Promoting Positive Parenting in the Context of Homelessness

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Abstract

Recent national reports suggest that nearly 1,000,000 families with children experience homelessness, and that this number is rising (National Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2010; U.S. Department of Housing and Urban Development, 2011). Families experiencing homelessness are disproportionately more likely to have experienced economic, health, and social risk factors. These experiences can adversely influence the parent-child relationship. The purpose of this article is to: (a) review the literature on the determinants and contextual issues of parenting in shelters; (b) describe specific programs that are focused on positive parenting in the context of homelessness; and (c) provide practice, research, and policy recommendations for supporting positive parenting among families living without homes.

Keywords: parenting, homelessness, emergency housing, transitional housing
Promoting Positive Parenting in the Context of Homelessness

Recent national reports suggest that nearly 1,000,000 families with children experience homelessness, and that this number is rising across urban, rural, and suburban areas (National Center on Family Homelessness, 2009; U.S. Conference of Mayors, 2010; U.S. Department of Housing and Urban Development, 2011). For families experiencing homelessness, the actual loss of housing may be only one of many stressful occurrences. Prior to actually losing their homes, families are likely to have experienced numerous economic, health, and social risk factors associated with poverty, including job loss, disrupted interpersonal relationships substance abuse, and domestic violence (Arangua, Andersen & Gelberg, 2005; Cowan, 2007; Molnar, Rath, & Klein, 1990; Shinn & Weitzman, 1996). Such events can have a devastating impact on individual functioning, family structure, and child development with the possibility for adverse long-term consequences for children. The experience of homelessness, combined with other co-occurring risk factors, renders these children more likely than their peers to evidence poor physical, emotional, and academic well-being (Bassuk & Rosenberg, 1990).

Given the multitude of serious adjustment problems displayed by many children who are homeless, it is imperative to identify potential points of intervention for these vulnerable children and their families. In accordance with ecological theory (discussed in Kilmer, et al.), one of the strongest influences on children’s development and well-being is the parent-child relationship (e.g., Masten & Coatsworth, 1998). One study found that observed positive parenting practices were significantly associated with child adjustment (Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009). The parent-child relationship is affected by the parent’s experiences and by influences from the surrounding environment. As such, stressful events in a parent’s life or within the broader family environment can adversely impact the parent-child relationship
(Deater-Deckard, 1998). In the context of emergency/transitional housing, parent-child relationships can be influenced by both the structural and interpersonal constraints of living in the shelter environment, as well as the past and current experiences of the parent (Lindsey, 1998).

The constellation of risk factors faced by parents living in emergency/transitional housing, coupled with the influence of such risks on children’s well-being, underscores the importance of identifying strategies that promote positive parenting in emergency/transitional housing settings. Equally important is the creation of shelter programs staffed with adequately trained individuals to support families during their stays. Increasingly, clinicians and researchers from various disciplines—including early education, social work, psychology, and public health—have endorsed efforts to facilitate positive parenting as a primary strategy for mitigating the deleterious impact of homelessness on children’s adjustment (e.g., Jacobs, Little, & Almeida, 1993). The purpose of this manuscript is to: (a) discuss the determinants and contextual issues of parenting in emergency/transitional housing settings; (b) describe specific programs that are focused on positive parenting in the context of homelessness; and (c) provide practice, research, and policy recommendations for supporting positive parenting during episodes of homelessness.

**Homelessness and the Impact on Children**

The increasing rate of homelessness disproportionately impacts children. Each year, approximately 1.6 million children experience an episode of homelessness, with between 40-50% of those children being ages 6 and under, and disproportionately comprised of ethnic and racial minorities (National Coalition for the Homeless, 2009; National Center on Family Homelessness, 2010). In actuality, this number likely underestimates the number of children living without housing because many families are doubled up with friends or relatives, or
residing under conditions that evade traditional methods of census counts (National Center on Family Homelessness, 2010). The increasing rate of homelessness among children underscores the need to identify interventions that can address the needs of these children and their families.

Although this population of children is far from homogeneous, the detrimental outcomes for many experiencing homelessness are well-documented in the literature and are reviewed in detail by Kilmer et al (this issue). To illustrate, these children evidence high rates of chronic health problems, such as asthma, compared to their peers (Berg, 1994; Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010; National Center on Family Homelessness, 2010; Shinn, Rog, & Culhane, 2005). Additionally, they evidence higher than average rates of learning disabilities and poor classroom behaviors, and are more likely than their peers to perform poorly on standardized assessments of reading and math (Fantuzzo & Perlman, 2007; Rafferty, Shinn, & Weitzman, 2004; Obradovic, et al., 2009; Perlman & Fantuzzo, 2010). In terms of their psychological well-being, children who have experienced homelessness are more likely than their peers to have experienced traumas such as domestic violence and child maltreatment (Bassuck, Buckner, et al, 1993; Cowan, 2007; Hicks-Coolick, Burnside-Eaton, & Peters, 2003; Lindsey, 1998; Perlman & Fantuzzo, 2010). And, rates of anxiety, depression and post-traumatic stress are high in this population of children (Cowan, 2007). In addition to the short-term influence of homelessness on children’s development, childhood homelessness is also associated with long-range consequences, such as adult episodes of homelessness and housing instability (Burt, Aron, et al., 1999; Caton, et al., 2005).

