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## **SOCIAL SUPPORT AND THE ROLE OF HOUSING FOR HOMELESS FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM**

Saidah Chambers

*DePaul University*, [schambe9@depaul.edu](mailto:schambe9@depaul.edu)

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SOCIAL SUPPORT AND THE ROLE OF HOUSING FOR HOMELESS  
FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM

A Thesis  
Presented in  
Partial Fulfillment of the  
Requirements of the Degree of  
Master of Arts

BY  
SAIDAH CHAMBERS  
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Department of Psychology  
College of Science and Health  
DePaul University  
Chicago, Illinois

THESIS COMMITTEE

Patrick Fowler, Ph.D.  
Chairperson

Nathan Todd, Ph.D.  
Reader

Sheldon Cotler, Ph.D.  
Reader

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Biography

The author was born in Brooklyn, New York, March 19, 1981. She graduated from Midwood High School and received her Bachelor of Arts degree in Psychology from Hunter College in 2008.

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## ABSTRACT

The present study investigates the impact of a housing intervention for homeless families involved in the child welfare system on social support and their networks. Qualitative methods were employed in a randomized control trial of a housing intervention to examine the meaning of social support from the perspective of caregivers while exploring the relation between instrumental support (e.g. advice, emotional support, and perceived support), family roles, decision making processes, and housing. Findings suggest little difference in families' perceptions of social support regardless of receiving a housing voucher; however, differences between doubled up housing arrangements and independently housed families may be harder to discern. Point of contact may also be crucial in understanding changes in social support for inadequately housed families. Findings of this study are important in order to know how best to meet the needs of inadequately housed families who may understand social support differently due to being in the difficult position of living in unstable housing arrangements while still longing for housing of their own.

## INTRODUCTION

Federal law has defined family homelessness and its associated services to include parents living with children on the streets or in shelters, as well as families in jeopardy of losing homes due to inadequate living arrangements (Public Law 111-22). This population has continued to rise over the past two decades and some evidence indicates the rate of growth has steepened for some families with the recent economic decline (Bassuk, 2010). According to the Annual Homeless Assessment Report to Congress (AHAR) assembled by Housing and Urban Development (HUD), there were 567,334 homeless persons in families on a single January night in 2010 across the U. S. (Cortes, Leopold, Rothschild, Buron, Khadduri, & Culhane, 2011). Point-in-time prevalence was estimated by surveying emergency, transitional, and permanent housing programs funded by the HUD. Using this methodology, the report also indicated that the number of sheltered homeless families increased by 20 percent from 2007 to 2010 (Cortes et al., 2011). As the issue of homelessness among families continues to grow, research needs to identify characteristics and pathways toward homelessness to improve efforts to intervene.

Homeless Families

Characteristics of homeless families. Living on the streets and in shelters has shown to be a transitory phase through which homeless families pass, while more persistent have been patterns of residential mobility including doubled-up living arrangements with other families (Rog, 2008; Shinn et al., 1998). Over 66% of sheltered families identified in the AHAR came from situations where they

were inadequately housed (i.e. doubled up with family or friends) or had lost their homes (Cortes et al., 2011). Compared to low-income housed mothers, homeless mothers reported significantly greater number of residential moves over time (Shinn et al., 1998, 2008). Previous research has shown that homeless families were usually comprised of a single woman with at least two young children (Bassuk, Buckner, Weinreb, Browne, Bassuk, Dawson, & Perloff, 1997; Bassuk & Geller, 2006; Marra, McCarthy, Lin, Ford, Rodis, & Frisman, 2009). The bulk of research conducted with homelessness families has focused on sheltered families, which may underestimate the prevalence of fathers or older males in families given some shelter policies that prohibit males in facilities (Zlotnick, Tam, & Bradley, 2007). The most recent Annual Homeless Assessment Report (Cortes et al., 2011) indicated that approximately 78% of sheltered adults in homeless families were female and from various races: African-American (42%), Hispanic (12%), White (31%), and other single races or multiple races (12%). In regional studies, minorities, especially African Americans have been disproportionately overrepresented among family homeless populations likely as a result of historical and systemic marginalizing factors (Culhane & Metraux, 1999; Haber & Toro, 2004; Shinn, 2007).

**Risks for Family Homelessness.** In addition to understanding the characteristics of homeless families, it is also crucial to explore risk factors and the pathways by which families become homeless. Homeless families tend suffer from pervasive poverty (Shinn & Bassuk, 2004) and research has shown that most homeless mothers had less than high school education, lacked work experience,

and had incomes below the poverty line (Rog, McCombs-Thornton, Glibert-Mongelli, Brito, & Holupka, 1995b; Weitzman, Knickman, & Shinn, 1990; Wood, Valdez, Hayashi, & Shen, 1990). These findings suggest low income and unemployment may be determinants of precarious housing situations and eventual homelessness.

Adding to the economic burden of homeless families is the decline in supplies of affordable housing and housing subsidies (Crowley, 2003). Many low-income families are forced to move in with family and friends as a result of difficulty locating affordable rent and the financial resources to help cover expenses (Crowley, 2003). One study looked at first time shelter requesting families ( $n = 266$ ) with a comparison sample of welfare caseload families ( $n = 98$ ) in New York City (Shinn et al., 1998). In a five year follow up, receipt of subsidized housing was found to be the primary predictor for housing stability, defined as having one's own place and no previous move in the previous 12 months (Shinn et al., 1998). These findings suggested housing subsidies represented essential support in facilitating exit from homelessness.

Individuals who become homeless often have experienced a number of mental health and behavioral problems. Compared to low income but housed mothers using public assistance, homeless mothers were disproportionately more likely to have experienced hospitalization due to mental health or substance abuse problems, as well as report significantly greater symptoms of mental illness (Bassuk et al., 1997; Shinn et al., 1998). In addition, these studies found homeless families reported greater likelihood of drug and alcohol use and abuse. Homeless

mothers also experienced greater rates of arrest and incarceration. Findings indicated that disordered behavior may contribute to homelessness or exacerbate episodes of instable housing.

Homeless families have often been alienated by family and friends; and limited economic resources may exhaust informal supports, thus families are compelled to enter shelters (Zugazaga, 2008). Sheltered mothers have been shown to have fewer network members and more conflicted relationships when compared to housed mothers (Bassuk et al., 1997). These findings suggest that there may have been a breakdown in social support prior to entering shelters or during episodes of homelessness, placing mothers at risk for recurrent shelter use, and ultimately increasing risk for child welfare involvement. Bassuk and colleagues also found being placed in foster care as a child was independently predictive of family homelessness as an adult, implying that these predictors may be pathways to homelessness as an adult and foster care may interfere with the formation of strong supports necessary to be a self-reliant adult (Bassuk et al., 1997). In addition, once involved in the child welfare system, homeless families are at increased risk for out-of-home placement (Culhane, Webb, Grim, Metraux, & Culhane, 2003; Zlotnick, 2009; Zlotnick, Kronstadt, & Klee, 1998). Disrupted social support networks may impede family stabilization such that families remain stuck.

