UNDERSTANDING AND ADDRESSING FAMILY HOMELESSNESS IN A NORTHERN COMMUNITY—TIMMINS, ONTARIO

LITERATURE REVIEW: HOMELESSNESS AMONG FAMILIES

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Presented to
Homelessness Partnering Strategy
Employment and Social Development Canada

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January 31, 2013

POVERTY HOMELESSNESS AND MIGRATION
PAUVRETÉ SANS-ABRISME ET MIGRATION

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Poverty, Homelessness and Migration
Pauvreté, sans-abrisme et migration

Centre for Research in Social Justice and Policy
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I. INTRODUCTION

Homelessness has been increasingly recognized as a major social issue in the developed world (Department of Housing and Urban Development, 2010; Trypuc & Robinson, 2009; Wilson, 2013). Despite a growing body of research, defining homelessness is a contentious undertaking (Gaubatz, 2001; Haber & Toro, 2004; Lee, Tyler & Wright, 2010). Within the literature on homelessness, varied terms have been used to describe differing housing and shelter situations. The Canadian Homelessness Research Network (CHRN, 2012) developed a comprehensive typology of homelessness that includes four major categories: homeless persons may be (i) unsheltered, (ii) emergency sheltered, (iii) provisionally accommodated, and (iv) at risk of homelessness. The first two categories refer to circumstances of those who are absolutely without housing. The third and fourth categories describe the varied circumstances of persons whose shelter arrangements lack permanence and of those who are at risk of becoming homeless. Terms used to refer to persons in the latter two categories include technically homeless, near homeless, precariously housed, provisionally or temporarily accommodated, inadequately housed, at-risk or at imminent risk. Those at risk of being homeless are also described as relatively homeless (Peressini, McDonald and Hulchanski, 2010).

Hence, it can be said that homelessness involves varied living circumstances that range from sleeping rough on the streets or outdoors (e.g., forest, parks), sleeping in places considered unfit for human habitation (e.g., cars, cardboard shacks, subways tunnels, and dilapidated abandoned buildings), renting hotel or motel rooms by the night or week, doubling up with family or friends, seeking accommodation in shelters or hostels, living in overcrowded or unsafe apartments or houses, facing impending eviction, and paying a disproportionate share of one's income the rent leaving insufficient money to meet other basic necessities such as food, clothing and transportation (Lee, 2012; Rossi, 1994; Zlotnick, Tam, & Bradley, 2010).

The relationship between poverty and housing hardship is strong. A lack of funds to obtain access to adequate housing is often the primary reason why people experience episodes of homelessness (Lee et al., 2010). In contrast, those who can afford available housing, or who have social support networks with the capacity to provide access to housing, are in a position to become rehoused quickly when they face situations that have resulted in the loss of a home. Thus a lack of access to conventional forms of housing is central to the definition of homelessness. Nevertheless, the definition of homelessness remains controversial due to the varied forms of precarious, marginal and substandard housing—such as shelters, cheap motels, trailers, recreational vehicles or transitional housing arrangements—utilized by people who lack secure, customary dwellings (Lee et al., 2010).

Adults and families with dependent children are a rapidly growing segment of the overall homeless population in urban, small-town and rural areas

Stereotypes of the homeless population have traditionally conveyed the view that it primarily comprises single men, people with alcohol and substance abuse issues, formerly institutionalized mental health patients, labourers engaged in low-paying temporary jobs, people receiving minimal social assistance, and those living in the impoverished neighborhoods (e.g., skid row) in urban cities (Averitt, 2003; Gulati, 1992; Rossi, 1994). This perception is not accurate as adults and families with dependent children are a rapidly growing segment of the overall homeless population in urban, small-town and rural areas (Bassuk & Buckner, 1994; Butler, 1997; Cummins, First, & Toomey, 1998; Department of Housing and Urban Development, 2010; First, Rife & Toomey, 1994; Gould & Williams, 2010; Weitzman, 1989). Numerous studies have shown that women, children and families constitute a larger proportion of the homeless population than they did in previous eras (Lee et al., 2010). This shift in the composition of the homeless population was noticed in the early 1980s when families with young children, mainly single-parent families headed by young mothers in their 20s, began to appear among those seeking shelters serving homeless individuals (Rossi, 1994). According to Berman, Gorlick, Csiernik, Ray, Forchuk, Jensen & Al-Zoubi (2011), a study conducted in southern Ontario indicated that service providers have been unable to respond adequately to the extensive changes in the nature of homelessness, such as the increasing number of families among the homeless.

The reported prevalence of homelessness among families varies considerably between published studies conducted in different locations. According to the US Department of Housing and Urban Development (2010), families constitute approximately 38 percent of the homeless population. In Canada, 40 percent of residents in the shelters have been found to be mothers with children (Krane & Davies, 2007). About 27 percent of all homeless family members may remain unsheltered on a given night. A vast majority of homeless families, approximately 84 percent, are headed by women (National Center on Family Homelessness, 2008). Further complicating matters, people who are classified as single homeless adults are often part of families, although they may not be accompanied by or living with minor children at the time of a prevalence count (National Centre for Family Homelessness, 2011).

Homelessness has been reported to have devastating impacts on families in terms of the loss of housing, loss of relationships, and disruption in family life.

Homelessness has been reported to have devastating impacts on families in terms of the loss of housing, loss of relationships, and disruption in family life (Averitt, 2003; Lindsey, 1998; Paquette & Bassuk, 2009). On a personal level, homelessness yields adverse outcomes in multiple domains (e.g., mental well-being, physical health, parenting, employment opportunities) as parents seek to preserve their families through re-housing and reintegration within the larger society. Furthermore, homelessness may be particularly difficult for children who demonstrate signs of mental and emotional trauma, fragile health, behavioural difficulties, and educational problems due to frequent changes in residences and communal living at shelter facilities (Coker, Elliot, Kanouse, Grunbaum, Gilllland et al., 2009; Julianelle & Foscarinis, 2003; Kirkman, Keys, Bodzak, Turner, 2010). Homeless families may require a continuum of services and public assistance to meet their multiple, complex and dynamic needs (Cummins et al., 1998; Mulroy & Lauber, 2004). Given the personal, familial and systemic consequences of homelessness, it is imperative to advance our understanding and knowledge of family homelessness.

In 2011, research undertaken by the Poverty, Homelessness and Migration team indicated that families constituted two-thirds of those who were absolutely homeless in Timmins, a city situated in northeastern Ontario. Due to the high proportion of families among homeless persons, a six-phase, mixed-methods study was designed to generate and disseminate knowledge about various aspects of family homelessness in Timmins. The six phases of the current study will encompass (i) a review of the scholarly literature in the area of family homelessness with a specific focus on rural, Indigenous and Francophone families; (ii) an analysis of a period prevalence count of homeless families in Timmins; (iii) a survey of service providers; (iv) individual interviews with homeless families; (v) focus groups with homeless families; and (vi) focus groups with service providers. The current report conducted for the first phase of the project contains the findings

of a review of the scholarly literature on family homelessness. In addition, the gaps in knowledge are identified in this report and directions for further research are incorporated. In the following sections, the methodology for the literature search and the findings are presented.

II. METHODOLOGY FOR THE LITERATURE SEARCH

As was observed by Lee, Tyler and Wright (2010), significant advances were made in the mid-1990s with regard to the understanding of different forms of homelessness, the methods for studying homeless people and varied issues such as explanations for homelessness, coping strategies or the size and composition of the homeless population. Like Lee et al. (2010), we found that, frequently, literature on homelessness that was published prior to the 1990s was not based on empirical research. Reinforcing this view, Mills & Ota noted in 1989 that American literature on homelessness had centred largely on depression-era descriptions of hobos, vagabonds and tramps, chronically homeless groups including gypsies, immigrants "bums" and people with mental illness. Corresponding to the emergence of an extensive, broad literature on homelessness, numerous systematic, rigorous studies on family homelessness were conducted in the 1990s and afterwards. Consequently, most of the literature retrieved for this review was published after the 1980s. Moreover, given the large volume of literature that has emerged, it is challenging to include all studies in the review.

In conducting this review, a comprehensive search of the scholarly literature was first undertaken by the research team for this project using a variety of search terms; they included family, homelessness, mothers, fathers, parents, homeless, Indigenous, First Nations, rural, and women with child/children. The search terms were utilized in multiple cross-combinations to yield relevant research studies. A wide array of databases (see Box 1) was examined to capture research conducted in developed countries.

