

The Process of Restabilization for Mother-Headed Homeless Families: How Social Workers Can Help

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Abstract:

Although homelessness among mother-headed families has been increasing steadily in recent years, little is known about how such families successfully emerge from homelessness. This study addresses this gap by exploring the process by which mother-headed homeless families become stably rehoused through interviews with ten formerly homeless mothers. The grounded theory method of qualitative research, including constant comparison data analysis techniques, was used. Findings indicate a three stage process of restabilization: Meeting Immediate Family Needs (locating shelter, maintaining parental role, keeping up morale, and preserving stability); Creating a New Home (managing cash flow, addressing personal and interpersonal problems, locating and furnishing the new home); and Maintaining Family Stability (managing finances, managing ongoing personal and interpersonal problems, and reestablishing family relationships). Social workers have a major role to play in helping families successfully navigate these stages, and specific implications for social work practice with homeless mothers and their families are discussed.

Article:

Homelessness became recognized as a major social problem during the 1980s, a decade in which members of homeless families came to constitute as much as 37% of the homeless population (Burt & Cohen, 1989; U.S. Department of Housing and Urban Development, 1989). Reyes and Waxman (1989) estimated that 80% of all homeless families are headed by single parents, primarily women. Similarly, Burt and Cohen (1989) found only 1% of homeless households to be comprised of men with children, and they reported no two-parent homeless families. Members of mother-headed families currently comprise approximately one-third of the total homeless population. According to Mihaly (1991), "it is agreed widely that families with children currently make up the fastest growing segment of the homeless population" (p. 16).

Research has focused on how families become homeless (e.g., Bassuk, Rubin, & Learjet, 1986; Mills & Ora, 1989; Weitzman, Kniticman, & Shinn, 1990), characteristics of homeless family members (e.g., Bassuk, 1990; Bassuk & Rubin 1987; Johnson & Kreuger, 1989), and the impact of homelessness on parents and children (e.g., Boxill & Beaty, 1990; Hall & Maze, 1990; Molnar, Rath, & Klein, 1990). Studies have documented major problems in social, physical, psychological, and academic functioning among homeless children (Bassuk et al., 1996; Molnar, Rath, & Klein, 1990; Rafferty & Shinn, 1991; Wright, 1990). Homeless persons, including homeless mothers, have been documented to suffer from higher rates of substance abuse, mental illness, depression, and social isolation than housed poor persons (Bassuk et al., 1986; Burt & Cohen, 1989; Dail, 1990).

Although much research has focused on homeless families, little attention has been paid to the process of successful restabilization, that is, how families are able to emerge from homelessness. An exception is a study by Dombusch (1994) who interviewed service providers and formerly homeless parents about how families emerge from homelessness. Factors cited included an increase in income, support from friends and family, access to affordable housing, knowing how to use the social service system, internal strengths, and motivation. However, this study did not attempt to outline the actual process families went through to emerge from

homelessness.

If social workers and other human service providers are to be effective in helping families emerge from homelessness, knowledge of the process through which they can become and remain successfully rehoused is important. The purpose of this study was to begin to fill this research gap by exploring the process by which mother-headed families become stably rehoused after experiencing homelessness. Findings will be of special value to social workers in homeless shelters and other agencies which provide services to very poor families.

METHODOLOGY

Because research on emergence from homelessness is still in the very early stages, theory which might guide hypothesis testing has not been developed. Thus, a qualitative research design utilizing grounded theory was selected as the most appropriate research strategy. According to Strauss (1987), grounded theory is "a style of doing qualitative research that includes a number of distinct features, such as theoretical sampling, and certain methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm, to ensure conceptual development and density" (p. 5). Findings from grounded theory studies emerge directly from data through the constant comparative method or data analysis which involves two analytical procedures: the making of comparisons and the asking of questions. The data under scrutiny are typically spoken words of interviewees, observations of field researchers, or written words of documents. Findings are usually presented as categorical schemes, supported by direct quotations from the data. Qualitative research strategies, including grounded theory, have been cited as particularly appropriate for the study of perceptions and experiences, especially regarding families (Daly, 1992).

Sample Selection

The theoretical premise for this sample was that formerly homeless mothers who had successfully rehoused their families have valuable information and insights into the process of successful restabilization. Thus, a purposeful sample, consisting of formerly homeless female heads of household, was selected by asking key informants who worked in homeless shelters in three Georgia towns to suggest potential participants, based on informants' judgments of these families' success in emerging from homelessness. The sites were limited to nonmetropolitan areas, as the experience of homeless families in such areas has not been well studied (Patton, 1988). An attempt was made to include participants who reflected the racial diversity of homeless families in the three geographic areas where participants were recruited. To be included in the study, participants must have stayed in a shelter with at least one of their minor children. In addition, the family must have been in a stable living situation for at least 6 months prior to the interview. That is, the family must not have experienced an episode of homelessness during that period. One family, whose mother was interviewed during the pilot study for this project, had only been rehoused for 4 months at the time of the interview. It was decided to include this data in the study because later contact with the mother indicated the family was still in the same stable situation 8 months after leaving the shelter.

The concept of theoretical saturation (Strauss, 1987) was used to determine the actual sample size. According to this principle, sampling is complete when no new information emerges from new participants. In this study, redundancy began appearing rather soon in the data analysis process. After the sixth interview was conducted and analyzed, only minor modifications were made to the findings which had emerged. Subsequent interviews validated rather than significantly altered the findings. Thus, the final number of participants was 10, of which 6 were African American and 4 were white. Table 1 presents certain characteristics of interest for these 10 women (identified by pseudonyms).

