

Social Work with Homeless Mothers: A Strength-Based Solution-Focused Model

By: [Elizabeth W. Lindsey, PhD](#)

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Abstract:

Social workers are increasingly called upon to provide services to homeless families, the vast majority of which are mother-headed. Drawing on empirical findings from the literature on homeless families and the practice literature on solution-focused and strength-based practice, this article describes and illustrates how principles and techniques of these two approaches to practice can be used to empower homeless mothers to resolve their housing crisis and restabilize their families after an episode of homelessness. Examples are given for how social workers can use these principles and techniques in various stages of the helping process.

Keywords: Homeless mothers, homeless families, strength-based practice, solution-focused practice

Article:

Family homelessness has become of increasingly serious concern in the U.S. since the mid-1980s when the incidence of families with no permanent residence began to rise (Rossi, 1994). In 1996, families with children comprised 38% of the homeless population, 79% of which were headed by single parents (U.S. Conference of Mayors, 1996). Earlier studies have documented that homeless single parent families are much more likely to be headed by women than by men. For example, Burt and Cohen (1989) found that, in urban centers throughout the U.S., mothers headed 80% of homeless families. The term family homelessness is somewhat misleading because it obscures the true nature of these homeless families: they are primarily women struggling to provide for their children.

Because the condition of homelessness is, itself, such a demoralizing experience, Fabricant (1988) has suggested "the need to develop empowering forms of case practice" (p. 126) for working with homeless persons. For homeless parents, the inability to provide their children with even the basic necessities of life can lead to loss of self-respect, dignity, and self-confidence. This paper endeavors to articulate just such an empowering form of case practice with homeless mother-headed families by combining elements of strength-based social work practice (Saleeby, 1992) and solution-focused practice (Berg, 1994; de Shazer, Berg, Lipchik, Nunnally, Molnar, & Weiner-Davis, 1986). This approach focuses on strengths and resources and helps homeless mothers understand their own situation in the context of the larger socioeconomic political environment within which family homelessness has developed (Rossi, 1994).

EXISTING MODELS FOR PRACTICE WITH HOMELESS PERSONS

Certain models and practices for work with homeless persons have been suggested. Fabricant (1988) described skills and methods for effective direct practice with homeless persons, including case advocacy, group work, and task-centered casework. Fellin and Brown (1989) suggested that the task-centered model is most appropriate for work with homeless persons because of its problem focus, structure, and usefulness in dealing with "inadequate resources, role performance, social transitions, relations with formal organizations, dissatisfaction in social relations, and interpersonal conflict" (p. 22), problems which many homeless persons experience. They further asserted that the "suspiciousness and social alienation of many homeless individuals" (p. 22) suggests that a practice model that does not focus on empathy or insight will be most effective. A case management model for practice with homeless mentally ill clients (Rife, First, Greenlee, Miller & Feichter,

1991) and a highly individualized approach based on the characteristics and realities of this population (Sheridan, Gowen, & Halpin, 1993) have also been proposed.

The extent to which these models are applicable to social work with homeless mothers is unclear since homeless families differ in significant ways from single homeless persons. For example, female heads of homeless families are less likely than single homeless persons to have chronic psychiatric problems (Burt & Cohen, 1989), and home-less families are less likely to be alienated and cut off from their social support systems than are homeless singles (Shinn, Knickman, & Weitzman, 1991). Models developed for working with single men and women, with the homeless mentally ill population, or models based on disaffiliation theory are likely to be inappropriate for work with families. In addition, the problems of homeless families are different from those of homeless single persons because children are involved. Parents must not only meet their own needs, but also feed, clothe, and shelter their children, keep their school-age children in school, and deal with the trauma homelessness creates for children. Effective models of practice with homeless families must take into account the experiences and problems of the women that head them.

REVIEW OF LITERATURE ON FAMILY HOMELESSNESS

The following literature review highlights research findings relevant to social work practice with homeless families, including characteristics of these families, causes of family homelessness, and how they are able to successfully emerge from homelessness.

