

## ***Young Homeless Mothers & Homeless Children – Literature Review***

(Citations at Appendix 1)

Dr. Austin O’Carroll of Safetynet with whom Anew have consulted with over the past year undertook this Literature Review. The Review focuses on homelessness and the impact it has on mothers and children both nationally and internationally. His report is as follows:

It is well recognised that during our earliest years the presence of secure, reliable and competent parental relationships lay the foundation for children’s’ social and emotional development.<sup>i</sup> The key to the development of a healthy child is the presence of a health, nurturing relationship between mother and child. The presence of someone who will listen empathically and provide appropriate support and / or advice improves parents’ ability to cope with stress. The emphasis of parental strengths and suggestion of strategies to address their parental deficits helps improve parental confidence and skill. Positive relationships not only help develop emotional and physical health but they also develop the ability to cope with ‘toxic’ stress faced in later life.<sup>ii iii</sup> Children who suffer stress in childhood demonstrate a range of behaviour difficulties which differ according to the age of the child (see Table 1)

Signs of Traumatic Stress in Children <sup>12</sup>		
Behavior Type	Children aged 0–2	Children aged 3–6
<b>Cognitive</b>		
Demonstrate poor verbal skills	✓	
Exhibit memory problems	✓	
Have difficulties focusing or learning in school		✓
Develop learning disabilities		✓
Show poor skill development		✓
<b>Behavioral</b>		
Display excessive temper	✓	✓
Demand attention through both positive and negative behaviors	✓	✓
Exhibit regressive behaviors	✓	✓
Exhibit aggressive behaviors	✓	✓
Act out in social situations		✓
Imitate the abusive/traumatic event		✓

*Supporting Homeless Young Children and Their Parents 2012, The National Center on Family Homelessness*

Young families are increasingly represented in homelessness worldwide.<sup>iv</sup> In Ireland the increasing proportion of young women who are homeless implies that there are larger numbers of children who end up in homelessness. At the last homeless census it was estimated there were 576 children in homelessness.<sup>v</sup>

Parental homelessness during that period represents a serious threat to such development. The prenatal period and first three years of life are critical as it has been demonstrated that brain development occurs most rapidly in this period. In this period children have to develop a huge array of physical, language, emotional and social skills. This period is critical in the development of lifelong positive physical and mental health.<sup>vi</sup> Prenatally, poor nutrition, substance misuse and poor parental health can all deleteriously affect child brain development.<sup>vii</sup> Post-natally, positive brain development requires adequate nutrition and positive and skills parenting. Homelessness can affect both nutrition and parental capability particularly in the presence of substance misuse. Homelessness in itself is a risk for low birth weight deliveries, birth complications and nutritional and substance use related physical and mental consequences for the newborn.<sup>viii ix x xi</sup>

Homelessness creates a stressful environment for parenting that diverts parental attention and energy away from rearing of children towards physical and mental survival. It creates an environment that both causes and sustains substance abuse which further interferes with parents' ability to provide a health and sustaining relationship.<sup>xii</sup> Being homeless and having to care for young children causes such significant stress as to make it impossible to escape homelessness.<sup>xiii</sup>

There is evidence that mothers who do become homeless tend to be young and tend to have both acute and chronic medical health problems and be undernourished.<sup>xiv xv xvi xvii</sup> Homeless mothers have high rates of depression, post-traumatic stress disorder and co-morbid mental disorders.<sup>xviii</sup>  
<sup>xix xx xxi xxii xxiii</sup> Mental health problems have been shown to affect mothers' ability to effectively rear their children.<sup>xxiv xxv</sup> Homeless mother have access to less resources, poor social connectedness, limited or absent housing and work histories, limited or no tenancy and work history, and more limited educational skills.<sup>xxvi xxvii</sup> They are more likely to have problematic alcohol consumption including drinking during pregnancy thus putting their children at higher risk of foetal alcohol syndrome.<sup>xxviii xxix xxx</sup> They also have high rates of substance misuse which increases the risk of miscarriage.<sup>xxxi xxxii xxxiii</sup> Homeless mothers are more likely to have high risk pregnancies, low birth weight infants, infants with medical complications and developmental delays.<sup>xxxiv xxxv xxxvi xxxvii</sup> Homeless women often have poor access to family planning services as well as being less likely to be compliant with family planning advice. They are also more prone to catching sexually transmitted infections.<sup>xxxviii</sup>