The reasons families in this study became homeless varied. Three of the families became homeless because the mothers were drug addicts (Sissy and Kate), and in two other cases mothers wanted to get their children away from fathers who were using drugs (Lorna and Mandy). In two other families, husbands were either physically or emotionally abusing the mothers and/or children (drugs were involved in these situations also) (Susan and Denise). Two of the families became homeless because of poverty and/or inability to negotiate the public welfare system (Jean and Katrina). One family lost their residence because the mother became disabled on the

job, and a dispute over Worker's Compensation delayed receipt of benefits (Beth).

Data Collection and Analysis

Data were gathered through in-depth semi-structured interviews which lasted from 1 1/2 to 2 hours. Interviews took place in participants' homes, except for two interviews, one of which took place in the researcher's office and the other in a hotel room. Participants were paid \$25.00 for contributing their time and stories. Interviews were audiotaped and transcribed in their entirety. Interview topics included: demographic information, family constellation and history, homeless episode(s), process of restabilization, role as mother, and current living situation.

TABLE 1. Selected Participant Characteristics

Participant	Marital Status	Ages of Children in Shelter	Length of Shelter Stay	Time Since Last Shelter Stay	Work Status	Current Housing Situation
Lorna	divorced	1, 10	2 weeks	2 years	parttime	public housing
Sissy	widowed	12	3 months	4 months	fulltime	renting
Jean	divorced	5	4 months	4 years	unemployed	Section 8
Katrina	never married	3, 7, 8	2 months	11 months	unemployed	public housing
Ellie	never married	5, 7, 10, 14, 16	1 month	1 1/2 years	unemployed	lives with relatives
Mandy	married	4	6 months	3 1/2 years	fulltime	owns trailer
Kate	never married	5, 9	1 month	8 months	unemployed	Section 8
Beth	divorced	10, 12	4 months	3 1/2 years	fulltime	renting
Susan	divorced	6	8 months	3 1/2 years	fulltime	renting
Denise	divorced	14	2 weeks	1 year	unemployed	public housing

The constant comparative method of data analysis (Glaser & Strauss, 1967; Strauss, 1987) was used to analyze interview transcripts. This method, designed to discover categories which conceptually describe the phenomenon under study, involves a continuous interplay between data collection and data analysis. As categories emerge, they begin to form initial coding schemes which change as new information is acquired. Analysis occurs simultaneously with data collection, allowing the researcher to challenge and verify findings as they emerge. This circular process of data collection and analysis continues until saturation occurs, that is, until no new data emerge. At this point the sample is complete, and researcher attention turns to further refining and reworking categories and properties of categories which have emerged from the data. In this study, preliminary categories began to emerge after the second interview. In all, there were six drafts of preliminary findings before the final findings were developed.

To ensure validity and reliability of the study, strategies suggested by Krefting (1991) were used. Reflexive analysis through maintenance of a field journal, member checking, and peer examination was used to minimize threats to internal validity. Threats to external validity or generalizability were minimized through use of a nominated sample from key informants in shelters. A dependability audit, including dense description of research methods, code-recode procedures, and peer examination, was utilized to guard against threats to reliability.

FINDINGS

A three stage process of restabilization emerged from the data, with each stage involving several tasks. Additional findings related to factors which affected the process (Children, Personal Resources, External Resources, and Socioeconomic Context) are reported elsewhere (Lindsey, 1996). This paper focuses on findings related to the original research question: What is the process whereby homeless mothers are able to stably rehouse their families? Table 2 presents the three stages of the process and the properties or tasks characteristic of each phase. Throughout the paper, pseudonyms are used for all individuals, shelters, and communities.

Stage 1: Meeting Immediate Family Needs

The first stage in the process of restabilization involves meeting the family's immediate needs which are in jeopardy because the family is homeless. The tasks in this stage are: locating shelter; maintaining the parental

role ; keeping

role; keeping up one's own morale; and preserving aspects of stability. This stage is particularly crucial because, unless the mother is able to meet the family's immediate needs, she is in danger of losing custody of her children to a child welfare agency.

TABLE 2. Categories and Properties Associated with the Process of Reestablishment

Meeting Immediate Family Needs
- Locating shelter
- Maintaining the parental role
- Keeping up one's morale
- Preserving aspects of stability
Creating a New Home
- Managing cash flow
- Addressing personal and interpersonal problem(s)
- Locating and furnishing a new home
Maintaining Stability
- Managing finances
- Managing ongoing personal and interpersonal problems that threaten family stability
- Reestablishing/reaffirming family relationships, especially the parental role

Locating Shelter

Mothers' primary concern was to locate a place to live until they could secure permanent housing. Not all of the families went directly from their own residence to a shelter. For instance, after Kate's mother died, she and her children lived with a succession of relatives and friends for 2 years. Sometimes mothers planned ahead and were able to make prior arrangements to move directly into a shelter. For instance, Lorna recounts.

We came down here because my husband had got on drugs real bad, One day when he was at work, I decided to take my kids and come down here.... I had called ahead of time, planned.... they were waiting on me.

However, most of the families entered a shelter directly upon finding out that they had no place to spend the night or when the mothers decided they could no longer tolerate their living situations. For instance, Susan and her daughter moved into a battered women's shelter after Susan called the police on her abusive husband, and Denise and her son entered a shelter the same night she inquired about vacancies. Denise said,

That night when I finally said, "I'm going to the shelter," I went to the shelter that same night.... [a staff member] said, "I don't have a family room, but you can sleep on the couch cause this girl is moving out in two days from tomorrow." So, I did. I went back home, woke my son up out of the bed, got him and most of his clothes and everything, and we went to the shelter that night.

