

# **Mothering While Homeless:**

**A Qualitative Analysis of Access to Child Services by  
Young Mothers in Hennepin County, MN**

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## Table of Contents

<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	5
<b>Program Description</b> .....	6
<i>Emergency Shelter Services</i> .....	6
<i>How Families Enter Shelter</i> .....	6
<i>Services for Young Children</i> .....	7
<b>Literature Review</b> .....	11
<i>Family Homelessness</i> .....	12
<i>Unique Challenges Facing Homeless Families</i> .....	12
<i>Child Development and Homelessness</i> .....	14
<i>Accessing Services</i> .....	15
<i>Listening to Homeless Mothers' Stories</i> .....	16
<b>Methodology</b> .....	18
<i>Target Population</i> .....	18
<i>Sample Process</i> .....	19
<i>Interview Design</i> .....	19
<i>Limitations</i> .....	20
<b>Analysis</b> .....	21
<i>Family Life</i> .....	21
<i>Child Development</i> .....	29
<i>Childcare</i> .....	33
<i>Medical Services</i> .....	35
<i>Cross Cutting Themes</i> .....	38
<b>Recommendations</b> .....	38
<b>References</b> .....	43
<b>Appendices</b> .....	47

## Executive Summary

This report presents the findings of a study of homeless mothers between ages 18 to 24 with at least one child ages 0 to 5 in Hennepin County, Minnesota. The purpose of the study is to capture the experiences of homeless mothers when accessing child services to better connect homeless families to services. Researchers conducted qualitative interviews with fourteen mothers in three Minneapolis shelters to identify (1) existing child services, (2) which services mothers are aware of, (3) factors that facilitate access to services, (4) barriers to utilizing services, and (5) services that do not currently exist that mothers would like to have.

Researchers identified several overarching themes: First, although County and shelter employees distribute significant amounts of information, often young mothers do not internalize it. Second, many mothers have persistent distrust of shelter staff and other parents in shelter, which inhibits the dissemination of information. Finally, mothers are overwhelmed by the number of responsibilities and tasks they must perform each day, causing them to address some priorities but neglect others.

This report outlines twelve specific findings:

### Family Life

- Living in a shelter makes parenting more difficult
- Living in a shelter tends to bring families closer together
- Shelter residents suggest having more shelter-sponsored activities for young children and family-building activities
- Some mothers feel judged by parenting classes and others find them useful

### Child Development

- Mothers take actions to improve their children's development, but most lack knowledge of comparative developmental milestones
- Young mothers rely on a variety of sources of child development information
- Most mothers use PICA or an early childhood development center

### Childcare

- Most mothers use PICA or early childhood development centers for childcare
- Although finding childcare while in shelter was easy, many mothers are concerned about finding childcare after leaving shelter

### Medical Services

- Mothers are unaware of child trauma services
- Mothers are connected to medical insurance and services, but discrepancies persist
- The quality and capacity of in-shelter medical services could be improved

In light of these findings, the report suggests the following recommendations:

- Adopt a new parenting class marketing strategy
- Sponsor or promote additional activities for young children

- Conduct additional research on parent and child behavior monitoring in shelters
- Assist mothers to make connections between early childhood education and healthy child development
- Encourage mothers to continue to use early childhood programs after leaving shelter
- Provide afternoon childcare options for young children
- Facilitate access to 24-hour daycare outside of shelters so mothers can work non-traditional hours
- Establish a strategy and benchmarks for increasing awareness of child health needs
- Increase one-on-one counseling for families
- Increase awareness of trauma-related services

## **Introduction**

In 2006, Hennepin County and the City of Minneapolis implemented Heading Home Hennepin, a plan to end homelessness in Hennepin County that emphasizes prevention, housing first and improved service delivery. Heading Home Hennepin is now in the sixth year of its ten-year plan. Although much progress has been made, there is still work to do.

Moving forward, Hennepin County's Office to End Homelessness (OEH) continues to utilize the expertise of the Family Services Network (FSN) to identify and prioritize central issues affecting homeless families. FSN consists of representatives from family shelters and homeless service agencies located in Hennepin County. The group was formed to help Heading Home Hennepin design and implement the systems necessary to end homelessness. FSN meets regularly to address the spectrum of challenges that families face when they are homeless, from streamlining shelter services to improving employment services to researching best homeless childcare practices (Hennepin County, 2009a; 2011).

OEH and FSN have identified a gap in knowledge regarding access to child services by young mothers experiencing homelessness. Specifically, they have identified young mothers ages 18 to 24 as a group that may need additional service support to meet the physical, mental, and social needs of their young children. The following study was developed to address the identified gaps. The primary study goals are to:

- Identify existing services available to children between ages 0 to 5 in shelter.
- Identify the child services of which the homeless mothers are aware.
- Identify factors that facilitate access by homeless mothers to child services.
- Identify the barriers to utilizing child services while in shelter.
- Identify child services that do not currently exist that may be beneficial to families.

## **Program Description**

The following description is based on informational interviews with key staff at each shelter and information from Hennepin County's website. The purpose of the program description is to build a shared understanding of existing child-related programs and resources for young mothers.

### *Emergency Shelter Services*

In Hennepin County, there are three main homeless shelters for families seeking emergency shelter: People Serving People (PSP), St. Anne's Place, and Mary's Place. PSP and St. Anne's have contracts with Hennepin County to provide shelter to homeless families. Mary's Place is a community-based, privately funded shelter located near downtown Minneapolis. PSP is located in downtown Minneapolis and has 99 emergency shelter rooms and ten two-bedroom supportive apartments. Approximately 30 percent of families at PSP are single mothers who have children ages 5 and under. Located in north Minneapolis, St. Anne's has 16 emergency shelter rooms (Ascension Place, n.d.) and mothers with children ages 5 and under comprise 60 percent of the residents. Mary's Place has 92 fully furnished apartments, 60 for large families (5-10 people each) and 32 for small families (3-5 people each). Mary's Place can accommodate approximately 500 people at a time (Sharing and Caring Hands, 2006a). Compared to the other shelters, Mary's Place usually has fewer resident single mothers with young children, partly due to the size of their rooms and partly because Mary's Place prioritizes housing large families and families with employed adults. In 2009, the average length of stay at a county-funded shelter was 38.3 days and the average stay at Mary's Place was 61 days (Hennepin County, 2011).

### *How Families Enter Shelter*

In order to stay at PSP or St. Anne's, families must first obtain a shelter voucher at Century Plaza. Located in downtown Minneapolis, Century Plaza is the central intake location that families must visit to access a variety of services provided by Hennepin County Human Services and Public Health Department. At Century Plaza, the Eligibility Supports and Family Assistance Division provides the following services for families meeting income and asset limits in Hennepin County: health care, cash assistance (e.g. Diversionary Work Program, Minnesota Family Investment Program), food support, work support, emergency assistance and referrals, and emergency shelter. To request emergency shelter, families must go to Century Plaza during

weekday business hours. During weekdays evenings and weekends, families can call “211” to receive an after-hours referral (Hennepin County, n.d.a).

When a family arrives at Century Plaza to request shelter, a county worker also helps the family to apply for medical assistance, cash assistance, and any other services for which they are eligible but do not already receive. If a family has accumulated cash or other assets, they may be required to spend or dispose of some assets to be eligible for county emergency shelter. If a family receives a voucher for a county-contracted shelter, their cash assistance is frozen and redirected to the shelter to pay for their stay. Additionally, if a family is employed and does not receive county cash assistance, they must pay the county for their shelter stay.

The county employee will also provide an eligible family with bus tokens to travel to the assigned county shelter. If St. Anne’s and PSP are full, families are assigned to The Drake Hotel, an overflow emergency shelter in downtown Minneapolis. The Drake Hotel is a short-term facility and does not offer supportive services to families. A family that receives a voucher must routinely visit Century Plaza to obtain a renewal voucher to continue their shelter stay. The frequency of renewal varies by each family’s individual case plan as determined by the county. In some instances, case plans require families to renew their vouchers daily.

Sharing and Caring Hands, known as Mary’s Place, has a more streamlined entry process. Mary’s Place takes pride in serving families that county policies may not accommodate as easily. They have two main priorities when filling their shelter space. The first is to serve currently employed families. Mary’s Place does not charge residents for their rooms because the shelter believes that working individuals are more likely to afford more permanent shelter if they can save their money. The second priority is to serve families arriving from other counties. This has become a priority for Mary’s Place because Hennepin County often places new arrivals on a shelter waiting list after county residents. Mary’s Place also has more flexibility in choosing which populations it serves; therefore immigrants are more likely to stay at Mary’s Place.

### *Services for Young Children*

PSP, St. Anne’s, and Mary’s Place have partnerships with Parents In Community Action, Inc. (PICA). PICA is a private, non-profit organization that operates Early Head Start and Head Start programs in Hennepin County. Project Secure is PICA’s program that provides Early Head Start

Services to families in shelter. PICA sends buses to each shelter to pick up children ages 6 weeks to 5 years old, every weekday for approximately 6 hours each day (Parents In Community Action, Inc., n.d.a). The Early Head Start program provides comprehensive and intensive services to promote and enhance the development of young children through age 3. The Head Start program focuses on low-income preschool age children (ages 3-5) to prepare them to enter kindergarten (Parents In Community Action, Inc., n.d.b). Shelter advocates inform eligible families about PICA and, if the families are interested, they can enroll at the shelter. The enrollment process is fairly quick and usually allows children to begin within two days. The partnership between shelters and PICA allows families to send their children to Early Head Start or Head Start cost-free while they are staying at any of the three shelters. If families need childcare beyond the hours provided, or if families would like their children to attend a PICA location after they leave the shelter, they may apply for childcare assistance through Hennepin County to pay for the service (Hennepin County, n.d.b).

