Evaluation of the Sound Families Initiative

Breaking the Cycle: Serving Homeless Children in Supportive Housing Programs

January 2007

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Executive Summary

Introduction

While not designed to rigorously examine children's issues or outcomes, the Sound Families evaluation uncovered compelling findings relating to children in transitional housing which prompted further exploration. While families and children have clearly made many gains while in transitional housing, evaluation findings from interviews with program directors, case managers and families have also identified existing gaps in services to children and the impacts these unmet needs have on families. The reality remains that services to children are often the last to be funded—and the most difficult to find funding for—and that service and housing providers and the systems impacting these families could do much to improve their work with children.

Sound Families Findings: Children's Education

➢ The number of families with school age children who attended *one school* during a school year increased from 49 percent at intake, to 80 percent at exit, and 86 percent one year after exit. Even with 40 percent of families moving during the year following exit, school stability remained high.

➢ Obtaining stable housing also appears to positively impact children's school attendance. At intake, 35 percent of children had missed *at least a few weeks* of classes in the past year; this declined to 19 percent at exit, and 11 percent at one year after exit.

➢ Parents reported their children are doing better in school: 58 percent reported their child was doing "excellent" or "very well" in their school work while in transitional housing; this increased to 69 percent one year after exit. Parents attributed these changes to increased housing stability, private space for the family, and access to services such as tutoring while in the programs.

Sound Families Findings: Children's Behavior

➢ Parents also reported that children's behavior improved while in transitional housing largely due to housing security, which allows families to create structure and routine.

➢ CPS involvement declined from 18 percent at intake to 10 percent one year after exit.

➢ For families with children placed by CPS in out-of-home care, transitional housing was critical in enabling family reunification to occur.

➢ Transitional housing benefited children in numerous ways:
   o From stable housing: *"It has given them their own place to just be."*
   o To activities: *"They had kids' nights two nights a week."*
   o To supportive services: *"The counseling taught us new ways to treat each other."*

➢ Services parents expressed most needing in order to support their children were: counseling and/or mental health services; extracurricular activities; tutoring/mentoring; parenting

classes; and concrete assistance/financial aid to help meet children's basic needs and allow involvement in activities.

Children's Services in Sound Families Programs

➢ Despite the large number of children of all ages who reside in Sound Families units, children's services are not a standard component in most programs' service models. Some housing sites lack appropriate play spaces – indoor or outdoor – for the children. A recent survey of all Sound Families funded programs found that 24 percent of housing sites reported having *no play space* for children, and only 7 percent offered on-site child care.

➢ In the same survey, more than two-thirds of programs had *no* staff person focusing on the needs of the children. Of the nearly one-third that reported having such a staff person, the role could range from a dedicated staff person to someone on the agency staff team who was able to serve as a resource on children's issues.

➢ Children's programming reflects more activities than therapeutic services.

➢ Funding is typically the largest barrier to offering more comprehensive services.

➢ When programs do have child advocate positions, the majority of time is spent advocating for children and making referrals: They act as liaisons with schools, other providers, CPS and community programs. Child advocates also collaborate with a family's primary case manager. They provide some direct services such as group and activity facilitation, child care and parenting education.

➢ Case managers' recommendations to improve programs for children included: more mental health resources; more child care options; access to good health care; community resources liaisons; and physical spaces at housing sites designed for children of different ages.

Recommendations

Clearly, transitional housing has a stabilizing and positive effect on most children's lives. The Sound Families evaluation has documented a chorus of family voices describing how transitional housing was good for their children, and how it could be better. Programs also benefited parents in many ways, such as improved self-efficacy, income level, employment, and parenting skills—all of which likely have a positive effect on children in these homes. Still, there exist many opportunities for improvements to be made. Several key recommendations in each of fours areas are proposed:

Improving family outcomes
➢ Connect families to training and education programs that enable them to earn higher wages upon completion.

➢ Eliminate disincentives to working families. Working more hours and/or earning higher wages should result in families *gaining* ground financially, not in abrupt cuts to benefits

such as childcare, housing subsidies and food stamps, which cause greater economic insecurity. The Earned Income Tax Credit level should be raised to allow more low-income families to retain the money they earn.

➢ Provide connections to <u>affordable</u> permanent housing.

Child-centered services
➢ Support programs in developing a children's services component. Staffing ideally includes a child advocate position that focuses solely on the needs of the children.

➢ Develop child-related outcomes such as academic success and social-emotional gains.

➢ Support discretionary funds for case managers and child advocates to assist families with items that may not be necessities, but help children normalize their childhoods such as camp scholarships, field trips and sports uniforms.

Child-friendly housing design
➢ Create play and activity spaces for children of different ages.

➢ Locate staff offices near children's spaces.

➢ Provide access to a range of activities for children, particularly after school hours and during school breaks.

Coordination with mainstream services
➢ Create partnerships with the child welfare system to set aside a few units for families involved with CPS and at risk of out-of-home placements or in the process of reunification.

➢ Ensure that children have access to high-quality preschool either through Head Start or through increased child care reimbursement. Enrollment in Early Head Start or Head Start Programs help parents gain access to high-quality preschool, additional family support, and knowledge of child development.

➢ Ensure that program and school staff are aware of the rights provided to homeless children and their families through the McKinney-Vento Act.

Conclusion

Access to safe and affordable housing is of primary importance, but the problems faced by many homeless families do not disappear when housing is secured. Stable housing provides the base from which these families can begin to address other issues. If the cycle of intergenerational homelessness is to be disrupted, the mental health status and trauma-related needs of all members of the family need to considered and addressed. Housing programs need to create services specifically designed to address the needs of children in their programs. Today's homeless children with a roof over their heads, caring adults in their lives, and opportunities to feel successful and be part of a community are less likely to become tomorrow's homeless adults.

Introduction

Increase in Family Homelessness

As poverty has increased over the last several decades, families with children have become a significant proportion of the homeless population. By the early 1990s, children made up the largest and fastest growing segment of the homeless population (Homes for the Homeless, 1992). By the late 1990s, almost 40 percent of the homeless were families (Institute for Children and Poverty, 1999). Forty-two percent of homeless children are very young (under the age of six) and physically and emotionally vulnerable to homeless episodes (Burt, 2001). Homelessness, while hard on the entire family, can have particularly negative consequences for children, some of which may be lifelong consequences.

While the effects of homelessness compared to those of poverty or deep poverty alone are still being studied and debated, the fact remains that thousands of children experience homelessness in Washington State each year. They live in shelters, in doubled-up housing, transitional housing, motels, and on the street. They have many needs which are met to differing extents in individual shelters and other programs. The reality remains that services to children are often the last to be funded—and the most difficult to find funding for—and that service and housing providers and the systems impacting these families could do much to improve their work with children.

In response to the growing trend of family homelessness, the Bill and Melinda Gates Foundation launched the Sound Families Initiative in 2000 to create service-enriched transitional housing for homeless families in the Puget Sound region (see the Appendix for more information on the Initiative). The programs funded through Sound Families target primary caregivers for the majority of intervention services, though all programs in some way attempt to address the needs of children in their programs. Additionally, some programs are in the process of or have already created children's programming. Hard-to-find additional funding must be sought to provide this dual-emphasis on both children's and adults' needs.

Clearly, transitional housing has a stabilizing and positive effect on most children's lives. The Sound Families evaluation has documented a chorus of family voices describing how transitional housing was good for their children, and how it could be better. Perhaps the most important outcomes are improvements in school attendance and stability—both with implicit benefits for children's long-term educational outcomes. Programs also benefited parents in many ways, such as improved self-efficacy, income level, employment, and parenting skills—all of which likely have a positive effect on children.

Purpose of this report

While not designed to rigorously examine children's issues or outcomes, the Sound Families evaluation uncovered compelling findings relating to children in transitional housing. Early evaluation findings from interviews with program directors, case managers and families clearly identified existing gaps in services to children. In interviews conducted early in the evaluation process, over half of program directors identified children's services as a significant gap. Program directors and case managers identified needs ranging from on-site activities for children and transportation to off-site activities to staff with professional expertise in children's issues and early assessments coupled with therapeutic services for children. In their interviews, parents frequently requested more on-site activities for children, funds to allow children to participate in after school activities, and on-site childcare. The majority of residents also expressed their desire for a safe, designated play area for their children. As one parent explained, "My children can barely be outside because the manager gets complaints. People don't want the kids to do what they're supposed to do." These needs have persisted with little redress save for a few programs that have actively sought additional funding to create a children's advocate position or increase services available for children. Grantees undertaking new projects have also been encouraged to consider the need for play spaces in developing the housing sites.

In addition to benefiting children directly, a parent's ability to make progress can be hindered in several ways by a *lack* of children's services or activities. A number of parents explained this during their interviews: apartments are small, and tensions in the home rise when children have no place to play safely or be actively engaged in activities. A few parents have been warned by program staff that their housing may be in jeopardy due to their children's behavior. Other parents expressed guilt over not being able to provide their children with a "normal" childhood, and how this struggle has compounded their work toward self-sufficiency.

> *"Youth programs would free up time for parents, give them a break; and keep kids out of trouble (from running around the complex)."*
>
> ~Case Manager

Furthermore, children's services have long been the last funded and the first cut in the environment of limited resources for services. Sound Families programs have proven no exception: A drop-in program for youth at one Sound Families site was eliminated entirely; the program had been an asset for the whole housing complex by relieving stress within families and kept children and youth "out of trouble." Even the developer and property manager benefited from its presence because of the decrease in issues associated with the youth hanging around the complex with few constructive activities to occupy them, but it could not be sustained due to funding cuts. The impacts reverberated through the program during one particularly difficult summer, ultimately causing conflicts among families and affecting parents' abilities to focus on their own goals.

These types of findings—past and current—have created the impetus for this report in order to examine the limited information we have collected about children in the Sound Families evaluation and prompt discussion concerning improvements to better serve children and their families. This report is a brief attempt to describe the particular needs of homeless children, capture examples of the services Sound Families programs are already providing for children, and offer recommendations for what could be done better for the children who will too soon be the next generation of parents hoping not to pass on a legacy of homelessness to their children. Our hope would be that interventions aimed at children help them to grow and prosper—to rise above simply becoming poor, albeit housed, adults.

Methods

A review of the research on issues pertaining to homeless children was conducted; a guide summarizing the existing literature is found in the latter half of this report. In addition, qualitative data was collected from interviews with 15 staff at 12 Sound Families programs. The interviews lasted one to two hours and were typically conducted with case management staff, but occasionally included program directors. Four interviews with five program staff were conducted with programs that had staff specifically designated for children services. These interviews lasted between 1½ and 3 hours. In addition, two staff persons at First Place School in Seattle were interviewed about educating homeless children, and one staff person from Healthcare for the Homeless shared her knowledge of health care trends among homeless families.

Data reported in the *Findings on Children in Sound Families Programs* section of the report presents findings based on 1,911 children who have resided in Sound Families programs and 444 children in 204 families who lived in any of the ten evaluation case study sites through April 2006.

Findings on Children Living in Sound Families Housing

Children in All Sound Families Programs

As of the end of June 2006, 1,911 children had been served in 559 Sound Families units. Nearly half of families (49 percent) had only one child residing in the transitional unit, but nearly one quarter (23 percent) had three or more children (Figure 1). Family size is often influenced by the size of units that programs have available. Several Sound Families programs have only one bedroom units and focus on women with infants or very young children, while other programs have larger units and thus the capacity to serve larger families.

Figure 1. Number of children per family
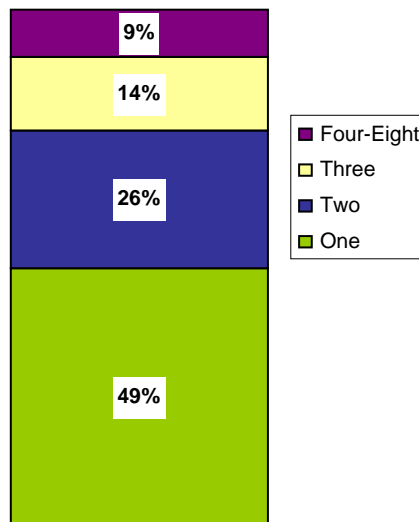
The average child age is 6.6 years, but Figure 2 shows the fairly wide distribution of ages and the high proportion of very young children in these families. Over 10 percent of all children are less than one year old, the largest percentage of any single age group. Children three years and younger comprise over one-third of all children served. A small number of families have children over 18 living with them although they are not considered part of the total number of children served.

