

2005-01-01

Homeless Outreach Projects for Single Parent Families: What Happens to the Children?

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Recommended Citation

Kasting, Colleen and Artz, Sibylle (2005) "Homeless Outreach Projects for Single Parent Families: What Happens to the Children?," *Irish Journal of Applied Social Studies*: Vol. 6: Iss. 1, Article 3.

Available at: <http://arrow.dit.ie/ijass/vol6/iss1/3>

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What Happens to the Children?
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Abstract

This article provides an overview of the changing nature of family homelessness in the US and Canada, the current literature on homeless families and their children, and reports on a Canadian example of community-based research on family homelessness. This research shows that poverty, family violence, a history of abuse and problems with mental health and substance misuse are the dominant factors that contribute to family homelessness. The research also shows that the children of homeless families face grave risks, and makes explicit the need for immediate policy and practice initiatives to end family homelessness.

Introduction

In 1989, the House of Common passed a unanimous all-party resolution to “seek to achieve the goal of eliminating poverty among Canadian children by the year 2000.” Again at the 17th Annual Provincial Premiers’ Conference, child poverty was identified one of Canada’s most critical social issues, yet it

remains that 15.6% of Canadian children (17% in British Columbia) continue to live in poverty (Childcare Resource Research Unit (CRRU), 2003). Many of these children live in unsafe, unstable situations, moving from place to place with their parents. Child poverty increasingly means homelessness and instability.

Homelessness is a reality for many in Canada, and family homelessness is increasing at a faster rate than any other population group (Kraus & Dowling, 2003; City of Toronto, 2001). The children of these families face an increasingly bleak future and could easily become the next generation of homeless (Kraus & Dowling, 2003). Because homeless children and families are rarely seen on the streets of our downtown cities and towns, the average Canadian does not appreciate the extent to which homelessness is becoming a way of life for so many parents and their children.

The face of homelessness, to most Canadians, is that of a single person, usually male, who has a history of mental instability and addiction issues (Kraus & Dowling, 2003). This paper attempts to change that picture. More and more children are not only facing a life of poverty, but also one of instability and insecurity. As they grow older, these children can expect increased health risks, psychological and developmental problems, and educational disadvantages. Given their many challenges, these children often grow into adults with few skills and no established support systems. Further, their children are also apt to become poor and homeless, and the cycle repeats itself (Kraus, 2003; Nunez, 1994).

The Changing Nature of Homelessness: the American Picture

According to Nunez and Caruzo (2003), there have been three distinct waves of family homelessness in the United States. In the first instance, in the 1980's, homelessness was viewed as an emergency housing problem. Fires, hazardous living conditions, and personal calamities were the primary cause of family homelessness. Shelters were built to house families temporarily while they looked to find something affordable. Many were helped to find and maintain adequate accommodation through housing subsidies. However, federal policies for reducing the number of housing subsidies and the dismantling

of social service programs left more and more families without the means to afford a place to live.

In the 1990's, the second wave of homelessness became one of sustained poverty. Service providers noticed a change in homeless families. Homeless people tended to be younger, less educated and poorer than those of the 1980's. Recognizing that homelessness was not going to disappear, policy makers and community members began to study the effects of homelessness on homeless families, and tried to set up programs and policies to help these families make the best of their situations (Cumella, Grattan, Vostanis, 1998). For example, special schools and day care centres were set up for children who were homeless (Nunez, 1994). Federal responses included the Steward B.

McKinney Homelessness Assistance Act of 1987 that established the *Education of Homeless Children and Youth* program. This Act ensured that homeless children had the same access to public education as all other children (Buckner, Bassuk, Weinreb, 2001). In other words, homelessness began to be treated as a fact of life in the social fabric that required targeted services beyond helping people to find shelter.