It is well recognized that children from homeless families have experienced significant physical or emotional trauma that results in emotional and/or behavioral problems.<sup>xxxix</sup> Up to half of homeless children of school age have experienced depression or anxiety, one fifth have clinical significant emotional problems or development delays.<sup>xl</sup> Despite this up to three quarters do not receive appropriate interventions.<sup>xli</sup> Children of homeless mothers are more likely to have health problems,<sup>xlii</sup> school and educational difficulties,<sup>xliii</sup> developmental delay<sup>xliv xlv</sup> and behavioural issues including aggressive behaviour.<sup>xlvi xlvii xlviii</sup> They are likely to end up moving from homeless accommodation to homeless accommodation<sup>xliv xlv</sup> as well as being affected by the mental health problems that affect homeless mothers due to the very state of homelessness.<sup>li</sup> It has been demonstrated that homeless mothers are less likely than housed mothers to provide structure, educational stimulation, encouragement and warmth to their children<sup>lii</sup> and are less likely to provide routine or effective supervision which results in higher rates of behaviour

conduct disorders.<sup>liii</sup> Parental conduct disorder has been found to be predictive of childhood conduct disorder<sup>liv lv</sup> and there is a similar association between parental and child post-traumatic stress disorder.<sup>lvi</sup>

Younger parents usually end up in homelessness for the same reasons as most other homeless people. Young families typically are young single female parents in their twenties. They are usually dependant on social welfare and have family backgrounds with histories of domestic violence, child physical and sexual abuse and substance misuse.<sup>lvii lviii</sup> Over 90% of homeless mothers have experienced physical or sexual abuse.<sup>lix</sup> Most have come from families who have lived in extreme poverty, been unstably housed, moved frequently and have limited education and work histories. Research indicates that more than 90% of homeless mothers have experienced physical or sexual abuse.<sup>lx</sup> They are much more likely to have experienced parental family breakdown and to have been in foster care.<sup>lxi</sup> Experiences of family separation, foster care, and adolescent parenting are risk factors for homelessness among younger mothers. The developmental impact and service implications of these factors is important for providers to consider when working with this population.

These same backgrounds cause difficulties for young parents who have no role models for positive parenting to follow. Homeless parents come usually from families where there have been high levels of disorganization and abuse.<sup>lxii lxiii lxiv lxv lxvi lxvii lxviii lxix lxx lxxi lxxii lxxiii</sup> It has been argued that such dysfunctional backgrounds offer the training for anti-social behaviours and lay down patterns of dysfunction for their own family units.<sup>lxxiv</sup> This results in parents who are poorly prepared for parenting young children.<sup>lxxv</sup> Supplanting homelessness on top of these stresses has a multiplicative effect. Homeless parents almost universally experience poverty.<sup>lxxvi</sup> Their own lives can be chaotic particularly if they have a substance misuse issue. This chaos interferes with their ability to provide consistent childcare (see Table 2).

Table 2: Risk Factors for mother and children of young homeless families.<sup>lxxvii</sup>

<b>Mothers</b>	<b>Children</b>
92% experienced personal trauma including interpersonal abuse or sexual assault.	46% are < 6 years old
63% experienced domestic violence.	97% experienced moving at least 3 times per year.
43% experienced child sexual abuse	40% attended 2 schools per year.
20% experienced fostering.	66% experienced physical violence.
85% had experienced major depression.	25% witnessed domestic violence.
50% experienced a major depressive episode when homeless.	22% separated from their family.
41% experienced substance abuse	12% experienced foster care.

33% had chronic health problems.	16% less proficient in reading and maths
33-50% had experienced PTSD	50% do not attain grade level.
Many had attempted suicide (up to 33% having attempted suicide prior to 18 years old.	33% display aggressive or delinquent behaviour.
	50% school age children experienced depression and/or anxiety.
	20% pre schoolers had experienced clinically significant emotional disturbance.
	More than 75% do not receive adequate treatment.