Many risk factors are similar for both homeless families and poor low-income families (Buckner, 2008), suggesting that some risk factors may not be sufficient pathways to homelessness and it is important to differentiate between

risk factors of homelessness and factors that may be legitimate causes of homelessness. The relation between homelessness and social support represents an especially important pathway given the ability to intervene through public policy and programmatic developments. However, research has yet to elucidate fully the mechanisms involved.

#### **Social Support and Homelessness**

Social support has been defined as exchange between a provider and a recipient, and it is usually evaluated structurally or functionally (Hogan, Linden, & Najarian, 2002). The structure of social support systems involves: size, composition, density, multidimensionality, and reciprocity; while the functional component of social support systems concentrate more on tangible or perceived support. Both dimensions of support can serve instrumental and emotional needs (Calsyn, 2004). Research on social support among homeless families has focused on whether disruptions in networks lead to homelessness, or whether the experience of homelessness exhausts support networks.

A number of studies have demonstrated deficiencies in different aspects of social support experienced by homeless families. Researchers have found homeless mothers ( $n=220$ ) have been shown to have fewer network members and more conflicted relationships when compared to housed mothers ( $n=216$ ). Both were independent predictors of homelessness, suggesting that inadequate social support may be involved in the pathway to homelessness (Bassuk et al., 1997). Letiecq and colleagues looked at social support of 115 low-income housed mothers compared to 92 homeless mothers from shelters, transitional housing, and

doubled-up arrangements (Leticq, Anderson, & Koblinsky, 1998). They found that sheltered mothers and transitionally housed mothers reported having significantly less communication with family and friends and all homeless mothers reported having significantly fewer friends and family they could rely on for tangible and perceived support when compared to housed mothers (Leticq et., 1998).

Other research has demonstrated little difference in social support of homeless families compared to low income housed families. Goodman (1991) investigated the nature of social support by comparing the responses of 50 sheltered mothers with 50 housed low-income mothers. The author also found no difference in size and composition between sample networks. In a study in New York City, Shinn and Colleagues (1991) focused on families on public assistance and compared the social relationships of 677 mothers requesting shelter with 495 low-income but housed mothers (Shinn, Knickman, & Weitzman, 1991). Findings suggested that most of the homeless families were not socially isolated and had more recent contact with both friend and family compared to housed families; however, homeless families were less likely to perceive members in their social support system as willing to house them for more than a few days at the time of their shelter request (Shinn et al., 1991).

Interestingly, this sample was followed up 5 years after entry into the NYC shelter system (Toohey, Shinn, & Weitzman, 2004). They compared 251 mothers at initial shelter entry request and at a 5 year follow up with 291 consistently housed mothers. At Time 1, a greater percentage of homeless

mothers reported having a mother, grandmother, close relative, and close friends in their network; however fewer homeless mothers perceived the people within their network to be housing resources (Toohey et al., 2004). At Time 2 these differences disappeared, as significantly more formerly homeless mothers reported having family members and close friends who were willing to house them compared to their responses when homeless (Toohey et al., 2004); there was no difference between the overall sizes of networks of formerly homeless mothers when compared to consistently housed mothers (Toohey et al., 2004).

The type of support homeless families consider the most beneficial while facing difficulty finding stable housing has also been studied in this area of research. Over time, formerly homeless and consistently housed women who reported high levels of emotional and instrumental social support showed greater improvements in parenting consistency when compared to reporters of lower levels of support (Marra et al., 2004). Although emotional support has been found useful when provided with other support, McChesney (1992) interviewed 80 homeless mothers with children under 18 years old who at the time resided in various shelters. The mothers reported that during an episode of homelessness, instrumental resources like shelter, money, and food were considered the most valuable type of support (McChesney, 1992).

One explanation for differences in size could be attributed to the different point-of-contact with homeless mothers. Mothers in the Shinn et al study were eligible only if they had not been in a shelter at least 30 days (1991); while the exact point-of-contact for Leticq and colleagues was unclear (Leticq et al.,

1998). The mixed findings from these studies suggest the networks of families just entering a shelter may be different than families in the midst of a homeless episode (Bassuk et al., 1997). There is not much debate about whether social support has beneficial qualities; however, the research involving homeless families is still unclear, specifically the direction of causality between deficient social support and homelessness, as well as the role that housing may have in rebuilding social support. The various times in which homeless families are contacted may also contribute to the mixed findings.

#### Housing and Housing Interventions

Knowing whether housing impacts social support among homeless families offers an opportunity to better understand the temporal relationship that exist. A study of homeless mothers in a shelter measured social support at weekly intervals and found that families reported stable levels of emotional support and informal support (support received from family and friends) during the shelter episode, suggesting stable levels of positive supports (Cook-Craig, 2011). Likewise, Marra et al. (2009) found that instrumental and emotional support remained at stable levels over a 15 month period among homeless mothers. These studies suggest stability in reported support, but do not inform whether changes may occur as a result of rehousing.

Toohy and colleagues (2004) provided some information on this. Formerly homeless mothers seemed to regain connections with family 5 years after experiencing homelessness; however, deficiencies in social support networks remained notable. In particular, homeless mothers reported living significantly

farther away from support networks compared to consistently housed families likely due to compromises made to find affordable housing. Formerly homeless mothers also reported differences in the presence of fewer positive and more negative supports in their networks of peers and family. These findings may indicate that housing has a positive impact on redevelopment of ties, but at a cost.

Housing interventions that prevent or mitigate homelessness offer a particular insight into its impact on social support. Although the needs of homeless families include a myriad of issues like mental health problems, drug addiction, and unemployment; one of the most beneficial resources used in housing interventions with homeless families and low-income families are housing vouchers. The recipients of section 8 vouchers are responsible for paying 30% of their adjusted gross (AGI) toward their rent and utility cost. The remainder is covered by the voucher. In situations where the rent and utility costs exceeds the standard or the family income, families could be responsible for more than 30% of their AGI.

In a randomized control trial of the housing choice voucher program during 1999 - 2006, 8673 low-income families receiving TANF across six sites were randomly assigned to receive an affordable housing voucher with few additional housing services or a control condition (Wood, Turnham, & Mills, 2008). While a majority of this sample was low income and housed families, at base line, 25.8% of the sample were living with friends or relatives and 1.9% were staying in homeless shelters or transitional housing. They found that families who received voucher assistance were three times less likely to spend time living with

family and friends, in shelters, and on the street. They also found that most caregivers reported little difference in their social support systems prior to receiving the voucher, as well as after; although a few women indicated that financial assistance of the voucher allowed them to rely less heavily on family and friends (Wood et al., 2008).