Maintaining the Parental Role

The second task of Meeting Immediate Family Needs is maintaining the parental role within the context of shelter life. Two primary difficulties were cited: first, many of the women were themselves emotionally upset at their predicament, and therefore, they found it hard to attend to the needs of their children; second, the women perceived that certain aspects of shelter life interfered with their parenting.

Many of the women were very emotional when they entered the shelters, and their emotional state affected how they parented their children. Mandy talked about how the stress she was experiencing affected her interactions with her son:

My stress level had reached its breaking point with him one night, and I went, barn [she hit him] ... It

was a bad time. It was right before our divorce hearing. I think, . . . It started getting really stressful, ... My son being ADD.... he was really crawling the walls, and I had all I could take, and I just lost it, you know. Before I knew it, he was in the wall, and I was bawling.

Jean talked about how out of touch she was with her son's mental state during the time they stayed in a battered women's shelter: "What situation he was in mentally after being at the shelter, I'm not aware of because I was unaware of anything at the time. I was in complete confusion."

Certain aspects of shelter life, including rules established by the shelters, often created parenting difficulties for mothers. In one shelter guests were required to leave during the day, which was particularly hard for women with young children. Lorna talked about how she and her children spent their days:

We used to get a blanket ... and just spread it out and sit ... right there in the corner by that big tree by the fire station.... We were walking around in the park.... We'd just walk.... You have to drag your kids with you. When school time came around, they all was in school except my baby ... So me and her would just walk around ... and then we'd be back in time enough to get them out of school and that would be the only reason you could get back in the shelter before 5:00 cause you had to get your kids off the bus.

Shelters often had curfews and expectations of children's behavior that did not work well for families. For instance, Beth talked about how the bedtime curfew was a problem with her daughters, and Mandy said her 4 year old son, Jim, was expected to "act like an adult."

Although all three shelters had rules against corporal punishment, none of the women remembered being told of this rule until after they had spanked their children. Mothers were sometimes criticized or corrected by staff members in front of the children, which they experienced as undermining their parental authority. Ellie felt particularly strongly about this:

Larry, he had been being bad all day that evening, and I tapped him ... and I didn't even hurt him. He wasn't even crying and they just got all over me. Arthur [a staff member] told me, "No spanking while you are in the shelter." He said, "It's just one of the rules there." I got upset about it. . . . Maybe if he had of took me to myself and talked to me and told me that instead of saying it in front of... the child. Then they probably wouldn't have got as far out of hand as they did.... He told me right in front of the child.... That undermined me, and the rest of the kids took advantage of it, too.

Mandy also talked about how she felt shelter staff interfered with her role as a parent:

It was rough, because I'm independent, and you got the directors or housemothers, or whatever you call it, constantly looking over your shoulder, telling you how to do it, and you just want to turn around and say, "I am his mother. I will do it my way." And you can't do that. And you couldn't spank your child ... it's not something they tell you up front ...

Participants also spoke of shelter rules which prohibited boys over a certain age (as young as 9) from staying in the shelter. For example, Ellie had to send her oldest son to live with relatives during one homeless episode because the shelter did not allow boys over the age of 15.

Several mothers actually feared for their children's safety in certain shelters. For instance, Ellie said that, in one shelter, several lesbians began

getting fresh with my oldest girl ... I had got to point where I was about ready to fight, because !didn't like the way they kept on trying to feel them . . . or talk about how my daughter, how good she supposed to look and all this stuff ... I tried nay best to avoid it, but a lot of times [my kids] were missing out on eating the any they should because we'd Wait till everybody else done eat ... So I seed I had to stand my

ground.... And I wined up getting in a fight a couple of times. I had to. I was pulling hair and everything, but I did what I had to do.... They started respecting my kids and me. They started leaving my daughter alone.

In contrast, Susan perceived the environment in her shelter to be very safe and positive:

I think it's a good environment, probably, because [children] come to realize that they're safe and their mother's safe, and all this getting up out of the bed in the middle of the night is not going to happen. So I think that they come to feel safe. And I think the environment is good for them.

Keeping Up One's Morale

To successfully cope with the experience of homelessness and with their children's needs, mothers had to take care of their own mental health and keep up their own morale. For example, when she was asked specifically about what had been important to meeting the family's immediate needs, Denise replied, "I think I had to work on myself before I was able to go and work on my son. To get him stable I had to get stable." Susan also believed taking care of herself was an important step in the restabilization process:

You've got to get your self-esteem and self-respect up because if you don't do that, you can't do anything.... You had to be strong to be in that situation, and it takes a lot to get out of the situation. And I tell them [other battered women] not to be afraid to think of themselves first, put themselves first, even over the children. I mean, you love your children and you give them what they need, but you still need to put yourself first, because if you don't put yourself first and start taking control and do things for yourself and for your children, then you're [going to be] in limbo. That's the way I had to do it.

Preserving Aspects of Stability

Many of these families had little stability to preserve, having left behind homes, relationships, furniture, and other belongings. However, several of the mothers mentioned how important it was to preserve what little stability did remain in their lives. For Kate, this took the form of retaining her job; for Jean, it meant remaining in school despite transportation problems. Sissy, Denise, and Jean were all fortunate to be able to keep some of their furniture because their shelter had a large warehouse in which to store residents' furniture.