**Parenting in Emergency/Transitional Housing: Risks and Barriers to Positive Parenting**

Parents who experience homelessness vary greatly in terms of the quality of their parenting and the nature of their relationships with their children. In fact, some parents seem to
be resilient to the risks associated with poverty and homelessness and are able to provide warm, supportive care-taking. Conversely, other parents struggle to provide responsive parenting and non-harsh discipline – especially when such practices are inconsistent with their own cultural values. The following review of parenting risks is organized according to Belsky’s model of potential influences on parenting (Belsky, 1984; Belsky & Jaffee, 2006). This framework emphasizes consideration of: the parents’ own history, personality, beliefs, demographic characteristics and emotional health; the characteristics of the children, including emotional, behavioral, and social adjustment; and contextual factors such as life stress, social support, and socioeconomic status. This review of risks is not exhaustive (for more comprehensive reviews, see Bassuk et al., 1996; Rog, Holupka, & Patton, 2007) but, will highlight the need for parenting support among parents experiencing homelessness.

**Personal Risk Factors**

In terms of individual characteristics that might increase risk for poor-quality parenting, research has shown that parents experiencing homelessness have higher than average rates of chronic medical conditions (Weinreb, Buckner, Williams, & Nicholson, 2006) and histories of untreated emotional and behavioral disturbances, substance abuse, and physical, sexual and emotional victimization (Arangua, Andersen & Gelberg, 2005; Caton, et al, 2005; Shinn & Weitzman, 1996). Depression, which is a robust predictor of poor parenting (Molnar, Rath, & Klein, 1990), as well as child maladjustment (Shea & Coyne, 2011; Nicholson, Deboeck, Farris, Boker, & Borkowski, 2011; Kim-Cohen, Moffitt, Taylor, Pawlby, & Caspi, 2005) appears to occur at high rates among parents in emergency and supportive housing (Lee et al., 2010). These families are also more likely to be headed by young single mothers who lack adequate education and job training (Bassuk, Weinrab, Buckner, et al, 1997; Burt, Aron, et al, 1997). Finally, many
parents in emergency housing may themselves have limited role models for positive parenting practices because of their own childhood experiences of abuse and neglect (Bassuk, 1986; Swick & Williams, 2010). These early risk experiences leave parents without positive parenting role models and can impede the parents’ own ability to have emotionally-open, supportive relationships with their children (Gorzka, 1999; Swick & Williams, 2010). In order for parenting programs to be effective for this population, it is imperative that the interventions emphasize and address the aforementioned challenges facing parents who are homeless.

**Child-Related Risks**

As reported above and described in a growing body of literature (Bassuk, et al., 1997; Buckner et al., 1999; Haber & Toro, 2004), children experiencing homelessness are observed to have a host of developmental, educational, and mental health challenges. Although it is likely that such problems are multiply determined, a clear contributor to children’s immediate and long-term adjustment is the quality of the parent-child relationship (e.g., Meunier, Roskam, & Browne, 2011) and the parenting practices of mothers and fathers (Luyckx, Tildesley, Soenens, Andrews, Hampson, Peterson, & Duriez, 2011; Neppl, Conger, Scaramella, & Ontai, 2009). Conversely, parenting children with developmental delays (Algood, Hong, Gourdine, & Williams, 2011) and behavioral problems (Crnic, Gaze, & Hoffman, 2005) can be highly stressful, and both parenting stress and difficult child behavior are associated with poor quality parenting (Deater-Deckard, 1998). It is conceivable that the challenge of managing child behavioral problems may exacerbate the stress related to depression and poverty among parents experiencing homelessness - sometimes leading to harsh, inconsistent and negative parenting. In turn, maladaptive parenting practices, combined with life stressors experienced by homeless
children, can further contribute to a downward spiral in a child’s adjustment and developmental trajectory (Nicholson et al., 2011).

**Contextual and Relationship Risk Factors**

In terms of contextual risks for poor parenting and child maltreatment, many parents arrive at emergency and transitional shelters having already experienced an array of stressors associated with poor quality parenting. One of the primary risks these families experience is low economic resources and poverty; financial pressures, in turn, are associated with high family stress that can lead to dysfunctional parent-child relationships, poor parenting, and child adjustment problems (Barrett, 2010; Luthar, 1999). Not only does poverty adversely influence the parent-child relationship, it impacts a family’s ability to access adequate, affordable housing, nutritional food, and health care (National Center on Family Homelessness, 2009). In addition, parents experiencing homelessness are disproportionately more likely to have experienced chronic neighborhood violence and domestic violence (Bassuk, 1993; Anooshian, 2005). Research indicates that 63% of women in homeless shelters have histories of domestic violence (U.S. Conference of Mayors, 2010); domestic violence is associated with child maltreatment via the impact of this form of violence on parenting quality and disciplinary practices (Huang, Wang, & Warrener, 2010). Another common experience among parents facing homelessness is limited access to social support networks (Howard, Cartwright, & Barajas, 2009; Vostanis, Tishler, Cumella, & Bellerby, 2001), although some studies do not find differences between mothers with and without homes on availability of social support (Goodman, 1991). Research indicates that level of social support is strongly linked to parenting quality (Oravec, Osteen, Sharpe, Randolph, 2011) and low support is a risk factor for child maltreatment (MacKenzie, Kotch, & Lee, 2011). Each of these conditions and traumatic life experiences are associated with impaired
parenting and child maltreatment; in combination, and in the absence of protective factors, these risk factors significantly increase the likelihood that parents could resort to harsh, insensitive parenting practices.