Since the turn of the twenty-first century, there has been a third wave in how American society views and, therefore, responds to homelessness. This third wave is characterized by a sense that the problem is here to stay and has reached overwhelming proportions. Nunez and Caruso (2003) estimate that in the United States, over one million children live in shelters and that millions more are on the brink of homelessness. They also note that child poverty in the US is the highest of all industrialized countries because "limited public assistance and a booming, then faltering, economy, have destabilized millions of families and ultimately forced thousands into homelessness" (p. 1). Canada follows directly behind (Allan, 2000; Glenday & Duffy, 2001).

Homelessness in Canada

In Canada homelessness has become a major concern. The Big City Mayors' Caucus declared homelessness a National Disaster in 1998 (Federation of

Canadian Municipalities' National Affordable Housing Strategy, 2000). The problem was growing to such an extent that elected officials publicly asked for federal and provincial governments' help. For example, in the City of Toronto alone, the number of people staying in their emergency shelters rose by 40%, from 22,000 in 1988 to nearly 30,000 in 1999, and the number of children has increased by 130% from 2,700 to 6,200 in the same time period (City of Toronto, 2001). Other Canadian cities note similar increases in their homeless population.¹

In British Columbia, there are a limited number of shelters for homeless families. Government priority, instead, had been to develop longer-term housing (both second stage and permanent housing) rather than emergency shelters. Presently in British Columbia, government policy has shifted so that virtually no subsidized housing units are being built for families. For those families with little money and no housing, there are few choices except to bunk in with friends or family. This means that many such families continually move from one place to another, so the extent to which families experience homelessness is largely hidden. Given the hidden quality of the problem and the absence of a centralized data base, estimating the number of homeless families in British Columbia is problematic, although one recent study stated that in the Greater Vancouver Regional District, 15% of all lone parent families or approximately 10,000 families were at risk of becoming homeless (Allan, 2000; Woodward, Eberle, Kraus, Graves, & May 2002). How many of those who were absolutely homeless is unknown.

In Greater Victoria, a collection of municipalities numbering 340,000 people, where rental costs are among the highest in Canada and the vacancy rate among the lowest, the situation is similar. Many families who can no longer afford their housing move into the homes of friends or relatives. Such arrangements are often stressful and short-lived, because frequently, conflict often breaks out and the family is asked to leave. With few resources and

¹ Big city Mayors' Caucus of the Federation of Canadian Municipalities refers to the mayors of 22 of Canada's largest cities who meet to discuss common issues and present a collective voice on those issues.

nowhere to go, such families (most of them headed by lone parent mothers) eventually are provided with crisis funds to move into a motel where they may spend, in many cases, months waiting for suitable housing (Kasting, 2004, personal communication with local homeless families outreach staff).

Homeless Families

It is difficult to define exactly what the term “homeless families” means. In communities such as Victoria, British Columbia, where there are no family shelters, these families live in a range of places and conditions: motels, cars, or they double up with other families; they may live in unhealthy housing situations – moldy, crowded places in need of major repairs. Although these families are not seen on the streets, they live in very unstable situations. They often go from day to day, not knowing if they will be evicted and not knowing if they will have food to eat or be able to pay for basic utilities (Kasting, 2004, personal communication with local homeless families outreach staff).

From a child’s perspective, “housing protects [them] and provides a basis for self-image (their place in the world) and places for play, study and exploration. Housing enhances or hinders a child’s opportunity to participate in society in a variety of ways” (Shillington, 2001: 12). Shillington also notes that, “moves under duress can give a child a sense of powerlessness and demonstrate that even their parents can sometimes be powerless” (Shillington, 2001: 13).

Single parent families headed by women constitute the majority of homeless families (Allan, 2000). Further, according to Duffy and Mansell (2000), 93.3% of all single parents under 25 in Canada live below the low-income cut-off². They further note that 80.2% of all single parents with children less than seven years old are poor. Similarly, in the US, where homelessness among families has been a reality for much longer, 40% of all those that are homeless are families with children (United States Conference of Mayors, 2004). To exacerbate the problem, Nunez (2003) found that more than 27% of homeless families in the US have been homeless more than once, and one

2 Low-income cut off is a marker set by Statistics Canada which most social policy analysts, politicians and editorial writers treat as the poverty line.

quarter of all homeless children have moved to at least three different places in the past year. For these children, homelessness is a way of being rather than episodic.

