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Homeless Mothers as Parent Leaders

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HOMELESS MOTHERS AS PARENT LEADERS

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is approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Leadership and Change.

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Dedicated to Rose Josephine Marasco Milligan (1925-1969)
My mother
Who unconditionally loved her four children.

Acknowledgments

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Abstract

Presents a qualitative study examining the general conditions that lead to single mother homelessness and the impact of being homeless on their ability to parent effectively, based on interviews with mothers who are clients of First Place, a Seattle, Washington, social service agency. The purpose of the study is to identify different paths of life stabilizing strategies and parenting of women who have been in touch with the same agency. The research attempts to determine how the mothers achieved stability amid daily stress through examination of how the stories reflect decisions, initiatives, and commitments that helped them reach a level of stability in their lives and those of their children. In this context, characteristics, traits, and/or themes that make them parent leaders, and how they advocate for their children's education, are explored. The nature of the research question fits the qualitative framework as it allows for the collection of stories to secure details of the experience of each individual. Specifically, biographical and narrative inquiry methods are used to seek the parent's first-person account of her story, or her self-construction, within a current social context. A narrative format with open-ended questions encourages the narrators to speak their story in their own words. The selection of a qualitative framework is based in large part on the fact that such methods are effective in encouraging marginalized voices traditionally silenced or distorted to be heard within a current social and historical context. The electronic version of this dissertation is available through the OhioLink ETD Center at http://ohiolink.edu/etd

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Chapter I: Introduction

The purpose of this research is to understand and make meaning of lived experiences (van Manen, 1990) of homeless mothers. The original intent was to understand how the experience of homelessness impacted a mother's ability to advocate for her children within the United States' education system. For that purpose I interviewed ten (formerly) homeless women. Although beyond the worst challenges of homelessness, the women were still recovering from the consequences of their struggles to survive and could not afford much time for interviews. As a researcher I adapted to the situation.

The focus of the research moved to a certain extent organically with time availability and emotional readiness of the women. Rather than a focus on advocacy for their children within the education system as originally imagined, the women shared more about general conditions of becoming and being homeless, the adaptive measures they employed to change their situation, and how the experience of homelessness impacted them and their children, including the impacts to their children's education

In stating this, the following research goals were established. I intend to (a) provide a venue for homeless mothers who are typically marginalized, stigmatized, and disenfranchised by society and, consequently, traditionally not heard, (b) identify and describe the common traits and themes of the mothers' journey from homelessness to a reaching a level of stability (i.e., made choices and practiced various forms of decision making and elements of self-leadership that improved their and their children's lives), and (c) to address the question: How did homelessness impact their leadership as mothers?

Why Study Homeless Mothers?

Society's analysis of homelessness in general, and specifically its judgment and scrutiny of homeless mothers, is complex and generally packaged in negative stereotypes. In general, a view of homelessness can depend upon individuals' personal experiences and history, how the homeless are portrayed in the media, and how people personally encounter the homeless individuals whom we see or do not see in our daily lives.

Homelessness from the federal government's perspective and as a scholarly research topic is a relatively new issue. Historically, the issue of homelessness as a social issue did not surface until the 1980s. It was during this period that the number of homeless became more visible as their numbers increased due to economic conditions, including a lack of affordable housing, as well as government policy.

According to the Housing and Urban Development Office (HUD) (U.S. Department of Housing & Urban Development, 2009), the typical homeless family consists of a single mother with two to three children. This 2008 family profile of homelessness is consistent with previous studies conducted in 1993 (Bassuk, 1993; Hausman & Hammen, 1993; Marra et al., 2009). The face of homelessness changed during this time as more homeless mothers and their children became visible (Bassuk, 1995; Bassuk et al., 1997).

Accordingly, mothers as heads of household is appropriate as the focus of this research because they are representative of the majority of homeless families in the United States (Styron, Janoff-Bluman, & Davidson, 2000). Moreover, the idea that a homeless mother can be defined as a parent leader is a concept that is timely and deserves attention.

Gaps in the Literature

Although a library of scholarly information on homelessness now exists, there are gaps in the research, especially surrounding the complexities of circumstances and daily challenges of homeless mothers. For example, Gewirtz, DeGarmo, Plowman, August, and Realmuto (2009) state that very little is known about the impact of homelessness on parenting in the context of homelessness. Lindsey (2001) makes a similar observation about how a general lack of knowledge of the impacts of homelessness on family relationships affects research and policy. Howard, Cartwright, & Barajas (2009) state that "very few studies have focused specifically on dynamics within homeless families," thus, "inquiry into functioning within families who experience homelessness is particularly needed" (p. 326). The authors continue by noting that even fewer studies have examined these relationships in comparative perspective using an appropriate comparison group of housed, disadvantaged families.

More specifically, Boxill and Beaty (1990) and Tischler, Rademeyer, and Vostanis (2007) note how little research has been conducted on the experiences of homeless women and their children. Bassuk, Buckner, Perloff, and Bassuk (1998) observe that there is a general lack of research on low-income homeless mothers.

Styron et al. (2000) reported the majority of prior research regarding homeless mothers is quantitative by design and focused primarily on the demographics and characteristics of shelter conditions. Even though surveys are used in the majority of research, Barrow and Laborde (2008) commented in their findings that "though surveys repeatedly demonstrate that most women who are homeless alone have minor children living apart from them, there is little information on the circumstances of their separation and whether and how they remain involved with their children" (p. 157).

Banyard (1995, p. 888) discusses the richness of understanding the individual and their stories as the mother's "particular experiences and their meaning are so colored and modeled by the different contexts in which they occur" (p. 888). Descriptive research allows the researcher to get to the details of the daily life of an individual but is not as common. Boxill and Beaty (1990) found that qualitative research provided "an alternative way of understanding the experience of homeless mothers and their young children" (p. 49).

Consequently, the goal of the research is relevant as it will address some of the information that is needed to increase an understanding of the condition of homeless mothers as well as challenge unwarranted assumptions, negative labels, and stereotypes.

Summary of Central Themes

As the title of this dissertation suggests, three central themes are core to the theoretical frame of this research: homelessness, motherhood, and parenting as leadership. These are discussed at length in Chapter 2. Here I want to summarize briefly the main thrust of how these themes are perceived for the purposes of this research and how the research will be conducted.

Homelessness. Homelessness is defined in this research by using the federal definition first authorized in 1987 in the Stewart B. McKinney Act; however, the variability and dynamics of homelessness make assigning one definition difficult. Not all situations fit the definition and attempts to assign such a definition usually mark only one point in time.

Historically, homeless mothers and their children are thought of as the "new homeless" that along with homeless youth, and ethnic minorities, for example, are expanding our historic understanding of those who are without homes of their own (Bassuk, 1995; Bassuk, et al., 1998; Bassuk et al., 1997; Susser, Moore, & Link,1993). Within this framework the causes of homelessness, specifically poverty, are explored.

Motherhood. A discussion of the historical perceptive and normative construction of mother is important as it impacts our understanding of how society generally perceives motherhood and the negative attitudes and stereotypes we assign homeless mothers in general and mothers of color and those that are poor, specifically.

Parenting as leadership. The work of Nel Noddings (2002) represents the primary theoretical foundation upon which this research was established. Her understanding of care as a relationship, an investment of time and effort, is an important and one of the key concepts.

The concept of parental leadership as used in this dissertation draws from the legal definition of the "best interest of the child" (United Nations (UN) Convention on the Rights of the Child, 1989). As such, parent leadership is based on the theoretical premise that if parental care (Noddings, 2002) and responsibility (Heifetz, 1994; Mass, 1997;Williams, 2006;) is the centerpiece of the relationship, the child is more likely to have the means to reach self-efficacy (Bandura, 1994).

Methodology. Qualitative biographical and narrative inquiry methods are proposed to be used to collect the stories of formerly homeless mothers primarily through structured interviews. A local Seattle, Washington, non-profit organization that provides concentrated services to the mothers and their children was used as the study location.

Positionality. At this point I want to acknowledge my "situated knowledge" (Maynes, Pierce, & Laslett, 2008, p. 98), or how my views and experiences might influence my research.

Personal experience led me to this point. The first experience that helped shape the formation of this research was my own memory of homelessness—a result of domestic violence throughout the 1970s. At the time, domestic violence was not a common topic of public discourse or awareness.

I acknowledge that although I experienced homelessness, my experience is my own as a white female raised in a middle-class environment in the United States. My proficiency differed from many of the mothers I interviewed in that I believe I likely possessed a wider range of possible opportunities than other women found in similar circumstances. While my homeless journey was difficult, I did not experience social barriers such as race, class, or language. My situation was not easy, but I had opportunities and privileges that some of the mothers I spoke with did not enjoy. I use the term privilege here to mean a collection of unearned and invisible advantages that I enjoy because of the color of my skin (Essed, 1990; McIntosch, 1988).

The second factor that led me to this research is my involvement with a local Seattle non-profit agency that has been instrumental in connecting me to (formerly) homeless mother. First Place specializes in educating children and serving their families who are at risk for homelessness or are homeless, complicated with other types of trauma. The agency offers wrap-around family services and support in order to assist the families' achievement of long-term stability.

The mission of the agency is to

> Serve families in crisis by providing excellent culturally competent
> education, housing and support services enabling families to achieve
> permanent stability. Our vision is: Hope, home, and education for every
> child, one family at a time. (First Place, 2011)[1]

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[1] First Place was founded in 1989 because a small group of educators and social workers saw that, despite the federal law (The Steward B. McKinney Homeless Assistance Act of 1987, amended as the McKinney-Vento Act in 2000) that mandates homeless children receive an education equal to that of their housed counterparts, these children were not attending school. First Place is a private school (preschool through 6th grade) and a social service agency. I have been associated with the agency for over 20 years. I am committed to the work First Place offers our community. And even while no longer a member of the board of directors, I continue to support the agency with my time and treasury. I identify with the homeless families, especially the mothers and their children, who seek to change their circumstances in order to achieve a level of stability.

The goal of the agency is to break the cycle of poverty for families with school-aged children who are struggling with the risks or realties of homelessness in a nurturing, caring, and supportive environment.

The agency provides personalized education plans along with counseling, case management, and concentrated social services for the children and their parent(s) or guardians. Supportive services focusing on the five core-competencies families need to be self-sufficient are offered. They are: housing, job readiness/employment, education/training, life skills (i.e., parenting, household budgeting/money management, household management), and assistance with the many other challenges of daily life. The overall goal of the agency is to work with a family to enable them to reach long-term and permanent stability. An overview of First Place is provided in Appendix A.

During the period between 1993 and 2006, I served as an officer on the executive committee of the board of directors. Specifically, I served two terms as board president as well as serving a term as vice president, board secretary, and as chair of most of the board committees in support of the mission and long-term strategic financial health of the agency. Although passionate about the well-being of the agency, as a board member I did not carry out any direct social service or care to any of the client family members.

I believe now, as I did when I began this research, that in most circumstances, homeless mothers love their children and want the best for them. In addition, I presuppose that an individual has the ability, the agency, in combination with other characteristics and circumstances, to change their life circumstances.

Contents of the Dissertation

Chapter II consists of a review of the scholarly literature intended to provide background and justification for conducting the research and establish a scholarly foundation for the dissertation topic itself. The complexity of the research topic demands the examination of a range of topics, including: parent leadership, children's rights, the construct of mother, and desirable characteristics of a parent leader. The topic of homelessness is explored through definitional, historical, and social causational reasons.

An overview of the impacts of homelessness on mothers is presented and used to examine how social stigmas operate and may lead to an increase in the already stressful conditions for these women.

Chapter III describes the research framework, the methodology, and the justification for the methods to be employed. A blending of biographical and narrative methods that allow the collection of first person stories of an experience were used. The concept of conducting the research within Nodding's concept of care (2002) is an important goal. One of my primary objectives is to use methods that have been successful in providing a voice platform to individuals who have been infrequently heard because of their race, class, and socioeconomic position in our society. The lack of research in this area enhances the justification for this choice.

Chapter IV is a presentation of the results of the study in which ten First Place mothers participated in the interviews; two in the pilot study and eight in the dissertation research. Chapter V interprets and discusses the research findings within the theoretical foundation of leadership theory.

Chapter II: Review of the Literature

The context in which the dilemmas homeless mothers face in contemporary American society have evolved in complex and interrelated ways as a result of intersections of political, social, cultural, and economic challenges. The review of the literature examines P*arent as Leader* including a discussion of parent leadership, the construct of mother, the rights of a child, and the desirable characteristics of a parent leader. It is within this last subject that the key concepts of care, parental responsibility, and self-efficacy are explored.

The second section examines the literature in terms of *Understanding Homelessness,* including an examination of the federal definition of homelessness, a historical overview of homelessness, and review of programs that are devoted to aiding the homeless in Washington state and specifically Seattle, Washington. Lastly, *Impacts of Homelessness on Mothers* presents an overview of homeless mothers as well as the stigmas society attaches to this condition.

Parent as Leader

This section of the literature review focused on the idea of parent as leader based in particular on the premise that if parental care and responsibility are present as the foundation of this leadership, the child is more likely to have the means to reach self-efficacy, (i.e., a person's belief in their own capabilities) (Bandura, 1994). The foundation of these presuppositions is grounded within the scholarly literature that seeks to understand "the best interest of the child" as defined within documents created by the United States Constitution and United Nations documents. In order to place a benchmark on the discussion of the "best interest of the child," the United Nations (UN) convention on the Rights of the Child (UN, 1989) serves to demonstrate the legal standing that children have worldwide.

Parent leadership. Not everybody becomes a parent, but the concept of parent as leader has widespread application to understandings of leadership as a significant majority of individuals have experienced a childhood in which one or more adults had legal custody or some degree of influence. "The family is our first experience of leadership–as followers to our parents, care givers, or older siblings" (Sinclair, 2007, p. 59). As such, experiences as a child help shape how individuals become as adults. The way in which we learn to navigate in the world, how we learn to secure the resources and attention we need as children, connects us to our world and acts as an important framework for how we conduct ourselves as adults (Lipman-Blumen, 1996; Sinclair, 2007).

Reviewing the literature to determine which characteristics are important and desirable within parental leadership, I began with the assumptions that the people engaged in the parenting of children are not always the biological parents, and that most people who parent care and love their children and want the best for them. Although it is acknowledged that neglectful or abusive parental relationships exist, for the purpose of this research I draw from what studies suggest are essential elements of good parenting in order to construct an "ideal type" version of parents as leaders without concentrating or interjecting many types of harmful and disengaged parental practices and behavior that exist in our society. It should also be noted that the conceptual framework of this research is largely centered in the United States, and thus limited in terms of its application or representation.

No human being is neutral in relation to the issue of parenthood. Where you stand as an individual within society, your culture, your family history, and even your birth order, plays a role in future success or failure. In a study conducted by Kochanska, Aksan, Penney, and Boldt (2007), it is stated that, "Objective indicators…such as

parent's income, education, occupation, or age, have been implicated as beneficial or

detrimental aspects of a broader child-rearing environment" (p. 136). Bavolek (2000)

agrees:

> It is widely accepted by parent educators today that parenting patterns are learned
> in childhood and replicated later in life when children become parents. Although
> it is acknowledged that a child may be able to break learned patterns… the
> experiences children have during the process of growing up had a significant
> impact on the attitudes, skills, and childrearing practices they will use with their
> own children. (p. 1)

Consequently, understanding the role or function of parenthood (specifically, mother as

parent) as a form of leadership is important and germane to this research. It provides us with an

understanding of the norms, values, and behaviors children are exposed (Sinclair, 2007). Later I

will return to the concept of parent leader.

Construct of mother. The construction of mother is based on current and historical

meanings of a variety of intersecting social factors, including gender, class, and race. The

following outlines the traditional and idealized model of mother as based on the constructs of

gender and class. The next section will discuss how the construct of mother impacts homeless

mothers, especially homeless mothers of color and poor white women.

Traditional and idealized model of mother. The traditional and idealized model of

mother, though still influential, is also contested. She is a woman who is married, heterosexual,

white, educated, and part of the middle- to upper-economic class structure. Her husband is

employed outside the home and provides the economic foundation for the family. The woman

stays home where her primary job is to cheerfully and contentedly care for the children (Held,

1983) and maintain the home for her family (Collins, 1994; Glenn, 1994; Held, 1983; Johnston

& Swanson, 2003). Although changes have occurred over the years within this model, according

to Glenn (1994) this idealized image of mother has been projected as universal. As an

ideological construct it influences how society thinks about mothers, regardless of the experienced reality where many mothers have (under)paid jobs and many are the single parent in the family.

The construction of mother type as the overall caregiver of a family evolved from "white bourgeoisie in western Europe and North America in the latter part of the eighteenth century" (Glenn, 1994, p. 14). It was during the rise of capitalism and industrialization that responsibility for the private household became the responsibility of the woman. As home and the place of work separated (Chodorow, 1999), and as the husband left the home each day to conduct business in the public sphere of the paid labor market (Glenn, 1994), the woman's role shifted from equal partner to the primary homemaker. She was now responsible for not only the care of her children, but also for the care of her husband. As such, "mothering and gender are closely intertwined: each is a constitutive element of the other" (Glenn, 1994, p. 3).

The normative construct of a woman's dependency on the husband for economic stability, in addition to placing the mother as the primary caregiver, placed women in a secondary and diminished domestic status to a man. "Because of their child-care responsibilities, women's primary social location is domestic" (Chodorow, 1999, p. 9). Her responsibilities as mother and caregiver were seen as "natural and biological" (Boris, 1994; Chodorow, 1999, p. 9). On the other hand, men were defined by public institutions that are governed by rank, power, and responsibility. The structural difference between the domestic and public was seen as an unequal hierarchy that was legally, financially (Collins, 1994), and socially male dominated (Chodorow, 1999). In this model, gender is socially constructed (Chodorow, 1999; Collins, 1991).

Impacts of race and class on mother. While this idealized image of mother still fits some individuals, it is limited and biased. It is based on a single historical, cultural, and social construction of race and class. The true construct of mother needs to include mothers of all racial ethnic groups, all sexual orientations, and all socio-economic levels. It needs to include the legally accepted possibility that women who nurture, care, and love children can be other than the biological mother. It should include mothers who work inside the home, outside the home, and a combination of possibilities.

To be more applicable to a larger number of mothers, the model must expand and include the historical "existence of conflict and struggle over competing conceptions and conditions under which mothering is carried out" (Glenn, 1994, p. ix). The historical and current context of "racial domination and economic exploitation profoundly shape the mothering context, not only for women of color in the United States, but for all women" (Collins, 1994, p. 45).

Race is an artificial (Lipsitz, 2006) social construct (Ahmed, 2007; Arminio, 2001; Bahk & Jandt, 2004; Blitz, 2006; Essed, 1990; Fine, Weis, Powell, & Wong, 1997; Glenn, 1994; Johnson-Bailey & Cevero, 2008; Manglitz, 2003; Miller & Harris, 2005; Niehuis, 2005) where categories are created (Manglitz, 2003) without any biological basis (Philipsen, 2003). The process of assigning race classifies people into capricious categories depending on any number of physical or behavior traits and characteristics (Essed, 1990), socioeconomic status, culture, and genes (Jones, 2000). With clarity of race as a social construct, it is easier to understand that although women can share common experiences as mothers, the impact of race affects the types of experiences white middle- to upper-middle-class women have versus those of women of color of different economic backgrounds (King, 1988) and poor white women (Connolly, 2000).

"For women of color, the subjective experience of mothering/motherhood is inextricably linked to the sociocultural concern of racial ethnic communities – one does not exist without the other" (Collins, 1994, p. 47). The concept of privilege (i.e., invisible, unacknowledged power) must be understood, especially by white individuals, before the full impact of how unique the process of motherhood is for women of color. To aid in this understanding, the following examples will illustrate that the experiences of women of color do not match the idealized version of the white mother. Although some aspects of mothering are consistent (i.e., the social construction of gender and male dominance), the examples will show that the idealized version of mother is not generalizable to all women. Traditionally, the concept of mother's work must be considered as a two-tiered approach. As Glenn (1992) demonstrated there is a racial and class hierarchy created between white, middle-class mothers on the one hand, and mothers of color and working-class mothers of any color on the other hand. "White women are viewed solely in terms of gender, while women of color are thought to be 'doubly' subordinate by the cumulative effects of gender plus race" (p. 1).

For example, historically, in the first-half of the 20th century, women of color were disproportionately hired as servants to perform labor in white households thus relieving white middle-class women of the job of caring for their children and the tedious and labor intensive aspects of housework (Glenn, 1992). This allowed white mothers to seek employment or volunteer outside of the home. Women of color were hired to care for the white mother's children and perform housework chores while their own children were being cared for by family members or friends. Even working-class White women would often have some degree of housework delegated to a woman of color.

Who performed this type of domestic service depended on the specific region of the country. For example, households in the southwest region employed Mexican women while African American women served this function in the northern and southern parts of the country. Historically, Japanese Americans served the same role in California and Hawaii (Glenn, 1992). Even today, many two-income, middle-class families violate current immigration law by employing undocumented immigrant women to take care of their children and homes at below standard income wages (Chang, 1994).

The continued separation of women of color into the inferior roles of household support perpetuates the idea that white mothers are of higher value than mothers of color (Glenn, 1994). This perpetuates the notion that,

> Mothering is differentially constructed for women of different races, ethnicities, and classes, and that the constructions are linked: the construction of some groups of mothers as full-time, stay-at-home, and worthy rests on the construction of other groups of mothers as employable and unworthy of public support. (Glenn, 1994, p. 20)

Non-support from the white community of mothers will see the unequal value of motherhood continue unabated. As stated by Glenn (1992), the perpetuation of the cycle of gains for one group "may require a corresponding loss of advantage and privilege for others" (p. 37).

A second example of the difference between the construction of white mothers and mothers of color is that mothers of color must prepare their children to successfully navigate the world of privilege, racism, and classism they will certainly face throughout their lifetime. Unlike white mothers, mothers of color must prepare their children to adapt, survive, and thrive within dominate culture (Essed, 1990; Ward, 2000). Ward (2000) stated "We must orient them to their minority status and to institutional and societal power issues, prejudice, and discrimination.

(p. 46)." Without this preparation, children of color may not have the skills to understand the everyday obvious and subtle forms of racism, classism (Essed, 1990), and privilege that are ever present.

The impacts of race, class, and gender on homeless mothers are easier to understand at this point. They are seen as welfare mothers who have many children by different fathers. They are diminished by these stereotypes. Their children are also impacted by these stereotypes and are deemed by society to have the least social appreciation and value (Cosgrove & Flynn, 2000). Although mothers have more choices than ever to take on multiple life roles, the factors that impact her socially and culturally have continuing implications.

Rights of the child. Parenthood is a responsibility that can be self-exercising or, when appropriate and necessary, mandated by law. Indeed, we can state that parental responsibility is a moral obligation (Archard, 2006; Noddings, 2002; Williams, 2006). More will be said about parental responsibility later in this chapter

Children do have recognized rights. On a global level, rights are provided under different versions of the United Nations Convention (1989). Although the United States did not ratify the 1995 Convention on the Rights of the Child there are various federal, state, and local laws that serve similar purposes. For example, Archard (2006) states that "it is standard principle of child welfare law and policy that the 'best interest' of a child should be promoted" (p. 21). Further, parental-rights are protected by both the United States Supreme Court ruling that, "parental rights are…more precious…than property rights" (*Stanley v. Illinois,* 1972). In addition, the U.S. Constitution protects family life by declaring that it is "one of the liberties protected by the Due Process Clause of the Fourteenth Amendment" (*Smith v. Org. of Foster Families,* 1977). A

discussion of the complicated issues surrounding whether children can even have the same rights as adults is found in Archard (2006).

Another way to look at the rights of the child is to "draw attention to the quality and nature of the relationships within a family. These are marked by an especial intimacy and by deep, unconditional love between its members" (Archard, 2006, p. 9). As stated above, it is impossible to suppose that all families are constructed in this manner, but as Archard (2006) points out, it is beneficial to, "acknowledge that when the family does conform to the ideal it is a distinctive, and distinctively valuable, form of human association" (p. 9).

How a family is bound together in order to protect a child can depend on the motivation or benevolence of the parent. Archard (2006) argues that claiming rights "would be to subvert and ultimately destroy what constitutes the family as a distinctive form of human association" (p. 9), noting that if a parent "is motivated by general benevolence in respect of all then no one has any need to claim or assert what is due to him as right or rule. In the case of the family…neither justice nor benevolence suffices but love does" (p. 9).

In the early years of a child's life, he or she is incapable of making decisions with regard to basic instincts of survival. Thus, parental (or parental substitute) supervision and care are paramount. Over time, a child typically matures, and becomes capable of making decisions. Consequently, the responsibility or role of the parent changes over time. The rights and responsibilities of the child should run somewhat in tandem with the development of maturity. Ideally, the parents hope to provide not only the autonomy and the right to make independent choices, but also the wisdom and guidance in order for the child to understand options and the consequences of choices made. Bandura and McDonald (1963) argue that as this occurs, the relationship "becomes based upon mutual reciprocity and cooperation giving rise to the

emergence of subjective morality" (p. 275). In all instances, the best interest of the child should remain a primary consideration.

The resolutions that center on the rights of the child were prepared by various bodies of the UN. Historically, a number of previous and related resolutions were executed in 1924 (The Geneva Declaration of the Rights of the Child) and in 1959 (Declaration of the Rights of the Child) (UN, 1989).

The UN Convention on the Rights of the Child was adopted on May 24, 1989. The Preamble portion of the Convention (UN, 1989) states:

> Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community;
> Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, and an atmosphere of happiness, love and understanding. (p. 3)

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before and well after birth (UN, p. 3)." Other articles in the UN document state that the parties shall take all appropriate measures to ensure that a child is protected from all forms of harm and that the best interest of the child shall be the primary consideration (Articles 1, 2, 3, and 4). Article 5 reminds the parties to "respect the responsibilities, rights, and duties of parents, or, where applicable…the persons legally responsible for the child to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present convention."

In the discussion of "the best interest of the child," the hopes for the ideal or model environment for the world's children are outlined for all to follow. Characteristics of what we as the human family want for the world's children are clearly stated. It is acknowledged that as a human family, our children deserve special consideration, dignity, freedom, and justice. Children should be afforded protection so they can become responsible citizens. Thus, documents like the UN Convention on the Rights of the Child (1989) serve as appropriate benchmarks or guidelines when the subject of leadership is examined.

Desirable characteristics of the parent leader. For the purpose of this research, the concepts that were the most compelling determinants of parental leadership focused on the best interest of the child, and revolved around the theories of care and responsibility that will lead to self-efficacy. A more thorough analysis of self-efficacy is provided below, along with an expanded discussion of parental guidance and the specific challenges parents face, as well as a review of the key and foundational concepts of parental leadership.

The parent-child relationship is symbiotic in that it provides mutual benefits to each party. The child profits from the experience and direction of the parent, while the parent derives happiness and satisfaction in seeing the child grow and guided into his or her own person. "The hand that steadied us as we learned to ride our first bicycle did not provide propositional knowledge, but it guided and supported us all the same, and we finished up 'knowing how'" (Noddings, 2002, p. 3). This symbiotic relationship is also discussed in Mass (1997) in terms of the evaluation process when a parent acts. As the child matures, both can benefit because each has skills that they can bring to the partnership (Dawkins, 1976).

Parental state of "permanent white water." Parenting has its challenges. Vaill's (1996, p. 4) concept of "*permanent white water,*" though developed in the context of organizations, seems also apt to describe the complexity of parenthood within contemporary life. Permanent white water is defined as the "complex, turbulent, changing environment in which we are all trying to operate" (p. 4). Most people enter parenthood, initially, with little to no training and therefore are in a state of constant learning that begins with the birth of the child and continues throughout life. Vaill's (1996) hypothesis that leadership is not learned—leadership is learning—is, therefore, relevant.

Although Vaill (1996) addressed an audience interested in multiple systems of the working world, it is also applicable to the family system, and, specifically, parenthood. In his introduction, Vaill stated that his book is "about living and working in a productive and healthy way in the extremely turbulent environments of modern organization" (Vaill, 1996, p. xi). This description is relevant to the contemporary family.

Parents are supposed to participate in multiple, simultaneous, and stressful activities, including managing their careers (this also applies to stay-at-home parents), running a home, managing the academic and social aspects of education, family activities (including extended family obligations), and outside or extracurricular activities (including competitive sports, music, and many other types of activities where their child is the focus). This middle- to upper-middle-class picture of parenthood can be different for those who live under constant pressures of social and economic constraint. The complex world in which many parents operate also interjects stress and the unexpected. They are also supposed to have time to nurture their own relationships (including a single parent) in order to keep the family unit strong and supportive.

Although some parents discuss their philosophies of life and how they want to care and guide their child even before he or she arrives, rarely, if ever, does life happen in planned sequences. Life typically happens on a somewhat random and unpredictable basis, forcing the family to continually strive for stability. "Permanent white water metaphorically defines the difficult conditions under which people exercise their will and judgment within society's macro systems" (Vaill, 1996, p.6). As Vaill (1996) stated, "Permanent white water means permanent life outside one's comfort zone" (p. 14). It puts a parent in the "position of continually doing things they have little experience with or have never done before at all" (p. 19).

To summarize, parents must become "extremely effective learners" (Vaill, 1996, p. 20). Within the family system, it is a stormy ride that is, at best, unpredictable and requires a high level of constant dedication to the child. Within this framework, the concepts of care and responsibility, with the aim of the child reaching self-efficacy, are key to successful parent leadership.

Key concepts. The following paragraphs describe the foundations of parenting as leadership, to include the concepts of care, responsibility, and self-efficacy. I also discuss how the experience of family can influence a child's psychological development over time.

Concept of care. Having established that parenting is complex, it is inadequate to state that parent leadership is defined as simply providing the basic survival care to a child. All animal species provide varying degrees of survival care to their young. Human needs are more complicated in terms of the impacts, demands, and responsibilities of contemporary life. Consequently, it is necessary to define and understand what combination of traits or characteristics parents should have in order to raise a successful child as seen by society as a whole.