Homeless Families

The average homeless female head of household is in her late twenties and has two or three children, generally of pre-school age (McChesney, 1990). The mothers tend to be single or never married, although estimates of those that are divorced or separated range from 18% to 64% (Anderson, Boe, & Smith, 1988; Bassuk & Rosenberg, 1988; Burt & Cohen, 1989). The racial distribution of homeless families tends to reflect the percentage of poor persons in a given location, but it is generally agreed that African-Americans are over-represented among the homeless population (Bassuk, 1990; U. S. HUD, 1994). Many homeless mothers have not graduated from high school, and they tend to have very inconsistent work histories (Burt & Cohen, 1989; Goodman, 1991). With their limited education and lack of work experience or job skills, it is not surprising that these women are much more likely to rely on public assistance than on earned income to support their families (Burt & Cohen, 1989; Goodman, 1991).

Although homeless mothers are less likely to suffer from psychiatric or substance abuse problems than are homeless single men or women, they do experience these problems at a higher rate than women in the general population (Burt & Cohen, 1989). Estimates of substance abuse rates among homeless mothers range from 9% to 25% (Anderson et al., 1988; Bassuk, Rubin, & Lauriat, 1986; Mills & Ota, 1989; Weitzman, Knickman, & Shinn, 1990). While preexisting psychiatric problems are not a major cause of family homelessness, there is evidence that poverty and homelessness have a "consistent negative effect on mothers' day-to-day mental health" (McChesney, 1990, p. 437), and high rates of depression and personality disorders have been documented (Bassuk & Rosenberg, 1988; Bassuk et al., 1986; Goodman, 1991).

Many homeless women have had extremely traumatic childhoods and/or adult relationships (Browne, 1993). Homeless mothers are more likely than housed low-income women to report that, at some point in their lives, they have: lived in foster care, a group home, or institution; run away from home; been physically or sexually abused; and lived on the street or other public place (Shinn et al., 1991). Goodman (1991) found that only 11% of a sample that included both homeless and poor housed women had not been physically or sexually abused. Bassuk et al. (1986) found that 33% of homeless mothers had never known their fathers and that more than 66% had experienced at least one major family disruption during childhood. Although homeless mothers are less likely to be totally cut off from their support systems than are homeless single persons, they do report less social support than housed poor comparison groups (McChesney, 1995).

The average age of children in female-headed homeless families is 6, with a majority of children being of

preschool age (Burt & Cohen, 1989; Dail, 1990). These children are at grave risk for various health, developmental, psychological, and educational problems (Bassuk, 1990; Bassuk et al., 1986; Bassuk & Rubin, 1987; Wright, 1990). Not surprisingly, these children often manifest serious difficulties at school. Homeless children are often absent from school, and when they do attend, their academic performance tends to be poor (Rafferty & Rollins, 1989). These children are over-represented in special education classes (Bassuk et al., 1986) and are highly likely to be retained (Rafferty & Rollins, 1989).

In summary, homeless female heads of household tend to be young mothers with two or three preschool age children. They are often poorly educated, have inconsistent work histories, and rely on public assistance rather than earned income. Thus, they are not likely to be able to resolve financial difficulties associated with poverty and homelessness by finding and keeping jobs that pay them enough to support their families and pay for child care. Although some of these women have substance abuse issues, many more of them are trying to cope with situational depression resulting from poverty and homelessness. Because so many of these women have experienced family disruption and abuse, often they cannot rely on family members to help prevent them from becoming homeless or get out of homelessness. Homeless children are at risk for problems in almost all areas of their physical and social functioning. At the same time that mothers are trying to provide for basic necessities such as food and shelter, they are also faced with their children's ill health, poor school performance, and emotional difficulties. These mothers are often struggling alone, with few social supports, and are themselves frequently trying to cope with depression and hopelessness engendered by poverty and the inability to provide their families with a stable home.

