

Understanding the Ecology and Development of Children and Families Experiencing Homelessness: Implications for Practice, Supportive Services, and Policy

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The experience of homelessness can pervade multiple levels and facets of a child and family's world. In view of the historical risks in the lives of children who are experiencing homelessness (e.g., growing up under conditions of poverty, exposure to family violence), it is clear that interventions, services, and supports need to be equally comprehensive to have a positive influence on child functioning and development. Consequently, service systems, providers, and community supports need to address the circumstances of children and families experiencing homelessness and, more specifically, better attend to their ecologies and the diverse factors that can affect their well-being and adjustment trajectories. Such an approach is needed to better understand the range of factors and influences on the development and adaptation of these youngsters at home, at school, and with their peers as well as to guide the identification and implementation of adequate family-centered services and supports.

Families represent roughly a third of the homeless population in the United States (U.S. Department of Housing and Urban Development, 2010), and approximately 1.5 million children—1 in 50 youngsters—are homeless each year in the United States (Bassuk, 2010; The National Center on Family Homelessness [NCFH], 2009). Such figures have catalyzed proposals to end child and family homelessness (Bassuk, 2010; Shinn, 2009) and heightened research and professional focus on factors that can mitigate the negative impact of homelessness on the children and youth, and their caregivers, within those families (e.g., Bassuk, 2010; Paquette & Bassuk, 2009; Swick, 2008).

Families experiencing homelessness have often experienced a range of risks, adversities, and problems (e.g., poverty, domestic violence) that contribute to their homelessness (NCFH, 2011). Furthermore, living without stable housing (a traumatic experience in itself; see Bassuk, 2010 and Haber & Toro, 2004), a defining characteristic of their circumstance, places children and

youth at additional risk for adversity exposure and difficulties in adjustment, including social and emotional problems, high risk behaviors, and problems in health and education (Bassuk, Weinreb, Dawson, Perloff, & Buckner, 1997; NCFH, 2011; Swick, 2005). Because of the complex causes, correlates, and consequences of homelessness in children and families, a comprehensive, multilevel framework is necessary to provide effective services and supports. Unfortunately, many interventions for children and families experiencing homelessness continue to focus on the child(ren) or their caregiver(s) alone, without addressing caregiver-child relationships, the resources or needs of the family system, or other relationships between families and their broader social contexts. Such practices do not fully meet the needs of children and families. A coordinated emphasis on ecologically grounded and developmentally based efforts is more likely to (a) address the diverse influences on the child and family and (b) minimize the degree to which services are fragmented.

In this article, we advocate for service systems, providers, and community supports to address the circumstances of children and families experiencing homelessness and, more specifically, to better attend to their ecologies and the diverse factors that can affect their well-being. We do not comprehensively review the circumstances and issues facing children and families experiencing homelessness (for detailed discussions, see Bassuk, 2010; Haber & Toro, 2004) rather, our objective is to provide suffi-

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cient conceptual and empirical groundwork for recommendations informed by the current literature. Furthermore, because most research on families experiencing homelessness focuses on those with young children or those with children just entering school (Haber & Toro, 2004), the emphasis of this article is on young children and the caregiver–child dyad. Typically, in families with young children who experience homelessness, only a single parent (usually the mother) is consistently present; however, other supportive adults, including fathers, may be critically important for the child’s well-being. Regardless of who the primary caregiver of a child might be, that relationship between the caregiver and the child is particularly important for the well-being and adjustment of the child.

Because the experience of homelessness can pervade multiple levels and facets of a child’s world, particularly when the historical risks in the child’s life are considered (e.g., growing up under conditions of poverty, exposure to family violence), it is clear that interventions, services, and supports need to be equally comprehensive to address and affect positively the various domains of child functioning and development. Bronfenbrenner’s (1977, 1979, 2005; Bronfenbrenner & Morris, 2006) ecological systems theory, also known as the bioecological model, accounts for the child and family in context and the diverse influences on development and adaptation. It therefore provides a useful framework for examining the adaptation of children and families experiencing homelessness and for guiding interventions and system responses (see, e.g., Haber & Toro, 2004; Swick, 2005). The following sections of this article highlight key adversities and factors to consider, describe the relevance of an ecological approach, and put forth actionable recommendations.

Attending to Context: Responding to Diverse Risks

Adversities faced by children and families experiencing homelessness can be separated into three different but related categories. First, a number of stressful conditions or risk factors reflect the adversities that preceded and likely contributed to the families’ homelessness. These include poverty and its associated circumstances, trauma exposure, and risks related to personal resources and circumstances (e.g., mental illness, limited job skills). A second set of risk factors includes the consequences of homelessness, such as social stigma exhibited by employers, businesses, school personnel, and children toward people experiencing homelessness as well as the disruption of social relationships (e.g., family, friends, teachers) associated with residential instability. Third, other risk factors or adversities can occur as a result of the interventions designed to address the immediate needs of children and families, such as time-limited shelters and transitional housing that are sometimes experienced as unsafe and systems and policies that separate families from one another and from their natural supports in the community. In combination, these various adversities are associated with a host of short- and longer term sequelae for children experiencing homelessness, including problems with peers, physical health difficulties, and mental health challenges, including internalizing concerns (e.g., anxiety, depression, withdrawal) and externalizing problems (e.g., aggression, acting out) as well as consequences for care-

givers’ well-being (Bassuk, 2010; Bassuk et al., 1997; NCFH, 2011; Swick, 2005). At the same time, these adversities limit families’ access to those in their communities who can help them overcome the many difficulties they face. Examining these factors and their impact can help identify strategies for interventions designed to facilitate positive outcomes for children and families.