Young parents have often been developmentally arrested. They often are still working through issues unaddressed in adolescence and young adulthood. These include cognitive (including decision making and problem solving) skills, emotional management, schooling issues, work skills, social and life skills, building support networks and learning how to navigate social and administrative systems.<sup>lxxviii</sup> Young mothers who experienced early trauma are particularly vulnerable to developing depression and post-traumatic stress disorder.<sup>lxxix lxxx</sup>

Homeless parents often end up being monitored by the child welfare services with estimates that between 33% and 50% are being monitored by child care social work services of whom a number will end up having their children taken into state care for safety reasons.<sup>lxxxi lxxxii lxxxiii</sup>

### ***Interventions to help young mothers***

Young homeless mothers require tailored support that meets the needs of their developmental stage and individual/social circumstances. To this end young mothers will require a range of possible interventions/services including medical, mental health, addiction, counseling, housing, social welfare advice, education and training etc. An initial screening tool is necessary to identify the required supports and develop a care plan.<sup>lxxxiv</sup>

Children of young homeless mothers also require a range of concentrated interventions and services. Early intervention is essential to reduce the risk of developmental delay as well as educational and behavioural difficulties.<sup>lxxxv</sup> It is recognized that the period when children most cause frustration for young mothers is around 18 months.<sup>lxxxvi</sup> Environments that provide safety, nurturing relationships and services that protect against the negative impact of deprivation on parental interactions have been demonstrated to lay down a foundation for a healthier and fulfilling life.<sup>lxxxvii lxxxviii</sup>

A number of interventions have been demonstrated to improve the health and resilience of young mothers and young children. These include:

- Developing nurturing relationship and positive attachments

- Improving parents knowledge of child development
- Augmenting parental resilience
- Developing social and emotional competence in children
- Offering concrete support and advice for parents<sup>lxxxix xc xci</sup>

***Developing Nurturing relationship and positive attachments***

It has been demonstrated that positive, secure, early attachments with a parent who is consistent, present and caring is associated with better mental health, educational attainment, positive social development and improved ability to deal with stress. It also helps develop young people's resilience which enables to traverse the difficult social and emotional travails that they will encounter in the future. Young homeless parents who have experienced multiple traumas require supportive, trusting relationships what allow them to access a role model of consistency, caring and nurturing.

***Improving parent's knowledge of child development***

Knowledge of appropriate child development and normal childhood behaviour decreases the risk of parental frustration and child abuse and neglect. Homeless mothers require knowledge of normal development and behaviour as well as knowledge of methods that are appropriate for child rearing and effective and appropriate child discipline. Groups offer a useful arena for such learning amongst parental peers.

***Augmenting parental resilience***

Parents who are able to deal with stress and anxiety and to find solutions to the many problems they will face will have the skills to be better parents and be less likely to abuse or neglect their children. There are many individual and group interventions that will teach young parents to problem solve and to cope with stressful situations.

***Developing social and emotional competence in children***

Children require training in appropriate social and emotional skills. Such skills include pro-social behaviours e.g. helping other children, responding empathically, sharing and cooperating in games, management of anger and conflict and asking for help when required. Educational and play activities can improve these essential developmental areas. Staff can re-enforce the importance of such issues with young mothers

***Offering concrete support and advice for parents***

The importance of concrete support, in terms of basic needs such as food, shelter, clothing and healthcare along with information regarding welfare entitlements, crèche and school availability cannot be emphasized enough. The provision of such support not only offers concrete help but also helps strengthen trust within the relationship between the parent and the staff. On top of this staff need to advocate on behalf of parents both to ensure they obtain their rights but also to role model how to effectively assert for themselves and their children. Young parents do not know how to navigate the 'system' both from a knowledge and an assertiveness perspective.

Programs working with young parents and children should have five basic goals:

- Ensure the family has stable housing

- Ensure maternal wellbeing
- Ensure child wellbeing
- Ensure the family functions in an adaptive manner
- Promote familial preservation

Services need to develop programmes that enable the development of secure and nurturing relationships between parents and their children. Relational interventions enable mothers to regulate their own emotional responses so that they can better address the emotional needs of their own children.<sup>xcii</sup> The effect of role modeling from a positive relationship with a professional promotes positive parenting behaviours for their own children. If these professionals are also trained in understanding the effects of early childhood trauma and in nurturing parental coping and parenting skills this serves to augment their potential to improve the outcomes for children of homeless parents.<sup>xciii</sup> Helping parents to identify how self-care enhances infant brain development and physical and emotional health has been shown to enhance infant outcome and parent-child attachment.<sup>xciv</sup>

Services for homeless parents and children need to be highly integrated and offered as a package rather than expecting the parent to source services individually. Collaborative partnerships between health professionals and community organizations can offer services that reduce the stress experienced by such families.<sup>xcv</sup> Being connected to a multi-disciplined health professional team prior to delivery improves infant outcomes. Thus housing, social support, social welfare and parental / child support services need to be integrated into the one service care provision plan and offered as a suite of services to the vulnerable family. A key factor in the provision of such integrated services is an effective case management system which incorporates appropriate assessment, referral and inreach of services where required.