The majority (84 percent) of primary caregivers are single parents or single head of household. One-fourth are younger than 23, though the average caregiver is 31 years old. Nearly half of the families were homeless for the first time, and most entered transitional housing after living in emergency shelters or at families' and friends' homes. While lack of affordable housing and living wage employment underpinned homelessness for many families, there were also high rates of domestic violence, divorce/loss of roommate, and substance abuse. Many families also

experienced homelessness as a result of mental illness, poor financial management and health issues.

Figure 2. Ages of children residing in Sound Families units
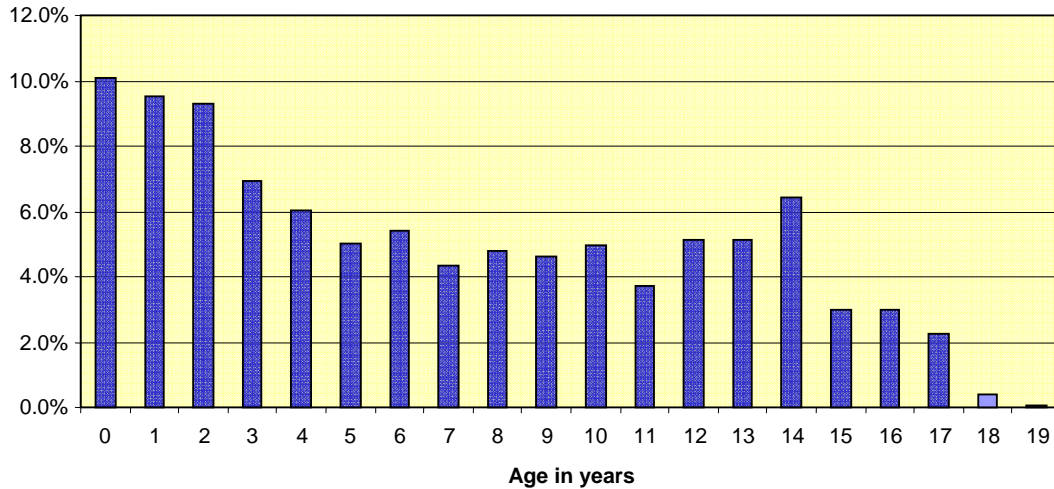
Children in Sound Families Case Study Programs

As part of the Sound Families evaluation, ten programs were selected as case study sites to gather longitudinal data through interviews with primary caregivers at different time points during and after transitional housing (see the Appendix for more information). To date, over 200 families with 444 children have enrolled in the Sound Families evaluation—this is nearly one quarter (23 percent) of the total number of children served to date in Sound Families units. One-fourth of families had at least one child who was not living with them when they entered transitional housing. Households also became larger over time: 16 percent of parents had more children in their care at the follow-up interviews than at entry into transitional housing.

The average age of children in Sound Families case study programs is 7.1 years, slightly higher than that of all programs. The distribution of children's ages in the case study programs is nearly identical to the distribution in all programs (Table 1). The findings presented below should be representative of families' experiences with their children in Sound Families housing. While they may not be broadly generalizable, they certainly can inform our understanding of what children are receiving and what additional support they would benefit from while living in transitional housing.

Table 1. Comparison of children's ages

	All Programs	Case Study Programs
3 years and younger	36%	37%
4 - 6 years	16%	16%
7 - 12 years	27%	26%
13-18 years	20%	21%

Interviews have shed light on what caregivers identify as important in the lives of their children, how transitional housing has benefited the children, parents' hopes for their children, and how programs can enhance services for this next generation. Follow-up interviews are helpful in capturing what changes, if any, have occurred in the children's lives and the role that Sound Families programs played in fostering these changes.

Other reports on case study programs, including an update on families one year after exiting housing programs, have more detailed findings on families' outcomes. Briefly, families spent an average of 13.4 months in transitional housing; 70 percent exited to some type of permanent, stable housing and maintained it; and 20 percent were evicted or asked to leave transitional housing. This latter group had far fewer positive outcomes in all areas. These families are discussed in more detail in the Sound Families report, *Early Exits: Lessons learned from families asked to leave transitional housing programs* (2006). Less expected was a high level of mobility after exit among families who had secured permanent housing at exit. Nearly 40 percent of all 51 families moved in the year following exit from transitional housing. Most moves were from one permanent housing location to another, though many movers temporarily lived with friends or families between residences. There is evidence that these moves and the timing of the moves were intentional decisions, with parents striving to minimize the impacts on children having to change schools again or moving away from a new support system.

Children's Education

The number of schools children attended declined significantly while in transitional housing, as would be anticipated with stable housing. Even with 40 percent of families moving during the year following exit, school stability remained high. The number of families with school age children who attended *one school* during a school year increased from 49 percent at intake, to 80 percent at exit and 86 percent at the one year follow-up interview (Table 5).

Table 5. Number of schools oldest child attended in the past year

	Intake	Exit	6-month follow-up	1-year follow-up
1 School	49%	80%	78%	86%
2 Schools	31%	17%	22%	14%
3 Schools	11%	3%	-	-
4 or more schools	9%	-	-	-

N=35 families with at least one school age child.

The transition-in-place model used in several programs gives families the ability to remain in the same housing and thus keep the children at the same school. One mother decided to transition in place in order to allow for her children to remain in the same school:

> *"I want my son to attend the same school again this year. I can't imagine having to move... it bothers me to think about what it would be like to move us all again. This mostly impacts the children and I have made the decision to stay and transition in place because it would disrupt us."*

In contrast, children with multiple school changes within one year, transitional housing had a very positive impact (Figure 3). At intake, 20 percent of children had been in more than two schools in the past year; this declined to 0 percent after exit.

Figure 3. Children attending more than 2 schools
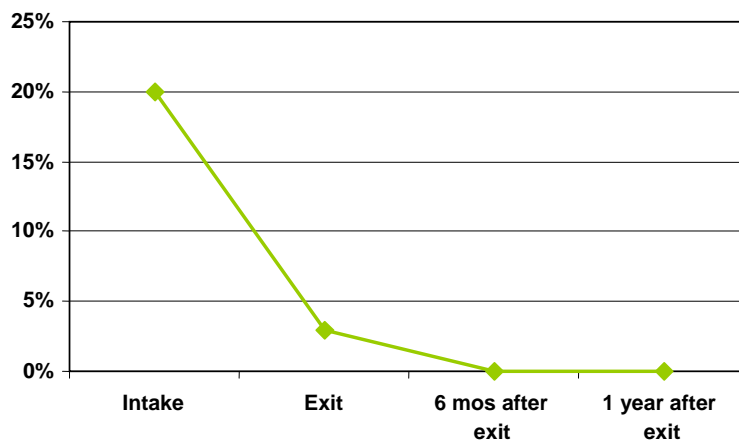
Obtaining stable housing also appears to positively impact children's school attendance. At intake, 35 percent of children had missed *at least a few weeks* of classes in the past year, declining to 19 percent at exit and 11 percent at one year after exit. Table 6 shows the most common reasons children missed school. Once stabilized in their transitional housing unit, 'moving around too much' no longer appeared as a reason for absenteeism. Transportation increases as a cause for children missing school while families are in transitional housing, perhaps because the location of some programs in rural or outlying areas challenges families' mobility. After exit, children most frequently miss school because of illness or doctors' appointments.

Table 6. Most common reasons children missed school

	Intake	Exit	6-month follow-up	1-year follow-up
Illness	58%	39%	73%	66%
Moving too much	19%	-	-	-
Overslept	4%	3%	7%	6%
No transportation	7%	36%	-	3%
Not enrolled	4%	3%	3%	-
Doctor's appointments	-	6%	11%	13%
Other	7%	17%	6%	12%

N=35

Caregivers were asked at each interview to reflect on how their oldest child was doing in his/her school work over the past three months. While residing in their transitional housing units, 58 percent of parents said their child was doing "excellent" or "very well" in their school work; this increased to 63 percent at six-month follow-up interviews and 69 percent one year after exit.

At the six-month in-program interview, caregivers were asked to explain the differences, if any, in their children's school performance compared to before entering the transitional housing. Sixty-one percent of caregivers reported that their child's school work was different, while approximately one third (34 percent) noted no difference. Caregivers who reported their children's school performance has remained consistent typically responded, "*She's always been a straight A student,*" or conversely, "*He's always had behavioral problems.*" Among those reporting a change in performance, most families reported that their oldest child was doing better in school, and a few reported a decline in school performance or behavior. Caregivers' responses

to "What has changed?" in their children's school work since entering the transitional housing program are highlighted below.

Positive changes perceived by parents relating to their children's school work:

Stabilization

- *"We are getting along better. Because I am not going through as much, he is not going through as much."*
- *"He has had more bonding time with us by not having 13 other people around. The whole living environment is better for all of us."*
- *"The home—home is where is starts. Our living situation improved, he started feeling comfortable again."*
- *"The overall effect of how the program is helping and changing me…I am more consistent as a parent and there's more stability in the house."*
- *"She's improved because we're situated in one place. This has made a big difference in everyone's work."*

Environment/Space

- *"Now that he has his own room, he comes home every day and his attitude is much better."*
- *"Her grades have gotten better. Having her own room has been good for her."*
- *"When she focuses, she does well. Also, we have our time and space now and (she has) her own room."*

Access to services

- *"It's gotten better with the tutoring here."*

Negative changes perceived by parents relating to their children's school work:

Impact from instability/change of relationship

- *"He was doing better when his dad and I were together. We've moved 2 times in that year."*
- *"Being homeless and being distracted. Having no money and she's has stress, emotional roller coasters."*

Mental health/learning disability

- *"He's got ADD. The transitions- I had to start him in a new school –meeting new teachers and friends."*
- *"She's just got such a bad learning disability and mental health issues."*
- *"There's been a little bit of change. While I was with my husband, he had to listen to arguments- it was too much."*

Children's Behavior

Over half (58 percent) of parents said their children's behavior improved while in the program; 12 percent said behavior got worse; and the remainder reported that it remained the same. Caregivers described the many reasons for these changes in their children's health or behavior while in transitional housing, most often identifying the security and stability from having a consistent roof over their heads.

> *"Because we came from different shelters, and he always changed friends, but now this is the longest time we've stayed anywhere in my son's life."*

> *"They know they have a home… a stable place. They are happier."*

> *"He seemed happier and more secure. He seems calmer."*

Caregivers also recognized that the stable housing improved their ability to provide structure and routine for their children, thus having a positive impact on their children's behavior. Caregivers also associated an improvement in their children's behavior with having their own space and a more desirable environment, such as their own room or place to focus on school work.

> *"They learned to follow rules and feel more stable and loved. They don't worry about where they'll sleep or what they'll eat."*

> *"I don't have as much tension and sibling rivalry. They have their own space and now they also don't have as much tension from me towards them."*

> *"They realized their mother was (setting) more boundaries…enforcing them. I was able to focus more on them because of not being so stressed out."*

> *"Before we were living with others and it wasn't if the same as having your own place and your own room. She's been happy."*

Programs were also recognized for their help connecting children to resources that supported their emotional, social, and psychological needs, such as after-school programs and counseling.

> *"They don't argue as much. We all tend to sit down and aren't as hyper because they are involved in a lot of school programs. When they get home, they're ready to eat and relax."*

> *"Access to mental health services and medication (helped). Social and emotional development has improved for all three kids."*

> *"My son was so angry when we first moved in, and with counseling, it (his behavior) improved a lot."*

Child Welfare System Involvement

Rates of child welfare involvement among families in the case studies were somewhat lower than expected, possibly because active substance abuse precludes eligibility from most programs, and the incidence of substance abuse issues and child neglect are highly correlated. Approximately 18 percent of families had some type of CPS involvement at intake, slightly decreasing by follow-up interviews (Table 4). Nearly all families who had children placed out-of-home were reunified with them, most often between intake and six months into the program.

Table 4. Family involvement with child welfare services

	Intake	Exit	6-month follow-up	1-year follow-up
Families with CPS involvement in past year	18%	14%	8%	10%
Families who had a child placed in a foster or relative home in past year	5%	5%	1%	2%
Families who were reunified with some or all of their children	64%	50%	100%	-

N=51

Though there has been limited CPS involvement for the families enrolled in the Sound Families evaluation, it is clear that obtaining transitional housing plays a significant role when CPS is involved. Two women's stories serve as examples of how transitional housing contributed to positive child welfare outcomes. One mother was residing in her transitional housing unit during the interview, while the other mother had exited her program nearly three years prior. Both mothers volunteered to share their experiences leading to the removal of their children, wherein substance abuse was a precipitating factor, and eventually their homeless status became an equally significant barrier to reunification in the eyes of the court.