Additionally, all three shelters have partnerships with Minneapolis Public Schools to complete free, on-site early childhood screenings. These screenings can help parents identify health or developmental concerns, connect them with early childhood programs and services, answer parenting questions, and assist to prepare children for school (Minneapolis Public Schools, n.d). Representatives of Minneapolis Public Schools visit each shelter every couple of months and complete free early childhood screenings. Before their visits, they contact families with children ages 3 to 5 to determine whether their children have been screened and, if not, they offer families free screenings at the shelter.

Each shelter also provides additional resources on a case-by-case basis, depending on assessments by shelter advocates. For example, advocates provide referrals to emergency short-term childcare, Women, Infants, and Children (WIC), counseling, parenting support, and resources for obtaining clothing or age-appropriate toys and books. Shelter advocates are able to tailor the information provided to a family based upon their needs, but this process can also create inconsistency in the information and resources provided to each family.

### **People Serving People**

In addition to their partnership with PICA, PSP has an on-site Early Childhood Development Center (ECDC). The center serves approximately 50 percent of the families staying at PSP. It is a



licensed early learning childcare center for infants, toddlers, and preschoolers staying at the shelter. The ECDC aims to provide homeless families with access to free, on-site early childhood programming for young children (ages 6 weeks to 5 years). The ECDC has four licensed early-childhood classrooms for different age groups and each classroom uses a curriculum focused on supporting specific areas of age-appropriate development that may be affected by homelessness (People Serving People, n.d.b). Advocates inform incoming families about the ECDC when they arrive. In order to enroll their child, families must provide the ECDC with a copy of their most recent “well-child checkup” from a doctor within 30 days of application. If the ECDC is full, families can sign up to send their children to PICA. Additionally, PSP has a shelter library. Advocates encourage families to take adult or children’s books from the library and keep them.

In partnership with the Crisis Nursery and Minneapolis Early Childhood Family Education (ECFE), PSP offers a weekly class called Creative Play in Tight Situations. Facilitated by staff from both agencies, the class begins with family song and game time. Afterward, the Crisis Nursery’s staff facilitates an adult class on topics such as anger management, discipline, and positive parenting. Meanwhile, the ECFE provides art supplies and coordinates children’s activities. Advocates from the Crisis Nursery also visit the shelter once a week to provide families with information about services provided by the Crisis Nursery, including a 24-hour crisis helpline, crisis counseling, overnight residential childcare, the fourth-day home visiting program, pediatric assessment and medical management, and a parent-support group (Greater Minneapolis Crisis Nursery, n.d.).

Funded by Hennepin County, PSP also has a free, on-site medical clinic with pharmacy and lab. The clinic provides prenatal services, well-child checkups, immunizations, and other non-emergency medical services. If children need their well-child checkup to qualify for the ECDC, they can obtain it at the clinic.

### **St. Anne’s Place**

As mentioned, St. Anne’s partners with PICA to send children to Early Head Start and Head Start. Unlike PSP, St. Anne’s does not have the space or capacity to operate an on-site, licensed early learning center. However, St. Anne’s does provide childcare for families when parents attend the adult shelter groups. Women also are able to arrange for other women in the shelter to watch their children for up to 3 hours, with staff approval. Additionally, if families have

childcare needs that cannot be addressed by using PICA or shelter services, shelter advocates will help families apply for childcare assistance and find outside childcare providers.

St. Anne's also has a partnership with Minneapolis Early Childhood Family Education (ECFE) to provide a weekly parenting support group for shelter residents. ECFE provides parents with a structured time to discuss parenting issues. During group time, children participate in separate activities. At the end, the parents and children reunite to work on a structured activity.

Additionally, St. Anne's facilitates a weekly family reading program that encourages parents to read to their children and children to read to parents. This group is open to all ages.

St. Anne's does not have an on-site medical clinic. However, one of their program goals is to help clients identify a regular pediatrician and decrease emergency room use. In the short term, the shelter helps to reduce emergency room use by referring families to local clinics and helping families with transportation to appointments. Additionally, if families are waiting for medical assistance approval and cannot afford medical care, they are referred to the clinic at PSP or to the free medical clinic at Mary's Place. In the long term, St. Anne's aims to help families find a primary care clinic or doctor, especially for their children.

Additionally, St. Anne's coordinates family field trips and activities. Many activities focus on fitness, music appreciation, and art. They include summer programs, bi-weekly trips to the YMCA, theater, and other recreational and educational events. Not all family activities are appropriate for children ages 0 to 5. However, some of the activities, such as trips to the YMCA, accommodate young children. Also, each week Free Arts Minnesota sends volunteers to the shelter to facilitate an hour of creative art activities for children ages 3 and older.

St. Anne's also has a Young Family Aftercare Program (YFAP). The YFAP is available to young parents (up to age 21) who are homeless or are at risk of homelessness. The program provides intensive support to help prevent these young families from returning to shelter (Ascension Place, n.d.). Young parents at St. Anne's are eligible to participate in this program after they leave the shelter. They can also attend YFAP support groups while they are in shelter. St. Anne's provides transportation for attendance.

## **Sharing and Caring Hands—‘Mary’s Place’**

Many families staying at Mary’s Place arrive with existing childcare. Often, this is because many residents are employed and have already arranged childcare prior to coming to shelter. For families that do not have childcare, shelter advocates help them enroll in PICA or childcare assistance.

Mary’s Place also has an on-site free medical and dental clinic. Some residents are not eligible for county health insurance but are able to access medical and dental care at this clinic. Additionally, because families do not have to go to Century Plaza to stay at Mary’s Place, shelter advocates will connect these families to a Hennepin County financial worker at Century Plaza for help applying for medical assistance.

Mary’s Place also provides tutoring, mentoring, and enrichment activities for children. Most activities are targeted to school-aged children. These services are facilitated or organized by the children and family advocates. The shelter also has a Children’s Activity Center for children ages 4 to 8 years old that is open weekday afternoons from 1:30 to 5:30 p.m. The center is a supervised facility with toys, play structures, and creative play areas that provide children with a place to play with other children their age (Sharing and Caring Hands, 2006b).

## **Literature Review**

During the design stage of this study, researchers examined prior studies on access to services by homeless mothers. The purpose of the literature review was to better understand the issues facing homeless mothers, in general, and their children, in particular. The literature review also guided the research team in developing questions for mothers in Hennepin County. Current literature suggests that more information is needed on mothers’ barriers to accessing child services. However, the following studies provide valuable points of comparison for the findings in this study.

### *Family Homelessness*

Although single adults comprise the majority of homeless persons in the United States, family homelessness is significant and growing (HUD, 2010). Among the estimated 1.59 million homeless persons in shelter, approximately one-third are individuals in families (35 percent) (HUD, 2010). Between 2009 and 2010, 168,227 families (representing 567,334 homeless persons) stayed in emergency shelters or transitional housing (HUD, 2010). In Minnesota in 2009, a statewide, one-night count found approximately 13,100 homeless persons in families (Wilder, 2010). Children staying with parents made up 34 percent of the total homeless population and nearly one-half (47 percent) of those children were ages 5 and younger (Wilder, 2010).

Often, homeless families resemble other low-income families more than homeless single adults. For example, homeless families experience lower rates of substance abuse and mental health difficulties than homeless individuals (Cunningham, 2009; Culhane et al., 2007). Like other low-income families, the majority of families in shelters are headed by single mothers (HUD, 2010). They are also more likely than single homeless adults to be racial minorities, and they experience higher rates of housing mobility (Cunningham, 2009; Shinn et al., 2005). Nonetheless, homeless families differ from non-homeless, low-income families in significant ways. For example, less than one-quarter (23.9 percent) of families in shelter are large families (five or more people), compared with 40 percent of non-homeless families with incomes below the federal poverty line. By contrast, the average homeless family consists of a mother and two young children (HUD, 2010). However, it is noteworthy that homeless families often have additional children who live with relatives or friends or who have out-of-family placements in the child welfare system (HUD, 2010).

### *Unique Challenges Facing Homeless Families*

Homeless mothers are quintessentially stressed women (Bassuk et al., 2010). Many have experienced chronic stress related to extreme poverty, violence, and other trauma (Bassuk et al., 2010). Over 92 percent have experienced severe physical and/or sexual abuse during their lifetimes (Browne & Bassuk, 1997; Bassuk & Weinreb, 1996). Almost two-thirds report that an intimate partner perpetrated the abuse (Browne & Bassuk, 1997; Bassuk & Weinreb, 1996).

Homeless mothers also experience three times the rate of Post-Traumatic Stress Disorder (PTSD) (36 percent) and twice the rate of drug and alcohol dependence of non-homeless mothers (Bassuk & Weinreb, 1996). Moreover, approximately 50 percent have experienced major depression since becoming homeless (Weinreb et al., 2006). Homeless mothers also suffer higher rates of physical illness than non-homeless mothers, including asthma, anemia, ulcers, and dental problems (Rog & Buckner, 2007).