Adversities That Precede Homelessness

Youngsters experiencing homelessness have typically been exposed to a range of risk factors and conditions prior to their homelessness, particularly reflecting trauma and poverty-related adversity. By age 12, 83% of these youth have been exposed to at least one serious, violent incident, and almost 25% have witnessed intimate partner violence (NCFH, 2011). In addition, 63% of homeless caregivers are reported to have been in relationships characterized by violence, and 92% have experienced physical or sexual abuse during their lifetimes (Bassuk et al., 1996). Many youth experiencing homelessness have been the target of abuse, witnessed domestic violence, or been exposed to community violence (Anooshian, 2005; Haber & Toro, 2004). Family violence (intimate partner violence or child maltreatment or both) often serves as an impetus for a caregiver (typically a mother) to leave with her child(ren). In families in which resources are scarce, this can lead to homelessness.

In addition to trauma experiences, families experiencing homelessness have also faced considerable poverty-related adversity, including lack of access to health care, food insecurity (i.e., limited or uncertain access to adequate food; e.g., U.S. Department of Agriculture, 2009), lack of access to affordable housing, lack of stability in their housing situation (even prior to the current homelessness condition), and insufficient resources to pay bills or buy clothes. Living under conditions of poverty is linked with higher rates of divorce, violence exposure, and substance abuse (Attar, Guerra, & Tolan, 1994; Bolland et al., 2007; Luthar, 1999).

These adversities have consequences for children, caregivers, and the caregiver–child relationship. Relative to economically advantaged children, those growing up in poverty evidence higher rates of depression, behavioral problems, somatic complaints, and strained peer relationships (Costello, Compton, Keeler, & Angold, 2003; Linver, Brooks-Gunn, & Kohen, 2002; Luthar, 1999). Their caregivers are more likely to report depressive symptoms and anxiety, feelings of victimization and life dissatisfaction, somatic complaints, and eating and sleeping difficulties (Luthar, 1999; Wadsworth & Santiago, 2008). Moreover, findings suggest that the strain of living in poverty can diminish caregivers’ capacity for supportive, consistent, and involved parenting (Bassuk, 2010; Luthar, 1999). Overall, caregivers raising children under conditions of poverty have been found to be less nurturant, less consistent, and less likely to utilize reasoning in their parenting; instead, they tend to value obedience, are more punitive, and are more likely to use physical punishment as a means of discipline relative to parents who are not living under conditions of economic disadvantage (e.g., Luthar, 1999).

Beyond the powerful influences of trauma and poverty, individual resources, circumstances, or characteristics of the caregiver, such as substance abuse, mental illness, and limited educational and job skills, can also precede homelessness.

Although family homelessness is often attributed to such individual characteristics and circumstances or, more pointedly, failings of the caregiver (Bassuk, 2010; Shinn, 1997), as Swick (2005) notes, the roots of homelessness can be traced to more macro-level issues, social-contextual factors, and policies. Put another way, it is the accumulation of factors—poverty, lack of health care, lack of sufficient housing resources and employment skills, violence in the home or other trauma exposure, substance use, and others—that leads to family homelessness.

Adversities Associated With Homelessness

The experience of becoming homeless brings with it a host of stressors—the trauma of being homeless, ongoing exposure to violence, or victimization experienced on the streets (Anooshian, 2005; Bassuk, 2010; Haber & Toro, 2004; Ryan, Kilmer, Cauce, Watanabe, & Hoyt, 2000). This ongoing trauma is a substantial risk condition (NCFH, 2011), contributing to significant strain and distress for children and families and increasing the likelihood that youngsters will evidence difficulties as they move along their adjustment trajectories.

The experience of homelessness also disrupts a family's social relationships and connections, whether with friends, family, or teachers. Families are often cut off from their social networks, an event that can precede (e.g., conflict between the family and those who had offered to share housing with them) or result from (e.g., purposefully cutting ties due to stigma) homelessness (Fischer, 2000). This disconnection affects families' capacity to access natural supports in the community, and the isolation of parents and children experiencing homelessness has been framed as one of the "most damaging facet[s]" associated with residential instability (Swick, 2005, p. 195). Families who are isolated can no longer access the resources (e.g., tangible assistance, emotional support, advice) that their social networks would naturally provide. This can be especially damaging for minority families as this disruption violates cultural and social norms of social connectedness.

Another consequence of homelessness is the social stigma exhibited by employers, businesses, school personnel, school children, and even helping professionals. The stereotypic and judgmental views of others are experienced as "stressful and damaging" (Swick, 2008, p. 150). This stigma can be viewed as *generalized* or external, which includes the public perceptions and actions toward people who are homeless, or more *personal*, involving the internalized experience of self-blame and shame (Kidd, 2009). Youth experiencing homelessness who have been subjected to such stigma have also been reported to engage in efforts to deal with their "undesired differentness" (Goffman, 1963) through inclusion strategies, which are designed to help them appear like youth who are not homeless, and exclusion strategies, in which they make efforts to demonstrate that they are tougher, stronger, and more mature than their peers. This latter strategy, however, is viewed as potentially threatening to others and may increase their stigmatization (Roschelle & Kaufman, 2004). Additionally, the stigma of homelessness appears to add to or exacerbate the stigma associated with other conditions, such as poverty, sexual orientation, poor school performance, or mental health issues (Phelan, Link, Moore, & Stueve, 1997).

Families' experiences with the school system can also pose a variety of challenges. For one, the manner and approach of teachers and other school personnel—salient proximal influences for children—can affect the engagement of children and parents with the school (Swick, 2005). If school personnel are perceived as judgmental, punitive, inaccessible, or indifferent, children and their parents may be less likely to communicate openly with them and may display less interest in the school and educational activities. Further complicating their child(ren)'s educational status, families experiencing homelessness also evidence higher rates of school mobility, which can impact school engagement, academic performance, and peer relationships (Buckner, Bassuk, & Weinreb, 2001; Miller, 2011). Furthermore, if records have not been appropriately transferred from a prior school or district or cannot be accessed, children and youth can experience barriers to services or inappropriate placements.

Although the McKinney-Vento Homeless Assistance Act provided children experiencing homelessness more opportunity for educational stability, they continue to face disruptions in their education and are more likely to be expelled, get suspended, or drop out of high school (NCFH, 2009). These factors may contribute to academic difficulties. Data suggest that, among high school students, 11.4% of students experiencing homelessness meet grade-level standards for math proficiency, and 14.6% are proficient in reading (NCFH, 2009). These academic difficulties also reflect, at least in part, the fact that youngsters experiencing homelessness are 4 times more likely to display developmental delays (NCFH, 1999) and are twice as likely to have a learning disability (NCFH, 2009).