Reference lists of published articles were checked to inform and guide a further literature search. In total, 385 articles and books were identified as related to various aspects of family homelessness. Guided by a review of the abstract and a preliminary scan of the entire article or book chapter, the research studies were organized into different sections and themes such as profile, lived experiences, risk and protective factors, mental health, physical health, education and schooling, exiting homelessness, service utilization and solutions. Following the approach of Lee et al. (2010), we have selected scholarly published work that focuses on key themes. The 125 articles and six book chapters selected provided for a review of the scholarly literature from 1986 to 2012 and for "saturation[1]" of the themes identified in the scan of the published work. However, gaps in the literature were evident such that the saturation of the theme "protective factors" was not possible. Five to ten articles relating to each remaining theme or section were retrieved and reviewed. These articles informed the initial body of the text in this document. As the literature review progressed, the major findings of various studies were extracted and integrated into the organizing scheme (i.e., themes and sub-themes) contained in this report.

Box 1. Academic Databases Searched

Academic Search Complete
Annual Reviews (Sociology and Psychology)
Diversity Studies
Communications and Mass Media Complete
eCollections
Érudit
Expanded Academic ASAP
First Nations Periodicals Index
Google scholar
Humanities and Social Sciences Index
JSTOR
National Criminal Justice Reference Service
ProQuest Nursing and Allied Health
ProQuest Political Science
PsycArticles
PsycINFO
Retrospect
Social Sciences Citation Index
Social Services Abstracts
Sociological Abstracts
Social Work Abstracts

It is notable that the research team was unable to locate articles in the French language despite a rigorous search. Therefore, the issues encountered by Francophone homeless families remain underrepresented in this report. Similarly, research on Indigenous homeless families was scant; thus the findings of the literature search suggest that there is a need for greater research in these areas. A large number of studies were conducted in the United States, followed by the United Kingdom, Australia, Canada and other developed nations. A great emphasis has been placed upon homeless families composed of single mothers and children, with a few studies exploring the perspectives of fathers and other family members. Similarly, the studies were mainly situated in urban settings, thus overshadowing experiences of homelessness among rural and small-town families. This report sketches a broad and general picture of family homelessness while recognizing that the personal experiences of family members may go beyond the major findings delineated in this review.

[1]Saturation in literature reviews, as well as in other qualitative analyses, is obtained when the study of new material does not produce any additional information; repetition of ideas becomes apparent such that further investigation is not required as it does not provide additional information or knowledge (Glaser and Strauss, 1967; Mason, 2010; Ritchie, Lewis and Elam, 2003).

III. FINDINGS

The main findings emerging from the literature review are organized in eight overlapping themes: (i) definition of family homelessness, (ii) profile, (iii) lived experience of family homelessness, (iv) factors associated with family homelessness, (v) effects on homeless parents, (vi) children in homeless families, (vii) exiting homelessness; and (viii) interventions. Some of these themes were further divided into sub-themes (see Figure 1).

A. DEFINITION OF FAMILY HOMELESSNESS

Although a homeless family was primarily defined as comprising one or both adults with a dependent child or children, a large number of studies focused exclusively on single mothers, thus excluding fathers, partners, and families headed by single men.

The way in which the concept of "homeless family" is defined has enormous policy and practice implications. However, no single definition of homeless families emerged across different research studies (McArthur, Zubrzycki, Rochester & Thomson, 2006; McCaughey, 1991; McChesney, 1992; Rossi, 1994). In general, a homeless family was conceptualized as being composed of one or more homeless adults caring for or accompanied by at least one child under the age of eighteen (Johnson, McChesney, Rocha & Butterfield, 1995; Rossi, 1994). In rare instances, researchers have utilized more comprehensive definitions by including homeless pregnant women (Bassuk, Rubin & Lauriat, 1986; Gaubatz, 2001), homeless married or unmarried couples (Tischler & Vostanis, 2007), parents accompanied by a biological or non-biological child (McCaughey, 1991), homeless mothers separated from their children (Glick, 1996), homeless parents in the process of acquiring custody of a minor child (Gould & Williams, 2010), adolescent mothers with dependent children under the age of eighteen (Kennedy, 2007), and homeless fathers with dependent children (McArthur et al., 2006).

Although a homeless family was primarily defined as comprising one or both adults with a dependent child or children, a large number of studies focused exclusively on single mothers, thus excluding fathers, partners, and families headed by single men (Bassuk, Weinreb, Buckner, Browne, Salomon, & Bassuk, 1996; Goodman, 1991a; Jacobs, 1994; Johnson et al., 1995). Not only did these studies exclude fathers or partners, but they also excluded mothers whose children were not accompanying them to shelter facilities.

A discrepancy between the interpretations of participants and researchers arose due to the cultural differences in the meanings of home and family, and the societal stigma attached to being "homeless".

A major difficulty in defining homeless families seemed to stem from research designs in which participants were recruited from shelters only. This has restricted the definition of homeless families to conform to the eligibility

and admission criteria determined by family and emergency shelters (Huttman & Redmond, 1992; Johnson et al., 1995; McChesney, 1992; Mulroy & Lane, 1992; Rossi, 1994). Many shelters have had exclusionary policies whereby fathers and teenage sons were not given admission with mothers and other minor dependent children (Choi & Snyder, 1999a; Jacobs, 1994). At times, women admitted to shelters as "single individuals" were in reality married women whose husbands or male partners were given accommodation in men's shelters and whose children were being looked after by extended family members. These types of exclusionary practices created an illusion that homeless families were primarily made up of single mothers and young dependent children. In addition, certain family shelters considered relationships defined by marriage or blood descent as constituting families; thus step-parents were excluded when the biological parent and partner were not married (Rossi, 1994). Moreover, extended family members and non-blood-related adults who performed numerous parenting functions were often not included in the studies on family homelessness (Jacobs, 1994).

In qualitative studies, the definition of family homelessness set out by the researchers did not always match with notions of homelessness held by the participants (Haber & Toro, 2004; Lee, 2012). For instance, twelve Appalachian mothers living with their children in an urban homeless shelter insisted that they were not homeless as they had a "home" (i.e., the shelter) in the form of a place to sleep, to eat, and to remain together as a family (Lee, 2012). Moreover, families doubling up with extended family members or relatives and those living in dilapidated rental apartments did not necessarily consider themselves homeless even when the research studies utilized broader and inclusive definitions (Haber & Toro, 2004). This discrepancy between the interpretations of participants and researchers arose due to the cultural differences in the meanings of home and family, societal stigma attached to being "homeless", fear of being judged a "bad parent" and resistance to the potential involvement of child protection services (Lee, 2012).

Glick (1996) argued that a more behaviorally accurate definition of a homeless family would include those adults who lack a fixed permanent address and have minor children dependent upon them, regardless of where their children are located. Paquette and Bassuk (2009) argued that the concept of homeless families should include mothers and fathers who are attempting to regain the custody of children placed in foster care. In addition, they posit that a noncustodial parent, a sibling staying with relatives, a non-related adult living in the household as the partner of a biological parent, or a spouse who works in another city and "visits" the family home should all be included in the definition of homeless family (Ferguson & Morley, 2011; Jacobs, 1994). In addition, extended family members involved in child rearing tasks should be included in the definition of a homeless family. Such a broad and inclusive conceptualization might be particularly relevant in the study of homelessness among Indigenous and immigrant families.