Causes of Family Homelessness

To work effectively with homeless families, it is important to understand how families become homeless. Research has identified individual, social, and macro level causes that have been linked to homelessness, in general. Individual causes include substance abuse, mental illness, domestic violence, and family financial difficulties. Social factors involve the extent to which individual and families can rely on social supports to prevent homelessness or help them get out of homelessness. Macro level causes include such socioeconomic factors as societal changes in employment, housing, and public assistance. For most homeless individuals and families, it is the interaction of these different factors, rather than any one, that actually results in homelessness.

Although homeless mothers experience psychiatric and substance abuse problems at a higher rate than women in the general population, these individual factors rarely lead to family homelessness. According to McChesney (1990), families are more likely to be "situationally homeless" due to financial difficulties or domestic violence. Financial difficulty, the primary cause of 47%-57% of family homelessness (Bassuk et al., 1986; Mills & Ota, 1989), may occur due to job loss, eviction, or inability to pay rent. Between 25%-50% of family homelessness occurs primarily because mothers are fleeing abusive relationships (Homeless Information Exchange, 1994; McChesney, 1987).

Shinn et al. (1991) have asserted that homeless families have more substantial support systems than homeless singles do, but that they exhaust these resources before they come to the attention of service providers and researchers. For example, rather than "sleeping rough" in parks or on the streets as homeless singles often do, families frequently move in with relatives and friends, moving from place to place, until they have exhausted their support systems. Because the family and friends of families that eventually become homeless are often not much better off financially than they are, these support systems frequently cannot provide enough assistance for families to avoid becoming homeless.

Individual and social factors linked to family homelessness do not fully explain the rapid and significant increase in family homelessness. Many researchers have asserted that the phenomenon is primarily due to socioeconomic and structural factors such as the feminization of poverty, the increase in the percentage of families living in extreme poverty, a decline in the low-income housing stock at the same time urban populations increased, a decline in the federal commitment to public housing and housing subsidies, the failure of public assistance benefits to keep pace with inflation, and the shift of the U. S. economy from a

manufacturing to a service economy, with the resultant reduction in wages for unskilled or semi-skilled labor (Rossi, 1994). In an environment where poverty is increasing and access to low income housing is decreasing, McChesney (1990) asserted that "homelessness is like a game of musical chairs" (p. 195), with individual factors serving as selection mechanisms for determining who is left without housing.

How Do Families Emerge from Homelessness?

One of the few studies to examine factors that influence how families are able to emerge from homelessness was conducted in California (Stanford Studies of Homeless Families, Children, and Youth, 1991). In this study parents in 97 families that had formerly been homeless were interviewed about their experience of emerging from homelessness. Sixty service providers were also interviewed about their perceptions of factors that influence families' ability to emerge from homelessness. Both formerly homeless parents and service providers agreed that the most important factors in families' ability to get out of homelessness were increased income, access to affordable housing, and social support (specifically, being able to stay with family or friends). Researchers found that when families knew the intricacies of the social service system and how to use it, they had a better chance of securing housing. Personal characteristics such as motivation, determination, and persistence, were found to be less important. The difference between those families who did and did not find homes was their ability to access resources, especially housing resources, and the level of social support they received from family and friends.

Lindsey (1996; 1997) conducted a qualitative study that explored formerly homeless mothers' experiences of restabilizing their families. Ten women who had stayed in homeless shelters with their children were interviewed at length about their experiences 6 months to 2 years after their last shelter stay. These mothers perceived three distinct stages to the process of restabilization: (1) meeting immediate family needs; (2) creating a new home; and (3) maintaining stability (Lindsey, 1997). Each stage included several tasks that had to be accomplished if the mother was to be successful in moving through the entire process. To meet their families' immediate needs, mothers had to first locate a temporary shelter. Once they were temporarily housed, mothers had to maintain their parental role within the context of shelter life, keep up their own morale, and try to preserve any remaining aspects of stability, such as working or keeping children in school. Creating a new home involved three tasks: managing their very low incomes so they could save up for rent and utility deposits; addressing personal and interpersonal problems, such as substance abuse or ongoing harassment by an abusive partner; and locating and furnishing a new home. Maintaining family stability included the tasks of continuing to manage their very limited income; continuing to manage ongoing personal and interpersonal problems that threatened family stability; and reestablishing or reaffirming family relationships that may have been disrupted during the spell of homelessness.