The works of Nel Noddings (2003) represent the initial foundation upon which the concept of parent leadership as used in this research was established. Noddings (2002) thinks of care as a relationship that is an investment of time and effort, as with the example of a parent-child relationship. In her discussion of the phenomenology of care, Noddings points out that she seeks "a broad nearly universal description of 'what we are like' when we engage in caring encounters" (Noddings, 2002, p. 13). In this instance, the parents are the one-caring and the child is the one cared-for. To be caring, "Attention–receptive attention–is an essential characteristic of the caring encounter." Both individuals receive and continue to receive some amount of gratification for the relationship to continue. The child must also indicate some amount of recognition that the parent cares for him or her for caring to continue. Add to this the typical parent's idea that the relationship with their child is thought of as a long-term investment. As such, the above explanation appears to describe at least the idea of the state of the concept of care within parenthood.

According to Noddings (2002), human caring, the memory of caring and being cared for, form the foundation of ethical response. In addition "the essential character traits of honesty, generosity, decency, tenacity and compassion" (Ginsburg, 2007, p. 186), morality, justice, and fairness, including the longing for goodness, are important traits or concepts to consider within the definition of parent leadership. These ideas concur with the values expressed in the UN conventions of acting in the best interest of a child as discussed earlier in this chapter.

Noddings' (2002) concept of moral and ethical caring seemed to encompass important traits, qualities, values, and virtues I would "ideally" consider part of parental leadership. These include, but are not limited to, understanding, practicing, and teaching, unconditional love, trust, compassion, honesty, fairness, respect, tolerance, commitment, wisdom, empathy, security, self-

worth, happiness, and loyalty. The literature confirms that these qualities, as well as other traits or characteristics, provide the nurturing and secure environment necessary for a positive experience for a child.

Bavolek (2000) identifies two types of childhood experiences, reflecting care and lack of care respectively.

- Positive experiences that build strong character and a sense of self-worth and that model a nurturing parent style.
- Negative experiences that engulf children in parenting models of abuse, neglect, exploitation, and victimization. (p. 1)

Although Bavolek (2000) made clear that rarely, if ever, is the experience of childhood as absolute as that, the "…dominance of one over the other does make a difference" (p. 1).

Archard (2006) mentions "perfect obligations" defined as "obligations that are either owed to all children or to some specified set of children" (p. 8). Within this obligation we have the duty and a moral obligation to care for a child that "are not 'exhaustively specified' by what the law requires" (p. 9).

Archard (2006) discusses the qualities that should be part of the positive, caring, and responsible parent leadership. These qualities include protection from harm, and assurance that the child's legal and moral rights are protected. Bavolek (2000) comments on the importance of creating an environment with affirmative experiences as these can positively or negatively affect the growth of the child. In particular, he mentions that nurturing parenting means using, "nurturing touch, empathy, empowerment, and unconditional love to promote the overall health of the child" (p. 1).

It is interesting to note that the importance of play is documented in the literature. According to Ginsburg (2007), "Play is so important to optimal child development that it has been recognized by the United Nations High Commission for Human Rights as a right of every

child" (p. 182). Within the article, parental character traits that will help produce children capable of navigating in today's complex world are listed. These include:

> confidence, competence…a deep-seated connectedness to and caring about others that create the love, safety, and security that children need to thrive. In addition, to be resilient – to remain optimistic and be able to rebound from adversity – young people need the essential character traits of honesty, generosity, decency, tenacity and compassion. (Ginsburg, 2007, p. 186)

Other relevant research such as the work of Mass (1997) touches on the power and responsibility of parenthood, while O'Neill (1988) champions children's rights and lives. Popper and Mayseless (2003) document research that substantiates positive parental qualities, including being sensitive, available, and responsible to a child's needs, and adapting the parent's response to these needs. Other authors whose work confirms Noddings' ethic of caring as well as my understanding of positive responsible parental leadership include Schoeman (1980) and Volling and Elins (1998). Volling and Elins discussed that generally speaking, sibling's benefited from equal treatment from parents, whereas different treatment by parents may lead to conflict between siblings and within family.

In essence, Noddings (2002) suggested that, "the ethic to be developed is one of reciprocity" (p. 4), (i.e., something done mutually or in return), and begins her discussion on how to meet the other morally." She defined "ethical caring" as the relationship in which we do meet the other morally, which arises out of natural caring. Natural caring is defined as, "a relation in which we respond as one-caring out of love or natural inclination" (Noddings, 2002, pp. 4-5). Importantly, the relationship between natural caring and the perception of "good" is entwined in what we define as moral.

Noddings (2002) began her discussion of caring by defining the foundation of her theory. Noddings' theory of caring is expressed through a feminine view. However, as Noddings explained, her alternative views can be accepted by both men and women as it, "begins with the moral attitude or longing for goodness and not with moral reasoning." (p. 2)

"Our motivation in caring is directed toward the welfare, protection, or enhancement of the cared-for" (Noddings, 2002, p. 23). Every action, plan, and consequence is considered from the point of view of the cared-for. According to her theory, the response we receive from the cared-for adds constant fuel for reciprocal behavior. The reasons the one-caring behave in such a benevolent manner is that the one-caring shares feelings for the cared-for. In fact, the feelings border on irrational or as Bronferbrenner (1978) explains, that someone has to be "just crazy" about a child. The act requires an action on behalf and benefit of the cared-for. Nodding (2002) suggests that this relationship is called empathy, engrossment, or receptivity. It is a feeling that is natural and instinctive in most parents as they react with and to their child. According to Noddings, feelings are essentially involved along with a motivational shift. This is the essence of the mode of "consciousness in caring" (2002, p. 33).

Family experience. "The most significant process that humans experience after birth is being parented" (Bavolek, 2000, p. 1). Kagan (1999) suggests that "it is more accurate to state that parental qualities contribute to a child's psychological profile rather than to conclude that family conditions determine a particular outcome" (p. 167). He goes on to state that a parent influences their child's psychological development in three major ways: (a) direct interaction, (b) identification, and (c) transmission of family stories. Each is described below.

a. Direct interaction: applies to everyday events that involve the transfer of knowledge from parent to child, and events that either reward or demonstrate consequences for negative

behavior. This type of interaction can have a cumulative positive or negative effect on the child both in the short and long run. For example, lack of discipline can affect social behavior. The child does not know how to properly interact with other children because proper guidelines were not modeled.

b. *Emotional identification*: Kagan (1999) observes that the power of identification between the parent and the child can have important implication for personality, and emotional identification and development. Children develop their identity as their understanding of the family's social status, cultural status, educational level, and personality traits or talents of the parents are understood. For example, "Children tend to honor what parents do rather than what they say" and "believe, unconsciously, that some of the attributes of their parents are part of their own repertoire, even when there is no objective basis for this belief" (Kagan, 1999, p. 165). This can be seen in children whose parents will not eat certain food items or are afraid of certain animals. "The stronger and more distinctive the trait, the stronger the identification has with the parent" (Kagan, 1999, p. 165). Identification with these factors can be seen in the generational history of educational levels of parents and their children.

c. *Family stories*: Kagan (1999) pictures this factor as more symbolic. It is demonstrated by family stories passed down through the generations, especially if they told of an accomplishment revered by society. Identification with this family member brings with it a feeling of pride and that those traits and accomplishments may also be possible within the child hearing the stories.

A parent creates a family environment that provides a responsible and loving atmosphere, and a series of experiences that positively or negatively affect the growth of a child. These experiences demonstrate how to live within certain morals and ethical standards. One of the

important ways in which this is accomplished is to simply spend time with a child. Ginsburg

(2007) notes that downtime spent with a child is important in that it provides high-quality time

for interaction, such as just talking, preparing meals, and playing games or sports together, "or

being fully immersed in child-centered play" (p. 186). Gender, class, and culture shape how

much time parents spend with children and what downtime means to them across social groups.

The love that the child has learned and felt within a close family system can help him or

her to be resilient. That is, the ability to remain optimistic and be able to rebound from

adversity.

In addition, because "human learning occurs on two levels: cognitive (information, facts,

and knowledge) and affective (feelings)" (Bavolek, 2000, pp. 2-3), experience throughout life

provides information, accumulates feelings, and influences attitudes. These experiences (both

positive and negative) coupled with the nurturing environment of care provided by a parent can

have a lasting impression on the direction of a child's life. How a child experiences care or the

lack of care begins at the moment of birth with the parent. The positive parent role in our society

provides a nurturing environment where the cared-for knows that the one-caring loves them

unconditionally and will be there for her or him throughout life.

Concept of parental responsibility. There are a number of mechanisms that are

important within the context of parental responsibility. The concept should be understood within

the parameters of the normative approach. As defined by Mass (1997), the normative approach

appears to be central to parenthood in terms of "conformity with, or deviance from, societal

norms regarding parenthood. This view is based on a conception which considers societal

evaluations and not the parents as determinants of parenthood" (p. 255). Parents are considered

to have an obligation and accountability to social rules or enacted laws. As long as a parent

behaves in such a manner that is in the best interest of the child, the duty of the state does not require jurisdictional intervention.

According to Mass (1997) parental "responsibility and power are often considered synonymous as determinants of behavior" (p. 244). Depending on the age and maturity of a child as well as the circumstance presented, the parent must be willing to be in a constant state of flexibility or adaptation (Mass, 1997). Heifetz (1994) also uses a similar concept, calling it "adaptive work" (p. 75), stating that "Learning is required both to define problems and implement solutions" (p. 75). The parent has the responsibility to adapt on a regular basis, not only to meet the new conditions and challenges as a child grows, but to meet problems successfully according to our values and purposes. It is important to allow a child to grow and develop until they reach the age and maturity that allows them to act independently and beyond the scope of a parent's immediate responsibility. It should be noted, however, although this change of power and adaptability makes sense, there is limited documentation proving parenting behavior is modified by the child's development at the different age ranges and the introduction of, for example, the influence of friends, or the education system (O'Connor, 2002).

Even with the complication of outside influence, parental responsibility is the combination of adaptive behavior, and the proper use of power and authority in the performance of parental duties. All of this takes place in accordance with society's definition of acting in the best interest of the child, and as prescribed by law.

Concept of self-efficacy. The concept of self-efficacy is the final important foundation of parental leadership. Bandura (1994) defines perceived self-efficacy as,

> People's beliefs about their capabilities to produce designated levels of
> performance that exercise influence over events that affect their lives. Self-
> efficacy beliefs determine how people feel, think, motivate themselves and

behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes. (p. 1)

A person's perception of self and of the world depends upon his or her beliefs in "capabilities to exercise control over their own functioning, and over events that affect their lives" (Bandura, 1994, p. 13). The role of the parent sets the stage in a child's life as to their belief in their own capabilities, accomplishments, and how they approach life's challenges. The presence of self-efficacy provides the building blocks for a life time of self-assurance, acknowledgement of accomplishments, reduction of stress, and even a lower vulnerability to depression. It builds in a sense of resiliency or the ability to, "withstand and rebound from crisis, adversity, and the risk factors known to effect negatively developmental outcomes" (Ward, 2, p. 173). Within the framework of parenthood and family, the child is able to learn about her or his capabilities and self-knowledge. The quality of self-efficacy is, therefore, a very important building block in terms of a parent creating an environment where a child can thrive and grow.

Summary

The key concepts of parent leadership are care and responsibility. If these elements are the center piece of the relationship, and with all things being equal, the child should be able to develop self-efficacy.

My presupposition is that most parents love their children unconditionally, want the best for them, and sacrifice on a daily basis to give them what they need to succeed in the world. But, sadly, this is not always the case. Broken children are everywhere. They make headlines that cause us heartache and sadness. Generations of abused and neglected children do not experience childhood with parents that fit my understanding of parental leadership.

Contemporary social scientists agree that the continued maltreatment of children today is primarily the result of poorly trained adults who, in their roles as parents and caretakers, attempt

to instill discipline and educate children within the context of violence they themselves experienced as children (Bavolek, 2000, p. 1).

For all of the negative aspects of marginalized children, "the best interest of the child" can be obtained. The research reviewed above presents a path for parents to follow and act on in a responsible and conscientious manner. The simplicity of the concept masks the complexity of the issues. Complexity increases even more under trying social conditions. Homelessness forms a major challenge to parent leadership, regardless of the love the parent may feel for the child.

Understanding Homelessness

Homelessness is a human, social, and political issue. This broad spectrum makes it difficult to achieve an all-encompassing definition of homelessness. A historic overview highlights the causes of homelessness as well as some of the social service programs available to homeless individuals. Finally, I discuss the impacts of homelessness on mothers, as well the challenges of homelessness, and its impact on the education of a child with a view to understanding the myriad circumstances homeless parents face.

Federal definition of homeless. The Stewart B. McKinney Act (P.L. 100-77), authorized in 1987, was the nation's first response to homelessness. The bill contains the official definition of "homeless," "homeless individual," or "homeless person" (U.S. Congress, House of Representatives, 1987) as:

> an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

Although the above definition of homelessness is used by most federal homeless programs, it is also recognized that there exists no single federal definition of homelessness (Congressional Research Service, 2005; Hirschl, 1990). Hirschl (1990) recognized that this particular definition does little else but provide information that is relevant in only one point in time.

"Definitional quandaries have long plagued discussions of American homelessness" (Hooper, 1995, p. 340). The variability and dynamics of homelessness make consensus about a definition challenging at best (Minnery & Greenhalgh, 2007). Eyrich-Garg, O'Leary, and Cottler (2008) state that most of the literature devoted to homelessness used shelters as the basis for the definition of homelessness (i.e., homelessness is literally a condition whereby individuals are without a permanent place to live). The study conducted by Eyrich-Garg et al. (2008), in this case, examined families assisted by shelters; however, the definition fails to reflect a dynamic process that changes over time, including the movement in and out of homelessness, lack of affordable housing (Shlay & Rossi, 1992), and changes in social values (Hirschl, 1990; Shlay & Rossi, 1992).

Eyrich-Garg et al. (2008, p. 174) also stated that the shelter definition may not be sufficient to classify all conditions of homelessness. Eyrich-Garg et al. suggested the term "literal homelessness" should include those individuals that are "sleeping in the streets, in cars, abandoned buildings, tunnels, bus stations, parks, and similar places" (p. 174). A definition of "literally homeless" was provided by Winkleby, Rockhill, Jatulis, and Fortmann (1992, p. 1395) and voiced the same idea as Eyrich-Garg et al. (2008). Eyrich-Garg et al. also provided the term "marginally housed" (p. 174). It refers to individuals living in transitional housing, motels or hotels, or living with friends or relatives (i.e., called doubling up) (Congressional Research

Service, 2005; Eyrich-Garg et al., 2008). Others question whether those individuals in motels, hotels, or transitional housing are technically homeless at all, or should rather be qualified as at-risk for becoming homeless. Another complication that is not presented in the federal definition is the distinction between homelessness in rural or suburban versus urban American cities (Fitchen, 1992).

Consequently, it is necessary to understand the history, dynamics, and complexities of the evolution of homelessness. As it is with other issues of public well-being, the understanding of what it means to be homeless has changed "across time, place, and culture" (Hooper, 1997, p. 11). Certainly, the conventional dwelling place against which homelessness is measured is not clear (Hooper, 1997) nor consistent. Notably, Hirschl (1990) remarks that the "definition of homelessness is a manifestation of extreme poverty. That is, it leaves open the question whether the homeless may originate from among the nonpoor" (p. 445). He argues that the definition allows for questions about inclusion or exclusions of individuals as well as, for example, factors to consider regarding duration of homelessness.

Susser et al. (1993) used the following definition in his review of risk factors for homelessness. "Homelessness refers to sleeping in shelters or public spaces…an experience of extreme adversity that is qualitatively different from the normative residential experience of our society" (p. 546). Homelessness is usually defined "in terms of the state of the individual at the time that the study is being conducted…over a period of weeks, months, or years" (p. 547).

As stated by Burt (1995), all of this leads to the complexity of the definitional problem as to who should be included or excluded in the designation of homeless and what are the implications for their status. For the purpose of this study I have weighed all of these concerns when considering, applying, or interpreting homelessness (Susser et al., 1993). I agree with

Hooper that "definitions matter because they alert us to how things have changed" (Hooper, 1997, p. 11) or should change.

     Historical overview of homelessness. The perception of home and homelessness has changed throughout history. Our view of the homeless is ingrained in our society's "cultural ambivalence towards dependency – and, to take it a step deeper, toward work and the bonds of kinship" (Hooper, 1997, p.14). The Western notion of home related to "domesticity and privacy" is relatively recent (Hooper, 1997, p.11). The idea of a conventional place of private retreat for the urban middle class did not evolve until well into the mid-19th century (Hooper, 1997). Certainly, the idea of home to the nomadic people of the world is different than most of us would define where we reside.

     Public perceptions of the homeless have changed little in the past century, centering largely on a view of the homeless as an estranged group of poor street dwellers (Hooper, 1997) who should be avoided. We generally treat the poor, ill (physically or mentally), and homeless separately from mainstream life. The hobo, skid row dweller, or transient laborer was the early and dominant American notion of the homeless (Shlay & Rossi, 1992; Susser et al., 1993). Shlay and Rossi (1992) made the point that technically these men were not without a home.

     Social researchers called them homeless because they were adult males who lived outside normal family life. Having a place to live with family made a house into a home. Without a place and a family to live with, a man was homeless (Shlay & Rossie 1992). White male-dominated skid row populations reached their peak after the Depression and began to decline after World War II as demand for transient labor decreased (Bahr, 1967; Lee, 1980, as cited in Shlay & Rossi, 1992). In addition, change in the public's tolerance of public drunkenness, vagrancy, loitering, and other perceived nuisances provided greater visibility of the homeless

(Shlay & Rossi, 1992). It was during this time the acceleration of urban renewal projects,

including the demolition of skid row housing, progressed (Bahr, 1967; Miller, 1982, as cited in

Shlay & Rossi, 1992).

For example, a study by Bahr (1967) described a study of a bowery located in Manhattan,

New York. His study documented a steady decline by approximately 50% of the number of

homeless men from 1949 to 1966. He predicted the population would continue to decline

through 1971. In general, the study noted this trend was consistent in an additional 28 cities

across the United States.

Further, the post-World War II improvements in housing conditions changed how people

thought about how individuals "should be housed" (Shlay & Rossi, 1992, p. 132). This helped to

change the definition of who was homeless. The definition of homeless in the 1950s and 1960s

was thought of in terms of "personal ties and relationships to the broader society; homelessness

was not seen primarily as a housing problem" (Bahr, 1973, as cited in Shlay & Rossi, 1992,

p. 132). Early research saw the homeless as "disaffiliated" individuals (Hopper, 1997, p. 9).

Shlay and Rossi (1992) reported that homelessness was determined by social scientists as a

condition that was going to all but disappear in the 1950s and 1960s. In general, when economic

conditions improve and individuals are able to find work, housing conditions can improve.

Poverty and homelessness are still present in reduced and scattered numbers.

It was during the 1980s that the number of homeless began to rise and the homeless

consequently became more visible. Urban development became more important as a social

mandate, including development of the downtown core. As development continued to remove

skid row units and disperse individuals to the outlying areas, such urban areas could no longer

provide housing for the poor (Bahr, 1967; Shlay & Rossi, 1992). Some of this shift in location

of the poor was a result of U.S. Department of Welfare policies that encouraged this disbursement of individuals from the city core to live elsewhere (Bahr, 1967); however, there is no evidence that as housing for the poor shifts, the problem and size of the homeless population decreases. A major factor is the economy. As Bahr (1967) stated, in general, as the unemployment rate increases, so do the number of poor, and as the economy improves, the number of poor decreases.

The appearance of the "new homeless," including women, families, young people without families, and ethnic minorities, indicated a broadening of the category of homelessness to include a more diverse group that expanded our understanding of the problem (Bassuk et al., 1997; Bassuk et al., 1998; Bassuk & Rosenberg; 1990; Hirschl, 1990; Shlay & Rossi, 1992; Susser et al., 1993). Bassuk et al. (1997) and Bassuk (1995) noted that it also was during the mid-1980s that the presence of women and children changed the face of homelessness in the United States. The increase of homeless individuals was a partial result of a reduction of personal income and availability of affordable housing, coupled with an increase in housing costs (Susser et al., 1993).

It was during this time that social scientists increased the amount of research dedicated to this issue. In fact, according to Susser et al. (1993), the first attempt to study the homeless occurred in Chicago in the mid-1980s in which a night count occurred with the objective to count all homeless individuals in randomly selected city blocks (discussions regarding the dilemmas in counting the homeless are presented in Burt, 1995; Congressional Research Service, 2005; Shaw, 1995; Wright & Devine, 1995). Although the interest in research increased during this period (Shlay & Rossi, 1992), it should be noted that most research was limited to larger metropolitan

areas in comparison to smaller rural areas (Fitchen, 1992; Henry & Sermon, 2010; Hirschl, 1990; Minnery & Greenhalgh, 2007).

By the 1990s homelessness was determined to be a pressing social problem. According to Snow, Anderson, and Koegel (1994), the study of homelessness was one of the most intensely studied social issues since the 1980s. The authors note that a search conducted in the Sociofile and Psychlit data base from 1990 to 1992 and the Medline data base from 1991 to 1993 yielded 695 nonredundant articles. The most common type of research instrument used in these studies was the survey/questionnaire. Most survey-based research occurred at shelters (Eyrich-Garg et al., 2008; Hall & Maza, 1990). During this time, the demographics and disabilities of this population were the primary results of these studies; however, Snow et al. (1994) also note that many of the studies conducted during this time painted a picture of individuals with an assortment of mental and physical disabilities taken out of context in which the behaviors occurred. This was partly due to the use of the survey/questionnaire instrument. Four "distorting tendencies" in the literature at the time are noted by the authors. They are the:

1. practice of "taking slices or strips of talk or behavior as indicative of a pattern" especially conducted during a single interview;
2. "uncritical use of psychiatric inventories developed for clinical contexts;"
3. "failure to consider fully the context in which the behaviors of interest occur and the ways in which the context constrains and perhaps produces those behaviors;"
4. "preoccupation with documenting the presence of personal pathology among the homeless" using an, "overreliance on the language of disability." (Snow et al., 1994, pp. 463–467, 470)

Snow et al. (1994, p. 470) offered three strategies to offset these tendencies and produce a more balanced understanding of this complex population: First, the homeless should be studied in a longitudinal manner so they can be, "tracked across time and space." Second, the context of where the homeless individual finds themselves must be considered. Third, the voices and the, "views of the homeless must be elicited and articulated."

Homelessness today. Each year since 1982, the U.S. Conference of Mayors Taskforce on Hunger and Homelessness, and the U.S. Conference of City Human Services use the results of a 55-city survey to bring to national attention the status of emergency services (U.S. Conference of Mayors, 2008). Emergency services are defined as food, shelter, medical care, income assistance, and energy services.

Of the 25 cities responding to the survey in 2008, 19 cities (83%) reported there was an increase in homelessness, four cities reported a decrease (17%), and two cities did not have enough data to respond. On average, cities reported a 12% increase in overall homeless within their cities. Of the cities responding, the reasons for an increase in homelessness were attributed to economic factors such as high unemployment and a lack of affordable housing.

The national survey also inquired into the changes in family homelessness. Sixteen of the 25 cities reported an increase, two reported a decrease, four reported no change, and three did not have enough data. The primary reported reason for the increase of family homelessness was attributed to economic factors, including high unemployment and a lack of affordable housing. In contrast, some of the cities' reports were not based in economic reason but in their ability to house homeless families. Other reasons reflect the difficulty in counting the homeless, or the reporting efforts by family shelter or other assistance programs that would increase the number of homeless because families were using these services.

Causes of homelessness. Even though it has been noted that homeless numbers are underestimated, statistics do help us to understand the magnitude of an issue. Homelessness is a result of a complex interrelationship of life circumstances contained within social, economic, and political issues, including federal, state, and local policies that change over time. According to Susser et al. (1993), the process of becoming homeless begins long before an individual or a

family arrives as a shelter's door. "Residential dislocation" begins when a family loses their residence and is forced to seek shelter in homes provided by others. The process of becoming homeless can occur once, intermittently, or as distinct episodes that occur over a period of weeks, months, or even years (Susser et al., 1993; U.S. Department of Housing & Urban Development, 2009). A longitudinal study conducted by Canton et al. (2005) concurred with the above observations, and added that it is not understood whether these factors ultimately determine the course of homelessness.

Causes of homelessness can be divided into sociostructural, individual, and psychological causes. Examples of sociostructural causes include changes in the labor market, poverty, the housing system, and the nature of the welfare state. Individual and psychological factors include alcohol and substance abuse and dependence, and social and behavioral problems (Neale, 1997, as cited in Minnery & Greenhalgh, 2007); however, recent research prefers to look at the complexities of homelessness as a "continuum of causes that crosses both structural and individual issues" (Minnery & Greenhalgh, 2007, p. 643; Tomas & Dittmar, 1995).

Henry and Sermon (2010) reported that two trends were cited for the "rise in homelessness over the past 20-25 years: a growing shortage of affordable rental housing, and a simultaneous increase in poverty" (p. 1).

Using the U.S. Conference of Mayors report (2008), the three primary causes of family homelessness were a lack of affordable housing (cited by 72% of cities), poverty (52%), and unemployment (44%). Other reasons included low paying jobs (36%), domestic violence (28%), family disputes (20%), mental illness (12%), and substance abuse (12%). Twenty-eight percent of the respondents gave other reasons not listed.

The risk factors associated with homelessness will be limited to a discussion of poverty (Swick & Williams, 2010) although it is recognized that many other factors play a role in homelessness. Other factors can include, but are not limited to, violence (Swick & Williams, 2010), affordable housing, physical and mental health concerns and disorders (Bassuk et al., 1998; Swick & Williams, 2010), and individuals previously incarcerated (Caton et al., 1995; Kushel, Hahn, Evans, Bangsberg, & Moss, 2005).

According to Susser et al. (1993), the causes of homelessness are best understood by "examining the causes of poverty" (p. 551).   In the context of this research poverty is indeed likely to be a prominent condition.

Poverty and homelessness. The official definition of poverty the United States is as follows:

> Following the Office of Management and Budget's Statistical Policy Directive 14, The Census Bureau uses a set of money income that varies by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). (U.S. Census Bureau, 2008, p. 16)

Hirschl (1990) posits that "homelessness is a special case of extreme poverty that has developed in response to a series of misguided government policy decisions" (p. 443). Even so, caution must be taken not to make presumptions as, "only a partial overlap exists between the causes of homelessness and of poverty" (Susser et al., 1993, p. 551).

Susser et al. (1993) caution researchers to examine circumstance carefully before jumping to conclusions when attempting to determine the causes of homelessness. For example, in studying the prevalence of psychiatric and substance use disorders among homeless and low-

income housed mothers Bassuk et al. (1998) found that "diagnoses were not associated with current housing status" (p. 1563). Their results found that "psychiatric disorders are more common among women in lower socioeconomic groups, largely because of the multiple stressors associated with poverty" (Bassuk et al., 1998, p. 1564). The most basic fact about homelessness is that:

> The argument that develops implicitly in the course of explicating several models of disenfranchisement is that it no longer makes sense (if it ever did) to treat the homeless as poor apart. Poverty, especially as it occurs under the dramatically reconfigured contributions of housing and work that exist today, remains the most basic fact about homelessness. And it is within poverty's brace that the definition of homelessness should be located. (Hooper, 1997, p. 11)

Henry and Sermon (2010) agree that poverty and homelessness "are inextricably linked" and that the two factors linked to the increase of the poor are "eroding employment opportunities for large segments of the workforce and declining value and availability of public assistance" (p. 1).

The U.S. Census Bureau is the official source of poverty numbers. The poverty rate in 2008 was estimated to be 13.2%, an increase of 12.5% from 2007. The official number of individuals below the poverty rate in 2008 was estimated at 39.8 million. The poverty rate for children under 18 years of age also increased to 19%, which represents a 1% increase from the previous year. It is noteworthy to understand that the 2008 number of poor is not "significantly different" from U.S. Census Bureau estimates for 1993, 1962, 1961, 1960, and 1959 (U.S. Census Bureau, 2008).

Demographics. In 2007, approximately 672,000 people in the United States experienced homelessness on any given night. The count included urban, suburban, and rural areas across the country. The data were gathered "to determine whether homelessness differs across disparate geographic types" (Henry & Sermon, 2010, p. 3). The results of the study reported that

approximately 77% of the total homeless reside in urban areas of the country. In fact, over 60% of this population resides in metropolitan areas of greater than one million people. Even though approximately 4% to 7% of homeless live in rural or mostly rural areas, the number of unsheltered families in rural areas is almost double that of urban centers and almost 50% of the chronically homeless are families with children. The remaining homeless reside in urban-rural mixed areas.

In 2008, individuals in families with children accounted for 37% of the total homeless population, chronically homeless accounted for 18%, while non-chronically homeless individuals accounted for the remaining 45% (U.S. Conference of Mayors, 2008). Of all the research available on homelessness, Bassuk et al. (1998) noted that there is a lack of research on low-income homeless mothers.

Of course, as noted above, the accuracy of the numbers must be taken into account. They are likely underestimated; however, within the noted limitations associated with conducing research on issues of homelessness, including the variability of methods and definitions (Bassuk et al., 1998), and the difficulty of counting a transient and somewhat invisible population, the results are useful to observe trends over time.

In an updated report by the U.S. Department of Housing and Urban Development (2009, p. 3), most people who stayed in shelters were individual men over the age of 30, although it is noted that many individuals do not fit this profile. According to the same study, approximately 40% of the people who used "homeless residential programs" in 2008 were white, non-Hispanic; 20% were children; and 33% were homeless together with at least one other person.

The variability found over time in the different reports points to the fact that the study of homelessness is a complex issue with variables grounded in our economic, social, and political

system. The accumulated knowledge gleaned from the many studies on homelessness concludes that the estimated number of homeless individuals is likely underestimated at best.

Programs for the homeless. Overall management of federal and state homeless assistance programs funding is managed by U.S. Department of Housing and Urban Development. Two main categories of assistance programs are available. Programs such as the McKinney-Vento Homeless Assistance Act, award funds under the umbrella of a "Continuum of Care" system in the community where assistance is provided. The umbrella is an understanding that lack of shelter is not the only cause of homelessness but includes physical, economic, and social unmet needs. Non-competitive need programs are based on formula grants that are applied for by states and local jurisdictions. An example of this type of program is an emergency shelter grant or the federal Title V program that publishes information about surplus federal property that can used by states, local government, and non-profit groups to help the homeless (U.S. Department of Housing and Urban Development, 2009).

