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Julia C. Torquati

University of Nebraska-Lincoln, jtorquati1@unl.edu

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Parenting

Julia C. Torquati

University of Nebraska–Lincoln

How can parents successfully care for their children in the context of homelessness? This is a significant question because families with children represent approximately 40 percent of the homeless population in the United States, and the number of homeless children has been growing since the early 1980s. Negative consequences of homelessness to children's health, education, and emotional and social development have been well documented. Homeless families in the United States can be considered a subset of limited-resource families, and as such they share some of the same challenges to effective parenting. However, homeless parents face additional challenges, and these challenges have two distinct origins: First, homeless parents as a population have significantly higher levels of several risk factors that can compromise parenting, regardless of current housing status; and second, being homeless poses threats to parenting beyond those experienced by housed families in poverty.

Parenting Functions and Qualities

Functions of parenting include (1) providing basic necessities for children's health and survival; (2) preparing children for self-sufficiency at maturity, which includes both formal and informal education; (3) socializing children consistent with culturally accepted values and behavioral norms; and (4) caring for children's emotional and social needs. Research has documented qualities of parenting behavior that are associated with such positive development for children. For example, when parents are warm and supportive but also provide consistent guidance and clear expectations, their children are more socially and cognitively competent—that is, they are more likely to be helpful and empathic with their peers, to be accepted and liked by their peers, to cooperate with teachers and other adults, to progress well in school, and to be self-reliant. Children whose parents are harsh, detached, or overly permissive fare less well on these developmental tasks than their peers.

Influences on parenting qualities have also been well documented. Parents who have good social support are more likely to be warm, responsive, and cognitively stimulating with their children. Parents who are more highly educated provide more verbal and cognitive stimulation for their children. Conversely, stressors such as marital dissatisfaction, financial stress, and depression predict higher levels of irritable parenting and less warmth, responsiveness, and verbal or cogni-

tive stimulation. Homeless parents have fewer resources to support their parenting and experience more stressors that can disrupt their parenting than do housed parents living in poverty.

Parenting in Poverty

By definition, families in poverty lack the economic resources necessary to meet demands. Thus, parents are forced to make difficult choices on a daily basis—for example, to spend money to do laundry, buy food, or pay for transportation. To make matters worse, families in poverty are also “time poor”—that is, they spend more time meeting basic needs than middle-income families and therefore have less time and energy to devote to their children. Moreover, parents who live in poverty experience more “daily hassles” such as negotiating with utility companies about payments and disconnection than do those in middle-income families, and accumulation of hassles causes negative emotional states such as depression and anxiety. Parents who are preoccupied with meeting survival needs and with managing daily hassles are less able to be warm and supportive, to provide consistent limits and expectations, or to provide cognitive and verbal stimulation to their children. The majority of families in poverty are “working poor,” and employers of such low-wage workers tend to be less flexible about parents taking time off work to partici-

pate in school activities or take a sick child to the doctor, for example. This lack of flexibility adds to the demands and difficulties that compromise optimal parenting.

Pathways to Homelessness for Families

Low-income families are especially vulnerable to homelessness because of economic and political trends during the past two decades. The number of affordable rental units has steadily declined along with federal housing assistance, while at the same time rents have increased the most for the lowest-income individuals. This state of affairs has been likened to a high-stakes game of “musical chairs” in which there is a shortage of affordable housing. To make matters worse, wages have stagnated, especially for the lowest-income individuals typically employed in the “service sector,” which means that it is more difficult than ever for families to be self-sufficient. Furthermore, a preponderance of working poor lack benefits such as health insurance, which makes them even more vulnerable to housing instability and/or unmet health care needs. The majority (an estimated 70 to 90 percent) of homeless families are headed by a single mother, so the following discussion primarily refers to relationships between mothers and their children.