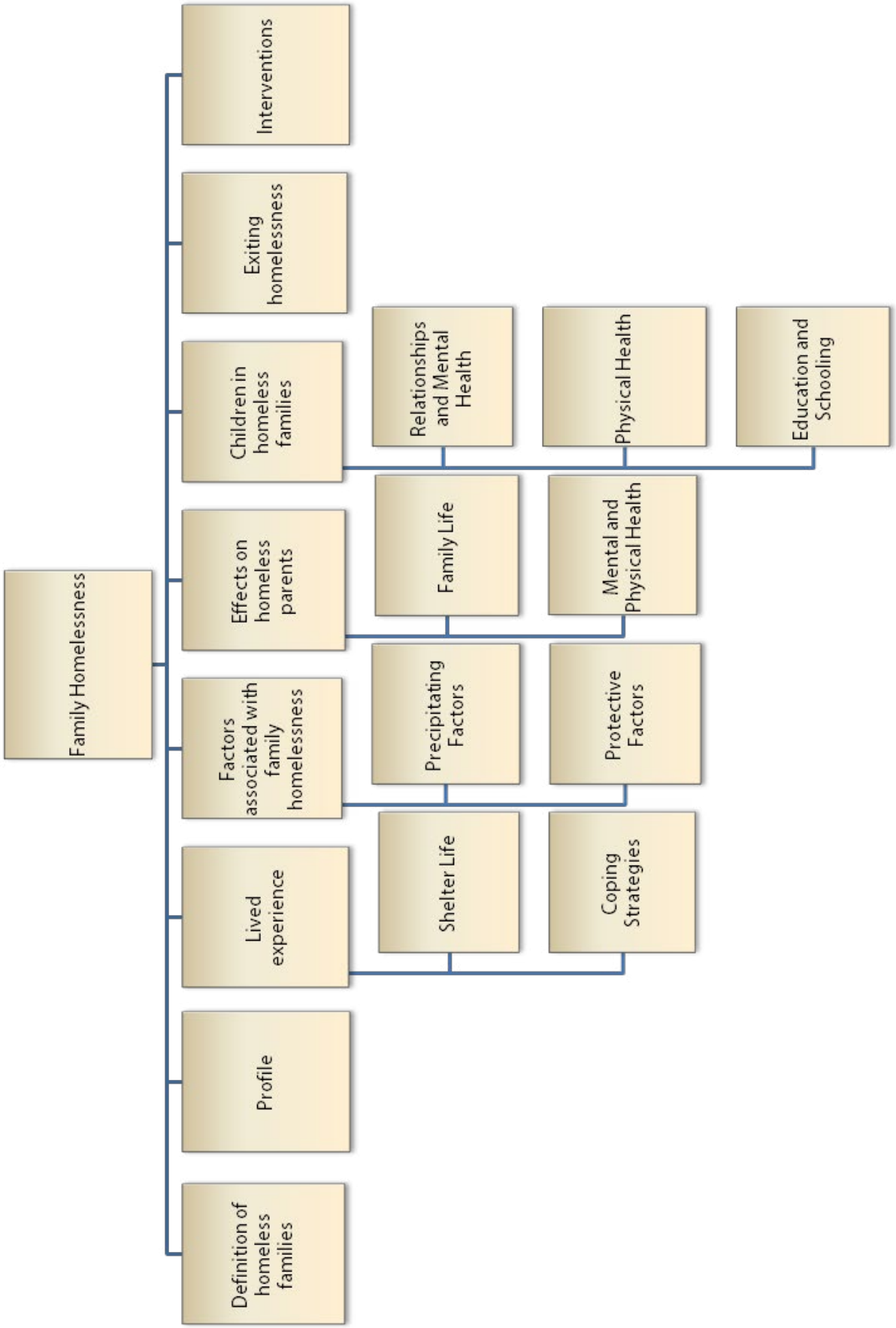
B. PROFILE

Glick (1996) argued that a more behaviorally accurate definition of a homeless family would include those adults who lack a fixed permanent address and have minor children dependent upon them, regardless of where their children are located.

Once the issue of family homelessness had acquired prominence in the scholarly literature, researchers set out to unravel the characteristics and needs of homeless families. Epidemiological and survey methods were used to conduct studies aiming to understand the differences between single homeless individuals and homeless families (Culhane, Metraux, Park, Schretzman & Valente, 2007). In addition to the presence of children, significant differences appeared in the demographics as homeless families were noted to be younger, minimally educated, welfare-dependent, unemployed or underemployed, female-headed, and from minority ethnicities as compared to single homeless adults living without children (Banyard & Graham-Bermann, 1998; Bassuk et al., 1986; Rossi, 1994; Zoltnick, Tam, & Bradley, 2010).

A cumulative portrait of homeless families over a span of six years revealed that the female-headed households comprised, on average, 60 percent of all homeless families in shelters, compared to 13 percent for male-headed families

Figure 1. Literature Map



(Johnson, 1989). Vissing (2004) also asserted that families were the subgroup of the homeless population that was growing at the fastest rate in the early 2000s. A majority of homeless mothers were single, followed by those who were widowed, divorced, or separated. Bassuk, Rubin & Lauriat (1986) reported that the age range of homeless mothers was 17 to 49. However, some researchers have found that most mothers were between the ages of 26 to 35 (Mills & Ota, 1989). Many of these women had experienced poverty and inadequate housing conditions (e.g., unsafe, unhygienic, decrepit, and overcrowded homes) in their childhood (Styron, Janoff-Bulman, & Davidson, 2000). Exposure to family disruption (e.g., divorce or separation among parents), parental violence, absence of a father, and troubled relationship with mother were reported by these homeless mothers. Moreover, personal histories of childhood abuse (i.e., physical and sexual abuse) and placement in care were reported by many homeless mothers (Swick, 2008). In adulthood, some of these women encountered domestic violence and separation from partners. Single-parent families reportedly encountered more relationship problems (e.g., drug abuse, violence) than did two-parent homeless families (McChesney, 1992; Wood, Valdez, Hayashi & Shen, 1990a). Many homeless families, including families headed by fathers, were reportedly affected by intergenerational cycles of poverty, homelessness, mental illness, trauma and substance abuse (Paquette & Bassuk, 2009; Schindler & Coley, 2007). Bassuk et al. (1986) found that a quarter of mothers in shelters could not identify any supportive relationships.

A small number of studies compared sheltered homeless families with poor-but-housed families on various demographic and health aspects (Bassuk et al., 1996; Goodman, 1991a; Johnson et al., 1995; Wood et al., 1990). These studies revealed that homeless families were larger in size compared to the poor-but-housed families (Wood et al., 1990). Homeless families had significantly lower annual incomes than housed poor families (Bassuk et al., 1996; Johnson et al., 1995). Homeless mothers were much younger in age than their housed counterparts (Johnson et al., 1995). A history of substance abuse, family violence and placement in care were more frequently reported by homeless mothers (Bassuk et al., 1996; Goodman, 1991a; Wood et al., 1990a).

Compared with people in the support networks of housed individuals, members of the networks of homeless persons were perceived to have fewer basic resources such as employment, money to pay bills, two meals a day, and adequate housing (Bassuk et al., 1996; McChesney, 1992; Wood et al., 1990a). Moreover, homeless mothers expressed less trust or less positive views of their social networks compared to poor-but-housed mothers (Goodman, 1991b; Kennedy, 2007). Nevertheless, many homeless people maintain contact with domiciled friends and family members (Csiernik, Forchuk, Speechley & Ward-Griffin, 2011; Lee et al., 2010). In addition, some homeless mothers were able to arrange temporary accommodations for their children with a former spouse/partner, grandparents or a relative while accessing the shelter system (Glick, 1996). Housed mothers were significantly more likely than non-housed mothers to receive child support, food stamps, and housing subsidies from the service system (Bassuk et al., 1996). Homeless families had experienced more residential instability than housed families (Bassuk et al., 1996; Wood et al., 1990b). Children of mothers with at least one homeless episode were reported to have the greatest rate of involvement with child welfare services, followed by low-income mothers and mothers in the general population (Culhane, Webb, Grim, Metreaux, & Culhane, 2003).

A comparison of adolescent homeless mothers with their housed counterparts revealed many striking dissimilarities between the two groups (Meadows-Oliver, Sadler, Swartz, & Ryan-Krause, 2007). Homeless teen mothers recounted significantly greater housing instability (e.g., frequent moves, difficulties in finding housing) within the previous year than housed adolescent mothers. The former group reported significantly more negative life events in personal and social spheres (e.g., break up of friendships) as compared to the latter group. However, an examination of differences in the domains of family composition, experience of abuse, mental health disorders, and physical health problems yielded contradictory and inclusive findings across various studies (Bassuk et al., 1996; Goodman, 1991a; Johnson et al., 1995; Kennedy, 2007; Wood et al., 1990a; Zoltnick et al., 2010).

Bassuk et al. (1986) found that a quarter of mothers in shelters could not identify any supportive relationships.