Additional risk factors derive from the unique experience of parenting in the context of an emergency/transitional housing environment. Once in emergency or temporary shelter, the structure of families may be impacted by shelter regulations regarding the number and gender of residents. Some shelters limit the number of children who may accompany parents, whereas others may outright bar older children and adolescents, especially boys (Cowan, 2007). These regulations may create an elevated risk of foster care placement for the children/youth who are separated from their parents. Fractures in families may also be created by shelters that restrict the presence of all adult males – including those who are married, in partnership with their children’s mothers, single fathers, and adolescent male sons – even in the absence of domestic violence. Together these restrictions contribute to the stress experienced by all family members (Cowal, Shinn, et al, 2002). Further, there is potential for a mismatch between family routines and shelter routines (Friedman, 2000; Schultz-Krohn, 2004). The establishment, observation, and meaning of typical routines are unique and critical to the health of families (Schultz-Krohn, 2004). Family routines and rituals are disrupted by the experience of homelessness – first, through the loss of housing, and then through the family’s adaptation to the routines of the shelter (Friedman, 2000; Schulz-Krohn, 2004; Torquati, 2002). A study by Krohn (2004) found that parents living in emergency housing exerted considerable effort trying to re-create and maintain routines. Additionally, although some shelter-based routines may be commensurate with ‘typical’ family routines such as the scheduling of meals, others may not be conducive to the developmental needs of children living in the shelter (Schulz-Krohn, 2004; Lindsey, 1998).
Finally, the experience of living in emergency housing may predispose parents to an increased sense of inadequacy regarding their parenting experience (Friedman, 2000; Swick, 2010).

The environmental context of living in emergency or transitional housing may also inadvertently disempower parents from the parenting process. Parents in emergency/transitional housing are frequently ‘parenting in the public domain’ (Lindsey, 1998; Friedman, 2000; Swick, 2010). The physical layout of many shelters means that parents are disciplining their children in common areas, often in front of shelter staff and other shelter residents. Parents in one study reported that sometimes shelter staff would correct parents’ disciplinary strategies in front of their children – undermining the parental authority of the parents (Lindsey, 1998; Schultz-Krohn, 2004). Parents have also reported feeling that their disciplinary techniques were being judged by other parents living in the shelter (Lindsey, 1998). Additionally, parents may also experience systemic pressure to change their disciplinary techniques because some shelters have strict policies regarding the types of disciplinary techniques that are considered inappropriate (i.e. corporal punishment) and/or child-level expectations (Lindsey, 1998; Swick & Williams, 2010). Parents may feel pressure to have their children be calm and quiet, so as to fit into the culture of the shelter (Swick, 2010). However, these expectations may not be developmentally appropriate – especially with regard to young children. Additionally, some parents may elect to put their children in time-out; however are not allowed to make use of this alternative form of discipline in a shelter setting (K. Hudson, personal communication, March 5, 2012). This mismatch between the child’s developmental competencies and the environmental expectations of the shelter may lead parents to exert extreme disciplinary measures. If parents do not know other disciplinary strategies, the inability to use corporal punishment may be frustrating (Lindsey, 1998; Swick, 2010).
Quality of Parenting of Mothers in Emergency/Transitional Housing

As noted above, there exist a multitude of risks for poor parenting among mothers experiencing homelessness, but there is a dearth of research on parenting strengths and needs of parents experiencing homelessness (and very few studies of parenting of fathers experiencing homelessness) (Schindler & Coley, 2007). Past research was often based exclusively on self-reports of parenting, and comparison groups typically are inadequate. Despite the methodological limitations of the research, some conclusions about parenting can be drawn from the existing literature. Studies demonstrate that stressors experienced by parents who are homeless are associated with increased negative parenting behaviors, such as aggression (Lindsey, 1998; Torquati, 2002). Further, Koblinsky, Morgan, and Anderson (1997) found that mothers experiencing homelessness were rated by observers as less warm and accepting of their children and they provided less structure and stimulation for learning compared to housed mothers. The groups of mothers did not differ in language stimulation or physical discipline practices. In a study based on self-reports of parenting practices, Lee and colleagues found mothers in supportive housing rated their confidence in the parenting role lower than did a matched group of mothers, and their frustration with the parent-child relationship was higher (Lee, August, Gewirtz, Klimes-Dougan, Bloomquist, & Realmuto, 2010). The authors of that study found no significant differences between groups on mother-reported attachment, communication, discipline practices, or involvement with their children.