Those families who live in substandard housing also suffer. Research shows the correlation between crowded housing or housing in disrepair and overall health. Danesco and Holden (1998) examined three groups of children: those who live in sufficient housing, those who live in crowded housing or in housing that is in disrepair, and those who live in crowded housing that is in disrepair. They found that 75% of children who live in sufficient housing do well in school compared to 65% who living in crowded housing or in disrepair and 68% who live in crowded and in disrepair. Of those in sufficient housing, 88% have low aggressive behavior compared to 83% and 67% in the homeless categories. Thus, according to Danesco and Holden, crowded living affects academic success and a combination of crowding and disrepair increases rates of aggressive behaviors.

Family Shelters

Shelters are usually the last resort for parents when they have no place to go. Many parents first stay with friends and/ or family. Often, by the time the families arrive at the shelter, their children have moved a number of times (Hausman & Hammen, 1993). Some shelters are large, noisy, chaotic, and stressful, others are smaller and homey, and others are emergency shelters for women leaving abusive relationships (Allen, 2000). The shelter experiences for children bring different results depending on the type of shelter. (Hausman & Hammen, 1993).

Many shelters have strict rules that diminish the parental authority, thus creating parent/child difficulties. Thrasher (1999) notes that “public mothering”³ distorts the role of the mother as primary nurturer, teacher and negotiator. Private space is limited so children in shelters generally stay in the physical presence of their mothers at all times. Those mothers have

3 Public Mothering refers to mother/child interactions among homeless women with children living in shelters.

no private time to deal with their emotions, anger, and depressions, further increasing the stress in the mother-child relationships. Thrasher (1995: 95) also comments that residence in a shelter distorts the role of the mother such that she cannot fulfill her role as “primary nurturer, teacher and negotiator”. Public criticism of her parenting ability further erodes the mother/child relationship and decreases self-esteem levels for both mother and child (Hausman & Hammen, 1993). Shelters that support the mother’s authority and encourage healthy parenting practices and that provide the family private space and some autonomy seem to bring better results (Douglass, 1996).

Beyond Housing

For many families, homelessness is not simply a housing issue. It is also an economic and social issue. In the United States, poor education, lack of employable skills, inadequate health care, domestic and neighbourhood violence, child abuse, foster care, and insufficient child care are all cited as reasons for homelessness (Nunez, 2003). In Canada, causes of homelessness are similar. They range from increased poverty, reduced social programs, shortage of affordable housing, violence against women, classism, sexism and racism (Allan, 2000; City of Toronto Mayor’s Homelessness Action Task Force, 2001). Fortunately, in Canada, neither health-care coverage nor neighbourhood violence, two major causes of family homelessness in the US, are of major concern.

With multiple contributing challenges of homelessness in mind, we now examine child development as it relates to homelessness. We consider the following areas: health, hunger and nutrition, development delays, psychological problems, educational underachievement.

Health, Hunger and Nutrition

Lack of good nutrition leads to health problems (Rafferty & Shinn, 1991). If a family does not have access to a fridge and a stove, the parent often resorts to fast, easy food. If the parent does not understand the value of nutrition, the child loses out. If the parent must rely on food banks and free food, she has little choice with regard to what to feed her children and a well-balanced diet is not possible. Homeless children experience a higher

than average incidence of birth problems, upper respiratory infections, minor skin ailments, ear disorders, chronic physical disorders and gastrointestinal infections and infestation. Eberle, Kraus, Serge, and Hulchanski (2001), in their report, *Homelessness: Causes and Effects*, state that those who are homeless use the medical system more often than those who are housed.