The mothers in this study perceived four major factors that affected their ability to emerge from homelessness (Lindsey, 1996). The first factor, presence of their children, was deemed to be important because the children served as a source of motivation for the mothers, and they were crucial to accessing public assistance. The second factor, personal resources, was comprised of the mother's coping skills and individual characteristics, such as persistence, determination, and knowledge of social service systems. The third factor, external resources, included both formal help received from agencies or organizations and informal help received from family and friends. Almost all the women interviewed mentioned the importance of a mentor or a significant person who helped keep up their morale and who expressed confidence in their ability to emerge from homelessness; in all cases, this mentor was a service provider rather than a relative or friend. The fourth factor mothers believed influenced family restabilization was the socioeconomic context of the community within which the family lived, including the availability of affordable housing and jobs that paid a wage that would support their families. Several of the women noted that they had to overcome sex discrimination in employment and racial discrimination in housing in order to emerge from homelessness.

There is a need for additional research to more fully explain how families are able to successfully emerge from homelessness and create and maintain family stability. Based on what is known thus far, it appears that social casework can be effective in helping individual families become restabilized, especially by helping them access

housing and other resources, Such a process must take into account the physical, mental, and emotional state of the family, especially the mother, as well as the socioeconomic context of the community. However, it must be noted that individual casework alone is not likely to reduce the problem of family homelessness in general as long as there continue to be structural and economic barriers to securing affordable housing and employment which pays a family wage.

ASSUMPTIONS AND METHODS FOR STRENGTH-BASED AND SOLUTION-FOCUSED APPROACHES

It is this author's contention that any approach to social work practice with homeless mothers must take into account what is known about homeless families, the causes of family homelessness, and how families are able to emerge from homelessness. Keeping in mind the sense of desperation, futility, and emotionality that homeless mothers often feel, Fabricant's (1988) call for an approach that helps these women become empowered on their own behalves seems particularly relevant. Elements of the strength-based social work perspective and the solution-focused approach offer specific strategies for facilitating empowerment among homeless mothers.

The strength-based and solution-focused perspectives share a number of basic assumptions:

1. Clients have strengths that can be tapped to resolve problems. However, they may not be aware of these strengths because of the extent to which problems have saturated their lives and perceptions.
2. Recognizing, respecting, and making visible such strengths is a primary function of the social worker.
3. Clients are experts on their own lives, while social workers offer expertise in facilitating a process through which solutions to problems are discovered and accessed. Clients and social workers are collaborators, each bringing their own knowledge and expertise to the problem-solving process.
4. Client motivation is more readily enhanced by focusing on strengths and solutions than by extensive discussion of problems.
5. Clients are not seen as victims, but as people who have not yet been able to tap into the resources they need to solve problems. Resources may be located within clients themselves, within their social networks, or within the larger community.

Thus, both perspectives focus on helping clients, become empowered to make desired changes in their lives by building on already existing internal and external resources and developing new resources as needed. Where the two approaches differ somewhat is in how these assumptions are operationalized in practice, although many apparent differences are more semantic than actual.

The Strength-Based Social Work Perspective

Although the strengths perspective is not yet a fully developed practice model, the ideas have been applied to social work practice with a variety of client populations (Saleeby, 1992). Aspects of the strength-based approach are similar to the problem-solving model of social work practice, but the former emphasizes principles and techniques that focus on client strengths and capabilities in relation to the identified problem. Kisthart (1992) outlines six functions of this practice approach: (1) engagement; (2) strengths assessment; (3) personal planning; (4) advocating for community connections; (5) monitoring the helping process; and (6) graduated disengagement (promoting normative interdependence).

