

FAMILY PROCESSES IN THE CONTEXT OF HOUSING INSTABILITY
AND INTENSIVE SERVICE USE: IMPLICATIONS FOR
PARENTING AND CAREGIVER WELL-BEING

By

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Abstract

Since the mid-1980's families have been the fastest growing segment of the homeless population in the United States. Homeless programs were not designed for families, but rather as rehabilitative institutions for individuals. The American Recovery and Reinvestment Act of 2009 supported efforts to reduce the number of families in homeless shelters and transitional housing programs, but families' experience of these programs are not yet understood. This paper presents analysis of 80 interviews with family caregivers experiencing housing instability and homelessness to examine the effects of various housing interventions (i.e., homeless shelters, transitional housing programs, short-term housing subsidies through Community-Based Rapid Rehousing programs, and long-term housing choice vouchers) on family processes and caregiver well-being. Qualitative and quantitative analyses were used to address the following questions about families' experiences with the housing service system: (a) How do various living situations affect family routines and rituals? (b) How do service intensive housing programs and independent living situations affect parents' support networks? (c) What challenges do parents encounter as they attempt to obtain stable housing through the housing service system, and what strategies do they use to address these challenges? Findings support the de-institutionalization of homeless programs, and the implementation of a community-based service approach for families experiencing homelessness.

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CHAPTER 1

Introduction

Since the mid 1980's, families have been the fastest growing segment of the homeless population in the United States (HUD's Annual Homeless Assessment Report to Congress, hereafter AHAR, 2010), and the growth rate of families in shelters has been exacerbated by the recent recession (AHAR, 2010; Sard, 2009). In response to this troubling trend, research has focused on a) identifying a typology of risk for homeless families (Culhane, Metraux, Park, Schretzman, & Valente, 2007; Rog & Buckner, 2007); b) assessing the impacts of homelessness on children's developmental, behavioral, educational, and health outcomes (see comprehensive reviews by Rafferty & Shinn, 1991; Rog & Buckner, 2007); and c) evaluating the effects of various interventions on housing stability (cf. Effects of Housing Vouchers on Welfare Families, [Abt Associates et al., 2006]; Evaluations of service intensive housing programs [Hambrick & Rog, 2000; Vaulton et al., 2006; Northwest Institute for Children & Families, 2005]; and Evaluations of housing voucher programs [LaFrance Associates, 2005]). This body of work has established that while homeless families are readily differentiated from *individuals* who become homeless, they are similar to very poor families who maintain housing. Further, an experience of homelessness may have little predictive effect for long-term child outcomes over and above the contribution of a milieu of poverty and instability (Buckner, 2008; Rog & Buckner, 2007; Shinn et al., 2008). Children who experience extreme poverty, regardless of their housing status, have more instances of behavioral health difficulties, chronic health problems, developmental delays, and educational barriers. There is more variation in outcomes among families who become homeless (and among poor families) than between homeless and poor families. This indicates

there are protective and risk processes operating within families that can ameliorate or exacerbate the negative effects of the stressors associated with poverty and homelessness on long-term outcomes for parents, children, and families.

However, there has not been much discussion of effects of homelessness on family processes, which theoretically mediate the effects of external stressors (and homelessness and poverty in particular) on child outcomes. Scholars in the areas of family process theory and child development emphasize the importance of family health, not just individual health or child health, in the maintenance of positive individual family member development (Boyd-Webb, 2004; McColl, 2002; Pat-Horenczyk, Schiff, & Doppelt, 2006), the ability of the family to adapt to stressors (McCubbin & Patterson, 1988; Serpell, Sonnenschein, Baker, & Ganapathy, 2002), and the amelioration of the long-term effects of stressors on family members (Evans & English, 2002; Linver, Brooks-Gunn, & Kohen, 2002). Assessing family health or well-being includes considerations of the processes whereby families develop their identities, manage their roles, and organize the tasks of daily life (Boyce, Jensen, James, & Peacock, 1983; Denham, 1995; Weisner, 2010). These processes include family routines or rituals, family activities (i.e., “family time”), gender roles and norming, family problem-solving, involvement in community organizations, and parenting practices.

Healthy family processes buffer children and parents from the deleterious effects of stressors related to poverty, and the absence or disruption of such protective family processes, described by some scholars as “chaos” (Fiese & Winter, 2010), exacerbates their effects. Indeed, one explanation for the resilience of children despite poverty is the strength and consistency of a parental figure (Luthar, Cicchetti, & Becker, 2000), who maintains family health thereby potentiating the child’s health and development.

One possible reason for the dearth of research on family processes among homeless families is the *a priori* problematization of the homeless family, and delegitimization of the poor single-parent family as a functional family unit. The overwhelming majority of homeless parents are young single mothers of young children, and being pregnant puts women at an increased risk of becoming homeless (AHAR, 2008; Rog & Buckner 2007). The term “family” has a political and religious history that connotes a heterosexual two-parent *household*. Thus, single women (or, less frequently, men) who become homeless with children are often perceived as evidence of the failing of the single-parent family as a functional unit. Therefore, the notion that these families have healthy processes, which can be disrupted through service use, has received little attention. Instead, policy and research efforts focus on the risks or resilience of children who are raised with the compounding stressors of homelessness, poverty, and a single-parent caregiver. This approach may prove less and less informative, as economic trends towards less affordable housing mean that more and more families experience homelessness as a result of their vulnerability in the current economic context rather than personal risk factors or dysfunctional family systems (Buckner, 2008; Sard, 2009).

Research Questions

With these considerations in mind, my dissertation articles seek to address the gap in research on homeless families’ processes by starting with the assumption that homeless families can be healthy families, with functional family processes that can be supported or disrupted by various service interventions and living situations. Similarly, I begin my work from the perspective that parents in a family experiencing housing instability have skills and determination, and that they balance competing demands to make decisions to sustain themselves and their children. This does not mean these families do not participate in unhealthy family

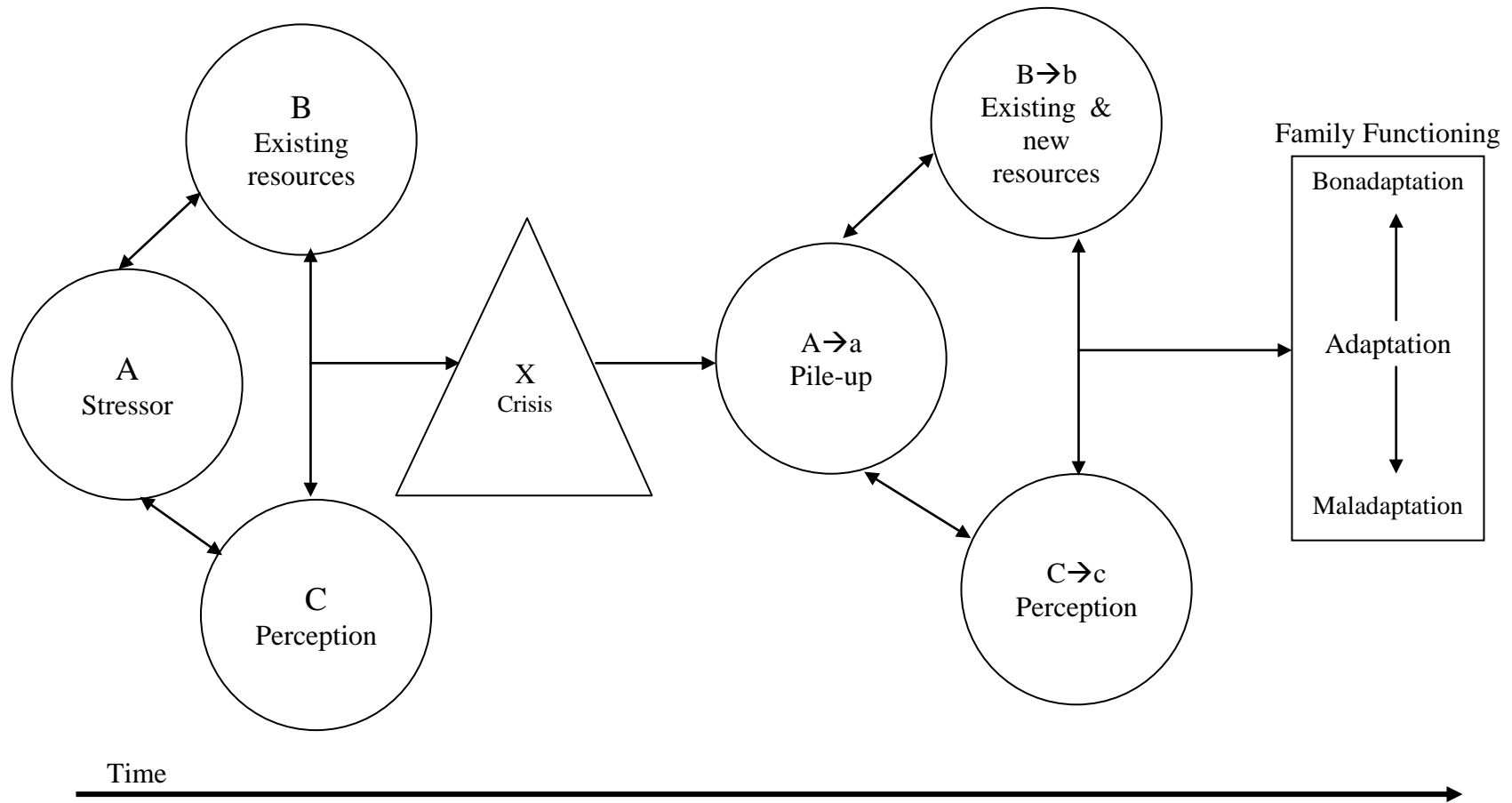
processes or unproductive coping, as all people do to some degree, but rather it means they do not *necessarily* have deficiencies in family processes or parenting as a result of their housing status.

Theoretical Context: Family Stress Theory & The Double ABC-X Model

The concept of family risk and resiliency was first brought into the literature on psychological and health outcomes by Hill's (1949) ABC-X model. He postulated that stressors (A) interact with the family's resources (B) and the meaning the family made of the stressor (C) to produce the presence (or absence) of family crisis (X). Stated simply, families with more resources and a more optimistic collective view of the situation avoid crisis and are less likely to disintegrate in the context of stressors than other families. Hill's (1949) model was one of the first to frame the family as a source for resilience. Historically, individuals were seen as resilient, and families were seen as posing high risk. Children were considered resilient *in spite of* dysfunctional families, not because of resilient families (Walsh, 1996). Hill's model was the first influential proposal that families might provide protective resources for the individual.

Later, McCubbin and Patterson (1983) built upon Hill's (1949) model and developed the most consistently used model in family stress and resilience research today, the Double ABC-X model. The Double ABC-X model, depicted in Figure 1, focuses on the ways families use resources to adjust and adapt to added demands after crisis points. In the case of family homelessness, the crisis is the experience of becoming homeless. The families' resources (B) were insufficient to meet economic demands (A) and the family experienced the crisis of homelessness (X). The service system can introduce additional stressors (A→a), referred to as "pile up" as the family attempts to mobilize their resources to re-obtain housing stability. The

Figure 1. *Double ABC-X Model (McCubbin & Patterson, 1983)*



family uses both the resources that were available to them prior to the crisis of homelessness and new resources obtained through service use or other means ($B \rightarrow b$). Finally, the parents' and children's perceptions of the experience of homelessness greatly influence the family's ability to respond to the stressor in a way that promotes family functioning.

The Double ABC-X model is especially applicable to families who become homeless because most leave shelter within one or two months (AHAR, 2009) and never again experience an instance of homelessness (Culhane et al., 2007). Thus, service provision should be concerned with helping families to obtain stable housing *and* maintaining healthy family processes to ensure protection against future stressors associated with poverty and instability. According to the model, adjustment after the crisis (and not the crisis itself) determines families' level of functioning over time. Families return to varying levels of functioning after the crisis, demonstrating decreased functioning (maladaptation), a return to previous functioning (adaptation), or improved functioning (bonadaptation).

Based on these strengths-based assumptions and the Double ABC-X model, I seek to explore the following issues:

1. How do living situations of families experiencing housing instability affect family processes? How do housing situations common among families experiencing housing instability (e.g., shelter, transitional housing, doubled-up with friends or relatives, and own place) facilitate or present barriers to healthy family processes? What strategies do families employ to maintain family wellbeing in the face of these barriers?
2. How do living situations of families experiencing housing instability affect support for parenting? Do parents in service intensive housing programs (e.g., shelter and transitional housing programs) have more service providers in their networks than

parents in other living situations? If so, how might this affect parents when they transition to independent living situations? What makes an interaction with a network member helpful or problematic for parents, and how do they maintain helpful relationships and manage problematic ones?

3. What characterizes positive and negative service experiences for parents? What strengths and resources do parents use to navigate the housing service system and obtain the services they need?

In the rest of Chapter 1, I will clarify the context of my dissertation work, as it is made possible through the existence of two larger studies: a random assignment evaluation of housing interventions for homeless families and a supplemental study assessing the impacts of housing situations on family processes and child outcomes. Next, I will describe the sample and outline the sampling strategy used to collect the data. Chapters 2-4 present manuscripts addressing each of the above questions. Manuscripts are intended to be self-contained, and therefore include tables, figures, methods and sample information as relevant for each. Chapter 5 presents a discussion of the implications of the three articles, considered collectively.

Research Context

Most evaluations of intervention effectiveness have been plagued by problems of selection bias due to the characteristics of individuals or families that lead them to pursue (and be eligible for) certain housing programs. In 2008, HUD awarded a contract to a team of research specialists in homelessness, led by Abt Associates, Inc., to conduct a random assignment evaluation exploring the impact of various existing housing interventions on housing and employment stability. Through randomization this study aims to eliminate the influence of selection bias and allow for an exploration of family characteristics predictive of success in each housing

intervention. Approximately 2,300 families in 12 states across the United States were selected to participate. Eligibility criteria included: (a) residing in a shelter for one week or longer (b) with at least one child, and (c) meeting eligibility criteria (e.g., employment, lack of a criminal history) for at least two of the three intervention conditions in addition to usual care.

Parents participated in an entrance interview to determine their eligibility status and collect baseline information about demographics and family composition. They were then randomized to receive an offer for placement in a Transitional Housing program (TH), a time-limited housing subsidy through Community Based Rapid Re-Housing (CBRR), a full housing subsidy via a housing choice or project-based housing voucher (HC voucher), or treatment as usual. Participants assigned to intervention were offered an opportunity for placement, but they made decisions about whether or not to follow through with the application process and/or accept the placement. Participants assigned to treatment as usual received no offer for housing services through the study, but they were not prevented from seeking and obtaining housing services independently. (For purposes of the larger experiment, comparisons of two conditions include only families eligible for assignment to each.) Each of the three intervention conditions is described below.

- 1) *Transitional Housing (TH)*: Transitional Housing facilities often look like apartment-style living, however the number of rooms and amenities (e.g., private bathroom or kitchen) varies by program. All TH programs provide intensive services to residents, based on the implicit belief that homeless people have many needs beyond housing that must be met to ensure their future productivity, self-sufficiency, and health. Services provided by TH programs include case management, classes in parenting or life skills, trauma counseling, substance abuse treatment, childcare while parents

work, employment skills training, and credit counseling. TH programs vary in their service use requirements, but all require that residents participate in some of the services provided. Most also institute communal meals and/or curfews. Residents are permitted to stay in TH for a only limited amount of time (typically 18 months to 2 years) before moving on to more independent living. TH programs included in the study were all program-based, rather than scatter-site, and did not permit families to “transition in place” or stay in their apartments after graduating from the program.

- 2) *Community Based Rapid Re-housing (CBRR)*: CBRR provides families with temporary housing subsidies, contingent upon families’ ability to secure sufficient income to remain in their housing when the subsidy ends. The implicit theory underlying CBRR is that families become homeless due to temporary housing or financial difficulty, and need brief periods of financial support to get through difficult times and re-attain stability in housing and/or employment. Therefore, CBRR rarely offers any services beyond a subsidy for a local residence. Families must provide proof of employment or other income prior to receiving the brief housing subsidy, and must participate in periodic “check-ins” to assess whether they are still eligible to receive assistance.
- 3) *Housing choice voucher (HC)*: HC and project-based vouchers (commonly referred to as Section 8) provide families with long-term housing subsidies that ensure the family can maintain stable housing despite poverty. HC vouchers typically cover the difference between 30% of the families’ income and the market rate for housing. The implicit theory underlying long-term vouchers is that market housing costs are simply out of reach for the poorest families, so housing must be subsidized to ensure this

population has access to safe and stable housing. While subsidies are not intended to help families attain higher levels of employment or maintain independent housing, housing stability offered through subsidies may improve caregiver health and child outcomes.

The large sample and randomization process of the larger study presented opportunities to explore other questions about homeless families' experiences. The National Institute of Child and Human Development (NICHD) funded Vanderbilt University researchers Marybeth Shinn and Velma McBride-Murry to partner with Abt Associates, Inc. to conduct a supplemental study. The supplemental study included in-depth semi-structured interviews with parents at least three months after randomization (Phase 1), and follow-up survey and assessments of parents and children 18 months after randomization to understand the long-term effects of various living situations on parents and children (Phase 2). This dissertation presents analyses of interview transcripts from Phase 1, hereafter referred to as "caregiver interviews."

Methods

Sample

Eighty participants completed in-depth, semi-structured, face-to-face interviews. See Table 1 for sample description. Interviews took place 3 to 10.5 months ($M=6.4$, $SD=1.9$), after participants received random assignment. Since study enrollment, respondents had experienced (in addition to their shelter at enrollment) an average of 1.7 housing situations ($SD=.8$). In total, respondent had lived in 124 different housing arrangements since leaving their enrollment shelter. As shown in Table 1, 57.5% of participants had lived in their own place since enrollment—of those, 71.7% had a subsidy and 28.3% did not. Table 2 shows respondents' living situations at the time of the interview, cross-tabulated by random assignment.

Table 1. *Participant Characteristics*

Mean \pm SD & Range or N (%)	N=80	Range
Age	31.2 \pm 9.0	18 – 60
Gender		
Female	77 (96.3)	
Male	3 (3.7)	
Hispanic ^a	20 (25.0)	
Race		
African American	42 (52.5)	
White	24 (30.0)	
Native American	3 (3.7)	
Other	11 (13.7)	
Education		
< High school degree	35 (43.8)	
High school degree/GED	28 (35.0)	
Some college	11 (13.8)	
Technical Certificate	6 (7.5)	
College degree	0	
Marital Status		
Single, Never Married	54 (67.5)	
Married/Partnered	13 (16.2)	
Divorced/Widowed	13 (16.2)	
Number of Children Living with Participant	2.0 \pm 1.3	0 – 6
Age of Children Living with Participant (years)	6.1 \pm 4.5	0 – 17
Time Since Study Enrollment (months)	6.4 \pm 1.9	3 – 10.5
Number of Living Situations Since Enrollment	1.7 \pm .8	0 – 5
Participants who lived in:^b		
Shelter	80 (100)	
Doubled up situations	30 (37.5)	
Transitional Housing programs	13 (16.2)	
Hotels	9 (11.2)	
Own place	46 (57.5)	
Mental Institution	1 (1.2)	
Living Situation at Interview		
Shelter	7 (8.7)	
Transitional Housing Program	10 (12.5)	
Doubled Up with friends/relatives	15 (18.7)	
Hotel	3 (3.7)	
Own Place (leased)	45 (56.2)	

^aOf the 20 participants reporting Hispanic ethnicity: 10 reported White race, 3 African American race, 7 “other” race. One interview was conducted in Spanish.

^bPercentages do not sum to 100%; parents experienced more than one living situation since enrollment.

Table 2. *Cross-Tabulation of Random Assignment and Participant Living Situation at Time of Interview*

<i>Random Assignment</i>	<i>Living Situation at Interview</i>						Total N(%)
	Shelter	Transitional Housing	Doubled up	Own place with Subsidy	Own place without Subsidy	Hotel	
Treatment as Usual	3	2	7	4	5	1	22 (27.5)
Transitional Housing Program TH	2	6	5	3	3	0	19 (23.7)
CBRR*	0	2	2	12	2	1	19 (23.7)
HC*	2	0	1	14	2	1	20 (25.0)
Total (N)	7	10	15	33	12	3	80
Total (%)	8.7	12.5	18.7	41.2	15.0	3.7	100

*Both offer housing subsidies for participants to obtain their own place. Community Based Rapid-Rehousing (CBRR) offers a conditional, short-term housing subsidy. HC offers an unconditional, long-term housing subsidy. 50% (n=10) of those assigned to CBRR were housed with CBRR at time of interview. 60% (n=12) of those assigned to HC were housed with a HC voucher at the time of the interview.

At the time of study enrollment, all respondents lived with at least one child in shelter. At the time of interview, respondents had an average of 2.0 (SD=1.3) children living with them and three had no children living with them. In total, 157 children were living with the respondents at the time of interview. Three of every four children (75.8%) were under the age of 10, and over half (52.9%) were five years or younger (M=6.1, SD=4.5, ranging from 0 to 17).

Procedures

From the 12 sites participating in the larger study, four were selected to recruit participants for caregiver interviews: Kansas City, Missouri (n=18); Phoenix, Arizona (n=19); Alameda County, California (n=20); and Connecticut (Bridgeport, New Haven, Norwalk, and Stamford; n=23). Sites were selected because, by the time recruitment began, they had begun implementing all four random assignment options and were geographically diverse.

Through regular follow-up tracking contacts for the larger study, participants were recruited for the caregiver interviews via letters and phone calls. Families were sent a letter explaining the study, and then contacted via telephone to inquire about their interest to participate. Families who could not be reached via telephone were mailed a second letter a week later. If families did not respond to the second letter and telephone call, secondary contacts provided by the family in the baseline/tracking interviews were contacted to confirm the families' address/phone number information. Recruiters made up to six attempts to contact eligible participants to inform them about the study. Approximately 40% were never reached due to a disconnected line, incorrect telephone number, or non-response. No contacted participants refused to participate in the caregiver interviews, but 11% cancelled or missed their scheduled interview. Participants were enrolled until each of the four sites selected for participant interviews enrolled 5 participants from each of the four random assignment groups, where possible. If one site enrolled fewer than

5 participants for a random assignment group, participants in that group were oversampled in other sites to obtain equal representation of random assignment groups.

Interviews were conducted in a private place (usually the respondent's home, a friend's home, or a restaurant) and lasted an average of one hour (approximately 30 minutes to 2 hours). One interview was conducted in Spanish by a bi-lingual Caucasian interviewer. Other interviews were conducted by a Caucasian interviewer with an assistant of a different race (usually African American). The interviews were audio-recorded and transcribed verbatim. Participants were compensated \$50 for their time. The Vanderbilt University and Abt Associates Institutional Review Boards approved all study procedures.

Data Analysis

Quantitative analysis. A team of three research assistants, which I led, conducted quantitative coding on interview transcripts. We coded interviews for approximately 625 variables including demographics of the respondent and family members, detailed housing history, outcome of the intervention, separations and reunifications from family members, and social support for parenting. Coders met regularly (approximately twice per month) during quantitative coding to conduct reliability checks and discuss inconsistencies in coding. Inconsistencies in coding were resolved during this process in one of three ways: (1) coders agreed after discussion, (2) the codebook was adjusted to accommodate the experiences of participants, or (3) the inconsistency was brought to the larger research team for discussion. Once all interviews had been coded quantitatively, each coder re-coded any variables that had evolved during the coding process with all 80 interviews. Finally, we conducted a reliability check on a random sample of 10 interviews (out of 80, 12.5%) with the final codebook. We assessed inter-rater reliability with Cohen's kappa for categorical variables (70%), and Pearson's

product moment coefficient for continuous variables (30%). The average kappa value was .90 (SD = .22) with 75% \geq .85. The average Pearson coefficient was .89 (SD = .20) with 77% \geq .85.

Qualitative analysis. I led a team of five research assistants (including myself and Dr. Shinn) in qualitative coding of interview transcripts using NVivo software version 9.2 (QSR International Pty Ltd., Victoria, Australia). Following the recommendations of Tesch (1990), a subset of interviews was read to develop an organizing coding system for thematic coding. As a team, we developed thematic coding for the three major interview topics: Housing Decisions, Family Processes, and Family Composition (e.g., circumstances of separations and reunifications). Then, each of the three major sections was assigned to two primary coders. In addition, all coders were responsible for identifying “structural codes” in his/her section of the interview. Structural codes included a) information from the other three sections that were discussed in their section (e.g., information about how a family made a housing decision information in the section on family processes), or information about b) social support, c) resilience, or d) experience of using the service system. Each of these structural codes was defined based on the initial reading of the subset of transcripts by the team.

Each coder was assigned to read his/her section of the interview three times: once to identify structural codes, again to identify the housing conditions referenced by the respondent (not applicable for Family Composition), and finally to complete thematic coding for the section. The team met weekly to discuss coding, resolve inconsistencies, and edit the codebook. At least twice monthly, each pair of coders met individually to conduct a reliability check using the coding stripes option in NVivo 9. Coding stripes allowed the coders to review their coding discrepancies to discuss and resolve inconsistencies. Inconsistencies in coding were resolved during this process in one of four ways: (1) coders agreed after discussion, (2) the codebook was adjusted to

accommodate the evolving meaning of the codes, (3) the inconsistency was brought to the larger research team for discussion, (4) the data was categorized as “unsure” for later review once the coding scheme was completely developed. Once 50% of the interviews were coded, each pair met to review all of the information in each node. They conducted axial coding to expand the codes along properties and dimensions, rename the codes to accurately reflect the data, and delete redundant or unnecessary nodes (following recommendations of Corbin & Strauss, 2008).

After the team coding process was complete, I used data identified as relevant to a) family processes, b) social support, and c) experiences of service use and conducted further analyses for the following manuscripts, detailed therein.

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CHAPTER II

Families Experiencing Housing Instability: The Effects of Housing Programs on Family Routines and Rituals

Abstract

Maintenance of family processes can protect parents, children, and families from the detrimental effects of extreme stressors, such as an instance of homelessness. When families cannot maintain routines and rituals, the stressors of poverty and homelessness can be compounded for both caregivers and children. However, characteristics of living situations common among families experiencing homelessness present barriers to the maintenance of family routines and rituals. We analyzed 80 in-depth interviews with parents who were experiencing or had recently experienced an instance of homelessness. We compared their assessments of challenges to family schedules, routines, and rituals across various living situations, including shelter, transitional housing programs, doubled up (i.e. living temporarily with family/friend) and independent living situations. Rules common across shelters and transitional housing programs impeded family processes, and parents felt surveilled and threatened with child protective service involvement in these settings. In doubled up living situations, parents reported adapting their routines to those of the household and having parenting interrupted by opinions of friends and family members. Families used several strategies to maintain family rituals and routines in these living situations, and ensure consistency and stability for their children during an otherwise unstable time.