For some parents experiencing homelessness, parenting difficulties will intensify to the point of abuse and neglect. Indeed, research shows that rates of maltreatment in homeless populations are elevated compared to housed families living in poverty. For example, McChesney (1995) reported that homeless mothers were significantly more likely than housed
mothers to have a history of involvement with child protective services. A host of other studies have found high rates of foster placement among children of mothers experiencing homelessness (e.g., DiBlasio & Belcher, 1992; Perlman & Fantuzzo, 2007; Zlotnik, Robertson, & Wright, 1999). Park, Metraux, Brodbar, and Culhane (2004) examined the child welfare records of 8,251 homeless children in New York. Results indicated that 18% of those children received child welfare services within 5 years of their first shelter admission; another 6% of the sample had received child welfare services prior to their admission to a shelter. More frequent shelter admissions and longer stays in shelters were associated with an elevated rate of child welfare involvement, perhaps as a result of increased surveillance while “parenting in public”. Keeshin and Campbell (2011) assessed the abuse histories of 64 young adults (ages 18-23) experiencing homelessness and found that 84% of the sample reported a childhood history of maltreatment. None of these studies provide a causal link between homelessness and child maltreatment, but taken together, research indicates a compelling association between these experiences throughout the life course (Zlotnik, 2009).

**Parenting as an Intervention Target**

Given the many challenges faced by parents experiencing homelessness trying their best to provide nurturing, stable parenting in the context of cumulative risks, it is not surprising that parenting is an important target for intervention in programs serving families experiencing homelessness (Gewirtz, 2007). Parenting interventions can take many forms, including parenting programs. Although it is not uncommon for agencies to offer parenting supports to families residing in emergency, transitional, or supportive housing, the use of empirically-supported parenting programs is still quite rare (Gewirtz & Taylor, 2009). Agencies serving families facing homelessness typically are community-based, grassroots agencies, with few resources, high staff...
turnover, and little access to research-based services (Gewirtz & August, 2008). The implementation of empirically-supported interventions typically requires a longer-term investment in programming with extensive training, supervision, and ongoing consultation. Moreover, prevention and intervention research with families dealing with homelessness is scant, for the reasons outlined above. Thus, few parenting programs have been developed or modified specifically for families experiencing homelessness, and even fewer have been tested in research trials. Below we describe two parenting programs that have been modified for use in emergency, transitional, and supportive housing agencies. These programs have been selected for their utilization of a strengths-based approach in supporting positive parenting. The first program, Parenting Through Change (PTC; Forgatch & DeGarmo, 1999) is an evidence-based program that has been implemented in shelters. The second program, the Family Care Curriculum (Sheller & Hudson, 2010), represents a newly developed program based on best practices that is currently being evaluated.

**Parenting Through Change**

Parenting Through Change (PTC; Forgatch & DeGarmo, 1999) is a group-based 14-week long parenting program of the Parent Management Training-Oregon (PMTO) model (see Forgatch & Patterson, 2010 for a review of PMTO interventions). The program targets five parenting practices core to the PMTO model: skill encouragement, problem-solving, limit setting, monitoring, and positive involvement, in a 14-week 90 minutes per session group format that emphasizes active learning and role play to acquire positive parenting skills. Originally developed as a preventive intervention to address children’s behavior problems in separating and divorcing mothers, PTC was evaluated in a randomized controlled trial with a population of 238 mothers and their kindergarten to 2nd grade sons. The study’s results demonstrated significant
benefits for the program group lasting over 9 years (Patterson, Forgatch, & DeGarmo, 2010). Positive outcomes included improved parenting practices, reduced child behavior problems (externalizing problems, arrests, drug use, and depression), and increased child academic performance. In addition, maternal depression and maternal arrests were significantly lowered in the program group, and a 9-year follow up indicated that mothers in the program group were outperforming control group participants on socioeconomic indicators of education, income, and occupation (Forgatch, DeGarmo, & Patterson, 2010).

In a series of studies, Gewirtz and colleagues modified and evaluated PTC for homeless families, first in an emergency domestic violence shelter setting (Gewirtz & Taylor, 2008), and subsequently in 16 supportive housing agencies in the context of a randomized control trial of a comprehensive family-based prevention effort (Gewirtz, 2007; August et al., 2001). In the former study, PTC was evaluated for its feasibility of implementation in an emergency shelter. Two shelter staff members were trained to deliver the program, and 10 mothers were recruited to participate. Although none of the mothers were still residing in the shelter by the end of the 14-week program, 9 of the 10 mothers completed the program, and seven of those nine attended at least 12 of the 14 weeks. This remarkable retention rate demonstrated to staff that shelters settings can engage families by providing more than simply “three hots and a cot”. The shelter sustained and continues to deliver the program.

Subsequently, a community-university partnership was developed with a group of 16 supportive housing providers, supported by the Family Housing Fund, a non-profit funder of affordable housing. This group of providers together provided 95% of the single site supportive housing in the Twin Cities metropolitan area. The group collaborated with researchers at the University of Minnesota on a National Institute of Mental Health-funded randomized control
trial of a comprehensive, multi-component preventive intervention known as Early Risers (August et al, 2001). The sixteen housing sites were randomly assigned at the site level to participate in Early Risers or services-as-usual; families living in the eight sites assigned to the Early Risers condition were offered a ‘suite’ of programs including PTC. Focusing specifically on PTC, 64 parents (about two thirds of eligible families) participated in the intervention. Attendance and satisfaction data indicated that retention was high at 70% - significantly higher than typical attendance rates for prevention programs (Gross, Julien, & Fogg, 2001) – and that participants found the group useful. Outcome data are currently under analysis but preliminary data indicate improvements to parenting particularly among program mothers at highest risk for poor parenting at the outset of the study.