C. LIVED EXPERIENCE OF HOMELESSNESS

A small number of studies explored the lived experience of homelessness among families. These studies revealed that homeless families often doubled up with family and friends (Averitt, 2003), lived in run down and overcrowded apartments (Bassuk et al., 1986), spent nights in a car or on the streets (Kirkman et al., 2010; Wood et al., 1990a), or rented unaffordable places where a large proportion of their income was spent on rent, thus leaving no extra money for clothing and transportation (Styron et al., 2000). Many homeless families reported long histories of housing instability where they moved from one temporary accommodation to next (Bassuk et al., 1986; Wood et al., 1990a). In rural areas, homeless families were less visible as they doubled up with relatives or friends and continued to remain in substandard housing due to a lack of affordable housing and the scarcity of shelters and other social services (Cummins et al., 1998; First et al., 1994).

The duration of homelessness seemed to vary from less than 6 months for 44% of families to more than eighteen months for 13% of families (Stojanovic, Weitzman, Shinn, Labay, & Williams , 1999). Zlotnick et al. (2010) found that one-fifth of homeless families headed by women faced chronic homelessness wherein the family was continuously homeless for one year or experienced four episodes of homelessness in the prior three years; thus they appeared to be trapped in a "never-ending cycle" of homelessness (Walters & East, 2001, p. 174). In rural communities, the duration of homelessness episodes averaged 3.8 months (Cummins et al., 1998).

Many homeless families reported long histories of housing instability where they moved from one temporary accommodation to next.

For both mothers and fathers, the experience of homelessness was characterized by pain, fatigue, a sense of uncertainty, loss of sense of self, lack of self-respect, and deep feelings of shame (Lee, 2012; McArthur et al., 2006; Walters & East, 2001). However, a small minority of women reported that the circumstances of homelessness offered a desired escape from the harsh realities of intimate partner violence characterized by physical assault, verbal taunting, stalking, marital rape ,and threats about custody of children (Sev'er, 2000; Walters & East, 2001). Moreover, doubling up with family and friends in overcrowded apartments, exhausting housing options and resources within one's social network, entering a shelter system in search of temporary accommodations, moving constantly in search of a better future, and struggling to fulfill parenting duties were described in great depth by homeless women and men with dependent children (Averitt, 2003; Choi & Snyder, 1999a; McArthur et al. 2006).

At times, women concealed their housing conditions as they feared being judged incompetent, non-supportive, and uncaring mothers (Lee, 2012); fathers attempted to preserve their dignity by meeting the multiple demands of securing accommodation, maintaining employment, and fulfilling the role of a father (McArthur et al., 2006). While mothers often experienced discrimination from landlords and prospective employers (Benbow, Forchuk, & Ray, 2011), fathers encountered conflicts between their work schedules and the demands of parenthood (McArthur et al., 2006).

For both mothers and fathers, the experience of homelessness was characterized by pain, fatigue, a sense of uncertainty, loss of sense of self, lack of self-respect and deep feelings of shame.

1. Shelter life

Many families sought refuge at shelters when they exhausted resources within their personal support networks (Averitt, 2003). Shelter life generated a gamut of emotional reactions—both positive and negative—among families (Choi & Snyder, 1999a; Styron et al., 2000). On a positive side, shelters were described as safe, decent and comfortable living spaces characterized by private rooms, bathrooms, and independent cooking facilities. Shelters offered opportunities to

forge new social ties and to receive assistance from caring staff members. For many young mothers, shelters allowed them to experience independence, autonomy and security. Similarly, some fathers acknowledged the positive role of shelters which infused structure in their otherwise chaotic lives (Schindler & Coley, 2007).

However, some homeless families found that shelters were not equipped to offer anything beyond a roof over their heads (Averitt, 2003). Shared rooms and washroom facilities conflicted with a desire to maintain privacy and effective family functioning (Averitt, 2003; McArthur et al., 2006; Schindler & Coley, 2007). Many parents reported that the commotion, chaos and noise in the shelter disrupted the family's sleep (Choi & Snyder, 1999a). Sanitation was another significant issue as keeping children clean and healthy was a constant struggle for parents. Enforcement of the rules and regulations regarding curfews, child care guidelines, chores, visiting hours, and restrictions against alcohol and substance use posed many challenges for homeless mothers and fathers (Averitt, 2003; Choi & Snyder, 1999a; Schindler & Coley, 2007). Moreover, continuing threats of expulsion from the shelter created feelings of being controlled and treated unfairly by staff members. The monotony of shelter life and isolation from extended family or friends affected the psychological well being of families (Choi & Synder, 1999a; Schindler & Coley, 2007; Styron et al., 2000).

At times, shelter systems required homeless parents to leave the premises during the day. Once out on the streets, homeless families wandered through the streets regardless of their mental and physical states and weather conditions (Averitt, 2003). Prejudicial and discriminatory treatment from domiciled people often made it challenging to sustain faith in oneself. Lack of affordable child care posed barriers in accessing social services or attending job interviews (Averitt, 2003). At certain shelters, mothers were prohibited from taking turns caring for each other's children. As a result, mothers of small children were often immobilized until they were able to access public child care programs for which there were often long wait-lists.

Some homeless families found that shelters were not equipped to offer anything beyond a roof over their heads.

2. Coping strategies

In order to survive the hardships of homelessness, a wide variety of coping strategies were used by homeless families (Banyard & Graham-Bermann, 1998; Tischler & Vostanis, 2007; Wanger & Menke, 1991). Cognitive reframing and acquiring social support were the most frequently employed strategies (Tischler & Vostanis, 2007). Considerable differences were identified in the coping strategies employed by various sub-groups of homeless families. For example, refugee homeless families were more likely to seek social and spiritual support as compared to other homeless families. Similarly, those who were evicted from housing were found to use more coping methods involving passive appraisal (e.g. denial, avoidance) and disengagement, as compared to those who were homeless for other reasons (Banyard & Graham-Bermann, 1998; Tischler & Vostanis, 2007).

For some men and women, partners were sources of hope during the homelessness episode. Continuing the relationships with partners created a sense of normalcy and stability in otherwise unstable lives (Jones, Shier, & Graham, 2012). Moreover homeless women explained how they used different strategies in relation to different stressors (e.g., housing issues, under or unemployment) in life (Banyard, 1995). These strategies included confronting the problems, obtaining social support, being patient, engaging in positive-thinking, distancing oneself from problems, expressing and sharing one's emotional distress with others, praying, reading, writing a journal, focusing on their children and envisioning a better future (Banyard, 1995; Cosgrove & Flynn, 2005). In addition, many homeless mothers identified numerous strengths in the form of self-efficacy, perseverance, resilience, and resistance (Cosgrove & Flynn, 2005). However, not all coping strategies

were positive or adaptive as some women resorted to excessive smoking, drinking, and drug use as a way of easing the pain and burdens of life (Banyard, 1995).

Mothers who experienced enforced separations from children due to the involvement of child welfare authorities found strength in focusing on the "fight" to regain custody of their children. These struggles are challenging since the system and programs often emphasize the needs of individuals as opposed to the family unit (Berman et al., 2011).

In rural areas, homeless mothers utilized informal, formal, and temporary resources to mitigate the housing instability and associated problems (Cummins et al., 1998). A majority of these women arranged temporary accommodations with friends or relatives while a small number of women found refuge at available shelters, even though they were scarce. Public services in the forms of welfare grants, homeless shelters, hospital emergency rooms, community kitchens, community mental health centers, and domestic violence shelters were accessed by mothers who were facing homelessness due to various structural, economic, familial, and personal factors.

Mothers who experienced enforced separations from children due to the involvement of child welfare authorities found strength in focusing on the "fight" to regain custody of their children.

D. FACTORS ASSOCIATED WITH FAMILY HOMELESSNESS

There is an abundance of literature on the factors associated with family homelessness. These factors can be organized under the rubrics of precipitating factors and protective factors.

1. Precipitating factors

In the scholarly literature, the precipitating factors relating to homelessness among families were classified into distinct, yet interconnected structural, economic, familial, and personal domains. Structural factors contributing to family homelessness pertained to the scarcity of affordable housing, economic restructuring, poverty, and insufficient social welfare support from the government (Gould & Williams, 2010; Lee, 2012). Unemployment, job loss, low-wages, lack of job security and a lack of benefits (e.g., health care) were found to diminish monetary resources required to secure and maintain housing. Mulroy (2004) underscored how poverty, low wages and the rising cost of housing increased the vulnerability of single mothers to homelessness. Under such circumstances, an illness, an accident or a delay in the receipt of a paycheck or financial assistance increased the risk of homelessness among impoverished families.