Introduction

Parents who become homeless must juggle basic needs with the demands of the housing service system and maintenance of family processes and relationships. Homelessness can present almost insurmountable barriers to the maintenance of family processes (Hausman & Hammen, 1993; Lindsey, 1998; Menke & Wagner, 1997; Thrasher & Mowbray, 1995; Torquati, 2004). The loss of a permanent residence is associated with a sense of failure and loss of parental roles (Banyard & Graham-Bermann, 1995; Bassuk, Rubin & Lauriat, 1986; Thrasher & Mowbray, 1995). Also, housing services can usurp parental authority and disrupt family roles and organization (Bassuk, 1993; Lindsey, 1998; Schultz-Krohn, 2004). In particular, in multiple-family living situations, families may encounter a lack of privacy, and schedules and rules necessary for shelter operations may conflict with family routines (DeOllos, 1997; Memmontt & Young, 1993; Menke & Wagner, 1997; Schultz-Krohn, 2004; Thrasher & Mowbray, 1995). In some cases, the physical setting of housing shelters is marked by high noise levels and overcrowding (Torquati, 2004), contributing to the feeling of a chaotic or out of control environment. Nonetheless, many parents are able to sustain family processes during instances of homelessness. What are the challenges they face and what strategies do they use to sustain family routines and rituals and avoid a chaotic family environment? We studied this question with a sample of 80 parents who had recently been in homeless shelters in four states across the United States.

Family processes are multidimensional and are present in most aspects of daily life. We chose to focus our examination of family processes on routines and rituals for three reasons. First, family routines and rituals are influenced by context more readily than other family processes (Fiese et al., 2002), and therefore are quickly adjusted to the demands and

opportunities of living situations. Second, during family routines and rituals, other family processes (such as parenting behaviors) are enacted and so disruptions of routines and rituals likely lead to disruptions of other aspects of family life (Boyce et al., 1983; Denham, 1995; Fiese & Winter, 2010). Third, family routines and rituals make sense to families (Fiese et al., 2002). They can easily recount how they conduct routines and rituals, and they can identify instances of disruptions of these family processes more readily and with less stigma than disruptions of parenting or intra-parental conflict. Family routines are “repetitive behaviors which involve two or more family members and which occur with predictable regularity in the ongoing life of the family” (Boyce, Jensen, James, & Peacock, 1983, p.194). Family rituals, also described as family activities or “family time,” similarly serve to organize and strengthen family relationships but may occur with less regularity (e.g., celebrations of holidays or achievements).

Sustainment of family routines and rituals is one indicator of family functioning and health (Boyce et al., 1983; Denham, 1995), and routine performance preserves family identity as the completion of routines creates a sense of belonging and closeness among family members (Daly, 2001; McCubbin & McCubbin, 1988). The construction and protection of routinized “family time” is also critical to the organization of daily family life (Daly, 2001; Fiese & Winter, 2010). Most families construct family time around meals, during which they make plans for the organization of individual activities (e.g., plan transportation, assign chores, review homework requirements; Serpell, Sonnenschein, Baker, & Ganapathy, 2002). In the absence of protected time to anchor family life, other areas of a child’s life become disorganized and chaotic as well (Fiese & Winter, 2010). Moreover, family routines and rituals clarify and reinforce individual roles within the family. For instance, parental authority and compassion can be asserted through the preparation of meals, sibling cohesion can be reinforced during play, and parental provision

for the family can be asserted through family activity planning or the provision of gifts or food, especially in the absence of financial provision.

However, extreme poverty and homelessness in particular may impede a parent's ability to maintain family routines and rituals. Financial need has been associated with decreased parental health and mental health, which in turn infringe upon parenting and family routines (Conger et al., 1992, 1993; R. D. Conger, Ge, Elder, Lorenz, & Simons, 1994; Conger, Patterson, & Ge, 1995; Elder & Capsi, 1988). Characteristics of physical environments associated with extreme poverty and homelessness, such as sustained noise and crowding, have been associated with less responsive parenting (Evans, Maxwell, & Hart, 1999; Matheny, Wachs, Ludwig, & Phillips, 1995). In addition, regular family meal times are challenging for families with few economic resources (Tubbs, Roy & Burton, 2005), and may be impossible for families who are homeless if meals are organized by shelters. The time and energy homeless parents must dedicate to seeking employment or obtaining housing takes away from parenting and the maintenance of family routines and rituals. Thus, in order to maintain family organization, homeless families must creatively construct and protect times for family routines and rituals.

The importance of family routines and rituals for buffering the negative effects of the stressors of homelessness and extreme poverty on parents and children is evident in literature on both parent and child health and child development. When families cannot maintain family processes during an instance of homelessness, the stressors of poverty and homelessness can be compounded for both caregivers and children. The absence or disruption of regular family processes has been described as a form of chaos that stands at odds with family and individual well-being (Fiese & Winter, 2010). Maintenance of family processes is critical for children's development, particularly in the context of the stressors of extreme poverty (Evans & English,

2002; Linver, Brooks-Gunn, & Kohen, 2002). In the absence of regular family routines and clearly defined family roles, children's environments are described as "chaotic," and associated with more behavior problems at school (Ackerman, Kogos, Youngstrom, Schoff, & Izard, 1999) and more risky behaviors in adolescence (Compan, Moreno, Ruiz, & Pascual, 2002; Eisenberg, Olson, Neumark-Sztainer, Story & Bearinger, 2004). Other aspects of the environment of poverty and homelessness are associated with chaos as well. Chaotic physical environments, marked by crowding or noise, have been associated with increased psychological distress in children and impediments to their ability to self-regulate and interpret social cues (Evans & English, 2002; Evans & Kim, 2007, Evans et al., 2005). Frequent school and housing changes, common for poor and homeless families, also contribute to a sense of chaos and disorganization (Evans, Eckenrode, & Marcynyszyn, 2010). During an instance of homelessness, family routines and rituals may be the only element of a child's environment over which parents can exert control. Thus, the preservation of routines may also buffer families from the negative psychological effects related to the loss of self-efficacy, control, and stability experienced during homelessness (Boyd-Webb, 2004; McColl, 2002; Pat-Horenczyk, Schiff, Doppelt, 2006).

In summary, the maintenance of family routines and rituals can have both individual and family-level effects. On the individual level, parents preserve a sense of control, self-efficacy, and positive self-regard, as they are able to continue to maintain their identity as a successful parent. Children, in turn, benefit indirectly from the enhanced mental health of their parents, while also benefiting directly from the structure and predictability of family life in the face of housing instability and uncertainty. On the family level, relationships are reinforced and families experience enhanced cohesion and belonging, which contribute to a sense of security during an otherwise uncertain time and prevent family disintegration.

Given the importance of family routines and rituals for both parents and children, it is critical to identify the ways various housing services and housing conditions facilitate or present obstacles to family rituals and routines. While homeless shelter environments and their impact on family processes have been explored (c.f. Hausmen & Hammon, 1993; Lindsey, 1998; Menke & Wagner, 1997; Thrasher & Mowbray, 1995), other living situations common to homeless families have not. Transitional Housing (TH) programs typically look like apartment-style living, however the number of rooms and amenities (e.g., private bathroom or kitchen) vary by program. TH programs vary in their service use requirements, but all require that residents participate in some of the services provided. Many also institute communal meals and/or curfews. Residents are only permitted to stay for a limited amount of time (typically 2 years) before moving on to more independent living. The challenges TH programs present to family processes may be similar and different from those presented by shelter environments. In addition, families frequently live temporarily with family members or friends (i.e., doubled up) to avoid shelter use or after reaching time limits for shelter stays. Families may reside in a single room of the residence, and such arrangements are usually temporary. Or families may (with or without the help of subsidies) obtain their own place.

The purpose of this study was to examine the effects of various living situations on family processes among families participating in a larger evaluation study of the effects of various housing interventions on stability for families who were homeless. Our primary goal was to understand how different housing conditions influence family routines (such as meal times and completion of homework) and family activities or rituals among formerly and currently homeless families. Secondly, we were interested in understanding the strategies families use to adapt

their routines and rituals to their circumstances while preserving the meaning of the activities for the family members.

Methods

We conducted 80 semi-structured, in-depth, face-to-face interviews with family caregivers several months after they were first identified in shelters in four states. As part of a larger intervention trial, participants were previously randomized to receive an offer for one of three housing interventions or treatment as usual. Interventions included program based transitional housing (TH), time-limited housing subsidy through Community-Based Rapid Re-Housing (CBRR) programs, or full housing subsidy via a housing choice voucher (or, in Bridgeport, a project-based voucher; HC). For those offered a placement in a TH program or a housing subsidy, their exit from shelter to other types of housing may have been accelerated. Those assigned to the control group received no offer for housing assistance but were free to seek housing services on their own. Eligibility criteria for the larger study included being in a homeless shelter for at least one week with at least one child, and meeting existing eligibility recruitments for at least two of the intervention programs (in addition to treatment as usual). Interviews were analyzed to explore the effects of various living situations on family routines and rituals. Participation in the caregiver interview had no effect on participation in the larger study.

Sample

Participants were 80 parents who had previously been in a homeless shelter with their child(ren) in Kansas City, Missouri (n=18); Phoenix, Arizona (n=19); Alameda County, California (n=19); or Connecticut (Bridgeport, New Haven, Norwalk, and Stamford; n=23). Descriptive statistics for the sample, including living situations since enrollment and current

Table 1. *Participant Characteristics*

Mean \pm SD & Range or N (%)	N=80	Range
Age	31.2 \pm 9.0	18 – 60
Gender		
Female	77 (96.3)	
Male	3 (3.7)	
Hispanic ^a	20 (25.0)	
Race		
African American	42 (52.5)	
White	24 (30.0)	
Native American	3 (3.7)	
Other	11 (13.7)	
Education		
< High school degree	35 (43.8)	
High school degree/GED	28 (35.0)	
Some college	11 (13.8)	
Technical Certificate	6 (7.5)	
College degree	0	
Marital Status		
Single, Never Married	54 (67.5)	
Married/Partnered	13 (16.2)	
Divorced/Widowed	13 (16.2)	
Number of Children Living with Participant	2.0 \pm 1.3	0 – 6
Age of Children Living with Participant (years)	6.1 \pm 4.5	0 – 17
Time Since Study Enrollment (months)	6.4 \pm 1.9	3 – 10.5
Number of Living Situations Since Enrollment	1.7 \pm .8	0 – 5
Participants who lived in:^b		
Shelter	80 (100)	
Doubled up situations	30 (37.5)	
Transitional Housing programs	13 (16.2)	
Hotels	9 (11.2)	
Own place	46 (57.5)	
Mental Institution	1 (1.2)	
Living Situation at Interview		
Shelter	7 (8.7)	
Transitional Housing Program	10 (12.5)	
Doubled Up with friends/relatives	15 (18.7)	
Hotel	3 (3.7)	
Own Place (leased)	45 (56.2)	

^a Of the 20 participants reporting Hispanic ethnicity: 10 reported White race, 3 African American race, 7 “other” race. One interview was conducted in Spanish.

^b Percentages do not sum to 100%; parents experienced more than one living situation since enrollment.

living situation, are shown in Table 1. Relationships between participant/family characteristics and housing conditions were not explored because participants were offered referrals to various housing conditions as part of a larger randomized experiment.

Since study enrollment, participants had experienced (in addition to shelter) an average of 1.7 housing situations ($SD=.8$). As a result, participants were able to report on family processes in several living situations. All participants reported on their shelter at enrollment, and 21% had lived in an additional shelter. At some point since randomization, 37.5% had been doubled up, 16.2% had been in TH programs, and 57.5% had been in their own place (41.2% with either a time-limited or permanent subsidy, 16.2% without).

Procedures

Trained interviewers conducted semi-structured in-depth interviews with participants 3-10.5 months ($M=6.4$, $SD=1.9$) after they were enrolled in the larger study. Interviews were conducted in a private place (usually the participant's home, a friend's home, or a restaurant) and lasted approximately one hour (range 0.5-2 hours). Among other questions, interviewers obtained a housing history since leaving the shelter where families had been recruited (see Table 1), and questions (shown in Table 2) about the effects of each housing condition on family processes, as reported by the parent. Participants were compensated \$50 for their time. The Vanderbilt University and Abt Associates Institutional Review Boards approved all study procedures.

The interviews were audio-recorded and transcribed verbatim. We used NVivo version 9.2 (QSR International Pty Ltd., Victoria, Australia) to code the interviews and assess inter-coder reliability. For coding, interviews were divided into four sections based on topic area. Questions about family processes were one section of the interview. Each section was also coded for housing situation referenced by participants. Other analysts coding other sections of the

Table 2. *Interview Questions Analyzed*

Routines

- 1) Can you tell me about a typical day with your children?

Probes: For instance, who usually wakes your children up in the morning, what time, how do they get to and from day care or school? When do you have meals? How are they prepared? When is bedtime? Are there any things you do with your children every day?

- 2) How often are you/were you able to keep the routine you just described?
- 3) How was your routine different in [each previous living situation]?
- 4) Is there any thing about your living situation that makes/made it difficult to carry out a typical day with your children? What are some of the biggest difficulties as you try to get these tasks done the way you plan? [Repeated for each previous living situation]

Challenges to Family Processes

- 1) Some parents say there are things about their living situation that make it difficult to be a parent. Is there anything about your living situation that makes parenting difficult?
 - 2) Some parents say it is difficult to be a parent when...
 - a) ... people are watching them all the time.
 - b)... they don't have any privacy from their children or with their partner.
 - c)... they have to follow rules of shelters or other housing programs.
 - d)... they have other people making rules for their children.Is this a problem for you and your family? How so? [Asked for each]
What about in [each previous living situation]?
 - 3) Is there anything about your current living situation that makes it easier for you to be parent, compared to your previous living situations?
-

interview also identified family process information spontaneously discussed by participants elsewhere in the interview transcripts. Thus, all interview text relevant to parenting or family processes was included in thematic coding.

Following the recommendations of Tesch (1990), the team of analysts read a subset of interviews to develop an organizing coding system for thematic coding of each interview section inductively, allowing the themes to emerge from the data. Two coders coded each section of the interviews, and met weekly to conduct reliability checks on 20% of the interviews and resolve inconsistencies by consensus. Codes were reorganized, clarified, and renamed through this weekly process to accurately reflect the data and the language of the participants. Next, author L.S.M. conducted inductive qualitative analysis on the data identified as relevant to family

processes, following the recommendations of Lincoln and Guba (1985) and Tesch (1990). The purpose of this phase of analysis was to identify common challenges experienced by families and identify similarities and differences in challenges across and between various housing conditions. Tesch outlines four distinct goals of qualitative analysis, one of which is to discover regularities in the data. This approach has elements of grounded theory, phenomenology, and naturalistic inquiry. We read all participants' descriptions of their family routines and identified regularities. We then used comparative analysis (Strauss & Corbin, 1990) to identify differences in family routines by living situation. We conducted a similar process with parents' responses to questions about the impact of rules, privacy, and surveillance; we first identified themes, and then conducted comparative analyses to identify differences by living situation. Throughout analysis, instances of routine or ritual maintenance, coping, or strategies to maintain consistency were indicated.

To enhance credibility of qualitative data, we employed two tactics recommended by Lincoln and Guba (1985): peer debriefing and assessing inter-rater reliability. As mentioned previously, two coders coded the family process section as part of a larger team of five analysts who were coding other sections of the interview transcripts (not reported in this paper). Throughout analysis, all members of the research team met weekly to discuss issues with coding. The research team participated in resolving coding inconsistencies, helped evaluate coding categorizations and thematic and comparative analyses. Once coding was complete, we conducted a reliability check on housing situations across all 80 interviews (Cohen's $k=.91$, $SD=.02$) and resolved all inconsistencies by consensus before proceeding with data analysis. For example, inconsistencies arose regarding participants who shared a residence with a non-partner adult; some coders thought they were doubled up whereas others thought they were in roommate

situation in their own place. We resolved these inconsistencies by determining if they had their name on the lease or if it was temporary living situation. We also assessed inter-coder reliability with a random sample of 10 interviews on the themes presented in Figure 1 (Cohen's $k=.86$, $SD=.14$). We resolved inconsistencies that were mistakes in coding, but some inconsistencies remained. For example, one coder felt that a participants' description of shelter residents' drug use was indicative of chaos and the other coder disagreed. When consensus was not reached on data coded in the reliability check, it was excluded from the values in Figure 1.

Results

Family Routines

First, participants were asked to describe their family routine on a typical day, and compare this routine to their family routines in each living situation since shelter entry. Every parent had lived in shelter and contrasted their current routines with their routine in shelter. In general, parents in independent living situations organized daily family routines around children's natural waking and sleeping rhythms, family activities, transportation availability, and pursuing personal goals (e.g., seeking jobs, working, or pursuing education and career development opportunities). For instance, the following description of a family routine in an independent living situation was typical of parents in our sample:

Sometimes [Child] wakes up before me. She wakes up around 9:00. I wake up, and sometimes I have appointments with the [CBRR program]. They help you with things. And I have to go to the chiropractor, so basically it's around appointments, and she takes a nap around 2. So I'm on the Internet looking for jobs, I wrote a list down of jobs to look for to go to. Sometimes we go to the park, the beach, things like that.

When asked how their routines differed from shelter, most parents described the restrictions placed on their family routines by imposed schedules and shelter rules. One parent describes her current family routine in an independent living situation as organized around her children's play,

family time, homework, and meal preparation. When asked to compare her current routine to the one she had in shelter, she responded:

It was different. Because you were out of bed by six o'clock, everybody, and kids weren't allowed out of rooms if it was noon to three and you couldn't feed them whenever you wanted to because it was set meal times and everybody had to be in their room and in bed by ten and it was just pretty strict.

Families frequently described their routines while in shelter as organized around imposed schedules for sleeping and eating, and *demonstrations* of seeking housing and employment. For instance, several parents described leaving shelter during a designated period of time each day to look for resources and employment, but indicated they were rarely able to identify and pursue such resources during the allotted time period (before the next scheduled event for which they needed to be back at the shelter) and with their children in tow, as these two parents describe:

[In one shelter] I just spent my time filling out paperwork and signing my name, like signatures and dates and workshops basically, which I really felt kind of used...it was how can I help them, not how can they help me.

We wake up, get the girls ready. I had to have my room clean every day. We had things that we had to do like the computer thing you had to sign up for a job or something. You had to have an activity and you had to do like community service for the court. And that's like stuff around the facility, not even leaving.

Another described how scheduled program requirements and lack of childcare made it difficult for her to look for a job.

The program rules—as far as your kids not being able to attend groups with you, and [the groups] were in the middle of the day—with me not being able to leave and go job hunting.

Another recounted interference with her classes:

The [shelter] case manager, no matter what I did it was wrong. She wanted me for all these mandatory meetings, which I thought were ridiculous, 99% of them. Like one in particular—at that moment in time, I had a class. I was in school full-time, and she was like, “Well, it only takes you a few minutes to get to [school] from here.” I'm like, “Okay, I know what it takes me when I drive. Then I circle around the parking lot for 10 minutes to find a parking spot, if I'm lucky. And then it takes me another 5 to 10 minutes to get to the class, then you've got to get there a couple of minutes early so you can get your stuff out.” So I said, “So, I need 30 minutes, at least.” And she's like, “Well, no, I don't think so, and you can make it to this little free give-away, and if I don't feel like

you're cooperating..." She mandatorily made me go to some free give-away, and she knew that people weren't going to be there on time! So I had to sit down [in class] with my kids, upset and sweating, because I couldn't go drop them off; I couldn't go do what I needed to do.

In addition, many parents discussed the amount of waiting time shelter schedules added to their schedules. They described having to wait (and teach children to wait) to leave the shelter in the morning, for meals, for baths/bathrooms, to return to the shelter in the evening.

You had to be inside at a certain time. So they had to go to bed at a certain, time so we could get to sleep. And as soon as you're allowed out, we could leave. That was also hard. Like not being—having to wait until a certain time, in the morning, before you're allowed to leave. It was weird.

A few participants emphasized the benefits of imposed routines on their own parenting or the parenting of others, indicating "*some people aren't like that—don't have that routine and structure in their life—it helped them,*" or "*that's one thing I got from shelter, to have [the kids] in bed every night at the same time, get them up at the same time...it makes things easier.*" In contrast, most parents felt the imposed routines disempowered them as a parent:

It's hard not being able to live our own life, and establish our own routine, and be free to be a mom, and cook what I want when I want, and do laundry when I want to, just everything.

Challenges to Family Routines and Rituals

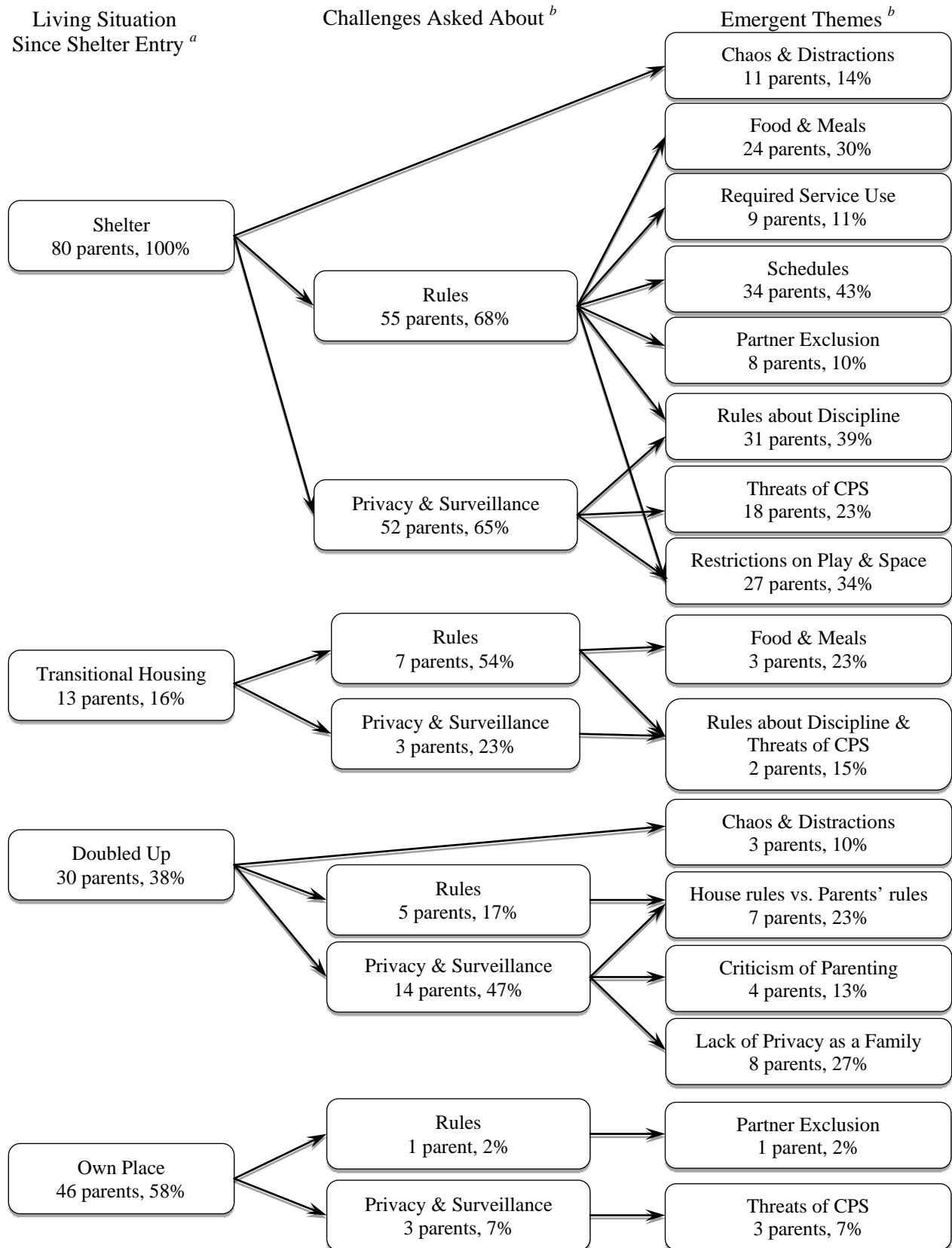
We asked parents "Is there anything about your living situation that makes parenting difficult?" Parents in their own place most frequently expressed that their current living situation made them feel free and in control of their lives and their children. Challenges shared by parents in independent living situations included transportation accessibility, childcare availability, and external environment issues that restricted children's play or presented other challenges. For instance, one participant discussed how her children had to be quiet in their apartment because she knew the sound would disturb her neighbors; others stressed the importance of keeping children inside so they were safe from perceived dangers or negative influences in the area.

Parents living in doubled-up arrangements most frequently mentioned being unable to establish their own rules/having to live with someone else's rules, and friends and family interfering with their parenting decisions by ignoring the parents' rules for the children (e.g., giving the children privileges or treats when parents had taken them away as a consequence, allowing children to watch too much television or stay up late) or interrupting and correcting parents in the middle of discussions with their children. In response to this question, parents in TH programs and shelters frequently mentioned rules about parenting (e.g., rules prohibiting spanking or yelling), feeling surveilled by others, and conflicts with program staff.

Next, we explicitly asked about rules, surveillance, and privacy in each living situation since shelter entry. Parents' responses to questions about privacy and surveillance overlapped, so we have combined them in our exploration of emergent themes. In addition, emergent themes discussed most frequently by parents in each living situation are indicated in Figure 1. Some themes were related to both rules and surveillance (e.g., rules about permitted and prohibited forms of discipline were to surveillance), so emergent themes are linked to both in Figure 1. Figure 1 depicts a) the number and of parents reporting on each living situation, b) the number and percentages of parents reporting that rules and privacy/surveillance presented challenges for family processes in each living situation, and c) the number and percentages of parents who endorsed the emergent theme in that living situation. For example, 13 parents lived in TH since random assignment and reported on their experiences in TH programs; of those, 54% (7 out of 13) felt rules posed a challenge to family processes, and 23% (3 out of 13) specifically cites rules about food and meals as a challenge.

Service intensive living environments: Emergent themes from shelter and TH. As shown in Figure 1, parents reported that program rules, a lack of privacy, and feeling surveilled by

Figure 1. Frequency of Challenges to Family Processes Reported in Each Living Situation



Note: CPS = Child Protective Services. ^a Percentages represent number of participants who reported on each living situation out of 80; ^b Percentages represent number of participants who endorsed each challenge out of the number of participants reporting on the specific living situation.

program staff and/or other residents were common problems in shelters and TH programs in all four states, and across numerous programs. The most frequently discussed themes were: (a) rules about food and meals, (b) required service use, (c) imposed schedules, (d) rules excluding partners from shelter stays, (e) rules about discipline and concomitant surveillance of parenting practices which led to (f) implicit and explicit threats of child protective services involvement (i.e., investigations potentially resulting in children being removed from parental custody), (g) restrictions on play and space, and (h) chaos and distractions. When parents broke rules, they received “write ups,” and at a certain number, they were forced to leave. Parents frequently indicated understanding why each individual policy or situation was necessary, but highlighted how interactions between rules, the environment, and their family’s unique needs and circumstances led to interruptions of family processes and made it difficult to follow the rules and maintain family routines simultaneously.

Rules about food and meals. Parents frequently mentioned rules pertaining to food and meals as a challenge to family routines and rituals. Parents reported their young children were unable to have choices regarding which foods to eat, and often the food offered by the shelter and TH programs were either inappropriate for the child’s age, unappealing to the child, or not to the parents’ nutritional standards. Many shelter or TH programs required residents use their personal food stamps to pay for the program’s food, thereby making it difficult for residents to obtain food to supplement or replace the choices offered at mealtimes.