As Seattle, Washington is the city of focus in this dissertation, a brief description of the city's homeless population as well as an overview of social service programs available are presented.

Overview of Seattle's homeless. According to the U.S. Conference of Mayors (2008), the approximate population of Seattle, Washington, is 577,000. Of this number, it was reported that approximately 13%, or approximately 75,000 individuals, are living below the poverty line. The definition of "poverty line" is provided by the U.S. Office of Management and Budget's Statistical Policy Directive 14. The definition uses a set of money income thresholds that varies by family size and composition to determine who is in poverty (U.S. Census Bureau, 2008).

According to the 2008 one-night count of homeless individuals in Seattle, the number of individuals counted increased by 15% from 2007. The causes of homelessness in Seattle were attributed to unemployment, high housing costs, poverty, and lack of income. The causes of homelessness in families with children included lack of affordable housing, poverty, and medical problems (U.S. Conference of Mayors, 2008).

Social service and welfare programs in Washington State. As common throughout most of the United States, Washington state has a network of social service and welfare programs available to homeless individuals and families. The primary welfare funding program is through Temporary Aid for Needy Families (TANF) (D. Cato, personal communication, April 21, 2010). This assistance program provides temporary cash and medical assistance for families in need. All Washington state residents who are responsible for the care of children or who are pregnant are eligible to receive TANF funding.

According to the Washington State Department of Social and Health Services, the amount of money received is based on family size and income available (i.e., checking, savings accounts, stock or bonds, and/or a vehicle equity over $5,000). Individuals must meet income, resource, and citizenship requirements. TANF is available for 60 months of benefits over a lifetime as of August, 1997. The act was authorized by Congress 1991 and reauthorized in 2002. In Washington state, it has jurisdiction under Washington State Administrative Code 388-400-0005 (Washington State Department of Social and Health Services, 2010).

The norm for the poor, as for everyone else, would be to be employed. Hence, receiving welfare assistance is a temporary exception. Consequently, the revised bill allows for greater flexibility but requires greater participation in work-related programs, such as the WorkFirst Program. The WorkFirst Program assists the individual in securing and keeping a job. First

Place assists the parent(s) in preparation of resumes and review of interviewing techniques (D. Cato, personal communication, April 21, 2010).

Besides work assistance, basic needs funding (defined as food, shelter, and clothing) is also provided. Supplemental emergency housing grants (i.e., Additional Requirements for Emergent Needs) and food stamps are available (Lowin, Demirel, Estee, & Schreiner, 2001). Other assistance provided under TANF encompasses assistance with mental health issues, including clinical depression and substance abuse (D. Cato, personal communication, April 21, 2010).

The study prepared by the Washington State Department of Social and Health Services, (Lowin et al., 2001) reported that government cash benefit welfare programs are the most common and frequent revenue source used by homeless families.

Summary. Homelessness is a human tragedy in the United States that affects a large number of individuals and families. The research surveyed thus far provides evidence of the complexity and dynamic nature of the problem associated with this condition. But understanding the history of homelessness, defining who should be considered as homeless, and identifying the probable causes of homelessness are challenging undertakings that nevertheless must be considered when beginning any type of research on this topic.

I found that investigators rarely spoke directly to individuals about their experience of homelessness. There is only a small amount of data on the definition of homelessness based on self-definitions (Eyrich-Garg et al., 2008). Consequently, one of the most important results of this investigation was summarized by Snow et al. (1994) in which they offered the following to produce a more balanced understanding of the homeless. First, the homeless should be studied in a longitudinal manner so they can be, "tracked across time and space" (p. 470). Second, the

context of where the homeless individual finds themselves must be considered. Third, the voices and the "views of the homeless must be elicited and articulated" (p. 470). While the first option was beyond my reach, this research offers the second, the voices of homeless mothers.

The Impact of Homelessness on Mothers

> *It was never a goal of mine to be homeless, but it happened. I prided myself on taking all the necessary steps to ensure my children's safety and provide them with a nice, loving place to call home…Unfortunately, domestic violence and broken systems of care prevented me from accomplishing this. Instead, my daughter and I endured homelessness for two years.* (Fonfield-Ayinla, 2009, p. 299)

The above story captures a snapshot of the human toll homelessness brings to families. The decision a mother makes—not to tolerate domestic violence any longer—may have costly impacts. In order to understand how homelessness impacts parenting, and mothers specifically, it is also necessary to keep in mind the many tolls this way of life takes. It is important to understand that the effects of homelessness do not end when the family finds housing as this experience has lifelong implications that tend to be somewhat sanitized in the literature. Although it is possible for an individual to recover and give new meaning to her life, the impact of the experience of homelessness and all of its complexities remain.

Although other types of homeless families exist including, but not limited to, two-parent families, families headed by a father only, or where the children live with relatives or friends, the most common homeless family in the United States consists of a mother and her child or children (Styron et al., 2000). My emphasis regarding impacts of homelessness concentrates on this population, mother-led families.

Usually, homeless mothers are found in two different sets of circumstances. The first type of homeless mother lives with her children in a shelter system. The second type of mother may also live in a shelter but her children live elsewhere. Both circumstances are discussed

within the complex framework of physical, emotional, and economic circumstances that cause homelessness and may impede parenting. How do the mothers adapt? How do they eventually change their circumstances? I do not claim to cover all impacts associated with homelessness and poverty on mothers. The complexity and enormity of the issue is beyond the scope of this research. I aim to reveal the challenges the mothers face and in doing so also to make visible the humanity of some of the most vulnerable members of our population.

Demographics. According to the Housing and Urban Development Office (HUD) (U.S. HUD Office of Community Planning and Development, 2009), the typical homeless family consists of a single mother with two to three children. This 2008 family profile of homelessness has not changed from previous studies conducted in 1993 (Bassuk, 1993; Hausman & Hammen, 1993; Marra et al., 2009).

The latest U.S. Conference of Mayors report (2008) reveals an increase in reported homelessness overall, and specifically an increase in family homelessness. Of the 25 reporting cities, 19 (83%) reported an increase, four (17%) reported a decrease, and two cities did not have enough data to report. On average, of the reporting cities, a 12% increase of family homelessness was reported. The city of Seattle, Washington, reported a 15% increase in family homelessness during this time period.

Overview of homeless parents. Like most others, homeless parents generally love their children and want the best for them in all aspects of life (Boxill & Beaty, 1990; Connolly, 2000). They are typically involved to various degrees in their child's upbringing, education, social development, and expression of shared family traditions.

What sets these homeless and poor parents apart from other parents that are not homeless or poor is the current life circumstance that finds them at the mercy of our social services, laws, and policies. For example, Banyard (1995) states:

> How a mother experiences her child asking for a treat from the store is very different when it occurs against the backdrop of having a home than when the child feels bad about having moved from their house to the shelter, and is hungry because the shelter does not prepare food the child likes to eat. (p. 888)

How society views the poor, homeless individuals who do not look or act like mainstream society wants or neesd them to places a large number of people in categories of undesirable, lazy, ignorant, and thus ignored, or looked down upon by those fortunate enough in our society not to have such life experiences.

Social stigma of the homeless mother. Motherhood, as discussed above, is represented as a complex set of traits including the idea that women are nurturing, nonviolent (Connolly, 2000), caring (as defined by Noddings, 2002), and self-sacrificing. A mother is supposed to be emotionally, physically, and mentally available for her children (Barrow & Laborde, 2008). One of the most devastating accusations against a mother would be that she does not love her children, a stigma homeless mothers often face. But in all of the homeless literature reviewed, a common theme is that mothers love their children (Styron et al., 2000) and that their relationship with them is important. In Styron et al.'s (2000) study, the goal was to examine the experience of family homelessness by conducting interviews with formerly homeless mothers about their lives before and after leaving the New York City shelter system. The 24 mothers interviewed stated that their relationship with their children was "extremely important" (p. 154). Their mothers' statements that their lives revolved around their children would be consistent with many other mothers, regardless of their current life's circumstances. In professional practice the same picture emerges. For instance, in a recent conversation with Dr. Jess Levine, a Court

Appointed Special Advocate (CASA) within the Seattle, Washington, court system, representing children who have been taken from their parents because of abuse and neglect, Dr. Levine confirmed that even under these dire and tragic conditions, parents maintain they love their children (J. Levine, personal communication, May 27, 2010).

Connolly (2000) notes that it is important to remember that "mother" is a social construct that "serves to reinforce a one-dimensional model of motherhood, and to treat deviations as individual failure" (p. 50). The public discourse does not acknowledge the larger complexity of the position and the reality of social, economic, emotional, and political factors that push and pull on an individual's life.

Certainly, when life circumstances cause the ideal of motherhood to meander outside the social construct "the agendas and social processes through which institutional systems manage the family life of women marginalized by homelessness and disability" (Barrow & Laborde, 2008, p. 157) take over and harshly and quickly judge her and her children. The research conducted by Kolos, Green, and Crenshaw (2009) reported that historic negative stereotyping of the homeless has been a long-standing tradition. This is especially true when poverty and homelessness interact with other factors of structural marginalization, including race (i.e., women of color), citizenship status (i.e., immigrant mothers and those that are wrongfully assumed to be illegal immigrants), marital status (i.e., single homeless mothers), class, and sexual orientation (i.e., lesbian mothers), thus reinforcing the already difficult daily survival of homeless mothers and their children. All of these realities can in turn impact how mothers feel about themselves and their parental abilities (Swick, 2009).

All mothers interviewed by Cosgrove and Flynn (2005) reported exposure to stigmas of being poor and homeless, also in relation to other forms of discrimination. For example,

negative stereotypes (both racially and economically motivated) affected their interactions with personnel at various social service agencies. The glances, tone, and attitudes of individuals during their interactions with the mothers were subtle but powerful. Many of the mothers felt disrespected and humiliated on a daily basis. One of Cosgrove and Flynn's (2005) participants noted that it was not the words they used but the fact that they did not even look at her. They felt less than because of their circumstances. Some of the glances silently expressed a range of negative judgments, particularly the thought—how could a good mother let this happen to her children?

Stress mechanisms. The path to family homelessness has been well documented. The structural reasons include: poverty, the paucity of affordable and decent low-income housing, an insufficient income for individuals on public assistance; inadequate social services and health care; an increase in the number of women head of households (Rossi, 1994), and a lack of jobs. Styron et al. (2000) provide a review of the body of research that examines the psychosocial variables that may act as "antecedents and/or consequences of family homelessness" (p. 145). Results from this review of 17 papers published from 1987 to 1993 found that family homelessness is associated with "a substantial amount of current and/or past mental illness, drug abuse, childhood and adult victimization, inadequate social support, and parenting difficulties" (p. 145).

Poignant themes surfaced in research involving the life stories of 24 single mothers living in New York City: poverty, neglect, abuse, troubled interpersonal relationships, and mental health concerns (Styron et al., 2000). Styron et al. (2000) reported there was "remarkable consistency" in the women's stories across time and in a way that was not anticipated based on either existing research literature or on common perceptions of family homelessness (p. 148).

What was unexpected was the "participants described their lives as a remarkably constant stream of distressing and spirit-breaking encounters beginning in early childhood and leading all the way up to the present" (p. 148). Their experience of homelessness that was the subject of the research did not take center stage; it "paled in comparison to the epic tragic nature of these women's ongoing difficulties" (p. 148).

Goodman, Saxe, and Harvey (1991) state that "homeless[ness] itself is a risk factor for emotional disorder" (p. 1219) and suggest that researchers:

> use the construct of psychological trauma—focusing on social disaffiliation and learned helplessness—to understand the potential effects of homelessness. Psychological trauma is likely among homeless families for three reasons: (a) The sudden or gradual loss of one's home can be a stressor of sufficient severity to produce symptoms of psychological trauma. (b) The conditions of shelter life may produce trauma symptoms. (c) Many homeless people—particularly women— become homeless after experiencing physical and sexual abuse and consequently psychological trauma. (p. 1219)

Banyard (1995) delved deeper into the details of these reasons and included other reasons such as transportation and employment problems among the others stressors mentioned above.

Parenting without a home. Whether a mother decides to leave an abusive relationship or is forced to leave, the experience leading to homelessness as well as the experience of being homeless likely affects her life, her child's life, and her relationship with her child. Lindsey (2001) reported that the scope of family relationships most impacted were the "quality of parent-child relations and their own fulfillment of the parental role. They believed that shelter conditions, their own emotional state, and their children's emotional state, temperament, and behavior most influenced these relationships" (p. 250). Her findings were consistent with previous results found by other researchers using other methods and data sources (Boxill & Beaty, 1990; Fonfield-Ayinla, 2009; Gewirtz et al., 2009; Hall & Maza, 1990; Hausman & Hammen, 1993; Kolos et al., 2009; Masten, Miliotis, Graham-Bermann, Ramirez & Neemann,

1993; Paquette & Bassuk, 2009; Rademeyer & Vostanis, 2007; Swick, 2009; Tischler et al., 2007).

Adaptive and survival strategies. Just as there are complex challenges and stressors present as a result of homelessness, there are underreported (Cosgrove & Flynn, 2005) strengths, mediators (Milburn & D'Ercole, 1991), and daily coping mechanism and strategies (Banyard, 1995). Banyard (1995) conducted a qualitative study of daily survival strategies employed by 64 mothers living in a shelter with their children. The results of the open-ended questions with the mothers produced a list of the most frequently used strategies (in descending percentage order) reported. The mothers: do something about the problem (97%); get social support (89%); patient endurance (77%); think positively (72%); think about the problem (55%); get distance from the problem and let feelings out (44%); pray (42%); focus on the future (42%); and focus on children (36%) (Banyard, 1995, p. 880). The results from her study showed that the mothers used a variety of adaptive mechanisms to deal with the stressful conditions of homelessness. These results are consistent with the theory of coping and the responses include both problem- and emotional-focused techniques (Folkman & Lazarus, 1980).

Meadows-Oliver (2003) conducted a meta-synthesis of 18 qualitative studies to synthesize the current literature on homeless women living in shelters with their children. One of the six themes that emerged was the employment of a variety of survival strategies. Within this study the two most common strategies were praying and getting support from others including other shelter mothers, family, and their own children. Details of these strategies are discussed below.

Quality of the parent-child relationship. Despite a long list of stresses and daily challenges associated with being homeless, the relationship between a mother and her child can

provide strength, motivation, direction, and determination. Lindsey's (2001) study found that mothers reported an emotional closeness to their children while they were living at the shelter and noted the quality and quantity of their time together. The average age of the children in Lindsey's (2001) study was 7 ½ years old (range six months to 16 years of age). One mother commented that the feeling of closeness to her children was likely a result of how much time they were spending together in such close quarters. They interact and communicate more than families that are housed. Lindsey (2001) reports that the closeness seemed to develop because "they perceived themselves as banding together in a time of crisis" (p. 247). This in turn increased their satisfaction as a parent. Lindsey's (2001) participants spoke of getting to know their children in new ways and their closeness to their children grew relative to the length of stay in the shelter.

At the same time, the concentration of family time also was reported as a burden by some mothers (Lindsey, 2001). The weight of single parenting along with the constant awareness of shelter rules, regulations, and presence of public mothering was a prescription for being rightfully overwhelmed. During a conversation with a former shelter resident a homeless mother told me that when she offered to take all of the kids in a shelter to a local park for a game of catch on a warm summer day, the other mothers in the shelter were visibly moved by her offer. The chance to have some alone time was a rare gift (D. , personal communication, February 7, 2010).

Several mothers in Lindsey's study (2001) reported that once they left the shelter, the closeness they had with their children changed. Reasons for the change included the children's awareness that they were alone as a family, thus not constrained by rules of the house. The conflicts and suppressed emotions that were present in the shelter were now able to be expressed.

Boxill and Beaty (1990) observed the phenomenon of a reversal of roles where mothers were soothed and comforted by the presence and activities of their children, especially their teen-aged daughters. Mothers told the researchers they found comfort in ways they would ordinarily provide for their children. For instance, one child was observed braiding her mother's hair while another child folded and put away her mother's clothes. Boxill and Beaty also reported some of the teenage daughters stepped into the role of mother when the mother could not function. This behavior was also reported by the executive director of First Place (D. Cato, personal communication, March 13, 2010). Although Boxill and Beaty state that the mothers were not abdicating their roles and responsibilities, the appearance of a role reversal gave the mothers comfort during especially trying times.

Summary Implications for Research

This review of the literature on homelessness provides a framework for assessing current understandings of this issue within the social, historical, and legal contexts. It also provides an overview of the implementations of these policies and the human consequences.

The result of this literature review was the recognition that the majority of the empirical research conducted on homeless mothers and their children has been performed using quantitative methods. While the data gathered provide invaluable information, little information exists that provides the opportunity for homeless mothers to be heard directly.

The literature provided an overview of characteristics that are important and desirable within parent leadership. These characteristics offer ways in which we understand how to care for our children and how we take responsibility as their parent. Within the literature reviewed, a summary of the desirable characteristics/traits of parent leadership is presented in Table 2.1.

Thus, a qualitative study is proposed that will examine the experience of becoming and being homeless and how the conditions of becoming and being homelessness impacts a mother's abilities to be a parent leader. The research collects first-person accounts of how a mother accomplishes a level of stability, thus improving life circumstances for herself and her children.

Table 2.1

Desirable Characteristics/Traits of Parent Leadership

Author	Publication Year	Desirable Characteristics/Traits of Parent Leadership
Archard	2006	protection from harm; assurance that the child's legal and moral rights are protected
Bavolek	2000	positive experiences that build strong character and sense of self-worth; nurturing touch, empathy, empowerment, and unconditional love to promote overall health of child
Ginsburg	2007	downtime spent with children provides high quality time for interaction (i.e., talking, preparing meals, playing games or sports); honesty, generosity, decency, tenacity, compassion, confidence, competence, a deep-seated connectedness to and caring about others that create the love, safety, and security that children need to thrive
Noddings	2002	human caring, the memory of caring and being cared for; natural caring is defined as a "relation in which we respond as one-caring out of love or natural instinct" (p. 4-5)
Popper and Mayseless	2003	being sensitive, available, and responsible to a child's needs and adapting the parent's response to those needs

Chapter III: Methodology

Introduction

The nature of the research question fits the qualitative framework as it allows for the collection of stories to secure details of the experience of each of the narrators. Specifically, biographical and narrative inquiry methods are used to seek the narrator's (the mother's) first-person account of her story, or her self-construction, within a current social, historical, and economic context (Denzin & Lincoln, 2008; Higgs, 2001; McMillan & Wergin, 2002; Roberts, 2002; Schwandt, 2007; van Manen, 1990).

The methodology acknowledges and encourages openness to receive information from a different frame of reference. It encompasses the formation of a relationship between researcher and the participants in order to authentically represent the voices of the narrators, find the voice of the researcher (McMillan & Wergin, 2002; Pinn, 2001), and produce new knowledge. Compassionate Listening ™ skills were employed to create a "safe container for people to be free to express themselves and to go to their deep level of concern…It has everything to do with caring for the state of another human being" (Hwoschinsky, 2006, p. 3).

The philosophical framework of mindful inquiry required that I take responsibility for the chosen process and acknowledge my bias, and that my own experience may impact the outcome of the research (Bentz & Shapiro, 1998).

Finally, the use of biographical and, especially narrative inquiry is a relevant method as it has been used to provide visibility to those that are typically marginalized and judged by misleading and damaging generalizations (Maynes et al., 2008).

Process and procedures. For pragmatic reasons, First Place, a social service agency in Seattle, Washington, was chosen as a study location because it was instrumental in providing access to formerly homeless mothers–a group that I would otherwise have difficulty in reaching. Research was initiated with a meeting with Dr. Doreen Cato, Executive Director of First Place. The overall goals as well as my general approach were discussed.

Narrator characteristics. As one goal of the research was to identify themes and characteristics of the mothers, consistency for the sake of comparability was determined to be an important element of this research process. Consistency was practiced by following a specific protocol. To facilitate consistency within the study, all of the mothers had the following characteristics:

- All mothers experienced periods of homelessness and a variety of other types of potentially challenging life circumstances that may impact her ability to parent, and specifically, may impact her ability to advocate for her children in a school setting.

- All of the mothers will represent a demographic of homeless women present in the greater Seattle area.

- The mothers in the study will include only those whose participation will not interfere with their overall healing process.

- All of the mothers currently use or at one time used the services of First Place.

- All of the mothers have school-age children that currently attend or at one time had children who attended the independent elementary school located within the agency.

- Of the children that no longer attend the First Place school, some completed 6th grade and transitioned to a different public or private middle school, or beyond. Other children transitioned to public or private school before 6th grade (i.e., placed in gifted programs).

Most importantly, all of the mothers reached a level of stability in their quest to turn their lives around. In other words, and for the purpose of definition, they made choices and practiced various forms of decision making and elements of self-leadership that improved their life circumstances. For example, all of the mothers are no longer homeless and have short- and long-term plans. Many have found employment and their children have reached the proper grade level in school. Others may be in the process of recovering from alcohol or drug use; the interviews explore this issue.

From there, meetings were held with Dr. Cato and Mr. Harris, Director of Family Support Services, in order to review the scope of the proposed project in terms of its overall goals, the characteristics of mothers that may be appropriate to invite to participate in the research, and to discuss and plan the numerous details before the study began. Some of the major details are presented below.

As part of the Institutional Review Board (IRB) process, Dr. Cato prepared a letter on October 25, 2010, granting me permission to conduct my research at First Place and to specifically speak with adult clients of First Place during the pilot study. A second letter was prepared by Dr. Cato on April 17, 2011. It continued my permission to conduct my dissertation research at First Place. A copy of this letter is part of the IRB document and attached in Appendix B.

Confidentiality and anonymity. As the confidentiality and anonymity of the mothers who chose to be involved in the research study were a concern, the number of staff at First Place involved in the research investigation was purposefully limited. Only Dr. Cato and Mr. Harris provided administrative support during the process. Other supportive staff members were limited to the three case managers who worked under Mr. Harris's supervision. Their function was limited to assisting Mr. Harris in developing the list of potential narrators, contacting the mothers to determine if they were interested in participating in the research, and a limited amount of scheduling coordination however, in saying this, none of the First Place administration or staff had access to any confidential information collected during the course of this study.

Demographics of narrators. It was the initial goal of the research to speak to at least 14 formerly homeless mothers. My original request was to ask Mr. Harris to include mothers who represented the demographic spectrum of homeless women in the greater Seattle area (i.e., size, density, distribution, and other statistics). In our discussion, it became apparent that my desire to place percentages next to the reasons for homelessness would not be an effective approach. Much like the recognition that there is not one definition of homelessness, the number placed next to the possible reasons why individuals are homeless depends upon what funding agency you ask and the statistics they have available at the time. Both Dr. Cato and Mr. Harris reminded me that most lists of percentages or numbers of homeless are underestimated and thus are limited in value.

Mr. Harris asked me to think of the demographics of homelessness as a list of categories of life circumstances. For example, when a family arrives at First Place for assistance, the category they are placed in depends largely upon the staff's assessment of their immediate crisis.

If the family state that they have come to the agency because they are homeless and want their children to attend First Place school, then the case manager will list that in the Enrollment for School category; however, it is understood that the immediate crisis of enrolling their children in school is not the only reason for coming to First Place. It is likely that they may need shelter because of domestic violence and require medical attention and/or counseling for themselves and their children over time. Typically, no one crisis is present but rather a family may require a combination of needed services.

Pilot study. A pilot study was conducted between November 17, 2010**,** and December 30, 2010. Using the stated characteristics as a guide, Mr. Harris invited two First Place mothers to participate. Each accepted the invitation. The process allowed me to practice the interview process, test the demographic survey, and improve my listening techniques and other related skills before the dissertation research began. The pilot study was designed to conduct two interviews for approximately one hour each. The first interview concentrated on asking the mother about her experience of homelessness. The second interview was designed to ask the mother's questions related to what she felt educators and policy makers needed to know about the conditions of homelessness and how **to** best serve homeless children, especially children in an education setting. As a result of the pilot study, a number of interview questions were reworded; new ones added and other were eliminated. But in essence the interview questions were a good basis for the research project. Most importantly, I confirmed that the amount of time each mother could devote to the interview process was going to be a challenge for the overall research.

Dissertation research. Using the demographics as described above, Mr. Harris, Director of Family Support Services, compiled 20 names of potential narrators. We began with 20 names as a preventative measure in case mothers that agreed to be part of the study later determined that they could not participate or left the study early for any variety of reasons.

To begin, Mr. Harris or his case managers approached each mother and asked them if they were interested in participating. This was proper and necessary protocol as a result of the sensitive and confidential nature of the mother's association with First Place. During the initial discussion with each mother, the case managers conveyed my association with the agency, and shared with them that I also had been homeless and would be happy to share my story with them. They were told that to thank them for participating in the research, a small token of appreciation would be offered.

In both the pilot study and dissertation research, once a mother agreed to participate, an interview date was set. On or before the interview date, each mother met her case manager and reviewed and signed a copy of the Informed Consent statement. If any of the mothers did not have a prior appointment at First Place before our interview date, I reviewed the Informed Consent statement with her before she executed the document and before the interview began. In the two cases where English was the second language, each mother reviewed the Informed Consent statement with her first language speaking case manager before they signed to ensure they understood the process.

For the interviews that occurred at First Place, I arrived at least 30 minutes earlier than the appointment time in order to properly set up the room where the interview was to occur. My intention was to make the room as comfortable and welcoming as possible for each mother. I kept the room in natural light, had tissues ready, brought water to offer, and made sure there was

a comfortable chair. These efforts were made to reflect my intention to create a caring

environment (Noddings, 2002), to demonstrate my respect, as well as to acknowledge that they

were giving me their time, and that I understood that their stories were likely difficult at times to

tell. Regardless of the meeting place, the same degree of effort was implemented as possible.

All of these efforts were appropriate as it was an important part of the research to "do no harm. "

A procedure was established in collaboration with Dr. Cato and Mr. Harris in the event a

mother experienced emotional discomfort during or after the interview(s). All mothers were

notified in the Informed Consent statement (part of the IRB process) that if they wish to speak to

a therapeutic professional, they should let me know and I would immediately advise Mr. Harris.

He would work with the mother and make a prompt referral for proper mental health services.

Details of the therapeutic arrangements that were planned are found in the IRB document,

Appendix B.

Interview time constraints. At the beginning of the research, it was my hope to

interview each mother on two separate occasions for approximately one hour each session.

During the pilot study as well as the dissertation interview process some of the mothers arrived at

the scheduled times, others forgot the appointment or cancelled. Some of the mothers came to

the first interview but forgot the second appointment.

The conclusion I reached within the first week of conducting the dissertation interviews

was that my hopes of having two interviews with each mother was improbable. In fact, a few of

the mothers told me they would rather finish the interview in one session because of time

constraints and other obligations. In speaking with Mr. Harris and Dr. Cato about the possibility

of a second interview, they collectively told me they did not believe a second interview was

realistic. The reasons included their overall concerns for the mother's ability to deal with the

many daily pressures including returning to First Place for a second interview. Dr. Cato urged

me to count on only one interview because it was just too emotionally and logistically difficult

for most of the mothers. I was counseled that retelling their story once was hard enough without

retelling another segment of their story on a different occasion. Consequently, most of the

interviews were completed in one sitting. Even within the one interview, some of the mothers

did not have the time to answer all of the questions. Other questions were not asked as the topic

was not relevant to the mother's situation. I felt my revision from my original protocol and

desire to conduct two interviews was justified as it was consistent with my desire to "do no

harm" to the mothers during this process.

The questions invited the mothers to share their stories of (a) becoming and being

homeless, (b) questions relating to their experience of their child/children's education

experience, and (c) what they would want policy makers and educators to know. I was the sole

researcher. This point is important as I tried to ask the questions to all of the mothers using the

same tone and wording and was able to narrow the variability of asking questions and

interpreting results to a minimum. Two Sony digital voice recorders were used simultaneously

to capture the interviews. The interview guide is located in Appendix B.

In order to increase the consistency level of this research, I was the only researcher who

interpreted and analyzed the data. This was a proper way to minimize the number of individuals

who saw or handled confidential information. Having said this I also add that in the presentation

of the data (Chapter 4) I use many of original quotes as to increase transparency. Further, the

narrators changed their names, unless they specifically request that their given name be used.

Other identifiable information, such as the names of cities or states the mother's mentioned in

their stories, was changed in this document. This helped to increase confidentiality and anonymity of each narrator.

A small token of appreciation (a $25.00 gift card from a local grocery store), along with a hand-written thank you note, was offered to each of the mothers. All of the women were low income and I felt, in consultation with Dr. Cato, that this type of offering was appropriate. Merrill and West (2009) state that this type of appreciative gift was felt to be within ethical standards.

Data analysis. After the interview(s) were conducted, the information was sent to a transcription service using a secure file transfer protocol where it was transcribed verbatim and converted from a digital audio file to a printable Microsoft Word document. Once the transcribed interview was received the document was reviewed by me a number of times for accuracy, including a review to determine, if appropriate, if all of the interview questions were asked. A copy of each transcribed interview was sent to each mother for her review. In a cover letter, I asked the mothers to review the document for accuracy. Most of mothers did not return their transcripts. Of the ones that did return the transcript, corrections were limited to spelling changes of proper, street, or school names.

After the transcripts were received, the data was reviewed and sorted by each question. Analysis was conducted to summarize and locate in text and in Excel format the common themes in all of the mothers' answers. Although all of the mother were not asked all of the questions, I examined and extracted data in order to, again, search for themes.

Evaluation criteria. Standards must be established by which the quality of research can be evaluated. The criteria that will be used as tools to determine the quality or trustworthiness of the reliability of the research include dependability and confirmability (Lincoln & Guba, 1994,

as cited in Bryne-Armstrong, Higgs, & Horsfall, 2001; Guba & Lincoln, 1985 in Schwandt, 2007). Dependability was accomplished as my process of inquiry was logical and purposefully documented (Schwandt, 2007). Tracking forms documented meetings, phone conversations, interview dates and related types of information. The research was coordinated with Dr. Cato and Mr. Harris. All narrators executed the Informed Consent Statement thus allowing for the recording of all interviews. Further, all interviews were recorded and transcribed ensuring the research process was transparent and traceable.