These precarious economic circumstances set the stage for family homelessness. The first risk factors mentioned earlier—those that homeless individuals experience at higher levels than their housed counterparts and that in themselves can compromise parenting regardless of housing status—come into play either individually or in combination to precipitate homelessness. For example, domestic violence precipitates homelessness for an estimated 25 to 50 percent of mothers and their children. Many mothers turn first to their informal support network and “double up” with friends or relatives before resorting to emergency shelter. However, homeless women are more likely than their housed counterparts to have experienced childhood difficulties in their family relationships, such as physical or sexual abuse or placement in foster care, and are therefore less able to turn to them for support. Homeless women are also inclined to avoid troublesome family members and friends who, for example, have substance abuse problems or engage in illegal activities. Emergency shelter is more likely to be sought by mothers who lack a stable, reliable informal support network. Thus, troubled relationships pose a risk to both housing stability and parenting effectiveness.

Personal psychological resources such as mental health and education are critical to parents’ ability to effectively care for their children, and deficits in these resources can also jeopardize their housing stability. For example, estimates indicate that slightly less than half

of homeless mothers did not graduate from high school. Their low level of education compromises their ability to economically support their family as well as their ability to parent effectively. Homeless mothers have elevated symptoms of depression and posttraumatic stress disorder (a psychological reaction occurring after a highly stressing event) in comparison to housed women in poverty. Few homeless women receive mental health care, however. Researchers on mental health among homeless people point out that depression is often a consequence of homelessness, rather than a primary cause. Nonetheless, the symptoms of depression, such as fatigue, irritability, and difficulty concentrating, interfere with effective parenting and with one’s ability to manage the myriad of tasks to attain stable housing and self-sufficiency. Similarly, rates of substance abuse among homeless mothers are in the 15 percent range, and although this is significantly lower than rates of substance abuse among single homeless women and men, it presents an obstacle to optimal parenting and self-sufficiency.

Unique Challenges to Parenting in Homeless Families

Keeping children safe and keeping a family together become primary needs when a family is homeless. Homeless parents are vigilant about their children’s safety and sometimes arrange for children to stay with relatives or friends. Adolescent males may be prohibited from family shelters, so parents of teenage boys must make other arrangements for them if the parents stay in such shelters. Parents in all of these forms of shelter/housing report concerns about the kinds of people who are in or around such shelters. Parents also report that they tend not to trust their neighbors, and it is common for children to be with their parents at all times when they are not in school. Mothers who are fleeing violent relationships and those who fear that their children will be abducted by a relative are particularly vigilant.

Parents also tend to be wary about social service providers, who potentially will report neglect or abuse. This is a real concern because as many as 30 to 42 percent of foster placements are due to inadequate housing, and reunification of parents and children after placement in foster care is difficult. Fear evokes a physiological response designed to promote survival—the “flight or fight” response—which involves release of stress hormones, and under ordinary circumstances this is a short-term response. However, living in a constant state of fear and vigilance has a secondary effect, which is to concentrate brain activity to areas of the brain associated with survival and away from the areas associated with higher-order thinking and problem solving. Both parents and children are subject to this response when they

are faced with chronic threats. As a result, children may find it more difficult to concentrate or learn in school, and parents may find it more difficult to accurately perceive and respond to their children's needs.

Conditions in emergency shelters are not conducive to optimal parenting. Emergency shelters and temporary housing are not developmentally appropriate environments—that is, environments in which children can be engaged in meaningful, challenging, enjoyable activities such as playing physical games, building or creating things, singing and dancing, exploring, or reading. Children are relatively easy to manage when they are meaningfully engaged. However, when children are not meaningfully engaged, and when they are restricted to small, crowded, uninteresting, overstimulating, or stressful places, they are more difficult to supervise and care for.

Providing warmth, support, consistent and clear expectations, and verbal and cognitive stimulation to distressed children under difficult circumstances and under the scrutiny of strangers may be a Herculean task. Psychologists Bonnie Hausman and Constance Hammen noted that “emotionally fragile mothers may be quick to criticize each other’s children or to defend themselves from criticism by publicly maligning their own children” (Hausman and Hammen 1993, 360). The shelter situation undermines parental autonomy and authority, especially when shelter personnel intervene with parenting or with conflicts between parents. Children’s understanding of their parents’ authority is important to their sense of security—that is, the belief that their parents have the power to maintain predictable routines and set consistent boundaries to keep them safe is reassuring and provides a sense of organization and stability. When that parental power is challenged or usurped, children’s sense of security and organization is disrupted as well.