Kisthart (1992) also emphasizes an ecological perspective, focusing on both personal and community responsibility for individual and family well being. That is, while individuals and families are responsible for solving problems and meeting their needs, they can only do so within the social environmental context within which they live. The larger society has a responsibility to provide the opportunities individuals and families

need to be successful in caring for themselves. According to Saleebey (1992), a strengths approach involves helping clients understand how "their lives have been shackled by institutions, agencies, and ideologies" (p. 42). Given the interaction of individual, social, and structural factors that are involved in the increase in homelessness, helping clients to see how public policy affects their private lives can begin to remove some of the stigma and self-blame which is often associated with homelessness.

Solution-Focused Practice

Solution-focused interventions focus clients' attention on what is already working in their lives and help workers and clients identify strengths and resources that can be brought to bear on the current situation. Solution-focused work has been used successfully with homeless alcoholics (Berg, 1991) and child protective services clients (Berg, 1994), as well as with a range of family problems.

The solution-focused model of practice (Berg, 1994; de Shazer et al., 1986) includes elements which are similar, but not identical, to those in Kisthardt's (1992) model: (1) joining (building rapport through discussion of presenting problem and goals); (2) exploring exceptions (when problems are not problems; when clients have been able to successfully handle problems); (3) normalizing; (4) giving compliments (observing client strengths and resources, including ways they have kept the problem from getting worse); and (5) formula interventions that focus client attention on strengths and positive elements in her life. The solution-focused model, with its roots in family therapy, focuses on the nature of the interaction between worker and client. Solution-focused work prescribes the way in which workers talk with clients about problems and resources, using language to create a presumption of power, capacity, and success.

STRENGTH-BASED SOLUTION-FOCUSED PRACTICE WITH HOMELESS MOTHERS

Following are suggestions for incorporating a strength-based, solution-focused approach into the various stages of the helping process with homeless mothers. This approach also takes into account what the literature tells us about their experiences and perceptions.

Engagement and Joining

Mothers who enter shelters with their children are often in a crisis state, desperate and emotionally overwhelmed. Their immediate concern is to meet their family's basic needs. Providing a safe shelter, food, and clothing can help relieve anxieties, but this is just the beginning. As in any instance of good social work practice, workers using a strength-based perspective would begin the engagement/joining process by trying to establish a trusting relationship. At the same time, it is important to understand that homeless women are likely to have experienced physical and/or sexual assault both as children and adults and thus may be difficult to engage in relationship. The psychological trauma of homelessness itself may also make it difficult for women to form social connections and often leads to a sense of helplessness that undermines their ability to carry out tasks (Goodman, Saxe, & Harvey, 1991).

Despite these difficulties, the importance of a trusting relationship cannot be underestimated. Lindsey (1996) found that homeless mothers often felt one of the most important factors in their ability to cope effectively with their crisis was a relationship with a helping professional who provided encouragement and support. It is critical that workers be able to listen empathetically and acknowledge the client's experience and perceptions, while listening for evidence of client strengths and resources which can be tapped into later.

Another way workers can engage with clients is by using the solution-focused technique of *normalization*. For instance, a worker might explain that many of the homeless mothers she has worked with have had struggles similar to the client's and have been able to resolve the problems satisfactorily. Normalizing the client's experience can lessen her sense of inadequacy and isolation and provide a sense of hope. Throughout interactions with homeless clients, workers should communicate a belief that the client is capable of taking charge of her life. Use of presuppositional language during the joining/engagement phase, as well as throughout the helping process, communicates and reinforces the idea of client empowerment. An example of such presuppositional language that assumes client success is, "When you have found a new home for your family ..."

rather than "If you find a new home for your family ..."

Assessment/Exploring Exceptions

There is little distinction between engagement/joining and assessment/exploring exceptions in this approach, because the very process of listening empathetically to the client's story, which includes problems and strengths (however unrecognized), enables the client to engage with the worker while the worker is also learning about the client's situation. Although a strength-based, solution-focused perspective does not encourage dwelling on problems, it is necessary that social workers understand enough about the problem and the client's perception of the problem to convey empathy and to get some sense of the situation. Once this is done, it is time to move on to solution-focused talk; however, this transition is a very delicate one.