When services have been planned and initiated it is essential that the case management system continues to ensure there is strong and effective collaboration between the different services that the homeless mother and child(ren) are working with. This requires frequent communications / meetings, case planning and case conferencing.

Services need to be tailored to individual needs. All homeless parents / children will have a differing set of needs. Services working with such families need to have a suite of possible services from which they choose the ones that are appropriate to address the specific needs of each client parent and child. Comprehensive assessment is essential to ensure and that service provision complements client needs.

New Heading - Current Statistics

New Heading – Client Case Studies

New Head – the Homeless Support Team

## Appendix 1

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- <sup>i</sup> National Scientific Council on the Developing Child (2007). *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper No. 5*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- <sup>ii</sup> National Scientific Council on the Developing child (nd) Toxic Stress: The Facts. Retrieved from [http://developingchild.harvard.edu/topics/science\\_of\\_early\\_childhood/toxic\\_stress\\_response/](http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/); Science Daily, 2012, Nurturing Mothers Rear Physically Healthy Adults, retrieved from <http://www.sciencedaily.com/releases/2012/01/120123123917.htm>
- <sup>iii</sup> Guarino, K. & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three Journal*, (30) 3, 11-20
- <sup>iv</sup> Parlakian, R. (2010), A Home Away: Meeting the Needs of Infants, Toddlers and Families Experiencing Homelessness, *Zero to Three Journal* (3) 3, 21-26
- <sup>v</sup> Counted In 2008 Homeless Agency 2008 Dublin.
- <sup>vi</sup> Centers for Disease Control (ND) Adverse Experiences Study, Major Findings, retrieved from <http://www.cdc.gov/ace/findings.htm>
- <sup>vii</sup> Gilkerson, L. and Klein, R. (Eds.). (2008). *Early development and the brain*. Washington, D.C. ZERO TO THREE
- <sup>viii</sup> Chapman K, Tarter RE, Kirisci L, Cornelius MD. Childhood neurobehavior disinhibition amplifies risk of substance use disorder: Interaction of parental history and prenatal alcohol exposure. *Journal of Developmental and Behavioral Pediatrics*. 2007; 28:219–224.
- <sup>ix</sup> Little M, Shah R, Vermeulen MJ, Gorman A, Dzendoletas D, Ray JG. Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal*. 2005; 173:615–618.
- <sup>x</sup> Stanwood GD, Levitt P. Drug exposure early in life: Functional repercussions of changing neuropharmacology during sensitive periods of brain development. *Current Opinion in Pharmacology*. 2004; 4:65–71.
- <sup>xi</sup> Stein JA, Lu MC, Gelberg L. Severity of homelessness and adverse birth outcomes. *Health Psychology*. 2000; 19:524–534.
- <sup>xii</sup> Supporting Homeless Young Children and Their Parents 2012
- <sup>xiii</sup> Webb DA, Culhane J, Metraux S, Robbins JM, Culhane D. Prevalence of episodic homelessness among adult childbearing women in Philadelphia, Pa. *American Journal of Public Health*. 2003; 93:1895–1896.
- <sup>xiv</sup> Bassuk EL, Weinreb L. Homeless pregnant women: Two generations at risk. *American Journal of Orthopsychiatry*. 1993; 63:348–357.
- <sup>xv</sup> Wagner JD, Menke EM. Substance use by homeless pregnant mothers. *Journal of Health Care for the Poor and Underserved*. 1992; 3:1049–2089.
- <sup>xvi</sup> Weinreb L, Goldberg R, Perloff J. Health characteristics and medical service use patterns of sheltered homeless and low-income housed mothers. *Journal of General Internal Medicine*. 1998; 13:389–397.
- <sup>xvii</sup> Oliveira N, Goldberg J. The nutrition status of women and children who are homeless. *Nutrition Today*. 2002; 37:70–77.
- <sup>xviii</sup> Meadows-Oliver M. Mothering in public: A meta-synthesis of homeless women with children living in shelters. *Journal for Specialists in Pediatric Nursing*. 2002; 8:130–136.
- <sup>xix</sup> Tischler V, Rademeyer A, Vostanis P. Mothers experiencing homelessness: Mental health, support, and social care needs. *Health and Social Care in the Community*. 2007; 15:246–253.
- <sup>xx</sup> Bassuk EL, Buckner JC, Perloff JN, Bassuk SS. Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry*. 1998; 155:1561–1564.