Similarly, homeless children experience trauma at higher rates than non-homeless children do. By age twelve, 83 percent of homeless children have experienced at least one violent event, and almost one-fourth have witnessed violence within their families (Buckner et al., 2004; Bassuk et al., 1997; Bassuk & Weinreb, 1996). Children who have witnessed violent events are more likely to exhibit aggressive and antisocial behaviors, fearfulness, depression and anxiety, and are more likely to view violence as an appropriate means of resolving conflict (Osofsky, 2006).

Additionally, homeless children exhibit higher rates of physical, academic, and developmental difficulties than their non-homeless peers (Buckner et al., 2004; Bassuk et al., 1997; Bassuk & Weinreb, 1996).

Homelessness can also significantly affect parenting. For example, hunger, threats to physical safety, lack of social support, and the unavailability of adequate shelter can compromise a mother's capacity to provide for her child's needs (Bassuk, 1993). David et al. (2012) find that the conditions of homelessness can also undermine a mother's ability to parent their children at different developmental stages. For example, some mothers avoid emotional connection with infants as a coping mechanism because such connection stirs recollections of their own painful experiences with early caregivers or heightens feelings of parental inadequacy (David et al., 2012). Thus, emotionally overwhelmed mothers may focus on the physical needs of their infants but be less responsive to emotional needs (David et al., 2012). For toddlers, a parent's primary parental task is to provide toddlers with a safe space in which to explore new capacities and desires and to learn self-regulation. However, in poorly maintained or crowded physical environments, mothers are less able to allow their children to safely explore their environment through physical contact with objects (David et al., 2012). Moreover, toddlers require significant emotional give-and-take, which is exceptionally challenging for homeless mothers faced with numerous, immediate demands, and negotiating with toddlers often takes place in public view,

which heightens a homeless mother's self-consciousness and embarrassment (Hausman & Hammen, 1993; David et al., 2012).

### *Child Development and Homelessness*

Burgeoning research suggests that there are significant direct and indirect effects of homelessness on child development. For example, children with high socioeconomic risk and lower parenting quality tend to be more vulnerable to academic problems. Obradovic et al. (2009) have documented weaker academic trajectories among homeless and highly mobile elementary school students. However, the data also reveal a high degree of variability in academic achievement and academic resilience among students (Obradovic et al., 2009). Researchers have also identified a relationship between socioeconomic resource-related risks and negative lifetime events and the presence of higher levels of cortisol in children ages four to seven, which suggests that homelessness can negatively affect a child's cognition and mental health (Cutuli et al., 2009).

### *Ending Family Homelessness*

Research suggests that the primary cause of family homelessness is the lack of affordable housing, which is largely driven by the growing gap between housing costs and income (Cunningham, 2009; Shinn et al., 2005). Studies also suggest that while homelessness is temporary for many families, ending family homelessness for some families requires more than providing shelter. Due to the unique stressors facing homeless families, ending family homelessness is contingent upon connecting families with a spectrum of appropriate services to ensure long-term housing stability. Ellen Bassuk, Katherine Volk, and Jeffrey Olivet, for example, propose a three-tier framework for understanding homeless family service needs (Bassuk et al., 2010). Tier 1 includes short-term basic needs like affordable housing, childcare, transportation, and health care. Next, Tier 2 includes ongoing supports such as education, job opportunities, and trauma and mental health services. Finally, Tier 3 consists of lifelong supports related to chronic physical, mental health, and substance use challenges facing homeless families. Bassuk et al. contend that family service needs can be viewed as a bell curve, with approximately 10 percent of families needing only basic services (Tier 1), 80 percent of families needing a varying degree of services during their families' lifetimes (Tiers 1-3) and 10 percent needing significant, concurrent layers of services (Tiers 1, 2 & 3). Categories of child-specific homeless

services include childcare, child medical services, and child development (*e.g.* early childhood education and parenting classes).

### *Accessing Services*

Too many homeless families with children lack the services they need. In 2010, HUD reviewed a study by the U.S. Department of Health and Human Services that documented service participation rates for 1,110 homeless female-headed families in seven shelter sites across the country. While the study does not focus on Minnesota, the results are informative regarding the extent to which homeless families nationally access services. Among families with at least one child under the age of five, only 15 percent were receiving a childcare subsidy. Only 35 percent of these families were receiving supplemental food from the Women, Infants, and Children program (WIC). Approximately 16 percent lacked any type of health care insurance. Moreover, 10 percent of children lacked health care insurance. Dental care was also limited: only 37 percent of mothers and 40 percent of children had a dental exam in the past twelve months. Furthermore, 23 percent of mothers reported an unmet need for transportation services and 12 percent reported a need for childcare services, parenting services, and children's mental health services. Regarding education, 7.5 percent of the women reported an unmet need for a school counselor for their child, and 5 percent reported a need for special education services. Overall, this extensive study identified significant gaps in the provision of services for homeless families.

Federal mandates exist to ensure that homeless families with children receive critical services, but legislation alone is not enough. For example, the McKinney-Vento Act of 1987 was intended to give homeless children the same access to quality public education as non-homeless children by identifying and addressing some of the most common homelessness-related educational impediments. However, in a 2000 Congressional report, school officials admitted that an insufficient awareness of the needs of homeless students and families was a central reason that schools have not satisfied the requirements of the Act. Additional studies reveal that school liaisons were not fully aware of the provisions of the Act (Hernandez Jozefowicz-Simbeni & Israel, 2006).

Homeless mothers also lack an understanding of their rights to services and the availability of services, which inhibits access to benefits. Miller (2011) conducted an investigation that included focus group interviews with 51 homeless mothers and 151 surveys of homeless mothers in an

urban area of the eastern United States. His surveys found that only 20 percent of mothers were aware of their children's rights under the McKinney-Vento Act. Both mothers and staff reported that information flow was a problem, with 64 percent of mothers claiming that their lack of knowledge was preventing them from entering their children into community programming, and many suggesting that service providers were not adequately sharing program information. At the same time, mothers also felt overwhelmed by the large amounts of information that often came in the form of brochures and pamphlets, and they had difficulty learning the complex interconnected service system. The inefficient dissemination of information becomes more problematic in light of Miller's additional findings. Many women struggled to connect their children to resources because they were exhausted by the many burdens piled on them and the need to prioritize various daily tasks. The women were further deterred from accessing productive resources because of the unsupportive or abusive personal relationships in their lives and because programs were either geographically or logistically out of reach.

### *Listening to Homeless Mothers' Stories*

Qualitative researchers have identified an intricate set of factors that influence homeless mothers' access to services. These interviews expose the complex challenges mothers face when trying to meet their children's needs while living in the shelter system.

Meadows-Oliver (2009) interviewed eight homeless teenage mothers at a shelter in the northeastern United States, asking questions to illuminate the experience of being an adolescent and caring for a child while living in a shelter. From these interviews, Meadows-Oliver found that the young mothers experienced particularly tough and turbulent times in shelter: their children were acting out more, and the mothers avoided the shelter during free time as a coping mechanism. The study concluded that the changes in child behavior added significantly to the mothers' stress and their avoidance response was an unproductive strategy. Meadows-Oliver recommended that service providers be aware of the specific support needs of young mothers at different times throughout their shelter stay, and encouraged the relevant service providers to help mothers to retain and enhance their relationships to their support networks.

Swick and Williams (2010) interviewed four single homeless mothers with at least one child ages 0 to 5, living in southeastern United States shelters in order to capture the mothers' perceptions



about how their parenting has changed since entering a shelter and which factors impede or empower their parent-child relationships. The interviews revealed that homeless mothers believed that a lack of financial resources and a loss of personal control were inhibiting their abilities to be effective parents. The women believed that rigid shelter rules were interfering with their parenting and that service providers could be more helpful if they showed a better understanding of the homeless mothers' experiences. In their recommendations, the homeless mothers asked that service providers make a concerted effort to eliminate negative generalizations about homeless families among staff and provide more one-on-one counseling to build trust and mutual understanding.

Indeed, other qualitative research reveals that homeless mothers feel that understanding and support from service providers is very important for their ability to receive effective assistance. For example, Sznajder-Murray and Slesnick (2011) conducted focus groups with 28 homeless mothers in a Midwestern shelter. The women reported that they were often given tasks to complete by service providers, but not given sufficient guidance or support to complete the tasks. Also, many of the women felt that there were services available that would help them, but that staff was not connecting them to these services. Ultimately, a lack of trust and mutual understanding was a barrier to accessing services and undermined the women's sense of support from staff. The study also discusses the conflict between mothers wanting more assistance and service providers wanting mothers to be more motivated and to show initiative. Sznajder-Murray and Slesnick suggest that service providers expecting homeless mothers to be more motivated may be counterproductive since the mothers' lack of motivation may stem from learned helplessness and feelings of powerlessness. These findings are supported by other qualitative studies in which homeless mothers have expressed the importance of trust and positive relationships with staff and shelter residents when accessing and utilizing services (Cosgrove and Flynn 2005; Kissman 1999; Styron, Janoff-Bulman and Davidson 2000).

## **Methodology**

This study was designed to capture the experiences of young homeless mothers in Hennepin County shelters in accessing services for their children. The purpose is to help the County and the FSN to better connect homeless families to child services. The research protocol drew upon prior research to identify important themes for further inquiry. It is designed to provide a location- and population-specific assessment of the challenges facing homeless mothers with young children in County shelters.