Adversities Associated With Service System Response

The structures, systems, and services intended to provide support and address the needs of children and families can unintentionally contribute to their adversity experiences. According to Swick (2005, p. 198), "In too many cases services for homeless and other high-risk families actually do more harm than good." The reasons for the negative consequences of service system responses are manifold. For one, the limited privacy, crowded conditions, and perceived lack of safety and security in shelters or transitional housing settings (Buckner, Bassuk, Weinreb, & Brooks, 1999; Swick, 2005) can foster discomfort, uneasiness, and fear. Children need structure, predictability, and consistency in their world—the unsafe, unpredictable living situation in some shelters is not congruent with those needs.

In addition, when faced with homelessness, families are frequently fragmented to provide adequate housing and resources to all members. In fact, approximately one in five children experiencing homelessness will be separated from his or her family at some point (NCFH, 1999; Paquette & Bassuk, 2009). In some cases, care systems and settings (including homeless services and child protective services) force families to separate from one another and from their neighbors and extended family. For instance, when families enter a shelter, they may be separated from each other because of overcrowding or shelter policies that exclude men and older adolescent boys (Paquette & Bassuk, 2009). In other cases, youth may be sent to live with friends or extended family because of shelter policies restricting the

number or age of children and youth, placement in the mental health treatment system, or an attempt to avoid the trauma of the homelessness experience (e.g., Barrow & Lawinski, 2009; Paquette & Bassuk, 2009). Some older youth may be homeless *on their own* in a succession of temporary arrangements (“couch surfing”) or in situations of *literal homelessness* in which they are unaccompanied in shelters or on the street (Haber & Toro, 2004). Research on adolescents who are homeless on their own suggests that these youth often come from families facing the adversities preceding and accompanying homelessness cited previously (McCaskill, Toro, & Wolfe, 1998; Whitbeck & Hoyt, 1999). Additionally, some families may experience separation for involuntary reasons such as caregiver illness, incarceration, or substance abuse and mental health treatment (Paquette & Bassuk, 2009). Whatever its basis, family separation is a significant adversity that can place strain on children and the larger family system. As one example, alternative living arrangements to residing with family such as kinship or congregate care have been found to predict poor outcomes in late adolescence and early adulthood (Courtney & Dworsky, 2006).

Involvement in the child welfare system is another potential source of family separation and is often experienced as an additional adversity. In fact, some have highlighted the potential for blaming of the “victim” in the context of programs intended to support or protect children and families experiencing homelessness. Notably, a substantial proportion of youngsters and families experiencing homelessness become involved in the child welfare system, sometimes as a result of their homelessness, which may be viewed by system workers as evidence that the caregivers are unable to safely care for their children. One report found that two thirds of mothers experiencing homelessness lose custody of their children at some point (Zlotnick, Robertson, & Tam, 2003). Once in the foster care system, these children face a significant shortage of available placements, especially for teenagers, and are likely to experience several placements in both foster care and group home settings (Zlotnick, 2009). This can minimize contact with family members and isolate youth from supportive connections as they transition out of the foster care system into adulthood, placing them at higher risk for experiencing a range of difficulties, including homelessness as adults (Zlotnick, 2009).

Overall, the experience of homelessness brings with it many challenges, adversities, and transitions. Even within the context of service systems developed to provide assistance and support, parents and families are faced with unpredictability and a lack of routine, concerns about safety, the judgments of providers and others, and the complexity of navigating the multiple systems involved with their child(ren) and family. Many parents feel ill equipped to negotiate these systems (e.g., social services, education, mental health), a factor that can not only limit the services and supports available to their family, but can affect the functioning of the caregiver and the family system as well.

What Can Be Done? Using an Ecological Perspective

It is clear that multiple ecological influences, both proximal and distal, are salient to those experiencing homelessness (Swick, 2005). Moreover, in the case of children and families

experiencing homelessness, it is necessary to account for *correlated constraints*, clusters of factors that support either positive developmental paths or problematic trajectories (e.g., Farmer & Farmer, 2001). This notion can be daunting for those providing homeless services and supports, because it is difficult (if not impossible) to address the full range of ecological influences. Nonetheless, it is necessary for those within our service systems to understand the contexts in which children and families function and to target those influences that carry particular weight in the development and adaptation of youngsters.

As such, a central emphasis of work with children and families experiencing homelessness—especially those with younger children—should be strengthening the family unit, with a particular emphasis on strengthening or maintaining the strength of the caregiver-child dyad. This dyad warrants clear attention, because caregivers are a core proximal influence on children’s development and adaptation, and the caregiver-child relationship is a key contextual factor (one that is amenable to intervention) that can have significant impact on various life domains and factors affecting a child. Caregivers play a meaningful role for children following stress or trauma (Masten, Best, & Garmezy, 1990; Masten & Coatsworth, 1998; Salmon & Bryant, 2002), providing not only nurturance, warmth, and emotional support, but aiding their children in appraising and making sense of the event, identifying ways in which they can respond, and coaching or guiding coping (e.g., Kliever, Sandler, & Wolchik, 1994). A positive caregiver-child relationship also supports the development and enhancement of qualities and resources associated with resilience, including a youngster’s competency beliefs, sense of worth, problem-solving skills, and other capacities (Yates, Egeland, & Sroufe, 2003). In fact, notwithstanding the diverse samples, methods, and construct definitions in the resilience research base, having a responsive, supportive, competent caregiver is one of the most consistently identified protective factors (Luthar, Cicchetti, & Becker, 2000; Wyman, Sandler, Wolchik, & Nelson, 2000), serving to forestall dysfunction and promote healthy adaptation.