The only problem for me here is just about the eating. Like we give up 75 percent of our food stamps, and we don't have a say-so on what we can and can't eat. We just have to eat what the cooks cook for us. And like I went down there Sunday morning, because we was going to church and we needed some food in our stomach because we was going to be sitting through the sermon. He made bacon and bread for breakfast—bacon and bread! And it made me really mad. And it's like okay, I'm glad I gave up my 75 percent of my food stamps. I don't pay for no bacon and bread, you know? We eat healthy food.

Other parents expressed their perception that rules disallowing food or drinks in their rooms, or not being able to give children snacks and drinks were absurd and underlined their inability to provide for their children.

I only have one child, and it's things that I'd give my daughter to show, you know, mommy loves her. But it was like I couldn't, or I had to sneak and give it to her. So, she's sitting in the room talking about, "Mama, I'm hungry. I want some fruit snacks." And it's like "Okay, I'm gonna get you some fruit snacks. Let me dig in my purse. But it's like—I couldn't just give things to her without [the staff] looking over my shoulder. Like, "Well, did you bring anything for everyone else?" If I'm homeless, what make you think I can afford other stuff for other people? It was hard.

Finally, parents discussed how lack of access to a kitchen impeded their efforts to teach their children basic life skills or engage in cooking together as a family.

I couldn't go in the kitchen and make her a peanut butter and jelly sandwich. She needs to learn how to do that. She's seven years old. She's got to learn how to do simple stuff like that. I can understand not being allowed to use something electric or a knife—but a sandwich? That's not going to kill her. And they used to yell at us for stuff like that.

Required service use. Parents reported that they were required to use certain services and/or attend certain programs during the day, which created problems for their pursuit of housing or employment, and made it difficult for their children.

We had to go to groups. Which, it kinda helped, but I felt like that wasn't the reason I was homeless. I had to go to an AA meeting, and it was like, I'm not an alcoholic or on drugs or anything. But in order to not get wrote up and get kicked out—because if you got wrote up three times, then you get kicked out—so it's like, I'm reporting to these meetings that didn't even apply to me, instead of doing what I need to be doing.

One parent shared that her daughter had been sexually abused, and she was hesitant to leave her alone with strangers, which clashed with requirements that she attend groups without her child:

It's just too many mandatory groups. Some groups your kids can't come to, so you may get a violation if you don't attend. But then now they have it where you can do up a babysitting contract or whatever. But I'm a paranoid after what happened to my daughter. I don't want my daughter in a house with someone by theirselves, but I can't take her with me to the groups.

Frequently, families were required to attend church services offered by the programs. This presented problems for many families, especially those of other faiths and those with established

relationships at their own church. Several parents across different states reported they would be written up for failing to attend church services. One mother describes how this requirement interfered with stability for her son, who had to change schools when they entered shelter, but could maintain relationships with friends at his church through youth group meetings.

We had bible study we had to go to and on Wednesday nights, and you could no longer go to your church on Wednesdays—you had to go to theirs and we got wrote up for going to ours because they had a youth program. Our church has a youth program for our son on Wednesday nights so we would go so he would be able to go, have some normalcy to his life, and we got reprimanded for doing it.

Notably, required service use was not a challenge in TH programs. Parents described being able to choose which services they wanted to attend from a menu of service options, and emphasized the utility of case management services and assistance with employment searches.

Imposed schedules. Parents frequently mentioned imposed times for waking, sleeping, leaving, eating, and curfews as challenges for family routines. Some parents described how strict times for waking and sleeping were age-inappropriate. They reported getting in trouble when they couldn't make their infants and young children be quiet during a pre-set period of time, or described how their child would get sleepy at a time of day when they did not have access to a quiet place to a nap.

All kids under a certain age had to be in bed at 8:00. Okay, she was one year old at this time. I can't force her to lay down and go to sleep. The only thing I could do was rock her. If she screams and cries while I'm rocking her, it's like I can't help that. And I understood that it was people there that had to get up and go to work really early and a whole bunch of stuff. So that kind of conflicted because it's like, "Okay, what y'all want me to do? I can't put tape over the kid's mouth. I understand that you have to go to work, but I really don't know what to do."

I think it was 9:00 that kids went to sleep and so for me going to school and coming home, that's where I was like—my son would go to sleep a little later because we have to have our time, like bath time. It was difficult. The rules about times had it semi-hard for me to continue to do what I'm used to doing because he is a person—he's not an object, he's a real person.

Others described how imposed schedules interfered with special family time activities. For

instance, one parent could no longer take her children to the public beach or park because the bus schedule returned them to shelter after curfew. Another had special “movie nights” where the family would stay up late and watch a family television program together with popcorn. Time restrictions on when the television had to be off and children had to be in bed made it impossible to continue family movie nights.

Imposed schedules also presented challenges to finding employment and housing. Parents described how impossible it was to search for resources, get children from school, be present for dinnertime (usually 4:30 or 5:00 pm) and be home by curfew. Parents described the time available to find employment and housing as one or two hour gaps in between trips to and from their shelter; being subject to the schedules of public transportation compounded this issue.

It made it hard to find a job, and be like [to potential employers] “Well, I’m sorry, but you have to work around my schedule,” with the curfews and everything.

Partner exclusion. Some programs’ rules prohibited male partners from living with the family for various reasons, including rules prohibiting men (i.e., women/child-only programs; 4 cases), rules prohibiting partners who are not married (2 cases), and rules prohibiting partners who broke other shelter rules (1 case). When parents made the decision to separate from a partner due to rules prohibiting men, they indicated these were temporary situations resultant from their lack of options.

I didn’t have help at the time, because it was just a shelter for women and children. He wasn’t with me at the time. He was staying with his mom trying to situate stuff, so it was like—if he was here, it would be so much easier, but they didn’t allow that. Then I was referred to [another shelter], then he was able to come along. So that helped out.

One mother indicated her husband was able to stay in the same shelter as the rest of the family, but had to sleep in a separate section. Some shelters had policies prohibiting non-married parents from living together, even if the partner was the biological parent of the children or if they had a common-law marriage, as described by these two parents:

We were kind of separated then because he had to go to one shelter and I had to go another and the way we had to do our paperwork basically separated us. We were together relationship-wise but we were just separated in housing. It's cause we weren't married. Once we did get married we could move in... They're a Christian based shelter so you know, of course.

After that, we ended up in another shelter which could have took me and the three girls but he would still have to stay at [the previous shelter] because the requirement is you have to have a marriage license. We've been common law for a while... They talked about if you want him to stay with you in the family center you have to go get a marriage license down there... At the time [separating from my partner] was the best thing I could do because if we didn't have [the placement in the shelter] at that date and time... I wouldn't have had nowhere to go then we would have been sleeping in an abandoned house or the park or had to do what we had to do.

Rules about discipline and threats of Child Protective Services (CPS). A predominate issue was program rules about appropriate and inappropriate forms of discipline. As a result of program rules prohibiting yelling at or spanking children, parents felt they were inconsistent in their parenting, which confused children and undermined their parental authority. These four parents clearly described this issue:

You know, I used to correct my kids; tell them don't do that; and then, someone else will get involved, "Oh, you're not supposed to do that to your kids." And I felt like my authority was being stepped on. And ever since that I moved out, that I've been on my own, is I've noticed that my kids are able to respect me more than before.

If I tell [my children] something and they didn't feel like doing it, they would boldly tell me in the shelter "I don't want to do it" because then you have all these people watching you telling you, "You can't discipline your child because you're in the shelter." So once you get out of the shelter, you have to go through a whole new ballgame to get your kids reprogrammed.

I just think she had to sit there and watch how her parents were—to me it's belittling because if you're sitting there scolding me out in front of my kid, that's a belittling feeling. So I just think experiencing that, I think that that wasn't a good thing for her.

I think [child] took it like there was somebody above me—it was hard 'cause she didn't want to listen all the time because I had to listen to somebody else and that kinda thing. And she's like, "Why can't we have our own house, there's so many rules." Especially when you had to be back at 6:00, and that's kind of unrealistic when your kids are on summer break, and they're trying to have fun, and they can't do any activities. And they're like "Why?" And you're like "Because we have to listen to the rules." And

they're like, "But you're the"—they're looking at you, like "Hello, you're the parent, nobody's supposed to tell you what to do."

In addition, program staff and other program residents were authorized to watch parenting behaviors to ensure parents were not breaking discipline rules. As a result, parents reported being interrupted by others and corrected while in the process of disciplining their children. Parents also reported feeling constantly surveilled and threatened with having their children removed from their custody. Twenty parents in shelters and TH discussed threats of CPS, and 11 parents felt threats of CPS involvement were a direct result of staff and other residents watching them to ensure they followed rules about discipline (9 discussing shelter, 2 discussing TH). These participants were evenly distributed across all four states, but certain shelters were consistently mentioned among participants in two sites, suggesting contextual effects rather than accurate identification of abusive parenting by program staff. These three parents describe the connection between discipline and threats of CPS involvement:

People are watching you—because since I have been here, that's all everyone threatens you with—CPS, CPS, CPS. Through some of these agencies, they threaten with the CPS all the time. You know, "If you don't do this for your kid and you don't do that, this is what we are going to do." You know, and that makes a parent worried. You are trying to do your best, but you've got people breathing down your neck and then we will threaten you with CPS all the time. It gets a little nerve racking. In all my life of raising kids, I have never been threatened with CPS as much as I have down here. And I'm like, "Why?" I guess you could be in trouble for being in a shelter, because you were in there with your kid? And it's like "why?" As long as you have a roof over your kid's head and you are trying, why would you be in trouble? So see, that is why a lot of people won't go to these shelters, is because of that. Because they think that they are going to get their kids stolen or something, you know. They threaten CPS a lot.

[In my own place] I don't have eyes on me all the time. I can, if I feel it necessary to discipline my kids, then I can do it and not be afraid of what they're gonna say or what they're gonna do. If they think it was inappropriate where I may have thought it was necessary to do something, I wouldn't have to worry about [them] turning me in to CPS or something like that for something that was not even, in my eyes, bad. I think it's necessary in some instances to give a little swat on the hand for touching something bad or a little swat on the butt. If [shelter staff] saw you do that, they'd call CPS on you for child abuse.

You get someone who works at these places, and they see you're trying to discipline your child. Like the other day, when we first went to [shelter] he was tired cause it was late, but I had to do a bunch of paperwork. So the next day he is tired, and he kicked me, and I said "No, you don't do that" and he was having a little tantrum. And so I'm like "Okay, we're going to our room," and I was going to talk to him like I usually do and explain to him. And the staff woman is stopping me as I'm going in, and she's intervening and tell him what to do. Well, that's fine, but can you let me continue to parent, because I am his parent. I know what I'm doing. So I'm like "Excuse me, can you please let me take care of him?" and she goes "Well, it's my job." And I'm like "It's my job to take care of what's going on... You're taking away from what I'm saying, you're not letting him listen—you're not valuing what I'm saying."

Parents reported that taking away privileges and/or toys was difficult in shelter when they felt their children had already lost so many privileges and material items as a result of their economic situation, as described by these two parents:

My daughter's room was decked out with Dora and princess and everything, so she's used to that. And now she's looking at like, a futon? What is that? So I'm more concerned with trying to give those things back to her, than trying to take them away from her. That's why I'm like, "Okay, you want it? You can have it." 'Cause it's like, "You don't have nothing. You want some ice cream? Okay. Here you go." She don't have nothing.

Parents are scared to say "I'm gonna take away as much stuff as I can until you're miserable." Because now they don't go outside so their games is their only toy and their games are the only things that are keeping them occupied so they need those things. When you're in a shelter it's like you can't—there's nothing to take away because you don't have nothing there. You don't have a TV there. You don't have games there. You don't have nothing there so there's nothing to discipline your kids with.

Another described how sharing a single room with two children made it difficult to remove privileges:

It's one room so it's hard. If there's something to be taken away [from my older child]—like a video game—it affects the little one because, if I take it away from one, I have to take it away from the other. Otherwise, he just is there watching it while the little one plays [with it].

Restrictions on play and space. Most shelters had rules that parents had to be with children at all times. This rule, while reasonable for protecting children and families, presented numerous challenges to families with more than one child, and families with children in different age groups, as described by these three parents:

At [shelter] we were in a one bedroom little hotel room type thing and it was really hard because when the baby was sleeping [my older] kids—whenever I used to put him down they would make all this noise and I'm like "No you can't, stop, stop." So it was hard on them because they're like "Man I can't even talk," and they weren't allowed to leave the room.

You can't have them unattended at any time. You have to have your child with you, going to the bathroom, in the shower, going to an appointment, library, anything...and you know, she's 15, so just like I don't want to go to the bathroom with you and you shouldn't have to go with me.

They have mandatory chores that you have to do as a requirement of staying there and also this other rule as far as having your children with you at all times. There's times where—like say I'm cleaning up the bathroom I don't want to take my son in the bathroom while I'm spraying all these chemicals. Depending on the chores it's okay for someone else to watch your child at that time or you still got to bring with your child with you. And it's kind of conflicting because I don't want to have my child exposed to too many chemicals. He's an infant so that's really harsh. And then at the same time I don't want to just leave him with anybody... There's times where I seen people with like six, seven kids and they're struggling to clean up the dining room area and their kids are running around everywhere because mom is occupied. And then the shelter manager is getting on her case because she's not watching her kids.

This rule also bound the amount of children's playtime to the amount of time their parent could devote to supervising play.

There were certain playground areas they had to be in, if you were in certain spots. Like if you had to do laundry, there was a playground next to the laundry room and the kids had to be in that one. Or there's a separate playground that had swing sets, and that was only for people who were in the smoking section. It's like, I would be doing laundry, and my kids would want to be on the swinging playground, or they'd go back and forth. But your kids had to be next to you at all times. Our room—if I'm standing right here, putting my shoes on, and my kids are outside, they would write you up for that. So that was kind of hard, 'cause my kids want to grab their things and run. And if they're seen, for one second without you, you're in trouble.

Parents also reported feeling that their children weren't allowed to exhibit normal play behavior in many of the spaces.

They're just real strict with the kids. I don't really jump on him every time he runs around and stuff. They want you to have total—they want him sitting still. Their cafeteria was getting hard on me because he wanted to go eat with the other kids. And there were so many kids in there that it was overwhelming for him. He'd end up playing and wanting to

go running back and forth to the garbage can and the water fountain. And they were pretty strict about that.

Chaos and distractions. Parents' discussions of barriers to family processes included references to chaotic environments, which created distractions for children when parents were trying to help them complete homework, or have a discussion about their behaviors.

It was harder for her [at shelter] because she would sit there and try to do her homework. There it's loud. It's like you got kids between the ages of a year old and maybe five and six running around that don't have homework. So what are they doing? They're running around, and screaming. So it's like it was just distracting her constantly. And there I'd have to have her do her homework late at night after all the little kids went to bed.

Participants' experiences of chaos and distractions were particularly salient to disruptions of family processes when they intersected with other challenges, as discussed below.

Intersections of challenges to family processes. The challenges encountered by families in service intensive living situations were most interruptive for family processes when they intersected, placing parents in a double bind and making them compromise certain aspects of family routines or parenting to maintain others. In this example, the themes of rules about discipline, surveillance of parenting, and restrictions on space intersect:

They want you to discipline your kids, but they don't want you to discipline your kids. I don't believe in whooping them and I don't whoop my kids at all because I don't have to, but how are you going to put them in timeout? "Well, you can't put them in timeout here, you can't put them in timeout there." Well, if they're behaving wrong I can't go back later—they are not at an age where I can go back later and say, "Hey, this is what you're in timeout for." I have to do it right then and there and I have to take time to do it. So it's like time constraints or area constraints.

Example of intersection of rules about food and meals, lack of privacy, surveillance, chaos and distractions, resulting in parental authority being usurped and family mealtime being compromised:

Everybody wanting to be a parent at the same time. All the distractions. With the community eating dinner and all of that. It makes us hard for us to have a family conversation about how the day went with everybody when we sit down to eat. With me having to stand in line with him and his hyperactivity it makes it hard for him to sit down, so it takes me quite a while to get back say "Sit down, [Child]" and run back up

there and get food and stuff. And then, listening to what everybody else's two cents are. "Oh, can he have this," or, "Can he have that?" And it's like at least ten times, every time I sit down, if there's a dessert there, and I purposely tell them not to put it on the tray—and they're not even asking me, some of them, they're just putting it there, and it's like, "Oh, why are you doing this?" It used to make me so mad, and it was like, "Why are they doing this just to me?" And then I looked around, and they were doing it to everybody.

Example of intersection of privacy/surveillance and restrictions on space and play led to a mother having to express emotions in front of her children that she otherwise would have kept private:

Being in the shelter I'm at, I wasn't able to—I never really had time to process my emotions and stuff alone, as an adult. I don't want my kids seeing me cry or expressing my anger. I wasn't able to really do that with them, so I would have to—I would build up. My emotions would build up because I really didn't have the privacy to really process my emotions.

Being Doubled Up: Surveillance by Friends and Family Members. Challenges to family processes were different for families in doubled up situations. Parents reported having to concede their own family rules to the rules of the person with whom they live. For instance, these two parents described surveillance in a doubled up situation:

We felt safer at my mom's house [than in shelter]. But then again, we weren't really wanted there. I felt like my children were kind of abused in a way, because, like, they're little babies—and they were made to sit like animals all the time—like locked away—like couldn't play. And they were yelled at all the time. It was bad.

Instead of being the parent, I kind of have to be like the stepparent or something. Since I do the cooking or whatever, I get to plan their meals and stuff. But like the responsibilities that I give my kids, they get overridden. Like my kids are three and four, but I have them wipe the table after themselves. I make them wipe the floor up if they get stuff all over the floor. But my mother she will say something like they're too young for those responsibilities and stuff. She thinks they should be out playing. My parenting gets overridden here.

While parents did not mention being threatened with CPS in doubled up situations, they did report being interrupted by family members and friends when they were attempting to discipline their children, and being criticized for their parenting decisions, as described by these three parents:

I need my own place with my kids, so that I don't have to listen to how someone else feels like my child should be parented.

Sometimes my mom gets in between me and my kids...and won't let me just do my job.

Living with my mom, there was, it seemed like, five different parents there. And they're all expressing their opinions. But here [in my own place], I can raise my kids how I want to, and it's easier. They're not being told five different things, so it's not as confusing.

Own Place: Continued Threats of CPS Involvement. A few parents reported that

surveillance and threats of CPS involvement were challenges once they were in their own place.

One mother recounted a conversation in which her status as a person who was previously

homeless was mentioned in a conversation about CPS involvement.

[My kids are] really loud. They're very active and people just don't like it. My son is going through a stage—he likes to throw tantrums. So people around are like “Oh my god, why is that kid screaming?” They think he's in here getting beat, or I don't know what they think. I had the woman in the office call me one day, and she said that some people wanted to call CPS on me. I'm like “Well, if they feel like they should, then they should. Let CPS come here and see that there's nothing wrong. I don't know what else to say.” She got upset and she said “You need to keep it in check”...She said, “You're lucky you're in here, because” –she said something about the program that I was in, and she was like, “you wouldn't even, normally, have been accepted into here. We were only doing it to work with your program.” Or something like that. And I was like, oh my god. I can't believe she went there.

Strategies Families Use to Manage Challenges to Family Processes

In spite of the numerous challenges parents reported experiencing throughout periods of housing instability, they were able to maintain family processes by adapting family activities to new circumstances. One parent would hang a bed sheet to create a private section in the family's room in shelter. Each child was allowed to sit in the private space for a set period of time, during which no one was allowed to talk to them. They could play and read books without distractions.

Another reported a similar strategy:

I give [my son] his space too. That's another thing I do. Like I'll sit out in the common area and [the baby and I] will watch TV so this way he could have the room to himself and he likes it, cause he's used to having his own room and his own space, so I do that. Cause sometimes the baby crying it gets to him sometimes. You know he loves his brother but it's like sometimes it's just too much.

Sometimes parents would decide to break program rules to maintain consistency for their children, but they were strategic so they would not be forced to leave the living situation. One parent (quoted previously) recounted how her son had to leave his school and his home when they went into shelter. She was adamant about taking him to attend his church youth group, despite missing mandatory meetings at shelter, to help him maintain “*some normalcy to his life.*” She said, “*I just decided to take a write up every week*” because she knew that they would not get enough write ups to be forced to leave as long as they followed the other rules. Several parents described focusing on areas of their children’s lives that were consistent. They maintained consistency in the type and number of toys children could have in each living situation so they would have ownership and consistency. Other parents fought to ensure their children could stay at the same school despite the family’s residential changes, or focused on establishing consistency at school and celebrated children’s academic achievements.

You’ve got to attend [school] for the first couple of weeks to make sure the structure—and see what is going on. It was like, I’m going to be really, really, really involved with this first three weeks of school, first month of school, as far as going to the bus stop and meeting the teachers and stuff—and their classmates. I want to us to have an understanding straight up.

To maintain consistency in discipline, parents with older children developed signals that they could use in public to let the child know that discipline would come later. They would then revisit the issue when they were in private. One mother described a double clap that she could do in shelter, which let her children know that they would be in major trouble later, when they were in private, if they didn’t correct their behavior at that moment. Another said, “*I’ve got to whisper to my baby certain things to let her understand certain situations.*”

In addition, parents shared how they were able to block out threats of CPS and criticisms of their parenting by focusing on their own personal strengths and their positive relationships with their children. The two parents described how they were able to refocus under surveillance:

When you signed in and signed out there was a yellow piece of paper and it showed what the write up was for. [My] incident was unsupervised child. And then you see it and you're like "Man, am I a bad parent because I didn't see my child?" but you have to think about it—my child knows where I am, he came to the room, he was responsible enough. Now if I left [my younger child]—she's 2—that would be something terrible and that would be a CPS case but for [my 6 year-old] I don't believe that that was—because you get scared you're like, "Okay if they're documenting this and then they might see me as a bad parent because I'm not doing this or I'm not doing that." But I had to put all that aside, I'm like I know what I'm doing for my children, my children know what I'm doing for them. If I get a write up for whatever it has to do with my children then so be it.

Then I tell myself, you know? I don't see [the people watching us]. I see only me and my child right now. And if they got a problem, they can go tell someone. But for the most part it's me and my child right now. So you kind of have to like refocus.

Reframing, or changing perspectives, was helpful for maintaining other aspects of family life as well. One mother who shared a room with her daughter, described how she handled their close-quarters living situation in shelter by reframing her situation:

I had to make myself believe I had privacy. Really I didn't, but I had to make myself believe it, because I looked at some of the families who shared a room with teenagers, and had four kids, and I saw how happy they were, and I saw how they were peaceful, and no one bothered them; they lived and come and go, do the same routine as you would if you were on your own, and I had to look at that. And I said just us two, well, this is regular, and make it work. There's nothing to it, you know? But that's how I was, so I adjusted.

Unfortunately, several parents reported coping by keeping their family in their rooms and isolating themselves from staff and other residents completely.

A lot of the staff members are always like "Don't do that, don't do this." So it was frustrating because I couldn't do what I thought was necessary for my kids to behave and get along with the other kids...so, I kinda—I tried to stay in my room as much as possible. Unless the kids wanted to go out and play. Because at shelter it was hard for me I didn't like the idea of people sitting there watching me.

Just trying to keep the peace because it was drama in there every night. And sometimes I used to get caught up in it without really realizing. So I tried to just eat and go upstairs to my room and keep my distance. We only came down when I had to do my chores.

Discussion

Sustaining family routines and rituals requires four simultaneous processes: (a) ensuring meaningfulness of family activities, (b) adjusting the routine/ritual to family resources and

circumstances, (c) balancing competing demands and interests, and (d) providing stability and predictability through daily routines (Weisner, Matheson, Coots, & Bernheimer, 2005). All of these processes are evident in our findings about routines and rituals among families experiencing housing instability and homelessness. In each living situation, families had more or less imposed demands competing with the demands of their children and family life. Families made decisions, based on their circumstances and values, about which rituals and routines to maintain and which to adapt or surrender. In making these decisions, they selectively and creatively managed family routines to provide stability and predictability for their children. However, parents found rules about discipline and threats of CPS involvement to be most disruptive because they prevented parents from maintaining family values and consistency, while also undermining family roles (i.e., parental authority).

Homeless parents are, indeed, being surveilled; parents experiencing homelessness are at elevated risk of being separated from a child, regardless of additional risk factors such as mental illness or substance abuse (Barrow & Lawinski, 2009; Cowel, Shinn, Weitzman, Stojanovic, & Labay, 2002; J. Culhane, Webb, Grim, Metraux, & D. Culhane, 2003). In a yearlong study of homeless families, Culhane and colleagues (2003) found homeless parents had significantly greater risk of child welfare involvement as compared to their low-income counterparts. Increased surveillance of parenting behaviors, while just one potential reason for child separations, may explain the significantly higher proportion of these separations among homeless families as compared to poor families (44% vs. 8% respectively; Cowel et al., 2002). Several of the policies implemented in shelters and TH programs imply that parents are incompetent, and force them to question their parenting skills and decisions through repeated threats of CPS involvement. After leaving shelter, parents reported continued problems with their parental

decisions being questioned or undermined by others. Disproportionate rates of child separations in families who were previously homeless (Cowel et al., 2002) may be related to continued stigma associating shelter use and incompetent parenting. Our participants felt regaining parental authority after shelter stays was a challenge, and living in shelter led others to stigmatize their parenting after shelter stays.

The experiences of homelessness, which indicates that parents do not have claim to a physical space in their communities, is compounded by imposed rules and routines indicating they do not have claim to the symbolic space of their family system (Baumann, 1993; DeOllos, 1997; Hausmen & Hammen, 1993). Policies and rules that impede family processes must be identified and revised to allow parents and children to participate more fully in normative family processes that underline their individuality and personhood. Further, an understanding of the ways parents strategically and creatively overcome obstacles to family processes contributes to the literature on family-level resilience by emphasizing the maintenance of a family process as a successful family outcome in and of itself. The negative individual effects of homelessness, so frequently associated with a sense of being cut-off from community participation, may be buffered by successful participation in the family system. According to ecological-cultural theory, adapting to sustain regular family routines is a unifying problem for all families (Weisner, 2010; Whiting & Edwards, 1988), symbolizing involvement in a community of parents. Sustainment of family routines mirrors membership in a functioning community of other parents who go to the grocery store, prepare meals, help with homework, and participate in community life in other meaningful ways (McCubbin, Thompson, McCubbin & Kaston, 1993; McMillan, 1996). Participants reported being prohibited from performing these activities, or being interrupted by imposed schedules or rules about discipline, made them feel like they could

not “be a mom,” underlining the centrality of controlling family routines/rituals for self-identification as a parent.

Limitations and Implications for Future Research

Our findings regarding the disenfranchising experience of parenting under others’ rules is not new to the literature on families who become homeless. Hausman and Hammen (1993) described the “double crisis of homelessness” in which parents are both unable to attain stable housing and unable to parent their children. Lindsey (1998) also described very similar findings regarding the impact of shelter residence on parent-child relationships. What is notable here is that the same rules and circumstances persist in shelters across the country nearly 20 years after they were first indicated as problematic. Moreover, our participants’ strategies for managing these challenges and maintaining family routines demonstrate their sophisticated understanding of what children need for healthy development, and their ability to recognize and diminish the impact of threats to their children’s stability and security.