Researchers conducted interviews during the spring of 2012 with 14 young homeless mothers in three Minneapolis shelters to evaluate their access to child services and to gain an understanding of their challenges in accessing child services. The interviews were intended to uncover how homeless mothers meet their children's needs and assess which services the women know about, which services they use, what services they think they need, and barriers to services. Researchers selected a qualitative approach to capture the women's personal stories and experiences from the women's perspective (Kissman 1999; Styron, Janoff-Bulman and Davidson 2000; Sznajder-Murray and Slesnick 2011).

### *Target Population*

After consultation with FSN, the target population for this study was women in homeless shelter between ages 18 and 24 with at least one child between the ages 0 and 5. The age range 0 to 5 was selected to focus the study on children not yet enrolled in full-time elementary school and eligible for PICA services. The age limits for the mothers was determined for several reasons. First, homeless mothers between 18 and 21 are eligible for additional services that are directed toward homeless youth. Second, the FSN felt that women between 22 and 24 years old have many similarities to women who are 18 to 21, but they are not eligible for all of the same services as the 18 to 21 year-olds. Dividing respondents into age ranges also assisted to preserve anonymity.

### *Sample Process*

Researchers interviewed 14 participants from the three major homeless shelters that serve families in Hennepin County: People Serving People; St. Anne's Place; and Mary's Place. Of the 14 women, 8 were residents at People Serving People, 5 were residents at St. Anne's, and 1 was a resident at Mary's Place. Shelter staff selected participants through a "purposeful random sampling" process (Patton, 1990). First, staff identified current shelter residents that met the study criteria and then randomly selected names by drawing out of a hat. Second, the staff asked the selected women if they would be willing to participate in the study. If the women agreed to participate, the staff arranged a time for each interview. If the woman declined to participate, the staff returned to the list of eligible women and made another random selection.

### *Interview Design*

Researchers structured the interviews to assess how connected young mothers are to the services described in the program description and compare the findings to findings in the literature review. The research aims to identify problems related to stress and family relationships (Bassuk et al. 2010; Meadows-Oliver 2009), breakdowns in trust and understanding (Swick and Williams 2010; Sznajder-Murray and Slesnick 2011), inefficient communication and logistical structures (Miller, 2011), or other conditions unique to the Hennepin County system that prevent homeless mothers from meeting their children's needs.

Interviews were structured around four central themes: (1) family life in the shelter, (2) child development, (3) childcare services, and (4) medical services. The research questions followed an interview guide format that allowed flexibility for follow-up questions and variation in dialogue with the participants. Interviewers used open-ended questions, limited presuppositions, and avoided dichotomous questions in order to encourage the women to share their stories rather than give low-grade information in response to a list of questions (Patton, 1990) (see Appendix A for interview guide).

For each interview, one researcher met with one participant at the shelter, and shelter staff was available for any necessary assistance. As compensation for their time, participants were given a \$20 Target® gift card. The interviews generally lasted 45 to 60 minutes and were recorded for analysis. After each interview, researchers transcribed the recordings. The researchers devised a

code system of keywords and themes to identify similarities in responses to questions. Researchers then used NVivo software to analyze and interpret results.

### *Limitations*

The findings of our analysis may be limited by the following structural limits to the study and unique conditions occurring in the County at the time of the study. Most centrally, the scope and timeframe of the study limited the amount of information that could be collected. For example, only 14 mothers were interviewed and each mother was interviewed only one time while in shelter, so the results will not reveal how these women and their families fare once they leave the shelter. The study is also limited by the location of interviews. Only one interview was conducted at Mary's Place, and no interviews took place at the Drake Hotel. Moreover, interviewers did not interview non-English speaking participants due to a lack of interpreters. Therefore, the interviewees do not represent all families in shelter in Hennepin County. Also, the researchers met with directors and higher administrative staff of the shelters, but they did not conduct structured interviews with a range of frontline staff to compare their perceptions to those of the women as conducted by some researchers (Miller, 2011). Additionally, since many of the services are administered to families through the shelter, some families may lose access to some services after leaving shelter. We also did not compare our findings to a control group of non-homeless, low-income families. Finally, at the time of the interviews, the County had recently changed its Rapid Exit Program contractors. Therefore, instability in services may have influenced the mothers' perceptions of support.

It is also noteworthy that the purposeful random sampling technique adds credibility to the participant selection process, but the study results cannot be used to make statistical generalizations about all young homeless mothers in Hennepin County (Patton, 1990). The researchers' intention for randomizing the selection of eligible participants was to allow for fairness in the participant selection process and to minimize selection bias. However, since the women had to agree to participate, some self-selection bias may persist.

## Analysis

In total, we interviewed 14 young mothers. One-half of the respondents were ages 18-21 and one-half were ages 22-24. The respondent's characteristics reflect the results of previous studies of family homelessness: thirteen mothers were racial minorities, ten of which identified as African-American. Most respondents had small households. Ten respondents had 1 or 2 children, and four respondents had 3 or 4 children. Almost all families were headed by single mothers.

Approximately two-thirds (10 people) reported having completed a high school diploma or general educational development (GED) equivalent and approximately one-third (4 people) had no high school diploma or GED. Three women reported being currently employed and eleven were unemployed. The length of unemployment varied widely, with approximately one-third (4 people) reporting that they had been unemployed for more than one year. One respondent had never been employed. Over one-half (8 people) had been in shelter for more than five weeks (see Appendix B for sample statistics).

### *Family Life*

The majority of respondents had a history of homelessness, some as children and many as adults. Many had lived in more than one shelter and had struggled to find permanent housing for some time. However, immediately prior to moving into their current shelter, most respondents had been living with their children in a non-shelter setting. This section details the introductory questions we asked mothers, about how moving into their current shelter has affected their family. In particular, we hoped to explore how the shelter setting has affected their parenting and relationships with their children.

**“It’s just like a circle. Like a circle. Just this horrible, horrible tormental circle you can’t get out of until you just say ‘Forget it, I’m getting out of here.’ And then when you do that, it just feels like you’re just all alone then ... and I’ve done it about four times here. I’ve been here four times.”**

## **Finding 1: Living in a Shelter Makes Parenting More Difficult**

Although many mothers identified positive effects of shelter life on their families, most mothers also disclosed serious concerns about how living in a shelter undermines their parenting. This finding is consistent with prior studies of family homelessness (*e.g.* Bassuk, 1993; David et al., 2012). The most common sources of concern were how (1) the behavior of other children affects their children, (2) the behavior of other parents affects respondents and their children, (3) shelter rules limit their discipline options, (4) shelter job search requirements indirectly affect parenting, and (5) how shelter conditions more generally affect their relationship with their children.

One of the most common themes was respondents' concerns that their children were exposed to, and mimicked, inappropriate behavior by other children in the shelter. Several mothers indicated that their children witnessed other children doing things that their children would not normally do, which increased respondents' stress because they had to explain to their children why other children were allowed to do some things but their children were not. One mother explained, "she sees the other kids trying to run around, and they're hitting their moms and stuff and then she try to follow. We went through those stages, like, a long time ago. That killed me on the inside. I was just like, oh my god, you're about to try to start again ... she'll try to copy other people and their kids." Another mother indicated that her two-year-old now "throws things and cusses at me."

Some, but not all, respondents indicated that they would prefer shelter employees to take direct actions to stop bad behavior by children. Some respondents said that employees do not act because they do not witness most of the bad behavior, but other respondents said that employees see the behavior but intentionally do not take action. However, at least two respondents explicitly stated that they do not blame shelter staff for not acting. They attributed bad behavior to other parents' inadequate parenting and noted that if shelter staff did step in to discipline children that parents would get defensive, "'Cause parents will get mad and say 'don't tell me what to say to my kid. Don't tell me how to raise my kid. You are not taking care of my kid. You are just here to help me. You are not here to help my kid. That is the only thing.' It is really hard to get parents to understand that [the shelter staff] are here to help you and the kid."

A second, related theme was that other parents exhibited bad behaviors—mainly inappropriate or insufficient parental discipline—which negatively affected respondents’ children. Examples ranged from parents who failed to follow shelter rules to vulgar language to the lack of discipline or harsh discipline by other parents of their children in front of respondents’ children. One mother, for example, said that she intentionally avoids certain group activities because of the other parents who attend. “It’s some people that, you know, if I was out in the regular world, I don’t know that I’d be around them. Or, I don’t want my child to be around them. So some activities that are meant for my child, I don’t bring him to because I know I expose him to a certain type of people that are here. And I can’t control what they say around him, you know. I want to protect him, some way, around certain people that are here.”

**“[The kids] think they can get away with everything ... running around ... breaking stuff. When they’re in front of public, and especially down here in the lobby, a lot of children like to run around and just throw fits and stuff like that. Because they know they can.”**

Another mother reflected that she would never trust the other parents for any parenting advice because she disagreed with their parenting methods. “The majority of people here just drag their kids around by their arm ... I wouldn’t go and follow what somebody else is doing. If my kids were doing the same thing, I wouldn’t do the same thing they were doing.” Similarly, one person said, “Some people aren’t watching their children and other parents have to step in. That’s giving their children less time, less attention, and their kids are showing signs of that and start showing out and then it just becomes a big uproar. It’s too much.”