In turn, it is critical to attend to the needs of the caregiver. Indeed, it has been argued that caregiver well-being is the most critical element associated with child resilience (Luthar, 2010), and it has been framed as a factor with potential cascading effects. That is, efforts to foster caregiver well-being can have not only the intended, targeted effect, but their benefits can snowball, contributing to other important gains—for example, in child development and adjustment—in the longer term. However, mothers experiencing homelessness exhibit a range of mental health challenges (NCFH, 2011), including disproportionate levels of depression, posttraumatic stress disorder, and substance dependence (Bassuk et al., 1996; Weinreb, Buckner, Williams, & Nicholson, 2006). For instance, roughly 50% of mothers were found to have experienced a major depressive episode since becoming homeless (Weinreb et al., 2006). Maternal depression is associated with (a) lower levels of warm, positive caregiving and higher levels of hostile, negative, and disengaged or withdrawn parenting; (b) poorer physical health and well-being in children; and (c) higher rates of child behavior problems and mental health symptoms (Lim, Wood, & Miller, 2008; National Research Council and Institute of Medicine, 2009; Palaez, Field, Pickens, & Hart, 2008). It is clear that

appropriate care and support for caregivers can improve their quality of life and help them provide “good growing ground” for their children, a particularly salient notion in light of the fact that over half of children within families experiencing homelessness are age 6 years or younger (U.S. Department of Housing and Urban Development, 2010).

It is important, however, to note that families experiencing homelessness are not homogeneous (Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009; Howard, Cartwright, & Barajas, 2009). Gewirtz et al. report that, although rates of symptoms among children and parents experiencing homelessness were higher compared to population-wide norms, and these families face substantial risks, significant variation existed, with some families displaying resilience, as evidenced by child strengths, strong parenting practices, and absence of symptomatology. They also found that effective parenting practices (e.g., positive parenting, less coercion, use of problem solving) and, to a lesser extent, self-reported parenting self-efficacy were strongly associated with positive child adjustment. This underscores the importance of attending to and supporting parents in their interactions with their children while they experience homelessness, as the literature points to the pivotal role those parent–child relationships and interactions play in children’s general well-being and adjustment (Miller, 2011).

Overall, findings such as those outlined here highlight the need to attend to caregivers’ recent trauma exposure, trauma histories, and strain, their perceptions of their children’s needs, and their resources as well as indicators of caregiver well-being and adjustment. It is clear that such potential influences can impact parenting and, broadly, the parent–child relationship. Ecologically grounded research can shed light on strategies for intervention (e.g., psychoeducation, parenting training, family support, respite care, formal mental health treatment, including dyadic or attachment-based work for those with very young children) to address the multiple domains and levels through which children and families are affected by homelessness.

The intent of this material emphasizing the importance of strong family interactions, with a focus on strengthening caregivers and the caregiver–child dyad, is not to communicate that other, broader factors and relationships are not salient. Rather, particularly among young children, caregivers and the caregiver–child dyad are core proximal influences, ones that can fruitfully be the focus of limited resources. That said, the existing literature and findings regarding the adversity exposure, challenges, and functioning of families experiencing homelessness testify to the merit of a multilevel, ecological approach, rather than interventions aimed solely at distinct components of these families’ experiences, such as housing, parenting behaviors, mental health services, and the like. The results (and potential influences) described here highlight the salience of attending to contextual factors and their role in the child’s adaptation and functioning. An ecological model points to the need to address broader social-contextual factors associated with homelessness from poverty to policies that contribute to homelessness, restrictive funding streams, or practices that affect families experiencing homelessness negatively, as well as family-focused efforts to enhance their social connectedness and build their capacity for positive parenting. To that end, these results also underscore the importance of addressing the needs of the family system and its

members. Regardless of the specific nature of the family constellation, it is crucial that interventions, services, and supports fit a family-centered model—going beyond the needs of an individual child or primary caregiver—and, within that larger orientation, individualize *components* of the plan of care or system response to the needs of the family generally as well as specific family members.

Developmental Considerations

Within an ecological framework, developing plans of care or identifying services and supports for children and families experiencing homelessness requires taking into account the changes in youth and their family context over time. Efforts to individualize services to families experiencing homelessness should explicitly recognize this changing context and the differences in needs as children and youth move along their developmental trajectories.

When families experiencing homelessness have young children, the caregiver–child dyad is a critical area of focus, with school a salient context for action. However, it is also important to attend to older children and youth and address their needs. For some older youth and adolescents, the dyadic relationship may be less crucial, relative to other relationships in their lives, as adolescents generally have wider, more complex social networks and seek support from a broader set of individuals within those networks (Collins & Steinberg, 2006; Furman & Buhrmester, 1992). Unfortunately, youth experiencing homelessness may have limited alternatives for the various types of support their families would normally provide, as families that are homeless tend to exhaust and often become isolated from their social resources (Shinn, Knickman, & Weitzman, 1991).

A variety of specific developmental issues should be considered in serving caregivers and their older youth experiencing homelessness. First, normative development during this period involves a shifting and renegotiation of roles in caregiver–youth relationships, such that youth are monitored less and, particularly with entry into adolescence, are allowed to make more of their own choices and take on responsibilities. The process can be challenging and cause parent–child conflict or disengagement, even under relatively favorable circumstances (Smetana, Campione-Barr, & Metzger, 2006). Families facing significant disadvantages associated with homelessness may find it especially difficult to adjust to these normative developmental issues, particularly if they are compounded by the individual adjustment problems often found among adolescents from poor or residentially unstable families (e.g., Buu et al., 2009; Dewit, 1998; Haynie & South, 2005). Strained relationships may result in disengagement of youth and family, reducing parents’ motivation to continue to provide support. In fact, this type of mechanism may contribute to the intergenerational transmission of risk for homelessness in families (Haber & Toro, 2004; Paradise & Cauce, 2002).