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- <sup>xxi</sup> Bassuk EL, Buckner JC, Perloff JN, Bassuk SS. Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry*. 1998; 155:1561–1564.
- <sup>xxii</sup> Cauce AM, Paradise M, Ginzler JA, Embry L, Morgan CJ, Lohr Y, Theofelis J. The characteristics and mental health of homeless adolescents. *Journal of Emotional and Behavioral Disorders*. 2000; 8:230–239.
- <sup>xxiii</sup> Medeiros, D. & Vaulton, W. (2010). Strengthening at-risk and homeless young mothers and children. *Zero to Three Journal* (30) 3, 27-33.
- <sup>xxiv</sup> Cummings, EM.; Davies, PT. Depressed parents and family functioning: Interpersonal effects and children's functioning and development. In: Joiner, T.; Coyne, J., editors. *The interactional nature of depression*. Washington, D.C.: American Psychological Association; 1999. p. 299-327.
- <sup>xxv</sup> Elgar FJ, McGrath PJ, Waschbusch DA, Stewart SH, Curtis LJ. Mutual influences on maternal depression and child adjustment problems. *Clinical Psychology Review*. 2004; 24:441–459.
- <sup>xxvi</sup> Medeiros, D. & Vaulton, W. (2010). *Strengthening At-Risk and Homeless Young Mothers and Children*. *Zero to Three*,30(3) 27-33.
- <sup>xxvii</sup> Little M, Shah R, Vermeulen MJ, Gorman A, Dzenoletas D, Ray JG. Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal*. 2005; 173:615–618.
- <sup>xxviii</sup> Bassuk EL, Buckner JC, Perloff JN, Bassuk SS. Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry*. 1998; 155:1561–1564.
- <sup>xxix</sup> Stanwood GD, Levitt P. Drug exposure early in life: Functional repercussions of changing neuropharmacology during sensitive periods of brain development. *Current Opinion in Pharmacology*. 2004; 4:65–71.
- <sup>xxx</sup> Chapman K, Tarter RE, Kirisci L, Cornelius MD. Childhood neurobehavior disinhibition amplifies risk of substance use disorder: Interaction of parental history and prenatal alcohol exposure. *Journal of Developmental and Behavioral Pediatrics*. 2007; 28:219–224.
- <sup>xxxi</sup> Stein JA, Lu MC, Gelberg L. Severity of homelessness and adverse birth outcomes. *Health Psychology*. 2000; 19:524–534.
- <sup>xxxii</sup> Gelberg, L.; Andersen, R.; Wenzel, S.; Leake, B.; Sumner, G. Homeless women's use of birth control and women's health services. *Abstract Book of the Association for Health Services Research Meeting*. 1999. 1999; 16: 150-1.
- <sup>xxxiii</sup> Halcón LL, Lifson AR. Prevalence and predictors of sexual risks among homeless youth. *Journal of Youth and Adolescence*. 2004; 33:71–80.
- <sup>xxxiv</sup> Chapman K, Tarter RE, Kirisci L, Cornelius MD. Childhood neurobehavior disinhibition amplifies risk of substance use disorder: Interaction of parental history and prenatal alcohol exposure. *Journal of Developmental and Behavioral Pediatrics*. 2007; 28:219–224.
- <sup>xxxv</sup> Little M, Shah R, Vermeulen MJ, Gorman A, Dzenoletas D, Ray JG. Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal*. 2005; 173:615–618.
- <sup>xxxvi</sup> Stanwood GD, Levitt P. Drug exposure early in life: Functional repercussions of changing neuropharmacology during sensitive periods of brain development. *Current Opinion in Pharmacology*. 2004; 4:65–71.
- <sup>xxxvii</sup> Stein JA, Lu MC, Gelberg L. Severity of homelessness and adverse birth outcomes. *Health Psychology*. 2000; 19:524–534.
- <sup>xxxviii</sup> Crawford DM. Pregnancy and Mental Health of Young Homeless Women. *Am J Orthopsychiatry*. 2011; 81(2): 173–183
- <sup>xxxix</sup> Fitzgerald Rice, K. and MaAlister Groves, B. (2005). *Hope and healing: A caregiver's guide to helping young children affected by trauma*. Washington, D.C.: ZERO TO THREE.