In our sample, which was predominately African American, we did not find racial differences in experiences of challenges to family processes. Certain discipline techniques are culturally dictated and may be more or less common among African American, Hispanic, and Caucasian families (Whaley, 2000). Future research should explore whether or not racial concordance between shelter and TH program residents and staff is associated with more or less surveillance of parenting and threats of CPS involvement. It is reasonable to hypothesize that discipline techniques may be interpreted differently based on the racial and cultural backgrounds of program staff. Further, while our sample was 25% Hispanic, most (13 out of 20 participants) reported being white or African American, and only one interview was conducted in Spanish

despite this option being available to study participants. Therefore, our results do not reflect the unique experiences of Hispanic families who become homeless.

Required service use, in addition to interfering with parents' attempts to obtain housing and employment, is another indication that housing programs assume deficiencies in parents who become homeless. However, we did not assess the effects of required service use on parenting or on parenting self-efficacy. Required parenting classes, family activities, or family mealtimes, while occasionally interfering with existing family routines, may create opportunities for new family routines to develop. As shown in Figure 1, our participants who lived in TH programs, which require service use, described fewer challenges to family processes and did not indicate that required service use challenged their family routines and rituals. Although our participants were randomized to intervention, they were free to opt out of TH programs if they were uncomfortable with the requirements. Future research should explore whether expected or perceived threats to family processes influence the likelihood that families will choose TH programs over available alternatives (e.g., shelter stays or being doubled up). In addition, future research should compare families who were able to maintain consistency in family processes in more flexible housing programs to those who were restricted by program policies and assess the long-term effects on parents and children.

Finally, we are cognizant that we have only represented the perspectives of parents, and did not interview service providers to understand the broader circumstances or goals of program policies and rules. In addition, we were unable to compare participants' perceptions of rules and policies against those stated by the programs. Considerable knowledge could be gained from comparative analyses of shelter interactions from the perspectives of program directors, program staff and residents.

Implications for Service Provision and Policy

Service providers are certainly benevolent in their development and enforcement of program policies, and program rules are critical for safe and successful maintenance of such services. As mentioned by many of our participants, program routines can help maintain order and are important for child development. We are not suggesting program rules serve no positive role or should not be in place. We are, instead, calling for programs to ask parents about their family routines and rituals, and partner with them to find maintenance strategies despite the restraints imposed by the physical environment and the necessary rules. This is a feasible goal.

Although we did not have a large enough sample from specific shelter programs to do a formal comparison, it was clear that families were consistent in their praise of some programs and expressed concerns fairly uniformly at others. Several parents who experienced threats of CPS involvement at one shelter reported no such experiences at others. In addition, some programs scheduled mandatory meetings during times that were disruptive for family schedules and/or seeking employment and housing, whereas others did not or were flexible in their attendance requirements. We recommend most shelters and TH programs reflect upon their policies and create systems in which service providers work collaboratively with parents to identify creative strategies to maintain family processes. Most shelters and TH programs had inflexible rules without regard for families' specific circumstances; those that were flexible engendered parents' desire to cooperate with service providers and benefit from their experiences in these programs. Through this process parents were empowered, able to maintain family values, and able to maintain consistency for children. By adopting a collaborative approach, program staff might come to see parents as efficacious rather than incompetent, and no longer

feel threats of CPS involvement are necessary, except in cases where intervention is truly in the best interest of the child.

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CHAPTER III

An Examination of Parenting Support among Homeless and Recently Homeless Parents

Abstract

Parents experiencing the stressors associated with homelessness may exhibit decreased parenting efficacy and consistency and report more health and mental health problems. Social support for parenting likely buffers these effects, but examinations of support networks of parents in shelter indicate they have few informal supports and rely on service providers for support. A mixed-methods approach was used to analyze 80 interviews with parents who were recruited from homeless shelters in four sites in the United States, and randomized to receive an offer of housing intervention as part of a larger study. Quantitative analyses explored the relationship between type of living situation (i.e., service intensive housing program, independent living, or living temporarily with family/friend) and characteristics of participants' support networks and perceived support. Qualitative analyses examined (a) the role of helpful and problematic ties, (b) the role of service providers and changes in support upon moving from shelter to independent living situations, and (c) strategies participants used to maintain helpful ties and manage problematic ties. Findings indicated the transition from service intensive housing programs, like shelters, to independent living situations was marked by less access to network members and less perceived support. In addition, participants desired continuity in access to support offered through housing programs, such as childcare, as they transition to independent living.

Introduction

Social support generally enhances quality of life and health (House, Landis, & Umberson, 1988; Smith & Christakis, 2008) and may be most beneficial during times of extreme stress, as it buffers against deleterious effects of stress on health and mental health (Cohen & Wills, 1985; Kessler & McLeod, 1985). Social support is also essential for developing and sustaining successful parenting skills during instances of extreme stress, such as homelessness (Balaji et al., 2007; Fogel & Dunlap, 1998), and parents report the stigma associated with homelessness leads to isolation and feelings of decreased parenting self-efficacy (Smith, 2006; Kohler, Anderson, Oravec, & Braun, 2004). Thus, it is particularly critical to understand the social support networks for parenting as families experience and emerge from homelessness. Using a mixed-methods approach to analyze interview data, this paper describes the parenting support networks of parents within a year of an instance of homelessness and the effects of family living situation on characteristics of social support networks and perceived support for parenting.

Parents under extreme stress exhibit increased negative parenting behaviors (Roosa, Tein, Groppenbacher, Michaels, & Dumka, 1993; Pianta, Egeland, & Erickson, 1989), which may be exacerbated by feelings that their parenting is being surveilled and undermined (Hausman & Hammen, 1993; Lindsey, 1998; Park, Metraux, & Culhane, 2005; Swick, 2009). Homeless parents are often perceived as terrible parents simply because they are homeless (Styron, Janoff-Bulman, & Davidson, 2000; Swick, 2009). In addition, use of shelters and housing programs or living with friends or relatives invites surveillance and criticism of parenting (Lindsey, 1998; Mayberry, in progress; Swick, 2009; Williams, 1996). In response to parenting surveillance, parents report maladaptive adjustments to their parenting behaviors such as over-disciplining children for undesired behaviors, losing confidence in their parenting, a lack of consistency in

parenting behaviors (e.g., acting differently in front of shelter staff than in private; Lindsey, 1998), and isolating themselves from others (Canvin, Jones, Martilla, Burström, & Whitehead, 2007).

The adverse impact of stressors on parenting behaviors can be buffered by social support (Belsky, 1984). There is substantial evidence that social support directly benefits parenting behaviors (Garbarino & Sherman, 1980; Hanson & Lynch, 2004; Hashima & Amato, 1994; Priel & Besser, 2002; Swick, 2009) and that the relationship between social support and better parental health and mental health also improves parent-child relationships and child development outcomes (Burchinal, Follmer, & Bryant, 1996; Marshall, Noonan, McCartney, Marx, & Keefe, 2001). Both formal and informal social supports are associated with more optimal parenting behaviors (Hanson & Lynch, 2004; Kirk, 2003; Swick, 2009; Thompson, 1995; Williams & Popay, 1999). Formal parenting support, such as parenting classes, enhances parenting by providing information and modeling ideal behaviors (Swick, 2009). Informal sources of support, such as friends and family members, may serve similar functions and also provide emotional support (Burchinal et al., 1996; Marshall et al., 2001). Both informal and formal supportive relationships can provide direct assistance (e.g., childcare or transportation), which facilitates parents' abilities to pursue opportunities for employment, housing, and education.

Unfortunately, parents who are experiencing an instance of homelessness report few, if any resources for social support or parenting support. While it remains unclear whether the composition or density of one's social network creates risk for homelessness (see Bassuk et al., 1996; McChesney, 1995; Phillippot, Lecocq, Sempoux, Nachtergaeel, & Galand, 2007), or if the experience of homelessness depresses one's social network (see Firdion & Marpsat, 2007; Goodman, 1991; Shinn, Knickman, & Weitzman, 1991), at the time of homelessness (i.e., while

in a shelter) many parents cannot report any supports (Oliver, 2005; Torquati, 2002). Many individuals rely on supports to avoid shelter, staying with family and friends before entering shelter as a last resort (Shinn & Weitzman, 1996). As a result, shelter entry may mark a point of network depletion, as relationships have been tested, strained, and marked by conflict (Bassuk et al., 1997; Letiecq, Anderson, & Koblinsky, 1998).

The type and quality of interactions with social network members, referred to as ties, influence the benefits of social relationships for parents' health and parenting behaviors (Balaji et al., 2007). Certain social relationships produce conflict and stress (Kawachi & Berkman, 2001). Social support that is perceived as problematic or conflictual is associated with more parental disengagement, higher parental psychological distress, and less consistent and competent parenting practices (Kotchick, Dorsey, & Heller, 2005; Marra et al., 2009). Among homeless mothers, conflictual relationships were found to be particularly detrimental for the parenting practices of those with few ties (Marra et al., 2009), indicating that the effects of problematic ties matter most for parents with smaller social networks. This is consistent with the moderator model of problematic ties on psychological distress (Lincoln, 2000), which assumes that positive interactions buffer the effects of problematic interactions. Thus social isolation may be detrimental to parenting among homeless and poor parents via two pathways: a) a lack of support makes it more difficult for parents to be confident in their parenting (Swick, 2009), and decreases the likelihood that they will remain physically and mentally healthy (Anderson & Rayens, 2004; Priel & Besser, 2002), and b) a lack of positive support leaves parents more vulnerable to the effects of problematic interactions with their network members (Kawachi & Berkman, 2001; Marra et al., 2009).

Network analysis is a quantitative method for describing the composition of and relationships among one's network members. Personal or ego networks, used in this study, focus on the ties surrounding a single individual (Faber & Wasserman, 2002). The term "network" refers to the ties that connect a specific set of entities or individuals (Faber & Wasserman, 2002; Knoke & Yang, 2008). In ego networks, the only ties evaluated are those to the focal individual. The structure and composition of homeless parents' personal networks are not well understood (Tucker et al., 2009). Most work on social support for parenting has focused on perceived support only, without an examination of the types of support received from network members, frequency of contact, or proximity to network members, and without an understanding of what network characteristics are most associated with perceived support (Haber, Cohen, Lucas, & Baltes, 2007; Tucker et al., 2009).

This paper seeks to describe the parenting support networks of parents within a year of an instance of homelessness and address the following questions:

- 1) How are service intensive housing programs (i.e., shelters and transitional housing programs) related to characteristics of parents' support networks and perceived support?
- 2) What makes ties helpful or problematic for parents?
- 3) How do parents maintain helpful ties and handle problematic ties in their social networks?
- 4) How does the transition from a service intensive housing program to an independent living or "doubled up" (i.e., living temporarily with family member or friend) situation affect parents' support networks and perceived support?

Methods

This paper uses qualitative and quantitative methods to analyze 80 semi-structured, in-depth, face-to-face interviews with family caregivers conducted several months after they were first

identified in shelters in four states. Families had been recruited from homeless shelters and had been randomized to receive an offer for a housing intervention, which accelerated some families' transition out of shelter. Participants were asked to identify people who provided support for parenting in their current living situation and to rate their perceived support. In addition, interview transcripts were rich with descriptions of interactions with network members. Mixed-methods analyses were used to describe support networks and compare network characteristics across living situations.

Sample

Eighty parents, 77 mothers and 3 fathers, participated in interviews after staying in a homeless shelter in one of four states: Connecticut (Bridgeport, New Haven, Norwalk, and Stamford; n=23); Alameda County, California (n=20); Kansas City, Missouri (n=18); and Phoenix, Arizona (n=19). See Table 1 for sample description. At time of the interview, participants had an average of 2.0 children living with them (SD=1.3) with an average age of 6.1 years (SD=4.5, range 0-17). Three of every four children (76%) were under the age of 10, and over half (53%) were 5 years old or younger.

Recruitment and Sampling

Participants were recruited for participation in interviews through a larger randomized evaluation of housing interventions. As part of the larger study, participants had been recruited in shelters across the country and were randomized to receive an offer for one of three housing interventions (i.e., short-term Community Based Rapid Rehousing (CBRR) subsidies, a long-term housing choice voucher (HC), a transitional housing program (TH)) or treatment as usual. Participants assigned to treatment as usual were not precluded from pursuing these or any other

Table 1. *Characteristics of participants*

Age (M ± SD) ^a	31.2 ± 9.0
Gender (%)	
Women	96
Men	4
Ethnicity (%)	
Hispanic ^b	25
Race (%)	
African American	53
White	30
Native American	4
Other	14
Education (%)	
< High school degree	44
High school degree	35
Technical certificate	7
Any college	14
College degree	0
Marital Status (%)	
Single, Never Married	68
Married/Partnered	16
Divorced/Widowed	16

^a Range 18 – 60 years

^b Of the 20 participants reporting Hispanic ethnicity, 10 reported White race, 3 reported black race, 7 reported “other race.” One interview was conducted in Spanish.

housing services independently. Relevant eligibility requirements for the larger study included being a parent residing in a homeless shelter for at least one week with at least one child.

Participants in four sites were recruited to participate in a supplemental study including a caregiver interview. These recruitment sites were selected because they had begun implementing all four random assignment options and were geographically diverse. Participants who had been enrolled in the larger study for at least three months were contacted by mail and phone. If participants could not be reached with provided information, recruiters called their secondary contacts to obtain accurate information. Approximately 40% of those recruited were never

contacted. Of those who were contacted, none declined to participate but 11% either cancelled or did not arrive for their scheduled interview. Participation in the caregiver interview had no effect on participation in the larger study. Participants were purposively recruited to obtain an equal number in each intervention group.

Procedures

Three to 10.5 months ($M=6.4$, $SD=1.8$) after randomization, trained interviewers conducted semi-structured, in-depth interviews about housing decisions, family routines, children's response to living environment, circumstances surrounding family separations and reunifications, and parents' social support. Participants were reimbursed \$50 for completing the interview. All interview recordings were transcribed, and identifying information was removed from the transcripts. The Institutional Review Boards at Vanderbilt University and Abt Associates approved all study procedures.

By the time of the interview, most families ($n=73$) were no longer in shelter; 12.5% were enrolled in TH, 18.7% were living with relatives or friends in a doubled up situation, 56.2% were renting private residences with or without subsidies. Among those assigned to an offer of intervention ($n=58$), participants' assignment aligned with their living situation at time of interview in 48.3% of cases; 31.6% of those assigned to TH were enrolled at interview and 56.4% of those offered a housing subsidy or voucher were in their own place with the assistance. Participants who left their baseline shelter ($n=74$) had been in their current living situation for an average of 3.2 months ($SD=2.1$, range 0-6.8 months).

Interview questions coded for quantitative analysis. Both closed- and open-ended questions about the participants' parenting support networks and perceived support were coded for quantitative analyses. Closed questions about the participants' parenting supports were

adapted from measures used by Barrera (1981), Finch, Okun, Barrera, Zautra, and Reich (1989), and Toohey, Shinn, and Weitzmann (2004). Participants asked if they received parenting-specific positive and problematic interactions from anyone in their lives. Questions tapping positive interactions included “Is there someone in your life who...” a) “you could go to for good advice or information about parenting concerns?” (b) “you could go to for babysitting or help with childcare when you can’t be there?” and (c) “you can go to for help finding services for your child(ren), such as medical help or other resources?” Participants were also asked if any other friends, family members, or service providers help with parenting. Questions about problematic interactions included “Is there someone in your life who...” (a) “gives you unwanted parenting advice or criticizes your parenting decisions?” (b) “is unreliable when they say they will babysit or help with your child(ren)?” and (c) “does bad things around your child(ren) when you’ve asked them not to?” Participants were then asked if any other family members, friends, or service providers “get in the way of your being the best parent you can be.” For each question, the participant listed as many people as he/she wished. For each unique network member mentioned, participants were asked about their relationship to that member, frequency of contact, and physical distance from the members’ residence or (for service providers) service location. At the end of the interview, participants were asked two closed questions assessing perceived support (described in Table 2).

Measures

As shown in Table 2, eleven variables were used to describe participants’ support networks and compare support networks of participants by housing situation. Some characteristics of

Table 2. *Variables used in Quantitative Analyses*

Variable Name	Operationalization	Values
<i>Characteristics of Living Situation</i>		
Type of living Situation	Living situation was categorized as service intensive, independent living, or doubled up.	Service intensive = shelter and transitional housing Independent living = own place with or without subsidy and hotel Doubled up = living temporarily with family or friend
Weeks in Current Living Situation	Number of weeks in current living situation was calculated from a detailed housing history.	Count variable
<i>Characteristics of Support Networks</i>		
Number of Ties	Number of unique individuals the participant listed in their support network.	Count variable
Relationship Type	Categorization of the relationship between participant and member of their support network (“network member”).	Family = number of ties who are partners, parents, grandparents, children, or other relatives Friends/Neighbors = number of informal ties who are not family or service providers Service Providers = number of ties who are housing program staff, counselors, caseworkers, daycare staff, or pastors
Type of Ties ^a	Network members were characterized based on the types of interactions indicated by the participant, and summed to establish the number of each type of tie in participants’ networks.	Positive = number of ties who provide solely positive interactions Problematic = number of ties who provide solely problematic interactions Mixed = number of ties who provide both positive and problematic interactions.
Reliable Childcare	Responses to the question “What do you usually do if you can’t be with your child[ren] for a few hours?” were coded for the number of childcare options available to the participant (not including regular daycare), and how many of the childcare options listed by the participant were described as problematic or unreliable.	Number of childcare options listed Number of childcare options described as problematic or unreliable
<i>Characteristics of Network Members (nested in participants)</i>		
Frequency of Contact	Participants were asked how frequently they currently saw/spoke with each network member.	1 = less than once a week 2 = at least once a week 3 = everyday

Distance from Ties ^a	Participants were asked how far they currently lived from each network members' home or service location (in the case of service providers).	1 = in a different city 2 = in the same city, but not same neighborhood 3 = in the same building/neighborhood, walking distance
Availability of Ties	Frequency of contact was multiplied by distance from tie for each network member, creating a scale of availability ranging from 1 to 9.	1 = least available to 9 = most available
<i>Perceived Support</i>		
Enough Support	Participants indicated their level of agreement with the statement "Right now, I have enough help and supports to take good care of my children."	1 = strongly disagree to 5 = strongly agree
More Support	Participants were asked if their support for parenting had decreased, stayed the same, or increased in their current living situation as compared to their previous living situation. Responses were dichotomized.	0 = less or the same amount of support 1 = more support

^a Assessed and/or scaled following Toohey, Shinn, & Weitzman (2004).

support networks vary for each network member (i.e., characteristics of network members) and are nested in participants.

Analyses

Quantitative. All statistical tests were performed using Stata version 12.1. Descriptive statistics characterized participants' social support networks (i.e., number of ties, relationship type, type of ties, frequency of contact, distance from ties, and reliable childcare) and perceived support. Mann-Whitney *U* tests, independent samples *t* tests, and χ^2 tests were used to assess the relationships between service intensive housing programs and characteristics of support networks and perceived support.

Multiple imputation. Due to inconsistencies in questions asked across interviews, some data about participants' social support networks and perceived support were missing. There were at least some missing values on 21% of variables of interest. The variable with the most missing data had 21% missing values and all other variables had fewer than 10 missing values. The data was missing completely at random (MCAR) because missing data was associated with mistakes of the interviewer rather than characteristics of the participant (Schafer & Graham, 2002). Consequences of MCAR data include a loss of statistical power and limitations on the number of variables included in regression equations (Graham, 2009). Casewise deletion would further bias estimations and severely limit the sample size, as 49 cases had missing data on one or more support variables. Therefore, multiple imputation using chained equations (MICE; van Buuren, Boshuizen, & Knook, 1999; Raghunathan, Lepkowski, Van Hoewyk, & Solenberger, 2001) was used to impute the missing values using Stata 12.1. MICE performs well with different types of variables (e.g., ordinal and nominal), works well with small samples, and is not biased by the presence of non-normally distributed data (Graham & Schafer, 1999). To impute the data

following Graham's (1999) guidelines, I included auxiliary variables (those correlating $r > .50$ with variables of interest), demographic variables, and all independent and dependent variables in the imputation model. Based on the percent of missing information, I imputed 20 data sets, to minimize the power falloff associated with imputation (Graham, Olchowski, & Gilreath, 2007). To assess the reasonableness of the imputation model, I assessed model fit on the observed data, used the Kolmogorov-Smirnov test for equality of distribution functions, and compared the distributions of observed, imputed, and completed values for outcome variables (Marchenko & Eddings, 2011; Eddings & Marchenko, 2012). I also evaluated the convergence of the MICE method with trace plots of means and standard deviations of imputed values from multiple chains.

Regression analyses with imputed data. I used the imputed data to explore relationships between characteristics of living situation and characteristics of support networks, and between characteristics of living situations and perceived support. Stata automatically adjusts the coefficients and standard errors for the variability between imputations according to Rubin's (1987) combination rules. First, I assessed differences in characteristics of support networks and perceived support by demographic characteristics with Spearman's rho coefficients, independent samples t-tests, Mann-Whitney U tests, χ^2 tests and one-way ANOVAs, as appropriate. I did not explore gender differences because the sample was 96% female.

Next, I conducted a series of simple regression models predicting characteristics of participants' social support network and perceived support from characteristics of living situations. All regression models controlled for demographics found to be significant predictors of network characteristics in bivariate analyses. For outcomes characteristics of network members (nested within participants), random-effects regression models allowed predictors (i.e.

characteristics of living situations) to have differential effects on the outcomes (i.e. characteristics of support networks) based on characteristics of the participants (i.e., race).

When examining multiple outcome models, it is usually important to be more stringent with the significance criterion (i.e., p level) to avoid making type 1 errors (rejecting the null hypothesis when there is no actual relationship). However, these analyses were exploratory and the primary concern was failing to detect a relationship where one exists (type II error). Therefore, all relationships significant at $p < .08$ are reported. Given the sample size and unequal distribution of participants across living situations, all identified relationships are tentative and need replication in larger samples.

[*Note:* Additional regression models were performed predicting perceived support from characteristics of living situation and characteristics of support networks. Due to inconclusive results, these analyses are shown only in Appendix A.]

Qualitative. Qualitative analyses contextualized the role of social supports for families experiencing homelessness and housing instability. I led a team of research assistants through a multi-stage process to analyze interview transcripts, following principles of grounded theory (Corbin & Strauss, 2008) in which themes and codes used to analyze the transcripts were developed from the interviews rather than determined *a priori* from theory or literature on social support. A team of research assistants conducted the first stage of qualitative analysis. During this stage, interviews were read in their entirety to identify all references to social support. A preliminary codebook was created on the basis of data identified in the first step of analysis with four major topic areas: (a) What makes ties helpful or problematic? (b) How do participants maintain helpful ties? (c) How do participants manage problematic ties? (d) How does living situation affect support networks/ties? Next, I coded a subset of data to each of the four topics

and developed subthemes and axial codes representing nuances or dimensions of subthemes (Tesch, 1990; Corbin & Strauss, 2008). A trained research assistant coded the rest of the relevant data with this coding scheme. Throughout analysis, I met with the research assistant to discuss the coding process, resolve inconsistencies, and refine the coding scheme. We used NVivo version 9.2 (QSR International Pty Ltd., Victoria, Australia) to code the interviews and assess inter-coder reliability. We used coding stripes in NVivo to review the raters coding together. After all transcripts were coded, inter-coder reliability was assessed on a random sample of 10 interviews. NVivo calculates a kappa value for each coding category for each interview; the average kappa value across all codes presented in the results for a random sample of 10 interviews was .86 (SD=.12).

Results

How are service intensive housing programs related to characteristics of parents' support networks and perceived support?

Table 3 shows characteristics of participants' social support networks and perceived support and differences by living situation. All significant tests of difference indicate higher values for participants in service intensive housing situations, as compared to all other participants. Participants in service intensive housing programs had significantly more housing program service providers in their networks, were located closer to the friends and service providers (but not family members) in their networks, and had more frequent contact with the friends and service providers (but not family members) in their networks. Two variables were used to assess perceived support. On average, participants indicated they agreed with the statement "Right now, I have enough support to take good care of my child(ren)" (M=3.9, SD=1.2 on the 1-5 scale); 15% indicated they disagreed or strongly disagreed and 14% indicated "neutral." Participants in service intensive housing programs indicated more agreement with the statement that they had

Table 3. *Characteristics of Participants' Support Networks and Perceived Support by Living Situation*

	All (80)	Independent Living or Doubled up (63)	Service Intensive Housing Program (17)	Range	Test of difference ^a
Network Characteristics (M ± SD or %)					
Number of Ties	6.4 ± 7.7	6.4 ± 2.7	6.3 ± 2.6	0 – 13	
Relationships^b					
Partner	19%	19%	18%		
Parents/Step-parents	1.0 ± .7	1.0 ± .8	.9 ± .4	0 – 3	
Other Relatives	2.2 ± 1.5	2.3 ± 1.4	1.9 ± 1.8	0 – 6	
Friends/Neighbors	1.7 ± 1.6	1.7 ± 1.7	1.6 ± 1.4	0 – 8	
Housing Program Service Providers	.3 ± .5	.2 ± .4	.6 ± .6	0 – 2	3.36*
Other Service Providers	1.1 ± 1.0	1.1 ± 1.0	1.2 ± 1.0	0 – 4	
Type of Ties					
Positive Ties	4.9 ± 2.5	4.8 ± 2.6	5.1 ± 2.2	0 – 12	
Problematic Ties	.9 ± 1.0	1.0 ± 1.1	.7 ± .8	0 – 4	
Mixed Ties	.6 ± .8	.6 ± .9	.4 ± .6	0 – 4	
Frequency of Contact^b	2.1 ± .8	2.1 ± .8	2.2 ± .8	1 – 3	
Family	2.2 ± .8	2.2 ± .8	2.1 ± .8		
Friends	2.2 ± .7	2.1 ± .8	2.6 ± .6		2.83*
Service providers	1.6 ± .7	1.4 ± .6	1.9 ± .8		2.28*
Distance from Ties^b	1.8 ± .8	1.8 ± .8	1.9 ± .8	1 – 3	1.96 [†]
Family	1.7 ± .8	1.7 ± .8	1.6 ± .7		
Friends	1.9 ± .9	1.8 ± .8	2.3 ± .9		2.73*
Service providers	2.0 ± .8	1.9 ± .8	2.5 ± .6		2.85*
Number of Childcare Options	1.6 ± 1.2	1.7 ± 1.2	1.3 ± 1.2	0 – 6	
Participants with no reliable options	23%	22%	27%		
Perceived Support (M ± SD or %)					
Enough Support^b	3.9 ± 1.2	3.8 ± 1.2	4.4 ± 1.1	1 – 5	2.0*
More Support	41%	43%	36%		

^a Mann-Whitney U tests, independent samples t tests and χ^2 tests. Positive values indicate higher values among participants in service intensive housing programs. ^b Mann-Whitney U tests used (z value reported). [†] $p < .08$, * $p < .05$.

enough support (see Table 3). When asked if they had more or less support in their current living situation than in the previous situation, 41% reported more support, 24% reported less support, and 35% reported the same amount of support. There were no significant differences between participants in service intensive living situations on this variable.

What makes ties helpful or problematic for parents?

Analyses of transcripts revealed four dimensions of helpful or problematic ties: a) ties' behaviors (132 references by 52 participants); b) participants' perceptions of the types of people who were providing support (33 references by 23 participants); c) availability of ties (88 references by 40 participants); and d) conditionality of support offered by ties (18 references by 10 participants).