Contrastingly, housing choice vouchers have been used in relocation studies to examine neighborhood effects on outcomes, such as crime and academic performance, where participants were restricted in terms of neighborhood when using the voucher (Feins & McInnis, 2001). Moving to Opportunities (MTO) Demonstration was implemented at five urban sites (Baltimore, Boston, Chicago, Los Angeles, and New York) starting between 1994- 1999 (Feins & McInnis, 2001). Housing choice vouchers were used for affordable housing assistance and supplied to participants living in public housing. The design included three groups: the experimental group received the voucher and was required to move to a low poverty area as defined as census tracts with less than 10% of the population living below the federal poverty level; one group received the voucher and could move into private housing of their choice regardless of poverty levels; and the last group did not receive a voucher and remained in public housing. In terms of social support, the intervention was found to increase the social connections of the experimental group to friends with a college education and had no net adverse influence on social isolation of parents; however, youth were found to be more socially isolated due to relocation to low-income neighborhoods (Sanbonmatsu et al., 2011).

Much of the literature on housing interventions includes descriptive studies, lacking the necessary randomized design to decipher the direction of relationships. The few that have employed randomized designs have not focused largely on the impact of housing on social support and many include housing service provision as well. Little is known about the perceptions of homeless families in contact with the child welfare system with regard to social support and their housing needs. Studying social support changes associated with stabilization of housing offers an opportunity to disentangle the influence of homelessness on social support deficiencies.

#### **Family Unification Program**

The Family Unification Program (FUP) represents collaboration between public housing agencies, child welfare agencies, and the US Department of Housing and Urban Development (HUD) in an effort to reunify and prevent out-of-home placement of inadequately housed families by providing housing choice vouchers (HCV). The aim of the Family Unification Program is to address the concern that inadequate housing is central in the out-of-home placement of children within the child welfare system (Rog, Gilbert-Mongelli, & Lundy, 1998).

The program requires formal partnerships through Memorandum of Understanding between public housing authorities (PHA) and public child welfare agencies (PCWA). Agreements specify how child welfare agencies identify eligible families and certify a housing need that threatens parent-child separation. Partnerships develop a mechanism to refer families to screen eligibility for HCV by housing authorities. Inadequate housing defined by FUP includes,

homelessness, imminent risk for eviction, displacement due to domestic violence, substandard or dilapidated living conditions, overcrowded units, inaccessible housing for disabled children. Families must also be eligible for the Housing Choice Voucher Program based on local standards agreed upon with HUD. This includes annual gross incomes that fall below thresholds based on published fair market rental values by family size, criminal background clearance, absence of arrearages to PHAs, and timely lease up in approved housing units.

Vouchers intend to enable these families to lease or purchase decent, safe and sanitary housing that is affordable in the private housing market. The responsibility to find housing that meets basic needs and fits program requirements falls on the family. Once families find reasonably priced housing that fits quality standards, the PHA executes a contract with the property owner. This contract authorizes the PHA to make subsidy payments on behalf of the family. If the family moves out of the unit, the contract with the owner ends and the family can move with continued assistance to another unit. The public housing authority pays the owner the difference between 30% of family income and the public housing authority-determined payment standard or gross rent, whichever is lower. The family may choose a unit with a higher rent than the payment standard and pay the owner the difference that does not exceed 40% of the family's annual adjusted income.

In an initial descriptive evaluation of FUP, families eligible for participating in FUP were followed over a 12 month period (Rog et al., 1998). It was found that 85% of families in FUP remained housed after 12 months in the program and 14%

were terminated from the HCV due ineligibility (Rog et al., 1998). In terms of family preservation, 62% of reunification families were reunited, and 90% of families at risk for separation remained intact. Findings suggest a potential stabilize families and intervene on the pattern of residential mobility that characterizes family homelessness; however, the initial evaluation failed to examine impact of the intervention on social supports used by families to see if changes occurred.

An ongoing evaluation of FUP in Chicago, IL takes advantage of a natural experiment. FUP represents a partnership between the local child welfare agency the Illinois Department of Children and Family Services and the public housing authority the Chicago Housing Authority. Hundreds of families involved with DCFS meet eligibility for FUP in Chicago. Families will be randomly assigned (n = 192) to receive a FUP voucher and compared to a control condition of families eligible for FUP who receive child welfare services-as-usual (n = 192). Services as usual include aid normally offered through the child welfare system, such as: housing search assistance; mental health services; food, clothing, other goods; parenting classes; entitlements; transportation; health care; domestic violence; as well as several other needed services. Families will be followed over 2.5 years to assess inter-agency service utilization as well as child and family well-being.

### Rationale

The benefits of social support have been well established in the literature and are associated with positive outcomes for both mental and physical health (Hogan et al., 2002). However, some people are not able to benefit from having a strong and consistent social support system. The increasing stress associated with poverty and precarious housing, such as eviction, residential mobility, and chronic unemployment, places a particularly difficult burden on family systems and generates a need for greater social support for people who become homeless (Polgar, North, & Pollio, 2009). Homeless families are at great risk for having deficient social support systems, and among these families are children who need adequate social support and a multitude of other supports, like stable housing and food, to ensure proper development. Deficient social networks may be more accurately considered as a consequence of homelessness rather than a cause of family homelessness (Goodman, 1991), further emphasizing the need to explore the relationship between social support and housing needs. The link between homelessness and increased risks for child welfare involvement suggests that this could be critical time to intervene for homeless families.

The influence of housing on social support among homeless families remains largely unexplored. The research that does exist on social support and homeless families focuses primarily on the structure and conflict of social support systems, and the impact of social support on parenting and provides conflicting findings. Further, there is a dearth of research exploring how social support works for the most at risk homeless families within child welfare. The present study will

use qualitative methods to explore the nature and theoretical mechanisms of social support as it relates to housing for homeless families in the Family Unification Program. The use of qualitative methods in combination with a randomized design presents a distinctive opportunity for participants to shed light on the influence of housing on social support and help to distinguish the benefits of housing subsidies from housing services, which continues to be entangled in the literature.