- 
- <sup>xi</sup> National Center on Family Homelessness (2009a). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Needham, MA: Author.
- <sup>xli</sup> Bassuk, E.L., Murphy, C., Coupe Thompson, N., Kenney, R.R., & Beach, C.A. (2011). *America's youngest outcasts: 2010*. National Center on Family Homelessness. Available at [http://www.homelesschildrenamerica.org/media/NCFH\\_AmericaOutcast2010\\_web.pdf](http://www.homelesschildrenamerica.org/media/NCFH_AmericaOutcast2010_web.pdf)
- <sup>xlii</sup> Wright, JD.; Rubin, BA.; Devine, JA. *Beside the golden door: Policy, politics, and the homeless*. Hawthorne, NY: Aldine De Gruyter; 1998.
- <sup>xliii</sup> Powers JL, Jaklitsch B. Reaching the hard to reach: Educating homeless adolescents in urban settings. *Education and Urban Society*. 1993; 25:394–409.
- <sup>xliv</sup> Fox SJ, Barnett RJ, Davies M, Bird HR. Psychopathology and developmental delay in homeless children: A pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1990; 29:732–735.
- <sup>xlv</sup> Bassuk EL, Rosenberg L. Psychosocial characteristics of homeless children and children with homes. *Pediatrics*. 1990; 85:257–261.
- <sup>xlvi</sup> Bassuk EL, Rosenberg L. Psychosocial characteristics of homeless children and children with homes. *Pediatrics*. 1990; 85:257–261.
- <sup>xlvii</sup> Kupersmidt JB, Griesler PC, DeRosier ME, Patterson CJ, Davis PW. Childhood aggression and peer relations in the context of family and neighborhood factors. *Child Development*. 1995; 66:360–375.
- <sup>xlviii</sup> Rabideau JMP, Toro PA. Social and environmental predictors of adjustment in homeless children. *Journal of Prevention and Intervention in the Community*. 1997; 15:1–17.
- <sup>xlix</sup> Whitbeck, LB.; Hoyt, DR. *Nowhere to grow: Homeless and runaway adolescents and their families*. Hawthorne, NY: Aldine de Gruyter; 1999.
- <sup>l</sup> Whitbeck, LB. *Mental health and emerging adulthood among homeless young people*. New York: Psychology Press; 2009.
- <sup>li</sup> Whitbeck LB, Johnson KD, Hoyt DR, Cauce AM. Mental disorder and co morbidity among runaway and homeless adolescents. *Journal of Adolescent Health*. 2004; 35:132–140.
- <sup>lii</sup> Koblinsky SA, Morgan KM, Anderson EA. African American homeless and low income housed mothers: Comparison of parenting practices. *American Journal of Orthopsychiatry*. 1997; 6:37–47.
- <sup>liii</sup> Rabideau JMP, Toro PA. Social and environmental predictors of adjustment in homeless children. *Journal of Prevention and Intervention in the Community*. 1997; 15:1–17.
- <sup>liv</sup> Rhule DM, McMahan RJ, Spieker SJ. Relation of adolescent mothers' history of antisocial behavior to child conduct problems and social competence. *Journal of Clinical and Adolescent Psychology*. 2004; 33:524–535.
- <sup>lv</sup> Lahey BB, Piacentini JC, McBurnett K, Stone P, Hartdagen SE, Hynd GW. Psychopathology and antisocial behavior in the parents of children with conduct disorder and hyperactivity. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1988; 27:163–170.
- <sup>lvi</sup> Yehuda R, Halligan SL, Bierer LM. Cortisol levels in adult offspring of holocaust survivors: Relation to PTSD symptom severity in the parent and child. *Psychoneuroendocrinology*. 2002; 27:171–180.
- <sup>lvii</sup> Parlakian, R. (2010), A Home Away: Meeting the Needs of Infants, Toddlers and Families Experiencing Homelessness, *Zero to Three Journal* (3) 3, 21-26
- <sup>lviii</sup> Guarino, K. & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three Journal*, (30) 3, 11-20
- <sup>lix</sup> National Center on Family Homelessness (2009a). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Needham, MA: Author.
- <sup>lx</sup> National Center on Family Homelessness (2009a). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Needham, MA: Author.