At times, families were left without homes due to fire, foreclosure, building condemnation, over-crowding, low-income, inability to pay rent, unscrupulous landlords, and lack of utilities (Choi & Snyder, 1999b; Johnson, 1989; Lehmann, Kass, Drake, & Nichols, 2007; Shinn, Weitzman, Stojanovic, Knickman, Jimenez et al., 1998). Abuse, domestic violence, dissolution of marriage, separation from partner, drug problems, family friction (e.g., conflicts with one's support network), estrangement from extended family, and residential mobility were other commonly reported precipitating factors (Fertig & Reingold, 2008;

The precipitating factors related to homelessness among families were classified into distinct, yet interconnected structural, economic, familial and personal domains.

Johnson, 1989; Lehmann et al., 2007; Sev'er, 2002; Shinn et al., 1998; Wood et al., 1990a). Violence against women may lead to circumstances in which mothers leave an abuser with little planning for the immediate future; they often leave with a few belongings for themselves and children and flee to a location that is perceived to be safe (Zappardino & DeBare, 2004). Homeless mothers who flee to shelters may find that they are not designed to accommodate infants, male children or multiple children. Zappardino & DeBare (2004) also noted that mothers leaving abusive lesbian relationships may face homophobia when seeking help. Harassment by neighbours, unsafe neighbourhoods, victimization in the forms of racial harassment, threats or actual violence, and damage to property were other common reasons for homelessness (Choi & Snyder, 1999b, Tischler, Rademeyer, & Vostanis, 2007).

At times migration from rural areas to the city resulted in the depletion of limited financial resources which in turn resulted in homelessness.

For some mothers, loss of a primary provider—a husband or a partner—resulted in the loss of financial support and housing (Averitt, 2003). These women described a downward economic spiral that ultimately led to eviction. At times migration from rural areas to the city resulted in the depletion of limited financial resources which in turn resulted in homelessness. Another major issue involved reported failure of fathers to assume financial responsibility for the mother and children, thus forcing mothers to take on low-paying jobs where they constantly risked losing employment if they missed work for any reason (e.g., taking care of an ill child). Incidents of "accidental" homelessness were reported among women who entered into intimate relationships and moved in with the partners who were precariously housed (Jones et al., 2012). It has also been reported that having teenage children can be a source of vulnerability to homelessness; inability to obtain rental accommodation occurred when landlords assumed that teenage children would be disruptive and hence refused to rent to the family (Berman et al., 2011).

In addition, placements in foster care, exposure to maternal alcohol abuse in childhood, frequent alcohol and substance use in adulthood, hospitalization due to mental health problems and minority status were significant predictors of homelessness among mothers (Bassuk, Buckner, Weinreb, Browne, Bassuk et al., 1997). For many homeless mothers, in particular adolescent mothers, it was not a single event that precipitated homelessness; rather a chain of risks which accumulated over years pushed them into homelessness (Kennedy, Agbényiga, Kasiborski, & Gladden, 2010). These risk factors included being born into a poor family, minority status, living in economically disadvantaged urban settings, victimization through community violence, absence or loss of one or both parents, residential instability and involvement of child welfare agencies. As risks accumulated over time and few supports presented themselves, adolescent mothers reported becoming increasingly isolated, with very limited options to maintain their household and a stable lifestyle.

In a study comparing rural and urban homeless families, several dissimilarities and similarities became evident (Cummins et al., 1998). Both groups of homeless families, mainly female-headed families, identified family conflict and dissolution as a major cause of homelessness. However, among rural mothers, structural and economic factors were more prominently connected with homelessness as opposed to personal issues linked to mental illness and substance abuse. Traditional gender roles, high rates of poverty, inequities in the employment and wage structures, lack of full-time well-paying jobs, unavailability of low-cost housing, a diminishing pool of rental properties, and limited social services and health care resources were closely tied to homelessness among rural mothers (Cummins et al., 1998; First et al., 1994; Fitchen, 1991).

On the other hand, for single fathers and their dependent children, the primary reasons for homelessness included family breakdown, death of spouse or partner, overcrowding, escape from an unsuitable situation for children, domestic violence, conflicts between work and demands of fatherhood, under-employment and poverty (Jones et al., 2012; McArthur et al., 2006; Schindler & Coley, 2007) . In addition, homelessness was associated with uncertain legal

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status, limited competencies in the official language, inadequate information about basic services and unfamiliarity with a new country among families claiming refugee status (D'Addario, Heibert, & Sherrell, 2007).

2. Protective factors

Sustained connections to non-homeless relatives and friends as a significant buffer that in that such links provided a vital source of material and emotional support.

A small number of studies examined protective or mitigation factors or buffers that prevent or slow people's movement to pathways linked to homelessness among families (D'Addario et al., 2007; Shinn et al., 1998). These studies revealed the significance of social capital (e.g., family and friends), access to support networks within the same ethno-cultural communities, and entry into subsidized housing in ensuring housing stability among formerly homeless and precariously housed families. Lee et al. (2010) underscored the importance of sustained connections to non-homeless relatives and friends as a significant buffer in that such links provided a vital source of material and emotional support. Another buffering factor relates to the service system. Hutchinson, Searight and Stretch (1986) reported that the formation of a formalized system of networking between various agencies serving homeless people can mitigate family homelessness by finding housing solutions and sharing information as well as resources to support families. Access to workers who provide assistance with job training or job searching has also been identified as a mitigation factor since homeless families are more likely to be rehoused when a parent obtains employment (Hutchinson et al., 1986). An implication of findings on precipitators of homelessness is that the prevention of three major factors—eviction from housing, domestic conflict/violence and unsafe living conditions—can serve as a key protective factor (Mills & Ota, 1989).

E. EFFECTS ON HOMELESS PARENTS

Homeless mothers reported devastating consequences of homelessness in the realms of family life, mental health, and physical well-being.

The scholarly literature regarding the effects of homelessness largely focused upon homeless mothers, thus compromising our understanding of the effects on other family members including fathers, older children left in care of relatives, and extended family members providing support to homeless families. Homeless mothers reported devastating consequences of homelessness in the realms of family life, mental health, and physical well-being.

1. Family life

Homeless women felt the constant threat of the potential or real loss of their children to child protection services due to lack of housing, lack of privacy, diminished parental authority and public viewing of their parenting practices at family shelters.

Homelessness, in particular shelter life, exerted paradoxical effects on family relationships (Lindsey, 1998). On one hand, it allowed families (e.g., parents and children) to strengthen emotional bonds through increased togetherness and interactions; on the other hand it, created enormous disruptions for parents in their roles as disciplinarian and caregiver. For most parents, homelessness appeared to undermine their ability to protect and nurture their children, often leaving mothers and fathers feeling depressed, anxious, guilty, powerless and ashamed (Paquette & Bassuk, 2009). The major

concerns amongst parents included an inability to meet their children's basic needs, an inability to protect their children from disease or physical harm, and an inability to provide structure and security in the shelter setting (Averitt, 2003).

Homeless women felt the constant threat of the potential or real loss of their children to child protection services due to lack of housing, lack of privacy, diminished parental authority and public viewing of their parenting practices at family shelters (Benbow et al., 2011; Lee, 2012; Paquette & Bassuk, 2009; Schultz-Krohn, 2004). Many women stated that they were on guard about how others might perceive their parenting behavior at shelters (Cosgrove & Flynn, 2005). Mothers expressed deep concerns about the negative influences of shelter living on their children's well-being (David, Gelberg, & Suchman, 2012). Many felt that the shelter system exposed their children to a variety of bad influences, such as poorly disciplined children in other families (Styron et al., 2000). Some women cited instances in which their efforts to regulate their children's behaviour were undermined by the shelter staff members (Averitt, 2003). At the same time, there were dire consequences (e.g., removal from shelter) if the women did not control their children. Thus, the shelter system was perceived as not being conducive to the parenting role. Shelter rules and shared facilities required a reconfiguration of family routines (e.g., meals, shower, bed-time routines, family time, interactions, regular worship) to preserve and strengthen a sense of connectedness (Schultz-Krohn, 2004).

The most common obstacles or disruptions in the parenting role were related to family court rulings about the frequency and supervision of visits, foster care agencies' scheduling practices, and rules and requirements at shelters.