> *"I didn't get my first child home until I was actually guaranteed transitional housing. That's what gave the judge the decision to bring her home. If I hadn't had transitional housing, she would have never come home."*

Both mothers believe that transitional housing played a role in helping them to successfully reunify with their children. Judges often require adequate housing prior to reunification in addition to completion of ordered services; this poses a challenge since participation in court-mandated services is sometimes equivalent to at least part time work, further complicating availability for employment and thus income. For example, one mother recalled that in order for her children to be returned she was to pass random urinary analysis tests (UAs), go to drug/alcohol counseling, take anger management classes, and get stable housing for her children.

Sarah, a single mother of five, describes herself as an alcoholic. She laughs when she recalls some of the mistakes she made when she was drinking. "I just can't drink and parent at the same time." Sarah knew she had a drinking problem even before CPS became involved. She went to the Department of Social and Health Services (DSHS) twice for alcohol treatment but was turned away for making too much money. About six months after her second attempt to get help, a CPS referral came in. The assigned social worker went to her house to begin the investigation, found her young children unsupervised at home and took all three of them into custody. Sarah came back to an empty house. They would be out of her care for 364 days. Some of the details are hazy because she was so "out of it" but she recalls being able to choose where her children were placed while she began her court-mandated services. During this period, she became homeless.

Although there was no mention of any housing concerns in the initial referral, the judge gave Sarah a court-order to find stable housing. In addition, she needed to stay clean and sober, pass random UAs, and begin drug/alcohol counseling and parenting classes. Sarah recounts the difficulty in getting her services started. "CPS and the courts ordered me to do services, but they didn't offer suggestions as to how to get the services I was supposed to complete." She asked her CPS social worker for help in accessing the services but did not get the support she needed. Sarah went to the YWCA and was pointed to their transitional housing program for participants who were involved with the CPS system.

Through the services offered by the transitional housing program, Sarah was able to accomplish all of the court-mandated services. Her three children in care were returned home to her. She has been clean and sober for five years and will be graduating from college next year.

> *"I can't imagine what my life would have been like if I hadn't found stable housing. At the time my children were taken I was in a two-bedroom home with one bathroom and five kids. I was working full time trying to pay the bills. Even if hadn't been drinking and spending the money I made on alcohol, it still would have been difficult."*

I feel safe in this home. I am very thankful for the funders who helped our family get a home. This has taught me to think about others so much. Now I know how poor, and homeless people feel. When I grow up I will also help people find homes. I am also thankful for the gifts these people have given us. I hope there is a way I can repay these people. There is also something I don't like about this home it's because in the afternooms I always hear a pounding sound That's the only thing I don't like about this place. So there is no other place I would like to live besides my dad's apartment. I think my baby sister likes this home most of all. So that's all I have to say about this place and thank you again for finding this home for our family and all of us are a family. That's why we help each other
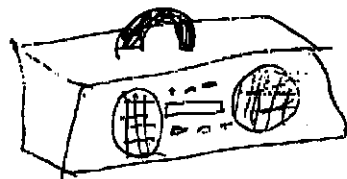
we are family

Ways Programs Were Good For Children

During interviews, caregivers are asked to reflect on ways in which the program was good for their children. Most often caregivers reported having stable housing as a primary benefit, since as a result of the stable housing, they were able to provide a sense of routine and security to their children. Many parents felt supported in their parenting and gained valuable skills while in transitional housing. In the caregivers' words:

Provided a stable, safe place to live

- ⬥ *"It provided a roof over his head and a place to come home from school."*
- ⬥ *"He wasn't born without a place to stay."*

Community experience

- ⬥ *"Being around children in similar situations (was good for him)."*
- ⬥ *"They were exposed to racially and culturally different children."*
- ⬥ *"The program gave them a voice in their community."*

Provided overall better home environment

- ⬥ *"The place was clean and stable and they had their own rooms."*
- ⬥ *"My daughter had her own room and now she sleeps in her own room."*
- ⬥ *"It has given them their own place to just be."*
- ⬥ *"They were happy with their environment…like the playground."*

Access to services

- ⬥ *"The advocates show they care and that the kids are important."*
- ⬥ *"The case manager looked out for our children's best interests."*
- ⬥ *"I got help with my drug problem and this helped my kids."*
- ⬥ *"The counseling taught us new ways to treat each other."*

Activities

- ⬥ *"They had homework club."*
- ⬥ *"They were involved in the Boys and Girls Club Camp."*
- ⬥ *"They had kids' nights two nights a week…. They had barbeques and activities."*

Improved parenting

- ⬥ *"My attitude changing based on things I learned (was good for them)."*
- ⬥ *"We learned how to communicate more."*

⬩ *"I became more accountable and provided a better example for her."*
⬩ *"I had some sense of pride which was important for him to see."*

Concrete goods
⬩ *"We got help at the holidays and back-to-school."*
⬩ *"Our case manager helped us get a whole summer scholarship."*
⬩ *"They paid for my childcare one month."*
⬩ *"They brought cakes for the kids' birthdays."*

Allowed for stable school situation
⬩ *"He was able to go to school on a regular basis."*
⬩ *"They have been going to the same school for a long time."*
⬩ *"The school district was good."*

Increased family structure and routine
⬩ *"They helped me to put them on a schedule like bedtime."*
⬩ *"It (the program) gave them a routine."*

One year after exiting transitional housing, families reported improvement in their overall quality of life: 69 percent of primary caregivers reported that their families' lives are "a lot better"; 18 percent said "somewhat better"; 8 percent said "about the same"; and 4 percent "somewhat worse." When asked what has improved in their lives, 51 percent noted housing stability, and approximately one-third each mentioned improved housing conditions, children's well-being, increased income, and "peace of mind." The latter is reflected in comments that signify improved mental health, decreased family and personal stress, and simply being "happier." One-quarter reported more independence and self-efficacy, and another quarter described increased knowledge of resources and support systems. Over one-third (37 percent) of responses noted the positive effects of the children's newfound physical, emotional and psychological stability. In some cases, achieving housing meant that families were reunified. Below are highlights from caregiver's responses about how life has improved as they relate to children:

"I am a strong and capable person; I can care for my kids by myself."

"My children feel more at ease…life is settled."

"The kids have made changes in leaps and bounds… they feel safe now."

"The kids aren't getting sick as much."

"I'm able to focus on the kids more versus where we will be living."

Furthermore, many families reported receiving services that directly benefited their children or their relationship to their children such as parenting skills, domestic violence services, counseling or support groups, and child care. While programs excelled at meeting these needs, parents often reported ongoing needs in these areas, which often went unmet in the community (Table 7), raising questions about the level of ongoing support these parents have for their often challenging role as parents. For example, all parents received parenting skills classes in transitional housing, and 35 percent said they needed or wanted this to continue after they exited transitional housing, but only 4 percent were receiving such services after exiting.

Table 7. Services needed and received

	Receiving while in programs	Ongoing need after exit	Receiving at one year after exit
Parenting skills	100%	35%	4%
Domestic violence services	92%	15%	10%
Counseling/support group	90%	52%	22%
Child care	88%	64%	*

N=51; * Question not asked.

In the 1990s a series of evaluation studies were conducted to look at how family income levels impacted child development (Duncan & Magnuson, 2005). While all of the experimental programs increased parental employment, only a few increased income levels as well. It was only in the families in which parental income increased that preschool and elementary school children's academic achievement improved (Duncan & Magnuson, 2005). For families with young children in which even a small increase in income such as $1,000 per year was seen, a measurable achievement gain was noted. These achievement gains, if sustained over time, may lead to a sizeable increase in lifetime earnings for children in these families (Duncan & Magnuson, 2005).

Transitional housing had a positive effect on household income levels and primary caregivers' employment levels and wages. By exit, 48 percent of families had increased their household incomes compared to income at intake. Despite these many gains, the majority still had

incomes less than $2,000 per month. Comparing this to the monthly self-sufficiency wage of $3,000 per month for a single parent with two children shows the gap between families' incomes and what is necessary for self-sufficiency. The percent of families with little or no income (less than $500 per month) at intake declined from 32 percent at intake to 6 percent one year after exit. If families' financial gains are indeed linked to improved outcomes for children, then more positive effects would be anticipated based on the gains, however small they seem, made during transitional housing.

Tina fled an abusive relationship with her ex-husband in the middle of the night with her two children, Jeremy, 10, and Jessica, 3. Tina remembered, "We had to run—it was just run." Because her family and friends were afraid to provide Tina and her children with a place to stay out of fear of Tina's abuser, Tina hid with her two children at a campground for nearly four months; "None of my friends or family felt safe enough to keep us," she recalled in an interview. During this period, Jeremy missed several weeks of school, and was not enrolled for part of the school year. Because of the chaos and stress, Tina said, his grades dropped significantly when he did enroll: "The changes we made – having to move away from my husband – really threw him off."

Tina and her children were eventually accepted into a shelter, where Jeremy and Jessica were introduced to Children's Advocates. These Children's Advocates continued to work with Jeremy and Jessica while in their transitional housing. For Tina, the Advocates made all of the difference for her son's emotional, academic, and behavioral success, although she acknowledges it took a while for this improvement to take hold: "It took my son exactly a year to heal." Tina spoke confidently about her son's changes, and the ways in which she felt the transitional housing program was good for her children:

> *"He's able to express his emotions now… he's trying to figure out what he wants in life. (The program) has been excellent for my children, and they based the program on (their) needs."*

In the follow-up interviews, families shared positive changes in their lives that have taken place since exiting transitional housing. Many caregivers spoke about how their time in transitional housing gave them a chance to regroup as a family. In many cases, progress made during the transitional program continued after exit, typically having a positive spillover effect on the lives of their children. In the two-year follow up interviews, caregivers shared the most meaningful changes in their life:

> *"The fact that he's in school now and we're both learning together. As a first time mom I'm growing with him."*

"Our life is pretty consistent for our day-to-day activities. I've gotten a routine down. We've not struggling to make things happen or worrying about how to survive."

"My outlook on my life is better. It has to do with me going back to school, and feeling more confident. I feel like I can take care of my family."

"The support and caring from the program without judgment (made a big difference). They offered us resources and did so with opens arms. They had so many neat programs to help you get though that time and focus."

Still, the fragility of being poor is evident among these families despite the positive outcomes in stable housing, income and quality of life. The evaluation asks questions in several areas to gauge how tenuous families' housing stability or financial solvency is. Families had varying abilities to afford basic needs and manage bills (Table 8). The more financial gains families can realize while in transitional housing—through increased income, higher levels of employment, financial management skills, and improvement of their credit—the more positive the effects will likely be on the entire family, including the children.

Table 8. Families' self-reported abilities to meet various needs one year after exit

	Not at all	Not very	Somewhat	Very
Able to buy food and other necessities	2%	4%	31%	63%
Able to manage bills	4%	4%	49%	47%
Able to buy clothing for children	6%	22%	35%	35%
Able to allow children to participate in activities that cost money	10%	14%	22%	47%
Able to set aside money for emergencies	49%	25%	14%	12%

N=51

Ways Parents Wanted Their Children's Lives to Improve While in the Program

During their initial interview with the evaluators, caregivers were asked to name three ways they would like their children's lives to change while in the program. Responses (Table 2) most frequently centered on developing better relationships with peers and improving the parent-child relationship (parents desiring the trust and respect of their children), followed by increasing stability and security in children's lives: "Stability…somewhere to have a set schedule and a place to eat."

Table 2. Most common ways caregivers wanted their children's lives to change while in transitional housing

Emotional and relational development	36%
Sense of stability and security	22%
Childcare and improvement in schooling/educational	15%
Able to participate in extracurricular activities	11%
Concrete needs	5%
Physical health improvements (medical care, nutrition, exercise)	3%

N=134; reported at six-months in the program.

Services Needed to Support Desired Changes

When asked what services were necessary to support these changes in their children's lives, caregivers often acknowledged that their children's needs would likely be met by maintaining their current housing in the transitional program and subsequently securing permanent housing. Housing was seen as the necessary foundation for achieving other goals. As one mother explained, "The fact that I got here to build a place for me and my kids," was a huge step forward.

> "Just financial stability and a stable home (is what we need). If we have that, we'll be fine. That way, he'll be alright and we can make it through."

> "We're getting the help now…we needed to be in a safe place without a crazy person dominating our lives."

> "Having the help with this unit (is most important). I couldn't manage to do what I already have to do and work a job. Having to manage my daughter's special needs is enough."

Beyond housing stability, caregivers' responses largely depended on characteristics of their programs. For example, the housing location, whether or not there was access to counselors and children's advocates, and the availability of adequate play space for children influenced caregivers' thoughts on what else was needed. Responses also tended to vary depending on the children's ages in the household. Parents of very young children voiced a need for help locating daycare and having play space, whereas caregivers of older children desired counseling and tutoring. Notably, responses did not always suggest the absence of such services, as many were in place at the time of the interview and caregivers wanted them to continue.