In addition to changes in relationships with primary caregivers, other age-related issues are critical to consider in serving older youth and families who are homeless. As youth progress in adolescence, relationships with other family members become increasingly influential, including relationships with siblings, absent caregivers or parental figures, and stepfamily. Notably,

these relationships have been identified as particularly important to youth in placements outside the family (Samuels, 2009). Youth also increase their emotional investment in and support seeking from relationships with individuals outside of the family, including extended family, peers, or nonrelated supportive adults or natural mentors (Beam, Chen, & Greenberger, 2002). As such, interventions during these years should shift from a primary focus on the caregiver youth dyad to one in which peers and other social resources outside the family are also emphasized.

Finally, youth may also develop issues of their own that transcend difficulties experienced as a function of their family situation. For example, base rates of severe emotional and behavioral disorders increase during later childhood and adolescence (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). These difficulties may need to be a focus of attention through individual- or family-level interventions. Regardless of the child or youth's age, or the family composition, it is clear that there is no one-size-fits-all approach to addressing the needs of children, youth, and families experiencing homelessness.

Recommendations: Addressing the Needs of Children and Families Experiencing Homelessness

Unfortunately, many efforts to conceptualize the types of interventions needed with families experiencing homelessness focus on the use of professionals to, in some way, intervene with families to address their needs and deficits (e.g., Swick, 2005). This deficit-focused approach unfairly categorizes or contributes to stigmatizing judgments of families who have become homeless. Although caregivers in families who become homeless may have made nonoptimal decisions or faced difficult circumstances, such as substance abuse and mental health concerns, many people with these challenges are not homeless, and many caregivers experiencing homelessness are not living with these risk conditions. Families also demonstrate different pathways to and patterns of homelessness; homelessness is multiply determined. In turn, it is inappropriate to paint with a broad brush in viewing families experiencing homelessness. Instead, it is critical in work with youth and families to identify their strengths, resources, and capacities and find ways to build upon them (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Israel & Jozefowicz-Simbeni, 2009; Lindsey, 2000). Similarly, it is important to recognize that the caregivers and youngsters within these families have identities that go beyond the challenges they face or their experience of homelessness. Such notions are important. Beyond such guiding ideas in work with these children and families, in developing plans of care or intervening with families experiencing homelessness, the use of an ecologically grounded lens can point to a range of needed steps. The sections that follow describe actionable recommendations based on an ecological framing of the issues.

Ensure Secure, Stable, and Affordable Housing

The lack of stable, consistent housing is the central, defining characteristic of families experiencing homelessness, distinguishing them and their experience(s) from those with stable housing who experience other correlated conditions (e.g., poverty). The

lack of stable housing provides a significant barrier to every intervention that can help homeless children and families become more successful and self-sufficient; consequently, there is a growing movement to provide Housing First (LaFrance Associates, 2004). This strategy works to help families quickly access stable, sustainable, permanent housing, which, when combined with case management, enables families to take advantage of other resources they need. Critical in efforts to provide affordable permanent housing are housing subsidies and vouchers. Indeed, Shinn (2009) describes the effectiveness of housing subsidies in helping families leave—and remain out of—shelters.

Whereas stably housed families have the opportunity to learn about the level of risk versus safety inherent in elements of day-to-day living, such as outdoor play in different areas in their neighborhood, unstably housed families have fewer such opportunities, forcing decisions to either limit outdoor play and connection with possible playmates, become hypervigilant in their monitoring, or accept potentially unknown levels of risk. Given that one of the key distinguishing characteristics of homeless families is their limited social networks (Shinn, 2009), stable, permanent housing can help families establish and maintain important relationships that can help prevent future entry into homelessness. Thus, a strong focus on secure, stable, and affordable housing that enables families to establish consistency and routines in their day-to-day lives and be or become part of a community is a critical factor in addressing the needs of homeless families. To that end, facilitating families' efforts to build and maintain stable social connections must also be a priority.

Facilitate Connections to Others and the Community

Recognizing that temporary shelter is often a core part of services for children and families who are homeless, the need for social connections remains a major issue. Families may experience disruption or changes in their contacts with schools, neighbors, faith communities, friends, and extended family, in addition to health and social service providers and families' other natural supports. Thus, helping families connect with their informal supports, build upon existing ones, and, when they move to a relatively stable living arrangement, develop new relationships that are mutually beneficial and thus sustainable are fruitful steps.

In addition, given the benefits associated with social support and connectedness (Berkman & Glass, 2000; Schaefer, Coyne, & Lazarus, 1981), beyond intervening at the family level, those working with families experiencing homelessness must take steps to link them to their broader communities (Swick, 2005). This has been an ongoing issue in professional service systems such as mental health (e.g., Cook & Kilmer, 2010; Melton, 2010) for some time; however, regardless of the barriers and challenges involved, it is necessary to help connect families with their communities and the communities' resources, to build or strengthen their informal support network, and to help them establish a sense of place and community. All too often, interventions that are conceptualized to address the needs of homeless families have the implicit assumption that these families lack strengths,

that their social environments are toxic, and that professional services are the primary or sole mechanism for addressing their needs (Bassuk, 2010). Even when families are in temporary housing and require significant support from professionals, building community is critically important.

Formal and informal opportunities for networking can help build such connections (Swick, 2005). Shelters, agencies providing services and support, faith-based groups, and schools can play important roles in identifying mechanisms for connecting families experiencing homelessness with their broader communities. For example, if a family has interest in participating in or connecting with a faith-based community, efforts could be made to facilitate that linkage, helping transport the family to services and ensuring that the family has the opportunity to attend and access events sponsored by the faith-based group (e.g., potluck dinners). It is critical that families have the opportunity to make and build connections—and develop relationships—in settings outside the specific context of the services they receive. However, for families to do so within the broader array of community organizations and settings (i.e., not just those providing homeless services), it is critical that organizations are supportive of and receptive to their efforts to engage. For instance, schools, generally viewed as stable, safe settings within neighborhoods and communities, can serve a critical function by sponsoring or hosting events through which parents can connect with each other as well as with school personnel.