**Family Care Curriculum**

A second parenting program currently being piloted and evaluated is the Family Care Curriculum (FCC; Sheller & Hudson, 2010). FCC is a strengths-based six-week program that meets once per week for sixty minutes and was developed for use with parents with children who are living in emergency and transitional housing. FCC integrates principles of attachment and social learning theories, trauma-informed practice, Effective Black Parenting, and self-care into a comprehensive curriculum aimed at changing parenting beliefs and attitudes through the development of reflective capacities. Through learning to think about what they and their children are thinking, feeling, and needing, it is hypothesized that parents will become more consistently sensitive and receptive to their children’s needs – leading to sustained behavioral changes.

To date, FCC has been successful piloted in seven emergency and transitional housing agencies in a large northeast city and a number of other agencies are preparing to start pilot
programs. FCC is unique in that it begins with a train-the-trainers session. This approach was utilized to enhance sustainability and cost-effectiveness. Providers from emergency and transitional housing agencies participate in a full-day ‘train-the-trainers’ program led by the developers of the curriculum. At the beginning of the training, participants are provided with a training manual. During this training, providers are familiarized with the content of the curriculum, as well as the assessment tools that are used to evaluate parents’ attitudes and beliefs about parenting. They are also provided with ongoing support from the curriculum developers and encouraged to share concepts from the training with other staff and parents in order to create a cultural or paradigm change within their agencies.

Currently, research is underway to assess the feasibility of implementing FCC and to evaluate preliminary outcome data. Feasibility is being assessed through qualitative interviews with providers following implementation of FCC. Preliminary results suggest that providers, even those with limited or no previous experience facilitating groups, have been able to successfully implement FCC within the context of emergency and transitional housing agencies. They report that FCC offers them enough flexibility to meet the needs of their specific agency, while simultaneously being able to implement the curriculum as intended for optimal results. Additionally, providers report a high retention rate of mothers participating in FCC and its short duration (six weeks) allows most parents to participate in the full program. Providers have noticed positive differences in parents, parents’ interactions with their children, and being supportive of one another outside the group time.

Initial data are also available regarding changes in parenting beliefs and attitudes. Mothers who participate in FCC complete quantitative and qualitative pretests and posttests. The quantitative measure is the Adult Adolescent Parenting Inventory (AAPI-2; Bavolek & Keene,
This measure has established norms, reliability, and validity (Bavolek & Keene, 1999). It assesses five dimensions of parenting attitudes, including: belief in corporal punishment, inappropriate expectation, role reversing, low level of empathy, and stifling a child’s independence/autonomy. Preliminary findings suggest that mothers’ beliefs about parenting positively change from pretest to posttest. For instance, more than half of AAPI posttest scores demonstrate improvement in all five parental attitudes and fewer parents scored in the high risk category of the AAPI on the corporal punishment subscale. Additionally, parents who participated in FCC a second time demonstrated continued improvement both at pretest and on their final posttest. Parents also completed a qualitative pretest/posttest measure. This measure involves parents responding to a specific parenting scenario. Findings from this measure demonstrate greater insight into parenting behaviors and more developmentally appropriate expectations of the child’s behavior. Anecdotally, mothers have been reported feeling better about themselves as parents and more able to enjoy and nurture their children.

**Short-Term/Acute Interventions for Families Facing Homelessness**

Although it is possible to provide effective prevention interventions in emergency shelter settings, shelter resources may necessitate the delivery of only very brief psychological interventions for families in crisis. Many shelters develop their own protocols for assessing and stabilizing families, with family advocates providing intake interviews and referring families for services as needed. Psychological First Aid (PFA; Brymer et al., 2006; Vernberg et al., 2008) is a brief evidence-informed intervention that was originally developed to offer psychological support and stabilization to individuals and families following natural disasters or traumas. The intervention has been widely implemented both nationally and internationally and has been translated into several languages; a web-based training for disaster providers also is available.
A version of PFA has been developed to specifically address the needs of families experiencing homelessness and unaccompanied youth seeking shelter (Cullerton-Sen & Gewirtz, 2009; Schneir, 2009). The goal of PFA for families facing homelessness is to provide shelter advocates and other staff with basic principles to support families in crisis who are presenting to shelter. The PFA guide provides shelter workers with concrete strategies to support parents and children and focuses on: engagement, safety, calm, information gathering, practical assistance, connecting with social support, and providing information on coping. Additional tools focus on strategies for providers to manage personal and professional stress.

The three interventions described above focus on helping families cope with homelessness, as well as build their own capacity for positive parenting. The following section of this article will outline specific practice, research, and policy recommendations for addressing the needs of families experiencing homelessness.

**Recommendations for Practice, Research, and Policy**

**Clinical Practice Implications**

Just as there are wide individual differences in adjustment of children experiencing homelessness (Huntington, Buckner, & Bassuk, 2008), parents experiencing homelessness are a heterogeneous group of individuals with divergent needs for intervention related to parenting issues. Thus, a “one size fits all” approach to parenting programs would be inappropriate. Instead, availability of an array of services – including parenting services - that can be offered to families following an assessment of parenting strengths and needs would be optimal. Ideally, this assessment would begin at the point of intake into the emergency housing system (J. Willard, personal communication, August 27, 2011). Upon arrival at the intake center, parents could be assessed by intake workers and triaged to emergency housing programs that offer services that
address the specific presenting needs of the family. For instance, parents with significant mental health issues, such as depression, could be triaged to an emergency housing program with staff and programming that specifically targets this issue.