Qualitative methodology was advantageous for garnering information from the participant perspective including: understanding meaning of events, understanding contextual influences on actions, identifying unanticipated phenomena and influences, understanding the processes surrounding actions and events, and finally developing causal explanations (Gibson-Davis & Duncan, 2005). Qualitative methods provided a means for in depth exploration of the complex phenomena of social support. Given the vulnerability and inaccessibility of homeless populations, it was also a valuable experience to be able to form theory from the actual words of the participants. In particular, the grounded theory method provided an especially useful tool because of the relatively small amount of research to guide theory formation (Charmaz, 2006). In the present study grounded theory was used to formulate a theory about how social support for child welfare involved homeless families is influenced by receiving permanent housing vouchers. Although other approaches could be used to better understand the experiences of these families, grounded theory provided the best approach for generating analytical schema of a phenomenon (McCaslin & Scott, 2003).

**Research Questions**

How do inadequately housed families involved in the child welfare system perceive social support from others' in their life?

- Is instrumental social support the most important type of support for all FUP families?
- Do family members provide majority of social support for all FUP families?
- What are the processes that guide FUP-referred family's decisions to rely on different people such as friends, family, and service providers for social support?
- What role does housing play in rebuilding social support for families referred to the Family Unification Program (FUP)?

Do differences emerge in themes pertaining to social support for families who receive FUP housing vouchers and families who receive housing services-as-usual?

**METHOD****Participants**

Participants for the current study were 19 female caregivers between the ages of 22 years and 48 years ( $M = 34.89$ ,  $SD = 8.18$ ) at the time of referral for housing services within the child welfare system. Participants had an average of 2.42 children between the ages of 1 and 19 years ( $M = 8.02$ ,  $SD = 5.62$ ). Of the sample, 73.68% were African American, 21.05% were White, and 5.26% were of Hispanic origin. The mean reported monthly income was \$786.44 ( $SD = 654.31$ ). The most common reasons for participant referral to FUP were *overcrowding* (47.37%) and *no permanent resident* (31.58%). Caregivers represented a subset of households referred to the Family Unification Program (FUP), a housing intervention in the Department of Children and Family Services (DCFS) serving inadequately housed families. Eligibility criteria for this study included: 1) families had open child welfare cases in Chicago, IL between August and December, 2011, 2) families' inadequate housing threatened out-of-home placement of children at referral, 3) caregivers appeared eligible for the Housing Choice Section 8 Voucher Program to DCFS housing staff (e.g., no criminal history of arson, no arrears to the public housing authorities), 4) families participated in the third wave of a parent study using a longitudinal randomized control trial to study the effects of the housing intervention on child and family functioning, and 5) households were randomly selected to participate in this qualitative substudy.

### Procedures

Qualitative interviews were conducted among a randomly selected subset of families participating in a longitudinal randomized controlled trial, in which households were referred to either 1) housing services-as-usual through child welfare or 2) child welfare services plus FUP on a one-to-one ratio. All families received case management through community-based social service agencies to help families find affordable housing (Egan, 2007). This included referral to emergency homeless or domestic violence shelters, education on conducting housing searches and budgeting, and access to tangible resources, such as onetime security deposits, furniture, transportation assistance, food, and clothing, and other resources. Assignment to FUP included a referral to the Section 8 housing voucher program administered through the public housing authority. Families in the parent study were followed over two years with assessments occurring at baseline (wave 1), four months (wave 2), 10 months (wave 3), 16 months (wave 4), and 28 months (wave 5). Families ( $n = 67$ ) selected for the qualitative substudy were recruited after completing the third assessment of the parent study, approximately 10 months following the baseline assessment. Participants were represented by the current caregiver listed as head-of-household and only intact families were eligible. Caregivers were selected for participation using a stratified random selection procedure that balanced families on treatment assignment (FUP or child welfare services-as-usual), as well as month of recruitment into the parent study (October, 2011 through March, 2012). This ensured variation in experiences with FUP, as well as addressed potential systematic differences related to when

families were interviewed. Selection was stratified by month of recruitment into the parent study and treatment condition. Random numbers assigned, each case were ranked from highest to lowest. The highest three ranked cases from each condition were contacted for participation. Cases were removed where no children were currently living in the home and the next ranked case was assigned. Study staff recruited families over the phone and through home visits. All participants agreed to participate upon contact. One participant agreed to be interviewed but was unable to be contacted again. Families were recruited until sample goal was achieved.

In home face-to-face interviews were conducted and participants were compensated with \$40 gift cards in appreciation for their time. In addition to the interview guide, a second interviewer was also present during interviews, for the purpose of gathering field notes that were used during the data analysis process. Throughout this process, the second interviewer remained silent, so as not to disturb the natural flow of the interview. The purpose of the second interviewer was to take notes on possible emerging themes, behavioral observations of the participant, as well as notes about the structure of the interview. Interviews were digitally recorded and then transcribed through a professional and confidential transcription service. To insure that audio files were properly transcribed, the transcripts were checked for accuracy by research staff. Edits were then incorporated to form final versions of transcripts.

**Instrument**

A semi-structured qualitative interview guide was used and questions were developed by the principal investigator and research staff. The interview protocol was developed to qualitatively assess some of the themes of the larger quantitative program evaluation of FUP. The interview guide included open-ended questions about housing arrangements, housing services, family processes, as well as social support. A majority of participant responses were coded from the “social support” section; however, caregivers also described their experiences of social interactions in the “housing arrangements” section, and thus, both sections were reviewed in analyses.

Additionally, a social network inventory assessed personal supports across different domains. Caregivers were asked to list names of all the people in their lives who they would go to for instrumental support, emotional support, intimacy, relaxation, and help with finding housing. For each name provided, caregivers provided information on how they knew the person (i.e., Family, Child's School, Neighborhood, Through other friends, Church, Work, Spouse/partner/boyfriend/girlfriend, Social Group, Other), duration of the relationship (i.e., Less than a month, Between one to six months, Six to twelve months, More than a year), frequency of weekly contact, and the person's familiarity with other supports listed.

The interview protocol was tested with research staff and study consultants to verify the clarity of the language and garner suggestions about the appropriateness of the questions. All recommendations were discussed among the

research team; questions were reevaluated for culturally appropriate language; and then integrated into a final version. The final instrument received university institutional review board (IRB) approval as well as DCFS IRB approval. The full interview guide is attached as Appendix A. Also included in Appendix A are a Social Support Inventory and a Home Observation inventory form. The Social Support Inventory was used to manually record information about people listed as social supports during the associated section. The Home Observation form was used to gather observational information about the general neighborhood and living conditions during interviews.

**Analytic Approach**

Three main phases of analysis were used during the coding process for each group: open coding, axial coding, selective coding (Creswell, Hanson, Clark Plano, & Morales, 2007). In the first phase of coding, each sentence of the transcript was read in order to identify, label, categorize, and describe emerging phenomena found in the text. Essentially, general and more abstract categories were formed during this initial phase to aid in the organization of the data.