Developmental Delays

Many poor children suffer from short attention spans, aggression, language delays, sleep disorders, and other problems (Molnar, 1988). Rafferty and Shinn (1991: 1173) note that both very poor but housed children and homeless children show poor performance. This suggests that poverty may be the key mediator of developmental problems. However, Rafferty and Shinn (1991) also list other mediating factors such as inadequate shelter conditions, lack of access to quality day care services, instability in child care arrangements, and effects of homelessness on parents as additional challenges faced by homeless children and their parents.

Other studies have shown that for those children with learning delays, stability for as little as six weeks can contribute to children changing from being perceived as developmentally delayed to being perceived as normal (Douglass, 1996). This suggests that stable housing has the potential to change children's abilities to learn.

Psychological Problems

A lack of stability manifests itself differently for boys and girls. Behavior studies show that boys manifest more external behavioral problems while girls exhibit significantly more internal behavioral problems. Homeless girls exhibit significantly more negative outcomes in response to homelessness than boys. However, the externalized negative behaviors cause problems for families' stay in shelters because of the disruptions created (Downer, 2001).

Buckner, Bassuk, Weinrub and Brooks (1999) examined the relationship between housing status and depression, anxiety and problem behaviors among children ages six and older who were from low-income, single parent, female headed families. They found that homelessness is predictive

of internalizing problems, with 47% of homeless children exhibiting these problems as compared to 21% of children who were housed, even when holding constant other variables such as the mother's own distress, recent negative events, gender and age.

Educational Underachievement

Although studies show that homeless children have a lower degree of educational achievement than do housed children, it is difficult to distinguish whether homelessness or extreme poverty is the cause. Studies are not conclusive (Rafferty & Shinn, 1991). Estimates of school attendance rates of homeless children range from 43% to 57% and decrease as the children grow older (Downer, 2001). Issues affecting underachievement in schools include poor school attendance, lack of adequate educational services, inadequate shelter conditions, and shelter instability. Many children are embarrassed about their homeless condition and do not socialize with other children in their classes for fear of being "found out" (Buckner, Bassuck, & Weinreb, 2001). The research suggests that one remedy for this is providing spaces in the schools and nursery schools for all homeless children as schools can instill some stability that is otherwise lacking in their lives (Cumella et al., 1998; Rafferty & Shinn, 1991).

Parenting Practices

Children's first and primary sources of support are parents. Parents are expected to nurture their children and offer physical comforts. Homeless parents do not have that luxury. They are so entangled in their own problems that the children's needs are often overlooked. Disruption caused by losing a home affects parents' abilities to be consistent and supportive caregivers (Hausman & Hammen, 1993). Although they may try to be good parents, all their energy goes to meeting the family's basic needs for food, shelter, and security, leaving little left for the children (Torquati, 2002).

Loss of control over one's environment places parents at increased risk for learned helplessness and depression (Rafferty & Shinn, 1991). Torquati (2002) also notes that most homeless parents are depressed with nearly 50% showing signs of functioning above the clinical cutoff for depression. Thus,

the amount of support these parents can offer their children may be quite limited. Exposure to depression and learned helplessness, when passed on to children, can decrease their chances of finding positive lifestyle alternatives when they become adults.

Resilience and Hope

The experiences of homeless children often lead to continued homelessness and/or deep poverty as an adult. Still, there are many children who “make it” in the adult world. Why is that? Why can some children, in the midst of chaos and insecurity, successfully weave their way through the maze of confusion to successful adulthood? Developmental studies have identified protective processes within child, family, school, and community systems, that support the competence, that is the resilience, of children deemed at-risk. Douglass (1996), Masten and Sesma Jr. (1999), and Reed-Victor and Stronge (2002) all suggest that resilience needs to be considered as a dynamic process that includes internal and external factors, and the unique characteristics of individuals and their contexts.