Generalizability. As a result of the small sample size of mothers that participated in this study, it must be noted that the results are not generalizable to the overall population of homeless mothers in my study location or to any other location.

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Chapter IV: Results

Introduction

This chapter is organized according to the research areas of focus: stories of becoming

and being homeless; the adaptive mechanisms the mothers employed, and how the experience of

homelessness impacted them and their children. Questions were divided into five sections. They

are as follows:

- Section 1   Stories of Becoming Homeless

- Section 2   Advocacy for Children

- Section 3   Stories of Change

- Section 4   Educator and Policy Maker Recommendations

- Section 5   Hope

In Section 1 I introduce the mothers according to their primary identified reason why they

became homeless. All names have been changed except in instances where the mother chose to

use her own name. In some instances, their personal information has been altered in order to

further protect identities.

Demographics

The demographics of the mothers are found in Table 2.2. Eight of the ten women who

participated in this research returned the demographic form. The form that was used to collect

the demographic information is located in Appendix B. The women ranged from 28 to 40 years

of age. Five stated they were single at the time of the interviews; two were divorced, and one

was married after she was no longer homeless. The mothers had between one and six children

each. Two of the mothers had some college experience; one had an associate's degree; three

obtained a high school diploma, and one attended some high school. One of the mothers did not provide her level of education.

Two of the women are residing in transitional housing at the time the interviews were conducted. Transitional housing programs provide an intermediate step to long-term housing within approximately two years. For example, First Place has a small number of apartments to place families while they are in transition between temporary housing and finding permanent housing (First Place, 2011). Two of the other women were living at domestic violence and/or recovery programs. Finally, the remaining four women lived in permanent housing.

All of the women earned less than $20,000 per year.   Four of the eight mothers stated that they were seeking employment. Of these, two of the mothers stated, they were also stay at home mothers. Three other women reported that they were employed. One woman replied that she was a stay at home mother. Finally, when asked about their ethnic background, two of the women stated that they are of Spanish/Hispanic/Latina ethnicity; one woman is Hispanic/Caucasian; two are African American/Caucasian; one is African American; another is Caucasian. The final mother stated she is Laotian. Two of the women did not provide data about their ethnic or racial background.

Table 2.2
Narrator Demographics

Pseudonym	Status at time of Interview	Ethnicity	Age	Number of Children	Education Level	Income per Year	Current Residence	Work History
Marie	Single	Spanish/Hispanic/Latina	28	5	High school diploma	<$20,000	Permanent - Rental home/apartment	Seeking employment
Lily	Divorced	Hispanic and Caucasian	37	3	High school diploma	<$20,000	Transitional - Rental home/apartment	Seeking employment/Taking care of children
Karina	Single	Spanish/Hispanic/Latina	40	1	High school diploma	<$20,000	Transitional -Rental home/apartment	Paid employment
Regina	Single	African American and Caucasian	37	2	Some college	<$20,000	Permanent - Rental home/apartment	Stay at home mother
Maryah	Single	Caucasian	33	3	Associates degree	<$20,000	Recovery - Domestic violence shelter	Stay at home mother/Seeing employment
Crystal	Single	African American and Caucasian	40	2	Some high school	<$20,000	Recovery - Domestic violence shelter	Seeking employment
Dara	Married	Laotian		2	Some college	<$20,000	Permanent - Rental home/apartment	Paid employment
Liz	Divorced	African American		6		<$20,000	Permanent - Rental home/apartment	Paid employment

Reasons for Homelessness

Below I introduce the women by (pseudo) name and according to the reasons that led to their homelessness. There are similarities, but also differences in the factors that lead to homelessness. Marie, Lela Mae Lee, Lily, and Karina became homeless primarily as a result of domestic violence. Regina became homeless because of a period of incarceration. Maryah, Heidi, and Crystal cited their addiction to prescription drugs, alcohol, and/or illegal drugs as a reason associated with their homelessness. However, both Maryah and Crystal also experienced

domestic violence that appeared to contribute equally to their path to homelessness, which indicates that there are likely to be multiple related factors at play.

Finally, in the cases of Dara and Liz, who participated in the pilot study, I only have Dara's information. She became homeless as a result of an automobile accident and subsequent depression. Liz did not disclose her reason for homelessness. This complexity of reasons for the mother's homelessness is consistent with the literature (Banyard, 1995; Goodman et al., 1991; Rossi, 1994; Styron et al., 2000).

Section 1: Stories of Becoming Homeless

By way of introduction, the women talk in this section about how they became homeless and how they feel about this experience.

Marie. Marie is a 28-year-old mother of five children. She lives with her fiancé in a city south of Seattle. She graciously invited me to come to her home to conduct the interview. When I arrived, she greeted me with a warm smile and asked me to come in. I felt very welcome and comfortable. We sat in her well-lit kitchen. Her children were home along with her fiancé. During the interview, the children took turns coming into the kitchen sitting on her lap. She effortlessly continued the conversation with me while also tending to her children by picking them up, playing with them, or comforting them. Her fiancé tried his best to entertain the children in a different room of the home making numerous trips to relieve Marie of one or more their children.

We spoke for approximately 60 minutes during which she shared events that led to her homelessness. In all, her story portrays the complex events associated with homelessness. It was difficult to hear as she added to the list of adversities she experienced during her young life. In many places, it was not easy for Marie to tell her story. Tears frequently fell to her cheeks;

however, there are many follow-up questions time did not allow me to ask in order to clarify some of the sequence of events. For instance, the whereabouts of the son when she was kicked out of her family home by the mother with her daughter. The following is her story.

   Becoming homeless*.* Marie had a difficult childhood. She witnessed violence between her parents. Referring to her father's violence, she stated*, "...once it stopped with my mom, it started on me and my brother.....And at this time I had been basically back and forth from California to Washington with my mother trying to find stability and things like that.* She was eventually kicked out of her parental home. She fluctuated between periods of homelessness and stability.

   "And again I got caught up in the domestic violence ..." Her first child was born when Marie was 17 years of age. She had a good job. Her son's father was abusive and went to jail for assaulting Marie's son, a second grader at the time, and burning her possessions. *"...so I ended up getting [renting] an apartment from a slum landlord. I ended up renting from him so me and my son could have stability. We lost that due to a flood."* At that point, she returned home to live with her mother, but domestic violence [between her parents] prevailed. Eventually, her mother kicked her out of her house without clothes or other supplies for herself or for her three-month-old child. She moved in with her grandmother. Marie explained that this incident began the negative cycle of having children and staying with people just to have a home and a sense of stability. *"And it just got worse and worse as I got older."*

   "The second child that I had I ended up in a relationship that I honestly didn't think I was going to come out of." When she found out he was already married she tried to leave with her daughter. Upon discovering this, he shot her with a gun hitting her in her arm. She had to give her daughter to her aunt and her son to her father until she could get out of this situation.

Marie had a difficult time telling me how her aunt filed for abandonment and was subsequently granted full custody of her daughter.

Once again Marie moved back home with her mother. Even though the situation was difficult she survived by having faith in God, *"…hoping He had some type of plan for me and my children."* But things did not improve. As Marie told this part of the story, she tried to hold back tears but they fell to her cheeks.

At one point an argument between Marie and her mother ended with the police being called to their home. Her mother told the police that Marie hit her,

> *…when she actually had hit me. My father vouched for me…but because I was on*
>
> *probation, and they [the police] came on a domestic violence call, one of us had*
>
> *to go to jail and it ended up being me. So I lost my daughter for good then cause*
>
> *I was in jail for almost, I think it was three months.*

It was difficult because Marie did not know who was caring for her children during this period. *None of her family would answer or return her telephone calls.…"And she [her mother] had said so many times that she would turn them into CPS [Child Protective Services] and things like that, so I'm in there going crazy thinking, oh my god, my kids are in CPS."*

Once out of jail, her father returned her son. With nowhere to go, another relative who had very little of her own to share told Marie she could move in with her. Marie applied for welfare, bought an air mattress, some food, other basic necessities, supplies, and moved in with her aunt. From there, Marie acquired a good job and, for a while, life was stable; however, as a result of a lack of child care, she could not go to work consistently at her graveyard job. Subsequently, she lost her employment and moved in again with her aunt. *"I'm trying to get into school. I just don't have anybody to help me or guide me in the right direction."*

It was at this point that she found First Place. Mr. Gene Harris, Family Support Services Director, told her that he knew she loved her family, but the only way to make a change is to, *"...branch off and you start learning how to use your resources around you."* First Place was able to help her to secure transitional housing for one year. Her son attended the school at the agency. The agency was also able to help her get into a technical college. She was able to get two jobs and achieve advancement within these companies.

For reasons she did not disclose, she learned that she was not going to be able to transition to another type of housing so she tried to find a place on her own.

> *So I was trying to do my best to get us into a place of my own, but I spent like*
>
> *$600 on applications [only] to be denied because of my felony. An even though it*
>
> *was five years passed. So, it's still a felony, it's any kind of commercial*
>
> *apartments, it's an automatic denial. They don't even look at your employment or*
>
> *anything.*

So she ended, once again, at the home of a relative that was crowded and small. That arrangement did not last long as the landlord found out that more people were living in the apartment than were allowed. Once more, Marie became homeless moving from place to place until she met her fiancé. Her fiancé provided a sense of stability; however, because of his illness, the entire family became homeless again. But, this time she was not alone and she felt she had support. While he was looking for a place to live, she was at work earning money for the family.

Marie spoke about how difficult it is to be homeless with children.

> *...it was a lot different than me just taking buses and figuring out where I'm going*
>
> *to leave them, or packing their bags or being anywhere just to have a couple of*
>
> *hours to bypass the time where people's going to be home or to go meet them to*

stay the night or to get to the shelters in time, and just a lot of chaoticness. And

feeding my children on the go is the worst. Having to explain to them why I don't

have money to buy this or why we can't do this or you know. It's just, it's been

really hard.

Lela Mae Lee. Lela Mae Lee is warm and energetic and told her story with a great deal of purpose and certainty. She is rightfully proud of her accomplishments. Although she was upbeat during certain parts of her story, she became sad and cried when speaking of the difficult times she and her children endured. She did not tell me her exact age, but I imagine she is in her 20s.

Because of Lela Mae Lee's time constraints, I was only able to meet with her for one interview that lasted approximately one hour. Unfortunately, about half of the questions were left unanswered. This is her story.

Becoming homeless. Lela Mae Lee is from Savannah, Georgia, and became homeless last year as a result of domestic violence including the kidnapping of her two children. *"I was very hysterical, of course. I thought I've lost myself… Eventually it got to the point where I just, when they came back into my hands, I decided that enough was enough…."* At that time they were moved from shelter to shelter to evade her abuser. Her domestic violence case worker told her she needed to move out of the state to get away from him. She moved to Seattle. *Honestly, I just think the Lord brought me here….So that's why I became homeless. And I ended up moving to Seattle to start my life all over again. I lost everything.*

Lily. Lily arrived at First Place, where the interview was to take place, pushing her young daughter in an umbrella stroller. She looked tired from life. I hoped she was coming to the agency for other reasons besides to participate in this research. She is 37 years of age.

After she was able to get her daughter settled, I asked her the first question about her experience with homelessness, she answered with such sadness in her eyes. During the entire interview, her daughter basically kept herself entertained. She looked through a book and played with the dolls in the office. She eventually crawled into her umbrella stroller and fell asleep.

Lily quietly cried during many parts of the interview. I felt it was a difficult interview for her. In addition to the stress of subject matter, I felt badly that I could not conduct the interview in her native language and did not understand the Hispanic culture enough to understand the subtleties in her story.

When she was unable to make her second interview a couple of days later, I spoke to her case manager because I was concerned about Lily's physical and emotional well-being if she conducted another interview. Both her case manager and Mr. Harris, Director of Family Services, agreed it would be too difficult for Lily to return to complete the interview process. Not only would the logistics of getting to First Place be difficult, but it was felt that the interview itself would be emotionally difficult and draining. To the best of my abilities, I have tried to remain true to Lily's words and story.

Becoming homeless. Lily began her story a couple of years backs. She was newly married to an American citizen. She had an eight-year-old son from a previous marriage and in the first trimester of her pregnancy with her second son.   They were living in the United States. She told of a fight she had with her husband when she asked for his help. Lily was employed in a physically demanding job as a housekeeper in a hotel. The chemicals she used to clean the rooms made her ill. *We had a really big fight because I was feeling very sick because of pregnancy…and with all the stress I had at home with my husband I felt more sick. My husband forced me to work because I had a son that wasn't his….My husband said all the time that he*

hates my son." Lily worried that if she continued to work she might lose the pregnancy. At the same time she was worried about not going to work as her employer was strict. They told her that if she missed a day there are others that can take her job. She continued to work. *"Even if I had fever and feel my stomach holding out so I remember that's when I asked for his help."* At that time she believed her husband loved her and would protect her.

Even though her husband was employed and had health insurance provided by his employer, he did not add her to his policy. Because of the money he earned, she could not get state sponsored insurance.

> *I was without any vitamins or prenatal care and that's why he was trying to*
>
> *provoke me to get angry… he saw that I didn't react to the insults as he was*
>
> *hitting me… ignoring me and I was trying to get his attention asking him, "please,*
>
> *can you take me to the doctor."*

Lily described in detail an incident where he was physically and emotionally abusive. *"He assaulted me with his body and spitting in my face and calling me bitch and hooker but in Spanish so they are very insulting words and I remember he was pushing me with his shoulders…"* He tried to push her to the ground. *"I have the certainty that I could lose my child….The only thing that I remember doing was an instinctive way of protecting myself and the baby that was in my belly…and I touched him…"* At that point, he stepped aside and said, *"Oh, that's what I want. Now you are going to jail,"* and he called the police. Because English was not her first language, she could not easily defend herself against her husband's accusations. *"So when the police came, when they asked me if I touched him, I said, "yes, and I want to explain why and what was the situation. And I remember saying he pushed me but I couldn't explain exactly how that happened…."* The police put her in their patrol car. Her nine-year-old son was

crying and trying to get to his mother. *"He was in shock and…and was telling the police, "no, this man is the person that has to be there [in the police car], why is my mom in there?"* Lily told me of her husband's pattern of abuse and then asking for her forgiveness. He would abuse her and then would say, "*…oh I didn't mean what I did to you, please forgive me…"* and then give her gifts and cards.

Lily asked the police if her brother could pick up her son because she feared for his safety. The police allowed her son to get in the patrol car with her. The police warned her about her husband. They told her he could continue to hurt her. During most of the time Lily told me her story, she quietly cried.

> *I felt betrayed. I felt really sad. In my country I never had any problems with the police and the worst was the man that I—I was in love. The man that was the father of my child was doing something, the worse thing he could do to me. That hurt me more that he pushed me, like in the past or hit me in my stomach or before that even when I was pregnant, that hurt me more.*

Lily moved into her sister's home because she was afraid to return to her *"husband's house. It was never my house or home."* Her husband continued to make threats. A number of weeks later, Lily thought she was having a miscarriage. She went to the emergency room and the doctors agreed that she was at risk for a miscarriage. For that reason, she stopped working. She had no money and felt that her sister did not want her to live at her home. Her sister warned her not to return to her husband. Even though she was afraid, she tried to return to her husband's home. Her husband told her that he did not want her and threatened to call the immigration service. When she asked him to help her find an apartment, he refused.

Lily tried to rent an apartment but was unsuccessful. She found a shelter where she stayed for a couple of months. Her husband did not know where she was, "*…because that was one of the rules..."* She had to find another place to live as she did not understand the time limits of a shelter. It took a number of tries to find a program that would help Lily. During this time, *my baby was born but the bad thing was I was still in contact with my husband because I loved him.*. She told me that she came from parents that even if they did not get along they stayed together. *"I remember feeling safe at that home because I have my parents there."*

With help, Lily learned about domestic violence. She secured an apartment through a domestic violence shelter. Her husband filed for divorce when her youngest son was nine months old. She could not return to her country of origin because her husband threatened to take their child from her and put her in jail. Lily had no choice because she was married to a United States citizen and her child was also born in this country. Therefore, as the father, he had rights. She had to stay here. She still had a hard time believing he could be so cruel. During this time, she moved seven times.

The divorce process took approximately one year because her husband hired an attorney to *"destroy"* Lily. She had to go to court sometimes two times per week. She could not get a job because she did not have the proper legal paperwork nor did she have the money to pay for first and last month's rent plus a deposit.

Karina. I met Karina at the front desk of First Place. She had a wonderful gentleness and sweetness about hers. I was comfortable speaking with Karina. Also, like many of the mothers, I felt a determination to tell her story and be heard. I wished that I could have conducted the interview in her native language. Like Lily, I probably missed some of the details of her story and may have misunderstood parts of her story. Karina is 40 years old.

Karina was one of the mothers who returned her transcript to me with edits. The day before I received her transcript in the mail, she telephoned me saying that I she reviewed the document, made some corrections, and to expect her transcript. I thanked and reassured her that her corrections would be included. I was so impressed with her determination to make her story as accurate as possible. This resolve was evident during her interview and with the call regarding the transcript. This is Karina's story.

Becoming homeless. Karina began her story, as related to me, at the time she came from a Latin American country to the United States with her son, more than five years ago. She lived with her brother and his partner for two months until she decided she should move because the apartment was too small for three adults and her young child. So she moved in with her friend, but the life style of the person was not suitable for Karina and her child. She found a subsidized apartment that was available for one and one-half years.

She was able to secure employment soon after.

I was trying to find another place and in that time I got a boyfriend, and he says

we can move together. And when I now was living with him everything looks

good. He was so good with my son. He was doing a lot of things with my son.

But when we decide to move together he tried to push my son out from me.

The boyfriend tried to teach Karina's son to sleep in a different room than his mothers and that was a big change for him. *"So I just said, oh, you know what, I think it is bad idea to live together. And I was trying to protect my son and at the same time keep my relation."*

With tears, she described how the boyfriend got angry and hit her in front of her young son. The child, only six years old, told the boyfriend to never hit his mother again. Karina knew

that she had to leave this situation. She decided to return to her brother's apartment to be safe, knowing that it was only a temporary living arrangement.

A co-worker told Karina of a person with an extra room available for rent in the basement of their house. She stayed for more than eight months; however, her son had difficulty with the living arrangement. He could not understand why he could not use the living room. Why did he always have to be quiet? Why did they always have to pass through the living room quietly while the family watched television? At that point her son intentionally began to be very noisy and angry. He could not understand why they could not live in their own place.

To find her own place, Karina called the apartment complex where she previously lived and asked if something was available. There was. *"And my son did change a lot when we got that apartment again. He was so happy. He wanted to get everybody to show them he had a room again."* And I'm so happy to have a place now and happy to get a full-time job again because that's important too."*

Regina. Regina and I met at First Place. She made a change in her schedule to give me this interview. I was supposed to meet another mother, but upon hearing that the mother did not show up for the interview, Regina offered to give me her time. Her case manager introduced us. She is 37 years of age.

Although I tried, I am not sure I made Regina feel entirely comfortable as she seemed reserved and shy. She rarely smiled during our conversation. I felt sad about my interview with Regina. Most of her answers were short regardless of the follow up questions I asked. Throughout the interview the questions seemed to upset her as tears easily came to her eyes. I believe this was a difficult conversation for Regina to have. For this reason and many others, I

appreciated her willingness to speak with me knowing how difficult I imagined it was for her to tell me her story.

Regina also returned her transcript. Although she did not make any edits, I appreciated her effort to read her own words, and I feel she was telling me, by returning the document, that she felt her words could stand as written. This is her story.

Becoming homeless.

I was going through a rough period in my life. I was in and out of jail, and after jail I lost my housing, so I was homeless. I was living in my friend's garage for about three years. Then I came to First Place and got set up with transitional housing, and I've been with First Place for two years. In November of 2010, I received my Section 8 housing voucher from Seattle Housing, so I have stability now.

Regina stated that her two younger children were with her after her incarceration and subsequent periods of homelessness. Her oldest child who is over the age of 18 resides elsewhere.

Maryah. Maryah is 33 years of age and a single mother of three children. The two oldest children attend First Place school. Her third child attends a different pre-school. Maryah greeted me with a lovely smile and a warm handshake. She seemed to be fairly comfortable meeting with me, yet it appeared retelling her story was difficult as tears and sadness came easily during many parts of her story. Maryah has made many positive changes to her and her children's lives in a short amount of time.

Maryah sent me an email after receiving her transcript. She wanted to be sure she did a proper job editing the document. I was concerned that the editing process would add stress to

Maryah's life so I offered to meet and go over the document with her. We met and discussed it and I hope our time together made her feel more comfortable with the end result. This is her story.

  Becoming homeless. Maryah began by stating that she was physically abused by her father who later abandoned his family. From there she told me the details of her homelessness. *"...every boyfriend that I had was physically abusive, emotionally abusive, and mentally abusive. I had two children with a man that was physically abusive… And so I got away from him…"*

  Maryah continued by stating that she graduated from college with an associate's degree.

> *Then I got involved with pain pills and another abusive relationship. So that went on for about four years, I was just sick of seeing my kids being hurt emotionally and mentally. And so I actually went to the doctor that prescribed me the pain pills, which I was also buying and selling off the streets.*

  Her family intervened and she was admitted into a treatment facility. With difficulty, Maryah told me she lost everything including her home. It was the first time she was homeless. When she was released she entered Hope Place, a residential and recovery program for women and their children. She has been at the shelter for the past 16 months. *"And just the word of homelessness, it's my pride I guess. Just about everything is hurt. And my three kids know what's going on."*

> *So we found First Place too. And I'm about to get my housing through here too. And it's like starting fresh and new and that is truly scary. Well, it's because I'm clean and sober and because I've been so protected the last, because in the shelter have classes and help you out with stuff. And so I'm really nervous to be able to*

do it again on my own….So this time around I'm done. I'm ready for my kids to have a good life and me too.

I asked Maryah about her children during the time she was in the recovery program. With tears she responded that her brother and his wife took them into his home during the period of time she was in rehabilitation. They were not with her for the first six months of her recovery. "*But as soon as I felt it was safe where I was…and could find a good school for them…*" they joined her. "*I just wanted everything to be okay for them because I felt like I screwed up so much.*"

Heidi. Like most of the mothers I interviewed, I met Heidi at First Place. My first impression is that life had been difficult for her as her outward appearance had a tough appearance. She wore a baseball cap that covered a head full of beautiful curly hair. Heidi did not tell me but I imagine she is in her early 30s.

Heidi was fighting an infection from pulmonary problems associated with alcoholism and, consequently, she did not feel well. I asked her if she felt well enough to conduct the interview and she replied that she did. Although she did not tell me directly, I felt there was a purposeful effort to meet with me. Heidi met with me on her only day off. I hoped that she had other business to conduct with her case manager or her children's teachers.

In the early part of the interview, I was not sure if Heidi was comfortable with me or that I was connecting with her as I felt I had with other mothers. Her outward manner was hesitant throughout the interview. She might have found my outward appearance off-putting in some way. Maybe she felt that I might have no manner of understanding what she experienced. Despite this, it struck me that this woman, like all the mothers I spoke with, found her story

difficult to tell. I felt her sadness and saw her tears. By the end of the interview I felt I had a somewhat better connection with her. I hoped it was mutual. This is Heidi's story.

> ***Becoming homeless***.

> *Well, for a while we were homeless. For quite a few years we had a house… and*
> *we lived there for six years. As my disease was getting worse, recovering*
> *alcoholic disease that was getting worse. Ended up getting a DUI [driving under*
> *the influence traffic violation], losing my license, so I couldn't do my work….I lost*
> *my job. And then I put myself into a residential treatment facility. And I was*
> *there for months with the kids.*

Heidi lived in a therapeutic, community-based residential drug treatment program in Seattle. The facility provides long-term treatment and rehabilitation. There is an on-site daycare facility that works with the residents to teach positive parenting skills. Heidi referred to this facility as the G House. "*That whole experience sucked. One of my kids has special needs, and so it being so structured and strict there and everything, was causing him a lot of problems, a lot of emotional issues, a lot of aggression and stuff.*"

Heidi continued by stating that her son's aggression was getting worse and when he hit another child, they were asked to leave the facility. They ended up living in a motel for three months. She tried to make her living arrangements stable.

> *One of the things I like about First Place is that my kids were still able to go here*
> *even though we lived way out of the district. We were all the way over on Aurora*
> *[Avenue - north of downtown Seattle]. I was still bringing the kids to school*
> *every day on the bus, and that added a lot of stability right there. And that was*
> *near, and now we live in transitional housing.*

Crystal. Crystal met me in the lobby of First Place. We walked together to a quiet room and began our conversation. She is an engaging and a sweet 40-year-old woman. I immediately felt comfortable with her. Even though Crystal was charming and our time together enjoyable on one level, I believe it was difficult for Crystal to tell her story. It seemed her life experiences were still very raw as she easily cried as she answered many of my questions; however, through it all I felt she had a strong determination to tell her story and to be heard.

Crystal returned the transcript to me with her edits. All of the edits were corrections to proper names of schools or shelters, or simple edits to her text. As with the other mothers who took time from their busy schedules to read their manuscript, I appreciated her time. Here is her story.

Becoming homeless. Crystal was battling addiction while also trying to maintain a household and work. *"…and then also domestic violence was a big major factor also in my life."* With tears falling she told me, *"Once all those things played a part in my life, I ultimately could no longer manage the job. I could no longer manage my household. My kids were becoming out of control. My life was spiraling down."*

Crystal has three children. Her oldest child lived with Crystal for most of her life until her mother,

> *…stepped in and took her for me and raised her and then I raised my two kids the*
> *best that I could with my addiction and being in abusive relationships. My mom*
> *had the two younger ones a few times within my addiction of using drugs within*
> *the last 20 years. Today I do have my two children with me.*

Crystal's transition began when she was put out of her home and she could no longer stay with her mother, friends, or family. At one point she lived with an abusive boyfriend. *"So it*

was more so just living with people and just trying to provide for my kids the best way I could,

with also with the piece of trying to be in recovery and trying to stay clean." From there she

stayed at Union Gospel Mission for Women and Children in Seattle. This was a difficult

adjustment.

Dara. Dara was the first of the two mothers who participated in my pilot study. When I

arrived at First Place, she was expecting me and greeted me with a warm smile. I could tell that

Dara was outgoing and had a warm spirit. Dara is employed as a staff member of First Place as

well as being a client. We walked to the quiet meeting room to begin our conversation. I would

estimate that she is in her late 20s or early 30s. Dara returned her transcript to me with a few

edits. This is her story.

Becoming homeless. Before the automobile accident Dara was a full-time employee and

student. She was only five credits shy of completing her associates' degree when she became

homeless because she lost her job as a result of an automobile accident. After the accident, she

"…*felt depressed and useless.*" Her depression worsened to the point she lost her housing. *"It*

happened so fast that I didn't have time to process what was happening to me or my daughter."

For a while, she lived in other people's homes and then lived in her car. When her car

became inoperable, it was towed. Dara and her daughter were relegated to living on the streets.

That evening Dara and her daughter stayed at a bus stop overnight. With sadness, she told of her

experience.

> *While she was sleeping she was kind of whimpering. I thought she was dreaming,*
>
> *but she was actually freezing to death, so I reached over and touched her hand,*
>
> *and her hand was icy cold, so I had to remove her from the bus stop, and we went*
>
> *and laid the rest of the night at the grocery store doorway, because there was kind*

of warm heat coming through the bottom of the door, and I couldn't drift off to

sleep.

Dara explained that in order to stay warm during the cold evenings, she found a public transportation bus route that is approximately two hours in length. As the shock and panic subsided, she began to think clearly. "*...okay, I've got to get her into shelter.*" The next day she went to the Washington State Department of Social and Health Services in a city south of Seattle. She was denied benefits because,

> *I did not have a physical address. They said they will not send any paper to any*
>
> *PO [Post Office] Box because it doesn't show that we live in the area, even*
>
> *though the PO Box was in the zip code.*

She felt upset and hopeless. "*It's like being turned down kind of put hopelessness into your front pack.…And the way people would treat us when we were on the street was like we were a disease, so I didn't resort to begging. I was taught better than that.*"

Dara decided to move to Seattle because she felt she would have a better chance of securing help. Upon arrival, she tried Seattle Emergency Housing. She was denied access because she needed to be a family of four to qualify. She called the Sacred Heart Shelter but they asked her to call back later as they were presently at capacity. She ended up on the streets of downtown Seattle. "*And we stayed there for about a week and a half. It seemed longer, because I was deprived of sleep, and I was stressed out, and I didn't know what else to do, no family members could help me, and no support network, anything like that.*"

The *"last straw"* occurred when a group of intoxicated individuals threw a beer bottle at Dara and her daughter from an overpass to where she and her daughter were sleeping. The bottle hit Dara in the arm. Besides the surprise of being hit by the bottle, she felt vulnerable as a

woman and mother.

> It *was hard on my daughter, because she was witnessing all these emotions that*
>
> *I'm feeling..."   She just took her hands, and held my face, and she's like, "God*
>
> *will take care of us,"... [Crying] "Mom, it's okay. We're here; we're together."*
>
> *And I go, "Yeah, we're together." Without her, I don't think I'd be in the place I*
>
> *am right now.*

With persistence Dara eventually found shelter at the Providence Hospitality House. She

promised herself that her daughter would come first, and no matter what happens because she

owed it to her. "S*he kept my strength going, and just the will of the mom, just making me realize*

that it's my responsibility, because she's too innocent and young to think for herself, and do for

herself, so it's my responsibility."

Liz. I met Liz years ago during my first tenure as president of the First Place board of

directors. Dr. Cato, Executive Director, introduced me to Liz because I wanted to personally

thank her for giving so generously of her time to the organization. She continues to volunteer

her time with the agency to this day.

In keeping with the protocol of this study, Mr. Harris approached Liz and asked her if she

was interested in participating in the pilot study. Even though I never spoke directly to Liz about

her history of homelessness, there was easiness between us before, during, and after the

interviews because we have known each other casually for a long time.