Workers should be very cautious about moving into solution-focused conversation until the client is ready. One excellent way of making a transition from problem-focused to solution-focused talk is to acknowledge the gravity of the client's situation, comment on any strengths the worker has observed (compliments), and ask the client to explain how she has managed to cope as well as she has. For instance, when working with a mother who has children with her in a shelter, the social worker might comment on how difficult it must be for the mother to parent her children in the shelter and then compliment her on entering the shelter so that her children would be safe. Then the social worker might note that some mothers in the same situation give up custody of their children or ask family to take the children in. How, the social worker asks, has the mother been able to hold her family together? The mother's reply opens the way to focus on personal and social assets that can be amplified and built upon in the future. Later conversations may ask mothers to consider how they have handled very difficult situations in the past (*exploring exceptions to the problem-saturated story*) and what has worked or not worked. Asking clients to consider times when they have been successful can be particularly helpful in providing support and identifying specific alternatives and coping strategies as the client faces the challenges of accessing the various resources she needs to emerge from homelessness.

The use of *formula interventions* such as the *solution-focused first session task* can also help move from problem-focused to solution-focused conversation. For instance, a worker can ask the client to identify what is going well in her family's life that she wants to have continue. This question assumes there are such positive elements and helps the client consider how to maintain important aspects of family functioning during the housing crisis. Another formula intervention that is useful in directing client attention away from problems and toward strengths is to ask the client to observe how she mobilizes resources in times of crisis, e.g., "Pay attention to what you do that helps you cope the next time you start to get overwhelmed."

Goal Planning

Goal planning involves collaboration between client and worker to identify goals that are meaningful, realistic, and achievable. The client's ultimate desires for her family must be tempered with reality. For instance, some homeless mothers are reluctant to move their families into public housing for fear of unsafe conditions (Lindsey, 1997). Yet, they cannot afford to rent in the private market with public assistance or income from low-level employment, and housing subsidies are scarce, with long waiting lists. Social workers must help mothers understand the realities of the housing market in their community and yet help them to realize goals that they believe are best for their families. Often, it will be necessary to work with clients around 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 a training program so future income will enable the mother to pay rent with no assistance).

Scaling questions (Berg, 1994) can be very useful in helping clients to identify priorities among the many goals they may have for their families. For instance, a worker might ask, "You've mentioned several goals you want to work toward: getting a job, finding a place to live, and filing for divorce from your husband. Could you rank these goals for me, on a scale from 1-3, in order of their importance to you right now?" This type of scaling question clarifies for both social worker and client what the client's highest priorities are. Another use of scaling questions is to help clarify what progress toward a goal might look like. For example, "Yesterday you said that,

on a scale from 1-10, you are about a 3 right now, in terms how you feel about taking care of your family. What would have to happen for you to move front a 3 to a 5?" The client might say, "I'd have to get a job, find a place to live, and be able to support my kids." Social workers might respond to this type of statement, which looks at the desired end result, but not at steps along the way, with a *first signs question* such as, "I know it's important for you do accomplish all of those things for your family and I believe you will. I wonder what some of the first signs will be that you are moving in that direction?" Here perhaps the client might say, "I'd feel really good if I could just find a place to live, even if I have to stay on public assistance for awhile." Here the client gives the social worker an idea of what evidence she needs to recognize that she is making progress toward her goals. These types of client-generated signposts can be used in goal attainment scaling to track client progress and evaluate social work intervention.

Information, Referral, and Task Planning

Formerly homeless parents have attributed much of their success to the assistance they received from social service agencies and their own knowledge of how to "work the system" (Stanford Study, 1991; Lindsey, 1996). Some people who are homeless already have this knowledge, but others may need help in accessing needed resources. For some clients, it is enough to provide information and a simple referral, for instance, where to apply for public assistance or a housing subsidy. For other clients, following through on such tasks may not be so easy, whether due to lack of knowledge, poor morale, lack of transportation, or for other reasons.