Douglass (1996) examined the linkages between risk and protective factors on the one hand and behavior related to school success (achievement and conduct) on the other. She noted five risks: (1) low education level of most parents, (2) single parent households, (3) abuse and violence, (4) hunger, poor physical and mental health, and (5) school achievement. She found that homeless children have multiple needs, few resources, high mobility and overwhelmed parents and that their school dropout rates were very high when parenting abilities were lacking. Among these children, she studied those who succeeded in spite of severe adversity. Douglass found that the children who developed good relationships with competent and caring adults and who had good cognitive abilities had fewer risk factors in their lives and more resources (both social and individual). She further noted that, as the number of risk factors in a child’s life increases, so does the threat to the child’s development and well being. She also found that by reducing risks, boosting resources, and facilitating a protective relationship with competent adults the child has more chance to survive the homeless experience.

Reed-Victor and Stronge (2002) recommend that educational programs recognize the child's assets as well as his or her needs. According to Reed-Victor and Stronge, strengthening natural supports in the family, school and community, and advocating for additional services and resources to fill gaps in the support systems all appear to increase the child's opportunity for success. Strategies that support students who are homeless include: increasing parenting skills, heightening parents' awareness of their children's educational needs, assisting parents with creating and maintaining emotional stability and helping parents with employment and vocational training. Also important are: providing school-based interventions such as improved enrollment procedures along with supports such as counseling and tutoring, and helping children to develop positive strategies for social engagement, building self-confidence, offering emotional support and opportunities for self-expression and supporting school staff to work closely with community agencies.

Menke (2000) looked at stresses and coping behaviors and compared the behaviors of children who are homeless but living in a shelter with children who were previously homeless and children who were never homeless but are poor. She found that some of the stressors unique to homeless children (e.g. the lack of freedom, the uncertainty of the situation, and the restrictive rules of the facilities in which they were staying) made it harder for them to seek out social support (that is, friends and parents to talk to). At the same time, Menke (2000) found that despite the stressors, children in homeless shelters much like children who are not homeless or children who are poor, coped with their circumstances by playing, watching television, fighting, crying and walking away.

Nunez (1994) believes that the whole family must be considered when looking for strategies to support homeless children. Since children learn by modeling and parents are primary role models, parents must be included in models for learning. Nunez stresses the importance of parents learning the value and potential of education and understanding their own role in passing their values on to their children. He reviewed the American program, *Homes for the Homeless* (HFH), an innovative education, social and residential service

to homeless families, which takes a family based approach to learning. Within this program, both children and parents are viewed as students and as teachers, and everyone learns to appreciate education as a way of life. Both parents and children have fun, take control of their learning, and see the relevance of education for their day to day existence. This approach, together with a continuum of social services, begins to move the family away from perpetuating the cycle of poverty and homelessness toward a more stable, less limited future.

Herth (1998), in her study of 60 homeless children (6 to 16 years old) who were residing in homeless shelters in one Midwestern state, questions the meaning of hope and the hoping process in homeless children. She observed the strategies shelter workers used to foster and maintain the children's hope. Five areas emerged as contributing to hope: (1) connectedness, the perceived sense of meaningful links with others including family members, friends, caregivers or role models; (2) internal resources, the ways in which children draw on their inner strengths to respond to the world around them; (3) cognitive strategies, especially those used to consciously transform perceptions into a positive frame; (4) energy, the physical and psychosocial vitality that leads to positive action or accomplishment; and having (5) a hope object, a "thing" that gives significant meaning such as a teddy bear or blanket, something that is the child's own possession and is permanent. Herth's findings suggest that resilience and hope can be fostered by ensuring the positive participation of significant adults in children's lives; emphasizing potential rather than limitations; encouraging strengthening of inner resources, like courage and mental toughness while still fostering playfulness and humour; and remembering that each child is unique.