Given this approach might be beyond the capacity of current housing systems, this differential diagnosis could also occur in the context of the emergency/transitional housing environment. For instance, the parenting difficulties displayed by some parents might be adequately addressed through informal interactions with trained providers whereas other parents might require intensive intervention offered through mental health professionals in emergency/transitional housing or in a community setting. Assessment of parent needs, goals, and strengths at both the intake and service-provision levels requires that housing providers be educated in screening/assessment of parents’ beliefs and attitudes, basic care-taking skills, quality of the parent-child relationship, and child behavior management approaches.

Many emergency/transitional housing programs may not be able to offer intensive parenting programs due to costs, staff shortages, staff training, or other barriers to service delivery. Providers may also use a deficit-based framework for assessing parenting behaviors or not take into account how systemic factors influence families experiencing homelessness (Cosgrove & Flynn, 2005). They may inadvertently blame the parents for the challenges they are facing. This can result in providers refraining from interfering when there are clear opportunities to intervene in a way that would facilitate healthy parent-child interactions. This can start to be addressed through a strengths-based intake assessment, as well as staff training. A strengths-based intake assessment would not only assess the needs of the family, but would also identify the unique strengths that the family possesses (Cosgrove & Flynn, 2005). This assessment could help mediate against “unwarranted pathologizing and cultural scapegoating” (in essence, victim-
blaming) of parents living in emergency/transitional housing (Cosgrove & Flynn, 2005, p. 139). Additionally, there are training models available that teach the use of simple practices that promote positive parenting. For example, Kelly, Buehlman, and Caldwell (2000) trained parent-child advocates in emergency/transitional housing to assess parenting and provide individual feedback to parents about their parenting practices over a 10-week period. Although the study lacked a no-treatment control condition, making it difficult to attribute positive outcomes to the intervention, the authors did find that parenting skills during parent-child teaching and play tasks improved over the course of the intervention.

Programs focused on promoting positive parenting should be designed and delivered in a manner consistent with a trauma-informed approach to service-delivery. Such an approach would insure that the parenting program (a) maximizes parents’ autonomy and choice, (b) is based on a strengths-based foundation that offers shared control and power, and (c) does not inadvertently re-traumatize parents and children. The programs described above, PTC and FCC, serve as examples of programs that are successfully integrating these three criteria. As noted above, homeless parents often express low self-efficacy in the parenting role (Gewirtz et al., 2009); such feelings of disempowerment are not surprising given the experience of homelessness. Thus, a trauma-informed focus on service delivery would seek to enhance parenting self-efficacy as a high priority. Prescott, Soares, Konnath, and Bassuk (2008) published A Long Journey Home: A guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness as a guide for shelter personnel, free of charge and readily available online.

Beyond provision of parenting programs within the shelter environment, we encourage emergency and transitional housing programs to actively seek collaboration with community-based services available for parents. Fortunately, most communities have several agencies that
offer programs designed to promote positive parenting, but selecting partners can be difficult when communities offer widely diverse programs. We recommend that administrators collaborate with evidence-based programs as a priority when selecting partners. Administrators likely would benefit from education to increase their awareness of criteria by which to judge the quality and evidence base for available community programs. A potential role for mental health professionals is consulting with administrators to assist in this selection of community programs.

As suggested by Kilmer and colleagues (this issue), we recommend a family-centered approach to service delivery – this may involve revisiting shelter-based policies related to family members, as well as expectations of child behaviors. Supportive fathers should be actively invited and encouraged to be involved in programs designed to address parenting concerns, even when they do not live with the mothers and children. Although it is possible that some fathers of homeless families may have a negative influence on the functioning of mothers and their children, it would be inappropriate to assume that all fathers of homeless families are irrelevant or harmful to their family members. Fathers deserve the opportunity to be involved in efforts to improve parenting and there is potential for enhanced treatment effects with both parent figures involved. Likewise, emergency housing policies often bar adolescents, especially boys, from living with their parents, so these children typically are not included in intervention efforts. Parenting teenagers can be highly stressful, and although there is variability in adjustment of homeless youth (Milburn, Liang, Lee, Rotheram-Borus, Rosenthal, Mallet, Lightfoot, & Lester, 2009) adolescents who experience homelessness tend to be at high risk for a host of adjustment problems (Haber & Toro, 2009). Thus, these youth should be involved in intervention efforts whenever possible. Special consideration should be paid to the parenting needs of teen mothers,
and multi-generational families, as these populations may need greater parenting support to meet their developmental needs.

Shelter policies regarding children’s behavior should also be examined. As noted earlier in this article, many parents living in emergency/transitional housing feel as though they are “parenting in public” (Friedman, 2000) and feel pressured to keep their young children quiet and calm (Swick, 2010). Providers should receive training to inform their understanding of developmentally appropriate expectations of young children (Swick, 2009). Once providers have this understanding, emergency and transitional housing programs can assist parents in having developmentally appropriate expectations of their children both through parent training – and also by having spaces that encourage developmentally appropriate, positive parent-child interactions (Swick, 2009). When possible, indoor and outdoor play spaces with developmentally appropriate toys and activities can provide a means of promoting positive parent-child interactions.

