustrates the skills required to implement the therapy and also describes its benefits.

A Call to the Field: Recommendations to Support Parents and Families

The following recommendations outline potential future directions in research, practice, and policy.

Research

- Identify the range of interrelationships of family and social support networks among individuals and families who are homeless.
- Explore the role of fathers in the lives of children who are homeless. Identify the supportive services that fathers need to be successful parents.
- Identify young women who are at risk of homelessness and pregnancy. Test pregnancy prevention interventions with those at highest risk.
- Identify which families will succeed in independent living and which families require long-term supportive housing interventions.
- Identify interventions that strengthen the family unit.
- Identify best practices that strengthen parenting.
- Conduct longitudinal research to further explore the nature of the relationship between parenting practices and mental health among homeless and formerly homeless families.

Practice

- Involve parents who are homeless in decision-making and treatment planning for themselves and their families. Collaboratively develop tailored service interventions to support parents and children as they exit homelessness.
- Ensure that individuals and families are asked about family members and children who may not currently be living with them. Explore strategies for reconnecting with family members when appropriate.
- Assist parents with parenting skills that support the growth and development of their children while living in transient situations.
- Conduct training on parenting skills for staff working with families who are homeless.
- Provide fathers who are homeless with opportunities for parenting education and gender-specific supportive services.
- Provide family planning support to young mothers in the homeless service system.
- Provide time and space for parents and children in shelters to play together constructively.
- Conduct assessment and interventions that explore the occurrence and impact of violence among the broader family system, not only related to family members in shelter.
- Create substance use treatment services that allow parents to participate with their children.

Policy

- Allow families with adolescent boys to remain together upon entry into shelter.
- Ensure that family reunification is a primary goal for parents who are separated from children.
- Provide long-term mental health and substance abuse treatment emphasizing individuals' role as parents, and recognizing the

impact that mental health and substance abuse issues have on parenting abilities and subsequently on children.

- Ensure follow-up by a case manager or social service provider who establishes a relationship with the child, youth and family.
- Extend health insurance and educational, employment, substance abuse and other assistance to emancipating foster care youth so they have access to services until 25 years old.
- Ensure that children are not removed from families based solely on the housing status of the parent(s).
- Provide legal and advocacy support to parents who are seeking to reunite with children placed in foster care.

This Special Section is an important first step for the homelessness field. Yet there is much work to be done to understand and support parents and families as they endure homelessness. We hope the articles in this Special Section illustrate the formidable challenges and vast opportunities that lay before us as we seek to protect our nation's most precious resource: children and their families.

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