Table 3. Services needed *in addition to housing stability* to support desired changes in children's lives

Counseling and/or mental health services	35%
Extracurricular activities	29%
Services relating to educational success	26%
Parenting classes	10%
Concrete assistance	9%

N=89; reported at six-months in the program.

Approximately one-third of caregivers said that counseling and/or mental health services were important (Table 3). At the time of this interview, many children were currently involved in counseling, some of which were receiving counseling directly through their transitional housing program, and others through local community mental health centers using medical coupons. Caregivers who had previously received counseling services raised concerns about the quality and continuity of children's mental health, most often when received from the local community mental health centers, where turnover and poor experiences frequently disrupted service for many families. Mental health cuts at the state level have impacted the availability of such care especially in areas that have fewer existing resources such as rural areas.

"I want to make sure they (my children) are able to get their feelings out. They know I am sensitive and stressed, and they want to spare me."

"(We need) a good mental health program or psychiatrist that takes medical coupons…no one wants to take them (the coupons)."

"Counseling has helped me diffuse the situation with their father and be more focused on him (my son)."

"Maybe we need counseling, for me and my youngest…my case manager will help me with this. She knows where I can go."

Caregivers also identified extracurricular activities as a need, especially those offered during the summer and after school; services relating to educational success such as tutoring; and help identifying a more suitable school for their children. Some caregivers noted the meaningfulness of their case manager's presence during important school meetings, often serving as a liaison between the school and parent.

> *"If you are going to have these types of establishments (transitional housing), you need to have somewhere for them to play. They shouldn't have to walk to the community center."*

> *"I never have enough money to keep him involved in football."*

> *"More community activities. She (case manager) got the kids Boys and Girls Club memberships and she lets me know about different outings."*

> *"We need help with band instruments. I haven't asked yet… they are so expensive."*

> *"I would like for my son to have help through the school to make him succeed academically."*

> *"I'd like to have a case manager who understands all situations: domestic violence, alcohol and drug abuse, all types of crisis… and understand how this impacts the kids. We need them to be our advocates."*

Ten percent of caregivers also expressed a need for parenting classes, noting that their capacity to parent better is central to creating meaningful change for their children. As one mother explains, "It's more me that needs to make changes, not them." Approximately 10 percent of caregivers also identified needing concrete help such as assistance with back to school supplies, access to transportation, legal assistance, and a mentoring program such as Big Brothers/Big Sisters for their children.

> *"They give me classes here to be a better parent, so that's really good."*

> *"We could use some parenting classes. All of us here could use this."*

> *"I want my son to have a good role model because I'm a single mother."*

> *"Transportation! I need transportation. I can barely walk where I need to go. It impacts him (my son) since we can't do what he likes."*

Ways Programs Could Improve Services to Children

Caregivers were also asked to reflect on ways they felt programs could have improved services to children. Twenty-one percent of families offered no suggestions, stating that the program did everything they could to support their children while living in the program.

> *"I can't think of anything--they're just an amazing program, and I'm really thankful they were there."*

> *"When it comes to needing something, nothing. Getting my family back together was my main priority."*

> *"There's nothing more… the program has encouraged her and that's all she needs. My daughter thinks our case manger is wonderful."*

Caregivers' suggestions for ways programs could enhance their services reflected programmatic capacities such as whether counseling was available and whether or not the housing complex had play space for the children. Several themes emerged across programs, most frequently involving after-school activities.

Age-specific activities for children, particularly after school and during summer
⬧ *"Once a month, have an activity that all the program kids do together. It would help them to see that they re not the only ones going through this."*   ⬧ *"When the previous case manger was here we used to all get together and do some kind of project together. We haven't done anything like that for a while."*   ⬧ *"More teenage activities. Nothing's really happening for them...(they need) preventive classes for teens, info about AIDS, pregnancy prevention. Everything is for the adults-- no educational programs are for youth."*
Play space for children, indoor and/or outdoor
⬧ *"We need somewhere for my grandchild to play. He can't go outside without me hearing about it from some residents. Someone even called the cops before, but he's just doing what he's supposed to be doing at his age."*   ⬧ *"The program needs on-site activities for kids, but they think it's up to the parents. They also need more community space for kids."*

- *"Somewhere for the kids to play and feel comfortable."*

Access to additional resources (e.g. counseling, parenting classes, nutrition programs)

- *"At the shelter, the children's advocate was helpful. They had counseling and workshops. It would have been better if this service was consistent when we moved in here."*
- *"It would have been nice if the case manager or someone could have helped find counseling for my kids. I didn't know where to begin. It'd be nice if the kids didn't know they were in a transitional house."*
- *"The parenting classes could have gone more in-depth; it was a little too basic for me… also, we need more nutrition classes."*

Financial assistance for extracurricular activities

- *"They paid for my son to go camp, but they wouldn't pay for the sweatshirt or shirt. When families move in it would be nice if they could help the kids get a school shirt or some small things so they fit in."*
- *"If there was a way to raise money to go on trips, especially in the summer. They let us know what there was to do, but we need money to subsidize activities."*
- *"My kids are older so things getting expensive. They should do a little bit better with big kids. Talk to school about letting me in the games so I can support kids in sports when I don't have $6 to get in."*

On-site child care

- *"Better childcare during required programs. Maybe some structure like organized play groups."*
- *"Childcare - they have that in Everett, but not here. Just to have someone to give me a brief break."*

Tutoring

- *"Help my son with his homework because I don't write or speak English well".*
- *"Provide a tutor sometimes. When I'm working and they're at daycare, the homework doesn't get done. I'm a single parent…they are too tired in the morning."*

Mentoring programs

- *"If they had a Big Brother/Sister type of thing, role models."*

Today I feel happy because my sister crawls in the big spaces and my own phone in case we need help and that's a saffty rule. I also feel safe since my family has a home thankyou so much for fineding us a nice home. The first time I moved in here I love my room and I will all ways keep it clean all ways.
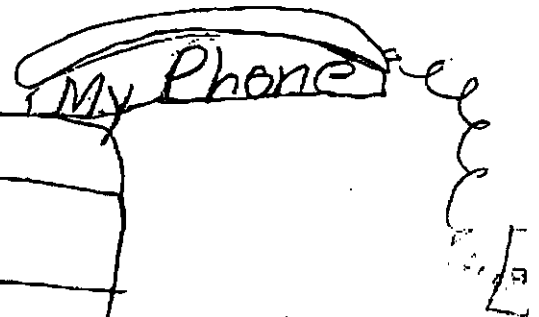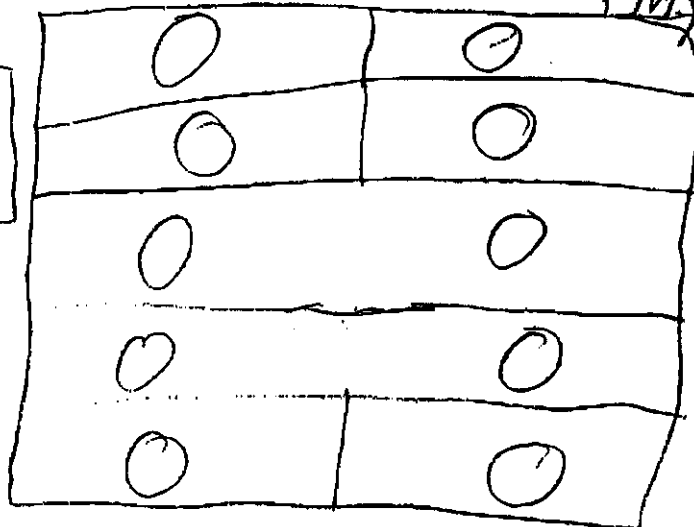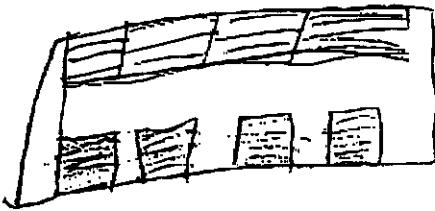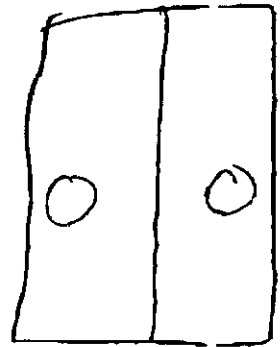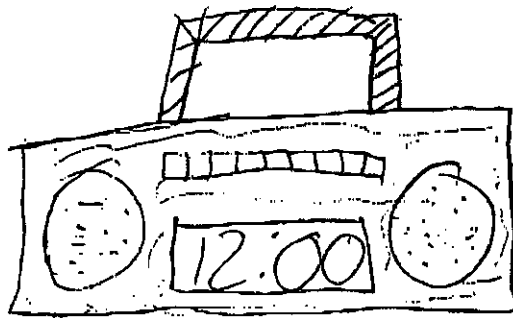
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Children's Services in Sound Families Programs

Despite the large number of children of all ages who reside in Sound Families units, children's services are not a standard component of most programs' service models. Some housing sites lack appropriate play spaces – indoor or outdoor – for the children. A recent survey of all Sound Families funded programs found that 24 percent of housing sites reported having *no play space* for children, and only 7 percent offered on-site child care. In the same survey, more than two-thirds of programs had *no* staff person focusing on the needs of the children (Guthrie, Curtis & Joh, 2006). Of the nearly one-third that reported having such a staff person, the role could range from a dedicated staff person to someone on the agency staff team who was able to serve as a resource on children's issues. It should be noted that, in general, case managers advocate in some way for the children in their programs, whether helping to provide concrete resources, creating after-school tutoring, connecting the families with counseling, or arranging monthly teen nights among other activities. This work, however, must come on top of focusing on the primary caregivers and their goals and needs.

While there has been increased attention to children's needs and issues, too often children's programming is the last funded and the first cut during tight budget times. Some sound Families programs have had children's staff and programming but it has been reduced or eliminated and some programs have recently begun to garner the resources to increase their capacity to serve children.

To better assess existing children's services and the need for such services, case managers in 12 Sound Families transitional housing programs were interviewed by evaluation staff. Four of these 12 agencies had child advocates or specialists working with families in transitional housing. To gain a better understanding of the role that these positions play in working with families, additional interviews were conducted with these four advocates.

Challenges Faced by Children in Sound Families Programs

> *"It would be great if children could just be children, not homeless children."*
> ~ Child Advocate

Case managers and child advocates described the many challenges faced by homeless children in their programs and on their caseloads. Due to the extreme poverty in which many of these children live, there is almost always a lack of concrete resources. Having enough food and clothing can be a challenge for most of these families even with the help of the program. Children in the transitional housing experienced behavioral and academic challenges connected to repeated moves and stress. Several child advocates expressed concern about the lack of self-esteem in many of the children. The issues impacting children are multiple and interwoven, as described by one advocate:

"We need to get them now so that the cycle can hopefully not repeat itself. We need to connect them to services. Domestic violence decreases self-esteem and many of these children do not know how to deal with conflict. This can lead to violence toward (other) kids which affects peer interaction and trying to fit in."

Issues also vary according to the children's ages. Among infants to five year-olds, the need to develop social skills and address behavior problems commonly arise. It is difficult to access services for children in this age group, especially high quality child care. Many of these children also need speech therapy, but advocates reported that there are not enough services available to families.

School age children realize that they are different from other children due to their life situations and advocates mentioned the children's wishes for a sense of belonging. This can affect their self-esteem, social skills, behavior, conflict resolution skills, coping, and problem-solving skills. They have difficulty socializing and therefore have trouble making friends. They are also often behind in school and lack authority in the home.

"Kids are more likely to be ridiculed because their experience of poverty is so much deeper than their peers."

Teens were the most difficult age group for program staff. Youth of this age are fully aware of their situations. They have often given up hope and do not want to participate in activities or empowerment exercises. They struggle with self-esteem issues and peer relationships. They have difficulty in communicating and dealing with their anger and are at great risk for drug use.

Staff were also asked how programs could improve services to children. Responses were similar to those of the caregivers and centered on a lack of programmatic resources. Some specific needs identified were mental health resources (individual and family), more child care options, access to good healthcare, a community resources liaison especially for after-school programs and schools, monetary resources, and physical spaces at the housing sites specifically designed for children of different ages. An overarching theme was the desire for children and teens to have more exposure to positive opportunities while they live in transitional housing.

Child Advocate Positions

Child advocates provide opportunities for children to feel important and increase their self-esteem by normalizing their experiences of homelessness through safe and fun activities. The number of problems experienced by programs and property managers declines when children are engaged in healthy activities. Recreational activities can provide needed respite to parents and educational activities can model effective parent-child interactions. The child advocate ensures that the children in the program are connected to needed services such as counseling and tutoring.