A strength-based solution-focused approach would rely heavily on client ideas and experiences in task planning. Such an approach would provide assistance and guidance to homeless mothers, but social workers would not do tasks for clients that they can do for themselves. For instance, rather than taking on the responsibility for finding housing for a homeless family, the worker would look for ways to build the mothers' capacity to find housing herself. With a client who has never looked for housing before, the worker might ask such questions as, "How will you go about finding a new place to live?" "What will you tell the landlord that will make him want to have you as a tenant?" "How will you furnish a new place?" The social worker might even role play telephone calls or personal interviews with housing managers, coaching the client as needed. Workers can provide specific resources, such as apartment lists or names of organizations that will donate furniture if the client indicate she needs such assistance, but the strength-based solution-focused approach first assumes the client has some ideas of her own about how to resolve problems and can take action on her own behalf. The worker then fills in the gaps.

Another way workers can assist with task planning is to *explore exceptions* to clients' current perceptions of helplessness by making connections between past successes and their current situation. For example, when working with a mother who has not held a job in 15 years and who fears the prospect of reentering the job market, a worker might ask, "What assets did you have as an employee when you worked before?" and "What do you have to offer an employer now that you didn't 15 years ago?"

Helping Clients Access Informal Support Systems

Research has shown that existing support systems are often not sufficient to prevent families from becoming homeless or to resolve housing crises once they occur (Shinn et al., 1991). Nevertheless, homeless families do receive important help from friends and kin in the form of moral support, transportation, and child care (Lindsey, 1996). During the assessment process, it is important for social workers to thoroughly explore existing and potential social support systems. This assessment might be similar to Kisthardt's (1992) Whole Personal Inventory, focusing on financial, vocational, educational, health, and interpersonal aspects of the family's current living situation; future desires and aspirations; and personal and social resources. Such an assessment often will lead to recognition of resources the mother did not realize she had or resources that have been not been tapped.

Mothers who have relied heavily on family and friends prior to entering a shelter may be extremely reluctant to ask for additional help. While it is important that social workers respect and acknowledge feelings of shame, embarrassment, and rejection mothers may express, it is also important to help them reconnect with their social

systems and utilize whatever informal resources may be available. For instance, while a sister may no longer be able to allow the homeless family to live with her in public housing, perhaps she might be willing to care for the client's children while the client looks for a new residence. Encouraging clients to maintain social connections with family and friends is critical, not just for the resolution of the housing crisis, but also for the maintenance of stability once the family is rehoused.

Sometimes contact with previous support systems is not constructive for homeless families, for instance, if a mother's previous social network is primarily made up of substance abusers or if her family is not supportive of her attempts to make constructive changes. In these circumstances, social workers will need to help clients develop new relationships that support their goals, an intervention similar to what Kisthardt (1992) calls advocating for community connections. Clients may be linked up with other mothers of young children who can share child care responsibilities or provided with transportation to attend a church where they can meet new people. Homeless mothers in a shelter can be encouraged to support each other through structured group experiences as well as more informal contacts.

Monitoring and Evaluation of the Social Work Intervention Process

An important element of any social work intervention is ongoing evaluation so that successes can be recognized and adjustments made as necessary. When clients are successful in carrying out agreed upon tasks, social workers using a strength-based solution-focused approach would not only give credit to the client for task achievement, but would also amplify success by encouraging her to elaborate on how she achieved specific tasks. This type of conversation reinforces the client's beliefs in her capacities as well as helps social workers further understand the client's strengths and resources.

When clients have not been successful in carrying out tasks, it may be tempting to perceive clients as resistant or irresponsible, but these concepts are not relevant to strength-based solution focused practice. Instead, workers would assume they and the client have not done an adequate job of anticipating and planning for obstacles. In this approach, workers would try to resolve barriers to task completion by collaborating with clients *to identify skills or resources clients need to carry out the tasks*. For instance, if a client broke an appointment to look at an apartment because she did not know how to get there on the bus, the worker can help her learn to use the bus system or find alternative transportation.