Stage 2: Creating a New Home

The second stage in the restabilization process, Creating a New Home, involved three tasks; managing cash flow, addressing personal and interpersonal problems; and locating and furnishing the new home. Some women began the tasks involved in creating a new home prior to shelter entry, so there was sometimes overlap between the first two stages. For instance, Kate had applied for housing assistance prior to entering a shelter.

Managing Cash Flow

When families entered shelters, they were all in serious financial straits. Three families were already receiving AFDC and Food Stamps, but six entered shelters with no means of support; only Kate was employed. Thus, for all of these women, managing cash flow on a severely restricted income was a top priority. As Denise put it, "You definitely have to know how to manage your money cause you're sitting there broke."

Because of their differing circumstances, managing cash flow involved different tasks for different women. For instance, all of the unemployed women who entered two of the shelters were required to apply for AFDC and food stamps, while for Sissy, whose children received Social Security on their deceased father's account and were thus ineligible for AFDC, the first step in managing cash flow was to find a job and begin saving money for rent and deposits. Several women had to pay off back utility bills or debts owed to housing authorities before they could secure places of their own.

Addressing Personal and Interpersonal Problem(s)

Participants talked about the need to address the problems which precipitated homelessness, problems which

developed as a result of being homeless, and/or stressful life events which could happen to anyone, regardless of housing status. Sissy, Ellie, and Kate all had serious drug addictions which prevented them from maintaining a stable living situation or their families. Until the addictions were successfully treated, these mothers were never able to restabilize their families. Women who left abusive or threatening situations often continued to be harassed even while they were in the shelter, creating yet another threat to family stability. For instance, once Denise left her husband, he began to stalk her and threaten to kill her. Like Denise, Susan was afraid most of the time she was at the shelter because her husband had also threatened to kill her, her fear made it difficult for her to plan for the future. Susan described her experience:

I was like in a daze. I really didn't know where to turn. My nerves were gone. I couldn't sleep. I was about afraid to close my eyes, and I didn't feel safe when I first got there.... I went [out] with the house person there, that takes care of the house. I was never by myself.... And I was very cautious because I was afraid he'd show up.

Susan also had to overcome her self-doubt and fear of being the sole support of herself and her daughter:

My self-esteem was very low. And I talked to some people at The Haven and they couldn't understand why, if I took care of everything and paid all the bills and everything, why I thought I couldn't do anything or why my self-esteem was so low. And I said, "Well, you just hear this every day and every day and every day, and it just gets pounded in your brain and you just believe it..." But it's very hard to overcome... After I got from under him ... I realized, I began looking back and saying, "Hey, I did everything that was done anyway. And I held down a job, and I paid the bills, and everything. So I can do it."

For some women, dependence on the shelter itself actually became a problem. Sissy and Beth both found the safety and security of the shelter to be no comforting that they were actually reluctant to leave. Sissy said,

At first, I couldn't accept it, as far as being at the shelter. But, then, it got to where I liked it. And then, when I got ready to leave, I was scared to leave.... Because I was secure ... and when I moved out, I'm free to the whole world. Couldn't nobody come there unless I wanted them to.... I couldn't understand why I was scared to leave, and Doris [a shelter staff person] ... talked to me and told me that I felt secure there, and I was kind of hesitant about moving out. And then she said, "But I feel that you'll be all right."

Locating and Furnishing a New Home

These mothers had three primary housing options: to move into public housing, to try to secure a Section 8 housing subsidy, or to rent in the private market with no assistance. For most of the women the last option was not viable because of their low income. Only Sissy, who received Social Security for her children and who also found a job while staying in the shelter, and Beth, who received a \$9,000 lump sum settlement in her Worker's Compensation case, were able to rent without housing subsidies upon leaving the shelter. Three women moved their families into public housing, and five women received Section 8 housing subsidies. It was common knowledge among most of the women that residence in a homeless shelter would facilitate entry into public housing or procurement of a Section 8 certificate because their names would be moved up to the top of waiting lists. In fact, Jean deliberately chose to enter a homeless shelter twice in order to receive a higher priority for housing assistance.

For women who were willing to move their families into public housing, locating a new place to live was usually not very difficult because units were available. However, some women did not want to move into public housing because of safety concerns. For instance, Susan said, "If I had had to move into the projects, I would still be a nervous wreck. That wouldn't be any different than living with my husband to me, probably. And I'd be afraid, and I'd be afraid for Tony" [her daughter].

For many of the women their first choice in housing options was a privately-owned apartment subsidized

through the federal Section 8 housing program. While Kate and Ellie had little difficulty securing rent subsidies, other mothers found the certificates to be very scarce. Denise said the waiting list for the certificates in her county was 3 to 4 years. Jean attempted to apply for one of 100 Section 8 certificates that became available, but her stay in the shelter was extended by 4 months when the housing authority was audited, and distribution of certificates was frozen. Families lucky enough to procure one of the scarce Section 8 certificates had fewer cash flow problems associated with moving into a new home because, in addition to subsidizing rent, the program included an allowance for utilities, and did not allow participating landlords to charge deposits.

Once the mothers had located new homes, they had to furnish them. If they had placed their furniture in storage prior to entering the shelter, they had to get the furniture moved. Fortunately shelter staff usually helped with the move. Most of the women, however, either lost their furniture when they left their previous living situations or did not own furniture. Shelters, churches, and other organizations usually provided basic household goods and furniture to these families.