A third concern expressed by three respondents is that shelter rules restricting disciplinary methods undermine their parenting. The central concern is that, by prohibiting certain forms of physical discipline, the shelter rules allow kids to get away with irresponsible behaviors and parents feel that they lose the ability to discipline effectively. One mother, for example, said “I’m really having a problem with knowing how to, um, discipline my child because they put a lot of barriers up. You cannot hit them, you cannot really scream at them, you cannot grab them. They are really putting barriers up for us and the kids are acting out because they know we can’t do some of these things. They are catching on because they are so smart. We really don’t know how

to ... I don't appreciate it and I don't appreciate how they are making it so hard for us to, um, discipline our children.”

When asked how the shelter might change its policies to address this problem, one woman suggested that the shelter staff could be more lenient, such as allowing parents to spank children without physically harming them, like “an attention pat”.

Relatedly, one mother expressed grave concerns that shelter employees assume that mothers physically abuse their children, “if your child is down the hallway, and you go to your child and you're walking to your child and all of a sudden they start crying, they assume that you done beat your child around the corner.”

A fourth concern expressed by some mothers is that time-intensive shelter requirements add stress to their existing burdens and, therefore, undermine their ability to pay attention to their children. This finding is consistent with themes that developed out the literature review (Bassuk et al., 2010). The most common examples are job-related requirements, such as searching for jobs and attending interviews. One mother said, “we have to do job search and then they have activities for us to do so we are split up a lot.” Another mother indicated that the number of responsibilities on her plate is so large that her daughter's needs tend to “suffocate” her. Another person also said, “it's been challenging because of having to put him in daycare from 8 to 4:30 while I go out looking for housing and jobs ... So, basically, it's very challenging and it's very hard to just keep doing everything every day. Every day, looking for places and looking for jobs and not getting no responses back ... [Is it hard being away from your child all day?] Yeah.”

Another woman described the stress of caring for her child while searching for work, at least until she could secure childcare, “It's hard to do anything. They have a resource room, a computer lab, where you can look for jobs and housing. But, if you have a screaming two year-old or one-year-old or newborn, whatever, that's hard to do. You're trying to be considerate to the other women that's in here ... pretty much you have to wait until the next day ... maybe you can ... talk to someone about housing or a job placement within the hours of that whole day. Because there's just not enough time to do everything that you needed to do while you have your children with you.”

A variety of women also commented on the strictness of shelter rules that sometimes made it difficult to support their children's relationships with other families. For example, one mother



expressed disappointment with a rule prohibiting outside overnight stays, which makes it impossible for her son to spend the night with his grandma.

Finally, some parents commented more generally on how the conditions of living in a shelter affect their family life. One theme was the limited amount of physical space. For example, one mother described the fact that she and her partner do not have a physical space where they can go to have a disagreement without their children hearing it. They try to have tense discussions when the kids are at school, but such discussions are rarely planned and have become more common while in the shelter. She added, “I think [the kids have] started to see how stressed we’re getting and it takes a toll on them. They started bickering with each other because they see me and dad bickering.”

Similarly, some mothers commented that they struggled to explain to their children why they were living in a new place. One mom said, “[Her son] knows we’re in a shelter, but he doesn’t actually know what a shelter is. So, it’s challenging for me having to deal with explaining things to him. Especially when you don’t really have an actual answer.” Likewise, some moms struggled to explain to their children why they could not participate in the same activities they once enjoyed, “They want me to be able to take them here, take them there. Things that we used to ... ‘cause we’re used to having family and things, going out to the museum or you know go out bowling, things like that, but being here we haven’t been able to do those things, so my kids is like ... it’s hard for me to explain to them and even harder for them to understand what’s going on ... and then looking at their sad faces, I know how it feels because I was always told ‘no’ my whole life.”

## **Finding 2: Living in a Shelter Tends to Bring Families Closer Together**

Almost universally, respondents identified aspects of their shelter experiences that have improved their relationships with their children. The most common theme is that living in a shelter has brought a family closer together, physically as well as socially. Although much of respondents’ days are spent searching for jobs and housing, most mothers described their family relationship as “closer” overall, and many indicated that they spend more time with their children than before living in shelter. For some families, being in their current shelter has meant that their family can be together, rather than separated physically. For example, one mother said, “His dad

is staying here with us, too, now. And this is the first time since [her son] was born that he has been around him and is actually more a father figure with him ... And being here has helped us, um, get into houses where he can get in to be there as a father instead of us being in separate houses and him just visiting his son.”

Respondents also identified a few common aspects of shelter life that enhance their family life. The most common response was structured mealtime. One mother said, “The meals here. We do sit

down—we didn’t really sit down when I had my own place. [My daughter would] sit down on the floor and I’d sit down on the couch. We eat dinner together—and breakfast—those are changes ... We kind of pray, too. It’s only three words, but it’s something. She sticks to it ... that has brought us a lot closer, something me and her can do.” The same mother stated that she plans to continue having a structured mealtime at a table after her family moves out of the shelter.

Several respondents also remarked that the lack of access to cable television bring them closer to their children than before they lived in the shelter. For example, one mother said, “But here, you are like just in a room with you and her and you are not sleeping and stuff so I’ll read a book. I don’t have a TV so it is a lot easier.”

Despite a common concern about the number and rigidity of shelter rules, some mothers extolled shelter rules. One mother, for example, commented on how shelter rules helped her to teach her son rules, “They also have those rules—you can’t hit other kids, you’ve got to share, you’ve got to wear jeans, a t-shirt, socks, and shoes—those are necessities of going to school ...if he sees me following them, he’ll follow them ... it’s nice to have those rules established, like no fighting other adults, no fighting with other kids, obviously.”

Several mothers also commented on how being in shelter helps their kids to prepare for going to school because they are exposed to other children more frequently than in the past.

Finally, many mothers noted the practical benefits of living in a shelter that help their family: access to daycare, regular food, books, and an increased sense of safety.

**“They have a whole bunch of things for the older kids. They just need more stuff to do for the little ones.”**

### **Finding 3: Residents Suggest Having More Shelter-sponsored Activities for Young Children and Family-building Activities**

The near-universal perception among respondents is that there is a lack of activities in shelters for children under five years old. Additionally, when asked, respondents indicate that one useful thing that their shelters could do to improve their family life is to have more activities for younger children. This is desirable to parents so that they have structured activities to entertain and educate their children in afternoons and during weekends. A mother of two children, for example, explained that there are activities for her older child, but her younger child does not have many activities to attend. She said, “It makes me feel bad sometimes that she can’t go ‘cause sometimes she’ll start crying when she sees her brother leave.” That mother recommends an activity designed for siblings to play with one another, possibly to teach them how to get along better. Similarly, another parent said that at another shelter, they had activities for kids under five, “like painting the hands stuff, like making items. But here they don’t have that here. I don’t know why.” Another mom said, “They have a whole bunch of things for the older kids. They just need more stuff to do for the little ones.” The same moms tended to applaud the family activities that include all ages, such as a family activity involving making recipes together.

A second common theme is that respondents are interested in participating in more family-oriented activities. Among respondents at People Serving People, there was a highly positive evaluation of “family nights,” which respondents described as events with movies and family recipe making.

Two common suggestions were to have more frequent, structured family activities like “family nights” and to have more field trips with more advanced notice of the field trips whenever possible. One mother, for example, enthusiastically described a shelter-organized trip to the Mill City Museum, which fascinated her young child. She was surprised, however, that more parents did not take advantage of the opportunity. It was not clear from the interview, however, if many women knew what the Mill City Museum was before they were offered an opportunity to visit. Another mother suggested trips to “the Minnesota Zoo, zoos, Children’s Museum, or even just bringing them to a park.”

A couple of mothers also said they would appreciate information about free and low-cost activities nearby the shelter that they could do on their own. For example, one mother said, “if there is certain services in the neighborhoods, make it more clear ... because we’re kind of on a strict budget. So, more services of what’s free for us to take the kids to on the weekends, and during the weekdays.”

#### **Finding 4: Some Mothers Feel Judged by Parenting Classes and Others Find Classes Useful**

Respondent reactions to parenting classes at shelters vary widely. Several respondents who attended parenting classes gave positive reviews. For example, one mom said, “The fact that we have parenting group every week is pretty good because it gives me a better chance to understand why my children are acting this way or acting that way. I have someone that is basically letting me know what it is that I need to do from here on out.” Another mother said, “It helps me learn a lot more about my daughter even though all [toddlers] are different ... I’m learning to treat her as a kid but give her that independence, that little bit of independence that she wants. That helped me realize that. I would get upset if she didn’t do something. But she is ... just a kid ... she is still learning.”

Nonetheless, other mothers who are aware of parenting classes at their shelters choose not to attend. One mother, for example, explained that since she helped her father to raise her siblings, she is an experienced mother and did not feel that the classes would benefit her. However, upon additional reflection, she said that she thinks she could use some help learning new disciplinary techniques, “If I was going to go to one, I’d want to go to one that applies to discipline, that’s generally the area where I need the most help in.” However, when asked if she would attend a class on discipline, the respondent indicated that while she would attend, many people would not: “I think people here, honestly, I think they would get mad if they seen something like that – like subconsciously I think they would get mad ... they would think that—I’ve seen it happen before—I’ve seen them get mad, ‘I don’t need this ... I was raised this way’ ... that’s the only way I can think of putting it, I can just see people’s reactions being mad, first thing they’ll say was, ‘I was raised better than that.’”