Ties' behaviors and participants' perceptions of network members. Network members' behaviors were the most frequently discussed dimension of helpful and problematic ties. Participants described network members' behaviors as unwanted support, wanted support, and instrumental support. One type of unwanted support was interference with or suggestions about parenting that were not requested by the participants.

I think I just had enough. I've had enough of all the parents and people around me. I think I've had enough input to last me. And traveling on the bus; you meet parents on the bus; you meet people everywhere, so everybody has their input every day about something. You know what I'm saying? So, it's just like it's never ending.

When asked if anyone gave them unwanted advice or criticized their parenting, participants often explained why ties' behaviors were perceived as helpful or unwanted. Participants indicated that wanted advice came from ties who treated them with dignity and respect, even when they were criticizing or interfering with the participants' family life. Each of these three participants describe scenarios where criticism of parenting was perceived as wanted and helpful because the network member treated them with respect:

I mean, the caseworkers, they weren't only there to help you out. They were more like a friend, you know. So, if they criticized you a little bit then listen, because it does work. I mean, they did a lot. They were right there, they go out of their way for you, you know. They made you feel at least like you were a part of something anyway. I mean, they will help you out with anything. Computer skills, schooling, or whatever you may need.

My ex-wife—she's been real supportive of me. They were really proud that I stood up and got [my son] and did all this. They thought it was good. Nobody thought I was a father at first—they were all glad that I took responsibility...He has asthma and stuff and [she] will jump on me if I'm not—if he's not breathing right and that kind of stuff. She's real good with kids.

[My friend] does criticize me. But it's like correctional criticism...It's not because he wants to hurt me; it's like he wants me to do good—you know what I mean?—and he wants the kids to respect me.

In response to the same question, participants described how unwanted advice came from ties who criticized their parenting without providing reliable assistance, or threatened them with child protective service involvement. The following four participants' quotes illustrate these themes:

There are certain people who say, "Look, you're raising your kid badly." But when I say, "I have an important meeting," or "I have a doctor's appointment for my son," they're not there. But they'll be there at other times, saying, "Look, you're not taking good care of your kid, he's bad-mannered." That will always happen.

That's [my child]'s grandmother. She's difficult. But I understand why, because kids they're just not how they used to be. Something happened in the mix, I guess. But she tells me, though, "You can count on me," or "You can use my number," this, that, and the other. But as soon as she forgets she says all of that, it's war.

My dad. He gives me good parenting advice, [but] he criticizes in a way, because he wants my son. He's the one that got my daughter, and he wants [custody of] my son. And so he criticizes, "Oh, you shouldn't be in Kansas. Oh, you need to be here." And I don't have a place there to live, but he wants me; I'd have to live with him in order to stay there, and I tried that...And as time progressed, like he was trying to hold on to my son and I got scared, and took him back, and came on back here. He's getting ready to lose his place he had for years, and so he needs an extra person on the lease, so he wanted to use my son...So, he'll criticize things, my father, because he wants full control.

I mean there's people that make comments and stuff, and like whatever. I have two cousins that try to advise me and stuff, and say that I don't know much. I stay away.

Participants' perceptions of the types of people who were performing the wanted or unwanted behaviors also influenced their perceptions of the tie as helpful or problematic. For instance, participants indicated feeling most supported by people who were experiencing similar life circumstances—people who were “like me.”

Like that was one of the things I liked at [shelter] is having like, you know, everybody there was in the same situation and having the social—being able to socialize with people with similar situations and not having to be like embarrassed or anything like that because everybody was in the same boat. And then they also had the kids around the same age, and you could discuss things. And you had lunch and dinner where you were all socializing and stuff. And so I did like that. I definitely liked that. And I definitely don't have as much of a social connection with people now because I'm all the way out here. And most people are—you know, and they don't have transportation a lot of times.

Another shared how other parents provided the best support:

There's like a group of people that I hang out with, and they're all mothers, so we all talk about like what our kids do and how we feel we could've done something different. So that really helps because you get to see other parents' points of view.

In contrast, this participant described how her closest friends could not provide the best parenting support because they are not parents themselves:

My two best friends who I hang out with very often—none of them have kids, and those are the people who I'm like with constantly. [They] have so much input on my parenting skills, but have no kids. So, I feel like I really—like I do have support; they try to support me in the best way that they can, but they're like somebody from the outside looking in, because they don't have kids themselves.

If a participant perceived a network member was “not like” the participant, they were likely to describe their behaviors as problematic. Some participants felt advice from network members was unwanted because the participant perceived the network member as a bad parent, as described by these three participants:

A lot of people I know, they didn't even raise their kids so it's like what they can tell you when you've got a bunch of females who's around your age who didn't even raise their kids or don't even know where their kid is for the day.

When I was at [shelter] they would have had their kid—like, this one chick used to always tell me, you need to do this, you need to do that with your daughter. But she had her kids taken away by [child protective services].

My sister [gives me unwanted advice]. She's very stern but my thing with her is she didn't even raise her own son—the father raised him. So how could [she] tell me anything? I have a closer relationship with [her son] than [she] does.

Others described how network members would provide instrumental support by letting the participant move in but then take advantage of the participant:

My sister will just like basically push [her kids] on me knowing I got to go look for a job or knowing I got an appointment. It's like, you know, and I can't say no, well, I can say no but it's kind of hard. I'm not just gonna leave the kids, you know.

These network members were described as mixed ties when they provided housing (helpful) but performed undesired behaviors (problematic):

The girl that we were staying with in between the shelter before we came here, she was having too many guys, and they smoked and they'd drink a lot. And I kept telling her don't smoke cigarettes around my newborn. I don't want him to develop any respiratory problems. You know how that goes; it's my house, my rules, yada, yada.

Whereas network members who allowed participants to temporarily live with them could become problematic, brief instrumental support was always described as wanted and helpful. Participants described how ties helped them to move, furnish apartments, pay security deposits or rent, perform home maintenance, and provided transportation when needed.

Availability of ties. Availability was the second most cited dimension of helpful versus problematic ties. Participants frequently discussed ties that were supportive and helpful in the past but now lived too far away or were inaccessible due to transportation difficulties, and could no longer provide support:

The parents that were in my little circle—it's harder because they're not around [now]. We could just sit down because you can walk out of your house and you can sit down and talk and it's good. Here it's like I don't know anybody so if I wanted to do that, my friend now she lives all the way on—she lives too far...it's not like she can come by and hang out or anything. So yeah it is a little bit harder.

In addition, unreliability in regards to ties' availability was a major concern for participants, especially when participant's needed help with childcare:

Everyone [is unreliable]. I've had, a lot of times where people tell me "Oh we'll help out, go ahead, work 40 hours at work. We'll help out." And then, when it comes the time, they're like, "Sorry, I got to work. Or I'm busy. Or I just don't want to. I'm going to give you an excuse."

Another described:

My brothers—it's kind of hard to get them [to watch my kids]. My little brother is just like, "Forget you. Kids? No way." My big brother—he's busy a lot...My mom will baby-sit some days, when she's not working. She works a lot. I just hate asking any of them. They act like it's the end of the world.

Conditional support. Participants also described how ties provided conditional support in attempts to influence the participants' decisions. A few participants described how family members withheld support to get the participant away from an abusive partner:

I cry because my mom won't watch him if I talk to his dad and his dad won't watch him if I'm talking to my mom and they're the only people who could watch him. So I feel like crazy so now I have to lie to my mom about him going to his dad's sometimes and I have to lie to his dad about him going to my mom's, it's just crazy. And I'm not good at it because I always get caught lying to both of them but it's just ridiculous.

Some participants felt they had become homeless because of conditional support:

I had [my child], I was living with my mother and I had gotten pregnant again. My mother...I knew she would be either going to kick me out or do something that she was going to regret. So I said "You know what, let me leave on my own before I tell her I'm pregnant and maybe it will work out." So I decided to go to a homeless shelter—don't ask me why—because I knew that she was going to kick me out and I was like okay at least if I go to a shelter then everything will work out, I can get my own stuff and it was just me and [my child].

Another described feeling tricked by her sister's conditional support:

If you've got someone so eager that wants you to come somewhere, read between the lines, believe me. My sister, she talked me into moving down here with her for 3 years. And the closer I got to my decision...she knew that I've got a check that comes in monthly. [I got a] moving truck when I came down here. I had my friend and her baby come with me just to make sure that we made it down here. And then they were going to

plan on going back. Well, that is not how my sister had seen it. As soon as she found out that I had somebody with me, I went right to the street. Now that's never happened to me before. So it was like, now what do I do? I've got 2 kids—I had no choice. Everything I owned was inside of a moving truck, and I had 3 days to turn that truck back in.

How do participants maintain helpful ties?

Participants described two strategies to cultivate helpful ties: they reciprocated favors with helpful ties (such as childcare support) and made housing decisions to be close to helpful ties. Several participants described relocating to a less desirable living situation to be closer to helpful ties, or refusing to move to a better housing situation because they would be isolated from their support network in the new location. Some participants didn't move into the housing offered through the larger study because they would be required to live far from their supports. For example, when asked why she refused a TH program, one participant said:

I wanted to live in this city and I didn't think they would be able to [place me here]. I think there's only one specific address that I was accepted for. My parents and my grandma live here, so I wanted to be closer to them.

Other participants described choosing a particular shelter because of proximity to family members, or choosing to be doubled up with family members instead of going into shelter because of their relationships with network members. For example, this participant cites network members as the reason she chose to live with her mom:

Because my mom, she now has my little brothers and my sister, and I wanted to spend time with them. I haven't seen them in about ten years and I want my children to know their auntie and uncles.

How do participants handle problematic ties?

Participants described four common responses to problematic ties: isolation, avoiding specific ties, relying on only one type of tie (e.g., family members or service providers), and being goal focused. For example, these two participants described isolating themselves to avoid the influence of problematic ties:

I don't be around nobody in here. Basically to myself. Nobody was around when I was homeless. Nobody's around me now. I don't need nobody around me.

I prefer not to have friends right now. Friends usually want things, and they want to come over. And I just need some me time, you know?

Participants described avoiding specific ties that were unreliable or did bad things around their children:

[My friend at shelter] was a bad example. And she had a little son herself, but she didn't care...she was part of the bad influence; I had to get rid of her. It's sad because I cared a lot about her son, but there was nothing to do to help her. I took her under my wing and I tried to do what I could for her. But, she was just trying to mess up what I was trying to do. So, I got her out of the way.

When asked if anyone in her life does anything bad around her children when she has asked them not to, one participant said:

I don't allow it. I had a friend one time that did something bad and I never talked to that person again.

Sometimes participants avoided categories of network members because of previous negative experiences. For example, participants indicated that they no longer associated with friends and relied only on family members for support, or that they would only associate with service providers in shelter to avoid the negative influence they feared from other shelter residents. Other participants explained they were comfortable being isolated because they were focused on improving themselves and their circumstances. As described by these two participants, having relationships with others might distract them from their goals:

My whole thing is I live inside my house so what goes on outside don't matter to me. I speak to my neighbors, I got a pretty good neighbor further down but I just keep as least contact as possible because I have a goal I'm trying to reach and I don't want to get distracted by negative behaviors.

I don't feel lonely, so there's a difference to be between being alone and being lonely. That's where some people—because I've had people tell me that "You're miserable," because I won't tolerate much from anyone anymore. I just feel like I'm at a point in my life where it's like, "If you're not here to contribute anything healthy towards me or my

family, then I just don't need to tolerate you. I don't need negativity. I don't need anyone bringing me down. I don't need someone coming to take from me when I don't have much. So if you're not bringing anything to the table, I don't want you around."

How does the transition from service intensive housing program to independent living or doubled up situations affect parents' support networks and perceived support?

Quantitative findings. There were no differences in characteristics of support networks or perceived support by age, marital status, or education level. Distance from ties varied by race (ANOVA: $F(2, 444) = 2.86, p=.06$); White participants lived farther from their network members than Black participants (Bonferroni multiple-comparison correction, $p=.05$). There were no other significant race differences in distance from ties. Based on findings from bivariate analyses, race was included in all regression equations examining the associations between characteristics of living situation (i.e., number of weeks in current living situation and type of living situation) and characteristics of support networks.

Number of weeks in current living situation had no significant association with any characteristics of participants' support networks or with perceived support. Type of living situation was predictive of the number of problematic ties in participants' support networks and the availability of ties. Participants in doubled up living situations reported fewer problematic ties than participants in independent living situations ($\beta = -1.26, p<.001$) and participants in service intensive housing situations ($\beta = -1.67, p<.001$). When controlling for living situation, Black participants had fewer problematic ties as compared to White participants ($\beta = -.78, p<.01$). Participants in independent living situations had less available ties than participants in service intensive housing programs ($\beta = -.80, p<.05$). Because availability is characteristic of network members (i.e., nested within participants), random-effects models were used and the coefficient indicates the relationship between independent living and the availability of each tie in participants' support networks as compared to the group mean of those in service intensive

living situations, which was 4.18. In other words, for participants in independent living situations the mean availability of network members is an average of .80 lower for *each network member* than among participants in service intensive housing situations, or 3.38 (on a scale from 1=least available, to 9=most available). However, the intraclass correlation coefficient was .10, indicating less between-participant variability than within-participant variability in the relationship between independent living situations and the availability of ties ($\tau=.87$ and $\sigma=2.54$, respectively). Neither distance from ties nor frequency of contact drove the effect of independent living on availability of ties when controlling for race. There were no significant relationships between characteristics of living situation and perceived support.

We conducted post hoc analyses to explore the contradictory findings regarding doubled up living situations and problematic ties. Qualitative data (discussed previously) indicated participants described their problematic interactions with ties who let them double up in their home. However, regression analyses indicated participants in doubled up situations had fewer problematic ties than those in independent living or service intensive housing programs. Post-hoc analyses revealed that participants in doubled up situations reported more problematic interactions with their network members than participants in service intensive living situations ($\beta = .75, p = .06$), although they had fewer ties with whom they had solely problematic interactions compared to participants in service intensive living situations.

Qualitative findings. Despite quantitative findings that race was associated with availability of ties, there were no qualitative differences between African American participants and other participants in their discussion of the effects of living situations on their support networks, or in the number or type of supports reported. Living situations and relocation had several effects on participants' support networks. Participants experienced a loss of childcare support when they

moved to independent living, and some described feeling a lack of support once they lost access to helpful services offered by shelters and TH programs:

There was a lot of parents [at shelter], but there was also a lot of people to talk to. And they had a parenting course. That was good for me. That was part of my case plan to go. That was one of my support systems right there. Since I've got out of there I haven't been doing anything like that. And some of those parents there had bigger problems than me... It was really educational for me because I learned a lot. Instead of staying in a circle you got to spread out and make decisions and follow through on stuff. I learned a lot on that. I miss that. And when he would go to activity night there if they had a place where I would drop him off for a couple of hours where they would teach him arts and crafts and stuff... But that's only if you're in the shelter.

In addition, some participants indicated they had more access to informal childcare support in shelter because there were other parents there who could watch their children when they needed to leave. They reported less access to informal childcare in independent living. Younger participants more frequently described perceiving other parents in shelter as a resource. For instance, these two young mothers contrasted their current independent living situations with the benefits of shelter:

At [shelter] it was a little bit different, one of my friends she would always have the baby, not always but if I needed her to watch the baby for two seconds while I got this or that it would be easier. But now nobody's here and I don't have his father here so it's more difficult than it was at the shelter because I don't have that support system like I did before. I don't know really anybody except the people at the daycare and I really don't know them that well, I mean I know them well enough to watch my children because I know if something happens we can do a lawsuit or something but then I don't know them that well like if [I need to ask], "Okay can you take them to your house?" I'm not that familiar with them.

I get less support here. The classes and watching the other parents [at shelter], that's how you learn how to parent.

Some participants described feeling abandoned by services they had access to in shelter:

There's one staff member I'd like to be able to get in touch with, but I've seen them tell people that if you don't stay there anymore, [they] can't even help you out with information. So I don't even bother to contact them anymore.

I wish—I still want to continue with parenting [classes] and then still go through my domestic violence classes. I'm going to call [the shelter] sometime this week and see if I can still go to some of the classes that I was going to before I left the shelter. Cause they was helpful, really helpful.

Others described how they developed relationships with service providers who went above and beyond the requirements of the program to extend support after they left the housing program:

And the shelter daycare lady—I talked to her and told her I might have to move to another city just because of lack of daycare. I can't really do too much with a lack of daycare—but she said “You know what, I will make a promise to you. Anytime you need daycare I am here for you.” So she helps me out—outside of the rule about having to be in their program—although I don't use it too much. I don't want to abuse her being generous. Now if I really need her, I will call her.

Discussion

Service Intensive Housing Programs and Social Support

According to both quantitative and qualitative results, participants in service intensive living situations had more support for parenting: they lived closer to and had more frequent contact with friends and service providers in their support networks. Notably, quantitative data suggested participants in service intensive living situations were not reporting other program residents as ties. Rather, participants were located closer to friends with whom they had relationships prior to entering shelter. They also report more perceived support than participants in independent living and doubled up situations. Although participants in service intensive housing programs did not have more network members or more positive ties, they had ties that were more available to them for help with parenting, indicating that a move from housing programs to independent living can be marked by a decrease in access to network members.

Participants' support networks were larger than those reported by most studies of homeless individuals' support networks (c.f. Carton, Young, & Kelly, 2010; Letiecq et al., 1998; Oliver, 2005; Torquati, 2002). Only one participant indicated no network members and only 21%

reported fewer than five network members. In a study of 38 parents in shelter, 100% of the participants indicated service providers were part of their informal support network, and service providers were the most frequently cited type of support (Torquati, 2002). In contrast, 26% of our sample reported no service providers, and 36% reported only one service provider in their network. Most of our sample was stably housed at the time of the interview, but had larger networks than other studies might predict given that they had been stably housed for a short period of time.

However, our findings are consistent with those from a large sample comparing homeless and housed women in New York City, which found that poor women who became homeless reported more network members than poor women who remained stably housed, but felt their network members were less resourced (Shinn et al., 1991; Toohey et al., 2004). Moreover, at five-year follow-up, Toohey et al. (2004) reported that formerly homeless women lived significantly further from their network members and had less frequent contact with them. Further, participants' support networks were considerably larger than those of poor-but-housed parents reported in similar studies (c.f. Rankin & Quane, 2000; Thompson & Peebles-Wilkins, 1992; Thompson, 1995). These findings, along with those presented here, indicate becoming rehoused after an instance of homelessness (rather than becoming homeless/entering shelter) may be disruptive for support networks as participants re-obtain housing farther from family and friends.

Understanding Helpful and Problematic Ties

Open coding indicated four relevant dimensions of helpful and problematic ties: ties' behaviors, participants' perceptions of the types of people their network members, availability of ties, and the conditionality of support. Often the dimensions intersected to influence participants'

perceptions of ties as helpful or not helpful. For instance, criticism or unsolicited parenting advice was perceived as helpful from ties who were consistent supports in the participants' lives and/or when performed by network members that the participants perceived were like themselves, but was perceived as unhelpful from ties who were inconsistent in their offer of parenting support and/or from ties who were perceived as unlike themselves (e.g., not parents, or not good parents) or who treated them disrespectfully. Similarly, Reitzes et al. (Reitzes, Crimmins, Yarbrough, & Parker, 2011) found people experiencing homelessness preferred to seek help from less-resourced equals than to assume a position of subordination by seeking help from outsiders (e.g., service providers or more resourced family members).

Further, participants reported instrumental support was helpful but indicated problematic relationships with network ties who allowed them to live in their homes. Participants in doubled up situations frequently described their relationship with that friend or family member as providing both instrumental support and unwanted/problematic interactions (i.e., mixed tie). This might explain the quantitative finding that participants in doubled up situations had fewer solely problematic ties. Post-hoc analyses revealed that participants in doubled up situations reported more problematic interactions with their network members than participants in service intensive living situations, despite having fewer network members who provided only problematic interactions (i.e., solely negative ties). While this coefficient ($\beta = .75$) does not represent a large difference, it may account for the discrepancy between the qualitative and quantitative findings regarding the perceived helpfulness of network members who allow participants to live with them.

Participants reported several strategies to manage problematic ties: ceasing contact with problematic ties, trusting only one type of tie (e.g., family members or service providers),

isolating themselves, and focusing on their goals. Participants reported few problematic ties or mixed ties in their social networks, despite making references to unnamed people in their lives or past who had been problematic. These findings contradict replacement theory explanations that individuals experiencing homelessness replace formerly supportive individuals with less reliable or problematic individuals (Eyrich, Polio, & North, 2003; Goodman 1991). Rather, participants were more likely to isolate themselves from problematic network members or from others entirely, rather than accept and endure problematic ties. Moreover, only seven participants who listed supports for childcare indicated any were unreliable; many others listed no child care options (n=12) or only one option (n=23) and explained they would rather not ask for help with childcare, and take their children with them than to ask people who were unreliable. Strategic isolation may be protective for parents in communities that pose threats to the safety and/or stability of their family (Brodsky, 1996). Brodsky (1996) found mothers' negative perspectives about their communities, and their resultant isolation from certain community members, was a coping mechanism that successfully protected their families from real threats posed by their communities.

The lack of problematic ties in our sample may also be attributable to the general decline in availability of ties as parents experience increased mobility and must work to maintain ties. Participants may elect to only maintain helpful ties and terminate problematic ties when they relocate, thereby resolving an instance of homelessness with smaller but more positive and reliable support networks.

Transitioning from Service Intensive Housing Programs

Since relationships with service providers are often terminated when individuals leave housing services and attempt to regain independence, support networks dominated by service

providers may leave parents unsupported as they attempt to maintain housing. However, contrary to the findings of other studies (Carton et al. 2010; Torquati, 2002), the decline in support upon moving out of shelter or TH programs was not solely attributable to a decrease in access to service providers. Quantitative findings indicate participants in service intensive housing situations have more housing program service providers in their networks, and report more frequent contact with and closer proximity to service providers. However, families in service intensive housing programs did not have significantly more service providers in their network than participants in independent living or doubled up situations. These findings are consistent with those of Toohey et al. (2004), who found formerly homeless mothers had the same number of service providers in their support networks as continuously housed mothers but saw them less often.

The implications of less contact with service providers and friends after a shelter stay were contextualized by the qualitative data. Participants in independent living situations discussed feeling a loss of access to formal and informal parenting support upon leaving shelter. Participants felt the shelter environment provided access to (a) other parents in similar situations, (b) formal childcare services and informal assistance with childcare from other shelter residents, and (c) parenting classes or activities for children. Many expressed a desire to have access to some of these services as they transitioned to independent living. Notably, interviewers observed that younger participants were more likely to appreciate other parents and parenting classes in shelters, whereas older participants felt surveilled by other parents and felt classes were unnecessary. Based on interviewer observations, I compared the ages of participants who made relevant comments and found a similar pattern, although there were not enough relevant participant comments to examine this difference quantitatively. Further, participants described

how relocation strained their relationships with network members and made it difficult to maintain consistency in friendships and family relationships. Several participants chose not to relocate to a better living environment because it would isolate them from supportive network members who make daily family life feasible. While the loss of service providers in networks created a lack of support for some participants, the loss of family and friends may be more detrimental, as they may be more critical for the development of self-esteem and prolonged mental health than formal service providers (Dunst, Trivette, & Deal, 1994).

Limitations

This study has several limitations. First, this was a cross-sectional study so it is not possible to examine how support networks changed over time as participants became homeless, entered shelter, and left for other housing situations. Because participants were recruited from shelters and randomized to housing interventions, it is plausible that differences between the networks of those in service intensive housing programs and those who have left to independent living or doubled up situations represent the effects of living situation on support networks, and qualitative findings indicate causality (i.e., networks become less accessible as participants leave service intensive housing programs). However, longitudinal research is necessary draw conclusions about changes in parents' networks as they relocate from shelter to other living situations.

Second, we were unable to examine the relationship between the distance participants had to move in relocating to their new living situation and the availability of their network members. Inferences about distance are based on participants' report of distance from ties in independent living situations. The context of the larger randomized evaluation study may have disrupted ties more than usual treatment. By randomizing participants to existing, available, and willing

housing programs in their area, the study may have increased the distance that participants would be asked to relocate for housing.

Third, as a result of the small sample, statistical power to detect important relationships was limited, and we could not explore interaction effects. While the use of multiple imputation allowed the use of all 80 participants' data without biasing outcomes, a larger sample would allow for a more nuanced exploration of living situation (e.g., comparing TH to shelters). The small number of men in the sample precluded examinations of gender differences and men's experiences were underrepresented in our qualitative data as well. Finally, other aspects of participants' network members identified as important in other work, such as amount of resources of network members (Shinn et al., 1991; Eyrich et al., 2003), were not assessed in these interviews.

Implications for Research

The inconsistencies in the literature on the size and composition of support networks of parents experiencing an instance of homelessness warrant further exploration. As suggested by the findings of Eyrich et al. (2003), there may be a different relationship between social support and experiences of homelessness among "the new homeless" (Anderson & Rayens, 2004; Shlay & Rossi, 1992) which includes more families experiencing brief, isolated occurrences of homelessness (Culhane, Metraux, Park, Schretzman, & Valente, 2007), than among homeless individuals experiencing persistent or recurring instances of homelessness (Shinn & Weitzman, 1996). More longitudinal studies (such as the one by Toohey et al., 2004) should compare poor families who remain stably housed with those who become homeless to explore changes in social support as families become rehoused. The effects of social support for parenting on child outcomes, child-parent relationships, and child separations should also be assessed

longitudinally, and fathers should be oversampled, as their perspectives are largely absent from this literature. Finally, our findings regarding race deserve further consideration in research. Are White families required to relocate further from network members for some reason, or do Black participants work to maintain ties by turning down housing situations that relocate them?

Future research on parenting support in similar populations should carefully consider the perceived role of the interviewer/researcher and the potential for social support language to be stigmatizing. Our assessments of perceived support proved to be problematic during interviews. Participants were asked to rate their level of agreement with statement “Right now I have enough help and support to take good care of my children.” While our intent was to assess level of support, participants frequently understood this question to be asking if they were capable of taking good care of their children. Several participants explained they could take good care of their children regardless of an absence or presence of support. We whole-heartedly agree with this sentiment, and given the degree of surveillance and stigma associated with parenting in circumstances of homelessness and housing instability (Mayberry, in progress; Park et al., 2005; Smith, 2006; Swick, 2009), we recommend more thoughtful assessments of perceived support among homeless parents. Similarly, when asked if any network members “do anything bad around your children when you’ve asked them not to?” participants often emphatically stated they would not allow it. A single interview conducted by an outsider may be an inappropriate or insufficient method for assessing support among vulnerable parents.

Implications for Service Provision and Policy

Several participants described difficulties with transitioning from service intensive housing programs to independent living, especially with regards to finding regular and trusted childcare. This challenge is likely exacerbated if the move to independent housing resulted in relocations

farther from friends and family. Shelters and transitional housing programs should consider allowing parents to continue to use childcare services and/or parenting classes for a period of time after they obtain other housing, or work with parents to connect with other available services to provide continuity in supports as families transition to independent living situations.

Also, these findings support housing program policies that allow families to choose where they will live, and/or city policies that consider former address when housing families who have become homeless. In our sample, some families declined assistance if they felt they would be relocated too far from their network members, and had to seek childcare services (often taxpayer funded) to replace childcare formerly provided by family members and friends. Subsidies and voucher programs requiring families to relocate to receive housing support may decrease access to supportive network members and isolate families.