Liz's story is a bit different from the other narrators as she is no longer a client of First

Place and has been "stable" (i.e., is employed and lives in her home) for more than ten years.   I

interviewed Liz two times. Over the course of our two brief interviews, Liz did not tell my why

she became homeless. Regardless, her story is rich, wise, and is a reflection of more years that

have passed since she was homeless than any other mother I interviewed. This is Liz's story.

Becoming homeless. Liz came to First Place because she was homeless with her

children, and they needed to be in school. She heard First Place helped homeless families. I

asked her were she was living while homeless?

> *I lived in motels; I lived in shelters; I lived in vans; I actually had no place to live.*
>
> *I lived in some homes that weren't where I should have been, and kind of*
>
> *wandering a lot, wandering around, but here I am.*

Liz has six children but only her youngest four were with her during this period. Her

oldest two children lived with their father in a different part of the country where they were safe.

They lived with him until he was murdered.

Reasons for Homelessness

A summary of reasons why the mothers became homeless is presented below. The

reasons are divided into the categories of: living with domestic violence and/or other types of

abuse, the experience of incarceration, and those with substance/alcohol abuse issues. A

discussion of existing of non-existing support systems during their period(s) of homelessness is

also summarized.

Domestic Violence/Abuse

Six of the ten mothers (Marie, Lela Mae Lee, Lily, Karina, Maryah, and Crystal) describe

their experiences with domestic violence a primary reason for their homelessness. They

experienced mental, physical, and/or emotional abuse at the hands of their parents, husband,

partners, brother, and/or boyfriends. Some of the mothers included how their children were also

exposed to violence and described the subsequent negative impacts. Karina and Lily both

included details of how their husband and boyfriend told them, through words and actions, that they detested their respective step-son.

Other types of violence and abuse were part of the mother's stories. Two of the mothers, Marie and Maryah, were raped at the young age of 15 and age 16, respectively. Lela Mae Lee's children were kidnapped. Marie was shot by her boyfriend when she tried to leave him. Liz's husband was murdered. Dara experienced violence toward herself and her daughter at the hands of strangers while she was homeless.

On the other hand, Regina and Heidi did not mention if they or their children had experienced domestic violence or other types of violence or abuse.

Incarceration

Two of the mothers were incarcerated for a period of time. Regina's period of incarceration contributed to her homelessness. Her children were cared for by a friend. Marie reported being in jail for a period. In addition, the father of one of Marie's children also served jail time. She told me that a number of her cousins also served time.

Substance/Alcohol Abuse

Maryah, Heidi, and Crystal spoke of their battle with prescription drugs, alcohol, and/or illegal drugs as contributing to their path to homelessness.

Maryah's story began by telling me that she was physically abused by her father. She continued by stating that every boyfriend she had was abusive. After she was raped at age 16 she began using illegal drugs followed by prescribed pain medication legally and illegally obtained. When I asked her if she felt there was a link between her history of abuse the use of legal and illegal drugs, she agreed it seemed like there was.

Although substance abuse was the first reason Crystal provided, her homeless experience, the physical and emotional abuse she endured, appeared, like Maryah, to be an equal partner in he path to her homelessness.

Family/Friends Support System or Lack of Support System

The mothers shared similar stories relative to a support system or lack of support system within their families or friends during their period(s) of homelessness. Some of the families did not help, could not help, or helped in sporadic supportive and non-supportive measures. For example, Marie was kicked out her parent's home as a teenager. She told of a general lack of family stability including a history of parental violence, abandonment, and a consistent feeling Marie could not count on support. Although various relatives in her large family offered shelter, it appeared to be short lived and unsustainable.

Although Lily spoke of moving in with her sister, that support system appeared to be unsubstantiated and problematic at best, thus she subsequently left and became homeless once again. She later spoke of not having any support system or anyone to rely on. Karina lived with her brother for a time and then with a friend. However, it appeared her support system was tenuous at best. Thus, she had periods of stability mixed with periods of homelessness. Regina lived in a friend's garage with her children for three years. She did not provide many details. Crystal spoke of her mother displaying "tough love" by asking her to leave her home after she relapsed. At that point, she did not have anymore family or friends to seek shelter. A friend of Crystals did pay for a hotel for a week before she found help from various social services agencies.

Maryah's family conducted an intervention that placed her in detox to address her addiction issues. Her brother took her children to live with his family while Maryah was

recovering. Heidi and Liz did not mention receiving support from any of their family or friends during their homelessness. Dara told of receiving a ride to a shelter from a friend. Both Dara and Lela Mae Lee mentioned receiving help from strangers.

Variation of the Mother's Definition of Being Homeless

The living arrangements during homelessness varied between the mothers. Some of the mothers found shelter with relatives during one or more periods of being without shelter. Marie lived with different family members (parents, mother only, different relatives). Lily also lived with a relative before moving to different shelters. Karina and Crystal lived with family members, friends, and abusive boyfriends. Lela Mae Lee lived in motels and shelters. Regina and Marie were incarcerated for a period of time. Maryah and Heidi lived in a residential treatment facility. Maryah's children lived with her brother. Heidi's children lived with her in motels and at the residential treatment facility. Dara and Liz lived on the street, in cars, and in shelters. Both found shelter with people they barely knew.

The living arrangements experienced by the mothers are points along the continuum that define what it is to be homeless. From living on the streets, in cars, in motels, living with friends, family, social service shelters, transitional housing, treatment facility for the homeless, to being incarcerated. Depending upon an individual's viewpoint or agency's mission, all of these or only some of these conditions meet the definition of being homeless. It is interesting to note that a couple of the mothers mentioned within their conversations what conditions they felt met the definition of being or not being homeless. For example, one mother felt if you lived with your relatives, you were not homeless. In the same vein, two of the mothers specifically mentioned that although they were homeless they were not on drugs or alcoholics.

Adapting and Surviving Homelessness

I asked how each mother dealt with their homelessness, which revealed the mechanisms they employed to adapt and survive. Lela Mae Lee, Regina, Maryah, and Liz spoke of how their initial reaction was to feel numbness and immobility. They were unable to deal with their circumstances. For example:

Lela Mae Lee: *"At first I didn't have any methods of dealing with it. I just cried…. I think I cried so much 'till I cried myself sick sometimes. I would cry myself to sleep. I was just an emotional wreck….I didn't know how to deal with it at all…"*

Maryah described how she dealt with her circumstances by mechanically getting through the day.

You know, I look back and I really don't know. I just did what I knew to do….I definitely survived; I have a lot of survival skills. And just getting to that next day, you know. That's all I wanted to do. To be able to change my baby's diapers, to just, you know, just one more. And it seemed to work for a while.

Liz: *"Sometimes I wasn't able to do it. I just kind of mechanically went through the motions."* Regina stated that she did not deal with the pain or the thought of her incarceration. *"I just shut it out, blocked it, put up a wall."*

The decision to take action was, for many of the mothers, the shift from immobility to focusing on their children. In some cases, their faith in God (Marie, Karina, Crystal, and Liz) helped them. In most cases, observing the negative impacts of homelessness on their children and taking responsibility as a mother/parent moved them to change their circumstance. For example: Marie:

Just putting a lot of faith in God and knowing that He wouldn't give me anything I can't handle. And basically I have to put my feelings and my life on hold and make it better for them. They were like my star and light and everything…If they could start with a smile on their face, you have to do something.

Lela Mae Lee realized her children were more concerned about her than being children.

It put me into this standstill moment to where I felt like that, you know, you got to breathe and realize that your kids are falling weaker than you are…. I can't have that, at their ages, them feeling like, 'Where's my next meal? My mom's an emotional wreck. She can't get up. She can't move. She doesn't talk. She cries all the time.' They're sad because I'm sad, you know? They're sick because I'm sick. You know they won't eat because Mommy won't eat, you know, and that alone gave me the strength to say, 'Look, you got to pull yourself together in order for them, for you to expect the best out of them. Because you are their mom.

Dara's daughter gave her strength to deal with her circumstances. She realized her responsibility as the parent and spoke of how she was open to her daughter's love.

All the little statements that she said, and the kindness of her voice, and she's never emotional. She hid her emotion well, especially being depressed and sad, I think she was trying to be strong for me, because she knew, or actually she knows what I've been through as a child at her age. We talk a lot about my past, and because she's curious about where I come from, so we sit down, and we talk. I was a refugee, and it was during the Vietnam War, and so she knows all that, and she was just trying to protect me. It wasn't her job, but she took it up on herself,

regardless if I told her or not. They just feel it. They're children. They just want

to be the protector of their guardian. That's all it is. That's what they think, they

can fix it, but it's not up to them.

Liz called on God. She was sustained by her hope, desire, and belief that she and her children deserved a better life.

The only time I was able to deal with it, when I actually looked at it for what it

was, and I called on God a whole lot, because my faith, my hope, my desire, my

wish kept me going, because sometimes it just didn't look like it was ever going to

end, and there was never enough money…And just realize that this is not how it's

supposed to be. I'm not supposed to be in this situation. No matter what is going

on in my life, I'm still not supposed to be in this situation, and then they're

definitely not supposed to have to go through that. So, remembering who I was,

which is not always easy when you're thrown out of who you think you should be

either.

Crystal's cycles of battling addiction, and living with and leaving domestic violence, took its toll on her and her children. She managed by praying and trying to stay clean and sober. She attended Alcoholics Anonymous and Narcotics Anonymous meetings and support groups. Crystal and her children were finally left with nowhere to go. She finally entered a residential and treatment facility for homeless women and their children.

Oh the other hand, during the time Regina was in prison, she said she did not deal with the pain associated with her circumstances.

I felt worthless. I felt like I couldn't take care of my family the way I need to, and

I used jail for an easy way out…a lot of time I didn't deal with the pain of the

thought of it. I just shut it out, blocked it, put up a wall.

During the time she was incarcerated she was able to see her children when someone was willing to bring them for a visit.

Impacts of Homelessness on Relations with Children

I asked some of the mothers how homelessness impacted how they related or interacted with their children. Marie and Maryah shared that homelessness made them appreciate their children in different ways. Marie: *"I believe I got more active with them and appreciated more of the things that they learned and just spending time with them period. You know, like taking them to the parks or just spending time with them."* Maryah: *"I've always appreciated them, but it makes me appreciate them even more, and it makes me want to just hold them just to keep them next to me."* When I asked Maryah the difficult question of how it was for her when she was separated from her children during her initial time at the treatment facility she answered with tears, *"It was really, really hard."*

Crystal's response spoke of her interaction with her children : *"Probably I tried to interact with them more so at nighttime when it was time to put them down to bed, and keep trying to reassuring them that it was going to be okay."*

Heidi discussed how homelessness changed her interactions with her children for the better and for worse. Better because when they lived in the motel or traveled on public transportation, they spent a lot of time together. Their interactions were worse because there was little time for personal space, *"…Because you're spending all that time together, so much time you [as the mother] don't get any downtime."*

The process of homelessness provided a positive outcome for Lela Mae Lee and her children as she learned about domestic violence. She acknowledged that she used to yell at her children in "*excessive amounts*" in order to prevent them from being beaten at the hands of her abuser. She learned and admitted her behavior toward her children was abusive. That behavior has ceased.

Regina talked about how her incarceration changed her interactions with her children. She did not see them often. *"We did not have normal, everyday conversation."* Even though Regina's answer was quite short, the impact of her not being able to have "*normal conversations"* with her children on a daily basis was visibly difficult for her to discuss. She told me at different parts of our conversation how she was involved with her children's education before and now after her incarceration. I believe her separation from her children was difficult for Regina beyond her response to me during our conversation.

Overall, it appears that the difficulty of homelessness, by necessity, provided more time with their children and that appeared to be a positive activity for both the mother and their children.

Challenges of Homelessness

We talked about some of the challenges the mothers and their children faced while homeless: (a) the worry about the removal of their children by Washington State Child Protective Services, (b) logistics, demands, and frustrations that daily survival demanded, (c) and dealing with societal attitudes regarding homelessness.

Marie and Liz addressed the worries of having their children taken from them. Marie thought that at any time her mother would take her children away because of her instability and homelessness. Liz put the same concern this way: "…*because you worry that people will tell*

you that you are not responsible, or that you can't provide for your children, so they take your

children away."

Liz also spoke of the challenges of finding, *"...a place to rest you head..."* at night as

well as determining what possessions were necessary to keep." She spoke of feeling shame and

holding many secrets while homeless. *"A lot of secrets because you don't want to really tell*

people that you're homeless for more than one reason." She worried what people thought about

the homeless and because, *"...you already feel that there's a certain failure within you already."*

She continued:

> *Because sometimes people don't believe you're homeless; they really don't. They*
>
> *just think you're doing a game, or trying to con them, so then that means that*
>
> *your every words you are choosing carefully, when you just want to scream, and*
>
> *say, look, I have nothing. I don't know where to be. I need some help. But you*
>
> *can't really say that, because you're worried that people will either think you're*
>
> *lying or they will take the very thing that's keeping you from losing your mind*
>
> *away, and you can't have friends over, because they ask questions, so the kids*
>
> *they don't really have the kind of childhood that you would wish them to have.*

Other mothers also discussed the difficult logistics of being homeless: Marie, Lela Mae

Lee, Dara, and Liz discussed the challenges of living day to day, including the worries and

frustration of finding shelter for the night and feeding their children. Lela Mae Lee stated when

first arriving in Seattle the biggest challenge was determining what to do next and finding the

appropriate resources for her family. Crystal talked about the negative impacts of not having the

necessary identification including a mailing address. *"...I didn't have an address, but I still need*

the ID [identification] just to have on my person for other things that may entail to come

about…"

Dara mentioned the difficulty of being eligible to access shelters. She and Liz indicated

that some shelters will only accept you if you have the correct number of family members. Heidi

specifically discussed her frustration that her child was not receiving the care he needed when

she was living at the residential treatment facility.

In another question, the mothers discussed a particular challenge they felt they handled

well. Four of the women spoke of a situation where they took care of themselves or their

children. Specifically, Marie spoke of being pregnant and taking care of herself. Heidi strived

for some amount of everyday normalcy for her children. *"One of the things I like about First*

Place is that my kids were still able to go here even though we lived out of the district….I was

still bringing the kids to school every day on the bus, and that added a lot of stability right

there."

Finally, Liz described how she cared for her children during the times when they were

riding public transportation buses during cold and rainy winter nights as they did not know

where they were going to sleep at night or they were spending time before being admitted to a

shelter.

> *We oftentimes would not know where we were going to sleep at night. And so, I*
>
> *remember picking up the kids from First Place, and they had their bags in their*
>
> *hand, and with their clothes, and we'll say four bags, and I remember it raining,*
>
> *and it being cold, and we were tired, and I knew they were tired, and we just kept*
>
> *riding the buses, and I remember we were playing a game on the bus, and it was*
>
> *like we were riding in our big limousine, and we're going to an adventure,*

because my kids used to like to do adventures, and it's going, so we would do

adventure, "Let's Go Here," and they'll be like, "Where are we going?" And I'd

say, "I don't know. Let's just get on this bus and ride,"

We'd go the Union Gospel Mission, and get a meal; then we'd ride the bus again,

and then we'd get off the bus, and might walk around somewhere that we didn't

know, and then we'd hide, and then we'd come back. So, we'd play a game to try

to keep it light, because when you're asked point blank, "Where are we going?"

And you don't have an answer; it's kind of, "Whoa." It's kind of hard to hold it

together, so I think I handled that really well, because we just played, and we

laughed, and we laughed, and we laughed. And then when we got in line at

Operation Night Watch, they were so tired that it really didn't matter where we

were going, just as long as we went somewhere, because sometimes we would go

places, and even though you're homeless, you still care about where you're

going, and sometimes it just wouldn't be the greatest place. And you'd think I

don't even want to lay my coat down here, let alone my body. But they were so

tired that when we got into the room, they were just happy; they had a nice long

day, and they played; it wasn't all, "Come on, you've got to wake up; come on,

we're going to be late. They're going to close the door." Because we did that a

lot. We did that a lot. I'm sorry [Crying].

Three of the women spoke of standing up for themselves or realized something important

about them. They appeared to have benefited from services they received while at various social

service agencies. Maryah described how she explained to her brother (who served as a father

figure) that he had no idea of what she was experiencing and he needed to stop using abusive

words when speaking with her. She told him she needed him as a brother and wanted her family's love and approval. Without it she felt badly about herself. *"It was a really good feeling. Just doing that and being strong enough to do that has really helped my self-esteem, my self-confidence. I mean just that little thing. I realized how big it was to me....it was great."* Her brother heard her, and by doing so, made her feel that something she said mattered. She said she does not take his criticisms today as seriously either. When I asked what gave her courage to speak to her brother in an assertive manner, she replied that God helped her and she was learning to be secure and comfortable with herself.

Lastly, Crystal transformed herself from being an angry woman to whom she is today. *"I don't have to be angry upon the domestic violence that was put onto me. It's not okay for me to cross other people's boundaries. There's a way to talk to people. And because I'm feeling the way I'm feeling inside, it's not okay to project that onto somebody else."* She knows that she can be hurt and understands how to deal with this emotion in a positive manner.

Emotions and Homelessness

The emotional impact of homelessness shines throughout their story telling. Yet, a number of questions specifically asked how they felt about being homeless. I also asked them to give me an example of how they felt when they were upset and afraid. Their answers spoke to the deleterious impacts on self-esteem, self-worth, as well as how they perceived their value to society.

They spoke about how they felt in dealing with their daily effort to control and manage the direction of their own lives as well as their children. Most with tears in their eyes, spoke about how difficult and upsetting it was for their children. Three of the mothers, Marie, Crystal, and Liz specifically mentioned their fear of their children being taken from them because of

family member threats (Marie), previous experience of losing a child because of a lack of stability (Marie and Crystal), or the fear of being guilt of improper parenting as perceived by other mothers or shelter administrators (Crystal).

> Crystal: *One of my fears was that my kids were going to be taken from me because I didn't have stability in my life….The fear is more at the shelter where we live at now because you are not able to necessarily chastise your children in the manner that one may feel that is okay to discipline their kids, and so there's that you know, they're being looked down upon and making sure that you're not doing something to your children that you're not supposed to be doing upon another person's opinion how you should raise them. So that would be one of the ultimate things in regards to the shelter is the state coming in, because CPS [State of Washington, Child Protective Services] does come there for some things that another individual that is not a caution be put out for.*

Specifically, both Marie and Regina used the word "worthless" when describing how they felt about being homeless.

> Marie: *Not as much as a person but to where I felt like I could not provide enough for my children….When it's raining and I'm walking with all of them by myself…trying to find any close restaurant so they can go use the restroom or wash up or just stay warm for a little bit. It's just, it's terrible.*
>
> Regina: *I felt worthless. I felt like I couldn't take care of my family the way I need to, and I used jail for an easy way out. Instead of dealing with everyday life, I would do something stupid to get put in jail. And then I'd have other people*

taking care of my kids, so I didn't have to face. "I have a place and my kids are

taken care of, so no worries." But it's a mental stress on me and my kids.

The mothers spoke of the realization, responsibility, and regret of putting their children

through the experience of homelessness. This realization appeared to emerge from the education

and therapy they received from various social services agencies where they sought assistance.

For example, Maryah stated: *"I was really mad at myself for a while, but most of all the men that*

I brought into my kids' life." Crystal also mentioned her children and how painful it was to

realize all she had put them through.

> *I knew that it would then become really hard for my children to try to adjust to*
>
> *what I was trying to make best for them due to my choices that I made for them. It*
>
> *had become really hard for my youngest one, who attends First Place. She had*
>
> *become very angry, and so just seeing my kids going through what I put them*
>
> *through was very painful.*

The mothers also addressed the issue of not being prepared for the experience of

homelessness. Lela Mae Lee: *"It was like I looked at it as losing your soul, because it's an*

experience that I never thought I could go through or be through because I have so much family.

It's just an experience that you never prepare for; you never thought would happen to you…"

What scared her most was being alone because she was not prepared for homelessness. Karina

also mentioned not being prepared for homelessness. *"It is a stress."* She felt so sad not to have

her own home and that she felt that she did not fit in society. *"But when we are, like me, single*

mom, it's so sad to not have not nice place for my son or to say this is yours….Yes. This is my

experience. I don't feel happy….I feel I am out [outside] from society."

Maryah talked about being a disappointment to her family and she did not know how or where she fit in; that she felt hopeless. Heidi talked about feeling unstable. She felt she did not know what would happen next and was living day-to-day. *"I'd come down here [First Place] and drop off the kids, and hang around downtown and pick them up after school…I mean, this 15-by-15 square foot [motel] room sucked…."*

Assumptions, Stereotypes, and Negative Labels

Almost all of the mothers mentioned negative labels, judgments, disrespect, discrimination, and a general lack of compassion because of their homeless situation. The mothers felt our society judges what they do not understand. This is consistent with the way in which we make sense by categorizing or defining people through the use of:

> …certain characteristics, features, and activities. Categories are knowledge which is so deeply shared culturally and taken for granted that often the simple mention of a category is enough for us to have expectations of what the person belong to it are like and how they should behave." (Juhila, 2004, p. 260)

We have likely experienced conversations where the homeless are negatively categorized. In my conversation, the mothers shared some of their experiences. For example, Marie felt disrespected by an employee at a state agency with a poor attitude toward those she was there to help.

> *Honestly, on the phone I got that, and it was more like I felt with the schools and also with the DSHS [Washington State Department of Social and Health Services] over there, they kind of make you feel like because you are even needing the programs, like on, you've been on them so you should already know what to do.*

Lily spoke about the stereotypes associated with her Hispanic background and that she immigrated to the United States. *"But when I came here…no English, about the worse thing is that I felt very insecure and very bad...they don't respect me very well because…I'm not a citizen. I'm less than a person."* Heidi talked about the assumptions educators and policy makers make about homeless student. She stated they assume *"their parents are on drugs or alcohol ….I mean homeless kids don't always want to talk about it. Where do you live? I live in the Sun Hill Motel on Aurora, you know? Nobody wants to say that."*

Maryah stated that homelessness is a sad and hopeless place to be. She felt judged by everyone and treated poorly. Crystal spoke about how homeless children should not be ostracized because of their situation. She referenced her daughter feeling embarrassed as well as fearful if her friend's saw that she lived in a shelter. She does not tell them because she saw other children being teased for that reason. Finally, Crystal importantly reminded us that, *"…your circumstances that you're in doesn't define who you are."*

Liz spoke of her feelings when people asked her why she was homeless.

And if you don't feel good about you, that very question can mess you up, just that question alone, because now you feel like you're being interrogated, and then when you hear yourself saying why you're homeless, and you can watch people's faces while you're saying it, and then they look down at your children, and then they look back up at you, and sometimes they talk to your children, and I don't know if you but think it, or if it's real, because sometimes you can make it seem like it's real, but the concern that they have when they're talking to the children is like I feel so sorry for you that your parent has you in this.

Dara spoke of the way she and her daughter were treated while they were living on the street. "*And the way people would treat us when we were on the street was like we were a disease, so I didn't resort to begging. I was taught better than that.*"

Section 2: Advocacy for Their Children

One of the purposes of this research was to find out how these mothers advocated, did not or could not advocate or support their children's education while the family was homeless.

The following are examples of advocacy as shown by the mothers. Based upon the stories the mothers presented, some of the examples occurred while the mother was homeless. Other examples occurred as they were on the path to stability (i.e., living in transitional housing or at a shelter).

Marie described a difficult situation she had with the current public school district [south of Seattle] her son attends. After she registered her son in the district, school officials felt he could walk to school which would have been approximately one mile from home to school. Marie called the school to express her concern. *"I said he's ten years old. There's no way I'm going to allow my son to walk a mile."* They gave her the option of letting her son ride public transportation. *"I kept calling and saying he needs to have a [school] bus schedule. There's no way my son is going to walk."* Eventually school officials created a school bus stop for him approximately two blocks from their home.

Lela Mae Lee was upset at the public school officials when she found out that her children were being bullied and she did not feel as though anything was being done to stop it. "*Because I'm a parent, I can only take it so far, and when it's to the point my kids are coming home crying every day and bruises are on them, and then it's a problem.*" Lela Mae Lee persisted in order to meet with her children's teachers and the school counselor. The principal

also became involved and met with Lela Mae Lee. The principal told her that she met with her staff informing them of the crisis in the children's lives. Lela Mae Lee told the principal she was there to protect her children because they, as a family, had already experienced enough. *"You don't know what I'm going through, so don't down me and don't talk... degrade me or hurt me, because I'm going through enough as it is. And I don't want anyone to put my children through that same predicament."* Lela Mae Lee's persistent action enabled the bullying to stop.

Despite her difficult circumstances, Lily made sure her son stayed in one school. She explained that although she attended meetings with teachers and volunteered her time at his school, she did not understand why her oldest son did not receive the attention or help he required. She feels her son is academically behind other children his age. Part of the reason for this delay may be that he attended three different schools before coming to First Place. Language may be another barrier.

Dara's daughter was being teased and physically hurt by other children while attending a public school in Seattle. Dara telephoned the teacher to discuss her concerns but she did not return her calls. She did not feel the school knew what was occurring much less doing anything to change the situation. While that incident upset Dara, she finally pulled her daughter from the public school when she (then five years old) was allowed to walk home by herself. When Dara called the principal and did not get a satisfactory answer as to why this happened, she removed her from the public school.

At first Liz did not advocate for her children. *"It's hard when you tend to think that other people are better organized… can figure things out better for you…,and then when you try, for someone to throw their background, their knowledge, their degrees, their everything in your face, it's kind of intimidating sometimes."* But Liz learned it was

only intimidating if you feel badly about yourself. She remembers the first time she

asserted herself for one of her sons while he was in public school.

> *…so I remember the first time telling a teacher, my son was in class, and he was*
>
> *sitting over in the corner when I came up playing with toys. And everybody else*
>
> *was learning, and I said, "Why is he sitting over there? Did he do something?"*
>
> *And she said, "No, he just didn't feel like working today." "No, no. He came to*
>
> *school to learn." I said, "So, how many times has he done that?" And she*
>
> *replied, "Well, sometimes during the day he just doesn't feel like it, so we just let*
>
> *him go over there." "No, no, no. You can't just let him go in a corner…You*
>
> *can't just allow him not to learn. No matter what's going on with him, he's still*
>
> *got to learn." And she went on to tell me about how she's seen this before in*
>
> *children, and how she knows this will be the best, and I stood there in amazement.*
>
> *"I'm telling you as his mother that he needs to learn. If all hell is breaking loose*
>
> *around him, don't take away something that nobody else can ever take away from*
>
> *him, if he ever gets it: Knowledge. Don't do that.*

During the interviews most of the mothers described a difficult situation with one of their

children's schools while the family was homeless or in transition. The examples described are

not isolated to homeless mothers. It seems reasonable to find that any of the situations discussed

could be of concern to housed as well as homeless parents; however, the examples demonstrate

that these mothers took steps to correct a problem that was happening to one of their children

while living within complicated circumstances of homelessness, thus, showing how they did

advocate for their children. Although these examples show how the mothers advocated for their

children, the other necessary ingredient is the willingness of school officials to listen to the

mothers and act on their requests to correct a situation that will be beneficial to the child.

Negative Impacts of Homelessness on the Children and Their Education

All of the mothers answered this question and told of how their children were impacted

by their experience of homelessness (even those that were living with friends or relatives versus

in shelters or on the street). Within the mothers answers were feelings of frustration because

their children were not receiving the services needed to help them in school. Children were

reported having emotional, academic, and behavior problems because of their circumstances,

experiences, and uncertainties. As many of the children's families moved from place to place,

they were out of school for days or weeks at a time during which the registration process

occurred. That alone can negatively impact a child's education experience.

Marie told me her son was smart and very outgoing in school. When the family became

homeless, it affected her son.

The teacher started noticing it was taking a toll on his self-esteem, and also just

not wanting to participate at all doing work. It is almost like he took the stress

with him from home that he couldn't even focus on his report of his work. And

then it started taking a toll to where he couldn't do the sports and the things that

his friends were doing or participating in the things that they were doing, all the

fundraisers and things, cause we didn't have it.

So it started making a big difference in his behavior and socially with his

teachers because he was very outgoing…and then he just started closing down

and not talking to anyone. And I think almost like he was afraid that he was

going to have to move again real soon, so he didn't want to make too many

friends.

Lily stated that before she and her son moved to the United States, *"my son was in kindergarten. He was doing well.* She described how difficult it was for her to work long hours, try to help her son with his homework while she also attended school to learn English. *"…it was the time with no house all that months; I was trying to keep him in the same school…"* But Lily did not realize how much difficulty he was having.

> *I attended the meetings but my son was so close to me and he was so scared –*
>
> *because he saw me in the police [car] and it was, well a big nightmare for him*
>
> *too…. He couldn't be okay at school and I started having complaints about how*
>
> *he wasn't doing the whole homework…. So the grades were really bad for my*
>
> *son, and after that…I was homeless again.*

Lela Mae Lee spoke about how was disappointed when she learned that her children could have been enrolled in a school that would have offered them more than academic support.

> *I didn't know I had opportunity to put them somewhere to keep them from*
>
> *struggling. So, although moving her at first was a big struggle because they just*
>
> *put them in a school, and I didn't have the opportunity to sit with no one and say,*
>
> *"Hey, my son and daughter has moved from DV [domestic violence], and my son*
>
> *and my daughter's academics are failing so tremendously and it's to the point*
>
> *where they're not getting their education like they are supposed to.*

Homelessness affected Karina's son's education as a result of their moving from place to place. She expressed concerned that there were different activities and rules at the different

schools. The lack of consistency appeared to be a problem for her son. It affected his behavior

in school. He also was hitting his mother.

During Regina's incarceration periods she was not involved with her children's

education. *"They were staying with a close friend of mine."* Although her children attended

public school on a daily basis they had a difficult time concentrating on their studies. *"They go*

to school on a daily basis, but their emotional state wasn't – so it reflected their grades. During

this time her daughter's grades were C's and D's. With pride, Regina stated that at First Place,

her daughter's grades are now A's and B's.

Maryah's children were doing well in school before her family intervened and she

entered into a treatment facility. Her children moved to her brother and sister-in-laws home and

attended the families' neighborhood school. She felt her son was most impacted by this change.