In dealing with the challenges of homelessness faced by families in Greater Victoria, one agency, the Burnside Gorge Community Association, took a leadership role in stepping forward to create this city's only crisis intervention outreach program for homeless families, the *Homeless Families Outreach Project*. From the beginning, efforts were made to anchor this project in research. The project coordinator (the lead author) partnered with a researcher (the second author), and together they took steps to use the

literature described above as a basis for program design and delivery, and to include in the program's mandate and service approach a sensitivity to the needs and challenges faced by the children of the homeless families that the project serves. The outreach project and the research are ongoing. We report here on our first wave of data and on what we have learned thus far.

A Canadian Example: Homeless Families Outreach Project Burnside Gorge Community Association

Background

The *Burnside Gorge Homeless Families Outreach Project* has as its mandate to assist families that are either already homeless or because of eviction notices or other reasons (e.g., sudden loss of income, deplorable living conditions) about to become homeless, in finding shelter immediately and stable housing over time. Ongoing funding for the service component of this program is provided by the British Columbia's Ministry of Human Resources. As noted above, embedded in the service program is a research program that focuses on expanding community capacity for identifying homeless and about-to-become-homeless parents and their children in the Burnside Gorge community, gathering data on the factors that contribute to their homelessness and learning more about the specific needs and service requirements of the children of these families, and building community capacity for providing services to these children and their families. Funding for this research was provided by the Human Early Learning Partnership program (HELP), a network of faculty, researchers and graduate students from British Columbia's four major universities⁴.

The Study

Method

As a first step in the research segment of the over all program, the coordinator and two outreach workers that comprise the Homeless Families Outreach staff worked with a University of Victoria researcher to on the overall design

⁴ HELP facilitates the creation of new knowledge, and helps apply this knowledge in the community by working directly with government and communities. HELP works in partnership with the BC Ministry of Children and Family Development (MCFD), in particular, the BC Minister of State for Early Childhood Development and is partially funded by MCFD.

of the research project. The overall approach is grounded participatory action research (De Konig & Marion, 1996; Green, George, Daniel, Frankish, Herbert, Bowie & O'Neill, 2003; Hall, 1993). The outreach workers were involved from the beginning in the design of the research project and were trained in interviewing and recording case notes and participated in the development of the projects' data collection form. Extensive discussions took place during the development of the data collection form to ensure that each variable was interpreted in a uniform fashion by those collecting the data. The form was designed to preserve the anonymity of the clients in that none of the information collected contained individual personal information and all the data collected on the forms was kept completely separate from client notes and any other materials that could make it possible to identify individuals.

The outreach workers did not use the forms in the presence of their clients because they wanted first to build trust and understanding with the client. Rather than fill in forms, the workers made case notes and later used these to complete the forms once the clients left. Over the first year of the project, the forms and with them the information collected were refined to take into account what we were learning, so for example, once we realized how many children were affected by homelessness or were at risk of homelessness, we decided to collect more information about the children. Information was collected in the following areas:

- Client contact: first time or repeat; homeless or at-risk, in person or on the phone, and who referred them to the Homeless Families Outreach Project
- Location of family at time of contact
- Reasons for homelessness
- Income source
- Issues affecting the family: substance misuse, violence, mental health, poverty
- Family demographics: family structure, ethnicity, ages and gender of all family members

- Information about the children: whether they were with their parents or had other custody arrangements, school situations, special issues
- Supports presently in place
- Services they accessed in the last 12 months
- Services needed and referred
- Exits: i.e. where they were sheltered, housed, maintained their housing, or disappeared

All the data was coded and entered into SPSS data analysis system and frequency tables that speak to each variable were developed. As stated above, we report here on our first wave of data. We continue to collect data and will, by 2006, have three waves of data and will report again on our findings once all three waves of data have been collected.

Findings

Our first wave of data, which we gathered from March 2002 to December 2003 is comprised of 168 families with 316 children. Of these, most (61.6%) were absolutely homeless families and staying in motels, the rest had either been given eviction notices and had from several days to several weeks left in their homes, or were staying with family members until housing could be found. Just under half of the clients (48.8%) were living on employment assistance (welfare) but another 16% were working, either part time or full time. Most of the parents were single parents (86.2%); 76% were single mothers while 10.2% were single fathers who were generally older than the single mothers. See Table 1 for details.