Stage 3: Maintaining Stability

Once families had relocated into homes of their own, mothers continued to face threats to their families' stability. These families were still very poor and usually plagued by other problems as well. The third stage of the process of restabilization involved three tasks: managing finances; managing ongoing personal and interpersonal problems which threaten family stability; and reestablishing and reaffirming family relationships, especially the parental role.

Managing Finances

Seven of the 10 mothers relied solely on AFDC and food stamps when they left the shelters. The extremely low level of public assistance benefits in Georgia left all of these families below the poverty line. Even women who found jobs had financial difficulties. For instance, 3 1/2 years after leaving the shelter, and after working for 2 1/2 years, Susan was still struggling to provide for herself and Terry. She had kept her housing subsidy for a year after securing a job, but at the time of the interview she was fully responsible for her rent and utilities. She had just lost Medicaid coverage for Terry, and, despite the fact that she worked for a state agency, she did not make enough money to pay health insurance premiums and make her car payments. Even Beth, who was making a decent income as an LPN, did not feel financially secure. Beth said,

I know that I'm a payday away from poverty. God's honest truth, anybody, unless you've got money put back in the bank, or you're independently wealthy, if you've got the normal bills of everyday living, you're just one payday away from it. Because your bills don't stop.

Managing Ongoing Personal and Interpersonal Problems That Threaten Family Stability

Many of the mothers continued to face nonfinancial problems which threatened the ongoing stability of their families. Some of these problems were related to the reason they became homeless in the first place. For instance, women with substance abuse problems had to continue to abstain, and women who had been threatened by spouses still had to protect themselves and their children.

Maintaining sobriety was a challenge to mothers who were addicts. For example, Sissy talked about how hard it was to live in her neighborhood: "I guess drugs are everywhere you go ... I stay in the house most of the time. My kids say, 'Are you scared to go outside?' I say, 'No, I just don't want to see anything going on, that's all.'" Beth had used drugs on and off for years, but had quit after becoming an LPN. However, she said,

Once you use drugs, you're always a step away from doing it.... Once a drug addict, always a drug addict ... When I got my cap and I read that oath, it's been a battle every day since then.... I still get that old euphoria feeling.... but you just kind of have to smack that out of your head and bring yourself back to reality.

For mothers with addiction problems, the importance of remaining clean cannot be overstated. Ellie reported

multiple experiences with instability and homelessness which could be traced directly to her inability to maintain sobriety in the face of multiple financial, emotional, and family stressors. At the time of the interview, Ellie's year and a half of sobriety was threatened by the fear that her oldest son would be found guilty of murder.

Women who entered shelters because they were trying to escape abusive or otherwise threatening relationships with men often were still harassed after they left the shelters. These women did not feel safe in their own homes and continued to deal with this fear as an ongoing problem. For example, Susan said,

When I moved here ... I was so jumpy, and I called 911 several times because I had heard things. And someone knocked on the door and it was just a neighbor and I called 911 cause I thought it was him.... I just knew he was going to break in on me. It was a very bad situation.

Some mothers worried about protecting their children when they moved into neighborhoods plagued by violence and drugs. Mandy's experience was not unusual: unwilling to move into a housing project, Mandy moved into the least dangerous neighborhood she could find, but

as the months moved on, people moving out, other people moving in, and it was the bad, the worst sort of people moving in. The house that was next to the duplex was a crack house, more violence was showing up. It was a point when my son couldn't even go outside to play because the neighbors down in front would get outside and have their little arguments, and actually have kitchen utensils out, knives, throwing knives and stuff. And you don't want a child in that kind of environment. I mean, I got him out of one bad environment and I didn't need him around this one.

Several of the mothers had fairly unique situations that threatened their families' stability after they moved out of the shelter. For instance Katrina became reinvolved in a protective services investigation when her neighbors called the child welfare agency. Katrina was cleared of charges of negligence, but this was a very frightening time. For Ellie, both her son's imprisonment and her daughter's health problems constituted ongoing threats to the family stability. At the time of the interview Ellie was living with her father because he provided the structure she needed to maintain her sobriety in the face of such extreme stress.

Reestablishing/Reaffirming Family Relationships, Especially the Parental Role

Homelessness has a great potential for disrupting family relationships, especially parent-child relations. Shelter life, itself, sometimes posed serious challenges to family relationships, and some families were temporarily divided as one or more children lived with relatives rather than in a shelter. Mothers had to find ways to restabilize the emotional lives of their families once the housing crisis was resolved. For instance, Ellie believed that her family's most recent shelter experience had "damaged: us to a certain extent." Once she stood up to the women who were making advances to her daughter, the children began to respect her more, but they still remained frightened, even after they moved out of the shelter. She noticed a serious change in her children's behavior, which she attributed to the experiences in that shelter:

All we had accomplished, we turned around and lost it once we went to the shelter, cause they was frightened. And they looked for me to fight all their battles for them. So, they got where they trusted me more, but as far as for them, they got wherein that I had to do everything for them.

Sissy's daughter and oldest son had stayed with her mother while Sissy and her younger son were in the shelter. Sissy talked about how her daughter had been very eager to be reunited with her mother, but that the reunion had not been a smooth one:

But now, the relationship, it ain't perfect, it ain't good, it's okay, cause we still have our ups and downs at times. [I think it's because we have been apart, and they went their way for so long that I had to just [calm] them down, back down to what I wanted them to do ... They were wild. She was, she was wild.