"*They were doing really good before this all happened…Then my son started getting into a lot of*

trouble at school. And he still does here [at First Place]…but it is getting better. Maryah felt her

daughter had an easier time with the experience. She is a good student at First Place.

Because of the restrictions at the G House residential treatment facility, Heidi was

concerned about not having the time to help her children with their homework. *"Well I know for*

me there wasn't any time that I could actually sit down and help them with their homework

because soon as they got out of school they went straight into daycare." She did not feel her

children received the proper help with their homework at daycare nor was she always available

to help them either. Heidi felt that her daughter was less impacted during this time than her son.

Her son has special needs but she did not feel he received neither the help he required nor

learning what he needed. "*It's like they didn't want to deal with him…so he wasn't learning*

anything." They just sent him to the resource room every day. It was as if they did not need to deal with him because he was taking medication.

During the reoccurring cycles of Crystal's addiction problems as well as living with the dysfunction of domestic violence, her children, at times, did not attend school. When they returned to school their grades began to fall because of the difficulty of being homeless and moving from place to place. The daily worries of the children compound their need to get good grades. Not knowing where they were going to stay at night and worrying if they were going to eat are typical worries for homeless children. Reoccurring absence and the deleterious repercussions from multiple traumas impacted the children's grades and grade levels.

Liz described how instability and the daily logistical difficulties of being homeless impacted her children's education. For example, often they were riding a public bus traveling from one place to another seeking shelter or waiting in line to enter a shelter for dinner or for the night. It left little time for the children to do their homework. Often times a shelter would not have a table where they could do their homework. Many times at the end of the long day her children were so tired Liz just could not make them do their work. They were exhausted.

Importance of Coordinated Social Service Resources

Throughout the stories, the mothers mentioned how they found different resources. While some mothers were able to figure out the system and obtain resources, others relied on the knowledge base present at the different social service agencies they found. For example, Lela Mae Lee arrived in Seattle without any familiarity with social services that might be available. A woman at the hotel where Lela Mae Lee stayed noticed her. *"I noticed you come from the South, and I was overhearing you talk…You know, the 211 place will help you. So I called 211 and they gave me a number to a place called St. Vincent de Paul, and I called the guy."* He came

by and gave them more hotel vouchers to be able to stay at the hotel to get situated. He also connected Lela Mae Lee to the Union Gospel Mission Shelter where she stayed for a while. In time, the school counselor helped her relocate to a different shelter.

As an example of how coordination of resources can help homeless parents, a number of the mothers included how they found First Place. Karin's work supervisor recommended First Place and a friend referred Regina to the agency. Heidi, Maryah, and Crystal each mentioned separately that their case managers at the different treatment facilities where they were residing told them about First Place.

School Support or Lack of Support

Marie reported that she did receive support from the public school during her period of homelessness. "*When we got her [daughter] into Head Start, those teachers helped us with everything. Helping us get applications for the Section 8 [housing], giving us all the resources that we could…like working with people who have criminal records…* Her son's former teacher also called to check on Marie's progress and to see if he could help further. To this day, this teacher still calls Marie to see how her son is fairing.

Crystal received support from the homeless liaisons. She said*,"…just because we are homeless doesn't mean that we need to be treated [in] a different way."* Crystal believed it was a matter of standing up for herself.

Lily was also disappointed to learn that even though the school had a program where they provided Christmas gifts for homeless families, she and her son were not included. As mentioned earlier, the school knew they were homeless. She is also worried about her other son. She does not feel he is getting the attention he needs.

I was asking for more help for my child. Now I am her worrying about my other

son to help him in the school because he has speech problems and I was pushing

now with the school saying, "hey, my son needs this help" and the doctor told me

that the school has to support my son because my son is delayed....He is behind.

Section 3 - Educator and Policy Maker Recommendations

The mothers described what they wanted educators and policy makers to understand about the condition of homelessness. Included in this discussion are description of the negative impacts of homelessness on their children, and how to best serve homeless students and their parents.

What do educators and policy makers need to know about homelessness? Marie, Maryah, Heidi, Crystal expressed in different ways that homelessness cannot be reduced to a single reason but is a complex series of life circumstances that negatively impact lives. Heidi spoke of the mental and physical health issues that complicate everyday life that leads to homelessness.

Liz spoke about the assumptions we have about maintaining a home. We assume, if we are lucky enough to have a home, that everyone knows how to make a budget, pay bills on time, and generally maintain our daily lives. We assume parents or guardians; teachers or someone taught us these lessons in order to successfully navigate in our world. Liz explained that *"...she was not really taught how to do it right..."* She wanted educators and policy makers to know that we need to make an effort, be proactive, to train people before they get housing because some have been homeless for a long time.

I felt that the mothers took ownership of their situation and did not blame it on others. Maryah stated that, *"Most of us are trying to get back on track."*

What do they need to know about homeless children? Maryah wanted educators and policy makers to know that she has "*great kids.*" Assumptions are made, "*That we are where we are because we failed, so why should you help us or why should you even care.*" She believes that, "*It's not their [parents] fault that we're where we are today….they [parents] need to know that people care and that they're not judged.*"

Heidi and Dara reminded us that homeless children are negatively impacted in numerous ways. Specifically, Marie talked about the negative impacts of homelessness on children because of a lack of good nutrition. "*…because of, I think, the situation, a lot of them [homeless children]lack the home cooked nutrition, because the parent is always on the go, so it's quick things to a fruit, a vegetable, a quick here…Because you don't have a place to sit and have warm food….*"

Heidi also discussed the importance of consistency and how service agencies can help provide some amount of normalcy and stability for children experiencing homelessness "*It's hard for the kids to have a sense of purpose and that foundation, the security, because if I don't even know what I'm doing next, how are they going to know?*" Crystal mentioned how homeless children want to be in school, have friends and be part of the community.

Building on Heidi's statement, Dara mentioned that she felt homeless children are more needy than housed children

> *When I say needy, I mean emotionally and just affection because when they're*
> *going through a traumatic event in their live, mom and dad are more thinking*
> *about "Where is the next meal going to come from? Where are they going to get*
> *it? Are they going to have shelter over their heads." So even though the parents*
> *shelter the kids from knowing what's going on, kids feel it…They get your*

sadness, your depression, so they take it upon themselves to be that parental

caretaker."

Marie and Dara discussed the need for collaboration and cooperation between service agencies. Without it one agency cannot provide all a family needs. Marie and Heidi both spoke of the need for funding to keep programs running.

What assumptions do you believe they make about homeless students? Other impacts discussed included a concern about the presence of a homeless child's insecurities. Specifically, Karina talked about her son. "*Any kid being homeless is not confident because I saw this in my son. They are feeling a lot of anger inside that reflects in the attitude they have. Or they feel…insecure that make them so quiet….*" Karina recommended that before a child is judged harshly the school should try to find out what is going on with the family. "*Because I think it's not fair to make a big problem when the problem is not from them [the child]. It's from the parents because the parents may be they are homeless and they keep the child the best they can.*"

Homeless children find it difficult to concentrate in school. Maryah and Dara both stated that children are aware of their circumstances. Dara pointed out "*They get your sadness, your depression so they take it upon themselves to be that parental caretaker.*"

Crystal's comment about how it is assumed that homeless children have an inability to learn was one that I have heard before in various forms over the years. She stated that it is assumed by many that homeless children cannot learn or they will probably not learn; that their experience of homelessness put them far behind their housed peers. Both Crystal and Regina stated that educators and policy makers need to understand how important it is to know what is going on in their families' lives if something appears "*off.*" Regina stated that the children may

be physically at school, but do not assume they are mentally or emotionally there. On this topic, Heidi reminded us that homeless children do not always talk about their current life circumstances. Crystal recommended educators call the parents and find out what is happening with the family.

What do educators and policy makers need to know about the parents of homeless students? The mothers told of the complexities of managing daily life while homeless. Regina and Karina both mentioned the difficulties of not being employed. Heidi's commented that it should not be assumed parents are on drugs and/or alcohol. In addition, she and Dara pointed out how difficult it is to make plans. It is hard to know if there will be money to buy dinner. Karina stated that you have to make many changes and how it is complicated if a parent is ill or does not have someone close to her to help. *"I think it's more difficult for that person."* Nothing feels normal or easy.

Regina stated that she believed educators and policy makers believed that homeless *"...parents put them [their children] there so it's their responsibility to fit it."* She explained many parents cannot fix their situation on their own. They need supportive programs.

How do educators and policy makers best serve homeless children? Of the mothers who responded to this question, Marie and Heidi focused on the need for funding programs that assist homeless families, especially children. Regina, Maryah, and Dara wanted educators and policy makers to understand the complexity of trauma that occurs in the lives of homeless children, pay attention to their specific needs, have compassion for them, and love and care for them.

Section 4: Stories of Change

One of the important pieces of information emerging from the data was how the mother changed her circumstances. Was there a defining moment that made her decide her current path needed to change or was it a sequence of events?

The Process of Change

A mother's understanding of her past actions, a willingness to address these patterns, the feeling that she is supported and has resources available appeared to be necessary in order to make the necessary changes that benefited her and her children. The network of social service support programs, including those at First Place, assisted them with their decisions to change their circumstances and make a plan for action. For these mothers, the support network appeared to be important to their own and their children's improved lives. Crystal said there are *"...people and support that's out there for me, and I don't have to do it on my own."*

Although only mothers that reached a level of stability (i.e., previously homeless) were chosen to participate in this research, the story of how each mother changed her circumstances is notable.

In the following summary, the mothers described how they made the decision to change their circumstances for themselves and for their children. Most of the mother's stories included many incidents of trying to live within their oftentimes dangerous situations. Most did not or could not leave their circumstances on the first try. Some lived within the framework of domestic violence and other negative behaviors for years. Other told of how they did not know how to change their circumstances. Some of the mothers, Marie, Lela Mae Lee, and Dara, for example, spoke of an exact incident or "the last straw" where they understood something had to change. Maryah and Crystal told of how their family either initiated enrollment in a treatment

program or family displayed tough love because of their harmful behaviors. Heidi admitted

herself for treatment.

The mothers appeared to make a shift from living with domestic and other types of

violence, addiction problems, and other related circumstances by locating resources. They all

appeared to make a conscious decision to make changes to their circumstances. The unhealthy

emotional, mental, and physical conditions their children were living in played an important role

in the decision to change. For most of the mothers, change did not happen suddenly but occurred

over a number of years; however, three of the mothers, Lela Mae Lee, Regina, and Maryah

mentioned substantial changes had taken place within a one- to two-year period.

Each mother was asked how they changed their circumstances. Here are a few of their

responses.

When Marie came to First Place, Mr. Gene Harris, Director of Family Services, told

Marie that he knew she loved her family, '*but the only way she was going to be able to make it*

was to branch off and start learning how to use your resources around you." She told him that

she did not know how to do that. Learning how to understand and then change her

circumstances has been part of Marie's journey. She spoke of her preteen brother who was also

abused by her parents and the negative ramifications of this behavior. She made the same

observations about some of the difficulties her son and daughter were having.

> *So once I saw that, I said to myself and my kids seen my parents call me all kinds*
>
> *of names. Me and my dad getting into fistfights….I turned and I looked at my kids*
>
> *and I said, I told you that God tells you to respect your parents and love your*
>
> *mom and your dad, but honestly I can't. I have to stop the cycle here…. So when I*
>
> *seen my son start that fire and I saw his eyes, it reminded me of the first time my*

dad put his hands on me. It just broke my heart to where it was like mom, I can't

take this anymore. I don't know how else to deal with it. So right then I said

okay. I'm not going to spank you anymore. I'm not going to talk to you loud like

that. I can't do this to you. And so that's what basically made me feel like I'm

going to change the cycle with my children.

She decided to pull away from her family. "*I mean everybody, and the first time I did*

that was the first time that my dad beat me up so bad I couldn't even wash my face. I went a year

without talking to anybody, my family, nobody…." Marie said that even though she had a large

family, she had no one to support her. However, a stay with a friend's family for approximately

one month gave her an understanding of how other families live. "W*hen I saw the difference in*

that family and they were openly discussed everything, I mean to the point where I would sit back

and I would just be quiet. I never saw a family work like this."

Lela Mae Lee changed her circumstances as she addressed her patterns and learned about

her triggers; her red flags that may upset her. She learned how to calm and redirect herself. She

learned about abusive behavior she experienced and how she was abusive toward her children

and toward herself. She learned about these things in her domestic violence (DV) classes at the

Broadview Shelter for Battered Women. "*What I like is they don't judge you, and we all look at*

everything and at every perspective…."

Crystal also spoke of acknowledging her circumstance and moving forward:

I changed my circumstances with understanding that I couldn't provide for my

kids, that there was somebody that was able to help me and my family if I was

willing to address the crisis that was going on. Besides the homelessness, there

was the recovery part, the addiction part. There was the domestic violence

part….my children needing to get counseling. And so for me today, my

understanding is my Lord and Savior Jesus Christ is the one that has always kept

me above water and has not let my family perish. And so just understanding that

everything is in His time, and there's a reason for everything, and even though I

went through homelessness and that I am going into my own transitional housing,

that there's people and support that's out there for me, and I don't have to do it on

my own.

Today's Circumstances and Future Plans

The final part of the interviews asked how the women perceived the changes in their lives and how they felt about their future. There was a noticeable change in tone in the women who answered these questions. Many of the mothers smiled as opposed to their responses to other questions about their past that brought tears and sadness. The mothers spoke of now having different levels and types of stability, having their family together, and being able to make their own decisions.

Marie declared that she has a fiancé that she loves and is supportive. He does not abuse her or her children. She is proud that they have a home and life together as a family. *"My children actually have a mom and a dad. They actually have a life. My son is in basketball. My daughter, she is learning….But this is the longest that I've been this happy, and it's been about almost a year and a half, two years now.*

Lela Mae Lee told me is no longer living with domestic violence and has a foundation of support. Lela Mae Lee responded she has a:

Magnificent future right now….And being in Seattle my whole year, now I must

say it as been a tremendous year.   I started off as a torn see, and here it is, I

blossomed as a sweet lily because I had the shelter to support. I have counselor

support. I ended up getting my kids in First Place, who also made me foundation

support, and now I have a beautiful, outstanding foundation. New house. I have

my kids in a wonderful school that's going to carry them for years…I just don't

think it is going to stop…It's just been a tremendous change in my life within one

year.

Lela Mae Lee also addressed her personal goals: After she receives her medical

billing certificate. "*And I am not stopping there because I get a chance to get 57 credits,*

which also gave me the opportunity to get a two-year college associates degree

afterwards."

Within a few days after the interviews with me, Maryah and Crystal each moved their

family into their own transitional housing. Maryah is attending a year-long domestic violence

and chemical dependence recovery program.

And so I sat through that [the program] because I didn't want to do what I was

doing anymore. I didn't want my kids to have to go through anything like that

again ever….I'm very protective over them now….I feel like I change the

way….This is the first time in my life I have been okay without a man. And I feel

confident and I feel great.

She has plans to return to school and get her bachelor's degree and work with people with

chemical dependency issues and recovery. Crystal is interested in attending culinary school.

Her ultimate goal is to start a catering company. Heidi is in her own apartment with her children

and is completing an internship and looking for full-time employment.

Dara also has stable housing and is employed full-time. Her children are healthy. Her oldest child is in a private middle school and is earning straight A's. Finally, Liz lives in "*…in a beautiful home that is my dream home, and I believe in who I was created to be….I'm really happy."*

Section 5: Hope

What gave the mothers hope during their period(s) of homelessness? Herth (1996) studied the meaning of hope from the perspective of homeless families. In this study, hope is defined as, "a power within the self that mobilizes one to move beyond the present situation and to envision a better tomorrow form one's self and others."

Of the eight mothers who responded to this question, four (Lela Mae Lee, Regina, Crystal, and Dara) spoke specifically of their children. Lela Mae Lee: *"My children. Seeing them waking up in the morning saying, "Mom, it's okay. It's okay. Regardless of what you're going through we'll go through it with you." That alone was an inspiration for me to move on,"*

Marie spoke of how her grandfather gave her hope after she was raped.

> *but my grandfather most of all at that time told me it's not because I don't like*
>
> *you or don't love you…. I see that you're worth more than anything of you being*
>
> *on any of these men's arms…. Even your own father's…I respect you as a woman*
>
> *and your mother's daughter, and I don't agree with how you're living, nor do I*
>
> *feel like you have to live this way. I know you feel like you need to because you're*
>
> *out there with them, but just because you're out there with them doesn't mean you*
>
> *have to become them. And I said okay.*

Karina said God was her hope *"For me, God. All the time if I'm sad, if I'm angry, if I wanted to get some [thing] I'm seeking."* Maryah, Heidi, and Crystal spoke of knowing that

they deserved better, learning to believe in themselves, and that change for the better was occurring.

What gave the mothers hope now? Karina's answer was the same as the previous question's response – God is her hope. Heidi said there was always another step you can take to make something better. Dara also mentioned that she finds hope in the advocacy work she is performing for the parents at First Place. *"I see hope for them, and hope for me is just being able to see my children every day being happy, and just being children, as they are. That's what gives me hope now."*

The majority of the mothers who answered this question (Marie, Lela Mae Lee, Regina, Crystal, and Dara) said that their children give them hope now.

Lela Mae Lee:

> *My children. Seeing them waking up in the morning saying, "Mom, its okay. It's okay. Regardless of what you're going through, we'll go through it with you."*
> *That alone was an inspiration for me to move on.*

Regina:

> *Being with my kids, seeing them. You know, I have to be better for them*

Crystal:

> *What gives me hope now is that my kids are excited to be moving into transitional housing. Also they are much happier. They have had counseling for the last year, so they were able to open up and share what was going on with them. And so as a family we're homeless as a family. We now have transitional housing as a family. We are healing together.*

Maryah:

Well, when I was out in the world and… became homeless, I was hopeless. I don't

like that feeling at all. I don't ever want to feel that feeling….I got my kids

back…It just gives me more hope that I am a good person, that I can do this, that

I can raise my children and get a home, and you know, just let's start over. So

just being able to say that, that just gives me hope.

Dara:

What gave me hope was having my daughter there beside me, and hearing her

little messages, and her tender touch, and just her sweet and kind heart self, and

just know that she really cares about her safety, and also mine.

Chapter V: Discussion

The purpose of this chapter is to interpret and discuss the research findings. Throughout

this process, I wanted to understand the general conditions and challenges of being homeless

with children, the adaptive measures the women employed to change their situation, and how the

experience of homelessness impacted them and their children, including the effects on their

children's education. The goal was to understand how homelessness impacted their parental

leadership. The results demonstrated a different way to look at homeless mothers. Within the

limits of time available, the mothers discussed the actions they took and the decisions they made

in order to lead themselves and their children to a more stable life.

The results demonstrated qualities of adaptive leadership (Heifetz, 1994: Sinclair, 2007).

These traits are easier to discern when we remove the negative labels and stereotypes that are

assigned to homelessness in general, and homeless mothers in particular. The following

paragraphs will reflect these results.

Both Heifetz (1994) and Sinclair (2007) propose leadership as an activity. Heifetz

suggests we think of it as adaptive work—an activity. According to Heifetz (1994):

> Adaptive work consists of the learning required to address conflicts in the values
> people hold, or to diminish the gap between the values people stand for and the
> reality they face. Adaptive work requires a change in values, beliefs, or behavior.
> (p. 22)

Sinclair (2007) suggests leadership as a "form of being"— a way of thinking and acting

that awakens and mobilizes people to find new, freer and more meaningful ways of seeing,

working, and living. "The question of how one finds enough power to act and do leadership

seems to me to be at the core of leadership" (Sinclair, 2007, p. 75). Vaill's (1996) concept of

"permanent white water" defined as the "complex, turbulent, changing environment in which we

are all trying to operate," (p. 4) completes the picture of the multiple, stressful, and complex

arena the women are operating as parents who have experienced homelessness. Certainly, it is appropriate to think of these mothers as living outside of one's comfort zone.

These theories fit the journeys of the mothers who took action, addressed their realities through their decision making to adapt and change their own and their children's circumstances for the better. The theories require movement and an invitation to think differently about what we know. If we consider the journey to becoming and being homeless, theses areas of permanent white water, the activities are those that are undertaken where most individuals "have little experience with or have never done before at all (Vaill, 1996, p. 19).

In doing so, three primary activities within the women's stories will help us think of these mothers as leaders. All have:

- Identified the behaviors they wanted to change.

- Took responsibility for their actions and located the resources to help them accomplish their goals. Each mother felt supported and learned to trust that they could learn different behavior patterns.

- Changed their behavior that improved their and their children's life circumstances for the better. "Their behavior is their effort to adapt" (Heifetz, 1994, p. 3). They learned to live with things they cannot change and take responsibility for those they can.

The following illustrates the mother's actions of adaptive change

The Path to Homelessness– A Continuum of Crisis

The research shows the path toward homelessness was for most women paved with crises and traumas, for some starting during their childhood and continuing into early adulthood. Sinclair (2007) states that our "family is our first experience of leadership" (p. 59), our first

understanding of how parents operate the family unit. We learn by watching our parent(s). The experience teaches us how to claim our place in the world.

Bavolek (2000) stated, "The most significant process that humans experience after birth is being parented" (p. 1). He identified two types of childhood experiences that reflected care or the lack of care. Although Bavolek does not profess absolutes, he proposes that children either have parental models that established a nurturing parental style leading to positive experiences that either build strong character, self-esteem and self-worth, or their experiences are primarily negative, and "engulf children in parenting models of abuse, neglect, exploitation, and victimization" (p. 1). Kagan (1999) also suggested along these lines that "it is more accurate to state that parental qualities contribute to a child's psychological profile rather than conclude that family conditions determine a particular outcome" (p.167).

Both Marie and Maryah described exposure to violence that followed them into adulthood. Marie witnessed violence between her parents. She was beaten by her father, and witnessed her father beating her brother. At different times of her story she articulated the emotional unavailability of her mother. Marie spoke of living at home and subsequently being kicked out. She described the cycle of living with others (including relatives and nonrelatives), renting apartments, moving back with her mother, living in shelters, and having no place to live at all. *"And eventually just kind of began a cycle of me having children and being with people to have a home and stability…and it just got worse and worse as I got older."*

Marie continued her story by telling me she was raped at age 15. At age 17, she had her first child. Another man she lived with shot her when he discovered she was trying to leave him. She was incarcerated when her mother pressed charges against her. Marie lost permanent

custody of one of her children to an aunt. She worried that her mother would call Child

Protective Services and they would take away her children.

Maryah's life is also an example of a continuum of crisis that began at childhood. She

was raped at age 16; only a year older than Marie. She was abused by her father who later

abandoned his family. "Every boyfriend that I had was physically abusive, emotionally abusive,

and mentally abusive." She experienced abuse at the hands of a man who was the father of two

of her three children. She became addicted to prescription pain medication and used illegal

drugs as a way to survive the abuse. Her family intervened and placed her in a residential

treatment facility. She lost her home and all of her possessions. For a while, she was separated

from her children. She spoke of the challenging relationship she has with her mother and

brother.

The examples of "perfect obligations" as defined by Archard (2006) are those that are

owed to all children. Within this obligation, Archard discusses the qualities that parents owe

their children including protection from harm, and experiences that positively promote the

healthy growth of the child. Unfortunately, it appears that from Marie and Maryah's stories,

many of their childhood experiences had negative and long-lasting impacts on their well-being,

growth, and empowerment as an adult. It was their experience of family—it was how they

understood to operate in their world. Their path to homelessness is easier to understand within

this context.

In another example, Dara became homeless after a traffic accident occurred. Before the

accident she was a single mother employed full-time at several jobs as well as being a full-time

student on the path of completing an associates' degree. After the accident, she became

depressed to the point of losing her job, which in turn led to losing her home. *"During the time I*

was depressed, and I couldn't go on with my class, because who's going to take care of my daughter. I'm working just to pay the babysitter; there's not enough for rent." Although Maryah, Heidi, and Crystal told of how their addiction to prescription and illegal drugs and/or alcohol abuse, all but Heidi provided the background of their addiction as having a link with their history of domestic violence.

From the mother's stories we can see that the causes of homelessness experienced by the mothers agree with the findings of Minnery and Greenhalgh (2007) and Tomas & Dittmar (1995) who saw the causes of homelessness as a "continuum of causes that crosses both structural and individual issues." In other studies, mothers reported the causes of their homelessness were associated with (but not limited to) stressors including poverty, the availability of decent low-income housing, insufficient income and jobs, unemployment, transportation issues, domestic violence, family disputes, substance abuse, and emotional disorders (Banyard, 1995; Goodman et al., 1991; Rossi, 1994; Styron et al., 2000; U.S. Conference of Mayors, 2008).

Crisis Management

The consequences of homelessness placed the mothers in the face of numerous challenges including the constant and debilitating anxiety of caring for themselves and their children. "Within this context, becoming homeless can be considered a stressful circumstance produced by the transaction between environmental pressures and the individual's ability to adapt" (Milburn & D'Ercole, 1991, p. 1161).

The initial reaction described by Lela Mae Lee, Regina, Maryah, and Liz was to feel numb and not being able deal with homeless circumstances seemed entirely reasonable. How could anyone be prepared for this type of crisis? Lela Mae Lee described the experience as

like losing your soul…It's just an experience that you never prepare for, you

never thought would happen to you, and especially you're a person that stays

uplifted, stays moving, working and trying to have as best as you can out of life.

And homelessness just hits you all of a sudden. You're never prepared for that.

Some of the mothers adapted by just get through the day. Liz stated, *"Sometimes I*

wasn't able to do it. I just kind of mechanically went through the motions." They described

themselves as feeling worthless, shameful, and guilty that they could not take care of and provide

for their children. They dealt with the constant worry of being perceived as an irresponsible and

careless mother who should have her children taken from them.

For most of the mothers, however, their numbness and inability to move forward changed

to action as they realized their responsibility as parents, and that their children needed them to

act. The love they felt for their children and the love they received from their children gave them

the strength to change their circumstances. They realized the negative consequences this

experience was having on their children. Marie, Karina, Crystal, and Liz spoke of how their

faith helped them. They prayed, and felt God would give them the ability to handle their

circumstances. As Liz described:

My faith got me through it. God definitely got me through it; singing got me

through it. I would hum, and when I wanted to cry, and I didn't want them [her

children] to hear me make that noise, so I would hum. And just realize that this is

not how it's supposed to be. I'm not supposed to be in this situation, and they're

definitely not supposed to have to go through that. So remembering who I was,

which is not always easy when you're thrown out of who you think you should be

either.

In that space, the mothers moved from inaction to a level of self-efficacy that allowed action and thus leadership. Heifetz (1994) explained this taking responsibility "to tackle tough problems" (p. 15). It appears that the mothers developed or were on the path to develop the means to "meet problems successfully according to their "value and purpose" (Heifetz, 1994, p. 3). All of the mothers in this study asked for and/or received help from various governmental and social services agencies, and from friends, brothers, sisters, and even from strangers. The common factor was the mother's determination to take action to change their circumstances.

Banyard's (1995) study of the daily strategies of 64 mothers living in shelters with their children reported similar adaptive strategies. These strategies included, doing something about the problem, thinking in a positive manner, praying, focusing on the future, and focusing on their children. Meadows-Oliver (2003) also found similar strategies such as praying and getting support from others including other shelter mothers, family, and their own children.

Even when the mothers in this research were homeless they found ways to manage the crisis and moved from self-blame to self-motivation and action where leadership as a parent was re-established. For example, Lela Mae Lee arrived in Seattle without knowing the city or how to find resources. Upon the suggestion of a stranger, she was able to secure resources for her family. She made the choice to move forward. Other mothers discussed how they managed day-to-day survival. Dara told the moving story of her determination to find electrical outlets in residential areas in order to run a machine that would help remedy her daughter's asthma attacks. She felt her daughter's asthma was getting worse because they were living underneath the interstate.

> *She was wheezing a little bit, so I knockied at doors, and they're like, "What is*
>
> *this crazy lady with a child with a bunch of stuff on?" I was like, "Can we please*

plug in a machine for her breathing unit?" They were kind of confused. I didn't want to go in their house. I just wanted an extension cord with an outlet, and it was time sensitive, because if she can't get air into her lungs her brain will die. And then I got desperate, so I had to wait till the people went to bed. There's an outlet in the back of the porch where the faucet and all that, you had to really find it at some houses, because it's in the bushes, so that's utilizing your resources and your skills and knowledge, and that's the challenge of being homeless with a child that is chronically asthmatic. It was hard.

In Dara's story she told of how she sought out various public social services to obtain services including housing. However temporary the situation, "adaptive work often demands loss" (Heifetz, 1994, p. 236). In Dara's case, despite being denied many types of resources for various reasons, she kept looking until she located what she needed. Dara was finally able to find the resources and shelter she required as a result of her determination to care for her daughter because she was her mother and acted on her responsibilities. *"She [her daughter] kept my strength going, and just the will of the mom, just making me realize that it's my responsibility because she's too innocent and young to think for herself, and do for herself, so it's my responsibility."*

Liz told of how when they were homeless, she told her children they were going on an adventure to pass the time during their long evening bus rides to stay warm. She made up stories for her children and they all sang songs to keep up their spirits. Despite the obstacles inherent in the process, she located various shelters that provided food and a place to sleep. She took responsibility under difficult conditions.

These findings indicate the ability of the mothers to deal with unknown, changing, and often dangerous circumstances, sometime on a daily or even hourly basis. It demonstrates determination, care, and responsibility that are the necessary ingredients when and acting in "the best interest of the child" that is a part of parental leadership.

Homeless Mothers as Parent Leaders

The concepts that were the most compelling determinants of parent leadership, and focused on the best interest of the child revolved around the theories of care and responsibility (Noddings, 2002). As such, if these qualities are the centerpiece of the relationship, the child is more likely to reach self-efficacy (Bandura, 1994). I found these qualities in the mother's stories.