Amongst single fathers, homelessness and associated losses (e.g., job loss) threatened their identity as providers and protectors of a family (McArthur et al., 2006; Schindler & Coley, 2007). This further created feelings of failure and worthlessness. Many homeless fathers struggled to acquire skills, knowledge and confidence necessary to perform their parenting role while being strongly motivated by a desire to become good role models for their children. Many fathers reported experiencing indefinable joy at fulfilling child rearing responsibilities. Consequently these fathers re-examined gender stereotypes and redefined their role in their children's lives. However, involvement in child-rearing tasks (e.g., giving baths to children, preparing snacks) posed special challenges for fathers who complained about a lack of support and services for men undertaking such parenting responsibilities.

In addition, homelessness posed special challenges for parents who were voluntarily or involuntarily separated from their partners or children due to various reasons including lack of housing stability, placement of children in foster care, shelter rules prohibiting accommodations for men and adolescent sons, mental health and substance abuse issues, break-up with a partner, and lack of willingness of family members to care for children (Barrow & Laborde, 2008; Choi & Snyder, 1999a; Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; Dotson, 2011). Even when separated from children, homeless mothers continued to see parenting as their primary responsibility and strove to ensure their children's emotional and physical well-being by continuing to be involved in their lives, working towards the resolution of mental health or drug problems, and envisioning a better future in an apartment of their own. At times, mothers faced resistance and close scrutiny by their former partners as they attempted to engage with separated children. However, the most common obstacles or disruptions in the parenting role were related to family court rulings about the frequency and supervision of visits, foster care agencies' scheduling practices, and rules and requirements at shelters (Barrow & Laborde, 2008). This was particularly applicable to those mothers whose separation from their children was involuntary.

On many occasions, mothers voluntarily placed their children with family members to protect them against the hardships of homelessness (Barrow & Lawinski, 2009). In about 14% of separation episodes, mothers left the children in the care of fathers. Maternal grandparents were another major source of support. At times, mothers sent their children to be cared for by relatives residing in distant cities. However, kinship care did not always work smoothly and disagreements about rules or discipline strained family relationships. In addition, the relatives were overstretched by limited housing, finances, and emotional resources. Often mothers unaccompanied by children at the shelter reported that they did not

come directly from the place where they had left their children; they had instead lived with other family members or moved in with friends for as long as they could. The narratives of these mothers revealed that they had moved through the entire spectrum of their social networks' using the most secure of their social ties (e.g., their own parents or siblings) to house their children (Glick, 1996), before resorting to public shelter.

2. Mental and physical health

Multiple losses related to housing, jobs, income or personally valuable possessions, as well as the deaths of loved ones or the separation from significant others exacerbated mental health challenges and compromised well-being.

Homelessness had adverse impacts on the physical and mental health of parents. Major depression, post-traumatic stress disorder, schizophrenia, suicidal ideation, anxiety, insomania excessive smoking, alcohol dependence and substance use/abuse pervaded the lives of homeless parents (i.e., homeless mothers) in rural and urban areas (Meadows-Oliver et al., 2007; Schuster, Park, Frisman, 2011; Tischler & Vostanis, 2007; Weinreb, Buckner, Williams, & Nicholson, 2006; Weinerb, Goldberg, & Perloff, 1998). The manifestation and management of mental health problems emerged as a major concern related to communal living at shelters (Hatton, Kleffel, Benett, & Gaffery, 2001). At times, seizures and suicide attempts disrupted shelter living.

Multiple losses related to housing, jobs, income or personally valuable possessions, as well as the deaths of loved ones or the separation from significant others exacerbated mental health challenges and compromised well-being (Craft-Rosenberg, Powell, Culp, 2000; Tischler et al., 2007). The stigma associated with homelessness threatened the self-esteem of both mothers and their children (Averitt, 2003). At times, mothers sensed subtle, but powerful discrimination, negative stereotyping, and stigmatization in their interactions with service providers (Cosgrove & Flynn, 2005). The women felt overriding guilt and concerns regarding the welfare of their children due to their inability to provide stable housing. Contending with homelessness increased the levels of stress, further straining the mother-child relationship (Banyard & Graham-Bermann, 1998; Swick & Williams, 2010). At times, homeless mothers resorted to avoidant and maladaptive coping strategies (e.g., denying existence of problem or indulging in alcohol and/or substance abuse) which placed them at greater risk of being trapped in a long-term cycle of homelessness.

Due to temporary living conditions, homeless families often had little or no access to refrigeration, food storage, cooking facilities, private bathrooms, appropriate bedding, sanitation, and health care services resulting in poor health outcomes (Ligon, 2000; Morris & Strong, 2004). Consequently, urban and rural homeless mothers reported deteriorating physical functioning, gynecological disorders, headaches, allergies, bronchitis, pneumonia, anemia, kidney disorders, asthma, ulcers, and sexually transmitted diseases (Bassuk et al., 1996; Craft-Rosenberg et al., 2000; Wagner, Menke & Ciccone, 1995; Weinerd et al., 2001). Communicable conditions included hepatitis, tuberculosis, athlete's foot, scabies, colds, flu, and sexually transmitted diseases, including HIV infections (Hatton et al., 2001). In addition, the extreme conditions associated with street life increased the likelihood of sexual assaults.

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Furthermore, nutritional deficiencies due to the high cost of healthy food, overreliance on food from "fast-food" restaurants, and inadequate access to cooking facilities at shelters were common among mothers and their children (Drake, 1992; Grant, Shapiro, Joseph, Goldsmith, Rigual-Lynch et al., 2007; Oliveira & Goldberg, 2002; Schwartz, Garrett, Hampsey, & Thompson, 2007; Wood, Valdez, Hayashi, & Shen, 1990b). Adverse perinatal outcomes (i.e., premature birth and underweight newborn) were observed among women who were homeless during

their pregnancies (Little, Shah, Vermeulen, Gorman, Dzendoletas et al., 2005). Rural homeless mothers reported high instances of headaches, hearing loss, injury and fracture (Craft-Rosenberg et al., 2000).

A study comparing homeless and low-income housed mothers revealed noteworthy differences in the areas of health risk behaviours (i.e., HIV risk behaviours), emergency department use and hospitalization rates with the former group reporting a significantly greater prevalence of challenges in these domains compared to the latter (Weinerd et al., 2001). Homelessness (i.e., lack of a permanent address, lack of insurance) coupled with a mental illness and dependent children posed several barriers in accessing primary and preventive health care services (Benhow et al., 2011; Craft-Rosenberg et al., 2000; Hatton et al., 2001). Women could often not pay for child care or transportation to attend regular check-ups with a physician. In certain geographic areas, a lack of family physicians created barriers in obtaining equitable access to resources and health. Often the health services available did not cater to the needs of homeless mothers, thus making it difficult to utilize available resources. Compounding these barriers in a group of immigrant homeless families, were issues related to language difficulties, unavailability of interpreters, racism and stigma attached to mental illness.

F. CHILDREN IN HOMELESS FAMILIES

Research exploring children's experiences and perceptions of homelessness was limited.

Children within homeless families experienced unique challenges as they moved around with their parents in search of housing and a stable life (DeForge, Minick, Zehnder, &Carmon, 2001; Kirkman et al., 2010). However, research exploring children's experiences and perceptions of homelessness was limited; in particular there was a dearth of studies examining the perspectives of older and adolescent children who might be removed by child protection services, placed in care of relatives by parents, or excluded from accommodations at family shelters due to restrictive admission criteria (Choi & Snyder, 1999a; Habor & Toro, 2004). As a result, the age distribution of children in homeless families was skewed towards infants and toddlers accompanying parents at shelters and other services (Perlman & Fantuzzo, 2010). No significant difference in gender distribution was noticed in a sample of children which comprised an equal number of boys and girls; furthermore, children were from diverse ethnic and cultural backgrounds (Kirkman et al., 2010).

Before moving to a family or emergency shelter with parents, children had experienced multiples changes of residence including hotels or motels, sleeping rough or in cars, rooming or boarding houses and caravan parks (Kirkman et al., 2010). At times, children had lived in cramped apartments situated in unsafe neighbourhoods. Housing instability also meant living without familiar possessions, personal treasures, toys, and pets (Hill, 1992). The loss of material possessions prompted children to fantasize about their future homes filled with cherished possessions. On the other hand, homelessness demoralized and discouraged some children who came to expect instability as a way of life. Children continued to be affected by problems that preceded or precipitated homelessness, such as family violence, severed relationships, parental substance abuse, mental health issues, or histories of parental incarceration (Harpaz-Rotem, Rosenheck, & Desai, 2009).