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CHAPTER IV

The Hidden Work of Ending Homelessness: Challenges of Service Use and Strategies of Service Users

Abstract

Most families who experience an instance of homelessness re-establish housing within a few months. Use of the housing service system is one path to stable housing for families, but need is greater than service availability. As a result, families attempting to use housing services must compete for resources. To explore and illustrate the experience of using the housing service system to obtain resources, this paper presents an analysis of 80 interviews with parents who had been recruited from shelters and randomized to receive an offer for housing services as part of a larger study. Qualitative analyses identified common challenges to service use and strategies used by participants to obtain services. Challenges included a lack of clarity in communication about services and feelings of uncertainty, and incongruity between service demands and participants' context that placed participants in "double binds." Positive service experiences were marked by clear and consistent communication and options. Participants networked with service providers, activated informal and formal resources to advocate for their needs and access services, and were persistent and determined to obtain needed assistance. Implications for communication between service providers and service users are discussed.

Introduction

Despite the overwhelming stressors associated with poverty and homelessness, most families who experience homelessness re-establish housing within a few months (Lee, Tyler, & Wright, 2010; Link et al., 1995; Phelan & Link, 1999). A study examining patterns of shelter use found approximately 73% of families use shelters only once and for a short period of time (Culhane, Metraux, Park, Schretzman, & Valente, 2007). Among families who become homeless, resilience, defined as the achievement of successes despite overwhelming challenges, is the norm rather than the exception. Masten (2001) notes that resilience is an *ordinary process*, which results from normal adaptive processes unless those processes are blocked repeatedly through severe adversity. Nonetheless, “homeless families” are infrequently categorized as resilient (Bogard, 1998; Cozzarelli, Wilkinson, & Tagler, 2001). Instead, the focus is on the processes and pathways of deficit through which they become homeless, rather than the pathways through which they re-attain housing stability. Service use is often one such pathway, but service use is rarely described as a resilient process. On the contrary, families who do not access available housing services may be perceived as non-compliant or resistant to stable housing and associated responsibilities (e.g., employment). We analyzed 80 interviews with parents who had been recruited from homeless shelters in four sites in the United States to understand the experience of using the housing service system from the perspective of service users. Specifically, we sought to identify the challenges presented by use of the housing service system, and the strategies and resources families used to successfully navigate the system.

Service use can be described as a *transactional process* in that the individual or family system interacts with the social context and negotiates the opportunities available within that context to achieve desired outcomes, implying an active agent rather than a passive recipient

(Masten, 1999). Phenomenological studies of poor and homeless families highlight the strengths and resourcefulness required for successful service use (Bogard, 1998; Brodsky, 1999; Canvin, Marttila, Burstrom, & Whitehead, 2009). Bogard (1998) described the strategies used by women who live in homeless shelters, and concluded that, despite the strict limitations presented by shelters, “the structure of shelter life provides homeless women with opportunities for effective action” (p. 229). The work of service users is analogous to the “hidden work” performed in the home to care for children, prepare meals, and other tasks that make daily life possible (Star & Strauss, 1999; Canvin et al., 2009). There is a tremendous amount of organization and mobilization of resources required to navigate services to meet needs and compensate for crises (Brodsky, 1999; Canvin et al. 2009). Service use requires time and tenacity in addition to negotiation, advocacy, organization, and presentation skills (Canvin et al. 2009). These are valuable and transferable skills. However, because successful use of services is not a middle class value or marker of success, the work and skills required to navigate services to obtain desired outcomes are overlooked and undervalued.

Parents who become homeless may do more service use work than any other group, as their days are often spent solely seeking, applying for, and negotiating services for temporary and permanent shelter, food, and childcare. However, demonstrations of agency or resourcefulness in services users are often interpreted as “gaming the system,” entitlement, or being a pest. This may be the result of simultaneous and contradictory rhetoric about homeless parents, evident in social welfare policies and public discourse; they are at once both hapless victims and unproductive social deviants in need of reform (Bogard, 1998). As the number of homeless families increases and the availability of affordable housing units decreases (Sard, 2009), the work associated with obtaining services becomes increasingly competitive, such that the very

attainment of service provision is a success. It is perplexing, then, why families in need of housing services do not always take those offered to them. Studies suggest that families who become homeless might be resistant to housing contingent upon service use (e.g., substance abuse counseling, mental health services) and less resistant to programs that provide housing subsidies regardless of participation in other services (Atherton & Nicholls, 2008). Still, there is lower than expected uptake of housing vouchers offered to families without strings attached. For example, in the *Effects of Housing Vouchers on Welfare Families* study, only two-thirds of families assigned to receive a voucher used it to lease a residence (Patterson et al., 2004). In the landmark *Moving to Opportunity* study, the compliance rate among those who received housing choice vouchers (those without geographic restrictions) was only 63% (Feins & Shroder, 2005; Shroder, 2002). While families likely have legitimate reasons for declining an offer of housing services (e.g., geographical constraints; Schroder, 2002), there remains confusion as to why those who become homeless might not take offered housing services. Moreover, very little is known about what motivates people to make use of housing services and what predicts their success in such use (Christian, Armatage, & Abrams, 2003).

A more complete understanding of the goals of families who use the housing service system is critical for improving service planning and effectively allocating funds (Banyard, 1995; Milburn & D'Ercole, 1991; Shinn & Weitzmann, 1990). Based on the notion of the 'hidden work' of service use and building on the work of Canvin et al. (2009), the present study focuses on the experience of negotiating the housing service system among a sample of parents experiencing a current or recent instance of homelessness. Specifically, this paper attempts to understand the challenges presented by the service system for families attempting to obtain

housing, and to identify and reframe the strategies parents mobilize to navigate the housing service system.

Methods

This paper presents qualitative analyses of interview transcripts with parents participating in a larger experimental study on the effects of housing programs on families experiencing homelessness. Participants were originally recruited from homeless shelters and randomly assigned to receive an offer for one of three housing interventions: program-based transitional housing (TH), time-limited housing subsidy through Community-Based Rapid Re-Housing programs (CBRR), full housing subsidy through a housing choice or project-based voucher (HC, commonly referred to as Section 8), or to treatment as usual. Random assignment did not ensure participants would receive the placement or housing subsidy because programs could screen-out applicants and participants could decline their assigned offer. Participants assigned to treatment as usual could access any housing programs on their own, but did not get special help or access. Several months after randomization, 80 participants were recruited to participate in a caregiver interview, which included questions about housing decisions, family processes, child and partner separation, and parents' social support networks.

Sample

Participants were 80 parents who had recently (i.e., within a year) stayed in a shelter with one or more children. Participants were predominately female (96%) and 16% were married or partnered. Participants had an average age of 31.2 years ($SD=9.0$). More than half (65%) were non-Hispanic African American/Black, 23% were non-Hispanic White, 4% were Native American. Of those reporting Hispanic ethnicity ($n=20$; 25%), 10 reported White race, 3 reported

African American/Black race, and 7 reported “other” race. Fifty-six percent completed high school or obtained a GED or technical certificate, though none had completed college.

Recruitment

The larger study was a 12 site national study. Participants were recruited from four sites for the caregiver interviews: Kansas City, Missouri (n=18); Phoenix, Arizona (n=19); Alameda County, California (n=20); or Connecticut (Bridgeport, New Haven, Norwalk, and Stamford; n=23). Through regular follow-up tracking contacts for the larger study, participants were recruited for participation in the caregiver interview via letters and phone calls. Recruiters made up to six attempts to contact eligible participants, and called secondary contacts to confirm participants’ information as necessary. Approximately 35% were reached upon first attempt and approximately 40% were never reached due to a disconnected line, incorrect telephone number, or non-response. No contacted participants refused to participate in the interview study, but 11% cancelled or missed their scheduled interview. Participants were enrolled until each site had 5 participants in each random assignment group, when possible.

By the time of the interview, only 9% of the sample was still in a shelter. About half (48%) of interview participants who had been assigned to intervention were housed with their assigned intervention: 32% of those assigned to TH, 50% of those assigned to CBRR, and 60% of those assigned to HC. Several participants assigned to treatment (n=22) as usual had obtained a placement in TH (n=2, 9%) or a housing voucher/subsidy (n=9, 41%).

Procedures

Trained interviewers conducted in-depth, semi-structured interviews with participants in their home, a friend’s home, or a coffee shop/restaurant 3.5 to 10 months (M=6.4, SD=1.9 months) being randomly assigned to one of four housing interventions. Interviews were audio-recorded

and transcribed. One interview was conducted in Spanish and translated for analysis. Participants were compensated \$50 for their time. All study procedures were approved by Vanderbilt University's and Abt Associates' Institutional Review Boards.

Interviewers asked questions about participants' housing decisions since the time of random assignment (including their experience with the randomly assigned housing service opportunity), family processes in different living conditions, family separations and reunifications, and social support for parenting. I led a team of trained research assistants in thematic coding for each of these interview topics using NVivo 9.0. Themes about navigating the housing service system and experiences as a service user emerged from initial readings of interview transcripts. As a result, I asked the research team to identify participant descriptions of experiences with the housing service system or other service system, and to identify indications of participant agency, skill, or strategy in navigating the system.

Analysis and Attempts to Ensure Credibility

Attempts to establish trustworthiness in qualitative analysis have been included in the analytic approach, including negative case analyses, comparative analysis, and presentations of tabulations to indicate the frequency of identified themes (Lincoln & Guba, 1985; Silverman, 2004). This work should be evaluated based on its credibility (or "believability" as defined by Glaser & Strauss, 1967) based on the transparency of the process, the fit between the presented data and the conclusions, and the applicability of the conclusions (Glaser & Strauss, 1967; Corbin & Strauss, 2008). To enhance transparency of findings I have attempted to provide a thick description (Lincoln & Guba, 1985; Glaser & Strauss, 1967) of the phenomena of interest by providing numerous examples from interview transcripts, and clearly described my analytic process.

I used elements of grounded theory to analyze relevant data identified in all 80 transcripts. First, I conducted open coding (Corbin & Strauss, 2008) to generate concepts and categories that described the incidents reported in the data identified by the research team during coding of interview transcripts. Next, I conducted axial coding to expand the categories identified during open coding along properties and dimensions (Corbin & Strauss, 2008). During all phases of coding, memos were used to identify unique cases or link concepts.

Once all coding was complete, I made several methodological decisions about which codes were included in the final analysis. In an attempt to provide an audit trail (Lincoln & Guba, 1985) and enhance transparency (Glaser & Strauss, 1967), several process notes are included here. First, I chose to omit descriptions of conflicts with shelter staff or challenges with shelter rules or policies. I made this decision because a) data about the challenges to family life posed by shelter policies have been discussed elsewhere (see Mayberry, in progress), and b) my research question evolved throughout analysis to focus specifically on how participants interacted with the service system to garner services in attempting to exit homelessness, meet their families' needs, and become self-sufficient. This research question rendered the shelter environment irrelevant, except to the extent that it impeded or facilitated participants' attainment of other housing services. Therefore, instances of participants activating resources in shelter to access other services and instances of shelter rules or policies interfering with the search for housing or employment are included because most participants were in shelter when searching for services and therefore executed relevant strategies in the shelter context. I also included comparisons between experiences in shelters and other housing programs because these descriptions contributed to an understanding of the core characteristics of negative and positive service experiences.

Finally, I paid particular attention to “negative cases,” when participant descriptions were inconsistent with patterns emerging from the data (Lincoln & Guba, 1985; Silverman, 2004). Because many respondents described challenges in accessing services, I paid particular attention to positive service experiences. I used a constant comparison approach (Lincoln & Guba, 1985) to explore differences between positive service experiences and challenges to service use to identify key characteristics of positive and negative service experiences.

Results

Challenges of Service Use

Of the original 80 interviews, 39 interviews included discussion of a challenge when using the housing service system. Within these descriptions, common themes were waiting lists (21 references), uncertainty or confusion (30 references), and double binds (i.e., situations in which participants had to obtain/forfeit one thing to get another; 34 references).

Waiting lists. Participants frequently discussed the length of waiting lists for housing services. Many stated they didn’t know what else to do because they were on every waiting list in their county and neighboring counties.

It’s been really difficult. There’s nothing available. The whole—all of it’s saturated with waiting lists, people are—it’s completely full. There’s absolutely—every door is closed. It’s very frustrating.

It’s just taken forever to get into some kind of housing program. Like I’m on so many lists and it’s taken forever, I’ve been on Section 8 lists in a different county, which is a smaller town [so] I thought I could get in faster but it’s been two and a half years for that one. And with the public housing up there too I’m on that list and they still haven’t called me so it’s just taken forever.

Participants reported HC voucher (commonly called Section 8) waiting lists were two to five years long across the four sites.

Uncertainty or confusion. Unclear requirements, confusion, and/or fear of having services

“pulled” at any time contributed to participants’ sense of instability and uncertainty. Several participants reported feeling like they couldn’t unpack their bags because they didn’t know how long they would be permitted to stay in a transitional housing program or shelter. In addition, CBRR subsidies, which are short-term vouchers with periodic “check ins” by program staff to ensure participants are on track to be able to independently afford housing, were a source of uncertainty and concern for respondents.

I just want you to know the only thing that worries me is, I don’t want to be homeless again because this program can pull away at any time.

The most difficult thing I have about it is when I get off [CBRR] and I’m cut off welfare, how am I going to pay it? How am I going to pay the whole \$800? [My CBRR] is only for nine months...but they do a reevaluation every three months. So I’m getting reevaluated this week, to make sure that I’m still working and everything. I still got to follow everybody’s rules, you know? Check up on them. Make sure I’m getting all my income together before they leave me.

When asked how much longer she expects to receive CBRR assistance, another participant replied:

Good God, I don’t know. They told me it was six to—every three months they evaluate you. And the longest you can stay on there is 18 months. And usually they try to get you off within six to twelve months. But if they don’t communicate with you, I mean what? Nobody has called me. Nobody has left me messages. I haven’t heard nothing. I’ve called [my contact’s] cell phone plenty of times. I don’t know the office number, and I don’t know exactly where it’s located, so I don’t know what else to do.

One respondent described how she took the first available job so she would qualify for CBRR, which was offered to her through the study (if she could meet eligibility requirements), but was acutely aware that she would not be able to afford the rent at her apartment with her income once the CBRR subsidy ended. Another described how she felt the requirements for CBRR kept changing.

Well what they do is they pay the—at first it was the first month deposit, and it could be six months to a year of help. But then as the time went on, it dwindled down to only three

months of help. And then as it got closer and I was just about to find a place they said well, you're not working full-time so this program may not be good for you. So it ended.

Interviewer: *You started looking for places, and then you found out that you wouldn't be able to get them?*

Yeah. And after—see, they had told me in the beginning too, if I at least got a part time job—because I'm a full-time student—they said they would probably help [me] longer. But I was starting my part-time work and it turned out as the time went on, that was being discouraged towards me. And I went through a process, three months' worth of trying to get them all the paperwork. So it was—it's just like I was being told one thing, then another.

Another described:

I participated very actively in the CBRR program. And I kind of felt manipulated at the end of the day. The case manager that was supposed to help me, because I was having issues with her and a past experience staying at this shelter, she ended up just—basically for three months I was participating in the program and then at the end of the year she kicked me out three months prior. So I wasted my time being in the program that was promising me housing and I didn't get it. And she kicked me out three months prior [to giving me notice]. Their policy states that within five days [of being kicked out] you're supposed to file a grievance. So there was nothing I could do. No one I could talk to.

Confusion about program requirements was common across various housing programs, not just CBRR. Thirty participants described being confused about (a) when and how their voucher/subsidy assistance was paid to the landlord, (b) when or under what circumstances they could lose assistance or be forced to leave, (c) what they needed to do to qualify for assistance, or (d) which programs were responsible for which services. One source of this confusion was participants' conflation of service providers; participants often expressed confusion about whether or not "the lady" they spoke to was associated with a shelter or housing subsidy program, for example. Another source of confusion was service providers' lack of communication within and across housing programs. For instance, participants would speak with a service provider who would advise them to complete certain tasks to be eligible for a program, but when they completed those tasks and called back, another service provider with that program would tell

them they were ineligible. This woman describes how her referral to a family housing option through the larger study was to a program that said they wouldn't allow her husband to come:

They gave me the wrong referral because I did my interview as a family interview. I [completed the] whole [eligibility interview], and then she gave me the paper so naturally I thought this was the correct placement. And when I called the number on there to set up the appointment and that's when the [other] lady was like "Oh, the man can't come. This [service] is just for mothers and children." So I just told her, "Never mind." And I got on the phone and tried to call the numbers that was on the paper and I just got the runaround. Nobody could help me to get the [first] lady back or her supervisor for me to get a different referral.

She declined her assigned housing offer and sought other placements independently. Participants also described how their application would be accepted and then rescinded or rejected, or how they completed required steps but were rejected due to budget cuts, a background check, or another previously un-checked eligibility requirement.

I'm not from out here so it's really hard for me to get accurate information as far as assistance. The first year I was staying out here it was really hard trying to get people to genuinely point me in the right direction. The type of information—it's like you would have to live out here and know the right people. And it would be easier to know where you need to go and who you need to talk to. Whereas me not knowing nothing or nobody—they'd tell me to go, and there's situations where someone would tell me "Oh, this place or that place will help you with assistance." And I get all my stuff together and go there and they're like "Oh, well we don't do that anymore." or "The program is shut down. We don't have funding for it anymore." And it's like, "Oh wow, I kind of did all this work for nothing."

These experiences gave the impression that eligibility was privy to the whim of the service provider, or that services were offered based on relationships with those in power.

I'm still trying to find out what services they provide and utilize them. They really don't offer a whole lot except for a place to sleep and shower. They say they do but it's really hard. You've got to wait in line for hours upon hours and be the first one there in order to get to anything. You've got to know the right people and have friends in high places to get anything.

People don't play fair when it comes to applying for things. There's a lot of nepotism here. They'd rather give [services] to their kin or their cousins.

In addition, participants felt that housing programs should communicate with one another to avoid placing people in “double binds” experienced by participants accessing several forms of assistance.

Double binds. Participants often recounted situations in which they were required to obtain one thing (e.g. a job, a voucher) in order to obtain another (e.g. childcare, housing, a lease, eligibility for a service). Sometimes the requirements came from a single service provider or housing program, and sometimes they came from multiple programs. Participants perceived these situations as a double bind:

He stated I needed a job before I could get the voucher. It was extremely difficult for me to obtain a job with my kids and I told him, “Once I find out where I’m going to live then I can find a job, because if I don’t know where I’m—I don’t have a car so it’s extremely hard for me to get from point A to point B and if I don’t know where I’m going to live then I can’t really pick out where I’m going to work.” But he told me I needed a job before I could get the voucher.

The most commonly cited double bind was the requirement that participants have a job in order to receive childcare services. Participants described how difficult it was to find a job without childcare and suggested a brief trial period during which they would receive childcare so they could find a job, and lose the childcare service if they were unable to do so.

Daycare is what I need to get but the only way I could get daycare is if I have a job already and so that’s why I’m going to have to go look for a job but [my kids are] going to have to come with me because, you know the situation. But I know once I get a job then I’ll be eligible for childcare. [But] they cut a lot of [other services] off when you get a job.

Another described:

They did have childcare, but you had to be working a certain amount of hours. And I’m like—well, I don’t have a job at all. It doesn’t exactly look right taking your kids to interviews. It’s like [to potential employer], “Don’t worry, they won’t be at work with me.”

A few respondents described rushing to qualify for housing programs to get out of shelter, but found the requirements to maintain assistance at odds with getting out of the housing system

and gaining independence. One respondent describes how she wanted to get more education so she would be able to be completely independent and support her family without assistance. However, when she got an offer of CBRR, she chose to enroll in a degree program that is shorter than the amount of time the assistance is offered, so she would have a job by the time the subsidy is over and be able to afford the full rent. She fears this degree will not allow her to eventually obtain independence:

She said I'd receive [CBRR] assistance up to a year, so it's kind of in the air, I guess. Every three months they let me know, which is nerve wracking for me. I'm in school now. I'll be done in November, so I'm trying to take all the proper steps towards trying to gain employment, because there's really not a whole lot of jobs out there. I noticed that there's more work towards the medical field, so I went for Primary Care Associate degree. I took the shortest program that they have just so I can try to—because it's nerve-wracking just not knowing, and then it kind of seems like, "Okay, we get out of a shelter, find a place for who knows really how long, and then what? Wind up back in a shelter?" It seems kind of counter-productive to me. Although I appreciate the help, certainly, but ultimately it seems kind of failed in that aspect. It seems kind of failed because if by the end of the year I don't have a way—I'm a single parent—it's such a heavy burden. And paying rent on your own, and to pay utilities and everything else, it seems so overwhelming that if I'm not ready it's like, okay, we'll be back in a shelter? Where do we go from there? Everything seems to be closed.

Others also expressed conflicts between their personal goals of education and the requirements of CBRR:

But something like CBRR, when you're a student and you're working towards a goal and you have a real goal, that's not fair because it's like, it's going to be a struggle to get a job. And it's hard to get a job, but there are jobs out there, you know. However, you're going to have to wind up almost cutting out school, because if you don't have someone to watch your child at night, and you can't go to school at night, or you can't—you know...I mean it's not that we should depend on anyone to give us handouts, cause nobody should depend on anybody. But it's just if they could figure out a better way.

Another participant expressed a similar concern that CBRR was just a temporary respite from sequential shelter stays due to her inability to earn enough income to sustain her apartment after the voucher was removed:

They moved me in on the state budget and they knew I only have two months left on the state when I moved in this apartment and they knew I had to file for disability and that was gonna take a while and they still moved me in the apartment knowing I can't afford the rent. So most likely if nothing comes through with the other housing applications that I put in, most likely back to the shelter we'll have to go.

Another explained:

What I'm experiencing is that—to qualify you pretty much had to get a job. Fine, I'll work, that's not the problem. It's just the type of job—I had to in such a hurry I grabbed what I could. And basically it ended up being a job that was a dead end and low paying, physically working your butt off and tired. I'm exhausted when I come home, I get \$8.25 an hour—how am I supposed to survive off of that? That's what's killing me. Because I want to go to school, I want to better myself, I know I can do better I just need some time, that's all. At the same time though, it just makes me want to work harder to go to school while I'm at this dead end job that I do not like, and it makes me want to just work harder and set the example for my children just to do better. There's a lot of us out there who are capable of doing better—just because I was in a shelter [doesn't mean I'm not capable]—I am capable and I want to learn. I need a degree, not only just to get a better job, a higher paying job, but just because I want to earn it. I want it and I want to set the example to my children. I want my children to be college bound.

Several participants described the double bind presented by ceilings on income eligibility requirements for various services and their personal goals of trying to progress in their careers and become independent.

There aren't enough resources and enough networking. I think that they should be networking with HUD, with Section 8, with other types of housing to try to prevent—because I kind of feel like, “Okay, you got us out of a situation, but what happens after that?” I definitely don't intend on living on programs for the rest of my life. I've always had the mindset of getting out of the programs because I think that partly they're designed to keep you down because the minute you make too much money they start taking everything away from you so you're always here. You can never go above. You can never save money. You can't ever do anything. So I felt like I'm always going to be here if I'm in a program. So I was trying to take steps towards becoming independent to where I can control how much I make and not have to worry about it, not have to worry about having the programs being taken away from me because I make a little bit too much money. I mean, I was working part-time at \$8.50 an hour and they took away my Medicaid.

Finally, definitions of “homeless” placed participants in another double bind. For example, one participant applied for numerous support services. By the time one called her back, she had

left shelter and was doubled up in her sisters' home as a temporary living situation:

They contacted me, but since I wasn't living in the shelter [anymore], they're like "Weren't you homeless?" They don't really consider staying with a family member homeless, so they couldn't help me.

Ironically, another participant was kicked out of shelter because she was no longer considered "homeless" once she received an offer for housing services, even though she wasn't able to move into her new home until her lease started:

It felt [like] they were just trying to get me out so they could put somebody else in the shelter, because the state pays for someone to stay in the shelter. So it was pretty much like "Get moving—you got to go." And I said, "I just signed the lease for May 19th." So the next day I get a letter from [the shelter] saying that if I don't have my stuff all out by 4 o'clock that afternoon that I'm going to be arrested. I'm like, "What?" She's like, "Well you have a lease to an apartment. You are no longer homeless." I'm like, "What are you going to do? Have the cops come and lock me up?" I couldn't get it out, and they just threw it down the cellar; and whatever was broken when it got there, it was broken. We had to go pick it up, and shovel it up to move it.

Hidden Work: Navigating the Housing Service System

Of the original 80 interviews, 48 interviews included discussion of how participants demonstrated agency or efficacy to obtain services to meet the needs of their families. Participants described strategies coded as: persistence and determination (39 participants), networking (24 participants), and activating other resources (22 participants). Participants in the housing service system described very busy lives. Their days were filled with accessing/searching for services, filling out applications, gathering paperwork for services, arguing their case to service providers, searching for jobs, working, going to school, attending mandatory meetings, and caring for their children, as these two participants describe:

Seriously, I've went down there to the housing authority like six times. I've showed them the letter, I have explained to them what happened, and you would think that they would at least boost me up on the list or something, or give me emergency housing aid. They don't even call. I call, I leave messages every day. They don't return none of my phone calls. I've signed up for public housing, I've signed up for housing authority, for Section 8, low-income apartments. All of that. And it's like everything's just been a flop. And I don't—I really don't understand it.

They said I could get the voucher and start looking for an apartment. I said, “Oh God, thank you!” So I was excited, but my credit it was bad because I had identity theft. So there was a lot of people that didn't want to rent to me. And it was just a whole bunch of stuff. But I got all the paperwork to prove—once I started to go through the paperwork [with them] and showed them like the lease reports and stuff, that I was trying to get the identity theft cleared, then this man rented to me. It was like “You're doing something you know? You're not just letting your credit just fall apart. You're trying to clear it up cause it wasn't your fault.”

Participants often emphasized feeling they were doing the job of two parents by themselves; pursuing gainful employment and/or education, attempting to obtain stable housing, and caring for their children. These two participants' quotes illustrate how much balancing was required to manage family life and pursue services:

I mean I just tried hard and all over the place. Me having to do it on foot and on bus, it was kind of hard going here to there with my children. You know, and then worrying about, oh my gosh, I've got to put them in school, having them go to school, running back, picking them up. It was kind of hard. And I was staying all the way in [shelter] at the time and had to be in at 7 o'clock so I had to rush, rush, rush and then go back and pick up the kids. So, it was not like that much opportunities for me to just get in the car and go to one house or apartment and check there, and go to another apartment and check there.

It always seems like there's some kind of obstacle. But I just do what I can. Monday morning I have planned on going to—like I have the addresses for [service programs offering childcare] and stuff like that so I can put [an application] in with them. Because since [my kids will] be going back to school—that's another big burden is just thinking, “Well if I work and go to school, I'm not home at all. They'll be here all day by themselves.” It's a constant struggle. I know I have to work and I have to go to school. How do you balance it all? And just being by yourself and not really being able to say, “Okay, well dad's home with them. They're being supervised,” or anything like that. Everything is just me, and it just, it's like, “Wow!” And then I feel bad for them because then they don't really have a summer or they don't get to do anything. It just seems like it's always something. It's hard. And they're talking about cutting all the programs off!