It is my contention that I found the key elements of parental leadership, the characteristics of *care and responsibility* within the data collected.   For example, Archard (2006) discussed the qualities that should be included as part of the caring and responsible parenting. He included a parent who protects his or her children from harm and assured that their legal rights are protected. The mothers demonstrated that the motivation for their caring actions was directed toward "the welfare, protection, or enhancement of the cared-for" (Noddings, 2002, p. 23). The following are examples where the mothers exhibited both care and responsibility *to protect their children from harm.*

Mothers spoke of leaving abusive relationship in order to protect their children. Lela Mae Lee moved across country after her children were returned from being kidnapped and experienced abuse. She made the move to help ensure they were safe from her abuser. When Karina's boyfriend became abusive and her son witnessed the abuse, Karina left the situation and returned to her brother's apartment in order to be safe and protect her child. While Lily was

sitting in the police care after her husband accused her of hitting him, she feared for her son's safety. She asked the police officer if her brother could pick him up.

Dara spoke of the measures she took in order to protect her daughter from the cold by finding a place to sleep by the grocery store door. The warmth from inside the store helped to keep both of them warm. Without family support or resources, Dara's primary drive to find food and shelter revolved around her daughter and her protection and well-being. Both Dara and Liz separately spoke of the long bus rides they took their children on in order to protect them from the harm of the night and the cold weather. Liz: *"We oftentimes would not know where we were going to sleep at night. And so, I remember picking up the kids from First Place,…and I remember it raining, and it being cold, and we were tired, and I knew they were tired, and we just kept riding the buses…."*

Other examples demonstrated how the mothers advocated for the *protection of the legal rights of their children*. In these cases, they were incidents where education rights were the issue. Marie spoke of how she advocated for her son (then only ten years old) when the school he was attending wanted him to walk home from school. *"I said he's ten years old. There's no way I'm going to allow my son to walk a mile."* Eventually, she convinced them to install a school bus stop for him.

Lela Mae Lee met with school officials when her children were being bullied. She persisted until she felt that the situation was being dealt with properly. Her persistent action enabled the bullying to cease. Dara also advocated for her daughter when she learned she was being teased and physically hurt by other children at her grade school When Dara's concerns were not adequately addressed, she withdrew her daughter from the school.

Ginsburg (2007) noted *that a family environment that provides a responsible and loving atmosphere creates positive experiences for the children.* This can be accomplished by spending time with them, playing games, working on art projects or hobbies together, or simply just talking. Lindsey (2001) reported mothers felt an emotional closeness to their children while they were living in a shelter. One of the mothers mentioned the feeling of closeness was likely a result of how much time they were spending together. In a similar comment, Heidi spoke of the challenges of spending more time with her children when they rode public transportation and because the motel room they lived in was small. *"We were much closer in one little room."* Marie: *"I believe I got more active with them and appreciated more of the things that they learned and just spending time with…like taking them to the park or just spending time with them."* Crystal spoke of interacting more with her children at nighttime, *"…when it was time to put them down to bed, and keep trying to reassure them that it was going to be okay."* Maryah said that she always appreciated her children, but during her homeless period, she appreciated *"…them even more, and it makes me want to just hold them just to keep them next to me."* Overall, the mothers, by the experience of being homeless, spent more positive time with their children.

Even under the most trying circumstances the mothers employed "adaptive work" (Heifetz, 1994). The mothers adapted to the circumstances and were responsible for the well-being of their children. They did what they had to do within their proper authority as the parent to protect and care for their children, therefore acting in their best interest.

Within their stories, the mother's spoke of how they had to act as the parent and make tough decisions that displeased their children. For example, Marie spoke of *"Having to explain to them why I don't have the money to buy this or why we can't do this…."* While renting a

basement space, Karina had to discipline her child when he began to make loud noises. Her son

was angry because of the limited mobility in the house. Although she was insistent that he

follow her rules, she also exhibited patience, love, and compassion toward her son. *"And I*

decide to say nothing because I saw I if say sshh, be quiet was like offending to him. Then he

said when [will] we have an apartment again, mom? And I said soon. I promise, soon."

While care and responsibility were actions the mothers took, self-efficacy turned out to

have a double meaning. I realized they also had to reach a level of self-efficacy for themselves

before they could act to change their situation. In other words, they were conscious that finding

self-efficacy was as a way to improve their situation.

Reaching a New Level of Self-Efficacy

Thinking about how these mothers identified the behaviors they wanted to change, took

action to locate the resources to help them accomplish their goals, and then changed their

behaviors, made me believe that most of the mothers had to reach a new level self-efficacy in

order to change their circumstances. What was the process for these mothers?

Bandura (1994, pp. 2-3) proposed that an individual's belief about their own self-efficacy

can be developed by four sources of influence: (a) mastery experiences, (b) vicarious experiences

provided by social models; (c) social persuasion; (d) reduce people's stress reactions and alter

their negative emotional proclivities and interpretations of their physical state. Each source of

influence is described below.

"The most effective way of creating a strong sense of efficacy is through mastery

experiences. Successes build a robust belief in one's personal efficacy. Failure undermines it,

especially if failures occur before a sense of efficacy is firmly established" (Bandura, 1994,

p. 2). Bandura's explanation of the advantage of life setbacks that serve a beneficial purpose in

learning that success requires trial and error and perseverance before success can be achieved was evident in the stories the mothers told about their determination to seek a better life and provide for their children.

The mothers in this research told of these exact types of experiences. They moved from living with a combination of unhealthy and dangerous conditions to seeking resources in order to help them make a beneficial change. For most of the mothers, the trial and error period took years. Only three of the ten mothers (Lela Mae Lee, Regina, and Maryah) told me that the initial and substantive change took one to two years to accomplish; however, it is not known if these mothers had experienced other types of trial and error periods before their current experience. For example, Crystal spoke of moving back and forth between trying to stay clean and sober and living on her own to returning to the cycle of living with domestic abuse and using drugs and alcohol.

The second source of influence that is needed to reach self-efficacy is when an individual sees others similar to oneself succeed, they believe they "too possess the capability to mirror the same success" (Bandura, 1994, p. 2). The impact of this modeling can be helpful when both success and failures are noted by the participants.

In the First Place program, for example, the families have opportunities to get to know one another. Heidi's response to a question I asked her about her role in her children's education at the agency alluded to her feeling of seeing others in her situation. *"It's real family here. It's real comfortable. I can come in and people know me when I walk in. Hi, how are you? And we're walking through the hallways and people know me. And I like that."* Marie also spoke of the family nights at First Place that provided the opportunity for the families to gather and play

games or watch movies. The evening program provided families a chance to visit with and gain

support from others in similar life circumstances.

Social persuasion is a third source of self-efficiency. It strengthens an individual's belief,

"that they have what it takes to succeed" (Bandura, 1994, p. 2). Bandura (1994) continues by

stating that the issue that "successful efficacy builders do more than convey positive

appraisals…they structure situations for them in a way that bring success and avoid placing

people in a situation prematurely where they are likely to fail often" (p. 2).

During my time at First Place, I witnessed how the case managers, teachers, and the

administrative staff at the agency worked with the families. There is a sense of care,

compassion, and support available to them. As part of the program, the mothers have been

taught how to advocate for themselves and for their children. They are required to be involved in

their children's education. For example, during the pilot study, I asked Liz if she advocated for

her children before she came to First Place. She answered that she did not. She stated,

> *It's hard when you tend to think that other people are better organized, more*
>
> *intelligent, can figure things out better for you to stand up for what you know is*
>
> *right, and then when you try for someone to throw their background, their*
>
> *knowledge, their degrees, their everything in your face, it's kind of intimidating*
>
> *sometimes.*

Further in the conversation I asked Liz what she felt she learned as a parent at First Place.

She responded:

> *They taught me that I was the best resource for my children when I didn't think I*
>
> *was. They taught me to stand up for my children, not to go against the grain but*
>
> *to stand up to be their greatest cheerleader….I thought you were supposed to do*

that at home and not push against authority. I was simply standing and being

their voice when they couldn't speak.

The discussions Liz had with the counselors, teachers, her case manager, and other families at the agency, potentially aided her in strengthening her belief in her parental leadership abilities.

Further, classes are available for parents that address the five core competencies of the program, including housing, job readiness/employment, education/training, life skills, and health services. Each family has a short and long-term plan. Working on their overall life plans, in concert with the support systems available through First Place and other agencies, the women's stories showed that progress was possible. In that sense they can be inspiring examples to other homeless mothers.

Lela Mae Lee spoke of the support she received from the Seattle Union Gospel Mission shelter. They assisted in helping her children get into school, establishing a relationship with the school counselors, and securing daily needs resources such as food stamps. In another example, Lela Mae Lee described other lessons she learned at another domestic violence shelter where she resided.

So going through a lot of domestic violence classes, parenting classes, going

through educational classes, and learning more of being a good parent. Although

I am a DV [domestic violence] survivor, and being a strong parent that come up

out of top, that's what made me happier to understand and study my own kids in

ways I never took the time to do it. That alone made me happy. Happy I'm at a

time in my life I can say I'm at peace.

The fourth source of self-efficacy is to "reduce people's stress reactions and alter their negative emotional proclivities and interpretations of their physical states. It is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted" (Bandura, 1994, p. 3). This does not mean that all can be fixed at one time, but the goal is to reduce self-doubt and the debilitating feeling of failure (Bandura, 1994).

Lela Mae Lee arrived in Seattle after leaving an abusive relationship that involved the kidnapping of her two children. She arrived after making "*the biggest decision"* of her life to start over. The evolution of moving to a different part of the country, and finding basic resources of food and shelter for herself and her children took a physical and emotional toll on Lela Mae Lee. She realized that her inability to move forward was impacting her children but, as mother, she had to move forward. The words of the case manager helped her to make the decision to change her circumstances. Lela Mae Lee was told that, "*What we have to understand is we made our kids homeless."* In her situation, those words, and the support system she accepted, helped her begin to change her circumstances for the better.

The steps the mothers took would meet Bandura's (1994) definition of self-efficacy as one's "belief about their capacities to produce designated levels of performance that exercise influence over events that affect their lives" (p. 1). Thus, the process of the mother acknowledging her past actions, the willingness to address her patterns, the feeling that she is supported and can move forward with a support system obtained through various social service programs, appeared to be important factors in the mother's reaching a new level of self-efficacy that in turn helped them reach an improved level of care for their children.

Love of Children

Although it can be argued that some of the mother's behaviors (i.e., substance/alcohol abuse/domestic violence/moving from place to place), made before and during homelessness were detrimental to themselves and to their children's health and overall well-being, I never heard or felt that the mothers did not love their children. I did not hear the negative and stereotypical stories of homeless mothers not knowing where their children were or not caring about their children's well-being in general. But, of course, it is unlikely the women would say that about themselves. Instead, as an example, Marie told me without prompting that during the time she was in jail it was difficult because she could not determine who was caring for her children. *"I didn't know where my children were. She [Marie's mother] cut off the collect calls. None of my family would answer my phone calls….She said so many times that she would turn them into CPS [Child Protective Services]…I'm going crazy thinking, oh my God, my kids are in CPS."*

Love of children emerged as an important theme throughout all of the mother's interviews. The question of their love for their children was purposefully not asked of mothers in a direct way (i.e., Do you love your children?) because I felt it was a leading question: how could they say: No? Instead, in an indirect manner, I observed and heard stories of the mother's care and love for their children many times over. Some of their stories spoke of the quality of their caring relationship even under the most trying condition. Others addressed the moment they reached the decision to change their lives, and, consequently, their children's lives for the better. In many instances, their love for their children and their children's love for the mother is what kept the mother going and moving forward, as shown in Lela Mae Lee's words.

Eventually, the more I see my children to the point where they're more concerned of me than their education, than their living as a kid, than them being a kid and not worrying about adult things and learning to realize that they've been through enough as it is, themselves being kidnapped and being threatened and being in a vulnerable moment where they thought their lives was at risk. It put me into this standstill moment to where I felt like that, "You know… you got to breathe and realize that your kids are falling weaker than you are." So it's like, okay, I can't have that, at their ages, them feeling like, "Where's my next meal? My mom's an emotional wreck. She can't get up. She can't move. She don't talk. She cry all the time." They're sad because I'm sad, you know? They're sick because I'm sick. You know they won't eat because Mommy won't eat, you know, and that alone gave me the strength to say, "Look, you got to pull yourself together in order for them, for you to expect the best out of them."

Almost all of the mothers became emotional and found it difficult to tell their stories especially when they described difficult incidents with their children. Woven in the stories were regret for their past actions that negatively impacted their children, pride in their children's accomplishments, and determination not to repeat their own past for their sake as well as for the love of their children.

For example, almost Lily's entire interview was her account of her history with her abusive and cruel former husband. Throughout her story, the welfare of her children was foremost in her story. Lily was worried about the negative impacts of her eldest sons' displacement (her youngest son was a newborn) from his home, his extended family, and his friends when they moved to the United States. She told of how she was worried about the

negative impacts of her son witnessing her being physically hit and emotionally abused by her husband. She wanted to return to her native country but could not.

> *my immigration status changed because I was married to a [United States] citizen and I could change my situation. It was my only hope because I said, well, I really need to work. I don't have another choice. I couldn't go back to my country because this person don't allow me to go back to my country because I learned that from my attorney that I could not leave the country because our son was born here, the youngest, and my husband told me always that I couldn't leave the country, that if he finds me that he's going send me to the jail and he's going to take the child from me and after, when I leave, of course I believed that he was capable to do that.*

Maryah spoke of how difficult it was to be separated from her children when living at the recovery program. Once she was able, she found a safe school and they moved in with her. *"I just wanted everything to be okay for them because I felt like I screwed up so much."*

Another touching moment was when Heidi described how difficult it had been for one of her children who has multiple learning disabilities. It had been stressful to connect him to resources that would help him achieve. She was visibly moved to tears when in the midst of describing how difficult it has been for her son she stated, *"...he's really socially not inept, but he's really back....This is the first time that he's actually had friends."*

Liz told with sadness of fearing how she felt society's generalizing and judging eyes upon them when some learn that she was homeless. *"because you worry that people will tell you that you are not responsible, or that you can't provide for your children, so they take your children away."*

Karina's son witnessed her former boyfriend hitting her. She left that situation and moved to a rented room in the basement of a home. Karina told me with joy about the time the lady of the house threw a birthday party for her son. She described how happy it made her because her son was happy. *"And I called some of the moms and I said, if they want to come can I pick your kids and I will bring them back…Yeah, my son was so happy that day. But yes, that's a good thing for me."*

When I asked Regina about the time she was incarcerated and was not being able to see her children. She replied, *"It was hard."* Without prompting she explained that before her incarceration, *"…I was really involved in my children's education…."* I asked Regina once her circumstances changed and they came to First Place, did she see a difference? Her expression changed and smiling, she told me of her ability to once again be involved and advocate for her children's activities at school. Speaking of her children, *"Well at first they were very quiet, guarded. But at the end of the school year it was like a whole new person. They were happy, talkative, loving…They see that I'm involved, and I want to say it boosts their self-esteem. My daughter, if I'm working at the front desk [at First Place], she'll come over and give me hugs, say hi."*

One of the interesting findings woven in the mother's stories of their experience with their children was found in their responses of how homelessness impacted their relationships with their children. Of the mothers who answered this question, they spoke of having more time to spend with them and how they appreciated them more. Overall, it appears that the difficulty of homelessness, by necessity, provided more time with their children and that appeared to be a positive outcome for both the mother and her children. These results are similar to those reported by Lindsey (2001). The mothers in her study who were living at a shelter reported an

emotional closeness to their children. One of the mother's commented their closeness was likely a result of how much time she and her children were spending together in close quarters and "banding together in times of crisis" (p. 274).

Another indicator of the mother's love for their children came as I asked them about what gave them hope during homelessness and then about what gives them hope today? Hope as defined by McGee (2011) as "but one element in an array of effective responses to crises that makes life bearable and meaningful in times of stress or transition." One believes that life will be better in the future (McGee, 2011). The majority of the mothers who answered this question spoke of their children as giving them hope during their homeless period(s) and continue to give them hope today. For example, Regina told me that her children gave her hope during her periods of homelessness. *"Being with my kids, seeing them. You know, I have to be better for them."* When I asked what gave her hope now, her answer was, *"Still my kids."*

The stories demonstrate that the mothers loved, care, nurtured, felt responsible for the welfare of their children, and wanted a positive future for them. Although a few of the mothers found themselves in circumstances where they did not or could not take care of their children for a period of time, I never once suspected that they did not love their children.

Social Stigmas of the Homeless Mother

The homeless mothers I spoke with have a history of dealing with a complexity of issues that included, but were not limited to, poverty, domestic violence, other types physical, emotional, and psychological abuse, alcohol/substance abuse, incarceration, low self-esteem and self-worth. The toll of dealing with the daily risks and realities of being homeless with children is beyond what most of us can imagine.

Housed mothers also live with domestic violence, other types of physical, emotional and psychological abuse, drug/alcohol/substance abuse, incarceration, and low self-esteem. Both groups can seek services and take action to change their circumstances. Homeless and housed children have similar challenges and problems in school. Their mothers either know how to advocate for their children or they do not or cannot.

So the question is what is the difference? I believe the difference is that being a homeless mother is not acceptable under the "normal" construct of mother (Chodorow, 1999; Collins, 1994; Glenn, 1994; Held, 1983). The difference between acceptable and not acceptable definition of a good mother has to do with race and class in addition to the negative image of homelessness (Chang, 1994; Collins, 1994; Glenn, 1992; King, 1988) The combination of these variables leaves homeless mothers as less acceptable, valuable and socially unappreciated (Cosgrove & Flynn, 2005) than housed mothers even though when placed side by side and see that they are similar in many ways.

The formerly homeless mothers in my study spoke about the negative comments, attitudes, and stares (i.e., how could you let this happen to your children). In general, I do not believe housed middle- to upper-middle-class mothers face the same type of negative scrutiny on a daily basis – the everyday (Essed, 1990) discrimination and judgment of being homeless.

I concur with the writings of Deborah Connolly (2000).

> Middle and upper white women in the United States are bound more closely to the cult of perfect mothering, while Black women are more readily assumed to be deviant mothers and their children viewed as less socially valuable (Roberts, 1995; Solinger, 1992). Thus, the transgression of motherhood norms by white women is a particularly rich metaphor for understanding how race politics contribute to the cultural fascination with "bad mothers'" (Ladd-Taylor and Umasky 1998; Mink 1995). (pp. 40-41)

Connelly's (2000) reference to the fascination with "bad mothers" can be extended to other marginalized groups as well: other mothers of color and poor white mothers, lesbian, transgender, and those deemed to be outside the realm of the "perfect" or "normal" mother (p. 40).

Summary of Women's Qualities As Parent Leaders

From the above discussion a picture emerges to qualify the leadership qualities inferred from the data. The findings cannot be generalized, but the following are elements of the women's leadership as parents:

1. After the mothers identified the behaviors they wanted to change, they took actions to initiate these changes, thereby reaching a new level of self-efficacy. This adaptability allowed a change of their and their children's circumstances over time. For example, they demonstrated the ability to act in the best interest of their children within the challenges and traumas of homelessness. The mothers displayed love, care, and responsibility in order to protect their children.

2. The mothers modeled exemplary leadership for other homeless parents by demonstrating that it was possible to take their future into their own hands and work with the resources availability. Besides providing concentrated services, programs such as First Place act as a conduit for empowerment and advocacy for these women and other families they serve.

3. Despite the presence of personal crisis and social stigmas the homeless mothers faced, they demonstrated advocacy leadership in relation to school teachers and administrators, social service agency counselors and social workers. Their stories they told of how they advocated or learned to advocate for themselves and for their children while dealing the realities of being

homeless. The examples they demonstrated to others within the agency likely encouraged them to strive for similar life changing circumstances.

What Educators and Policy Makers Can Learn

I asked the mothers five different questions related to what educators and policy makers needed to know about the conditions associated with homelessness. Within their answers they spoke of the complex series of life circumstances that negatively impact their lives and the lives of their children on a daily basis. Embedded in their responses is society's failure to understand the detailed and complex process of becoming and being homeless (Susser et al., 1993) as a result of poverty (Susser et al., 1993; Swick & Willliams, 2010) a lack of safe, decent, and affordable housing, physical and mental health concerns and disorders (Bassuk et al., 1998; Swick & Williams, 2010), incarceration (Caton et al., 2005), and the lack of employment.

When I asked the mothers to tell me what educators and policy makers needed to know about their children, the mothers wanted them to know that their children were just like housed children yet suffered from the assumptions and stigmas placed on them because of their circumstances. Maryah and Crystal spoke of the assumptions that because the family is homeless the children cannot learn or are not worth society's time and resources. These feelings and opinions expressed by the mothers are consistent with the work of Barrow and Laborde (2008) and Connolly (2000), who described anyone who meanders outside the ideal version of motherhood to be quickly and harshly judged in negative terms. The realities expressed by the mothers negatively impact themselves and their parenting abilities (Swick, 2009). The assumptions and negative labels also reinforce the problem of society (as implemented in our education policies) of not understanding the complexities of homelessness and how to serve these children.

Relevance of Data for Future Research

The common thread I found in interviewing all of these mothers is the determination each

showed to tell me their stories. As anticipated, I felt the process of telling their story was

difficult for all of them. I felt it was difficult because in the process of retelling the events, you

must relive the traumatic events.

In an unplanned and brief conversation with Mr. Harris and the three First Place case

managers after all interviews were completed, one of the case managers commented that she felt

at the initiation of this research that many of the mothers agreed to participate in the interview

because of the offered $25.00 grocery store gift certificate. I noticed when the case managers

initially called the mother's to ask if they were interested in participating that the grocery store

gift certificate was mentioned as a benefit. However, she admitted that she now felt that the gift

certificates were not the primary reason the mothers agreed to participate. Mr. Harris described

how some of the mothers told him they felt good about speaking with me and telling me their

stories. Both he and the case managers were surprised and happy when they learned that many of

the mothers read their transcripts. One of the mothers told Mr. Harris that she felt unsure of how

well she conveyed her story during the interview. But after reading her transcript she was happy

with the results.

The mothers who participated in this research all appeared to have reached various levels

of stability. During the limited amount of time I spent with each mother, they spoke of important

steps they were taking in their levels of independence. For example, two of the mothers moved

from shelters to transitional housing within the day or two after their respective interviews.

In saying this, it would be useful to conduct a longitudinal study on homeless mothers

using the same methods employed in this study. As discovered, the mothers' ability to tell their

stories helps us to understand their journeys in a powerful way. One of the limitations of the study was the short amount of time that could be spent with each mother. Although the challenges of living in crisis will continue to be a problematic part of the research process, a study with a greater range of time may be able to accommodate the mother's schedules and address this limitation. A longitudinal study would be helpful to understand the next steps the mothers will take in the year, two years, and five years and beyond, for example. However, in saying this, it is recognized that homeless populations are difficult to follow generally by definition. Nevertheless, if a study is established when the family was part of the First Place program, perhaps the chances of following a mother across the years may be possible. A longitudinal study would provide helpful information as to the impacts of social service agency programs to all types of providers.

The second recommendation for future study would to be to conduct a similar study on the homeless father as parent leaders. Connolly (2000) stated that only 16% of the families she worked with in Portland, Oregon, had the biological father present. This small number is reflective of the national picture where homeless mothers with children are predominant (Styron et al., 2000). I would anticipate that studies constituting the same type of qualitative investigation in terms of asking and listening to the voices of homeless fathers that have the parental responsibility for the care of their children would be relevant.

Limitation of the Data

During the research, it was my intention to explore the impacts of race and class on homeless mothers. Unfortunately, this was not explored to the extent desired within the time allotted. In addition, I felt uncomfortable, as a white woman, asking the mothers of color to share their experiences of prejudice and racial discrimination. Because the time I spent with

each mother did not allow for more than a casual relationship to develop, I was not sure if they would be comfortable answering a question about race or if they would tell me the real truth. I worried they felt that there was no way I could possibly understand; however, when asking Lela Mae Lee to describe some of the challenges she and her children faced while homeless, she spoke of the challenge of her children's education and the actions she took when she learned her children were being bullied.

Because I felt comfortable speaking with Lela Mae Lee, a woman of color, I asked her if she felt that race had anything to do with her children being bullied. Much to my surprise she told me she believed they were being bullied because of *"their southern hospitality."*

> *I think it's basically their southern hospitality. You know, I see a lot of kids*
>
> *around. Some kids are pretty nice and sweet, but you know, you've got those who*
>
> *are just so mean and vulgar. We're from a sunny side state, you know, a warm*
>
> *state, and down there we're known for our hospitality. My kids can't help it. It's*
>
> *"yes ma'am" and "no ma'am" all the time, and read and writing, fixing up and*
>
> *cleaning up behind themselves. It's just the right thing to do. It's just how they*
>
> *were raised. That's what they're from, their heritage, and some people I guess*
>
> *just don't—it's just unusual for it to happen so much up north.*

This was not the response I had anticipated. I expected Lela Mae Lee to tell me they were bullied because they are children of color. I thought I would hear a story of how she prepared her children to navigate in the world because of the likely exposure to prejudice, discrimination, stereotypes, racism, and classism (Essed, 1990; Ward, 2000).

I wondered if I had asked directly if Lela Mae Lee felt her children were bullied because of the color of their skin if she would have been comfortable telling me the truth. I did not feel

that even though she knew that I was there to authentically hear her story and shared an experience of homelessness, if she could or would have told me the truth about the additional complications of homelessness because of the color of your skin.

In retrospect I feel I could have addressed this question more effectively by using a different approach as a researcher in order to feel more comfortable. I believe if I would have approached the subject by asking the mothers to help me understand how race placed a role in a situation she described. For example, a mother mentioned how she felt badly about how she was treated at a government agency whose purpose was to provide assistance. I could have asked her to explain the situation. How did she read the situation? What was the role of the players? Were the service providers a person of color or white? The primary question I would want to ask would be to help me better understand her experience. As I tried to do in every interview I conducted, I would convey this conversation in a non-judgmental manner. If I would have used this approach, perhaps my feeling of inadequacy of how to approach the subject of race would have been lessened.

Stating this, one of the major limitations of this study was the element of time. Although the stories I heard from the mothers were rich in quality and depth, there was only one chance, a limit of no more than 60 minutes in most cases, to speak with the mothers and gather information. There was no chance for follow-up questions or clarifications. While all of the preplanning for the interview were worth the time spent, the concerns expressed by Dr. Cato and Mr. Harris regarding the crisis mode the mothers operate in on a daily basis was simply too stressful and logistically difficult to ask for more time.

Reflections on Research

If you met with the mothers without knowledge of their homeless journey and listened as they spoke of the love they have for their children and how they advocated for them in school, and have made progress in reaching a level of socially acceptable stability, it would be difficult to assign the typical negative and damaging stereotypes associated with their life circumstances.

Once others are aware that these women were homeless, attitudes may shift as to how they are seen. In essence, society's' model of "the good mother" does not work for homeless mothers no matter how much they love their children and are nurturing and responsible (i.e., act as a parent leader). I believe the homeless mothers I interviewed are parent leaders yet also face a more difficult battle in terms of trying to meet society's biased views of motherhood relative to their housed counterparts. Their experiences of homelessness hamper us from seeing their value and worth as parents that, like housed mothers, guide their children and want the best for them.

For example, Archard (2006) points to a way to look at the rights of the child are to "draw attention to the quality and nature of the relationship within the family. These are marked by a special intimacy and by deep, unconditional love between its members" (p. 9). Throughout the interview the mothers discussed their love for their children under the most difficult circumstances. They protected their children to the best of their abilities against the realities of homelessness. A parent "feels needed by the child and helps him grow by responding to his need to grow" (Mayeroff, 1971, p. 1). Although the homeless mothers parented in a state of permanent white water (Vail, 1996), they were able to manage or learned to manage multiple, simultaneous, and stressful activities.

In thinking about a housed parent, many typically manage multiple daily routines of grocery shopping and taking and picking up our children while holding a job. If one is able to imagine the added stresses of not knowing where you are going to find the money to feed your children or where you will be sleeping tonight, how your children will be able to get their homework done without a table to work on, or even the common availability of school supplies, it is easier to view homeless mothers as competent and leaders of their children. It is easier to see that they have become or are learning to become "extremely effective learners" (Vaill, 1996, p. 20). I found within the stories the mother's ability to learn where resources were located and secure them. As previously stated, within the family system, this dedication is unpredictable and requires a high level of constant devotion to the child. Within this framework, the concepts of care, responsibility, and self-efficacy were demonstrated.

If we are able to see these women differently as parents who love, care for and are responsible for their children—outside of the socially constructed and negative image and stereotypes of the homeless mothers—we may be able to truly hear the lessons they have to teach us.

APPENDIX

Appendix A: Overview of First Place

Overview of First Place

Mission Statement

First Place serves families in crisis by providing excellent culturally competent

education, housing and support services enabling families to achieve permanent stability.

First Place, 2011

Vision Statement

Hope, home, and education for every child, one family at a time.

Megan's Story

Megan is ten years old. She lives with her mother and two sisters in a small motel room

on a strip highway north of downtown Seattle. They left home because her dad abused her mom.

Megan has not lived in one place for more than three weeks. Her friends cannot come over to

play.

Megan watches her two sisters while her mom is at work. She is good at mixing formula,

changing diapers, and making sure the door stays locked. Megan's mom can't spend much time

with her children as she is working many hours to save for a real home for her family. When she

is home, she spends some of her time washing the families' clothes in the motel sink because it

does not have a washer or dryer

Megan arrived at First Place with a large backpack. As with many of the children, she

carries most of her possessions with her as they are unsure where they will spend the night.

During playtime, Megan likes to hide toys in the sandbox and have someone find them. It is her

way of saying that she, like her toys; need to be saved from the unknown. Megan planted a

sunflower in the school's garden. It is the first thing she has ever planted. She hopes she is there to see it sprout.

Adapted from a story in a First Place brochure (1998)

Introduction

An overview of First Place, a not-for-profit social service agency located in Seattle, Washington is provided. A history of the agency is outlined as well as an explanation of current demographics of who is typically served. Lastly, highlights of the education and social service programs offered at First Place are discussed.

Agency History

First Place was founded largely because a small group of educators and social workers saw that, despite the law, homeless children were not in school and waiting for the law to catch up was unacceptable. First Place opened the doors of a transitional school for homeless children on April 10, 1989. By the end of the first week of school, 20 children were enrolled.