> *"The benefit of this position to the program is HUGE. Kids feel that they have a safe place of their own and a sense of belonging. Children received the following: help with homework, mentoring, leadership, and a place to play and feel proud of. It gives motivation to them. Kids are this position's main focus."*

Several agencies developed child advocate positions as it became evident that the needs of children were not specifically being addressed through other case management services. Given the case managers' workloads, it was very difficult for them to effectively meet the needs of the children in the program in addition to working closely with the parents on their goals. One child advocate describes the evolution of her position:

> *"Three years ago Housing Hope participated in a study called One Childhood Lasts a Lifetime. The study revealed that the needs of homeless children have not been a priority. A lead position was created to meet these needs. Services for the family could be what the case managers focused on and the child advocate could focus on the child. The importance of collaborating with other agencies to serve the children was a priority for the administration."*

While child advocate roles vary program by program, ranging from coordination of activities and referrals to more therapeutic roles, a dedicated staff person ensures attention to children's needs, more services and activities directed at children and more whole-family case management.

The majority of child advocates had college degrees and several years of experience (ranging from 3 to 18) working with children. The training that each child advocate received varied by program, depending on the size and funding capacity of the agency. The sidebar lists trainings commonly received and desired by staff in these positions. Most child advocates had weekly supervision through staff at the program.

Child advocate positions varied by program in terms of the number of hours worked, the level of available resources for children's services, and the philosophical influence of the agency on the position. The majority of work time was spent advocating for children and making referrals to outside resources. Responsibilities of the child-focused staff positions include coordinating, collaborating, and acting as a liaison to services and organizations in the community. In addition, they provide one-on-one therapeutic services, home visiting, mentorship, concrete needs, parent education, collaboration with the case managers and support group facilitation. Several child advocates spent a good portion of their week facilitating group activities for the children. In one program the child advocate spent five hours leading weekly therapeutic groups with children, while in another program the child advocate spent five hours providing child care so that parents could attend needed support groups.

Training Received:
✓ Effects of domestic violence on children.
✓ Child Advocacy 101
✓ Youth trainings around chemical dependency and anti-bullying
✓ DSM IV for kids (helps with mental illness diagnosis)
✓ Early childhood seminars
✓ Problem-solving with children
✓ Speech therapy techniques
✓ First Aid, CPR
✓ Crisis Intervention

Training Desired:
✓ More classes on advocating for children especially around parenting.
✓ Anger management with children.
✓ How to assess and work with sensory disorders in children.
✓ The impact of drugs on child development.
✓ How to get parents involved in their children's futures.
✓ How to work with homeless children who are behind in school.
✓ Recognizing the learning styles of children.
✓ Leadership training for children.

In an attempt to best serve the whole family, there is a collaborative spirit to the work of case managers and child advocates/specialists. The case managers were better able to work on the needs of the adults in the family while the child advocates/specialists were able to focus on the parent-child bonds and the needs of the children. These staff groups typically met weekly or monthly to discuss families. They support each other's work and allow one another to focus on their individual responsibilities. Several child advocates described having a fair amount of CPS contact, while others said they have very little. For cases in which contact was necessary, they felt that the relationship was collaborative.

The child advocates described their positions as follows:

> *"I developed the children's program - it did not exist before. I go between several program sites with a high concentration of services. I get the children connected to mentoring through Big Brothers/ Big Sisters… I help to coordinate activities and find resources that will donate time."*

> *"Weekly I do a home visit with families (on my caseload). I do art activities with kids and take teens out for activities. I am looking out for the best interest of the kids. I serve as a liaison with the community, counseling agencies and schools. I join families at meetings around behavior problems at schools and provide two-hour support groups twice a week, which are also open to the community."*

> *"The work I do is similar to any direct service with complex social issues. The case manager and I go out together (to visit families). Each family's situation is individualized depending on needs. There are lots of behavior issues. I stress the importance of developing a routine, teaching positive reinforcement and positive discipline to parents. Often we work with parents to utilize a behavior chart."*

> *"I help to coordinate and organize community resources. I work with local schools to help create behavior and Individualized Education Plans and to support the family in this process. Sometimes I work independently and sometimes with some teachers/counselors. I also help connect volunteers to work with kids and plan field trips, outdoor activities, toddler time, homework lab, and daycare."*

Child advocates also assist families when interacting with schools and teachers. They help set-up transportation to school so that as much as possible children can remain in the same schools. They try to connect children with developmental delays with preschool and help families navigate the system. They help parents understand their children's IEPs, behavior plans, and often attend school conferences with parents to discuss the issues with which a child is struggling. As needed, they will work one-on-one with teachers. At the housing sites, advocates arrange for tutors. Most programs have computer rooms available that children can use to complete homework; having a staff person on-site to help with this benefits the entire family.

> *"Most of our kids are on a good road with grades, which is an improvement. We try to keep them at the same school. We work with Homeless Liaisons to keep them at the same school only if that is what is safe."*

Helping homeless children to feel "normal" is a challenge faced by child advocates. Many children feel ostracized because of their lack of material goods, displacement, and an innate sense of being different. Program activities focus on giving the children a sense of belonging and experiences within which they can experience success. Child advocates help children learn to deal with conflict in healthy, productive ways.

Common resources commonly provided to help normalize children's experiences:
- ✓ Scholarships for summer camp
- ✓ Field trips (museums, beaches, parks)
- ✓ Clothes
- ✓ Art activities
- ✓ After-school tutoring
- ✓ Connections to mentors through Big Brothers/Big Sisters
- ✓ Monthly on-site teen movie nights
- ✓ Daycare
- ✓ Toddler activities
- ✓ Literacy activities

"We get scholarships donated for summer programs. We have celebrations, movies once a month, sports, and we try to get male volunteers. We utilize the local parks and library story times. We connect them to tutoring and make counseling referrals. Any one-on-one time with children makes them feel important and special. We try to give them a sense of belonging – to meet the needs of the children where they are."

Case Example: Housing Hope

Housing Hope, a Sound Families grantee in Snohomish County, came to realize that in order to best serve homeless families in their programs, they needed to develop services to specifically serve children in addition to the case management directed at parents. In 2003, a Children's Specialist (CS) position was created; the position's focus was to support and connect children with needed services at several of the Housing Hope sites. The CS provides an average of 15 contact hours per week to 14 families across programs. The CS coordinates provision of many concrete services to families, fosters partnerships with other agencies in the community, and helps families navigate multiple systems. Types of assistance include:

- Organize day care, community meetings, and monthly family night.
- Set-up transportation to school; as per the McKinney Vento Act, students have a right to continue to attend their previous school.
- Participate in school conferences, help with Individualized Education Plans (IEPs), and assist parents of developmentally disabled children to navigate the system and find appropriate schools.
- Partner with the YMCA for recreational activities.

In order to work effectively with families, the CS sets clear boundaries for parents early in their relationship. One of the roles of this position is to teach and model strengths-based approaches for parents to use with their children in the hopes that, "We can help build self-esteem (in children) to face the world." Additionally, the CS helps to identify and access professional resources in the community to meet the children's needs. The CS partners with the family's case manager to conduct frequent in-home visits, which enables each staff person to focus on "his or her" client and to coordinate their efforts. As with all families, each situation is unique and the services provided are individualized depending on a family's needs. Parents often need help to develop a routine for their children and to teach positive reinforcement and positive discipline. One of the goals is to help parents to develop additional skills so that after they leave supportive housing they can continue to develop a stronger, healthier relationship with their children.

Given that about half of their families are involved with the child welfare system, the specialist works to maintain a good rapport with staff from the CWS and support parents so that they stay in compliance with their case plans. Children from birth to age five were identified by the CS as the age groups needing the most help and who were the least likely to receive needed services. Children in this age group most often need speech therapy and have unmet medical and health needs, due to a lack of accessibility and motivation on the part of the parents.   In Snohomish County there is only one mental health provider available to families using medical coupons. Families do not always follow through with services because too often they are either a poor fit for the family or they do not feel like the services are helping. There are few other options to turn to, as emphasized by one mother: "There is nothing out there."

Case Example: Vision House

In December of 2001, Vision House began serving clients in the second phase of its Single Mother's House Program in Renton and since then has been building and expanding its services directed at children. Vision House added a Children's Advocate position (CA) to the staff team; the position is currently filled by two part-time employees who spend one-on-one time with children to "make them feel important and special" as well as coordinate on and off-site activities. Vision House also has a therapist for parents who is onsite once a week. Families have access to low or no cost licensed childcare through a recently opened nearby daycare center owned and operated by Vision House. The childcare center is open to families in the surrounding community as space allows.

Soon after additional units were added at the Single Mother's House, staff noticed that additional space was needed to accommodate growing number of children. Through donations, an inviting multi-aged activity center was created. The main floor houses a child-friendly pre-school area and a teen room upstairs. The CA's office is located right off the play space for the younger children, providing advocates with the opportunity to watch parent-child interactions and provide role modeling as necessary. The upstairs teen area has multiple computers, video games, a kitchen, ping-pong table and couches. More computers are found on a next level, which has a quieter separate space for homework and for parents to access needed resources and to conduct job searches. The new addition provides set-aside space for child and youth activities, which allows more community groups to come in and provide additional services or activities. A large play for young children structure was added outside. These additional spaces provide families with needed respite and opportunities for the children to increase social skills and to feel connected to one another. "Kids feel that they have a safe place of their own and a sense of belonging."

A large part of the child advocate's role is to coordinate and organize community resources such as working with local schools to help create behavior/IEP plans and support families in communicating with schools. The Child Advocates work with many organizations to provide services such as tutoring or counseling referrals and gifts or events for the children such as backpacks, football tickets, fair passes, and library and park outings. In addition, their role includes connecting volunteers to work with kids and linking families to therapeutic child care and respite care when needed. They also coordinate and conduct field trips, outdoor activities, toddler time, homework lab and daycare. When a family enters the program, child advocates give an initial orientation to the family and provide information on child-related resources, school, and recreation.

Recommendations

Clearly, transitional housing has a stabilizing and positive effect on most children's lives. The Sound Families evaluation has documented a chorus of family voices describing how transitional housing was good for their children, and how it could be better. Perhaps the most important outcomes are improvements in school attendance and stability—both with implicit benefits for children's long-term educational outcomes. Programs also benefited parents in many ways, such as improved self-efficacy, income level, employment, and parenting skills—all of which likely have a positive effect on children. Still, there exist many opportunities for improvements to be made. The path may not be entirely mapped out, but many starting points are evident. The following recommendations for program and system level changes are proposed to better serve all members of homeless families. The recommendations are presented within four domains: Continuing to work on improving families' outcomes, child-centered services, child-friendly housing design, and improving coordination with mainstream services.

Improving Family Outcomes

Many real gains have been made by families in the transitional housing programs. Services that support these accomplishments need to continue to be offered at the same time that ways to improve programs and the larger service systems are identified. Even highly successful service models are continually faced with social service funding constraints and service providers need support from other sectors, such as education, employment, and housing, that impact homeless families in order to be successful in ending family homelessness. Families need a safe place to work through trauma and other issues, have high quality schools for their children, safe and affordable housing, and access to jobs with potential for wage progression. Service providers and families can only do so much to remove the barriers that create homelessness and keep families at risk for homelessness. Many system-related changes have far-reaching policy implications and will take years of effort to realize, but some are more feasible and certainly first steps can be taken no matter the scope of the recommendation.

- Connect families to training and education programs that enable them to earn higher wages upon completion.

- Improve job training programs for women trying to exit welfare. Resources should be leveraged in the short run towards training programs that will result in higher wages later that will benefit the family.

- Eliminate disincentives to working families. Working more hours and/or earning higher wages should result in families *gaining* ground financially, not in abrupt cuts to benefits such as childcare and housing subsidies and food stamps, which causes greater economic insecurity. The Earned Income Tax Credit level should be raised to allow more low-income families to retain the money they earn.

- Provide connections to <u>affordable</u> permanent housing.

- Train case managers, child advocates and other program staff in trauma-informed service techniques and implement a universal history of trauma screening for children entering housing (more information on trauma-informed services is found in the Research Guide).

- Adjust the "official poverty level" to more realistically capture the costs of supporting a family, as defined by the Self-Sufficiency Standard.

Child-Centered Services

Services for children can run the gamut from activities and outings to therapeutic groups and one-on-one counseling. Comprehensive children's services can provide children and parents with the level of service they need. Children coming from homelessness deserve time and space to work through issues and trauma in a positive, supportive environment. Just as the parent's time with a transitional housing program is one in which they work on their issues and set a sound foundation for the future, the time children spend in transitional housing programs can be a stepping stone towards a positive future and a break in the cycle of homelessness. Programs in which children feel welcome and a part of a community help the children to become positive members of the community. In addition, when children are positively engaged in activities, parents are better able to work on their own goals.