Table 1. Homeless Families at Intake

	N	Valid %
Total families	168	
Absolute homeless	75	44.9%
Relative homeless	92	55.1%
Where families stayed when they met the outreach workers		
In a motel	8	4.8%
At home	92	54.8%
With family or friends	42	28.6%
Other (second stage housing, street, transition house)	20	11.9%
Income Source		
Employed (either part time or full time)	20	17.9%
Employment assistance (welfare)	82	48.8%
Disability insurance	10	6.0%
No income	7	4.2%
Employment insurance	12	7.1%
Other - prostitution, student loan, family support, etc	37	16.0%
Reported Reasons for Homelessness		
Evictions – non payment of rent	49	29.9%
Fleeing violence	38	23.2%
Gave notice – rent too high	13	7.9%
From another province – new to Victoria	10	6.1%
No housing available	9	5.5%
Other (large range of reasons)	37	22%
Family Demographics		
Female single parent under 29	58	34.7%
Female single parent 30-54	69	41.3%
Male single parent under 29	0	0%
Male single parent 30-54	17	10.2%
Two parent families	22	13.2%
Pregnant mom	10	6.0%

Poverty was a factor for all but two families. Other issues affected a significant number of the families. First, 116 parents (70.3%) reported a history of past abuse, 77 parents (46.4%) reported or were suspected to be struggling with mental health issues, 61 parents (36.6%) appeared to be struggling with substance misuse and 38 women (23.2%) reported fleeing spousal violence. If one considers that those who flee violence often go to transition houses and that there are two transition houses in Victoria⁵ that temporarily house women fleeing violence, then we can presume that violence and abuse affect a significant number of homeless or at risk families. This trend reflects a recent report from the U.S. Conference of Mayors (2003) that concluded that domestic violence is a primary cause of homelessness in nine cities across the county. See Table 2 for details:

Table 2. Factors Affecting Homeless Parents

	N	Valid %
Total	166	
Poverty	164	98.8%
Substance misuse by parent		
reported	20	12.0%
suspected	41	24.6%
none	106	63.5%
Mental health		
Evidence	53	31.9%
Diagnosed	24	14.5%
None	34	30.6%
Past Abuse		
Reported	78	70.3%
None	33	29.7%

⁵ The two transition houses in Victoria, together, housed 303 women and 214 children in 2003 (from Hill House and Victoria Women's Transition House).

Homeless Children

All of the 168 families had at least one child living with them. Of the 316 children attached to the client families, 262 were living with parents who were homeless or facing homelessness, 23 were with friends and family, 28 were in foster care and 3 were other forms of care (e.g., youth shelters). Forty percent of the children were under the age of 6, and of these, nearly one-third (29.8%) were not involved in any type of child-care or pre-school program. Of the 60% of children who were of school age, 21 % were not attending school, and those that did attend school did not attend regularly. Additionally, of those attending school, 20% had been identified as struggling with behavioural issues.

Summary

In the first 10 months of our project we assisted 168 families and 316 children; that is, on average, almost 17 families per month. Although lack of housing largely due to the tight and expensive rental market in Victoria was the initial reason that brought families to the project, the outreach workers soon discovered that most families had a number of issues affecting their ability to find and maintain stable housing: past abuse, and for more than 20% of the female heads of household facing absolute homelessness, current abuse by partners, along with substance abuse and mental health challenges created a kind of “fire triangle”⁶ for homelessness. This “fire triangle” contributed substantially to all these families’ overall problems with finding and keeping housing.