First Place incorporated as a 501(c) (3) agency and registered as a public charity corporation the same year. It became one of four sites in the State of Washington where homeless children attended school in the Seattle, Washington area (First Place, 2007). Even though Seattle School District designated three other traditional public schools as homeless sites, they were still unable to provide the breadth and depth of immediate and concentrated services that enabled a student and family to address the complex set of educational, physical, emotional, and environmental issues surrounding their current circumstances. The agency gave children the special attention and services they could not receive in a traditional public school.

First Place is both a school and a social service agency. The goal is to break the cycle of poverty for families struggling with the risks or realities of homelessness in a nurturing, caring,

and supportive environment. The agency provided personalized education (pre-school through sixth grade) with, counseling, case management, and intense social services to the children and their families. It provided parents or their guardians with assistance with housing, health needs, employment, and other challenges of daily life.

In more than twenty years of service, no fees or tuition has ever been charged for any assistance provided to the families the agency serves. As such, and according to the latest strategic plan (First Place, 2007), 90% of the budget for the agency is derived from corporation, foundations, and individual donors; nine percent comes from government sources; and one percent comes from tenant-based rent.

Although the goals and core competencies of the agency remained the same, over the years, the agency continues to grow in scope, the number of individuals served, and in the quality of services offered. An overview of who is served as well as a description of First Place program and services is presented.

Who First Place Serves

Families learn of First Place primarily by word of mouth from past clients and to a lesser degree, from shelter staff. Most of the families that come to First Place are living in emergency shelters, temporary, or transitional housing. The majority of families are headed by a single mother. This pattern is consistent with the national trend (Styron, Janoff-Blumen, & Davidson, 2000; Rossi, 1994). Of these single mothers, approximately 60% have experienced domestic violence and are housed at three local domestic violence shelters (G. Harris, personal communication, June 7, 2010). In order to protect the children and mothers, the location of the agency is semi-confidential.

Other families come to First Place because the promise of a job in Seattle did not come to fruition and they ended up homeless, or the relatives or friends they were staying with can no longer afford the extra expenses of another family living with them. Two income families also increasingly the new face of homelessness as a result of the present downturn in the economy.

Family challenges are not limited to lack of safe and affordable housing but include a number and a combination of complex stressors and obstacles such as: domestic violence, neglect, single parenthood, mental, physical, emotional illness, sexual abuse, alcohol and substance abuse, and former incarceration (D. Cato, personal communication, March 8, 2010, and G. Harris, personal communication, June 7, 2010).

During the beginning years of First Place, the average enrollment for a student and their family was approximately nine weeks, although a stay of up to 20 weeks was possible. The average length of stay at First Place is now from one to three years although a family can stay longer as determined on a case by case basis. The longer stay may aid students increasing rheir emotional as well as academic stability (D. Cato, personal communication, March 8, 2010). The children receive services in and out of the classroom that are designed to heal their traumas (First Place, 2007). Within this time, the parent(s) can begin the path to stability by securing housing, employment or training, and receive needed physical and emotional support.

All families have school age children and live in the greater Seattle, Washington area. The agency is located where it has the greatest impact for the largest number of children and their families who are considered poor and at-risk for homelessness.

All households served earn less than 30% of the median income (First Place, 2007). The preliminary projected median household income for 2009 in King County, Washington is approximately $62,810.00. The median measures the point at which half of all households have

more income and half have less income (State of Washington, 2010)   That means the average

family that comes to First Place earns approximately $18,800 in order for a family to considered

living below the poverty line. This figure does not take into account the size of the number of

individuals in a family unit which would determine poverty thresholds as defined by the U.S.

Census Bureau (2008). However, recent research conducted by the Institute for Children and

Poverty determined that for a single mother with two children, her total income would need to be

less than $16,075 for a family to be classified as poor (Institute for Children and Poverty, 2010).

When a family enters the doors of First Place, a detailed intake interview is conducted

with a social service staff member. The interview allows the staff to begin to understand the

circumstances of the parent(s) and children to determine services that are needed as well as

understand if First Place is the appropriate agency to serve the family. In some instances, other

agencies may be able to provide greater assistance. Upon acceptance, the parent(s) and all

departments within the agency enter into a collaborative plan that will enable the family to reach

a goal of permanent stability and self-efficacy.

Demographics

First Place uses the ethnic profile categories as directed by United Way of King County,

Washington. As such, the student ethnic profile of First Place has not varied by much over the

history of the agency. During the school years 2003 – 2007, compared to the white population

(17%), the largest average percent of minority students were African American (39.5%),

followed by Latino/Hispanic (17%), Filipino (12.5%), (Native American (9.75%), Asian (6.0%),

and Samoan (4.75%). Although people of color are minorities in the greater Seattle area, they

are disproportionate represented and are the majority recipients of services at First Place (D.

Cato, Personal communication, April 21, 2010).

Programs and Services

The latest business plan (First Place, 2007) and current web site

(http://firstplaceschool.org.) provides detailed information on the following comprehensive

services. A brief review of the Education Services, Family Support Services, and Family

Unification Program follow.

Education Program

First Place operates as a free, private, licensed early learning, elementary education

program. It is the only independent elementary school in Washington State that also offers

housing and wrap-around services for families and its students (First Place, 2007). The overall

education program consists of the preschool early learning program, elementary school, and after

school programs. Each is described below.

Early Learning Program – preschool.

The Griffin Early Learning Center, a program developed by First Place, is a multicultural

preschool for children age's three to five. The Center opened its doors in January, 2009. The

program is a licensed tuition-based program that is open to the community for a fee and offers

scholarships to families who live in the community or have children in the agency's elementary

school. Children who are homeless or experiencing other types of trauma benefit from the

expertise found in the same building as the elementary school.

In the past, First Place families who had preschool age children had to find other

educational services for their younger children off campus. Having children at different school

locations puts an additional strain on a family. The addition of the preschool helps to ensure that

preschool age children will be ready for kindergarten and help reduce stress on a family overall.

Elementary school.

Besides the core competencies required by law (i.e., math, science, language arts, physical education), the assigned teacher creates an individualized curriculum for each child in concert with the assigned case manager. This individualized attention helps to ensure the academic as well as physical, social, and emotional issues associated with the traumas of homelessness are properly addressed. In addition to providing education, each child received two meals a day and a snack, clothing from the on-site clothing bank, school supplies, health screening, and counseling and therapy.

Certified counselors who specialize in trauma caused by homelessness and poverty coordinate with the teachers, parents, and work with the students.

All classes have a small number of children in attendance (10 students in kindergarten and 14 in grades 1-6). Because so many of the children have experienced trauma, the curriculum as well as other activities are designed to address the emotional, physical as well as academic needs of the students. Staff receives continuous training in order to understand trauma and associated impacts and to be able respond to students in appropriate ways that both promote healing and help the children learn (First Place, 2007).

The current education staff is composed of five certified teachers, four AmeriCorps interns, one teacher's assistant, and a clinical therapist. The clinical therapist, "…provides art and play therapy to children in addition to crisis management support within the Educational Services program… Additionally, a special education specialist, occupational therapist, and speech therapist are assigned to First Place by the Seattle Public Schools" (First Place, 2007, p. 16).

At full capacity, the school can accommodate a maximum of 93 students. That breaks down to 25 students in pre-school, 12 students in kindergarten, and four classrooms (grades 1-6) of a maximum of 14 students per classrooms (G. Harris, personal communication, June 7, 2010). In the best case scenario, the goal is to have a child successfully transition to the most appropriate public or private school at his or her correct grade level.

Academic Support programs.

Academic Support programs extend the time students can spend in a safe and supervised learning environment and these programs generally focus on the academic, social, and emotional development of the student. After school programs include a mentor program that offers scholastic tutoring and homework assistance to students. Activities include music, art and crafts, and physical activities. A number of clubs offer the students a chance to participate in outside civic activities.

<div align="center">Family Support Services</div>

Family Stabilization Program

The purpose of this program is to address core issues that emerge among low-income homeless families in crisis as a result of a lack of skills required to obtain and maintain housing. Comprehensive services that support the establishment of goals for each family are based on five competencies (First Place, 2007):

- Housing: Clients must demonstrate the ability to obtain, maintain, and sustain housing. First Place works in cooperation with the City of Seattle and United Way of King County and is dedicated to helping individuals retain housing in times of financial crisis. For example, the agency maintains a fund to provide rental for those facing eviction. Partnering with the Seattle Housing Authority,

First Place has sub-leased a number of affordable housing units in a nearby area of Seattle while in search of permanent housing. At the beginning of each school year, approximately 30% of the families are newly placed in permanent housing. By the end of the same school year, over 60% of the families have found a permanent home (D. Cato, personal communication, March 8, 2010).

- Job readiness/employment: Goals are established that enable the parent to secure employment. For example, training is provided in resume preparation and interviewing techniques.

- Education/Training: Adults are supported as they search for work. Coaching is provided to match specific job skills or individuals are advised of appropriate education opportunities or job training programs. Parents are supported in their efforts to help their children in school and in order to reach self-efficacy.

- Life Skills: Adults are coached in order to help the adults understand how to secure resources they need to support their families. In house as well as other outside agency programs are employed to teach money management, household management, and parenting.

- Health: The case manager helps the families deal with a multitude of potential mental, physical and health disabilities.

Family Unification Program

This program is designed specifically for women who were previously incarcerated or have prior convictions and have children under the age of 18. Keeping with the mission of First Place of stabilizing families, in order to keep them together, the Family Unification Program works with mothers who have a prior criminal record and have a child or children less than 18

years of age. These women are at risk for issues related to mental, physical, and emotional issues, as well as recidivism. The program addresses the three primary causes of recidivism: lack of affordable housing, employment, and the barriers related to the reunification with their children. The problems of reunification with their children are caused in large part because of the inability to secure housing and employment.

If assistance is provided and housing and employment can be secured, the chance of recidivism is reduced and both the mother and her children can benefit from the possibility of stabilization.

In a discussion with Dr. Doreen Cato, Executive Director of First Place (July 10, 2010), she stated that word of mouth is the most common and effective way formerly incarcerated mothers find First Place. Many of the women have been homeless since their release from prison and discover the possibility of housing through the agency as well as other services. The agency is also becoming more strategic about locating this population. First Place is working with half-way houses in order to locate women with children so they may be able to access service.

Parent Advisory Council

The mission of the council is to support and promote the involvement of parents whose children attend First Place School. The parents work in collaboration with First Place staff in order to support the education of their children. Attendance at the meetings is mandatory.

Counseling and case management is provided on site on an ongoing basis until it was felt that the family is stable. In the best case scenario, the goal is to have the child successfully transition to the most appropriate public or private school at his or her correct grade level, and the family is living in a permanent living arrangement.

Summary

First Place offers a range of educational and social services to families who are at risk or face the realities of homelessness. The services are provided in a nurturing, caring environment that promotes family self-efficacy in order to reach permanent stability. To date, over ten thousand clients (students and their families) have received services since First Place opened its doors (D. Cato, personal communication, July 10, 2010).

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Appendix B: IRB Form, Informed Consent, letter from Dr. Doreen Cato, Interview Guide,

Demographic Questionnaire

Antioch University
Leadership and Change PhD Program
Institutional Review Board

Informed Consent

You have been asked to participation in a research study conducted by Dorothy A. Milligan, a doctoral student in the Leadership and Organizational Change program at Antioch University, Yellow Springs, Ohio.

Study Overview: The title of the research is: Homeless Mothers as Parent Leaders: Advocates for the Education of Their Children. The research involves the lived experience of adult mothers. I would like to understand how the experience of homelessness and poverty impacts a mother's ability to support or act on behalf of her children's education.

The primary method to collect information will be through in-depth interviews and survey information collection with mothers that are or have been clients of First Place. Each person will be asked to participate in at least two, one-to-one and one-half hour interviews, and may be asked to participate in additional follow-up interview sessions. It is anticipated that the total time involved should be no more than four hours. All interviews will be digitally recorded. Participation is completely voluntarily. There will be a small financial remuneration for participation in this study.

Confidentiality: Your name and all information shared will be kept confidential. In all report documents your name will be changed to protect your identity. In addition, the tapes and all related research materials including the Informed Consent forms will be kept in a secure file cabinet in my office. My computers are password protected. The results from these interviews, surveys, and written summary responses will be incorporated into my Individual Learning Agreement and possibly my dissertation. I request the right to retain all files for future academic use and scholarly purposes.

Risks and Voluntary Participation: It is hoped that the findings of this research may benefit other individuals of like experience. The risks to you are considered minimal. If there are subjects that are uncovered that might require therapeutic assistance, the researcher will immediately contact Mr. Gene Harris, Director of Family Support Services, First Place. He will assist you in securing proper care. In addition, you may withdraw from this study at any time (either during or after the interview) without negative consequences. Should you withdraw, your data will be eliminated from the study.

Informed Consent
Page Two

Questions: If you have any questions about any aspect of this study at any time during the project, please contact: Antioch University, Dr. Lisa Kreeger, Chair, Institutional Review Board, 150 East South College Road, Yellow Springs, Ohio, 45387, Her email address is lkreeger@phd.antioch.edu. Her telephone number is 937-654-0076.

The researcher conducting this study is Dorothy A. Milligan, Doctoral student, PhD in Leadership and Organizational Change, 19567 44th Avenue Northeast, Seattle Washington; telephone number 206-361-0422; dmilligan@antioch.edu.

Enslosure: Informed Consent statement (2)

The form below will be used to document your permission for use of these materials. Two copies of the Informed Consent statement have been provided. Please sign both, indicating that you have read, understood, and agreed to participate in this research. Return one to me and keep the other for your records.

Dorothy A. Milligan

Name of researcher (please print)

Signature of researcher

Date

Name of participant (please print)

Signature of participant

Date

Antioch University
PhD in Leadership & Change
INSTITUTIONAL REVIEW BOARD
Application for Ethics Review

IRB Chair comments: Thank you for the excellent application. Enjoy your research.
Instructions:
All research (by faculty and/or students) involving human participants must be reviewed and approved prior to initiating the project.

- This version of the form is intended for you to complete in Antioch Online. Once it is completed, including the attachment of any necessary documents, please press the Submit button. Submissions will 1) send you an email copy of the application for your own records, 2) email the application to the Chair of the Institutional Review Board, E-mail:

NOTE: IRB Approval for projects is valid for one year only. Investigators must request a continuation if the activity lasts for more than one year. IF APPROVAL FOR THE PROJECT LAPSES, CONDUCTING THE RESEARCH IS A VIOLATION OF UNIVERSITY POLICY AS WELL AS FEDERAL REGULATIONS.

1. Name and mailing address of Principal Investigator(s):

Dorothy A Milligan

19567 44th Ave. NE

Seattle, WA 98155

For Faculty - Other Principal Investigator:

2. Departmental Status: Student
3. Phone Number: (a) Work (b) Home (206) 361-0422
4. Name of Core Faculty Advisor: Philomena Essed
5. Name & Contact Information of other Program Faculty Involved in this Project:
a. Antioch Faculty and/or Primary Evaluator for Learning Achievement or Research Project:
Stewart Burns
E-mail address of non-PhD faculty person:
Note to students: Please have your primary evaluator send an email to indicating his/her approval of your research proposal.
b. If this ethics application is for your dissertation, the name of your Dissertation Chair appears below.
N/A
6. Learning Achievement ILA
Title of Project: Homeless Mothers as Parent Leaders: Advocates for the Education of their Children
7. Source of Funding for the project (if applicable): N/A
8. Expected starting date for project: 11/17/2010
9. Anticipated completion date for data collection: 01/31/2010 (Note: should be 2011)
10. Describe the proposed participants- age, number, sex, race, or other special characteristics. (Up to 250 words):
For the ILA pilot study, two adult females over the age of 18 will participate.
11. Describe how the participants are to be selected and recruited. (Up to 400 words):
Permission is sought to conduct my ILA pilot study. The data collected will likely be used in my dissertation.
Permission to speak to mothers that use the services of First Place, Seattle, Washington, was granted by Dr. Doreen Cato, Executive Director, First Place. The letter from Dr. Cato is attached.

First Place is a social service agency whose mission is to, "...educate and nurture children whose families struggle with the risk or reality of homelessness. The organization operates a free, licensed, K-6 private school; manages six affordable housing units; and provides wrap-around support services to enable families to achieve permanent stability and break the cycle of poverty" (First Place, 2007, p. 3).

Literature Cited: First Place (2007). First Place 2008-2012 Business Plan: Strategic Initiatives. Seattle, WA: First Place.

12. Describe the proposed procedures, e.g., interviewing survey questionnaires, experiments, etc. in the project. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. Continue your description on following page if necessary. USE SIMPLE LANGUAGE AND AVOID JARGON. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project. (500 words):
This IRB application is for my ILA pilot study which will be qualitative in nature and will includes methods associated with oral history. Each of the two mothers will be initially invited to participate in the pilot study by Mr. Gene Harris, Director of Family Support Services. A follow up written invitation will be sent by me to each of the mothers. Each mother will be assured of the confidentiality of the information shared along with the right to participate and/or withdrawal from the research study at any time. The names of the mothers will be changed in the pilot study document to protect their identity. Each mother will be asked to sign an informed consent statement.

Open-ended questions will be asked during the interview process. I will be the sole researcher. The interview guided is attached. A digital voice recorder will be used to capture the interviews along with my note taking. After the interviews are conducted, the information will be transcribed and analyzed.

13. Project Purpose(s) and Benefits: (400 words):
The purpose pilot study is a partial requirement of the Individual Learning Agreement (ILA) B and will become part of the Methods section of my dissertation document. As such, the purpose of the study is to complete a pilot study that will test interview questions and allow me to practice interview and listening techniques. It will allow an analysis of the interview questions for better wording or phrasing, and a refinement of the overall study.

The study will examine how multiple potentially challenging life circumstances affiliated with homelessness and poverty affect a mother's ability to parent. Specifically, I am interested in understanding how a mother is able (or not able) to advocate for her child within the United States education system.

14. If participants in this proposed research may thereby be exposed to an elevated possibility of harmï¿½physiological, psychological, or socialï¿½please provide the following information: (UP to 500 words)

a. Identify and describe the possible benefits and risks.
NOTE: for international research or vulnerable populations, please provide information about local culture that will assist the review committee in evaluating potential risks to participants, particularly when the project raises issues related to power differentials:
The possible benefits and risks of the study are as follows:

Benefits: "First Place helps families break the cycle of poverty and begin to write their own success stories. The organization empowers students and parents alike to affect change in their own lives and advocate for changes in society" (First Place, 2007, p. 13). The study will occur within the context of the agency that promotes empowerment. It is hoped the mothers will gain additional insights into their own experiences and especially as that of a parent leader by telling their story. The mothers may also feel that their story may help and add knowledge to other mothers experiencing similar life circumstances. It should be noted that I have been affiliated with First Place for over 19 years. Both Dr. Cato, Executive Director, and Mr. Harris, Director of Family Support Services, know me and support this research.

Risks: The study does not impose any physical harm to the participants. I believe it has minimal risk but it is recognized that participants have in the past or are currently experiencing homelessness, poverty, and/or other types of difficult life circumstances (i.e., domestic violence, incarceration, mental illness, substance abuse). During the re-telling of a story where difficult circumstances are part of their history, one or both of the mothers may experience uncomfortable or painful memories. They will be advised in the Informed Consent Statement that if they experience any emotional discomfort during or after the interview(s), they should let me know and I will immediately advise Mr. Harris, Director of Family Support Services at First Place, who will make the referral for proper mental health services. First Place has a clinical psychologist on site and First Place also has partnership affiliations with Catholic Community Services, Atlantic Street Center, and the Odessa Brown Center, allocated in Seattle, Washington. In addition, the mothers will be advised that they may end the interview at any time. They may also choose to end their participation in the research without any consequences. All data collected on a mother that chooses to withdraw from the research pilot will have all documentation destroyed.

14b. Explain why you believe the risks are so outweighed by the benefits described in (13) as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk:
The mothers will be asked to share their stories of how they advocate for their children. They are able to choose to share whatever stories they want to tell. Within this context, the risk to the individual is minimal. The chosen method allows the participants to tell their stories with as little interfering structure as possible. The benefit of the research is that their stories may be able to help others in similar situations. During the course of the study, the mothers well-being will be the primary importance. Because the mothers are part of the First Place family, the staff are already aware of the mother's circumstances. Each mother, if currently a client, already has a case manager assigned to her. Both of the pilot study participants are still involved with the agency. Any possible negative reaction to her participation in the study will be immediately attended to by Mr. Harris and/or the appropriate staff member.

The method of oral history is a proper method to use as it involves, in my case, one researcher and one narrator in a safe, secure location. Each mother will understand that the method of collecting data will be through in-depth interviews with an interviewer who is interested in hearing her individual story.

The mothers will understand that one of the purposes of the research is to understand the common factors that explain how mothers advocate for their children in the face of homelessness and poverty.

14c. Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, etc.):
After describing my research intent to Dr. Cato and Mr. Harris, they provided a list of mothers they felt would be good candidates. Each mother will be verbally invited to participant in the study by Mr. Gene Harris, Director of Family Support Services. If the mother agrees to participate, I will formally invite her to participate via an introduction letter. Included in the letter will be an informed consent form. A copy of the informed consent form is attached. The mothers will be informed that they are not obligated to participate and, if they chose to participate, the information they share will be kept confidential and their identify will be changed to protect their identity. The interviews will likely occur at First Place which will provide additional security and comfort level for the participants.

I have discussed the well-being of the participants in advance with Mr. Harris and Dr. Cato. Although I believe the risk to each mother is minimal, the procedure to refer the mothers to mental health professional have been established. The procedure is as follows: If either mother indicates that they need to speak to a professional as a result of the interview session, I will contact Mr. Harris. and professional services will be arranged.

15. Explain how participantsï¿½ privacy is addressed by your proposed research. Specify any steps taken to guard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. (400 words):

The privacy and confidential nature of the process will be protected during all phases of the project. I will be the only researcher. The only other individuals that will know the names of the project participants will be the Executive Director and the Director of Family Support Services. All names and/or identifying information will be changed during the write-up of the interviewing process. All written and taped materials will be in the possession of the researcher and will be kept in locked file cabinet. After the dissertation process is complete, the tapes will be destroyed. Information contained on my computers are password protected.

16. Informed consent statements, if one is used, are to be included with this application. If information other than that provided on the informed consent form is provided (e.g. a cover letter), attach a copy of such information. To submit or fax these documents, refer to the instructions in the next question.

If a consent form is not used, or if consent is to be presented orally, state your reason for this modification below:
N/A

17. If questionnaires, tests, or related research instruments are to be used, then you must submit a copy of the instrument, or a detailed description (with examples of items) of the research instruments, questionnaires, or tests that are to be used in the project. Copies will be retained in the permanent IRB files. To submit documents, go to end of on-line form to upload attachments.

Please identify all attached documents.
Letter from Dr. Cato, First Place, giving me permission to conduct research at First Place
Inform Consent statement
Interview guide: questions and demographic information survey

18. Will electrical or mechanical devices be applied to participants? No

If YES, describe:

[x] **I agree to conduct this project in accordance with Antioch Universityï¿½s policies and requirements involving research.**

Attachments

17 April, 2011

To those at Antioch who this may concern:

I write this letter—as Executive Director of First Place—to grant permission for Dorothy Milligan to conduct research at First Place. I understand that this research will include interviews with adult clients at my agency and school in service of a dissertation with the proposed title: *Homeless Mothers as Parent Leaders: Advocates for the Education of their Children.*

Our mission at First Place is to educate, nurture and advocate for children whose families struggle with the risk or reality of homelessness, empowering families to achieve permanent stability through housing, culturally competent education and support services. Our vision is: Hope, home, and education for every child, one family at a time.

Ms. Milligan and I have had several meetings to discuss the range, scope and specific details of her research with the adult clients who attend First Place:

Ms. Milligan has made me aware of the time commitment involved and also aware that the findings of her research at First Place will be published. I am also aware that Ms. Milligan's research questions will include: (1) Do mothers advocate for their children in the education system? (2) How do they accomplish this? (3) What factors enable mothers to advocate for their children? and (4) What factors during homelessness made advocacy difficult? I believe Ms. Milligan can find answers for these questions through her research at First Place.

For the last twelve years, our staff at First Place has helped prepare our fourth to sixth graders—along with their parents—to advocate in Olympia about the policies they believe are responsible for such challenging conditions—and the systemic changes needed. Our students and parents participate in Children's Alliance "Have a Heart Day" each year. In the process of her research, Ms. Milligan will learn how First Place parents advocate on behalf of themselves and their children.

Please call me directly at 206.748.3519 or on my cell at 206.388.6780 with any questions.

Sincerely,

Doreen Cato, Ed.D, Executive Director

PO BOX 22536 • SEATTLE, WA 98122-0536 • 206.323.6715 • fax 206.323.3709
www.firstplaceschool.org

Interview Guide

The following interview was conducted with
(Narrator's name) _____. It is taking place on
(Date) _____, 2011
Location _____
Begin time _____End time _____

Interview **(A) Your story of homelessness and (B) question relating to your experience of your child/children's education experience (C) What you want policy makers and educators to know.**

1. Please tell me your story of becoming homeless?

2. Were all of your children with you during this/these periods? Please tell me about this. (See demographic survey - Number of children (boy/girl)

3. How did you feel about being homeless?

4. How did you deal with these circumstances?

5. Did being homeless change how you related or interacted with your children?

6. Please tell me about some of the challenges you and your children faced while you were homeless? (My prompts: housing issues; child problems; shelter-related stress, school)

7. Please tell me about a time where you felt upset (ask for more examples if possible).

8. Please tell me about a time when you felt afraid (ask for more examples if possible).

9. Please tell me about a time you felt good (ask for more examples if possible).

10. Please tell me about a challenging situation you handled well during this time
     (Banyard, 1995, p. 876).

11. Please tell me how you changed your circumstances?

12. Please tell me how your circumstances are different today?

13. Please tell me about your future.

14. Can you tell me examples of what gave you hope during your period of homelessness?

15. What gives you hope now?

Interview Guide

Your Children's Education

I am interested in your role in your children's education during the time period you were homeless and then when you were no longer homeless

16. How did you find schools for your children when you were homeless?

17. How did homelessness affect your children's education?

18. Did you tell the school you were homeless? Why or Why not?

19. Please tell me what circumstances during your homeless period made keeping up with your children's education difficult for you?

20. Did you feel you received support from the school during this period?

21. Please describe a difficult school situation you had with one of your children. (Ask for more examples if possible)

22. Were you able to attend parent teacher conferences?

23. When your circumstances changed how did this impact your children's education experience?

24. Did you tell the school your circumstances changed?

25. If you did, do you feel they treated you differently? How?

26. Do you believe your own school experience helped you with your own children's education? ___Yes ____No   Please tell me more.

First Place experience

27. How many children do you have? (See demographic survey)

28. What grade did they enter when you came to FP? (See demographic survey)

29. How has the education and support system at First Place helped you and your children?

30. How do you feel about your role in your children's education after being at FP?

Interview Guide

What do educators and policy makers need to know about homelessness and the education of homeless students?

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31. What do educators and policy makers need to know about the conditions of homelessness?

32. What do they need to know about homeless children?

33. What assumptions do you believe they make about homeless students?

34. What do they need to know about you as the parent of homeless students?

35. What do educators and policy makers need to know about how to best serve homeless children?

36. If you were designing a social service agency, what would it look like? What services would be included?

Demographic Questionnaire

Date_____

Name (please print):_____ _____ _____
                      Pseudonym or First name only

1. **What is the best way to contact you?** (Please check only those you prefer)
_____Email address_____
_____Cell phone_____
_____Home phone_____
_____Please contact me only through Mr. Gene Harris.
_____ Other _____

2. **Current age**_____

3. **Status**
_____Married
_____Divorced
_____Domestic partnership
_____Separated
_____Single
_____Widowed
_____Other

4. **What is your education level**?
_____Elementary school
_____High school diploma or GED
_____Certified from business school or other professional program
_____Some college
_____Associates degree
_____Bachelor degree
_____Some graduate school
_____Masters degree or higher
_____Other_____

5. **Income Level per year?**
_____under $20,000
_____$20,000 - $40,000
_____$40,000 - $60,000
_____greater then $60,000

Demographic Survey (Continued).
Page 2/4

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6. Where do you currently live?
_____Domestic violence shelter
_____Friend/family
_____Motel
_____Own home
_____On street
_____Rental home or apartment
_____Subsidized housing
_____Transitional housing
_____Vehicle
Other: _____

7. Work history
_____Working at a paid employment
Kind of work: _____
_____Looking for paid employment
_____Stay at home mother
Other: _____

8. Please answer the following questions about your children.

Please answer the following questions for each child:

Child 1:
_____Boy _____Girl
_____Current age
_____Current grade
_____How old was your child when you arrived at First Place?

Child 2:
_____ Boy _____Girl
_____Current age
_____Current grade
_____How old was your child when you arrived at First Place?

Child 3:
_____Boy _____ Girl
_____Current age
_____Current grade
_____How old was your child when you arrived at First Place?

Child 4:
_____Boy _____ Girl
_____Current age
_____Current grade
_____How old was your child when you arrived at First Place?

Demographic Survey (Continued).
Page 3/4

Child 5:
_____Boy _____ Girl
_____Current age
_____Current grade
_____How old was your child when you arrived at First Place?

9. How many of your children are currently living with you?

Girl or Boy	Age

10. If your children are not living with you, where are they living (for example, with friends or with sister)?

Girl or Boy	Age	Lives where?

12. Before coming to First Place and during the last 3 years, how many schools did your child attend? How long did your child attend each school?

Girl or Boy	Name of School	City/State	Attended school for number of months

Demographic Survey (Continued).
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Race/ethnicity - (United Way categories)
(Please circle all that apply)

Spanish/Hispanic/Latino

American Indian /Native American (U.S. Tribe)
Alaska Native, Aleut, Eskimo
Indigenous to Americas (Other than U.S.)White

Asian Indian
Cambodian
Chinese, except Taiwanese
Filipino
Japanese
Korean
Taiwanese
Vietnamese
Laotian
Other Asian

African American/Black
Other Black

Hawaiian Native
Polynesian (Samoan, Tongan, other)
Micronesian (Guamanian/Chamorro, other)
Pacific Islander

Arab/Iranian or Middle Eastern
Other White/Caucasian

Other

Unknown
Prefer not to answer

THANK YOU for completing this questionnaire. I really appreciate your time.

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