Lack of personal space and privacy, loss of appetite, and sleep disturbances were some of the common challenges encountered by children in family or emergency shelters (Choi & Snyder, 1999a). Ironically, the same shelters opened up opportunities for some children to participate in activities (e.g., summer camp and gym) and receive long-overdue health care (e.g., immunization) which were previously unavailable to them. Moreover, children valued the relationships and friendships they established with other children at shelters (Hill, 1992). At times, children denied being "homeless" and concealed the fact that they were living in shelters from their peers due to fear

Before moving to a family or emergency shelter with parents, children had experienced multiples changes of residence including hotels or motels, sleeping rough or in cars, rooming or boarding houses and caravan parks.

of being ridiculed (DeForge et al., 2001). The literature suggests that the adverse effects of homelessness and housing instability were pervasive in every sphere of children's lives including relationships and mental health, physical health, education and schooling. Nevertheless, it has been found that children show considerable variations in their notions of home and homelessness (Kirkman et al., 2010). For some children, home was where significant family members lived. Consequently, these children felt safe while moving through residences due to the constant presence of family members, in particular their mothers.

There is also evidence that, while living in a shelter, mothers focus primarily on ensuring that the needs of their children are met. Banyard's (1995) qualitative study of 64 homeless mothers living in shelters with their children showed that mothers' coping strategies centred on engaging in activities through which they could be effective parents, addressing children's emotional responses to living in a shelter, reinforcing social support networks external to the shelter, obtaining information as well as formulating action plans to regain suitable housing.

1. Relationships and mental health

Children were often separated from one of their parents, typically fathers and older siblings who were left in the care of extended family networks.

As families moved from one temporary accommodation to another, it created disruption in relationships with other family members (Kirkman et al., 2010). Children were often separated from one of their parents, typically fathers and older siblings who were left in the care of extended family networks. Children accompanying homeless parents often lost connections with extended family members (e.g., uncles, aunts, grandparents, and cousins), friends and the larger community.

Homelessness adversely affected children's sense of security, mood, and behaviour. Chaotic sequences of accommodations left children feeling confused, insecure, sad, and angry (Kirkman et al., 2010). Children from homeless families demonstrated higher rates of emotional problems (e.g., shyness, withdrawal), behavioural problems (e.g., aggression, dependent or demanding behaviour), and developmental problems (e.g., delays in motor coordination, speech difficulties, delays in psychosocial and cognitive development) compared to never-homeless poor children (Bassuk et al., 1986; Coker et al., 2009; Smolen, 2003). Family violence and economic distress contributed to problematic aggressive behaviors which further jeopardized the social lives of homeless children (Anooshian, 2005).

2. Physical health

Homelessness adversely affected children's sense of security, mood, and behaviour. Chaotic sequences of accommodations left children feeling confused, insecure, sad, and angry.

Homeless children showed a greater prevalence of acute (e.g., diarrhea) and chronic health problems (e.g., asthma) than did housed children (Ligon, 2000; Morris & Strong, 2004). Inadequate emergency shelter conditions and a lack of adequate preventive and curative health services appeared to contribute to poorer health among homeless children. Communal living arrangements placed children at increased risk of contracting and transmitting infectious and communicable diseases such as respiratory infections, skin disorders, sore throats, chicken pox, whooping cough, head lice and sinus infections (Hatton et al., 2001; Ligon, 2000; Morris & Strong, 2004). The close proximity of beds, shared washroom facilities, inadequate facilities for changing and bathing infants, unsanitary conditions, and noise and light exacerbated

existing health problems. Also, certain shelter regulations compelled families to leave the premises during day time hours, thereby exposing children to the elements and potential health hazards (Averitt, 2003).

Moreover, homeless children had higher rates of lead poisoning associated with poor-quality, dangerous and unstable housing conditions (Kerker, Bainbridge, Kennedy, Bennani, Agerton et al., 2011). Hospital admissions or use of emergency room or hospital clinics constituted the usual site of health care for homeless children as homeless families often did not have a usual health care provider (Miller & Lin, 1988). Mortality rates were higher among homeless children compared to that of children in the general population and in low-income neighbourhoods. More than 40% of these deaths were identified as amenable to prevention (e.g., unintentional injuries and assaults). Imbalanced diet and repeated periods of deprivation were noted among homeless children (Grant et al., 2007; Schwartz et al., 2007; Wood et al., 1990b). Consequently, higher rates of hunger and nutritional deficiencies as well as obesity were observed among homeless children. Instances of lice, seizures, and animal bites were also reported among rural homeless children (Craft-Rosenberg et al., 2000).

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Concerns have also been raised about the health effects of substandard housing on children at risk of homelessness. Cooper (2004) identified varied deficiencies of poor quality housing that pose threats to children's health: she noted hazards such as dampness, mould growth, lead paint, asbestos, and corroded pipes. Compared to non-Indigenous, Indigenous children have higher rates of illness and death due to poor quality water and inadequate sewage systems, overcrowding and general exposure to harmful physical, chemical and biological substances (Cooper, 2004). While Indigenous children in Canada are at greatest risk of suffering adverse effects on well-being because of the poor state of their housing, Cooper (2004) noted that 15% of Canadian households with children are in need of core housing.

3. Education and schooling

Concerns have also been raised about the health effects impacts for children at risk of homelessness who are living in substandard housing.

In the domain of education and schooling, homeless children encountered many challenges (Averitt, 2003). Residential transience of children was associated with frequent school changes and poor school attendance (Crowley, 2003; Harpaz-Rotem, Rosenheck, & Desai, 2006,; Julianelle & Foscarinis, 2003; Murphy, 2011; Perlman & Fantuzzo, 2010). Repeated changes in schools meant changes in teachers, curricula, school mates, rules, and textbooks (Crowley, 2003; Julianelle & Foscarinis, 2003). Consequently, homeless children were more likely to have repeated grades, to have underserved needs for special education due to delays in assessment and record transfers, to fall behind in academic progress, and to drop out of schools (Fisher et al., 2002; Julianelle & Foscarinis, 2003; Kirkman et al., 2010; Murphy, 2011).

Frequent changes in schools had adverse effects on homeless children's commitment and sense of belonging to school communities, social networks, and educational achievements (Kirkman et al., 2010). For parents of school-age children, a lack of understanding from school staff and lack of transportation to school added to their concerns about children's educational problems (Choi & Snyder, 1999a). Removal from schools due to the lack of a permanent address was a distressing experience for some children and parents. On the other hand, school provided an escape from the harsh realities and opportunities to establish a more secure future for some homeless children (Kirkman et al., 2010).

Residential transience of children was associated with frequent school changes and poor school attendance.

G. EXITING HOMELESSNESS

Many homeless mothers reported that they faced significant barriers and discrimination as they attempted to exit homelessness and to secure housing (Benbow et al., 2011). Landlords expected potential tenants to identify their race, sexuality, and disability (e.g., mental illness) as part of the application process. Some mothers reported being turned down from housing due to their status as single mothers and poor or homeless individuals. Racial discrimination was identified as another major barrier in exiting homelessness in the narratives of Indigenous homeless women (Benbow et al., 2011). Women discussed the difficulties of trying to obtain legal employment while being homeless while worrying about childcare issues. At times, ending homelessness meant accepting accommodation in dangerous and inadequate apartments or returning to an abusive partner or another situation involving abusive relationships.

Despite the above noted barriers, women with accompanying children were observed to exit homelessness at a faster rate and to remain housed for longer durations than single homeless adults without dependent children (Wong, Piliavin, & Wright, 1998). They were also more likely to exit homelessness to their own house or apartment. These differences arose chiefly due to the families' ability to access public income support systems which ensured more stable and generous cash and in-kind benefits to families with dependent children. However, further research revealed that one-third of families that exited homelessness experienced another spell on the streets, thus implying a need for additional ongoing services (e.g., counselling, crisis management, job training or education) that would ensure long-term stability and economic independence.