The second phase, axial coding, focused more on comparing categories through inductive and deductive reasoning. Through an iterative process, themes were interrelated with an emphasis on causal relationships. Strauss and Corbin (1990) suggested six categories should emerge in successive order during data analyses: 1) causal conditions – casual factors that related to the central phenomenon; 2) phenomenon – the main emerging concept; 3) strategies in the context – strategies for obtaining the phenomenon in relation to the setting; 4)

intervening conditions – mediating conditions for strategies; 5) action or interaction – action steps leading to phenomenon; and 6) consequences – consequences related to actions or interactions. The third phase of coding, selective coding, involved choosing one core theme that represents driving force of the core phenomenon, and all other themes evolved around this identified core theme.

Throughout the coding process, qualitative interviews for families that received the housing choice voucher were coded together with families that receive housing services as usual. The entire *social support* section was coded first and then relevant codes from the housing arrangements section were integrated into the existing list of codes. Field notes, coding notes, and theoretical notes written during data collection and analysis were also integrated into the coding process. Field notes were used to get a sense of the interviews prior to completion of the transcripts and to clarify discrepancies during quality assurance by providing descriptions not apparent through text or audio. Both coding and theoretical notes were used to form conceptual connections during the coding and the interview process. To assist in during the coding process, Nvivo organizational data analysis software was used. Once coding was completed for the treatment and control group, a comparative analysis was used to explore emerging themes.

Rigorous methodologies were followed to increase the credibility and accurateness during the research process (Morrow, 2005). To enhance the credibility of the present study, triangulation, peer debriefing, and adequate

discrepant case analysis were employed during data collection and analysis (Morrow, 2005). Triangulation was attained by using multiple sources of data sources, such as interviews, field notes, and participant observations (Morrow, 2005). The variety obtained through the addition of triangulation procedures increases the potential to capture the breadth, depth, and richness of the data. The process of peer debriefing allowed a reflexive strategy that involved consulting with other researchers in a team or individual setting (Morrow, 2005). This approach was used throughout the research process to provide the researchers with alternative explanations and critical discussions. The last technique employed was adequate discrepant case analysis, which involved a comparison of information gathered through the deliberate exploration of disconfirming instances with alternate confirming instances of a phenomenon (Morrow, 2005). This process aids in understanding complexity the phenomenon, and when repeated allows the researcher to a revise and increase accuracy of previous notions about the experiences of the participants (Morrow, 2005). After themes were identified, comparative analysis was used to further build theory about any similarities or differences between the groups (Miles & Huberman, 1994). Themes were grouped by treatment condition and coverage by each theme was assessed.

## RESULTS

Presented in this chapter were themes that emerged from qualitative analyses of perceived changes in social support among families inadequately housed and homeless families referred for housing services through the child welfare system. After presenting themes and subthemes that emerged across interviews, this section compares similarities and differences of themes for caregivers randomly assigned to receive FUP and those receiving housing services-as-usual. To clearly differentiate the speaker in representative quotes of themes, the letter “I” indicated contributions from the interviewer and the letter “R” represented the respondent prior to some statements. Pseudonyms replaced all caregiver names to protect the confidentiality of study participants. Classifications indicated the frequency in which themes emerged across caregivers, including most (15 or more caregivers), many (9 to 14 caregivers), some (6 to 9 caregivers), and few (2 to 5 caregivers). The classification of counts intended only to serve as a means to delineate variation in themes among participants. Table 1 presented nine primary themes as well as sub-themes that emerged from data analysis.

### Emerging Themes

#### **Meaning of Social Support**

Mothers referred to multiple dimensions of tangible and interpersonal assurances when discussing social support experienced since receiving housing services through child welfare. Most mothers expressed ideas related to instrumental support like *money, services*, or actual *physical items* provided,

while some participants identified *advice* as a common form of support received. Emotional support also emerged as another type of support used among some mothers. In general, emotional support was described positively and associated with feelings such as encouragement and pride. For example, Cynthia, 22 years old, shared her experience of being made to feel proud for her hard work by people she listed in her support network, such as her mother, father, sister, and mental health providers.

They, they're very supportive. They're very proud of me, that I stuck through it, through everything, did everything I was supposed to, and that I earned the Section 8; I didn't just get it. I earned it. I worked very hard for it. And I made other apartment and here very nice, and I'm taking care of my son on my own, I'm trying to be independent. They're very supportive of me.

A few mothers commented on *feeling assured* of future support. The following quote from Angela, a 25 years-old mother of two, illustrated her perceptions about the availability of support if needed:

I know that if I need money or if I need – or to live or I need to pay my rent, they immediately will help me.

#### **Family as Main Support**

Most child welfare-involved caregivers involved identified family members as the main type of social support. Of the total list of 147 different people identified as supports by caregivers, 66.67% were family members, including extended family such as in-laws, and an additional 7.48% were spouses,

partners, or boyfriends. The mean number of supports listed was 7.73 ( $SD = 3.72$ ). Mothers reported that prior to receiving housing assistance their own mothers, siblings, in-laws, and self as their major source of support; however, mothers were reported most as a continued main source of support after receipt of housing assistance. For example Tracy, a 40 year-old mother to four children, stated that her mother was the person she relied on most before and after she received housing assistance through child welfare. Another mother, 22 year-old Cynthia reported her “sister” as her main support before receipt of housing assistance but later stated “no I rely on my mother [most now].”

#### Changes in Communication Patterns

Many mothers reported changes in time spent together with social supports since receiving housing assistance through the child welfare system. For example, Yvette, a 40 year-old mother of three children, said “my aunt [visits] less, maybe cause’ of the area.” Alternatively, some participants experienced increased visitation by supports; Carol, 43 years old, said “they would just call me before, but now they show up.” A few caregivers identified a specific shift from one mode of communication to another, such as *talking more than visiting* with social supports. Barbara, a 29 year-old mother of two children, explained “[L]ess. Cause I’m working now. I sleep through the day, and I work at night. But I still talk to them more. I talk to them more than I see them. Like, on the phone.”

Despite common experiences of changes in social interactions, some caregivers reported similar communication with social supports in terms of

talking and visiting after receiving housing assistance. For example 34 year-old Marla reported “I don’t see them any different.”

#### Reaching Out for Support

Many participants stated they went to *no more or less people* for support since receiving housing assistance and their responses were similar to 24 year old Samantha who reported she reached out to “just those same people.” Some caregivers reported changes in the frequency of initiating contact with social supports associated with housing changes. A few mothers reported going to less people. Marla, 34 years old and mother to one child, said “oh definitely less. I don’t have no caseworkers no more, don’t have nobody to talk to or anything because I, I don’t talk to them, my caseworker at [agency name] neither. So definitely less”. A few other mothers, including Angela, 25 years old, reported reaching out to more people:

Well, I go more. Before, when I used to live with my in-laws...I would – really depend on my in-laws for everything. I wouldn’t go out if they want to go out, I wouldn’t do anything pretty much. I wouldn’t talk to nobody because they in their mind they have a thing where they’re like oh, well, you go to work, and you don’t have fun, you go do your work, and you come home. I work in customer service, so we have to smile and stuff everything that’s wrong. So now that I talk to more people, I go less to them.