DISCUSSION

At each stage of the restabilization process mothers described both instrumental and emotional or interactional tasks. Instrumental tasks included such activities as locating a new place to live and managing finances, while emotional and interactional tasks included keeping up their own morale, addressing personal and interpersonal problems, and maintaining the parental role. Although most programs which serve homeless families focus on providing shelter, food, and information and referral to other agencies which can provide needed resources, these mothers indicated that, unless they could manage their own emotional states, they could not make effective use of available resources.

Often shelter rules seemed to hinder rather than help certain aspects of the process. Mothers felt very strongly that their parenting was often undermined by shelter policies which proscribed corporal punishment as well as by interference from shelter staff and other residents. Boxill and Beaty (1988) have described this phenomenon as "public mothering," in which parenting takes place in full view of shelter staff and other residents due to the lack of privacy. Maintaining the integrity of the family and the parental role was also made difficult by shelter rules which forbade boys over a certain age from staying in shelters with their families.

Several of the respondents spoke of the need for mothers to take care of their own mental health if they were to be successful as parents during this difficult time. Furthermore, ongoing personal and/or interpersonal problems can threaten hard-won stability. Baum and Barnes (1993) assert that homelessness has been too narrowly defined as simply being without shelter. They believe that until homeless individuals have access to services and programs that address the problem(s) which precipitated homelessness, it is unrealistic to think that any sort of stability can be created and maintained in their lives. These authors point to the high rates of alcohol and drug use, poor job skills, limited to nonexistent work histories, and poverty among the homeless population. The mothers in this study who became homeless as a result of substance abuse confirm Baum and Barnes' assertion to a certain extent.

While Baum and Barnes' contention may be accurate regarding mothers with psychiatric or substance abuse problems, it is not clear that mothers must develop job skills or overcome poverty in order to restabilize their families. With the help of AFDC and housing assistance, most of the mothers were able to move their families out of shelters even though the family remained extremely poor, and the mothers often remained unemployed. Frequently, the jobs these women were qualified for paid so little they could not afford to work if they had to pay day care or transportation expenses. Months, even years later, some of the families remained dependent on public assistance. Current Congressional proposals for welfare reform which would limit AFDC assistance to 2 consecutive years, with a maximum lifetime cap of 5 years, would be potentially devastating to these families unless child care and transportation subsidies to low income families were available.

These findings raise a question about the meaning of "restabilization" as applied to homeless families. In its most narrow meaning, restabilization could be defined as successfully moving out of a shelter and not returning for a given period of time. According to this criteria, the women in the current study would be defined as having successfully restabilized their families. However, if "restabilized" means that families are independent of any form of governmental assistance, only two of the families in this study were "restabilized" when they initially moved out of the shelter. By the time of the interview, only four of the families would have met this criterion for successful restabilization. As long as families are living at or near the poverty line, they will be vulnerable to becoming homeless again. Yet, many families have subsisted for years on public assistance without becoming homeless and do have stable living situations, although at a high level of risk for experiencing homelessness or other crises.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Since this is an exploratory study using a nonrandom purposeful sample of families who have stayed in shelters, the findings are not generalizable to all homeless families. However, the experiences of these mothers provide valuable insights into how social workers and other social service providers can help these families be

successful in their efforts to emerge from homelessness.

The findings reflect mothers' perceptions of restabilization as a three stage process which includes: (1) an initial crisis stage where immediate needs must be met; (2) a transitional stage where new housing must be found and paid for and problems which might interfere with restabilization are addressed; and (3) a maintenance stage during which the newfound stability must be reinforced and strengthened. These findings provide additional evidence for the need for a continuum of services such as that proposed by the Federal Plan to End Homelessness (U.S. Department of Housing and Urban Development, 1994). That continuum of care includes: (1) outreach, intake, and assessment services; (2) emergency shelter and services; (3) transitional shelter and services; and (4) stabilization or long-term services. Social workers are particularly well-suited to provide services at every level of this continuum because of their professional training in individual and family casework, social group work, brokering, case management, and advocacy. The following suggestions are meant to be illustrative, rather than exhaustive, of ways in which professional social workers can effectively work with homeless families at different stages of the transition process.

Intake, Assessment and Goal Planning

It is important for social workers to take into account the emotional state of the homeless mother at the time of initial assessment. Homelessness is not only a housing crisis, but an emotional and psychological crisis as well. When homeless mothers are emotionally overwhelmed at intake or initial assessment, it is crucial that any assessment or goal planning done at that time be of a very tentative nature, to be revisited once the client has become calmer. At times, social workers may have to do crisis intervention before they can even conduct a thorough assessment. Certainly, no serious planning should be done until the woman is able to think clearly about her situation, her desires, and her options.

Through careful psychosocial assessment of family strengths and needs social workers can help clients identify realistic goals and objectives, given their individual situations. For example, planning starts with the client's desires for her family, but has to be tempered with socioeconomic realities. Many mothers enter homeless shelters believing that the first and most important thing they can do to resolve their housing crisis is to get a job. However, mothers with young children and few job skills are unlikely to be able to work and pay for child care without some form of public assistance. Although social workers should not discourage clients from pursuing employment goals, it is important that clients understand the full ramifications of various alternatives so they can decide what is best for themselves and their children.

Another area in which realistic goal planning is very important is housing. Although tight low-income housing markets limit poor families' access to housing, most mothers in this study were very reluctant to move their families into public housing for fear of unsafe conditions. Many families cannot pay rent in the private market with their AFDC or employment income, and housing subsidies are becoming even more scarce. Social workers must help mothers understand the realities of the housing market in their community and yet work with them to realize goals that they believe are best for their families. In many cases, it will be necessary to help clients develop both short-term goals (perhaps getting into public housing or making house-sharing arrangements with a friend or relative) and long-term goals (getting on a waiting list for a Section 8 subsidy or enrolling in an education/training program so future income will be large enough to pay rent with no assistance).