The factors leading out of homelessness were somewhat similar to the protective or mitigation factors that prevented homelessness among vulnerable families. Social support and assistance from individuals of the same ethno-cultural background seemed to enable families to transition out of homelessness (D'Addario et al., 2007; Tischler & Vostanis, 2007). A predictive model for becoming re-housed and achieving housing stability revealed that being accompanied by dependent children and having access to subsidized housing contributed significantly to being re-housed (Nemiroff, Aubry, & Klodawsky, 2010). Furthermore, access to housing vouchers seemed to increase residential stability and decrease shelter re-admission; however, some families seemed to achieve greater housing stability with the assistance of case management and other services (e.g., mental health care, job training, tenant organizing activities, self-help groups) along with housing subsidies (Bassuk & Geller, 2006).

A small number of studies examined service use patterns among homeless families before, during, and after their homelessness episodes (Coker et al., 2009; Culhane, Park, & Metraux, 2011). A comparison of homeless children with housed children revealed that, prior to their first homeless episode, those who experienced homelessness were similar to low-income housed children who were involved with a mental health service (Park, Metraux, Culhane, & Mandell, 2012). However, with the onset of a homelessness episode there was an increased use of mental health care services, possibly because homeless children entered shelter systems where their mental health care needs were recognized by parents and service providers. In contrast, an ongoing episode of homelessness was not associated with inpatient behavioral health services (Culhane et al., 2011). The explanation for decreased reliance on acute care or community-based services during an episode of homelessness lay in the increased utilization of shelter-based services by homeless families. Further scrutiny of the pattern of service use revealed that subsidized housing placements did not reduce the subsequent need for intensive services, thus implying that formerly homeless families might have a significant need for services despite the resolution of homelessness.

At times ending homelessness meant accepting accommodations in dangerous and inadequate apartments or returning to an abusive partner or other situations involving abusive relationships.

H. INTERVENTIONS

A wide range of scholarly publications focused on the services and programs designed to meet the multiple and dynamic needs of homeless families. Numerous housing services (e.g., shelters, transitional housing programs, hostels, housing vouchers/subsidies) and their capacity to prevent, reduce, or eradicate homelessness among families were discussed at length in the published literature (Anderson, Stuttaford, & Vostanis, 2006; Bassuk & Geller, 2006; Fischer, 2000; Fogel, 1997). The development of inter-agency partnerships and collaborations to meet the diverse needs of homeless families was emphasized.

In addition, researchers described the transition of families from homelessness to home ownership or tenancy through assistance with financial planning, career advancement (i.e., job training or education), stable income generation, and skillful management of expenses (Davey & Ivery, 2009). The strong connection between severe poverty and homelessness has reinforced the view that mitigating the effects of homelessness requires action by governments to provide funding support to enable families to remain housed and thereby avoid the stressful circumstances of homelessness (Banyard, Williams & Siegel, 2003; Lee et al., 2010). Despite this recognition, there is concern that a disconcerting shift has taken place which has influenced public and governmental responses to family homelessness. The initial acknowledgment of the need for structural responses to address family homelessness has been replaced by an approach that "blames the victims" of poverty and views homelessness as a personal choice (Leonard & Randell, 2004).

However, there has been some ongoing recognition that the needs of homeless families go beyond securing a home and averting future episodes of homelessness. It has been argued that the vast majority of homeless families require services in the areas of job training and employment, adult education, mental and physical health care, credit counselling, public assistance, parenting, life-skills training, emotional, behavioural and developmental problems of children, educational support for children and early childhood care for preschool children (Anderson et al., 2006; Kim, Calloway, & Selz-Campbell, 2004; Mulroy & Lauber, 2004; Swick, 2010; Zlotnick & Marks, 2002). A comprehensive assessment of needs, coordination of services, access to specialized services, and ongoing support following re-housing were identified as significant contributors to housing stability, improved family functioning, reduced substance abuse, a decline in hospitalization due to mental illness, and increased economic self-sufficiency among homeless families (Hanrahan, McCoy, Cloninger, Dincin, Zeitz et al., 2005; Mulroy & Lauber, 2004). Many women and homeless children demonstrated continued needs in the area of mental health after being re-housed (Vostanis, Grattan, & Cumella, 1998).

Furthermore, homeless families experienced multiple barriers to accessing housing, other forms of public assistance, and gaining control over their lives (Choi & Snyder, 1999b; Nwakeze, Magura, Rosenblum, & Joseph, 2003; Swick, 2008, 2005). Psychosocial barriers pertained to feelings of isolation, despair and chaos, a pervasive sense of insecurity and powerlessness, and limited social skills necessary for healthy family functioning. The systemic barriers included lack of affordable housing, unsafe neighbourhoods, bureaucratic hassles, the restrictive policies associated with public assistance programs, long wait-times for subsidized and social housing, unaffordable child care, inadequate employment opportunities, and a lack of cohesive, responsive, and meaningful human services. As far as barriers in access to health care were concerned, it was discovered that many homeless families were consumed by the daily struggles of survival and did not give priority to their varied needs for physical or mental health care (Nwakeze et al., 2003).

The strong connection between severe poverty and homelessness has reinforced the view that mitigating the effects of homelessness requires action by governments to provide funding support to enable families to remain housed and thereby avoid the stressful circumstances of homelessness.

Under such circumstances, case management and continuum of care models as well as training of service providers in strengths-based approaches were described as potential solutions. In particular, case management services were emphasized for the integration of services across various systems (e.g., health and mental health systems, education, child welfare, housing programs, and social assistance programs). Moreover, strengths-based approaches were considered desirable for fostering empowerment, self-advocacy and stability among homeless families (Bassuk & Geller, 2006; Swick, 2010, 2005; Zlotnick & Marks, 2002). Innovative approaches and programs such as those involving social justice group work with homeless mothers (Coker, Meyer, Smith, & Price, 2010), mentor-advocacy case management, individualized service teams composed of service providers from different sectors (Kim et al., 2004), a non-custodial parents housing program (Ferguson & Morley, 2011), the developmental-ecological approach (Kilmer, Cook, Crusto, Strater & Haber, 2012), weekly support group meetings (Fogel, 1997), and family supportive housing initiatives (Gerwitz, Hart-Shegos, & Medhanie, 2008) were espoused to empower homeless families, to encourage personal growth among family members, and to better meet the needs of children within the families.

Along with programs and services, a few studies described the community-level, multi-stage, ground-up processes involved in the development and implementation of information systems (i.e., Homeless Individuals and Families Information System—HIFIS) aimed at assisting the shelters with collection of standardized data about consumers and at improving service coordination, public policies, and program development for homeless individuals and families (Peressini & Engeland, 2004). On the other hand, Hernandez Jozefowicz-Simbeni & Israel (2006) described the need for legislative and policy initiatives (e.g., McKinny-Vento Act) designed to ensure educational success among homeless children.

Strengths-based approaches were considered desirable for fostering empowerment, self-advocacy and stability among homeless families.

IV. IMPLICATIONS FOR FUTURE RESEARCH

The literature review revealed a dearth of research on homeless fathers, un-accompanying children, and other family members. Moreover, it became evident that there is a need to research family homelessness in rural and small-town communities. The future research planned for the current project aims to address the above gaps in knowledge and can also focus upon homelessness among Francophone and Indigenous families as well as homeless families belonging to other cultural groups. Much of the published literature emphasizes the adverse impacts of homelessness for families without much examination of what is needed in the way of preventative measures. Plans for the current project include data collection to examine strategies for the prevention of family homelessness as the personal and systemic costs associated with the living circumstances of poverty and homelessness are great.

The findings of this review of the literature suggest that homelessness among families is strongly associated with a multitude of adverse circumstances (e.g., domestic violence, low paying jobs, lack of affordable housing, substandard housing, discrimination) accumulating over years. The housing trajectories of these families revealed that parents accompanied by children sought and harnessed support from extended family members while attempting to improve their circumstances. However, when the resources within personal support networks were exhausted, families proactively turned to formal services (i.e., shelters and other services) which were perceived as an interim solution; long-term sustainable resolution of the housing crisis requires action on the part of policy-makers.

Families including children seemed to demonstrate courage, resourcefulness and resilience as they navigated informal and formal support systems while envisioning a stable and secure future in a clean, affordable, and safe home. However, this theme of hope, courage, grit and resilience remained largely unexplored in the literature on family homelessness.

Much of the published literature emphasizes the adverse impacts of homelessness for families without much examination of what is needed in the way of preventative measures.

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