Subthemes of *increases* and *decreases* in reaching out for support reflected dynamics of fluctuating support networks; caregivers experienced shifts in the people around them.

#### Getting Along with Social Supports

Most mothers discussed experiences related to the quality of their relationships with people identified as social supports; however, variation existed in how well mothers got along with social supports after receiving housing assistance through child welfare. Some caregivers reported *getting along the same*; these mothers gave concise responses marked by few words and little elaboration. Many described experiences that fit within the subtheme *gets along more* with supports. Samantha, 24 year-old mother of two, provided an example of how her disposition changed after receiving housing assistance.

*I*: Okay. Do you get along with these people more or less, um, than before re-, receiving hou-, housing assistance?

*R*: Probably more, 'cause, you know, once you, once you're more stable, like I said your mind set is more clear. You're able to be happy, again... You know? And when you're depressed, your disposition is bad. So once you get outta that mood, turn back into a happy camper, I guess.

Although separately there were a larger proportion of families referred for FUP who endorsed *gets along more* [6/9] as compared to those who endorsed *gets along the same* [4/7]. We see a trend that more families referred to receive a housing voucher expressed getting along more with their social supports.

*Better living apart* also emerged as a subtheme although less frequently endorsed. The ideas expressed in the quote below from 40 year-old Tracy, mother of two children, illustrated the importance of housing arrangements on supportive relationships:

*I*: So how has your housing situation affected this relationship with your mom?

*R*: Mm, it hasn't affected it. I'll say, uh, we probably getting on a little better now cuz I see her like – I used to live with her. We cannot live together. It's – it, it never works out. I have – I always end up leaving when I move in with her... I always end up leaving cuz we can't get along together in the same house [chuckles]. So, um, it's probably – I mean it's – I ain't goin' to say the same, you know, cuz we're not living there so we don't argue as much.

#### General Feelings of Support

Many caregivers responded that overall they felt *more supported* after receiving housing assistance through the child welfare system. Yvette, a 40 year old mother of two children, explained how she feels more supported because “Um, uh, I feel that, you know, I'm not – I'm – I'm at ease now; my rent is not high... I'm able to buy things for my kids now, like I was able to buy a computer. You know, and, um, I'm able just to buy things that I need as far as household items now”.

A few mothers reported no change in their general feeling of support and a few reported feeling *less supported* after receiving housing assistance. Dasha, 48

years old, shared her feelings about experiencing less support, “Yeah. So. Less supportive. They [sister and prayer partner] weren’t supportin’ me. I was supportin’ them, givin’ them encourage”.

#### **Freedom to Make Own Choices**

A few caregivers identified being able to *freely come and go* as you please and make one’s *own rules* as an important aspect of living arrangements. Mothers referenced this sense of freedom after leaving housing situation in which they were doubled up with family and extended family. When asked about how her current housing situation made life easier, Tiffany, a 38 year-old mother of one child, said, “And then I can leave whenever I want to”. Another mother, 29 year Barbara described her experience of abiding by others rules:

Cause – previous ones [i.e., living situations] I had, I was always staying with someone. And now that I’m on my own, I like being on my own better because I don’t got – most of the people I stayed with, even though I was grown and I had my kids, you know, I had to abide by their rules still because it was their apartment. Now I got my own crib, I abide my own rules; you see what I’m saying?

These mothers appreciated the new found freedom associated with living on their own. **Gathering is Important**

A few caregivers also endorsed the idea being able to gather in one’s home as an important part of housing changes. Mothers expressed enjoyment when having family over in their home. For example, Tiffany shared her

experience about having family help with decorating her apartment when asked if she felt more supported because of her housing situation:

Um, everybody’s happy that I, that I have an apartment now... You know, everybody’s come over... you know, everybody’s helped me with the, ah, you know, what I should put where and, you know... on a future, you know, decorating ideas and things. And I can have – the family can be a part of this.

Angela, a 25 year old young woman, extended this theme by sharing her thoughts about getting together just to spend time with friends, “I get to talk to people, like I said, people are able to visit me, like get together and we don’t drink or anything, but we sit, like right now, we talk while the kids are playing.”

#### **Importance of Housing on Social Support**

Different perspectives emerged regarding the influence of current living arrangements on social support. A few mothers shared explicit experiences of a *positive influence* of housing on relationships with social supports; Carol, 43 years-old and mother to two children, shared:

I: Okay. So would you say your – your situation of housing now has sort of improved your relationships?

R: Oh yes. Yes...Improved my life because before I didn’t give a damn.

I: Okay. Uh, so you said you feel more supported now.

R: Oh, ten times more... They’re not afraid to come over and help me now.

The more common theme endorsed by many mothers suggested current housing situations left *no change in listed social supports*, and housing had no impact on *ability to build new social supports*. Jacqueline, 45 years-old and mother to two children, offered a comment that was typical of these mothers:

I: So does – does – does your housing situation make it easier to build support?

R: To build support?

I: Yeah.

R: It's the same.

I: What about difficult?

R: No, it's not difficult.

I: Okay.

R: It's all the same...no change.

The following quote from Samantha, while concise, also illustrated that any influence on relationships was considered minimal:

I: Okay. And how has your housing situation affected those relationships?

R: They still the same. Not really, you know, big change.

Interestingly, some participants who reported little impact of housing also described experiences of *relying less and differently* on their social supports.

Samantha went on to describe a diminishing need for aspects of social support:

Well, I guess it did influence cause' like if I wasn't in this situation, like if I wasn't in my home, then I would still need a lot of people help, a lotta people you know. And not even just for financial support, just like mental

support, and like help with my kids. Now I really don't need it. I guess if I wasn't in this situation, then I would need support.

Taken together, Samantha's comments demonstrated another subtheme of *ambiguous perceptions* of the role of housing on social support. Some mothers who reported little change in social supports associated with housing also endorsed other themes previously indicated housing influences on support. For example, Angela reported no changes in listed supports, and stated "now I talk to more people" that fit the theme of *Reaching Out for Support*. Similarly, Yvette, also reported that her listed social supports "hasn't changed" and then later endorsed *Getting Along* through her statement, "Cause when I was homeless no – [Laughs] - nobody – maybe three people on that page supported me-."