Stage 1: Meeting Immediate Family Needs/Emergency Services

Emergency services typically provide for immediate needs for shelter and food. Families usually stay in an emergency shelter for a short period of time (30-60 days), before going into a transitional program or a home of their own. Social workers are most likely to be working with families at this stage of the restabilization process if they are employed by shelters, housing agencies, health clinics, food or clothing banks, public assistance agencies, or other agencies which serve poor people. Regardless of agency setting, social workers need to be aware of the heightened emotional state many mothers are in during the initial stage of homelessness, and there may be a need for crisis intervention and emotional support as well as the provision of concrete services. Strength-based approaches to working with clients are particularly important to use with homeless mothers

because focusing on strengths can help clients feel more self-confident, begin to identify specific steps they can take, recognize ways in which they have been successful at handling crises in the past, and identify effective coping strategies they can bring to bear on their current situation.

Another way in which social workers in various settings can have an impact on homeless families is to advocate with shelters on behalf of clients when they become aware of policies and procedures which are detrimental to family well-being. For instance, social workers can advocate for shelter policies that allow families to remain in shelters during the day or for the creation of day shelters. They can communicate with shelter staff about the importance of allowing parents as much autonomy as possible in their parental role. Another area in which social work advocacy can be important is in trying to minimize the amount of disruption homeless children experience, especially regarding their schooling, as research has shown that homeless children are at high risk for poor academic performance and school failure. Social workers may have to advocate with school systems so that children can continue to attend the same school and receive any special education or counseling services needed to minimize the impact of homelessness on their educational experience.

In their roles as educators, social workers employed by shelters can identify gaps in knowledge or skills which need to be addressed or mothers to be able to remain in the shelter and then to be successful in making the transition out of homelessness. For instance, recognizing that many homeless mothers who rely on corporal punishment feel out of control of their children when shelters prohibit such disciplinary practices, social workers can develop strategies for teaching and supporting constructive parenting, e.g., teaching parenting classes, leading parental support groups, and working with parents individually to develop alternative approaches to discipline. Not only may these interventions enable parents to abide by shelter rules and still discipline their children, but, hopefully, they will continue to utilize some of these practices when they leave the shelter.

In their roles as brokers, social workers can help families maintain whatever aspects of stability remain in their lives by linking them to other support services, such as transportation and day care. When families do have furniture or other household goods, social workers can assist in finding adequate storage facilities.

Stage 2: Creating a New Home/Transitional Services

Transitional programs usually provide shelter and other services for a longer period of time than do emergency programs (60 days to 2 years). Transitional services typically include assessment, case management, and advocacy to secure permanent housing and a stable income. These services generally correspond to the second stage of the process of restabilization, Creating a New Home, when mothers must find and furnish a new place to live, secure and manage finances, and address problems which affect their ability to emerge from homelessness.

During this stage, social work intervention focuses on helping mothers develop a plan for how to restabilize their families. In their roles as caseworkers, social workers must work with the client to reevaluate and confirm or alter initial assessments and goals so that an appropriate intervention plan can be developed. For instance, social workers will have to help clients decide whether they want to rely on AFDC as their major (or only) source of income, try to find a job, or try to enter an education or training program. Depending on this decision, other goals, such as securing day care and transportation, may evolve. When working with abused women, clients may need help making decisions about divorce or otherwise terminating the relationship.

Once goals are established, social workers should assess potential obstacles to goal achievement. For instance, women in this study indicated great difficulties in managing finances on their tight budgets. Social workers may either need to provide education on budget management or refer clients to another resource for this information. When mothers have active substance abuse problems which impair their ability to follow through on restabilization plans, it is crucial that social workers help clients resolve those problems. Study participants indicated that until they were successfully treated for their addictions, any attempt to restabilizing their families was futile. Social workers may have to advocate for clients to be accepted into treatment programs, and if the program is residential, may have to help mothers arrange for child care while they are in treatment.

Once a plan is developed, case management becomes extremely important, as social workers must assure that the client is receiving necessary services as well as following through on her task responsibilities. Very concrete services may be needed during this phase, depending on mothers' ability to carry out specific tasks. For example, some mothers may need help applying for various benefits and programs, looking for a new residence, getting utilities hooked up, raising money to pay off back bills, and furnishing the new home. It is likely that homeless families will be in contact with a wide variety of housing and social service agencies. Social workers can serve as brokers and advocates to link clients with the programs they need.

In addition to concrete services, clients may also need emotional support throughout this transition stage to maintain their morale and confidence that they will be successful in emerging from homelessness. Because these families have so many needs, it is not likely that any agreed-upon plan will be implemented smoothly. It is almost inevitable that mothers will be delayed and disappointed in their efforts to move out of a shelter. For instance, one of the mothers in this study was delayed 4 months because an audit in the housing agency halted the distribution of housing subsidies. Sometimes, clients will fail to follow through on agreed-upon tasks, and social workers can help the clients identify and resolve issues that may be interfering with task completion. Ongoing supportive counseling and encouragement can help clients weather disappointments and fears and maintain motivation for carrying through on their plans.