Finally, one mother who attended parenting classes described the disciplinary techniques they learned, such as counting 1, 2, 3, and using time-outs. However, she expressed frustration with

the techniques as ineffective, “kids don’t know how to sit still for a long time, that corner thing only works for so long before they start showing out again ‘cause they don’t want to sit still. So, they don’t really have any resources with that except the parenting group, none that they offered us.”

### *Child Development*

This section discusses the questions we asked mothers about their children’s development. These questions were designed to study how young mothers understand their children’s development and the strategies they use to promote their children’s mental, physical, and social growth. We also wanted to know what child development resources or services mothers use and barriers to access. Child development is a complex concept. In order to make the conversations about child development easier, we described child development to each mother as their child’s “mental, social, and physical growth.”

We began by asking mothers about what recent changes they had seen in their children’s development and followed up with questions about challenges they faced. One-half of mothers commented on the negative effects of the shelter experience on their children’s mental or social development. For example, more than one mother described the regression of their children’s development, such as unanticipated regression in potty training and response to discipline. Nonetheless, despite the dominant perception that the shelter experience has had a negative impact on child mental and social growth, most mothers shared stories about how their children were learning new things, from colors and shapes to new boundaries in their relationships with other children.

Overall, the results reveal a complex picture of child development in the shelters. On one hand, the shelter experience was negative for many of their children. On the other hand, children continued to learn and develop despite the negative atmosphere. These results concur with the findings of researchers who find that while homelessness can have significant, negative impact on child cognitive development, there is wide variation in resilience among homeless children (Obradovic et al., 2009; Cutuli et al., 2009).

## **Finding 1: Mothers Take Actions to Improve Their Children's Development, but Most Lack Knowledge of Standard Developmental Milestones**

We asked all of the women what they do to help their children's development. All respondents described at least some strategies and activities. Nine of the women mentioned that they try to read to their children on a regular basis, however there was variation in the amount of reading. Other strategies that respondents mentioned include playing games, talking, and singing songs.

Three mothers mentioned making sure their children were eating healthy, structured meals. Three women also mentioned taking trips and playing with their children. When asked about the social growth of their children half of the mothers mentioned at least one strategy. Strategies included spending time with family, talking with their children, teaching children sharing, and avoiding other children in the shelter. The results painted a picture of young mothers that care deeply about their children's development. Most mothers believed they were doing the best they could.

Nonetheless, only a few mothers were aware of their children's development in relationship to standard developmental milestones. The majority of mothers had little sense of where their children should be in relationship any sort of objective child development standard. When asked specifically about their children's mental development, only two mothers noted that their children were, "on track." Another pattern was that many women viewed early childhood development programs as daycare resources rather than early child development. Although many mothers utilize early childhood development, only a few explicitly stated that early development was a motivating factor in choosing to enroll. One young mother told a story about how her early pregnancy has forced her to learn about child development and that she was not prepared to become a mother. "Um, right now, he's my first child. I'm still.... I had him earlier than I thought I might have any children. So, I'm still learning myself about kids. And before I had him, I did not like kids. I didn't have the patience for them and now we are learning together." When asked follow-up questions, very few mothers had premeditated, longer-term strategies to improve their children's development. This may reflect the difficulty among young mothers of discussing or understanding the concept of child development. Nonetheless, it seems to suggest that many mothers have limited internalized knowledge about age-appropriate development and standard milestones. One mother did describe her efforts to design at-home learning exercises to teach her older toddler son to be a better reader and writer because the homework that his school sends

home is not challenging enough for him. However, the same mother said she started these exercises after she learned from her son's teachers that her son needed to be enrolled in special education classes. She said, "I don't see how he's having a problem in it ... it hurts me that I have to sit here and deal with it and listen to them tell me that they think my child is ADHD and he has to be in special education. It makes me mad to hear things like that because I don't want to go through that with my kids, but at the same time, what choice do I have? Because, I think there's some truth to it. I just don't want to face it ... but at the same time, I see that he has a hard time paying attention and all that stuff and I just don't want to face it."

In four interviews, mothers discussed healthy discipline. Two mother's specifically mentioned that they wanted to use physical discipline in the shelters but were not allowed. They thought it would improve the behavior of their children. On the other hand, other mothers talked about how they perceived some mothers in the shelter as being too aggressive with their children. These stories contributed to the complex picture of child development in shelters. While all mothers demonstrated great love for their children, parenting and child development skills and values appear to vary widely between mothers.

## **Finding 2: Young Mothers Rely on a Variety of Sources of Child Development Information**

We asked mothers to describe where they get information about child development. Again, responses to this question varied significantly. Mothers were most likely to likely to learn about child development from their family members. Mothers also referenced specific assessment information they received from doctors, teachers, and child-care providers. Three different mothers referenced the Internet as a place they go to learn about their children's development. One young mother at PSP talked about a practical tool that she received at the shelter from volunteers from a local church: an adjustable dial that shows a range of healthy developmental milestones for children by age range. She said she found the dial particularly useful.

**"[M]y child is ADHD and he has to be in special education. It makes me mad to hear things like that because I don't want to go through that with my kids, but at the same time, what choice do I have? Because, I think there's some truth to it.**

Relatedly, mothers were asked if their children had participated in a developmental assessment. Most mothers indicated that their children had received physical assessments by doctors, but few mothers indicated that their child had received assessments. Although an in-shelter early childhood screening is available from Minneapolis Public schools (see program description), few mothers knew of this service and far fewer had used it. Nonetheless, one mother described how PSP's ECDC offers monthly developmental assessments for participating children (PSP residents). She has twice asked for and received an assessment that she saw as useful to determining if her child was progressing in school.

### **Finding 3: Most Mothers Use PICA or an Early Childhood Development Center**

Most women reported using PICA or PSP's early childhood education center (ECDC). However, many of the women viewed these resources more as a daycare than a child development resource. In particular, mothers had a wide range of positive and negative experiences with PICA. For example, one mother positively described the quality: "The teachers are very serious about the kids learning. Everything they do is educational. They are learning to cook. What foods are. Everything is educational. They are learning how to build. Everything is educational. They are very serious about it and take it very seriously."

Despite positive overall impressions of PICA, some mothers experienced persistent complications. For example, one mother told a troubling story about the inconsistency in the bus service to PICA. She said the bus is often late or drops children off early. She said recently not all the children in line at the shelter were allowed on the PICA bus: "It's like Black Friday, except

**"It's like Black Friday, except that it's moms trying to get their kids on the bus!"**

that it's moms trying to get their kids on the bus! And it's not that many kids, not that many people, but it sucks, cause it's really cold outside and we stood out there a good 20 minutes ... and then here come the bus turn around the corner and I find out I'm sixth in line, but I'm before everyone who's back there."

The inconsistency in the bus service to PICA has had a spillover effect on this woman's life. Not only did she feel like the service undervalues her time, the inconsistent bus service has deprived her of the



opportunity to go to a work training program at People for Pride and Living that starts at 9 a.m. weekdays.

Of 14 interviews, only 3 mothers did not utilize PICA or ECDC. The main barriers that mothers identified were: a fear of putting young children on the bus, the hours that children would be away from their mothers, wanting a job first, and waiting to get settled into new housing before starting childcare.

### *Childcare*

Childcare is a critical service for mothers experiencing homelessness. Finding a home, a job, and managing the rest of the household responsibilities is extremely challenging if mothers lack childcare. This section explores questions we asked each mother about childcare. In particular, we asked about their experiences with childcare before entering the shelter, while in the shelter, and the kinds of resources they would like access to when they leave.

#### **Finding 1: Most Mothers Use PICA or an Early Childhood Development Center for Childcare While in Shelter**

Eleven out of 14 respondents utilized PICA or PSP's ECDC as their primary form of childcare while living in the shelter. The three mothers that did not use PICA or ECDC had childcare arrangements with family or friends or, in one two-parent household, provided their own childcare. The perception of quality of childcare ranged from good to poor. In addition to PICA and ECDC, one young mother mentioned that she has used the daycare at Century Plaza while completing paperwork and attending appointments in the building. Only one mother mentioned that from time to time she relies on other mothers at St. Anne's to watch her children. Given the high level of stress and mistrust among mothers at PSP and St. Anne's, it is not surprising that most mothers do not entrust their children to other shelter mothers. No mothers continued to regularly use other private childcare facilities while in shelter, even if they had used private childcare in the past. One mother said that using private, off-site childcare would require her to use the bus to take her child to childcare—a cost that she must pay out-of-pocket—so she prefers the ECDC. One mother said that she would use her church childcare again when she left the

shelter. For now, she prefers to watch her children in the shelter even though she is searching for jobs and housing.

One consistent frustration among mothers is that women must return to the shelter within a rigid time window to get their children from the PICA bus or ECDC. Women are afraid that if they do not pick up their children on time, shelter staff will penalize them by “writing them up.”

Illustrating this, one mother described a time that the PICA bus arrived earlier than expected and she received an unexpected call to pick up her child even though she was at a job interview.