**Advancing a Research Agenda**

**Increased research on evidence-based parenting programs.** The body of research on programs to support parenting in shelters and transitional housing is underdeveloped and should be elevated among priorities for federal funding (Rog & Buckner, 2007). Increasingly, there is federal funding to investigate evidence-based parenting programs in community settings outside the university clinics in which those programs were developed. Researchers are encouraged to seek those funds to examine programs in the context of the challenges of emergency and transitional housing settings. Specifically, application of evidence-based practices known to improve parenting and reduce risk for maltreatment, but not yet examined for effects in emergency/transitional/supportive housing settings, should be investigated. For example, Parent-
Child Interaction Therapy (Funderburk & Eyberg, 2011; Rae & Simmer-Gembeck, 2011), Incredible Years (Letarte, Normandeau, & Allard, 2010), and Nurse Home Visiting programs (Olds, 2006) could be adapted for use in shelter settings or in community-based clinics that prioritize families in shelters and continue services through transitions into housing. Effects of Triple P (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009) might be particularly relevant to investigate for this population because it offers an array of strategies that can be applied based on degree of family need, with Level One services, a universal prevention approach, being relevant to the entire population of an emergency housing community. Additionally, because of the disproportionate representation of ethnic and racial minority groups among families experiencing homelessness, research attention to the cultural adaptations of promising parenting programs is warranted (Tilley, 1998).

**Increased research on the experiences of parents experiencing homelessness.**

Although the level of sophistication of research in the area of family homelessness is increasing rapidly, much of what we know about parenting of mothers who are homeless is based on descriptive clinical reports and studies that lack methodological rigor. Beyond identifying ways in which parenting practices of families experiencing homelessness might differ from housed parents, investigators must begin to investigate *within group* differences and underlying factors/characteristics that may predict those differences – including increased emphasis on strengths and resilience among parents experiencing homelessness and diverse family structures. A small body of research exists documenting the strengths and adaptive capacity of mothers experiencing homelessness (Cosgrove & Flynn, 2005; Swick & Williams, 2010). This research base should be expanded to increase both understanding and recognition of the strengths that families experiencing homelessness possess, as well as the factors associated with resilience in
parenting. Additionally, we strongly encourage research on parenting and parent-child relationships of diverse families experiencing homelessness. This research could focus on single-father headed households, LGBT families, immigrant families, and military families.

In addition to increasing the scope of research on the experiences of parents experiencing homelessness, diverse research methodologies should be employed to develop a more informed understanding of the experiences of parents experiencing homelessness. Cosgrove and Flynn (2005) note that quantitative methods of inquiry into the experiences of parents experiencing homelessness could be paired with participatory action research methodology. Participatory action research emphasizes collaboration between researchers and participants throughout all stages of the research process (Cosgrove & Flynn). As noted by Cosgrove and Flynn, participatory research empowers research participants to identify service needs and propose practice and policy recommendations that will best meet those needs – and encourages research that works “with the homeless rather than [research] on the homeless” (p. 141).

**Research funding sources.** Given budget cuts to government and private foundation funding for research, it is essential to advocate for restored funding but also to find creative approaches to advance our knowledge of families challenged by homelessness. As recommended in a recent report by Samuels, Shinn, and Buckner (2010), an untapped mechanism is use of existing data sets that were not generated specifically to contribute to the understanding of homelessness but that, if examined creatively, might contribute important information. Analyses of these data sets could be accomplished by less substantial grants (e.g., the NIH R03 mechanism) rather than more competitive grants with larger budgets (e.g., R01). One particular source that could be utilized to learn about the impact of parenting programs used by homeless parents is the National Survey of Child and Adolescent Well-Being (NSCAW) data set funded
by the U.S. DHHS. This large-scale longitudinal data set follows a nationally-representative sample of families involved in the child welfare system. Of particular relevance for our topic, the data set includes parent-reported information about the housing status of families involved in the child protection system and also includes data on parents’ use of formal parenting programs. One research question that could be addressed using the NSCAW data set is, “What are the effects of various parenting programs/services on functioning of parents and children that have experienced both homelessness and child welfare services?”

Administrative data collected by emergency and transitional housing providers and reported to municipal housing authorities could also be utilized for secondary data analysis. These datasets contain demographic and intake information on all clients served by the shelter system, and could potentially be combined with knowledge about the types of parenting programs offered by specific agencies. Historically, one concern with these types of datasets is the quality of the data. However, the most recent HUD regulations require that local housing programs develop data quality plans to improve the timeliness, completeness, accuracy, consistency, and monitoring of data recorded in Homeless Management Information Systems. It is anticipated that this will result in improved quality of data contained in HMIS – which may contribute to making these data more ‘research-ready’ and thereby increase their utility for informing practice and policy.

**Dissemination of research findings.** Producing high-quality research is only the first step in making real progress in promoting positive parenting in the homeless population. Results of those studies have to be translated into applications for providers and policy-makers; in turn, those individuals have to be sufficiently motivated to apply their new knowledge. This process could be facilitated through the use of partnership-based research strategies. These strategies
emphasize the importance of providers as active collaborators in the research process from the development of the research questions through the interpretation of research findings. Furthermore, as advocates with some level of expertise in research, mental health professionals should participate in the process of dissemination of information about interventions that have the best chance of success in the shelter environment, and then encourage implementation of those strategies and programs. This is not an easy task because there is not a single conduit for distribution of information to the shelter community. There are, however, many agencies that might collaborate in dissemination efforts. On the national front, the Homelessness Resource Center, Horizons for Homeless Children, and the National Center on Family Homelessness might assist in translating research into practice recommendations and disseminating the information to the national shelter community. Increasingly, new research findings are disseminated to the public via webinars and online training modules. These approaches might be particularly effective for homeless program administrators and staff who are busy balancing multiple roles and solving immediate crises or with limited/no funding, and limited time for training or professional development.