Strategies: Persistence and determination. In response to some of the challenges presented by service use, participants used several strategies to obtain necessary services. One of the ways participants managed waiting lists was to persistently contact service programs and ensure they were on every waiting list, and knew their placement on the waiting list, as described by these three participants:

I've been checking in and calling supportive housing. I'm on the list. I'm in the top 20 for that so they told me to just keep calling back and making sure I check in. I put in applications in [this county], and the next county over, everywhere I can find I put them in. Section 8 had a lottery where they pick a name and I'm on the waiting list for that so I did my check up with that so they're saying now they're just waiting for interviews. I put an application in Transitional Housing that at the beginning of the year. They're saying that they're backed up three months so the application should be within the next 30 days but you still have to wait for them to go through your application to give you an interview to do all that stuff. So I'm just—all I have to do now is just keep checking in and hopefully something comes in.

I went to an organization called [Service Program] and I was going to apply for their Transitional Housing, which was a two-year program. So then after my appointment, I hound people like a dog, so I called her every week and she finally called me and told me I got accepted into their [CBRR] program.

I'm on the Section 8 waiting list for about a year. It's officially been a year now. I've applied to a lot of different places. I'm going to really have to stay focused on the Section 8 public housing. I actually spoke to one of the representative's here in this building and she told me that about another year is when I really want to start calling and being hard pressed on them. I'm probably going to harass them until I get it.

Strategies: Networking. As mentioned previously, one challenge was the lack of clear information about availability and eligibility requirements of services. In response to this barrier, participants used two strategies: 1) they asked everyone for information and 2) they developed relationships with service providers to become “in the know.”

The only problem I had with it is you had to ask and probe them as to what resources were available to you. They weren't readily available and they didn't offer them or advertise what was available. So if you weren't asking, you wouldn't find out. A lot of people are kind of afraid to ask and so a lot of them don't find out about what's there. I never stopped asking. I asked everyone.

If you throw your hands into the right people at the shelter, they can lead you into some good stuff. They know more than your family members, or they've got more access. So, you've just got to talk to certain people that know certain things, and just go straight to the point. Depending on how you look at things, it's like the best opportunity for people that's like me, because it's the option that leads to many options if you just look at it in that way, but you've got to go into it like you're coming out with something. You know what I'm saying?

Participants recounted how the relationships they developed with service providers were social currency they could draw upon to access services. Sometimes these relationships were with people who might not have power themselves (e.g., bus drivers, cafeteria workers) but could activate supervisors or friends with resources on behalf of the participants. When asked how she found a TH placement (outside of the larger study), one participant responded:

They have this program called the Health Service Van, so I got to know one of the ladies on the Health Service Van. So every time she came I would bug her to talk about, “When is [a shelter program] going open?” And so, she finally said, “We have this other program; it’s the [Transitional Housing Program],” so she helped me and that’s how I got into the [Transitional Housing Program].

This participant also drew on her relationship with a service provider to access services:

I had to go out of town last weekend for a family emergency and I lost my bed for about five days, so I was in the overflow shelter until I got called back over. Actually I didn’t get called back over I kind of sweet-talked my way back in with one of the girls there. I talk to her a lot—she was really cool. So she talked to her supervisor and got me back in last night.

Strategies: Activating resources. Another strategy participants used was to activate resources when they were unable to access services on their own, or when the services offered to them were not suitable to their needs. A few participants drew on informal supports (e.g., friends and family) to access services or maintain their placement on waiting lists for services.

I can’t really do nothing without having no direct contact, you know what I’m saying? I’m calling constantly, but they don’t never get back, and by the time they get back I done already had my phone turned off, and I lose contact. It always happened that way. I called in every last one of my friends, though, and used their numbers. And like so many people told me, like three or four of my friends told me [the service provider] called them looking for me.

Several other participants reported activating official resources, such as the police or service providers’ supervisors or managers, to navigate the service system. One participant in the larger randomized evaluation study contacted the project officer at the U.S. Department of Housing and Urban Development because she was displeased with the geographical restrictions of her

voucher. She made the case that she needed a voucher that allowed her to stay in her town so her children didn't have to change schools. This example was just one of many in which participants went to those at higher levels of institutions to make their case and obtain appropriate services. One participant who was displeased with the sanitary conditions of a shelter filed a complaint with the state government. Another filed a complaint with the courts to sue for child support for her children to help with housing expenses, and found a lawyer to help:

So I spoke to [the lawyer], I explained to her my situation and I said, "Listen, I really need someone that is going to avidly seek out these parents and make them become financially responsible." At the very least that's what I'm looking for. More for my kids, because I think it's not only not fair for me, it's not fair for them to not have the things that they need, to not have the things that they want. She seems like she's a no-nonsense kind of lady, and that's what I need. I'm looking for a feminist.

Another filed complaints if service providers were not helping her move towards her goals:

I'm most proud that I've kept on fighting and fighting until I got me a place. I was determined to get a place. I stayed homeless all this time and I was determined and actually this is my fourth caseworker. If one don't work for me I call and report them and this one is working for me.

Many participants described advocating for their rights and making arrangements with school boards so their children didn't have to change schools every time they relocated for housing, as was their right under the McKinney-Vento Homeless Assistance Act (as amended by Congress in 1994, National Alliance to End Homelessness, 2009b). Another reported difficulties balancing housing instability with her child's special needs at school:

I'm trying to get her to the right track, but [the school] is making it difficult, very difficult. And I have to keep searching for advocates at this because I don't know the system. So I mean somebody is helping me to go here, go there, but I've been knocking on a lot of doors, and it's been hard to try to get her where she should be.

Positive Service Experiences

As I read interview transcripts to identify challenges of service use, I was struck by descriptions of positive service experiences and comparisons between positive and negative

service experiences. I began to analyze these descriptions to understand what elements were present in positive or “easy” service experiences and absent in challenging service experiences, and vice versa. Of the 80 interviews, 24 included a description of an excellent service experience. From comparative analyses, three key elements of positive service experiences emerged: 1) communication across service programs and with the participant, 2) clear and consistent requirements, and 3) the opportunity to choose services.

Several participants recounted a negative experience with the same shelter program. They reported that this particular program did not support their goals to establish housing and employment because: (a) the rules, requirements, and mandatory class schedules were unpredictable; (b) the criteria for being forced to leave were vague and staff threatened them with expulsion for being “uncooperative”; and (c) the inflexibility of program requirements impeded their ability to pursue their goal of independence. Two participants clearly juxtapose their experience in this shelter program with different positive service experiences:

My experience with like between the two shelters that I stayed in—one of them, they were very active and helpful and it felt like they was more helping me, but the other one was more like how could I help them. Like I spent most of my time at one shelter looking for apartments, looking for housing, looking for employment. And the other place I just spent filling out paperwork and signing my name on paperwork, like signatures and dates and workshops basically, which really I felt kind of used at the second one. I got kicked out with no explanation. So that was pretty—that's probably the worst experience I've had is being kicked out with no explanation, not one.

I knew what the rules were; I knew what I could do, and what I couldn't do. They didn't have—well, they do have some mandatory stuff that you do have to go to, but it's not to the point where—I didn't have to go up, and explain it to someone more than once that I go to school at nights. “On Tuesdays and Thursdays when you guys have those mandatory meetings,” I said, “And I'm not going to be able to make it to them.” And they excused me from them. I didn't have to, like at [the previous shelter], continue repeating myself and [keep] getting in trouble.

Others described positive experiences with several different programs offering a variety of service options rather than requiring all program residents to participate in the same meetings or

programs. As one participant stated, requiring attendance at the same meetings and programs for all individuals who became homeless assumed that all people who became homeless had the same problems and needs:

They can put you out at any time if they feel like you're not meeting their criteria that they want you to meet. But again, the groups that they have you go to it's not—they don't really help you. They're based on disabled people, and most of the people that come into the shelter, not everybody is disabled. (Note: by “disabled” the participant is referencing those with alcohol/drug dependencies and mental illness)

Positive service experiences involved tailoring of services to participants’ needs and networking services across programs to meet participants’ needs, as these two participants describe:

They help you find jobs, they help you—they just help you all around, they make a monthly case plan with you and see what your goals are and what jobs are you looking for so you can be more self-sufficient.

I had help with trying to locate jobs, and [getting with] other agencies like housing and places for food and clothing. And they were helpful with all the knowledge in finding schools. Like, if you had a problem, say you needed help with your daughter in school, they would supply a counselor to come in and help. If you have problems in school, they were right there to help, you know. There were a lot of benefits to it. I mean, when you go down there, they help you. They already have the listings of work that you can go through. And everything was helpful as far as getting into the right agencies, finding work, making you feel like you are still a part of something, you know. They never downed you for any reason. So that was comforting. Oh, I think it was all good.

Participants explained how continuity across a single service provider or a location that networked services was critical to helping them transition to independent living. These two participants were both in their own place at the time of the interview:

[My case worker], she helped me and she was extremely nice from point A all the way to now of everything I needed, what I needed to do—very clear, there was no gray areas, everything was smooth.

My housing case manager [from the shelter program], she's still my active case manager definitely. I can go to her for anything like understanding my lease, what the landlord's responsibilities are. And she does come [to my apartment] for visits. We have set up visits.

Discussion

Participants demonstrated agency and determination as they worked to navigate the service system and obtain housing and other services. However, families with and without offers of assistance experienced consistent challenges to obtaining necessary services. Identified challenges were waitlists, uncertainty or confusion, and double binds. In an examination of mothers who were homeless and separated from their children, Barrow and Laborde (2008) reported barriers similar to the double binds. Mothers in that study described conflicting expectations and timelines presented by the numerous service systems involved in their lives. Mothers' first priorities were often to obtain stable housing and reunite with their children, whereas service providers prioritized adherence to program processes and abstinence from drugs and alcohol before considering them for stable independent housing (Barrow & Laborde, 2008). Similarly, in this paper participants described how services with strict requirements on service use sent the message that they were all "disabled" or deficient in some way by focusing on their behaviors and cognitions rather than their economic situation, whereas services that helped them meet their primary goals of housing, employment, education and childcare to facilitate these were welcomed and helpful.

Further, participants perceived eligibility requirements as confusing and inconsistent, and perceived service providers as insufficiently communicative about available services. The lack of perceived clarity evident in participants' accounts of service use, across all sites, is striking and concerning. This is the first study, to my knowledge, to highlight the amount of misinformation, confusion, and uncertainty involved in service use. The fact that the same participants contrasted clear and unclear service expectations in different settings supports the assertion that the problem is not solely attributable to the service user. Moreover, positive service experiences were

characterized by communication across service programs and with the participant, clear and consistent requirements, and the opportunity to choose services that fit families' needs.

Participants often contrasted positive and negative service experiences by describing the importance of knowing what one must do, doing it, and achieving a goal (i.e., "I knew what I had to do to get into the program, I did it, and it worked").

To navigate the perceived unclear and inconsistent service environment, participants reported several strategies including persistence and determination, networking with service providers, and activating formal and informal resources. Bogard (1998) observed and conducted in-depth interviews with women in homeless shelters and identified other strategies as well. She describes women in shelters "construct[ing] strategic self-portraits" (p. 233) of themselves as a hapless victim or a deviant, alternating between the two to obtain services or meet their families' needs. For example, mothers strategically under-reported their knowledge of children's fathers to receive more assistance, thereby using public perceptions of them as sexually deviant and careless to their advantage (Bogard, 1998). Bogard's interpretation suggests that, even when describing oneself as a victim, individuals in shelters were negotiating within their context to achieve desired outcomes; in other words, they were effective agents. This sample did not report these strategies, although it is unlikely they would share this information with interviewers who were outsiders, of a different social class and, often, a different race/ethnicity. However, the finding that participants leveraged relationships with service providers to become "in the know" about services and obtain resources is an extension of Bogard's (1998) finding that women networked with friends, family, and kin networks to pool resources and obtain information while in shelter. Participants in this study mentioned informal relationships less frequently when

describing service attainment; it may be that informal networking facilitates life while in shelter, and networking with service providers facilitates exits from shelters to more stable housing.

Contributions of Communication and Social Service Theories

With the high demand for housing services, families are increasingly in competition to obtain these services. They must rely on service providers (such as shelter staff, caseworkers, and housing program staff) to understand and apply for housing services. However, the communication deficits between service providers and service users, across all four sites, are striking and indicative of a systematic problem. The interactions and communications described by service users evoke the concept health literacy in doctor-patient interactions. Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Institute of Medicine, 2004; Healthy People 2010). Patients may be perceived as non-compliant as a result of their inability to process and understand health information. While associated with educational attainment, health literacy limitations may present problems for individuals who are highly literate in other areas but are unfamiliar with health-related language. Further, research on doctor-patient interactions has highlighted the detrimental effects of acute stress on memory and information processing (i.e., people understand and retain less when in a state of high stress, such as upon hearing a diagnosis or feeling ill) (Kessels, 2003; Payne et al., 2002; Payne et al. 2006), and the role of power differentials in curtailing patients’ inclination to ask clarifying questions of providers (Ley, 1976; Shapiro et al., 1983; Quill, 1989). Health care providers undoubtedly want to convey a clear message to patients so they can follow recommendations and be well; nonetheless, patients frequently leave health care appointments unable to repeat their diagnosis

or explain how to take their medicine correctly (Vermeir, Hearnshaw, Van Royan & Denekens, 2001).

Similarly, families who experience an instance of homelessness and are searching for housing assistance are under a great deal of stress, often bordering on desperation. Service providers have far greater power in interactions, particularly when they have the power to expel families from a shelter or other program, and power differentials are often augmented by differences in race and class. Just as health care providers want to convey clear messages to their patients, service providers likely want to help families obtain housing services. The perceived clarity of the message from the perspective of service providers (health care providers and housing service providers alike) leads them to conclude that message recipients who do not follow directions *choose* to be non-compliant. In the case of medical recommendations, non-compliance when the consequences are so high leads providers to conclude that patients must be stupid, defiant or lazy (Roberson, 1992). Similar beliefs are inherent in housing services that only consider families for independent housing once they've demonstrated their ability to adhere to program requirements (Bogard, 1998). The findings presented here, and those of others (Barrow & Laborde, 2008; Brodsky, 1999; Canvin et al., 2009) indicate parents are industrious and determined as they pursue services and stable housing, rather than stupid, defiant or lazy.

Double bind theory is another relevant concept from communication theories. Double bind theory was first introduced by Gregory Bateson (1956) to explain the unpredictable responses to messages by individuals experiencing mental illnesses. According to Bateson (1956; 1972), and applications of the double bind to organizational theory (Folger, Poole, & Stutman, 1997), a double bind is a situation with four characteristics. First, there must be a communication between two or more individuals with a power differential. Second, the individual(s) in power must

impose a negative injunction on the individual without power; this injunction requires the individual perform some action or be punished (e.g., be refused services, be refused a place to stay). Third, there is a secondary injunction presented by the individual's greater context that stands in direct contradiction with the previous injunction. Fourth, the individual cannot escape the contradictory injunctions because his/her survival and well-being is contingent upon avoiding the threatened punishment. The result of a double bind is an individual who is willing but unable to meet the demands of the primary injunction, leading to anxiety, anger, and helplessness. Double binds presented by service use, as discussed by study participants, meet these criteria. This is particularly evident in participants' descriptions of CBRR demands that they obtain employment without a) childcare support, b) knowing where they can/will live, or c) flexibility to allow participants to find jobs with long-term sustainability so they can maintain rent post-subsidy.

Double bind theory further describes how the individual experiencing the double bind receives repeated messages that they are responsible for failing to meet the primary injunction. In housing service system use, the primary injunction (i.e., do X to receive service Y) was often a clear, logical request and participants recognized it as such. The issue was their greater context and its incompatibility with the primary injunction. As a result of the reasonableness of the primary injunction and their perceived responsibility for their situation (and thus for the contradictory injunctions presented by their context), participants were often self-conscious when explaining why they were unable to meet requirements to obtain services. Many participants who described their double bind would thereafter express their gratitude for being offered any opportunity to receive services and make statements such as "no one should ever expect a handout."

Limitations

In our sample, which was predominately African American, we did not find racial differences in experiences of service use. Further, while our sample was 25% Hispanic, most (13 out of 20 participants) reported being white or African American, and only one interview was conducted in Spanish despite this option being available to study participants. Therefore, our results do not reflect the unique experiences of Hispanic families who become homeless. Future research should explore whether or not racial concordance between service providers and staff is associated with more or less clarity of communication or if African American and Hispanic families have the same or different difficulties with the service system.

Research context and changes to service ecology. Although we did not conduct interviews with service providers, and therefore cannot represent their perspectives, we can make the fair assumption that service providers have positive intentions and are not deliberately obscuring information or changing eligibility requirements. In general, service providers likely perceive their program requirements as clear and make an effort to clearly communicate those requirements. One exception might be service providers' understanding of CBRR program, which was funded by economic stimulus money under the Homeless Prevention and Rapid Re-Housing Act (National Alliance to End Homelessness, 2009a). Communities were required to create programs and expend funds quickly, so program requirements may have changed over time as communities gained experience with the program, and the maximum time families could receive funds may have declined as the deadline for expenditures of funds approached. Confusion related to CBRR could be attributed to a lack of communication between service providers and service recipients, but also to service providers' not knowing all of the details of this new, temporary, and sometimes evolving program.

Second, the larger randomized evaluation disrupted the ecology of service provision for participating communities in ways that may have created confusion. By participating in the larger study, communities garnered resources in the form of HC vouchers and CBRR funds designated for homeless families. In exchange, programs agreed to allocate housing resources by random assignment, which interrupted patterns of service delivery that may have previously been more continuous and clear for service providers and service users alike. For example, in one site, many services were organized vertically, within the same organization. Prior to the study, families often “graduated” from one program to the next within the same agency and had continuity in service providers. However, once this site became a participant in the larger study, families in their program could be offered placements in other programs, or families who had not previously been in their shelter program could be placed in their TH. Further, geographical preferences were established so families would be assigned to intervention closest to the shelter where they enrolled, but if there were no openings families were sometimes assigned to programs in other cities. Thus, service providers may have been less knowledgeable about programs to which families were assigned during the study period than they were before or afterwards, and families may have experienced extra confusion as a result.

Further, the larger study screened for eligibility requirements by asking participants if they would like to be considered for programs with each particular eligibility restriction (thereby allowing them to remove themselves for consideration without disclosing sensitive information such as a criminal record or substance abuse problem). However, programs did not list all their eligibility criteria and tended to omit criteria they felt were obvious (e.g., exclusion of men). Throughout the randomization process unstated eligibility criteria were identified and added to the screening process, but some participants may have been randomized to receive an offer for

which they were ineligible.¹ Although randomization disrupted normal service processes, the problem of unstated or unclear eligibility requirements likely existed prior to the larger study.

Qualitative phenomenological design. As an analysis of the phenomenological experiences of parents accessing the housing service system, this study has limitations and strengths associated with phenomenological qualitative research. These interviews describe the perspective of homeless parents, not of the service providers who endeavored to help them. Service experiences were not explicitly elicited from participants so some may have had relevant experiences they did not share because they were not asked. Interviewers were likely perceived as “outsiders” and categorized as service providers themselves because of their alignment with the larger randomized evaluation study and race and class differentials. Although interviewers informed participants that their participation would not affect the larger study and their responses would remain confidential, it is likely that participants omitted discussion of less socially acceptable strategies (as identified by Bogard, 1998) than the ones they described. Also, as in most interview studies, participants may be somehow different from those who chose not to participate and the small sample and unique experiences discussed limit the generalizability of these findings. Further, qualitative analysis using grounded theory and emergent design is invariably shaped by the values, thought processes, and beliefs of the researcher. In an effort to enhance the trustworthiness of these findings, I have attempted to be clear about my goals and methodological decisions. Glaser and Strauss (1967) advise that conclusions resulting from a

¹ Families were randomly assigned to intervention conditions (e.g., to receive an offer of Transitional Housing), not specific programs within the intervention (where placement depended on eligibility for available programs and locations). Different programs representing the Transitional Housing intervention, in particular, often had different eligibility criteria. For analysis of the larger study, all comparisons of two intervention conditions will include only families eligible for available openings in both.

credible analysis are not the only plausible ones in the data; the researcher brings unique creativity and bias to the process.

Implications for Policy, Service Provision, and Research

Most public perceptions of individuals who are poor and/or become homeless are rooted in individual deficit attributions, rather than structural attributions (Bullock, Williams, & Limbert, 2003; Cozzarelli, Wilkinson, & Tagler, 2001). Rooted in the deeply entrenched Protestant work ethic, a common belief about society's poorest is that they are lazy and unmotivated (Bullock et al., 2003; Cozzarelli et al., 2001), otherwise they would have found gainful employment and be self-sufficient. The notion that people are to blame for poverty because of their lack of motivation results in more restrictive social policies (Bullock et al., 2003; Weiner, 1995) designed to externally motivate them to find jobs and become self-sufficient. The families in this sample cannot be described as lazy or unmotivated. In contrast, they described hectic days in which they cared for their children, searched for employment, went to school, attended program meetings, completed required chores/service, and met with case managers, all while negotiating the service system by using public transportation to complete unending applications and obtain necessary paperwork, and persistently making phone calls. The hidden work of service use (described by Brodksy, 1999 and Canvin et al., 2009) is an apt description of the experiences of parents attempting to exit homelessness.

Double binds presented by service use are (intentionally or unintentionally) a form of control, coercion, and oppression (Batesman, 1956; Folger et al. 1997). John McKnight (1995) discussed the effects of conflicting demands on individuals using multiple human service programs simultaneously. Each service may have simple requirements and rewards, however the use of numerous services simultaneously creates a complex system with its own "peculiar incentives,

penalties, and rewards” (McKnight, 1995, p. 107) that alters the effects of the individual services. Each service, considered independently, has logical and reasonable requirements and purposes, but taken “in the aggregate, contradict the potential positive effects of any one program” (McKnight, p.107). To extend the doctor-patient analogy, the effects of a single medication can be countered or altered in the presence of numerous other medications. In this sample, caseworkers played the role of the physician—monitoring the effects of each service on the path and goals of the family. Communication across service programs, through a key contact such as a caseworker who then clearly communicated with service users, was critical for participants’ positive service experiences.

The CBRR program was particularly rife with double binds. The implicit theory of the program – that homelessness is due to structural causes and that families need just short-term financial assistance to “get back on their feet” – could in principle lend itself to a strengths-based approach. However the design of the Homelessness Prevention and Rapid Rehousing Program to give households just enough assistance to end homelessness, and to give that assistance only to households who will have sufficient income at the end of the program to make it on their own, created a situation where families could neither have too little income nor too much. On the ground this translated into uncertainty about benefits that could be cut off at any time, and pressures to gain employment quickly (to have enough income) even if the jobs obtained would not provide for self-sufficiency at program end. Providing greater certainty to families about how long benefits would last would allow them to maximize their own goals for housing, education, and employment within the constraints of the program.

The health care field has focused research efforts on the patient-provider interaction to enhance patient understanding and adherence to treatment. Similar research efforts may be

needed to examine interactions between social service providers and service users to assess language discrepancies, level of literacy required, level of familiarity with the service system required (i.e., “service literacy”), and level of understanding during and after interactions. This paper also suggests future research efforts should focus on service providers’ understanding of changes resulting from high level policy changes, to ensure that well-intentioned policies translate to service providers, and therefore to service users. Studies, similar to this one, should explore service providers’ perspectives of interactions between service users and their attributions for “non-compliance” to program requirements or goals.

Strategies effective in enhancing provider-patient communication should be considered in interactions between service providers and service users. For example, providers should be trained in methods of active listening to assess the patients’ broader goals and context. After giving information, providers should assess understanding by asking the service user to answer questions about the information, or to repeat the information to confirm comprehension. Finally, providers should collaborate with the service user to establish an actionable plan with next steps, free of double binds, to ensure families do not complete unnecessary tasks or pursue services that may exclude them.

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CHAPTER V

Conclusion

Homelessness among American families is a daunting and complex national problem. Social policies focused on preventing homelessness, such as the \$1.5 billion in federal funds allocated toward the Homeless Prevention and Rapid Re-Housing Program (HPRP), meet overwhelmingly complex and unanswered questions about how to efficiently and effectively aid families who become homeless and prevent families from becoming homeless (Culhane, Metraux, & Byrne, 2011). Unaffordable housing, an unstable economy, and the decreasing availability of adequate-wage jobs result in a large proportion of American families being precariously housed (Sard, 2009). A 2007 estimate suggests approximately six million American households are at risk of becoming homeless: they receive less than 50% of their area's median income and pay over half their income for housing and/or live in severely substandard housing (US Department of Housing and Urban Development, 2007). This number has likely risen to seven million given the recent rise in unemployment (Sard, 2009). In other words, over seven million families have insufficient income to afford safe housing and still pay for other basic needs. And yet most of these families will not become homeless. Families who do experience homelessness will likely be in shelters only once (Culhane, Metraux, Park, Schretzman & Valente, 2007) and stay only one or two months (HUD's Annual Homeless Assessment Report to Congress, hereafter AHAR, 2009). Still, estimates from a better economic time suggest that more than 420,000 families experience homelessness in a given year, and over 1.8 percent of all families in the United States experience at least one night homeless each year (Urban Institute, 2000). The true costs of family homelessness are incalculable; if one considers the costs of housing the homeless, in addition to

the costs of services for homeless families, the costs of relocation services, and the human costs—stress related health and mental health problems in parents and children, distractions from school work resulting in education costs for children—the mind boggles. However, the costs necessary to meet this burden with more long- or short-term housing subsidies are high (Culhane et al., 2011; Khadduri, 2008, 2010; Sard, 2009) and unlikely to be met in our political and economic climate.

Where, then, do findings about interruptions to family processes and parents' support networks have a place in the context of national concerns about the causes and costs of family homelessness? Moreover, findings presented herein do not champion any one intervention or living situation over others; shelters and transitional housing pose many interruptions to family routines and rituals; moving families to independent living situations with housing choice (HC) and Community-Based Rapid Rehousing (CBRR) subsidies diminishes the availability of support for parenting and childcare; and all services, especially CBRR, have unclear eligibility and retention requirements that leave families fearful and uncertain.

Since so many families experience brief, single instances of homelessness, the application of the Double ABCX model (McCubbin & Patterson, 1983) has particular utility and can guide the application of these findings. Families experience an instance of homelessness as a crisis, but they must mobilize existing and new resources to adapt in such a way that family functioning is not compromised as they become rehoused and continue their lives. Thus, it is critical that service provision is structured to add new resources while avoiding interruptions to families' existing resources. Participants reported the structure of services in shelters and TH programs interrupted healthy family processes and removed existing parenting resources (e.g., discipline techniques, ability to give children food), but these programs also providing additional resources

(e.g., parenting classes, formal and informal childcare assistance, other parents to relate to and model). The effects of leaving service intensive housing programs on parents' support networks indicate that separating "the homeless" from the community reduces parents' existing support resources, resulting in re-housed but less resourced families. Participants reported that success in service use felt elusive, and program requirements are confusing and poorly communicated. Their perceptions of the service system and their ability to be successful in it shape their own personal resources which, in turn, affect their family's ability to maintain or develop healthy functioning.

Obviously, if every precariously housed family could receive long-term housing subsidies, such as those offered through HC programs, without geographical restrictions, then many of the problems discussed herein would be resolved. However, such recommendations based on these findings would be irresponsible and useless. Instead, I submit that these findings corroborate those who critically describe the current treatment of homeless families and individuals as "institutionalized," and provide tempered support for Culhane and colleagues' (2011) housing stabilization model.