Aside from the issues that parents and children faced together, the children in our study faced challenges that mirror those described in the literature. Those of school age who attended school did so sporadically and one of every five school-age children did not attend at all. Those not of school age were not attached to any early childhood care and education centres and

6 A fire is produced when enough oxygen, heat and fuel combine to create the chemical reaction that is fire. Homelessness is the outcome of a combination of contributing circumstances of which past abuse and or present abuse, current substance misuse, and challenges with mental health can combine especially in contexts where affordable housing is at a premium to create the fire triangle of homelessness.

were therefore likely spending their days in motels and other problematic contexts. According to Nunez (1994: 21), of all the other problems facing children, “inadequate education most greatly limits a family’s capacity to meet today’s housing and employment challenges. For parents and children alike, education remains one of the most powerful and effective ways to escape poverty”. The lack of school connectedness (day care, kindergarten, elementary, middle or secondary) stood out as a central concern uncovered by the outreach workers. Also of concern was the observation made during client interviews that many of the children and their parents were hungry and welcomed the food that the outreach workers offered them during the interviews.

Implications

The literature on child development and homeless children calls attention to the health, behavioral, psychological and educational disadvantages facing homeless children. There is also a growing body of evidence that many current young homeless parents (under 21 years of age) were homeless as children or lived in foster care, and that homelessness has become an intergenerational problem in our society (Kraus & Dowling, 2003). In our research, as in that discussed in the literature that we reviewed, it is clear that the children of homeless families are being exposed to some of the most potent risk factors for children. Child maltreatment and abuse is strongly correlated with parental substance abuse and parental mental illness and homelessness while one is a child and in later life (Mowbray, Bybee, Oyserman, Allen-Mears, MacFarlane, & Hart-Johnson, 2004; Stein, Leslie & Nyamathi, 2002). The great majority of the parents in our study had experienced past abuse and were now among the homeless and those challenged by substance abuse and mental health issues. It seems clear therefore, that the children of the homeless families of today may well become the homeless young people and parents of tomorrow.

If we want to break the cycle of homelessness, we must be willing to ensure that the basic needs of life, housing, adequate food, safety (as in the absence of abuse and family violence), services for those struggling with poor mental health, and substance misuse and education are provided over the long haul

rather than only in times of crisis. The CRRU's *Child Poverty Persists, Time to Invest In Children 2003 Report Card on Child Poverty in Canada* calls for targeted policies to eradicate child poverty and the *Federation of Canadian Municipalities (FCM) National Affordable Housing Strategy, 2000* states the need for increased funding for social housing to increase the number of stable, low income families. What has yet to follow is a clear federal, provincial and municipal translation into practice of these calls for targeted policy. We need to be prepared to first put in place the material supports needed to ensure homeless children's safety and stability. That is, we need federal and provincial housing policies that reflect the realities of a growing number of homeless families and ensure that more affordable housing is available to them. Second, through schools, community based programs, and shelters, the homeless child's needs for stability, safety and nurturing must be considered.

Resiliency studies offer a range of locally based solutions to soften the blow of homelessness and poverty to the child. These include: recognition that each child is an individual, that a significant other, a positive role model is needed in each child's life, and that social supports must be available to reduce the number of stresses in each child's life and to encourage a positive self-image. Additionally, belonging and connectedness are key (Douglass, 1996; Menke, 2000; Nunez, 1994; Reed-Victor & Stronge, 2002; Stronge & Reed-Victor, 2000). In Victoria, British Columbia, the picture of homelessness among families unveiled by the Burnside Gorge Community Association's Homeless Families Outreach Project is disturbing. The homeless children found by our outreach workers and the many thousands of others like them in Canada, require immediate action. The multiple risks they face must be reduced, resources for children and their families must be increased along with the range of opportunities for these children to experience learning in a positive light. Their families must be considered in any programming aimed at the children so parents can come to understand their roles in breaking the cycle of homelessness and enhance their involvement in creating a better future for their children. Before this problem becomes an entrenched part of our social fabric, we must work with homeless families to change the present

trajectory for a continued increase in family homelessness. As a community and as a civil society, this is one of our greatest challenges.

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