These notions parallel the approach taken by Jacqueline MacDonald, principal of Mayfair Elementary School, a school opened for youngsters displaced following Hurricane Katrina (Kilmer, Gil-Rivas, & MacDonald, 2010). Although the context (i.e., postdisaster) is clearly different, her approach can provide a useful model to those in other communities. She sought to develop her school's sense of community, attending to connections between the school and the families and those among the families. The school sponsored gatherings so that parents could meet and support one another and organized activities designed to help address parental needs. MacDonald understood the need for Mayfair to be seen as a source of information and services as well as a setting in which parents would have a voice, particularly as it related to their child(ren)'s needs, accessing community services or supports, or even securing basic needs (Kilmer et al., 2010). School staff worked to increase parents' awareness of supports and services in the community, such as organizing informational meetings and partnering to sponsor a resource fair. For some events, the school even provided transportation and childcare so that parents could attend. Schools in neighborhoods with high numbers of low-income families—including those experiencing homelessness—could take similar steps to build connections among families, provide opportunities for families to support one another, and increase awareness of resources in the community.

Provide Well-Targeted Material Support

Postdisaster intervention models and those for other large-scale traumas can serve as useful parallel examples for system response given that they highlight the need for multileveled responses that are contextually and culturally appropriate and

point to the need for connecting families to others as well as to tangible resources in their communities (e.g., Agani, Landau, & Agani, 2010; Kilmer & Gil-Rivas, 2010a; Landau, 2010; Wessells, 2009). Families experiencing homelessness clearly evidence these needs and would benefit from both social and material support. In some instances, natural support systems and social connections can also bring linkages to tangible supports (Landau, 2010) that can, for example, assist with transportation, connect them with flexible funds to address time-limited needs, or help ensure that they have sufficient food for their family. A key is helping families to learn about and access resources and the material or instrumental support available in their communities.

Ensure Family-Centered Services and Supports

It is critical that services for families experiencing homelessness are family centered. That is, they must reflect a coordinated approach to care that focuses on the needs of the whole family, not just the caregiver or an identified child (e.g., Bassuk, 2010). The nature of these services and supports can include a range of possibilities.

One set of services could necessarily focus on meeting parents' needs, including the provision of support, work to address mental health problems (e.g., depressive or posttraumatic stress symptoms), and assistance in building upon or developing educational or vocational skills, or both. Addressing these sources of distress, stress, and strain will also help parents to be better able to draw on their resources in interacting with their children and supporting them. In practice contexts, those providing services would be well served to recognize the strengths of families and caregivers and partner with them in developing plans of care (Bender et al., 2007; Lindsey, 2000; Tedeschi & Kilmer, 2005); during a time when circumstances may be experienced as out of control; doing so can help them develop a voice and feel competent and empowered. One objective would be to maximize caregiver support. Via family partner or family support programming, efforts could help parents build their efficacy in parenting their children and in negotiating the system. This latter component aligns with work in health literacy, as it is critical for parents to be aware of their rights and understand the processes of the service systems in which they are involved, so that they can advocate effectively for their children.

Family-centered services and supports can also facilitate positive parenting (Swick, 2008). Efforts can include psychoeducation for parents regarding meeting their children's needs in the context of adversity as well as skill-building approaches designed to foster or enhance emotionally responsive caregiving. Particularly within the constraints of temporary or transitional housing settings, such work can help parents understand the nature of their child(ren)'s posttrauma responses and reactions, identify ways to support their child(ren) emotionally, and help guide their child(ren)'s coping. For those whose children have been diagnosed or are struggling with behavioral or emotional concerns, practitioners can help parents (and others) recognize that youngsters have an identity as well as needs that extend beyond being diagnosed with a mental health disorder or characterized as "homeless."

Table 1. *Selected Principles of Trauma-Informed Care and Relevant Resources***Approach**

Conduct universal trauma exposure and mental health screening and standardized assessment of children (and, where appropriate, their family members)

Address explicitly the impact of trauma on children and their families (using trauma-informed practices)

Focus on recovery from trauma

Use strategies that address the unique cultural experiences of children experiencing trauma

Employ an empowerment-based model to help foster children and families' experience of power and control in their lives

Collaborate with families in the service delivery process

Organizational change and workforce development

Integrate knowledge about trauma into organizational practices

Make resources on trauma available to staff at all levels and to the families served

Train and educate staff at all levels on trauma and its impact on children and families

Employ staff who are knowledgeable about and sensitive to issues of trauma

System change

Ensure that there is a continuity of care across systems serving children and families

Relevant Selected Resources Regarding Trauma-Informed Care

National Child Traumatic Stress Network: <http://www.nctsn.org>

National Center for Trauma-informed Care: <http://www.samhsa.gov/nctic/default.asp>

National Center on Family Homelessness: <http://www.familyhomelessness.org/>

National Center for Children Exposed to Violence: <http://www.ncccev.org/>

Trauma Center at Justice Resource Institute: http://www.traumacenter.org/about/about_landing.php

National Native Children's Trauma Center: http://iers.umd.edu/National_Native_Childrens_Trauma_Center/

Indian Country Child Trauma Center: <http://www.icctc.org/>

Note. See, for example, Cooper et al. (2007); Harris and Fallot (2001); Ko et al. (2008); Ko and Sprague (2007).

Indeed, providers can help caregivers nurture children's identities beyond their diagnosis or current challenges. Consistent with that notion, in services directed toward meeting the needs of the child or larger family system, it is important that providers attend to multiple domains of functioning and potential needs. For example, with young children, addressing the whole child involves attending to physical and social-emotional well-being, cognitive development, language development, social skills, and the like. Services and supports must be comprehensive and integrated to support positive development within a suboptimal context, that is, one characterized by instability and adversity.

Enhance Workforce Understanding of Ecological and Developmental Issues

Across the network of homeless services, it is necessary to develop a workforce that appreciates the range of adversities confronting children and families experiencing homelessness and the diverse ecological influences for which services and supports must account. Preservice training as well as continuing education, professional development workshops, or structured supervision could assist in developing and maintaining awareness and responsiveness to these issues. Those working in homeless services certainly have first-hand knowledge of many of the challenges, issues, and barriers faced by these families; however, it is important to go beyond that foundation to help providers understand (a) the proximal and distal factors influencing families' functioning and residential stability, (b) the consequences of fragmented services that do not adequately account for the correlated constraints affecting a family, and (c) the need for services and supports that are developmentally grounded.