### **Finding 2: Although Finding Childcare in Shelter was Easy, Many Mothers Are Concerned about Finding Childcare after Leaving Shelter**

Although most women described finding childcare while in shelter as “easy” or not particularly difficult, one-half of women had difficulty accessing childcare prior to entering shelter. Additionally, two mothers said that paying for childcare had been difficult. One mother mentioned that the limited number of 24-hour childcare facilities restricts the kinds of jobs she can accept, “There’s only like three maybe even two daycares that are 24-hours in Minneapolis that I know of ... that’s hard.” Two other mothers described how their two-parent household status was an obstacle to

receiving county childcare assistance. According to both

mothers, if one parent was employed, the County expects the other parent to stay home with the children. The County does not pay for childcare to help the other parent find work. “It feels like they’re punishing us because there is a second parent inside of the home. And, I want to go out there and find another job. Or, I want to go out there and get a job, period. Because I need income to come inside the house so that we can pay off our bills... So, it’s really backwards. If you have the father inside of the household, it’s “well ok, you don’t need us for this.” When, a normal person would want to have both parents inside of the household. So, that’s kind of hard.”

While seemingly unimportant, the difficulty mothers experienced in finding daycare before they

**“It feels like they’re punishing us because there is a second parent inside of the home. And, I want to go out there and find another job. Or, I want to go out there and get a job, period. Because I need income to come inside the house so that we can pay off our bills... So, it’s really backwards.”**

were homeless actually says a lot. Daycare is a critical service that mothers with low-income needs to maintain job stability and therefore housing stability.

Four women specifically mentioned that they would like a list to help them find childcare when they leave the shelter, including which daycares are accepting new children, which ages they accept, and contact information, including addresses and telephone numbers. Interestingly, one woman mentioned that a similar list does exist at Century Plaza. This gap in knowledge may be due to the stage at which we interviewed mothers. If mothers were on their way out of the shelter, they may be more likely to know about these resources. Additionally, two mothers expressed a desire for help in finding childcare near their preferred neighborhood or childcare that provided transportation. Childcare in close proximity to where families live can reduce stress that mothers feel while when trying to reestablish normalcy. One mother described how every minute in her day matters, “As a parent, every minute is cherishable. Like if I drop [her daughter] off and I get on the bus and I’ve got a 10 minute bus ride, those 10 minutes are cherishable and then I don’t have to worry.”

### *Medical Services*

Overall, respondents said they obtained medical insurance through Hennepin County Medical Assistance and received regular care for their children. However, most of the mothers were unaware of specific mental health services, and there are consistent indications that families are not accessing all of the medical care they need.

### **Finding 1: Mothers Are Unaware of Child Trauma Services**

Alarming, a majority of the mothers said they do not know about therapeutic services available to help their child cope with trauma. Only one respondent named a specific provider for child mental health. Some noted that they could probably get mental health help for their child, but others said they did not know of anything in particular. This is especially troubling in light of the many studies documenting that most homeless children have been exposed to traumatic events (Buckner et al., 2004; Bassuk et al., 1997; Bassuk & Weinreb, 1996). For example, one mother

who did not know of any child mental health resources said, “I know that when stuff happened with my family, my baby was there. He was in the household. He saw everything...”

## **Finding 2: Mothers Are Connected to Medical Insurance and Services, but Discrepancies Remain**

Most mothers said they take their children to clinics for medical care. Most said they visit a regular clinic, and even if they do not see the same doctor each time. They also said they are generally happy with the quality of care their children receive. They reported utilizing emergency room visits mainly for severe illness or injury, unless they needed to see a medical provider when their preferred clinic was closed. A strong majority contend that they take their children to regular check-ups. A majority also indicated that they use transportation assistance for appointments (usually county-paid taxicabs), which is especially helpful to reach their preferred clinics—often clinics they used prior to entering shelter.

Nonetheless, in contrast to these results, senior staff report that many of the children have not had routine immunizations when they arrive at the shelter. Results indicate that some mothers may not be aware of the full spectrum of their children’s medical needs. For example, one respondent said, “I was really shocked when she said [her daughter] needs another shot. I was like, she had her shots when she was like 2 and all she needs is when she’s 4.”

Most of the women were enrolled in government-sponsored insurance and were generally satisfied with their coverage. Nonetheless, there continue to be some significant complications for families. One of the few mothers who explicitly said she did not bring her child in for regular check-ups said that she did not have health insurance. This woman had been staying at one shelter with her children for several months after arriving from another state. She said, “I applied, but I’m not eligible yet. So, I have to wait a long time, I have to wait my 30 days, and then I’ll be approved or disapproved depending upon what they say.”

Additionally, two families experienced accidental temporary deactivation of their health insurance coverage. Another mother indicated that a change in public insurance providers in the County caused an unexpected increased financial burden: “I miss MHP...I guess they restricted MHP from the Hennepin County district.... So, after they did that, I somehow got switched to

Medica and I had to pay a co-pay on my prescriptions and stuff like that. But with MHP I didn't have to pay anything. And that was perfect because I didn't have much money to work with anyway... My son had an ear infection. My other son had a seizure. So, a lot of things had to go on medical costs, and it was just... horrible. It was horrible. I was sad."

### **Finding 3: The Quality and Capacity of In-shelter Medical Services Could Be Improved**

On-site shelter services help families get medical care, but most mothers believe these resources could be improved. For example, the majority of respondents at PSP said they have utilized the shelter clinic for their children. Not surprisingly, however, they would prefer to take their children to their regular clinic for the sake of familiarity. However, several mothers also expressed concern with the clinic's inconsistent hours ("The reception might be there, but there won't be any doctors to see anybody") and said they did not trust the staff ("The professionalism of the receptionists, of the nurses, is not up to par"). Some women also said they were not taking advantage of all available medical services for their children because, between trying to find jobs and housing, medical care was not a priority for their families right now.

Respondents also said that they would prefer more one-on-one counseling to assist the overall well-being and success of their families. This finding is consistent with recent research, which reveals that 50 percent of mothers experienced major depression since becoming homeless (Weinreb et al., 2006). One mother reasoned, "I think it would motivate more people in here. Instead of just... there's a lot of people in here that just stay in here all day. And they don't feel the motivation to get up and find a job, go out and find a house. And that could be depression. That could be stress. It's overwhelming."

Finally, the mothers also suggest that shelters could provide more dental services. Mothers at both PSP and St. Anne's reported that they would like more access to dental care, both on-site and after they leave shelter. The only respondent who said she had been offered help with dental care was staying at Mary's Place.

**"[T]here's a lot of people in here that just stay in here all day. And they don't feel the motivation to get up and find a job, go out and find a house. And that could be depression. That could be stress. It's overwhelming."**

## *Cross Cutting Themes*

Researchers identified four cross-cutting barriers to accessing services. First, most women received an abundance of information, but much of that information was not internalized. Second, there was a significant level of distrust among homeless mothers toward staff and other residents. Relatedly, there tends to be significant miscommunication between staff and residents. Finally, the burden of conducting a job search, housing search, and managing the rest of their lives meant that most women felt they cannot accomplish all their priorities. Each of these findings is consistent with existing literature on family homelessness.

## **Recommendations**

### *Family Life*

- ▶ **New Parenting Class Marketing Strategy:** To minimize any judgment mothers may feel about their parenting strategies, shelters might consider a proactive marketing strategy featuring a theme like “every parent is always learning.” The goal should be to communicate to each mother that, as a baseline, the shelter staff knows that the mothers love their children. This approach may attract more experienced parents who view parenting classes as targeted toward younger parents. One mother specifically advised against using the word “discipline” to describe the content of the class, even though many of the techniques she wanted to learn are discipline-related. Alternative words to describe discipline might be more productive. Additionally, building a good reputation among a few mothers may attract new participants to parenting classes.
- ▶ **Activities for Young Children:** Shelters should consider sponsoring more weekday afternoon activities for young children that would allow mothers to maximize weekday business hours to search for jobs and housing. One option may be to incorporate more volunteer-coordinated activities. It is also noteworthy that while some parents wanted more young children’s activities to be able to have more adult work time, other mothers had a different reason: family-building. More frequent night and weekend activities for families—from movie nights to field trips—could reduce family stress. Relatedly, a small catalog of nearby free or low-cost family activities may help to improve family life.

- ▶ **Additional Research on Parent and Child Behavior Monitoring in Shelters:** A near-universal concern among mothers is the inadequate child discipline by other mothers. Some mothers avoid group activities to protect their children from other parents and children. Shelters should consider hosting a focus group with mothers to discuss what role, if any, shelter staff might play in enforcing behavioral norms, such as whether shelter staff should have a playground or lobby monitor or should issue child warnings and time-outs if children misbehave, or going over expectations in more detail during orientation. Shelter staff should be especially cognizant that children misbehave in front of staff and cameras because they know there are limits to how parents can discipline their children. Mothers feel helpless and confused about how to act in those circumstances. Staff should consider researching best practices for parent and child monitoring in shelters, because staff involvement in child discipline presents risks, such as undermining the trust relationships between staff and families.

### *Child Development*

- ▶ **Strengthen the Link between Early Childhood Learning Services and Development:** While some mothers recognize the impact these services have on their children's development, many mothers described these programs as daycare. The mothers that understood the unique benefits of PICA or the ECDC may be more eager to enroll their children in early childhood education when they leave shelter.
- ▶ **Encourage Mothers to Keep Their Children in Early Childhood Education after Leaving Shelter:** Early childhood education is a critical service from which most children living in poverty can benefit. Yet many of the mothers we interviewed did not use an early childhood education center prior to entering the shelter. Shelter staff should make it a goal to help every mother with young children enroll their children in an early childhood development center when transitioning out of shelter. Staff might view this time of crisis for children as an opportunity to change children's lives forever.