Additionally some mothers had *ambiguous perceptions* about receipt of housing assistance without the having actually received a housing voucher. For example, Gwen, a 38 year old mother of two children expressed confusion when housing assistance was referenced, saying "What's that – I mean the services that don't exist from them?" Earlier in the interview she also reported "They – um, they helped with, uh, I think bus cards for lookin' for a job and, um, they gave me a list, um, or some sites or something to check out for low income [housing]"

#### Comparison of FUP and Housing Services as Usual on Qualitative Themes

Experiences of social support were generally similar across intervention conditions. Families who received FUP vouchers and housing services-as-usual endorsed themes related to family as main support, changes in ways of communicating, receipt of functional support, role of housing, and gathering with

supports; experiences were similar in rate and qualitative content. Essentially, mothers expressed feeling more supported or supported in the same way regardless of housing intervention condition. However, a few differences emerged among mothers referred for FUP.

Caregivers [5/6] referred for FUP were more likely to endorse the theme *Freedom to Make Own Choices*, and the response from the sole mother in the housing services-as-usual group was brief and less elaborate: “You know, you, you can, you can come in this house when I get ready [*chuckles*]”. Additionally, the subtheme *visits less* under Changes in Communication was more likely to emerge among FUP mothers [5/6], and these mothers described unintentional reasons for fewer visitations, such as a mom who became pregnant and got out less. The one mother from the services-as-usual condition who endorsed visits less described an intentional desire to avoid supports, “I know I see ‘em less ‘cause I don’t really want ‘em over here.” Additionally, only mothers in the services-as-usual group endorsed the subtheme *better living apart* of Getting Along with Social Supports, whereas *feeling assured* of social support emerged as an aspect of the meaning of social support among FUP referred mothers only.

## DISCUSSION

The present study sought to learn about the impact of housing on social support for homeless and inadequately housed families involved in the child welfare system by interviewing mothers about their perceptions of social support before and after receiving housing assistance through the Family Unification Program. Limited exploration in the literature indicated a need to elucidate the relation between housing and social support, as it was unclear whether deficient networks of homeless families precede or result from bouts of homelessness and how social support works for these families. A number of core themes developed and addressed the overarching question of how inadequately housed families involved in the child welfare system perceive social support from others in their life.

Mothers find tangible types of support such as housing, money, and food to be the most valuable type of support while in the midst of homelessness (McChesney, 1992). To find out if FUP mothers found instrumental support most important information regarding their social support was garnered. Similarly FUP mothers identified money, services, and physical items as the most common type of support they received when discussing feelings about social support received from family, friends, and others they listed as part of their support system.

Previous findings also have shown that emotional support can be beneficial in conjunction with instrumental support (McChesney, 1992). The same was found for mothers in the present study, who reported feelings of encouragement and assurance as ways in which they felt emotionally supported.

While emotional support appeared to be meaningful in the presence of other instrumental support, other findings have suggested this type of support may not be as helpful for homeless mothers without the additional provision of tangible support, specifically those closely related to housing (McChesney, 1992). There is a similarity in this relation which parallels the utility of housing services without actually providing housing. Associated housing services may lose impact for homeless mothers when the need of housing goes unmet.

Both low-income and homeless families share characteristics that place them at-risk for homelessness (Buckner, 2008). With this there is also overlap in social support systems, which may make family members of homeless mothers' insufficient housing resources. Homeless mothers in past research have reported having their mothers, grandmothers, close relatives, and close friends within their support system, but few perceived them as a connection to housing (Toohy et al., 2004). This study examined if family members provided majority of social support for FUP families. Mothers referred for FUP reported family members as more than half of the social supports listed, and this number increased with the inclusion of spouses/partners/boyfriends. In addition, most FUP mothers perceived their own mothers as a main source of support prior to receiving housing assistance, as well as after.

Family as the primary source of support may not adequately be able to address the needs of homeless mothers. This is particularly important to consider when examining the continuing cycle of homelessness within families. The presence of support outside of family and close friends among FUP mothers was

minimal and may need to be bolstered to ease pressure on family members, who are often themselves low-income and also at-risk of homelessness. Fostering additional non-familial supports within homeless mothers' support systems, especially those involved with the child welfare system, may be necessary to not only address immediate housing related concerns but also to prevent future homelessness.

Some mothers described *changes in communication patterns* that impacted the amount of time they visited with some of their social supports and how they communicated. These changes in communication helped to explain the processes that guide FUP-referred family's decisions to rely on different people in their support system. Living in a different location from social supports was referenced as reason for visiting less; however, others specifically mentioned talking more but visiting less with supports. The former served more as a barrier to communication while the latter was a different form of communicating, but not necessarily an indication of decreased contact. For homeless mothers previously found to have conflicted relationships with their supports (Bassuk et al., 1997), seeing or talking to supports less frequently could serve as a way to relieve tension in these relationships. As reported earlier, there were a few instances where mothers suggested living apart was better for some of their interactions with social supports, as they found arguing decreased. Additionally, unavoidable geographical separations may prevent families from rebuilding social relationships or simply change the way they communicate. This may ultimately

depend on the state of the relationship prior to relocation and after the prolonged strain of homelessness.

*Getting along with social supports*, a theme related to the quality of relationships with social supports, mostly contained similar amounts of responses from mothers who said they interacted with social supports the *same or more* after receiving housing assistance. Stable levels of both emotional and informational social support have been found to persist during episodes of homelessness (Cook-Craig, 2011), and sometimes over 15 months periods (Marra et al., 2009). This raises the question of whether the social support for FUP families will stabilize after a certain amount of time and what differentiates those who reported getting along more compared to those who reported no change in how they got along with their supports. Stabilization of social support does not necessarily indicate improvement but instead suggests the emotional support and advice homeless families do receive is somewhat constant, albeit in some instances also minimal.

Similar to previous research with sheltered and low-income mothers (Goodman, 1991), most mothers referred for FUP reported no difference in the amount of people they reached out to for support after receiving housing assistance; however mixed findings in the literature suggest point of contact during a homeless episode may impact homeless mother's perceptions about their social support systems (Bassuk et al., 1997). There were some mothers who said they went to less people and very few acknowledged the loss of formal supports such as caseworkers. This study provided a unique opportunity, in a natural setting, to garner the perspectives homeless mothers as they transitioned

from homelessness with the aid of a housing subsidy, as well as those who did not receive a housing voucher at the time of the interviews. This study explored what role does housing play in rebuilding social support for families referred for FUP. Several themes were particularly relevant to the role of housing in rebuilding social support. In general, most mothers reported feeling more supported by their social supports after receiving housing assistance; however, *ambiguous perceptions* about the importance of housing made it difficult to determine if mothers associated the housing assistance received with changes in their support system. This may also suggest less drastic changes such as speaking with supports more was not considered enough to perceive an overall change in support. It may also be more difficult for homeless mothers to make an immediate connection from fluctuations in communication to change or lack of change in housing related assistance, and subsequent impact on social support.