- Support programs in developing a children's services component. Staffing ideally includes a child advocate position that focuses solely on the needs of the children.

- Include parenting education as part of the adult services component.

- Develop child-related outcomes such as academic success and social-emotional gains.

- Make on-site counseling available to families. These services could be provided either by an on-staff counselor or contracted with a mental health provider. This position could perform trauma screenings and other mental health screenings as needed.

- Support discretionary funds for case managers and child advocates to assist families with items that may not be necessities, but help children normalize their childhoods such as camp scholarships, field trips and sports uniforms.

- Continue to provide and expand on-site tutoring and summer programs.

- Convene child advocates and case managers from multiple agencies for training and discussion sessions focused on children's issues.

- Create a Children's Services Fund much like the Washington Families Fund. Sound Families programs could apply for funding to help develop and augment services

for the children in their programs. Funding could also be available to help support on-site counseling for families.

Child-Friendly Housing Design

The needs and ages of the children in each program should inform the design and use of space at the housing site. Children need safe and appropriate indoor and outdoor space to meet and play safely (Durham, 2005). When children do not have designated appropriate space to play or hang out, they will use areas such as hallways and lobbies, which can lead to problems with building management and can even cause a family to lose their housing. If the building is new construction, dedicated play space for children outdoors including green space in which the children can play, exercise and get fresh air should be incorporated.   Indoor space that can be utilized as a homework/learning center should also be planned for (Durham, 2005). Programs in which the building was converted into family housing should look for opportunities to convert space into usable play space for children such as creating a community garden in a nearby empty lot. Ideally, there would be space for all ages of children such as: a playground for toddlers and young children, a gym, basketball court, computer room and gathering space for older children and teens that could function as a space for after-school, evening and weekend activities (Durham, 2005). Staff offices are best located near children's spaces so that staff are readily available if children and youth would like to talk or to allow for passive observation of children (Durham, 2005). Partnering with property managers to create safe and appropriate play areas can help to build a strong relationship when and if behavior problems arise.

- Ensure that new housing sites have adequate outdoor and indoor play areas for children.

- In previously constructed buildings in which play spaces are limited, create space for children with creative solutions such as converting an exiting unit into an activities space.

- Locate staff offices near children's spaces.

- Play spaces should be separated by the age of the children using the space or different hours of use.

- Provide access to a range of activities for children, particularly after school hours and during school breaks.

Coordination with Mainstream Services

Coordination with the Child Welfare System

Given that inadequate housing is implicated in the removal of children from some families, or prevents reunification with their families, coordination efforts between housing providers and state child welfare services are critical. The Sound Families evaluation has documented several successful child reunifications occurring in transitional housing. These reunifications were made possible through coordination of services among child protective services (CPS), local housing authorities, and case managers in the housing programs. In cases where a child is at low-risk for abuse, but living in unsafe housing and at high-risk for neglect, rapid placement in a service-enriched housing program could provide a vehicle for reunification as well as the prevention of the removal of children. In-home case management services along with parenting classes provided as part of transitional housing programs help to ensure the safety and well-being of the children and provides child welfare workers with assurance that the children are safe and being cared for.

- Create partnerships with the child welfare system to set aside a few units for families involved with CPS and at risk of out-of-home placements or in the process of reunification.

- Draft memoranda of agreement between the Department of Human Services and transitional housing programs to link families involved with the child welfare system to housing.

School Environments for Homeless Children

Cultivating positive family, school, and community environments, can counteract the risks in the lives of children and youth, particularly homeless children and youth (Brooks, 2006). School can be the one place that homeless children experience stability and meaningful relationships. In fact, school is perhaps the leading social context for child development and can provide many opportunities to nurture resilience in children (Minnard, 2002). Resilience can be framed in terms of the number of protective factors an individual has that contribute to positive outcomes for children and youth despite risk (Brooks, 2006). Several examples of protective factors are: intelligence, self-esteem, connections to caring and supportive adults, receiving effective parenting, social competence, and problem-solving skills (Brooks, 2006). In order for schools to become places in which there are close, supportive relationships between students and teachers, Brooks (2006) offers the following suggestions:

- Decrease the adult-child ratio in classrooms.

- Increase the amount of time teachers and students are together with strategies like looping, which allows students to have the same teacher for more than one year.

- Decrease the number of transitions experienced by students during the school day by having teachers and other specialists create an intervention plan that would be integrated into the classroom instead of pulling the children out of class.

Case managers, child advocates or other staff working with homeless families in transitional housing can be part of the support team working with the parents to advocate for children to ensure that they are aware of their rights and receive services for which their children qualify. In addition, they can provide school district staff with a better understanding of the needs of homeless children.

- Ensure that children have access to high-quality preschool either through Head Start or through increased child care reimbursement. Enrollment in Early Head Start or Head Start Programs help parents gain access to high-quality preschool, additional family support, and knowledge of child development.

- Ensure that program and school staff are aware of the rights provided to homeless children and their families through the McKinney-Vento Act.

- Monitor the McKinney-Vento Act to ensure that homeless children are not falling through the cracks, but are supported in schools to make academic and social-emotional gains that help them remain in school.

Final Words

Access to safe and affordable housing is of primary importance, but the problems faced by many homeless families do not disappear when housing is secured. Stable housing provides the base from which these families can begin to address other issues. If the cycle of intergenerational homelessness is to be disrupted, the mental health status and trauma-related needs of all members of the family need to considered and addressed. Housing programs need to create services specifically designed to address the needs of children in their programs. Connecting families to community resources and support is critical so that when a family leaves supportive housing, they leave with an intact safety net. Today's homeless children with a roof over their heads, caring adults in their lives, and opportunities to feel successful and be part of a community are less likely to become tomorrow's homeless adults.

> *"I got married and life just keeps getting better and better in steps. We left the program and moved into a house, that was better and then we moved again into a new house and that is even better. It just gets better and better as we take each step up."*
>
> ~ Former transitional housing resident

Reference Guide: Research on Homeless Children

Increase in Family Homelessness

As of the late 1990s almost 40% of the homeless were families (Institute for Children and Poverty, 1999). During the mid-1970s to 1993, the poverty rate in America increased from 12.3% to 15.1% or from 25.9 million people to 39.3 million people (Choi & Snyder, 1999). A number of factors contributed to this trend, including a lack of affordable housing, declining value of wages, and welfare reform (Institute for Children and Poverty, 1999). Between 1996 and 1998 alone, the number of affordable housing units decreased by 19% (Institute for Children and Poverty, 1999). Single mothers are five times as likely to have incomes below the poverty line than two-parent families (Institute for Children & Poverty, 1999), thus this demographic group is particularly vulnerable to homelessness.

A majority of the roughly six million people since 1994 to have left welfare were children, decreasing caseloads by 44% (Institute for Children and Poverty, 1999). Unfortunately, most families leaving welfare are forced to compete in a low-wage job market with incomes well below the poverty line. These families are often paying 50-75% percent of their incomes towards rent, leaving them at high-risk for homelessness (Institute for Children and Poverty, 1999). Many are eligible for subsidized housing, but wait-lists are often at least several years long forcing many families to enter shelters, live in over-crowded conditions with friends and relatives, or live in substandard and unsafe housing to get by (Choi & Snyder, 1999). Among homeless families there is an increased risk for substance abuse, mental illness, domestic violence and child welfare involvement (Institute for Children and Poverty, 1998). Half of heads-of-households who are homeless had parents on welfare at some point during their childhood (Institute for Children and Poverty, 1998). Children living in poverty decades ago are today's homeless parents. Children growing up homeless today risk raising children who may end up homeless in the future.

An episode of homelessness can have serious and long-lasting impact on the children who experience it. Children who have experienced homelessness are at greater risk for developing health problems, developmental delays, and psychological issues and to suffer academically than their non-homeless peers (Rafferty & Shinn, 1991). Homeless children are more likely than other children to be anxious, depressed, and aggressive. They are also more likely to suffer from asthma, malnutrition, gastrointestinal problems and dental problems and are more likely to be behind in school (Morris, R.I. and Strong, L., 2004). Even when families remain intact, the experience of homelessness is stressful and traumatizing, often leaving mothers feeling overwhelmed and depressed which hampers consistent nurturing parenting (Choi & Snyder, 1999). The complex and entrenched difficulties experienced by homeless families today makes housing one part of the solution to ending homelessness (Homes for the Homeless, 1992). The

top unmet needs for homeless families are: child care, employment assistance, health care, and permanent affordable housing (Regional Task Force on the Homeless, 2004).

Working with Homeless Children

Homelessness is particularly hard on children, with the potential to impact all facets of their lives and harnessing them with a host of problems, including: health problems, hunger and malnutrition, developmental delays, psychological problems and gaps in educational achievement compared to non-homeless children (Rafferty & Shinn, 1991). Issues that were present prior to the homeless episode are typically exacerbated by the experience of being homeless. Given this, special attention must be paid to the needs of homeless children while living in transitional housing and as they move into permanent housing.

Health Problems

- **Poor prenatal care** puts homeless children at risk for poor health outcomes even before they are born. Seventeen percent of homeless children are born with low birthweight, which leads to a higher rate of infant mortality and greater risk for long-term illness and disability (Institute for Children and Poverty, 1999).

- **Lack of health care coverage and inadequate health care** are common among homeless families. In fact, nearly half of homeless families (48%) do not have medical coverage through Medicaid, due either to lack of awareness of eligibility, or from a lapse in coverage or loss of benefits related to welfare reform (Institute for Children and Poverty, 1999). More than half of homeless families (56%) have no family doctor and use emergency rooms and or walk-in clinics for their basic medical care (Institute for Children and Poverty, 1999). Fifteen percent of homeless children use emergency rooms solely for their health care needs at five times the national rate for all children (Institute for Children and Poverty, 1999).   Not only does this lead to increased strains on the health care system, but it also means that many homeless children go without preventive care.

- **Chronic health conditions** such as asthma are more prevalent in homeless children (Rafferty & Shinn, 1991). The most common chronic illnesses among homeless children are: asthma, anemia, malnutrition, upper respiratory infections, ear infections and dental problems (Morris & Strong, 2004). Substandard housing and shelter living can create living conditions that increase the likelihood of chronic illnesses due to mold, cockroach allergens and crowded living conditions (Morris & Strong, 2004). Homeless children are also less likely to be fully immunized, putting them at increased risk for other diseases and delays in school enrollment (Institute for Children and Poverty, 1999).

Hunger and Poor Nutrition

- Homeless families suffer from **inadequate benefits** and have trouble in accessing food and other entitlements. These factors are the major contributors to hunger and poor nutrition for homeless children (Rafferty & Shinn, 1991). Most homeless families are eligible for food stamps and Women, Infants and Children (WIC), though 29% utilize neither (Institute for Children and Poverty, 1999). Twenty-five percent of children eat less after becoming homeless (Institute for Children and Poverty, 1999). This decline in eating can be attributed to several factors, such as changes in appetite, shelter food to which children might not be accustomed, or simply that the family does not have enough food for the children (Institute for Children and Poverty, 1999).

- **Where a family lives** during an episode of homelessness impacts a child's experience with hunger. For example, shelter schedules often do not fit the hunger patterns of developing children. Growing children often need five or six meals per day, while shelters typically provide food three times per day (Institute for Children and Poverty, 1999). Families living in motels often do not have access to adequate kitchen facilities, making it challenging for parents to ensure nutritional meals for their children (Institute for Children and Poverty, 1999).

- The **impact of poor nutrition** on children can be serious and far-reaching. During the first two years of a child's life, inadequate nutrition can impair brain growth and cognitive development (Institute for Children and Poverty, 1999). For older children, a lack of adequate food can lead to difficulty paying attention in school and increased school absences (Institute for Children and Poverty, 1999).

Developmental Delays

- **Living in chaotic, stressful environments** does little to foster early childhood development. Homeless preschoolers are more than three times likely to have developmental delays than housed low-income children (Institute for Children and Poverty, 1999). Other common behaviors that studies have shown in homeless children are: short attention span, withdrawal, aggression, and sleep disorders (Rafferty & Shinn, 1991).

- Homeless children **lack access** to high-quality early childhood education. Only 21% of homeless children are enrolled in preschool programs (Institute for Children and Poverty, 1999). Assessment in early childhood allows for early diagnosis of developmental delays and earlier interventions. Homeless children are six times more likely to have speech problems than non-homeless children (The National Center on Family Homelessness, 1999).

- **Lack of prenatal care** and poor nutrition contribute to developmental delays in homeless children. Low-income women who are experiencing additional hardships such as

homelessness, domestic violence and the lack of child care, transportation and social support are the least likely to access prenatal care (Best Start, 2003).