Connect Families With Developmentally Informed, Trauma-Based Services

Within the context of family-centered services and supports tailored to the child(ren) and family, appropriately addressing the trauma experiences of the children, youth, and families is an essential step. Numerous recent reports have underscored that acknowledging and being responsive to the previous and ongoing trauma exposure of these children and youth is paramount (Haber & Toro, 2004; NCFH, 2011). Indeed, because of the prominence of trauma exposure in children and their families experiencing homelessness, systems and agencies working with individual children who are homeless and their families, as well as the specific services and supports provided, should adhere to a trauma-informed perspective and to principles of trauma-informed care (see Table 1 for selected principles; Amaro et al., 2007; Bebout, 2001; Cooper, Masi, Dababnah, Aratani, & Knitzer, 2007; Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Harris & Fallot, 2001; Ko & Sprague, 2007; Markoff, Fallot, Reed, Elliott, & Bjelajac, 2005; Prescott, Soares, Konnath, & Bassuk, 2008). For children, several relevant systems need to attend to trauma-informed principles and implement trauma-informed services and supports: education, including early care and education; child welfare; juvenile justice; health care; first responders; and community-based systems of care (e.g., Cooper et al., 2007; Ko & Sprague, 2007; Ko et al., 2008). Numerous resources are available to assist systems and providers with moving toward greater levels of trauma-informed care, including organizational self-assessment tools that assist with determining how well trauma-informed strategies and practice are incorporated into daily programming to respond to the needs of trauma survivors. Several national centers can be resources for

communities, organizations, educators, policy makers, media, and families themselves (Table 1 includes a listing).

Although the notion of trauma-informed services has gained traction in the literature and in professional communities, it is also necessary to underscore that context is critical to any consideration of posttrauma adaptation or adjustment (see, e.g., Kilmer & Gil-Rivas, 2010a,b; Kilmer, Gil-Rivas, & McClintic Griese, 2011), and it is necessary to maintain an ecological focus in work with children and families who have experienced trauma. Multiple social and contextual factors (e.g., available support, family history, culture, socioeconomic status, faith) may affect a child or caregiver's reactions, responses, risks, and recovery following trauma. Furthermore, in providing trauma-related services, it is also important to take into account the developmental differences of those being served. For instance, the posttrauma responses of children and youth of varying ages differ as a result of a host of factors, including the fact that their cognitive and affective capabilities influence how they may understand or internalize the experience (National Child Traumatic Stress Network, n.d.; Osofsky, 2004; for detailed discussions, see Kilmer & Gil-Rivas, 2010b; Salmon & Bryant, 2002). In addition, the degree to which children look to their parent or caregiver for support and guidance (e.g., Kliever et al., 1994; Masten et al., 1990) may also vary over time. Practitioners, programs, and service systems need to be aware of and adapt to these differences; services and supports must be developmentally grounded.

Shift Practice or Policy to Better Support Older Youth

To that end, services for those experiencing homelessness must allow for flexibility in meeting youths' needs. Among older youth, whether with their families or unaccompanied (i.e., not in the care of a parent or guardian), practice and policy need to continue to support the parent-child dyad as well as other youth-family connections. Addressing these needs effectively can be challenging, given the growing autonomy (and thus, distinct agendas) of youth, conflict in parent-youth relationships, and the increased complexity of youths' family and social networks as they get older. In addressing situations in which parent-youth relationships suffer from high levels of conflict or are disengaged, but are still amenable to supportive intervention, it may be possible to use specialized family treatment strategies (e.g., Ecological Family Therapy & Family Focused Therapy; Slesnick & Prestopnik, 2009), more broadly based family preservation services (Kinney, Haapala, Madsen, & Fleming, 1991), or intensive case management (Wagner et al., 1994). In addition to directly addressing problems in parent-youth relationships preceding or exacerbated by homelessness, these strategies may help to prevent episodes of homelessness among youth or expedite reunification of parents with their children once a more permanent living arrangement is obtained.

Given that most families who are homeless are female headed with young children, it is understandable that most supports provided in shelters and through other types of agencies would focus on this type of family. However, shelter and other service agency policies that ignore families with both caregivers present or with older children may, in fact, contribute to the processes of family disintegration that discourage male spouses or part-

ners and older siblings from remaining with the family. Thus, shelter practices that permit residence of families including older males—including caregivers or perhaps older siblings—may benefit older youth in particular. Efforts to assist older youth in homeless families through tailored support and, where appropriate, reunification efforts may have long-lasting benefits. Older children and adolescents separated from their biological families are vulnerable relative to their peers in a variety of ways, including greater risks of being homeless on their own (Clark et al., 2008; Courtney & Dworsky, 2006) and other issues that may create challenges for their continued development such as dropout, unplanned pregnancy, and mental health and substance use problems (Courtney & Dworsky, 2006). Addressing these issues at this critical juncture, before youth face adult legal and economic responsibilities and risks, may reduce the likelihood of future generations of homeless families.

Intervene in Other Regular Settings for Children and Youth

Because of barriers and challenges to accessing certain services and supports, children and youth who experience homelessness and their families may be more likely to use or to present themselves to certain settings and services (e.g., shelters, schools, primary health care, acute hospital-based care) than others (e.g., specialty mental health care; Kushel, Vittinghoff, & Haas, 2001; Weinreb, Nicholson, Williams, & Anthes, 2007). Therefore, it is essential to integrate needed services and supports into the settings that families are more likely to access. For example, experiencing homelessness has negative effects on young children's mental health (DiBiase & Waddell, 1995; Shinn et al., 2008). Given increasing evidence of its effectiveness (Brennan, Bradley, Allen, & Perry, 2008; Upshura, Wenz-Gross, & Reed, 2009), the provision of early childhood mental health consultation within early care and education settings, including pediatric primary care clinics, can be an effective way to identify and address children's social-emotional difficulties. Mental health consultation interventions are comprised of several components (Duran et al., n.d.) that are wholly consistent with ecological theory. These components include promotion, prevention, and intervention activities; work with administrators, teachers, and parents; and strategies at the classroom and individual child levels. Ecologically grounded mental health consultation has important implications for developing and sustaining positive, health-promoting environments and relationships for both children and their families.