- 
- <sup>lxi</sup> Fowler, P., Toro, P. & Miles, B. (2009). Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system. *American Journal of Public Health, 99*(8),1453-1458.
- <sup>lxii</sup> Janus MD, Archambault FX, Brown SW, Welsh LA. Physical abuse in Canadian runaway adolescents. *Child Abuse & Neglect. 1995; 19:433–447.*
- <sup>lxiii</sup> Kaufman JG, Widom CS. Childhood victimization, running away, and delinquency. *Journal of Research in Crime and Delinquency. 1999; 36:347–370.*
- <sup>lxiv</sup> Kennedy MR. Homeless and runaway youth mental health issues: No access to the system. *Journal of Adolescent Health. 1991; 12:576–579.*
- <sup>lxv</sup> Kurtz PD, Kurtz GL, Jarvis SV. Problems of maltreated runaway youth. *Adolescence. 1991; 26:544–555.*
- <sup>lxvi</sup> Molnar BE, Shade SB, Kral AH, Booth RE, Watters JK. Suicidal behavior and sexual/physical abuse among street youth. *Child Abuse & Neglect. 1998; 22:213–222.*
- <sup>lxvii</sup> Mounier C, Andujo E. Defensive functioning of homeless youth in relation to experiences of child maltreatment and cumulative victimization. *Child Abuse and Neglect. 2003; 27:1187–1204.*
- <sup>lxviii</sup> Noell J, Rohde P, Seeley J, Ochs L. Childhood sexual abuse, adolescent sexual coercion and sexually transmitted infection acquisition among homeless female adolescents. *Child Abuse & Neglect. 2001; 25:344–353.*
- <sup>lxix</sup> Pennbridge JN, Yates GL, David TG, MacKenzie RG. Runaway and homeless youth in Los Angeles County, California. *Journal of Adolescent Health Care. 1990; 11:159–165.*
- <sup>lxx</sup> Rotheram-Borus MJ, Mahler KA, Koopman C, Langabeer K. Sexual abuse history and associated multiple risk behavior in adolescent runaways. *American Journal of Orthopsychiatry. 1996;66:390–400.*
- <sup>lxxi</sup> Ryan KD, Kilmer RP, Cauce AM, Watanabe H, Hoyt DR. Psychological consequences of child maltreatment in homeless adolescents: Untangling the unique effects of maltreatment and family environment. *Child Abuse & Neglect. 2000; 24:333–352.*
- <sup>lxxii</sup> Sullivan PM, Knutson JF. The prevalence of disabilities and maltreatment among runaway children. *Child Abuse & Neglect. 2000; 24:1275–1288.*
- <sup>lxxiii</sup> Tyler KA, Whitbeck LB, Hoyt DR, Cauce AM. Risk factors for sexual victimization among male and female homeless and runaway youth. *Journal of Interpersonal Violence. 2004; 19:503–520.*
- <sup>lxxiv</sup> Patterson GR, Dishion TJ, Bank L. Family interaction: A process model of deviancy training. *Aggressive Behavior. 1984; 10:253–267.*
- <sup>lxxv</sup> Crawford DM Pregnancy and Mental Health of Young Homeless Women *Am J Orthopsychiatry. 2011; 81(2): 173–183*
- <sup>lxxvi</sup> National Center on Family Homelessness (2009). *America’s Youngest Outcasts: State Report Card on Child Homelessness*. Needham, MA: Author.
- <sup>lxxvii</sup> National Center on Family Homelessness. *Designing Developmentally-Based Services for Young Homeless Families 2012*
- <sup>lxxviii</sup> Medeiros, D. & Vaulton, W. (2010). *Strengthening At-Risk and Homeless Young Mothers and Children*. Zero to Three, 30(3) 27-33.
- <sup>lxxix</sup> Center on the Developing Child, 2011
- <sup>lxxx</sup> Guarino, K. & Bassuk, E. (2010). Working with Families Experiencing Homelessness: Understanding Trauma and Its Impact. *Zero to Three, 30(3) 11-20.*
- <sup>lxxxi</sup> Culhane JF, Webb D, Grim S, Metraux S, Culhane D. Prevalence of child welfare services involvement among homeless and low-income mothers: A five-year birth cohort study. *Journal of Sociology and Social Welfare. 2003; 30:79–96.*