The Stuart B. McKinney Act of 1987 requires states to provide access to public education services. However, at any given time, approximately 40 percent of homeless children are not attending school. The reasons for this vary. For many children, transportation is an obstacle because they are sheltered far from their neighborhood school. For others, transferring records necessary to enroll children, such as immunization and scholastic records, is an obstacle. Some parents have resorted to reimmunizing their children in order to enroll them in school. School disruptions for children seriously impair their ability to progress on time academically as they are continually challenged to establish new relationships, adjust to new routines and expectations, and skip ahead or repeat curricular content because classrooms progress at different rates. Supporting children’s academic progress by negotiating relationships with teachers and school administrators, advocating for chil-

dren’s special needs, providing an appropriate place to study or do homework, and being involved with children’s schooling is much more challenging for homeless than for housed parents.

Approximately 50 percent of children in homeless families are younger than five years. Approximately 25 percent of homeless women have a child younger than twelve months, and approximately 33 percent of homeless mothers are pregnant. Consequently, almost half of homeless mothers are caring for young or unborn children. Recent research highlights the importance of the early years of life, especially infancy and toddlerhood, for development of neural structures that provide the foundation for optimal cognitive, emotional, and social development. High-quality child care is scarce but can act as a protective factor for children whose lives are disrupted.

Parenting as a Protective Factor for Homeless Children

Despite the challenges that homeless parents face, a continuum of parenting qualities has been reported in research, and individual differences in qualities of parenting predict variation in children’s developmental outcomes. When parents provide warmth and closeness and are involved in their children’s schooling, children demonstrate better achievement and more appropriate behavior. Positive parenting practices can minimize psychological symptoms among children.

Supports for Parenting in Homeless Families

Some shelter programs require participation in parent education or support groups as a condition for providing shelter. However, this requirement has drawbacks. For example, this requirement takes a deficit perspective, assuming that parents are lacking in love or skills, and this perspective is demeaning to parents and often inaccurate. Parents are too distressed and distracted by the problems of obtaining stable housing to attend to and absorb new information. Some professionals have also noted that parents should be given the opportunity to be active agents in solving their own problems, and they have adopted an “empowerment paradigm” (framework) so that parents can begin to feel a sense of control over their own destinies. In an empowerment paradigm, shelter personnel are supports and facilitators rather than directors of parents’ actions. Also consistent with this approach, professionals have noticed that parenting support is often more effective when a discussion group format in an informal setting such as a kitchen or courtyard is used, rather than a more formal teaching approach in a classroom or conference room.

Professionals have also noted the importance of recreation and respite for homeless parents and their children. Understanding that parents are distracted and distressed, some shelters have found that organizing enjoyable recreational time for parents and children improves their dispositions and better prepares them to face their challenges. Providing opportunities and materials for developmentally appropriate experiences—even materials as simple as Play-Doh, paint, puppets, and books—gives children an opportunity to engage in meaningful and enjoyable activities and parents an opportunity to interact with their children in a relaxed and competent fashion.

Pathways Out of Homelessness for Families

Homeless families are heterogeneous and therefore take diverse pathways into and out of homelessness. An estimated 40 percent of families experience an event or a series of events such as job loss, domestic violence, or eviction that precipitates a rapid decline to homelessness, whereas others experience a “slow slide” and have a less stable history of housing. Considering the current context of homelessness, in which the demand for affordable housing far exceeds the supply and jobs providing wages adequate for self-sufficiency are also in short supply, many families make their way to stable housing with primarily economic and housing assistance. However, most families need a wide range of support at least in the short term, including aids such as emergency food assistance, clothing for school and work, medical care, child care, and transportation. Mental health care should be provided for those who need it because mental health is an essential personal resource for parenting and self-sufficiency. Professionals and researchers have noted the importance of “responding to the self-articulated needs of the clientele” (Dail 1990, 305) in order to help homeless mothers to have a sense of control over their lives and to participate in finding solutions.

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