Within school settings, in-service and professional development workshops could train teacher and school staff regarding the adversity exposure and needs of those experiencing homelessness with goals of increasing their sensitivity to the issues and challenges experienced by families, as well as the likelihood that they will engage parents in helpful ways. Teachers could engage in outreach to parents, helping them identify ways in which they can support their children academically within the context of their adversity experiences or the constraints of the shelter setting. School staff could also integrate parents into learning opportunities or school activities for children to provide opportunities for their involvement at school and facilitate the parent-child relationship (Miller, 2011; Swick, 2008). In addition to

providing school-based services for emotional and behavioral concerns, school mental health professionals (psychologists, social workers) could help provide staff development, work with school nurses to help meet children's medical needs (vision and hearing as well), and assist with connections to community resources and supports (Kabler & Weinstein, 2009; Weinreb et al., 2007).

Ensure That Services Are Culturally and Linguistically Competent

Consistent with an ecologically based approach that values the roles of the contexts in which children and families function, services and supports provided to children and youth experiencing homelessness and their families need to be responsive to their unique cultural backgrounds and linguistic needs. Of particular concern among families experiencing homelessness is attention to the cultural aspects of socioeconomic status as well as race, ethnicity, faith, and family background. Clearly, cultural and linguistic considerations should be central to all aspects of services systems and the provision of services and supports, including adaptation of evidence-based practices for use with groups other than those for whom they were originally developed. Families experiencing homelessness are already facing obstacles in accessing care and have significant unmet health care needs, and language barriers can result in exclusion from programs or delays in services and supports. Therefore, removal of language barriers is essential to meaningful access to services (Suleiman, 2003). Language-appropriate services and supports include provision of interpreter services as well as the translation of essential materials (e.g., curricula), forms (e.g., consent form), and services in families' first or preferred language. Linkages with agencies that provide interpreter or translation services can be a tremendous resource for those organizations that do not have sufficient funds to pay for their own translation and interpretation services; establishing mutually beneficial partnerships can help in the provision of this essential practice.

Implications for Policy, Conclusions, and Future Directions

Particularly within the context of the recent and ongoing economic downturn, the numbers of families experiencing homelessness, as well as those at risk of homelessness, have risen in recent years. The magnitude of the issue is great, and as we hoped to convey here, the influences on families' well-being are numerous, the domains affected are many, and the actions required are diverse. Circumscribed interventions or changes in practice will likely be inadequate to address the issues and adversities faced by those experiencing homelessness. Numerous researchers in this area have detailed the need for policy change, and a multifaceted approach is necessary on that front as well.

Addressing antecedents of homelessness is a core goal, and poverty is a key target, particularly among families with young children. Duncan, Ziol-Guest, and Kalil (2010, p. 322) have urged a focus on policy steps that affect family income (e.g., the Earned Income Tax Credit) for families with young children, noting that a \$3,000 annual increase in "income between a

child's prenatal year and fifth birthday is associated with 19% higher earnings and a 135-hr increase in work hours."

Steps to address the adversities faced by those experiencing homelessness are also warranted. Given the stress and stressors associated with homelessness itself, a central policy goal would be to facilitate the rapid reintegration of families into housing (see Shinn, 2009); however, although Section 8 vouchers and supportive housing approaches can provide critical assistance and support stability for families in need, many communities are experiencing a shortage of vouchers and subsidies. Not only are such resources necessary, it is also critical to modify policies and practices that tax and even harm families, such as those that result in family separation. Shelters and other settings could be designed and operated in a way that better accommodates families with caregivers and youth of both sexes.

It is also necessary to use the infrastructures that exist to better meet the needs of children and families experiencing homelessness. For instance, local housing authorities or supportive housing settings could incorporate parenting-based preventive interventions, mental health screenings for children and caregivers, and afterschool programming or serve as a portal for referral to service-delivering provider agencies (e.g., Gewirtz et al., 2009).

Regardless of the specific approach employed, it is clear that action is needed and that interventions must be comprehensive in scope. Bassuk (2010) describes an intervention known as Building on Strengths and Advocating for Family Empowerment (BSAFE), a time-limited model developed by the National Center on Family Homelessness and adapted from Critical Time Intervention (Herman, Conover, Felix, Nakagawa, & Mills, 2007). Bassuk notes that the development of this year-long case management intervention was informed by ecological theory and that BSAFE is a trauma-informed, family-centered intervention that focuses on (a) the connections among community-based services, (b) social networks and broader systems of care, and (c) the housing, health, and well-being of families as they transition into the community or supportive housing settings (Bassuk, 2010). Consistent with what we have advocated here, this approach seeks to enhance social and community connectedness, identify the needs and develop plans for each family and family member, and facilitate links to community supports (particularly developmentally appropriate and culturally sensitive services and supports; Bassuk, 2010). This innovative model is promising; it will be necessary to evaluate rigorously not only the outcomes for children and families receiving the intervention (including the degree to which they evidence increased social connections and linkages with their broader communities), but the process components (e.g., the specific services and supports received and the nature and intensity of those services) as well. Doing so will yield data that can guide the refinement of the approach, including the allocation of resources to maximally benefit families.

In closing, although we have focused on diverse influences in these families' lives and a range of possible actionable recommendations, we must underscore that stable, secure housing is the central, overarching need. If a family remains in unstable housing, it will be challenging at best to provide effective family-centered services; school-based connections will be disrupted, and the continuity of care of services and supports will be

compromised. Without the provision of stable housing, the ability to act on the recommendations put forth here and their potential for impact will be severely limited.

Keywords: homeless families; homeless children; homeless youth; poverty; domestic violence; trauma, caregiver-child relationship; stable housing; ecological theory

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