Educational Achievement Gaps

- **Lack of access** to high-quality preschool programs prevents homeless children from being prepared for kindergarten. They lack the necessary pre-academic and social skills that will help them to succeed.

- **One in five** homeless children across the country will repeat a grade in school—twice the rate for all children (Institute for Children and Poverty, 1999). Often these early setbacks leave a child permanently behind and at risk for dropping out of school later in life.

- **Excessive absences** from school hamper success. The National Coalition for the Homeless estimated that the majority (57%) of homeless school-age children have difficulty attending school on a regular basis (Rafferty & Shinn, 1991). Across the nation, 12% of homeless children missed more than a month of school with another 33% missing more than two weeks (Institute for Children and Poverty, 1999). The main cause of absenteeism for homeless children is family transience, while for housed children, the main cause is illness (Rafferty & Shinn, 1991).

- **School transfers** can have long-lasting effects on children. It is estimated that every time a child changes schools, he or she takes four to six months to recover academically (Institute for Children and Poverty, 1999). Homeless children who transfer schools are 35% more likely to repeat a grade and 78% more likely to miss school on regular basis (Institute for Children and Poverty, 1999). Transfers can also preclude adequate assessment of children and cause them to be overlooked for needed special services (Institute for Children and Poverty, 1999).

Psychological Problems

- **Homelessness** also has negative emotional consequences for children. The most common psychological problems experienced by homeless children are: depression, anxiety, and behavioral issues (Rafferty & Shinn, 1991). Almost half (47%) of school-age children and 26% of children under the age of five suffer from depression, anxiety, or aggression due to the experience of being homeless (Institute for Children and Poverty, 1999).

- **Parental mental health** impacts the emotional functioning of children. Homeless parents are more likely to be depressed and this depression puts their children at greater risk for depression, anxiety, attention problems, behavior problems and social incompetence (Rafferty & Shinn, 1991). Parents dealing with the multiple stressors associated with

homeless are often tired, worn-out, and less able to meet the emotional needs of their children (Choi & Snyder, 1999).

- **Unfair treatment by their peers** further impacts the emotional well-being of homeless children. When a child's homeless status is uncovered at school, homeless children can experience taunting. In fact, as reported by parents, 13% of elementary age children and 16% of teenagers were taunted at school for being homeless (Institute for Children and Poverty, 1999). Children who are taunted after becoming homeless are almost twice as likely to experience depression, anxiety or aggression (Institute for Children and Poverty, 1999).

Trauma and Homeless Children

By the time a child in the U.S. reaches adulthood, he or she has a 25% chance of having experienced interpersonal or community violence (Child Trauma Academy, 2002). Each year in the U.S. two million children will be the victims of physical and/or sexual abuse and millions more will live in the severely distressing conditions created by domestic violence (Child Trauma Academy, 2002) Trauma, as defined by the Child Trauma Academy, is "a psychologically distressing event that is outside the range of usual human experience." Along with the trauma often comes a sense of intense fear, terror, and helplessness (Child Trauma Academy, 2002). The experience of homelessness can be a traumatic experience by itself, but it also leaves children more vulnerable to other forms of trauma such as physical and sexual abuse, witnessing violence, and abrupt separation from caregivers (Bassuk & Friedman, 2005). While a child's ability to handle and process traumatic events differs depending upon his or her age, all children regardless of age are impacted negatively by traumatic events (Lieberman, 2006).

> Children in homes in which there is domestic violence:
> - ✓ Have double the rate of psychiatric problems than comparison groups.
> - ✓ Are 15 times more likely to have been abused themselves.
> - ✓ Are at serious risk of sexual abuse.
> - ✓ Are at increased risk to be in families in which abuse occurs as adults.
>
> Dr. Alicia Lieberman, 2006

Homelessness can have many negative impacts on children's lives that can leave them vulnerable to mental health related issues. By the age of eight, one in three homeless children have a major mental health disorder (Bassuk & Friedman, 2005). Domestic violence, which occurs at a high rate in homeless families, can have serious and long-lasting impacts on children. Children living in homes in which domestic violence is occurring are at greater risk for developing mental health issues as well as for being victims of physical and sexual abuse (Lieberman, 2006). Experiencing trauma as a child leaves the child at risk for a myriad of problems as an adult and impacts all areas of functioning (Child Trauma Academy, 2002). Trauma can lead to impaired functioning in emotional, social, cognitive, and psychological

realms (Child Trauma Academy, 2002). It is not uncommon for victims of childhood trauma to suffer from such psychiatric conditions as post-traumatic stress disorder, dissociative disorders and conduct disorders (Child Trauma Academy, 2002).

The age of the child and his/her developmental needs should be taken into account when creating goals and treatment around trauma (Lieberman, 2006). Programs should partner with mental health practitioners experienced in assessing and treating traumatized children and youth as well as provide training on trauma for case managers. On-site counseling and therapeutic groups can help remove barriers to families accessing needed help. Given that young children develop within the context of relationships, the help provided needs to be focused on the parent-child relationship (Lieberman, 2006). Goals dealing with trauma and mental health-related issues should be part of a family's service plan while they are living in service-enriched housing.

Trauma and Young Children (Ages 1 to 5)
There is a pervasive attitude that young children are not impacted by traumatic events and are so resilient that they can get over these events without help, which is not true (Lieberman, 2006). As the number of traumatic events increases, the greater the negative impact on children's developmental outcomes (Lieberman, 2006). The impact of trauma in the early years according to Lieberman (2006) can include a loss of expectation of protection from the parent, an inability to regulate affect, disrupted mental representations, and hampered readiness to learn. Trauma can also change the parent-child relationship and the parent and child might actually serve as traumatic reminders for one another (Lieberman, 2006). Domestic violence can have a particularly damaging effect on the parent-child bond. It can shatter a child's view of his or her parent as the provider of safety and protection (Lieberman, 2006).

Trauma and Middle Childhood (Ages 5 to 12)
Middle childhood is a stage of life filled with many new experiences that can be stressful, but which should over time lead to feelings of mastery and an increasing social competence (Deblinger, 2006). Traumatic events can disrupt or alter natural developmental processes and could lead to a negative impact on overall growth and adjustment (Deblinger, 2006). In addition, this is a stage of development in which children tend to over-generalize and this can lead to highly dysfunctional beliefs (Deblinger, 2006). Exposure to interpersonal violence in this stage of development can lead to distorted relationship expectations in the future. In other words what they are experiencing at this stage might become what they expect to experience in future relationships (Deblinger, 2006). This stage of development also places value on keeping secrets along with growing feelings of embarrassment, guilt, and shame – all of which can lead to physical and sexual abuse going unreported (Deblinger, 2006).

Trauma and Adolescents (Ages 12 to 18)
Adolescents are more impacted by stressors than adults. They respond with greater negative affect to stressful situations than both children and adults (Pelcovitz, 2006). Stressed behaviors in adolescents are: withdrawal/isolation, depression/suicidal ideation, aggressive behaviors,

confusion, and antisocial behaviors (i.e., stealing and acting out). Their higher risk of drug abuse might be linked to their elevated stress responsivity and might be an attempt to self-soothe (Pelcovitz, 2006). Adolescents living in homes in which domestic violence is occurring are at particular risk for entering abusive relationships while dating (Pelcovitz, 2006). Much of the violence experienced by adolescents is at the hands of peers or someone the youth knows well, but the majority (65%) of physical assaults and many more sexual assaults (86%) will go unreported (Pelcovitz, 2006). Adolescents who turn to problematic behavior are more likely to be rejected by more competent peer groups and to seek out deviant peers (Pelcovitz, 2006).

Pelcovitz (2006) mentions that in addition to Post-Traumatic Stress Disorder, the following are common diagnoses for adolescents exposed to chronic trauma:

- Disruptive behavior disorders (Attention Deficit with Hyperactivity Disorder, Oppositional-Defiant Disorder, and chemical dependency)
- Major depressive disorder
- Separation anxiety disorder
- Learning disabilities

Trauma-Informed Services

Programs working with homeless children and families should assume that all their clients will have experienced some form of trauma and should screen for this, though most do not (Huntington, Moses, Veysey, 2005). Once screened for trauma, case managers can refer family members to appropriate mental health specialists for assessment and treatment. Case managers can also work with families using a trauma-informed approach. Elliot and colleagues (2005) provide a list of common characteristics of programs that provide trauma-informed services:

- Trauma-informed services recognize the impact of violence and victimization on development of coping strategies.
- Recovery from trauma is identified as a primary goal.
- An empowerment model of service delivery is employed.
- A person's choice and control over her recovery is maximized.
- Create an atmosphere that is respectful of the survivor's need for safety, respect and acceptance.
- Trauma-informed agencies seek consumer input and involve consumers in the design and evaluation of services.

It should be expected that children's behavior will at times be unpredictable (Durham, 2005). It might take children six months or longer of stable housing before they feel safe enough to reveal the symptoms of their trauma at which point only can the healing begin (Durham, 2005). Program staff, with input from the parent(s), should be aware of any children displaying stressed behavior as this might be an indicator of unresolved trauma. The following stressed behaviors for children ages one through five should be noted and might be an indicator of the

need for mental health treatment: uncontrollable crying, excessive clinging/fear of being left alone, trembling with fright/immobile, regressive behavior, confusion, irritability, and eating problems (Department of Family & Consumer Sciences, North Carolina University, 2005). Stressed behaviors to look out for among middle schoolers are: marked regressive behaviors, sleep problems, headaches/nausea, irrational fears, refusal to go to school/distractibility, fighting, and poor performance in school (Department of Family & Consumer Sciences, North Carolina University, 2005).

The Corporation for Supportive Housing's report (2005), *Home Works: Solving Family Homelessness through Permanent Supportive Housing*, offers the following guidelines for agencies:

- Programs should be innovative and help children/youth deal constructively with past and present trauma.
- Activities should be predictable and consistent so that children/youth know what to expect.
- There should be clear rules and guidelines for behavior and the children/youth should be engaged in creating the rules.
- Staff hired should be skilled, energetic and committed to working with children/youth.
- Peer-led support groups for older children/youth should be included to help develop self-esteem and leadership skills.
- Engage parents and children/youth in activities to strengthen parent involvement. Combined activities support the parent-child relationship and promote healthy family functioning.
- Consider providing age-appropriate and gender-specific activities and services. For example, a group for boys/young men only led by a male facilitator can help provide a male role model and cut down on behavioral problems in the group.
- Seek input from the entire community of what activities and services they would like to have. Invite children/youth to be part of a tenant council representing their issues.
- Invite older youth to act as mentors to younger children. Create incentive by providing them with a stipend for their help.

Staff can either be hired by the housing program or a partnership can be formed with a local children/youth specific organization. Regardless of how staffing is determined, consistent and engaged staff who do not undermine a parent's sense of responsibility and authority with their children are critical to a program's success (Durham, 2005). Effective programs support caregivers in their roles as parents while at the same time fostering healthy child development.

Homelessness and the Child Welfare System

Homeless families are much more likely to have involvement with the child welfare system often at great cost both emotionally and fiscally (Culhane, Webb, Grim, Metraux & Culhane, 2003). The increased involvement is likely due to several factors

> **The average child welfare family:**
> - ✓ has an average of 2.7 children.
> - ✓ costs the foster care system $47,600 per year.
> - ✓ could be housed in permanent supportive housing for approximately $13,400 per year.
> *Source: Shay Bilchik, CEO, Child Welfare League of America, National Alliance to End Homelessness Audio Conference, Child Welfare Strategies to End Homelessness,.April, 2005*

including: more severe poverty, crowded housing conditions, substandard housing conditions and domestic violence each of which increase the likelihood of child neglect and abuse and the chance of coming into contact with child welfare workers (Culhane et. al, 2003). Lack of adequate housing is a major contributor to the placement and retention of children in foster care (White & Rog, 2004). The need for help in accessing safe, decent and affordable housing cannot be met by child welfare workers and so in order to ensure the safety of children, they must remove them from the custody of their parent or parents (Harburger, 2004). Culhane and collegues (2003) followed a one-year birth cohort of children born in Philadelphia for five years. They found that children born to mothers with at least one episode of homelessness had the greatest rate of child welfare involvement at 37%, compared to low-income families (9.2%) and all others (4%) (Culhane et al, 2003). Additionally, mothers with at least one episode of homelessness were also much more likely to have children placed in foster care (62%) than low-income mothers (39%) and all others (39%) (Culhane et al., 2003). While it is no longer accepted practice in most states to remove a child from a family solely based on being homeless, not having a stable home to return to is a reason for children to remain in foster care (Courtney, McMurty, & Zinn, 2004).   It is purported that one-third of children in foster care today are there largely due to a lack of housing (Harburger, 2004).   Neglect, the most frequent reason children are placed foster care, has inadequate housing as one of its main causes (Harburger, 2004).