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- <sup>lxxxii</sup> Nunez R, Fox C. A Snapshot of Family Homelessness across America. *Political Science Quarterly*. 1999; 114:289–307.
- <sup>lxxxiii</sup> Zlotnick C, Kronstadt D, Klee L. Essential case management services for young children in foster care. *Community Mental Health Journal*. 1999; 35:421–430.
- <sup>lxxxiv</sup> National Center on Family Homelessness. *Designing Developmentally-Based Services for Young Homeless Families 2012*  
Center on the Developing Child, 2010
- <sup>lxxxv</sup> National Center on Family Homelessness. *Designing Developmentally-Based Services for Young Homeless Families 2012*
- <sup>lxxxvi</sup> Parlakian, R. (2010). *A Home Away: Meeting the Needs of Infants, Toddlers, and Families Experiencing Homelessness*. *Zero to Three*, 30(3) 21-26.
- <sup>lxxxvii</sup> Center on the Developing Child, 2010
- <sup>lxxxviii</sup> National Scientific Council on the Developing child (nd) Toxic Stress: The Facts. Retrieved from [http://developingchild.harvard.edu/topics/science\\_of\\_early\\_childhood/toxic\\_stress\\_response/](http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/); Science Daily, 2012, Nurturing Mothers Rear Physically Healthy Adults, retrieved from <http://www.sciencedaily.com/releases/2012/01/120123123917.htm>
- <sup>xc</sup> Center for the Study of Social Policy (2011). Accessed November 30, 2010, from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>
- <sup>xc</sup> U.S. Department of Health and Human Services (2011). Accessed November 30, 2010, from <http://www.childwelfare.gov/preventing/promoting/protectfactors/>.
- <sup>xcii</sup> Center on the Developing Child, 2010
- <sup>xciii</sup> Guarino, K. & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three Journal*, (30) 3, 11-20
- <sup>xciv</sup> Gilkerson, L. and Klein, R. (Eds.). (2008). *Early development and the brain*. Washington, D.C. ZERO TO THREE
- <sup>xcv</sup> Supporting Homeless Young Children and Their Parents 2012

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## Appendix 2

### ***Main Duties and Responsibilities of Support & Project worker:***

- Design and implementation of person centred care and support plans
- Implementation of all policies approved by the Board of Directors in relation to the accommodation service and in line with best practice
- Advocate on behalf of the Client and assist and provide information to service users who may not be familiar with the paperwork involved in registering births, DNA testing, legal aid, maintenance, immigration, obtaining passports or seeking benefits
- Contributes to the comprehensive assessment of the total needs of the service user on admission to the service and facilitates initial screening and needs assessment
- Conducts pre admission interviews for all potential service users
- Implements the eight elements of the case management model
- Develops co-operative working relationships with other agencies
- Implements an aftercare plan and follow up for all service users
- Ensures consistent liaison with service users through a person centred planning process
- Encourages independent living by providing service users with training and support in the development of daily living skills through a person centred planning process.
- Organises and facilitates regular House meetings and develop a supportive relationship with each service user
- Contributes to the creation, promotion and maintenance of a welcoming and caring home environment and to a high standard of practice within the service.
- Monitors mothers' and babies' general well-being and reports to National Caring Officer on any relevant changes
- Records key performance indicators (KPIs) relevant to the service
- Participates in case conferences and/or review meetings with other Life personnel, as deemed appropriate.
- Available, as appropriate, to relatives and other significant persons of the service users to offer support and input as part of the person-centred plan of each service user.
- Ensure that the house adheres to all relevant Health & Safety legislation and to ensure that any security measures for the house and its contents are operated as appropriate.
- Organises one to one and group Counselling for service users who may require this service