When clients have been successful in carrying out agreed-upon tasks, but without achieving desired results, the situation can be very frustrating for both worker and client. For instance, if the client does apply for public housing only to be told the waiting list is 3 years, it is not unusual to get disheartened. A worker using a solution-focused strength-based perspective would help the client identify and take credit for the ways in which she is making efforts on her own behalf. Given that the housing crisis still remains, however, it is important for the social worker to talk with the client about how she is managing to keep her spirits up (note the presuppositional language) by identifying and reinforcing coping strategies the client is using. If agreed-upon tasks are not having the desired results, the worker and client may have to renegotiate goals and tasks in keeping with the reality of the situation. This is when it is particularly important to help clients recognize how the environment limits options available to the family (e.g., lack of low income housing, scarcity of jobs paying a family wage, discrimination in housing and/or the job market), as a way of reducing the client's sense of self-blame and inadequacy.

Supporting Maintenance of Change

Maintaining stability once the family is settled into a home of their own can be a major challenge. Mothers may have to deal with ongoing harassment from an ex-partner, try to remain substance free, keep their children safe in neighborhoods infested with drugs and crime, and/or reestablish family roles and relationships. A social worker using a solution-focused, strength-based approach *would anticipate and plan for potential challenges* to stability by helping the mother identify how she can handle these challenges before they occur. This strategy is similar to anticipatory guidance, an element of crisis intervention, but with a solution-focused strength-based focus.

One way to begin such a discussion is to ask the client what she thinks will be the hardest and easiest aspects of being back in a home of her own. After asking the client to elaborate on the easy aspects (to reinforce the idea of success), the social worker might ask the client to identify what might be the *first sign* that a particular problem is rearing its head. Then the social worker can ask the client what she will do to prevent the problem from becoming worse, focusing client attention on past successful coping strategies. For instance, if the client believes that she will have difficulty remaining substance-free, the worker might ask, "What will be the first sign that you are being tempted to use again?" followed by, "How have you been able to successfully resist temptation to use since you've been out of the treatment center?" and "What will you do, when you recognize this first sign, to help yourself resist this temptation?" Note that the solution-focused language assumes the client will be able to resist temptation.

Another strategy for maintaining change is use of normalization that acknowledges the client will probably continue to face financial, familial, and other problems even though the family is no longer homeless. Workers can raise potential problems other clients have experienced that the client has not considered. Scaling questions can be used to help clients anticipate how much of a problem they might have in a particular area. For instance, "On a scale of 1 to 10, with 10 being very serious and 1 being not a problem at all, how much trouble do you think you will have reasserting your role as a mother with John since he's been staying with your sister while you and the other children were in the shelter?" If the client does not see this as a problem, it is not necessary to brainstorm coping techniques. If she does, the worker can proceed to asking about first signs and identifying how the client will handle the situation. Even if the client does not see this as a potential problem, the fact that the worker has mentioned it normalizes the event if the son later does start rebelling against his mother's parental authority.

Ideally, ongoing case management services should be available for a period of time after the family has become resettled as an intervention strategy to maintain stability. Realistically, the heavy demand for services to help families find homes results in a low priority for follow-up services. Even if ongoing case management is not possible, leaving the door open for clients to drop into a shelter or drop by and visit with a social worker as needed can be very useful.

CONCLUSION

With the increasing prevalence of family homelessness, social workers in a variety of fields of practice are coming into contact with homeless families. In the current climate of welfare reform, with increasingly limited public assistance benefits, including time limits, it is imperative that social workers utilize effective intervention strategies to help homeless families become restabilized as soon as possible. It is the thesis of this article that a strength-based solution-focused approach is an effective way of empowering homeless mothers to resolve their housing crises and the emotional crises that often accompanies homelessness. However, to date, no empirical studies have been conducted to test the effectiveness of the model with this population. Further research is needed to ascertain whether, in fact, application of this model is successful in reducing the length of time families remain homeless or the number of episodes of homelessness families experience.

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