Several studies have shown that there is an intergenerational link between foster care and adult homelessness (Institute for Children and Poverty, 1992). A 1997 study of homeless families in New York showed that of the nearly 400 homeless parents surveyed, 20% lived in foster care as children; 70% experienced sexual, physical, or emotional abuse as children; 20% had one or more children in foster care; and 35% had an open case for child abuse and or neglect (Institute for Children and Poverty, 1992). In order to break the cycle of intergenerational homelessness, both housing and foster care need to be addressed. Families whose heads-of-household grew up in foster care are more likely to be headed by single mothers who became homeless and dependent on welfare at a younger age than the average homeless head-of-household (Institute for Children and Poverty, 1992).

Educating Homeless Children

Due to the lack of stability and chaos in the lives of homeless children, providing them with an adequate education can be challenging. Homeless children often find themselves in predominantly low-income neighborhoods in which schools and day care are inferior. Absenteeism, teacher turnover and violence occur at higher rates in low-income schools (Evans, 2004). In addition, families living in low-income

> Homeless children are:
> - ✓ Nine times more likely to repeat a grade
> - ✓ Four times more likely to drop out of school
> - ✓ Three times more likely to be placed in a special education program
> - ✓ And two times more likely to score lower on standardized tests **than their non-homeless peers in New York.**
> *From: Institute for Children and Poverty, Access to Success, 1993*

neighborhoods often have less social capital than families living in wealthier neighborhoods (Evans, 2004). Children from low-income homes have less cognitive stimulation and opportunities for enrichment (Evans, 2004). When homeless children attempt to enroll in school, they often do not have the necessary records and documents to help a district identify the best placement for them. Students who are held back are more likely to drop out of school, have involvement with the juvenile justice system, not do as well the following school year, and have lower self-esteem (Rafferty & Shinn, 1991). Accurate and quick assessment of homeless children is critical to ensure proper placement and support (National Center for Homeless Education, 2006). In recognizing the many barriers faced by homeless children attempting to enroll in school, the federal government passed the McKinney-Vento Homeless Assistance Act of 1987 to help expedite the process and protect the rights of homeless children.

The McKinney-Vento Homeless Assistance Act of 1987

The McKinney-Vento Homeless Assistance Act of 1987 was authorized to address many of the above-mentioned barriers. The Act was reauthorized in 2002 as Title X, Part C of the No Child Left Behind Act (Hernandez Jozefowicz-Simbeni & Israel, 2006). As part of the reauthorization, the definition of who should be considered homeless was further clarified to include preschool age children and special populations of homeless children such as those living in domestic violence shelters (Hernandez Jozefowicz-Simbeni & Israel, 2006).

> **The McKinney-Vento Act, states that homeless children have a right to:**
> - ✓ Remain in their school of origin even if they move out of district.
> - ✓ Attend school near their temporary placement.
> - ✓ Enroll in school without proper documentation or proof of residency.
> - ✓ Receive enrollment assistance from the school district's Liaison for the Education of Homeless Children.
> - ✓ Attend school with children who are not homeless.
>
> *From: The Institute for Children and Poverty, Miles to Go: The Flip Side of the McKinney-Vento Homeless Assistance Act, 2003.*

The No Child Left Behind Act contains specific regulations against segregating homeless children into a separate program or school of origin based solely on episodes of homelessness (Hernandez Jozefowicz-Simbeni & Israel, 2006). There are two main concepts in the Act: 1) School mobility should be minimized to reduce school disruptions and its negative effect on school success; and 2) Services for homeless children should be provided as much as possible in a mainstream setting to avoid segregation and harassment by peers (Hernandez Jozefowicz-Simbeni & Israel, 2006). The Act also requires each state to employ an Office of Coordinator for Education of Homeless Children. The Office has a state coordinator responsible for carrying out the state's McKinney-Vento plan and collects information regarding the problems faced by homeless students and how able programs are to address these needs (Hernandez Jozefowicz-Simbeni & Israel, 2006). Additionally, each school district must choose a homeless liaison whose job is to ensure that homeless children have a smooth process for entry into school and any necessary school-related programs. The district homeless liaison also facilitates the education of parents and school personnel around the rights guaranteed by the McKinney-Vento Act (Hernandez Jozefowicz-Simbeni & Israel, 2006). The Act also requires each state to have procedures for dispute resolution and allows children to be admitted to their school of choice while the dispute is being resolved (Duffield, Heybach, & Julianelle, 2002). Parents must be given a written explanation of the school district's decision as well as be informed of their right to an appeal (Duffield, Heybach, & Julianelle, P.F., 2002). The school district homeless liaison must ensure that the process be handled as quickly as possible.

While the McKinney-Vento Homeless Assistance Act has done a great deal to improve access to education for homeless children and youth, there still exist several barriers to its implementation (with differences by school district). According to a U.S. Department of Education report issued in 2002, the barriers fall into the following categories:

Awareness: Many teachers and members of the general public remain unaware of the serious impact that homelessness has on children and youth. In order for homeless children and youth to receive adequate education, district and school staff at all levels need to understand the rights and needs of homeless children (U.S. Department of Education, 2002).

Immediate Enrollment: Due to the McKinney Act, homeless children experience less red-tape enrolling in school, but obstacles remain. While proof of immunizations is no longer an issue, lack of documentation, such as birth certificates and court records providing proof that a child has a parent/legal guardian, can still pose an obstacle and delay enrollment. Additionally,

missing records can lead to children being placed in the wrong educational program (U.S. Department of Education, 2002).

Transportation: The means to get to and from school remains the major barrier for this population. Homeless children often have to wait for transportation to become available because the shelter, motel, friend's or family's home, or other temporary housing are not on regular bus routes. For children living in rural areas, lack of transportation can create an even greater barrier.

Extra Services: Homeless children often have difficulty in accessing services that supplement standard educational programs such as special education, gifted programs, and Head Start even when they qualify for such programs. Lack of transportation to and from before- and after-school programs prevents or limits homeless children's ability to participate (U.S. Department of Education, 2002).

Outreach to Youth: Homeless youth (ages 12 to 18) represent the most challenging group to identify and enroll in school. This group involves runaways and other highly mobile students, some of which have no desire to attend school. In addition, for youth who are enrolled in school, regular attendance and meeting course requirements needed to graduate, remain a challenge (U.S. Department of Education, 2002).

Given these barriers, some homeless advocates believe that homeless children are better served by schools specifically designated to work with homeless children, while others believe that a school full of homeless children is a form of segregation. It cannot be denied that schools specifically designed to meet the needs of homeless children and their families provide a greater range of services than public schools trying to do so. The following is a description of First Place, a school in Seattle, Washington working with homeless children and housed children at risk for homelessness.

Case Example: First Place

First Place in Seattle, Washington, opened its doors in 1989 in response to the Seattle Public School District's requirement that children attending school must have a permanent address; this requirement prevented many homeless children from attending school regularly.* First Place educates homeless children and children at risk for becoming homeless in kindergarten through fifth grades. Families are typically referred to First Place by shelters, although some are referred by the School District, while others come from out-of-state. The experience of attending a school devoted to children struggling with crisis and homelessness helps children to normalize their experiences.

First Place also has a Family Support Services Department, which works with the entire family on goals and stabilization via the Family Stabilization Program (FSP), the Job Readiness/ Employment Program, and the Family Success Center. Families are provided support and resources to obtain and maintain permanent housing, as well as achieve educational and career goals to bring stability to their lives. First Place works with the primary caregiver(s) in each family to assist families in breaking the cycle of poverty and repeated homelessness, plus preventive support for poor families on the edge of homelessness or in severe crisis. The Family Success Center provides case management for families to help them achieve success in all areas personal, economic, and community-based.

> **First Place Mission:** To educate and nurture children whose families struggle with the risk or reality of homelessness. We offer housing, culturally relevant education and support services enabling families to achieve permanent stability.

First Place enrolls a maximum of 70 students at one time. Children remain at First Place on average for one year, but can stay up to three years. Each classroom has an average of 14 students, with one teacher and one assistant teacher, who teach a curriculum following the standards of the Seattle Public Schools. There are two therapists on staff to help with the social-emotional needs of the children and to provide individual therapy for students. Students receive both play and art therapy in addition to regular instruction. A nearby children's clinic provides services for children with ADHD as well as anger management classes. Children receive not only educational assessments, but are rated monthly on social-emotional progress. To reduce stress, parental involvement is not encouraged in the classroom. This way parents can focus on their own goals. There is an active Parent Advisory Council and parents are encouraged to be part of an annual advocacy trip to Olympia.

Many children at First Place are depressed and show signs of attachment difficulties, as well as trauma due to domestic violence, substance abuse by their parents, and other issues connected to chronic poverty. Typically half of the children at First Place are behind in math while another 25% - 50% are behind in reading. Children at this school have difficulty concentrating

and are often worried about what is happening at home while they are in school. These children also have difficulty handling anger and conflict.

Children at First Place, and homeless children in general, need lots of opportunities for physical exercise to help release some of the emotional issues they are experiencing. First Place has a playground and many recess breaks are built into the school day to accommodate these needs. They also provide many activities that help children to "relate to each other" such as: music, drama, art, tea parties and dressing up in costumes. The home, school and community linkages are very important to these children and to provide educational and emotional stability.

Success for children in this program is linked to academic progress as well as social-emotional progress. First Place staff use a positive discipline approach to working with the students. As described by one staff person, "The objective is to be positive and to avoid punishment so that the children can be part of a learning, healing community." Role-playing is a common tool to help teach conflict resolution and better ways of dealing with problems. A lot of attention is paid to teaching the children strategies on how to calm themselves down so that they do not trigger other children. Teachers and therapists help children give names to the emotions they are experiencing. Each morning there is a circle time in which children are given the opportunity to talk about themselves, their peers, and to discuss any issues that might be occurring in the classroom.

* The McKinney-Vento Act removed this requirement, and while First Place no longer receives money from the Seattle Public Schools, a partnership remains. Today homeless children can be referred to any Seattle Public School. The Family Support Worker in each school typically works with these families in conjunction with the District Liaison.

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APPENDIX

The Sound Families Initiative

Sound Families is a multi-year, $40 million investment by the Bill & Melinda Gates Foundation to develop 1,500 service-enriched, transitional housing units in King, Pierce and Snohomish Counties in Washington State. The Initiative has fostered many collaborative relationships between non-profit housing developers, service providers, and local housing authorities. The Bill & Melinda Gates Foundation contracted with the Northwest Institute for Children and Families (NICF) to conduct an independent evaluation of the Initiative. The first grants were awarded in the fall of 2000, and the evaluation process began in 2001.

Since its inception, the Initiative has encouraged a transition-in-place strategy at program sites when feasible. This allows families to remain in the same housing complex, if not the same unit, once they have completed the transitional program. This model offers additional stability to families since it eliminates yet another move and possibly a school or childcare change. More recently, in response to many of the early evaluation findings, the Initiative has developed a pilot strategy that allows grantees to house homeless families in permanent supportive units where they can receive services as long as needed.

Brief Overview of the Sound Families Evaluation

The evaluation of the Initiative seeks to describe the impact that it has had on the capacity of providers in the Puget Sound region to help homeless families transition into permanent housing. The evaluation examines how Sound Families has benefited transitional housing programs serving homeless families, and identifies challenges that programs and clients continue to face. To do so, outcomes are being examined at three levels: client, organization, and system. An assessment of the implementation of the Initiative is also being conducted. Many of the findings related to the organizational, system, and implementation components were reported in the *2004 Preliminary Findings* Report. In a follow-up report, *A Closer Look at Homeless Families' Lives During and After Supportive Transitional Housing,* August 2005, preliminary findings from interviews conducted with families at ten case study sites are provided in greater depth, offering a first look at data on families after they have left transitional housing. A special report on families asked to leave their transitional housing was produced in 2006: *Early Exits: Lessons Learned from Families Asked to Leave Transitional Housing Programs*. All reports are available at www.soundfamilies.org.

Study Methods

At each of ten case study sites, families are invited by the case manager to take part in the evaluation shortly after they move into a transitional unit. Once signed consent is obtained, the case manager completes an in-depth intake form. Clients are then interviewed by the evaluators after six months in the program and at exit. Follow-up interviews are completed at six months, one year and two years after exit. Approximately 200 families are currently enrolled in the evaluation across the ten study sites. Additionally, brief, anonymous intake and exit data are collected on all families who enter non-case study programs funded by Sound Families. These data are reported by case managers and do not involve client interviews.