Institutions for the Institutionalized: The Centrality of Homeless Programs

Homeless program-based "continuums of care" separate those who are homeless from the rest of the community by creating and offering any necessary (or perceived as necessary) services in-house. The result of the current continuum-of-care approach is that shelters and transitional housing programs create an institution for poor families, in which they are segmented from society and encouraged to break their ties with the community (Barrow & Laborde, 2008; Bogard, 1998; Fullilove, 2004). Shelters and transitional housing programs have been described as "institutions of abeyance" (Mizruchi, 1983) or "total institutions" (Bogard, 1998; Stark, 1994;

Snow & Anderson, 1993) because they create self-contained communities with clear power differentials, in order to make people act a certain way and/or perform certain activities. Bogard (1998) extends Goffman's (1961) explanation of asylums as total institutions to shelters and transitional housing programs:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled...imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together in a single rational plan. (Goffman, 1961, p. 6 as cited by Bogard, 1998)

Participants' experiences, described in this dissertation, of the challenges presented to family processes in shelters and transitional housing programs' rules and schedules clearly fit this description. The stated "rational plan" of housing programs, which justified the imposition of rules and schedules, was internalized by parents who described the discrete rules as reasonable but remained uncomfortable with the experience of compounding rules and requirements, and the effects of such an experience on their children. Moreover, the power posed by an interconnected authority of program staff, dictated by a body of officials, was felt by families and affected their well-being. In shelters and transitional housing programs, this manifested as surveillance and threats of child protective service involvement or removal from the program for being "uncooperative."

However, many modern programs would make the case that they offer choice and provide services to meet the needs of individual families. They offer case management and a variety of employment-focused services to help families establish self-sufficiency. Nonetheless, these programs still participate in the institutionalization of homelessness (Culhane et al., 2011) in that they concentrate people experiencing homelessness and serve as gatekeepers for the few

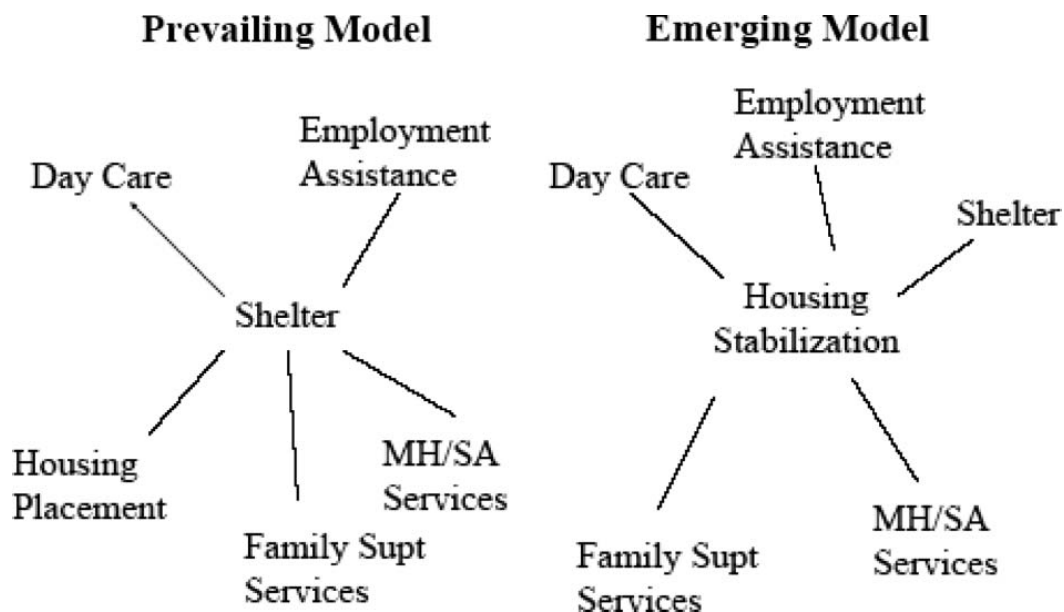
available resources for stable housing (e.g., HC vouchers, CBRR vouchers). Moreover, they can “extend people’s homeless spells through service-enriched transitional housing programs, including programs designed to sustain periods of homelessness for up to two years” (p. 301) and by evicting those who do not conform to the institutions’ goals. The result is an institutionalization of homeless individuals and families that is separate from the communities in which most parents and children live their lives.

Many participants in this sample described these institutionalization effects as well. They felt that required service use implied they were all the same, and all deficient in similar ways. They felt that inflexible requirements that they attend services and meetings, which did not facilitate or even impeded their goals of obtaining housing, gainful employment, and education, were a form of coercion to ensure they were cooperative enough to be worthy of a housing voucher. As a result, many participants felt mandatory service use did not serve their own goals, but rather those of the program. The difficulty with these findings is that there appears to be an inherent contradiction in the (presumably) thoughtful, well-intentioned behaviors of service providers and participants’ experiences of institutionalization at their hands. I argue that this is the result of the larger system in which service providers and families interact. The argument for continuums of care is that human beings are multi-faceted and have complex needs that do not conform to the silo’d professionalization of social services. However, the continuum-of-care approach to housing services removes families from communities to put them through semi-individualized “programs” of rehabilitation exclusively in the housing system. I submit that these findings provide support for Culhane et al.’s (2011) model for restructuring the housing services system, discussed below.

Support for a Paradigm Shift: The Emergent Housing Stabilization Model

Culhane et al. (2011) proposed a prevention-based model for homelessness, which shifts the nexus of housing services away from shelters and transitional housing programs and to a community-based network of services. This emergent housing stability model “turns the current housing policy framework inside out” (p.303) by taking shelters/housing programs out of the center of the model and placing them on the periphery alongside other community-based programs, as shown in Figure 1.

Figure 1. *Emerging Housing Stabilization Model (Culhane, Metraux, & Byrne, 2011)*



The emerging model has two goals for families who become homeless: (a) attaining housing stability, and (b) maintaining community ties (both formal and informal) throughout an instance of homelessness. In addition, this model has several secondary effects from a policy and service provision perspective, which would address several of the challenges discussed by participants in shelters and transitional housing programs. First, it changes the role of shelters to simply provide

shelter and food (i.e., three hots and cot) and removes the obligation to create and sustain internal, fully functioning service systems, thereby cutting and reallocating costs from the housing service system to existing, specialized systems. Mental health and substance abuse issues of those who become homeless remain the domain of the mental health/substance abuse system, which is equipped to handle those issues and provide continuity of care in the community. From an economic perspective, including families who become homeless and rehoused in the caseloads of existing service providers in community organizations is more cost efficient than creating specific services and employing specific service providers to treat the small, rotating population of individuals and families who are homeless. Even if we concluded (erroneously) that all parents who become homeless need mental health services, it is more economically efficient to treat these needs in existing mental health organizations.

Second, this model ceases to treat “homeless people” as though they were a category of people who were deficient in similar ways. Instead, this approach acknowledges that some people with mental health issues become homeless, some people with substance abuse issues become homeless, some people without jobs become homeless, and some people without daycare support become homeless; others do not. This is more representative of the literature on families who become homeless (see Rog & Buckner, 2007; Culhane et al., 2007; Shinn, 1997; Shinn et al., 1998) and of findings about family processes presented herein, but the current service system is organized to treat families as though the substance abuse/mental health/employment issue *must be* resolved to re-attain housing stability and proceed with a productive life. This not only represents a disconnect between research and service provision, but it is expensive and it stigmatizes families who become homeless, even after they become rehoused. In this sample, several participants described housing programs in which they were

free to exercise choice and activate resources they deemed useful to meet their own goals. Several recounted service providers who listened to their goals, helped them develop an action plan, and worked collaboratively with them as they reached their goals. When participants were able to choose services, and maintain continuity in those services after/outside of homeless programs they felt the most benefit and the least sense of institutionalization.

Third, this model prevents the depletion or removal of social support for families who become homeless, to the extent that services can be accessed where families live. Even when families are not in shelters or transitional housing programs, the effects of the institutionalization of homelessness are felt. In this sample, participants reported a loss of supports as they moved out of service intensive housing programs (i.e., shelters and transitional housing programs) to independent living situations (i.e., own place with or without CBRR or HC vouchers). These findings (along with those of others, c.f. Shinn & Weitzman, 1996; Toohey, Shinn, & Weitzman, 2004) indicate that becoming homeless is not necessarily marked by a lack of social support, but rather *going through the experience of being institutionalized as "homeless"* physically removes families from their networks and/or creates a sense of social isolation. In other words, it is not the malady but the remedy that creates the problem of social isolation. Restructuring the service system such that families are not institutionalized as a result of a single temporary condition would lessen the impact on social and community ties. Culhane et al.'s (2011) emergent housing stabilization approach would take advantage of existing community-based services, not housing program-based services, so that people who experience homelessness would be able to maintain their ties to services and other (housed and homeless) community members as they became homeless and re-housed.

Fourth, Culhane et al.'s (2011) model centralizes a case manager as the sole service provider offered through housing stabilization services. Case management was critical to families in this sample, and other studies have emphasized the importance of case management and housing support to maintain stability (Rog, Gilbert-Mongelli, & Lundy, 1998). In this study, case managers who were clear and consistently communicative helped families understand service requirements and select services that helped them to reach their goals. Under Culhane et al.'s (2011) model, the housing stabilization case manager would, of course, put the family in contact with existing services in their community as necessary, but housing assistance would be disentangled from use of other services. Participants' experiences of confusion and service/service provider conflation would be lessened by a single contact for housing stabilization, and single contacts for other service needs through other organizations. Culhane et al. (2011) recommends that this be implemented locally, and that each community carefully consider how to implement this model. They advise that housing stabilization case managers who are affiliated with shelters take precautions to have "a clearly defined and distinct relationship from the residential operations of the homelessness program" (p. 309). It is critical to ensure the gatekeepers of housing assistance cannot threaten families with termination of shelter assistance.

Networking and communication between service providers would be critical under the new model. Thus, service providers would not work in isolation from one another but services themselves would be extricated; requirements for housing and employment services would not be contingent on progress in substance abuse counseling or obeying rules in shelter. In short, housing stability case managers would be sources of valuable housing information, who would help families establish and/or maintain stable housing by helping them negotiate a complex and

evolving system. Their role would be to ensure families understood the housing service system and had access to relevant services, not to judge their readiness or suitability for housing services.

Finally, the adoption of Culhane et al.'s (2011) emergent housing stabilization model would extricate definitions of homelessness from shelter stays. A 2007 "point in time" count of homeless people in communities in the US identified 51,000 homeless families who were "on the streets" (e.g., living in cars, abandoned buildings, parks), and school system counts indicate many more children in school report being homeless than shelter counts report (AHAR, 2008). Many more families are doubled up, as families in shelter report living in doubled up situations before exhausting their resources, but these families are difficult to count. Participants in our study emphasized the importance of shelter residence for being considered "homeless" and able to be served by the service system. The shelter has become the ultimate gatekeeper for services, underlining the power of shelter staff and shelter policies on the lives of families. The housing stabilization model focuses on prevention efforts for families who are precariously housed, as well as those who become homeless, including those who have eviction notices and those who are doubled up in temporary living situations. By focusing on housing stabilization as the nexus of housing services, rather than shelters, services widen their net and may save money by focusing on prevention in addition to rehousing.

The Case of Community-Based Rapid Rehousing (CBRR):

Boiling Frog or Disguised Wolf?

CBRR, funded by HPRP to buffer poor families from the impact of the economic recession, is an interesting case in the context of this discussion. According to Culhane et al. (2011), targeted brief housing-focused interventions are exactly the type of secondary and tertiary

prevention efforts needed in the housing stabilization service model that I am endorsing. CBRR provides relatively inexpensive interventions that reduce the amount of time families are homeless and may help them avoid homelessness entirely. CBRR also rejects of the notion that families must be “treated” of their deficiencies to be stably housed. The implicit belief supporting CBRR is that most families who become homeless require only brief periods of financial support to weather difficult times and re-establish stable housing. To efficiently use housing resources to prevent the largest possible number of families from experiencing or sustaining an instance of homelessness, CBRR uses “check ins” every three months to insure participants are making *enough* money such that they will eventually be able to be self-sufficient, but *not enough* money to indicate they could make it on their own (i.e., “just enough but no more”).

Advocates of a housing-focused policy approach emphasize the importance of brief subsidies, especially during times of economic recession (Khadduri, 2008, 2010; Sard, 2009). Despite these apparent advances, CBRR was painted as a villain by many of this study’s participants, who felt coerced into finding employment that was not matched to their needs, and were fearful of losing housing at the perceived whim of policy makers and/or service providers. Though participants in CBRR were not in a regimented institution, the same sense of regulation by an arbitrary power manifested as the looming specter of uncertainty and the possibility of making too much or too little income to maintain the subsidy or to maintain housing once the subsidy ended. What can be made of CBRR’s apparent shortcomings? Is CBRR analogous to the boiling frog or to the wolf in sheep’s clothing?

The Case for the Boiling Frog

The proverbial boiling frog, who will float placidly in a pot of gradually warming water until he is cooked to death, presents a metaphorical lens through which CBRR can be viewed. The problem may not be CBRR itself, but rather its incompatibility with the institutionalized service environment into which it was placed. Perhaps because homeless institutions withhold assistance to get families to fulfill program goals, the requirements to receive CBRR are perceived as coercion rather service-matching. Perhaps because shelters and transitional housing programs leverage power to evict “uncooperative” residents, the check ins to assess the length of necessary assistance are perceived as threats that hang over the heads of parents who are just trying to make it and stay out of shelter. Unless there is a paradigm shift, to a housing stabilization-centric model as recommended by Culhane et al. (2011), programs providing targeted brief resources to help families manage poverty and homelessness (such as CBRR), will be incorporated into the institution (and institutions) of homelessness and will ultimately do little to change the environment. In the current service environment, programs like CBRR will either become “cooked” and unintentionally take on the characteristics of other housing programs, or will be deemed ineffective and funding will be allocated to other causes. Unfortunately, policy makers and public opinion may regard the failure of such initiatives as evidence that people who become homeless are indeed deficient and in need of long-term treatment to maintain stable housing instead of viewing this as a system-level deficiency.

The Case for the Wolf in Sheep’s Clothing

On the other hand, a case could be made that CBRR, while not representing the institutions of shelters and transitional housing programs, continues to perpetuate the institution of homelessness through abeyance measures. The notion of abeyance measures (and, by extension,

institutions of abeyance) originated with Mizruchi's (1983) discussion of social control of those on the margins of society, and was logically extended to homelessness by Hopper and Baumohl (1994, 1996). When there are too few social positions for the number of citizens seeking to claim them, society inevitably creates abeyance mechanisms to provide alternative status positions for the surplus members. These measures both control and provide for those members of society to ensure they do not disrupt the public order. Many abeyance measures eventually become institutionalized – government run organizations that group together the masses of surplus members to manage them more effectively – and are called “institutions of abeyance.”

According to Mizruchi (1983), abeyance requires both integration and surveillance, which is best done outside the mainstream market place. Nonetheless, abeyance mechanisms and institutions do serve a critical role in the market; they hold captive those who can fill low-wage positions when the economic context demands them. They also ensure that certain jobs can remain low-wage because a class of individuals is readily available who must perform them. In short, abeyance institutions minimize the impact of misfits on society to protect the social order while maintaining the low social status of these citizens.

The “just enough but not too much” eligibility requirements and regular check ins characterizing CBRR fit the descriptions of abeyance measures set forth by Mizruchi (1983) and Hopper and Baumohl (1994, 1996). Because the modern homeless are families as well as individuals, institutionalization may no longer be economically viable (as housing a family in a shelter is more expensive than housing an individual), nor palatable to the social or political conscience. Instead, CBRR presents a method for keeping families who lose housing outside of institutions while maintaining integration and surveillance, and limiting their full participation in the market. Families are kept in a position where they must remain poor enough to stay housed,

but participate in menial labor to ensure they continue to receive a subsidy. Pursuing education to obtain higher employment is not supported; staying home to care for children is not supported; and employment that is sufficient to pay for all family expenses is not supported. Surveillance methods are used to ensure families' incomes remain "adequate" without becoming adequate enough for them to become mainstream participants in the market. In short, CBRR methods are implemented such that they keep families housed and poor.

A Proposed Alternative

Advocates of housing-first policy do not intend CBRR as a form of coercion and surveillance, just as most housing program staff do not intend to institutionalize and marginalize residents. The fault in CBRR, from the perspectives of families who receive it, stems from what advocates and scholars refer to as "titrating" of resources to assist as many families as possible (Culhane et al., 2011). This appears to be a good idea gone awry. As a result of titrating, Culhane et al.'s (2011) belief that the case manager must be clearly distinct from "the residential operations of the homelessness program" (p. 309) has been violated. The service providers who conduct regular check ins with those receiving CBRR subsidies serve the same role as shelter staff who can evict residents for being uncooperative. Instead, I recommend that families and case managers (in a housing-stabilization focused system, discussed above) complete an assessment of needs, strengths, and goals (including economic situation and resources), which is then used to match families with appropriate services. If they are likely to benefit from CBRR, a length of subsidy should be established a priori. The length of subsidy would be an educated guess and therefore sufficient for some families, but not for others. Thus, as suggested by Culhane et al. (2011), families should also receive a set amount in a flex fund, which can be used to assist with rent as needed up to two years after the subsidy ends. Case managers would contact

families who quickly use their flex fund. Together, families and case managers can determine if further housing assistance is/will be necessary to prevent an instance of homelessness, or if other needs are arising that can be met by different community-based services. If a family is depleting their flex fund, a) valuable information about assessment can be gleaned and used to determine the length of future subsidies, without this family experiencing the fall off of support and subsequent return to shelter, and b) a case manager can assess their expenditures and connect them with support services for assistance with childcare expenses, medical bills, and education expenses, so the family can devote their income to rent and other basic needs.

Remarkably, this plan may be more economically efficient than current CBRR plan as it removes the expense of check ins without giving all families more assistance. It also obtains information to improve targeting while not abandoning a family because they needed longer-than-predicted assistance. This solution is also in alignment with Culhane et al.'s (2011) "progressive engagement approach" (p. 305) in which families who are not sufficiently assisted by the first level of services receive the second level and so on. Most notably, families will not be regularly surveilled but will only be contacted in the event that their flex fund approaches depletion, when they are likely in need of intervention to avoid an instance of homelessness. Finally, this approach removes the paralyzing uncertainty expressed by many participants, and removes any restrictions on income that keep families "poor enough" to be eligible for assistance.

Conclusion and Implications for Research

The primary goal of this dissertation was to see what can be learned from analyses that start with the assumption that families who become homeless can have healthy family processes, which can be supported or disrupted through service use as they experience housing instability,

homelessness, and re-housing. Similarly, what can be learned from analyses that start with the assumption that parents demonstrate agency when faced with overwhelming adversity, and activate skills and resources to negotiate the service system and protect their children? The conclusions of each independent phase of analysis have been documented in each chapter, but the overall finding is that parents and families are not just coping, as some researchers suggest, but rather using shelters, streets, and other disadvantaged contexts as “opportunities for effective action” (Bogard, 1998; p. 229). This is more evident in this study, which asked families about their paths from shelter to their current context, than in studies that merely examine “women in shelter” or “families who are homeless.” As a result of examining where participants have been in relation to where they are and where they are going, a picture of movement, rather than stagnation, appeared.

In addition, an ecology of service use became evident, in which challenges presented by housing programs are not incidental or due to the individuals, but rather indicative of a larger institutionalization of homelessness that is propagated by the current structure of services. Patterns of attitudes that have been institutionalized via policy and program requirements, across programs and states, emerged, which may not have been evident in studies of single housing programs or single types of interventions.

Each of these analytic approaches has its own set of limitations, and the entire study was affected by disruptions to service provision presented by the larger randomized evaluations. Nonetheless, these findings taken collectively paint a portrait of service *system* use from the perspective of parents that has previously been missing from the literature. Several unique recommendations can be made for research on housing service provision. For example, the implementation of new housing interventions should be observed critically from beginning to

end from perspectives of both service providers and service users to identify and cope with iatrogenic effects. Second, communication deficits across service providers and with service users are of serious concern and need to be addressed. Research efforts should focus on observing interactions among service providers and between service providers and service users to illuminate assumptions made by all parties and identify problematic language. Service providers need a more efficient method of communicating the assumptions and requirements of their programs, not only to potential service users, but to one another, to researchers, and to policy makers. Further, research on communication between service providers and service users should compare collaborative and non-collaborative exchanges and environments, and assess whether or not individually tailored shelter rules and schedules result in chaos (as feared by most) or harmony. The effects of threats of expulsion and reports to child protective services made by program staff on both children and parents should be examined as well. Research efforts should be devoted to understanding the role of case managers, deciphering which specific activities are advantageous to families, and assessing the relative costs of case management compared to service intensive programs. Finally, adoption of the pre-determined length of subsidy plus flex fund option, presented here, would present numerous roles for research, such as the development of empirical models with key variables to determine necessary lengths of subsidy, and on-going model adjustments based on flex fund use.

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APPENDIX A
SOCIAL SUPPORT ANALYSES AND RESULTS EXCLUDED FROM MANUSCRIPT

Research question: Which parenting network characteristics are most predictive of perceived support?

Methods

Measures

Total level of support. To create a measure to capture the size and quality of each participants' support network, we multiplied the availability of the tie by the type of tie (1=solely problematic, 2=mixed, 3=solely positive) and then created a summed scale to indicate the total level of support for each participant.

We used three measures of perceived support from open- and closed-ended questions:

Enough Support. Participants indicated perceived support on a 5-point scale (1=strongly disagree to 5=strongly agree) based on their level of agreement with the statement "Right now, I have enough help and supports to take good care of my children."

Isolated. Parents were asked if being isolated from other parents was a challenge for them. We coded their answer to this question (0=no, 1=yes) and considered statements of feeling isolated or lonely elsewhere in the interview as indications that isolation was a problem.

More Support. We asked participants if their support for parenting had decreased, stayed the same, or increased in their current living situation as compared to their previous living situation. For analyses, we dichotomized participant responses to this question to examine the likelihood that participants would indicate they had more support in their current living situations (0=less or the same, 1=more).

Analyses

We conducted a series of simple and multiple regressions to examine the effects of demographics and network characteristics on perceived support. Finally, drawing on results from exploratory regressions, we ran a multiple regression model for each perceived support outcome, including all demographic and network characteristic variables significant at $p < .10$ in previous analyses.

Results

Table 3 shows bivariate and multiple regression results for each of the three perceived support outcomes. Multiple regression models show the effect of each variable, controlling for the effects of others in the model. Variables significant at $p < .10$ in Table 3 were included in final models for each perceived support outcome, shown in Table 4. Total number of ties was omitted from final models due to high collinearity with number of positive ties and total level of support. To correct for information lost by omitting total number of ties, we included number of problematic ties in models predicting enough support and more support.

Participants' level of agreement (on 5-point scale) that they had enough support was associated with the more family members, service providers, and positive ties in their support network. Being white was associated with less perceived support. Post-hoc analyses indicated that controlling for the presence of positive supports reduced the associations between family and service providers in the network with perceived support below significance. In other words, family members and service providers are associated with more perceived support if they are positive ties, but not if they are problematic or mixed ties.

Being white was the only predictor of perceived isolation. Post-hoc analyses revealed that 66% of white participants indicated isolation was a problem, compared to only 15% of African

American participants, 0% of Native American, and 30% of participants indicating another race. No other demographic characteristics or network characteristics predicted indications that isolation was a problem.

In contrast, no demographic characteristics predicted more support in current living situation. The number of friends and number of family members in social networks were associated with an increase in the odds that participants would indicate they have more support in their current living situation. The number of positive and mixed ties were associated with a significant increase in the odds participants would indicate more support.

Table 3. Predicting Perceived Support with Demographic and Network Characteristics

				Outcomes: Perceived Support								
				Enough Support ^a			Isolated ^b			More Support ^b		
Predictors: Demographics				<i>Coef.</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>
<i>Model 1</i>	Age			.021	.016	1.35	1.004	.035	.12	.994	.031	-.20
	White			-.637*	.306	-2.08	8.463**	5.265	3.43	.518	.329	-1.04
	Hispanic			.132	.316	.42	1.917	1.296	.96	1.690	1.038	.86
	High School Degree			.062	.273	.23	1.580	.974	.74	1.412	.722	.67
	Married/Partnered			-.244	.357	-.68	.883	.699	-.16	1.711	1.104	.83
Predictors: Network Characteristics				<i>Coef.</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>
<i>Model 2</i>	Relationship Type											
	# Family Members			.125 [†]	.076	1.65	.792	.124	-1.49	1.338 [†]	.220	1.77
	# Friends/Neighbors			.050	.081	.62	.996	.155	-.03	1.382 [†]	.253	1.77
<i>Model 3</i>	Type of Ties											
	# Positive			.158**	.051	3.11	.934	.095	-.67	1.432**	.180	2.85
	# Problematic			-.058	.122	-.47	.758	.197	-1.07	.971	.292	-.10
<i>Bivariate Regressions</i>	# Mixed			.076	.153	.50	1.11	.333	.34	2.003 [†]	.721	1.93
	Number of Ties			.133**	.048	2.78	.921	.087	-.87	1.374**	.164	2.66
	Availability of Ties (nested)			.000	.002	.02	1.057	.543	.11	.999	.351	.00
	# Childcare Options			.019	.109	.18	.818	.185	-.89	.818	.185	-.89
Total Level of Support							.990	.007	-1.35	1.024**	.009	2.283

[†] $p < .10$, * $p < .05$, ** $p < .01$

Note. ^a Linear regression or Random-effects Maximum Likelihood regression for nested data; ^b Logistic regression or Random-effects Logistic regression for nested data. Independent Living and Doubled Up compared to Service Intensive Living as a referent.

Table 4. *Final Models predicting Perceived Support*

Predictors	Outcomes: Perceived Support								
	Enough Support ^a			Isolated ^b			More Support ^b		
	<i>Coef.</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>	<i>OR</i>	<i>SE</i>	<i>t</i>
White	-.441	.286	-1.54	9.608**	5.671	3.83			
Relationship Type									
# Family Members	.044	.084	.53				.894	.226	-.45
# Friends/Neighbors							.912	.254	-.33
# Service Providers	.131	.130	1.00						
Number of Ties		<i>omitted</i>					<i>omitted</i>		
Type of Ties									
# Positive	.097	.088	1.10				1.313	.290	1.23
# Problematic	-.133	1.37	-.97						
# Mixed							2.137 [†]	.861	1.88
Total Level of Support	.001	.005	.17				1.017	.011	1.57
Average RVI		.041			.074			.171	
Largest FMI		.060			.082			.254	
F (df)		2.85* (5, 71.8)			14.70** (1, 2906.9)			2.26* (5, 3933.5)	

[†] $p < .10$, * $p < .05$, ** $p < .01$

Note. ^a Linear regression; ^b Logistic regression.

RVI = relative variance increase: how much variability of the parameter estimate is increased because of missing data;

FMI = fraction missing information: how much information about the parameter estimate is lost because of missing data

Discussion

One of our primary goals was to understand which aspects of social support networks predicted perceived support. We found race and quality of tie (i.e., positive or problematic) to predict perceived support more than size of social support network or type of relationship (e.g., family or friends). It remains unclear whether non-white participants were less likely to experience isolation or less likely to identify their experience as isolating (or admit to feeling isolated).