**Public Policy Recommendations**

In accordance with the most recent housing legislation, Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH, 2011) the highest priority for services provided to homeless families is housing assistance. This legislation allocates funding specifically for the prevention of homelessness of families with children. The ideological underpinnings of this legislation underscore the assumption that homelessness is simply a matter of housing (HEARTH, 2011). Although this is true for some families, the research outlined earlier in this article suggests that many families experiencing homelessness are facing a complex array of risk
factors that go beyond housing alone – and thus addressing the needs of these families requires a two-prong approach of addressing families’ concrete need for housing, while simultaneously addressing the risk factors that led them to seek housing. Emergency housing programs utilizing trauma informed practice can offer a safe space for families experiencing homelessness to begin to address these underlying risk factors. Support for families addressing these risks should continue as the family moves through the continuum of care from emergency housing to transitional housing to supportive housing.

In 2010 the U.S. Interagency Council on Homelessness released *Opening Doors: Federal Strategic Plan to End Homelessness*, a 10-year plan to end homelessness as well as address the needs of homeless individuals. This was a promising step toward reducing homelessness, but the plan falls short in addressing the needs of homeless families. As noted in a recent joint brief prepared by the NCFH and partner organizations (2011), *Improving Federal Collaboration for Homeless Children and Youth*, the plan fails to recommend an integrated strategic plan to address the needs of youth experiencing homelessness and their families. We strongly support the recommendation for increased collaboration across agencies that address the needs of families experiencing homelessness at the federal, state, and local levels. Specific to the focus of this article, we argue for an adequately-funded integration of the organizations and agencies that provide services to support parenting and facilitate positive parent-child relationships among families without housing. For example, we agree with Park and colleagues (2004) as well as Zlotnik (2009), who argue convincingly for cross-agency collaboration between shelter, child welfare, and mental health systems as a high priority. These systems are fragmented and operate in silos, often to the detriment of the families they seek to serve.
One concrete way in which these agencies could cooperate more fully is in working collaboratively to reunite families separated by homelessness. Family separations are common and can be associated with formal placement of children into foster care as well as informal arrangements in which children are temporarily housed with family members or friends (Cowal, Shinn, Weitzman, Stojanovic, & Laba, 2002; Park, Metraux, Brodbar, & Culhane, 2004). Visitation and intervention should be encouraged with non residential children, despite the many challenges involved in coordinating these parent-child visits (see Barrow & Laborde, 2008). Administrators, supervisors, and front-line personnel of the systems involved must appreciate the potential benefits of fostering an ongoing parent-child relationship under most circumstances (an obvious exception is when the children’s safety and health are at immediate risk) and develop an integrated system that insures collaboration to benefit the family unit.

Because more than half of all children served by HUD-funded homeless shelters are under 6 years of age (U.S. DHUD, 2010), the early educational and developmental well-being of these young children must be addressed. Early Head Start/Head Start funding should be increased to serve a greater number of children experiencing homelessness. These early childhood programs are particularly relevant to this discussion because EHS and Head Start are expected to plan and implement high-quality services for parents and families through a family partnership agreement process. However, there are often more children seeking enrollment in EHS/Head Start than there are spaces available. Given this reality, funding could also be provided to increase the availability of high quality early childhood programs more broadly. For example, the Pennsylvania Stars program incentivized high quality early childhood education by providing fiscal incentives to early learning centers to improve the quality of their programming (for more on this, see: http://www.pakeys.org/pages/get.aspx?page=Programs_STARS). Parents
living in emergency/transitional housing could be encouraged to seek enrollment in these programs, as well as Early Head Start and Head Start.

Closing

Children have a fundamental right to thrive in healthy, safe families and communities, yet children will only thrive “to the degree that both their families and society understand, value, and invest strategically in effective supports for their health and the development of competence” (Ramsey & Ramsey, 2011). In this article we have argued that an optimal approach to supporting the mental health and well-being of children experiencing homelessness includes enhancing the quality of parenting they receive. It is important to reiterate that studies point to wide individual differences in parenting practices of mothers facing the challenges of homelessness; it is equally important, however, to acknowledge that many parents faced with homelessness struggle to be the positive, nurturing parents they hope to be. Based on decades of research with high-risk families, we strongly advocate for systemic/structural changes that may more fully address the needs of parents experiencing homelessness. These include: viewing parents’ capacities from a strengths-based perspective; promoting parents’ feelings of parenting efficacy through training and support; creation of spaces within emergency/transitional housing programs that offer opportunities for positive parent-child interactions; and fostering developmentally appropriate expectations on the part of both providers and parents. It is expected using these strategies to maximize the support of these mothers and fathers in their roles as parents will make them better prepared to help their children resolve the adjustment problems that characterize many children who are homeless.
References