Stage 3: Maintaining Stability/Stabilization and Long-Term Services

In the federal plan (U.S. Department of Housing and Urban Development, 1994), there is an implication that most homeless persons will not need ongoing supportive services unless they have chronic physical or mental problems which prevent them from functioning independently. However, the mothers in this study indicated that maintaining stability, once their families were rehoused, was not an easy task. These mothers had to continue to manage finances on very little income, deal with personal and interpersonal problems (such as substance abuse, harassment from ex-husbands, and protecting their children from crime and drugs), and reestablish family relationships which were disrupted by homelessness and events which led up to shelter entry. Thus, it is clear that many families can profit by at least some level of follow-up or maintenance service, at least until the family successfully adjusts to their new situation.

Ideally, the case management function would not end with the family's departure from the shelter, but could be continued for a specified time period or until the mother feels she no longer needs that assistance. To ensure follow-up, case managers could have the responsibility of contacting former residents periodically for several months after they leave the shelter. When such programs are not in place, hopefully case managers could at the very least encourage clients to call them back if necessary, whether for moral support and encouragement or to assist with accessing services.

Although it is important that social work services be available to assist clients through the restabilization process, not all clients will need all of these services. Although many homeless mothers are emotionally overwhelmed, not all are in such vulnerable states. Careful assessment throughout the entire intervention process, including asking clients specifically what they want help with and what they can do themselves, is important to avoid undermining clients' self-determination and confidence in their own abilities. Social work services should supplement rather than supplant individual initiative and responsibility.

CONCLUSION

Homeless families can and do successfully emerge from homelessness. It is not an easy process and is fraught with challenges at each stage. Regardless of the specific settings in which social workers are employed, if they come into contact with poor families, they are likely to be working with homeless families in some capacity. An understanding of how mothers who have stayed in homeless shelters with their children experienced the process of restabilization can be useful in developing social work interventions to help families move through these stages.

REFERENCES

- Bassuk, E. L. (1990). Who are the homeless families? Characteristics of shelter mothers and children. *Community Mental Health Journal*, 26(5), 425-433.
- Bassuk, E. L. & Rubin, L. (1987). Homeless children: A neglected population. *American Journal of Orthopsychiatry*, 57(2), 279-286.
- Bassuk, E. L. Rubin, L. & Lauriat, A. S. (1986). Characteristics of sheltered homeless families. *American Journal of Public Health*, 76(9), 1097-1101.
- Baum, A. S. & Burnes, D. W. (1993). *A notion in denial: The truth about homelessness*. San Francisco: Westview.
- Boxill, N. A. & Beaty, A. L. (1990). Mother/child interaction among homeless women and their children in a public night shelter in Atlanta, Georgia. *Child & Youth Services*, 14(1), 49-64.
- Burt, M. R. & Cohen, B. E. (1989). Differences among homeless single women, women with children, and single men. *Social Problems*, 36(5), 508-524.
- Dail, P. W. (1990). The psychosocial context of homeless mothers with young children: Program and policy implications. *Child Welfare*, 69(4), 291-308.
- Daly, K. (1992). The fit between qualitative research and characteristics of families. In J. Gilgun, K. Daly, & G. Handel (Eds.), *Qualitative methods in family research* (pp. 3-II). Newbury Park, CA: Sage.
- Dornbush, S. M. (1994). Additional perspectives on homeless families. *American Behavioral Scientist* 37(3), 404-411.
- Glaser, B. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Hall, J. A. & Maze, P. L. (1990). No fixed address: The effects of homelessness on families and children. *Child & Youth Services*, 14(1), 35-47.
- Johnson, A. K. & Krenger, L. W. (1989). Toward a better understanding of homeless women. *Social Work*, 34(6), 537-540.
- Krefling, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 43(3), 214-222.
- Lindsey, E. W. (in press, 1996). Mothers' Perceptions of Factors Influencing the Process of restabilization among homeless families. *Families in Society*.
- Mihaly, L. (1991). Beyond the numbers: Homeless families with children. In J. H. Kryder-Coe, L. M. Salomon, & J. M. Molnar (Eds.), *Homeless Children and Youth: A New American Dilemma* (pp. 11-32). New Brunswick: Transaction.
- Mills, C. & Ota, H. (1989). Homeless women with minor children in the Detroit - metropolitan area. *Social Work*, 34(6), 485-489.
- Molnar, J. M., Rath, W. R., & Klein, T. P. (1990). Constantly compromised: The impact of homelessness on children. *Journal of Social Issues*, 46(4), 109-124. Patton, L. T. (1988). The rural homeless. In Institute of Medicine (Ed), *Homelessness, Health and Human Needs* (Appendix C). Washington, D.C.: National Academy Press.
- Rafferty, Y. & Shinn, M. (1991). The impact of homelessness on children. *American Psychologist*, 46(11), 1170-1179.
- Reyes, L. M. & Waxman, L. D. (1989). *A status report on hunger and homelessness in America 5 cities: 1988*. Washington, D.C.: U.S. Conference of Mayors.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press.
- U.S. Department of Housing and Urban Development. (1994). *Priority Home! The federal plan to break the cycle of homelessness*. Washington: DC- Author.
- U.S. Department of Housing and Urban Development. (1989). *A report on the 1988 National Survey of Shelters for the Homeless*. Washington, D.C. Author.
- Weitzman, B. C., Knickman, J. R., & Shinn, M. (1990). Pathways to homelessness among New York City families. *Journal of Social Issues*, 46(4), 125-140.
- Wright, J. D. (1990). Homelessness is not healthy for children and other living things. *Child & Youth Services*, 14(1), 65-88.