## *Childcare*

- ▶ **Provide Additional Childcare Options for Young Children:** Life is busy and stressful for everyone living in shelter. Most mothers appreciate the childcare they receive. However, many mothers wished they had more options for childcare, especially in the afternoon hours after PICA or ECDC. Increasing childcare options could give mothers more time and flexibility. Creating more time and flexibility for mothers makes the burden of organizing their lives, finding jobs, and new homes easier.
- ▶ **Connect Mothers with Childcare Resources in Their Neighborhoods Upon Exit:** Childcare is a critical need for most mothers with young children, especially mothers with very low incomes. Reliable childcare is essential in helping mothers maintain employment. Yet, half of the mothers reported difficulty accessing childcare before they were in shelter and many were concerned about finding it when they left. Shelters could provide a list of childcare locations, including hours, neighborhoods, and age ranges upon or prior to exit.
- ▶ **Facilitate Access to 24-hour Childcare When Possible:** Several mothers said the lack of 24-hour childcare was a barrier to them finding a job. Many of the jobs available to workers with limited work experience or education are during non-traditional work hours. The lack of 24-hour childcare limits the number of jobs that are available.
- ▶ **Hennepin County Should Revisit Its Two-parent Policies:** The stories we heard about the challenges mothers faced in accessing childcare services in a two-parent household were disturbing. We are unsure if the experiences we heard about are the result of policy, poor communication, ineffective workers, or simply misunderstandings. However, we believe it should be Hennepin County's policy to support two-parent households. Assisting two-parent households with child-care will enable some households to provide more income stability for their families. Currently, some mothers feel they must hide their relationships in order to receive childcare support from the county.



## *Medical Services*

- ▶ **Establish a Strategy and Set Benchmarks for Increasing Awareness of Child Health Needs:** County and shelter staff should develop explicit, concrete strategies to increase awareness among mothers' of their young children's physical and mental health needs. The mothers reported that they have access to healthcare, but their children do not have up-to-date immunizations. Mothers receive information but lack internalized knowledge of their children's needs. Ideally, mothers should develop a working knowledge of routine health interventions and write an individualized health plan for their children *before* they leave shelter. Particularly important, mothers should be told of the unique mental health risks facing homeless children and the importance of early intervention. Possible strategies include a component of shelter orientation or stand-alone program (one-on-one or in a small group) about health intervention options. Mothers might be asked to restate in their own words their children's health needs and the resources available to families to address them. Shelter staff could then ask families to create a health plan, identifying at least three medical service providers or clinics, and develop a strategy to remind them to schedule routine appointments.
  
- ▶ **Increase One-on-One Counseling for Families:** Several mothers suggested that more individualized resource and mental health counseling would benefit their families, and some the women said they avoid shelter classes because they do not want to be around other families or they do not fully trust the staff. More one-on-one counseling could nurture healthier relationships among family members and between families and staff, while also giving staff an opportunity to talk to mothers about their children's health. Shelter staff should make an effort to increase personal interactions and build positive relationships with individuals. Also, the County should strive to support shelters with funding that allows for an experienced and well-trained staff.
  
- ▶ **Increase Awareness of Trauma-related Services:** According to literature on child homelessness, 83 percent of homeless children have experienced at least one violent event and almost one-fourth have witnessed violence within their families (Buckner et al., 2004; Bassuk et al., 1997; Bassuk & Weinreb, 1996). Yet, a majority of the mothers are

unaware of trauma-related therapeutic services for children. Advocates and shelter staff should approach this issue with great sensitivity in a one-on-one setting. The goal is to communicate to parents that nearly all homeless children could benefit from these services. Traumatic events experienced by children in some circumstances can have life-long consequences. The staff must be aware that such conversations also risk stimulating feelings of shame and embarrassment for parents, which could prevent mothers from reporting trauma.

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# Appendices

## *Appendix A: Interview Guide*

### **Introductions and Why We Are Here:**

- Walk through the consent form and provide the interviewee a copy.
- Share about our connection to the research.
- Provide an overview of the content of the interview.

### **Questions About Participants:**

- Where are you from?
- How many children do you have?
- How old are they?
  - How many infants? [0-24 months]
  - How many toddlers? [2 years – 5 years]
  - Tell me about your child(ren). What are they like?

### **Family Life**

*Now I'd like to ask you a little bit about your family life.*

- What changed most in your relationship with your child(ren) since you've been staying at (shelter)?
- What about your experience at the shelter has been really challenging for your relationship with your child(ren)?
- Well, can you tell me anything that has been good for your relationship with your child(ren)?
- Has the shelter done anything specific to support your relationship with your child(ren)?
- What do you think the shelter could do to better support your relationship with your child(ren)?

### **Child Development**

*Now I'd like to ask you a little bit about your child(ren)'s development. When we use the word development we mean your child(ren)'s physical, mental, and social growth.*

- What recent changes have you seen in your child(ren)'s physical development?
- I'd like to learn about what *you* do to help your child(ren)'s physical development: first, what do you think works really well?
- What are the challenges you're facing with your child's development?
- Has anyone ever assessed your child(ren)'s development?
  - If not recently: So, it's been a little while since your child's had an assessment?
  - [If child is at least 3:] Have you had a "pre-kindergarten screening?"
- How do you get information about where your child should be at developmentally?
- Has your child(ren) ever been enrolled in any early childhood education programs?

- What kind of services or resources have you been offered by (X shelter) for your child's development?
  - Did you use any of them?
  - [If no to any:] Can you tell me why you did not use them?
- Has your child(ren) ever participated in a sports program? Art program? Music program?
- Does your child(ren) have friends to play with?
- Do you read to your child(ren)?
- Does your child(ren) have toys and books for kids their age? How many books do you have?
- Can you tell me what resources are available to you to help your child(ren)'s development?
- What services would you like to have to help your child(ren)'s development?

### Childcare

*Now I'd like to ask you about childcare.*

- Tell me about your experience finding childcare.
- Who provides childcare for you now?
- Has your child ever been enrolled in a childcare program (other than...)?
  - [If not answered:] What kind of childcare services or resources has (shelter) *offered* you?
  - [If none, skip this] Which services have you *used*? Do you plan to?
  - [If none to any:] Can you tell me *why* you did not use them?
- What services would you like to have to help you find childcare when you need it?

### Medical Services

- Tell me about what you do for medical care for your child(ren).
- How do you pay for medical costs?
- A lot of people have a hard time getting to the doctor regularly, are you able to get your child(ren) to regular checkups?
- What problems do you have trying to get medical care for your child(ren)?
- What kind of help have you had with getting medical care for your child(ren)?
- What kind of services or resources have you been offered by (X shelter) to help you access medical care for your child(ren)?
  - [If offered any services:] Of these services you were offered, which have you used? Do you plan to?
  - [If offered services but did not use them:] Can you tell me why you didn't use these services?
- What child medical services would you like to have if you could?
- If your child ever witnesses or experiences a traumatic event, do you know of resources or services that would be available to your child?
  - [If yes:] Do you feel like you have access to them if you need it?

### Closing

Those are all the questions I have about your children. Is there anything else you want to add that you would like us to know?

### Demographic Information



- How long have you been at (shelter)?
- Have you stayed in a shelter before this?
  - [If yes] how many times?
- What is your ethnicity?
- What is your race?
- What age group would you fall in?
  - 18-21
  - 22-24
- What is your highest level of education?
- Are you currently employed?
- When was the last time you were employed?

*Appendix B: Interview Sample Descriptive Statistics*

**Table 1**

	<b>Number</b>	<b>Percentage</b>
<b>Age Range</b>		
18-21	7	50%
22-14	7	50%
Total	14	100%
<b>Employment Status</b>		
Currently Employed	3	21%
Unemployed	11	79%
Total		100%
<b>Educational Attainment</b>		
High School or GED	10	71%
No High School Diploma or GED	4	29%
Total	14	100%
<b>Length of Employment</b>		
1-3 Months	1	7%
4-6 Months	4	29%
6-9 Months	1	7%
Currently Employed	3	21%
More than 12 Months	4	29%
Never Employed	1	7%
Total	14	100%

**Table 2**

	<b>Number</b>	<b>Percentage</b>
<b>Number of Children</b>		
One	6	43%
Two	4	29%
Three	2	14%
Four	2	14%
Total	14	100%
<b>Number of Infants</b>		
One	6	43%
Two	1	7%
Three	1	7%
Not Applicable/Unassigned	6	43%
Total	14	100%
<b>Number of Toddlers</b>		
One	9	64%
Two	2	14%
Three	1	7%
Not Applicable/Unassigned	2	14%
Total	14	100%

**Table 3**

<b>Race</b>		
African American	10	71%
Hmong	1	7%
Caucasian	1	7%
Mixed (Black & White)	1	7%
Native American	1	7%
Total	14	100%

**Table 4**

<b>Number of weeks in shelter</b>		
One week	1	7%
Two weeks	1	7%
Three weeks	2	14%
Four weeks	2	14%
More than five weeks	8	57%
Total	14	100%