Mothers who moved into a place of their own, after receiving housing assistance, expressed themes about being able to *freely come and go* in their house, as well making their *own rules*. The freedom to make one's own decisions suggest having one's own physical space is important in maintaining and rebuilding relationships. Previous findings have found homeless families have fewer network members and more conflict within networks (Bassuk et al., 1997). Inadequately housed families sharing space with relatives and close friends may experience restricted control as a result of their housing situation and ultimately more conflicted relationships with supports. Another theme, *better living apart*, also addressed a few mothers' concerns about tension resulting from being doubled up with social supports, especially family members. Having one's own space may be essential to rebuilding multiple aspects of social support. For example some

mothers shared their thoughts about *gathering* with their friends in their own home and described this as a positive experience.

Comparisons of themes were made to assess whether differences emerged between families who received FUP housing vouchers and families who received services as usual. Overall there were similarities between FUP referred mothers and those who received services-as-usual. Although large differences were not found and mothers from both conditions expressed feeling more supported after receiving housing assistance there was some indication of changes with regard to the quality of relationships.

Previous findings have focused on comparisons of sheltered families (Goodman, 1991; Letiecq et al., 1998; Toohey et al., 2004), which may produce different results than inadequately housed families. Sheltered families may find smaller amounts support more noticeable given their exhausted support systems. None of the FUP families were within a shelter at the time of interviews. While families in the services-as-usual condition may have been down to their last housing option, they remained in some form of housing outside of a shelter. Shelters are considered to be a last resort option.

Despite the overall similarities there were a few subtle differences found within and across several themes such as *freedom to make own choices*, *visits less*, and *feeling assured*. A majority of the mothers who endorsed these themes were referred for the FUP condition. Additionally, a majority mothers who reported they got along with their social supports the same or those who endorsed *gets along more*, were from the referred for FUP condition. As a whole these themes together did not directly point to improved social interaction.

Interestingly, the only theme endorsed solely by the services-as-usual group was *better living apart*. This theme draws attention to the strain living arrangements can place on relationships between homeless mothers and their supports, especially when overcrowding is a concern. Living in close quarters may be a barrier to maintaining positive relationships with social supports, as well as an obstacle for rebuilding support among existing members and making new connections. Being able to have some level of physical distance enabled some mothers to see how their relationships, with for example their own mothers, changed for the better when no longer compelled to share the same space because of lack of housing options.

Some mothers found it difficult to understand the concept of housing assistance without actually receiving a housing voucher. In fact they denied receiving any housing assistance because they had not received what appeared to be the most crucial part of their assistance, housing. All but one of these mothers reported receiving some type of housing related assistance (e.g. apartment listings, transit cards, and Christmas gifts for children), although in some cases minimal, earlier in the interview. While other types of tangible support were reported, providing housing itself may be essential when trying to understand whether housing assistance is perceived as support by homeless mothers. There still remains a need for other housing related services; however, it suggests a stronger effort may be needed to increase the utilization and ultimately the impact of these services. A housing voucher is considered a vital component of housing assistance and without it additional services may be overshadowed.

### Limitations

In this study, there were several limitations. Of the 11 mothers from the treatment condition interviewed, three mothers were not housed through a housing choice vouchers at the time of the interview. The reasons mothers stated included waiting for voucher status, one mother refused her voucher because at the time she thought she no longer needed the voucher, and one mother was unable to use her voucher before the expiration. Some mothers in the FUP condition had not received a housing voucher at the time of the interview. This made the delineation between the treatment condition and the control condition unclear and suggest there may not be enough difference between independently and inadequately housed families.

During interviews some mothers appeared confused about some of the questions referencing social support, especially when using receipt of housing assistance as a point of reference. With clarification most of the mothers responded to questions but it was unclear if their confusion was related to their understanding of the concept or social support or receiving housing services that some did not feel they received. In addition, several mothers responded with brief descriptions of their experiences and the questions elicited less information compared to other mothers who went into more detail. Homeless mothers may be unaccustomed and hesitant to respond to open-ended dialogue with unfamiliar concepts. Recent research found homeless mothers who reported more distress talked longer when prompted with an open ended question about their children (Narayan, Herbers, Plowman, Gewirtz, & Masten, 2012), suggesting level of

stress could be meaningful in terms of length of responses from homeless mothers. In the future, additional prompts could be used to allow mothers time for further understanding. For this reason saturation may not have been achieved with the nineteen mothers interviewed.

Lastly, families for this study were interviewed approximately 10 months after the baseline assessment of the parent study. The time of follow up may have been too long after baseline in order to perceive major changes in social support. Homeless mothers who may naturally be rehoused, even inadequately, may perceive social support as less impactful overtime. The point of contact could have implications for perceptions of housing, social support, and perhaps length of responses for homeless mothers.

### Future Directions

The Family Unification Program helps inadequately housed mothers involved in the child welfare system to gain housing, but it remains unclear whether this program alters experiences of social support beyond what these families would acquire over time. More research is needed to understand and decipher the nuanced differences among inadequately housed families' experiences of social support. Future research will garner a richer understanding of housing experiences by examining the patterns of stability and instability over time in order to capture the nuanced differences and impact of housing for inadequately housed families.

Furthermore, research is needed to understand the role of services on perceptions of social support for inadequately housed mothers, especially for

families who do not receive housing vouchers through FUP. Although the present findings suggest families may get better over time, it is not clear if the support they do receive is sufficient to help families move from inadequate housing situations into homes of their own. Efforts may need to be strengthened to increase support to homeless mothers being provided only with housing assistance and no housing voucher. Homeless mothers with other housing options could still benefit from services such as financial assistance to pay for example security deposits or to buy furniture. This could have extensive policy implications for housing services normally offered only to families receiving a housing voucher.

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Table 1  
*Social Support Themes*

Primary Theme	Subtheme 1	Subtheme 2
Meaning of Social Support	Instrumental	
	Advice	
	Emotional	
	Feeling Assured	
Family as Main Support	Caregiver's Mother as Main Support	
Changes in Communication Patterns	Visits Less	
	Visits More	
	Visits Same	
	Talking More Than Visiting	
Reaching for Support	Goes to Less People	
	Goes to More People	
	Goes to No More or Less People	
Getting Along With Social Supports	Getting Along the Same	
	Gets Along More	
	Better Living Apart	
General Feelings of Support	More Supported	
	Supported the Same	
	Less Supported	
Freedom to Make Own Choices	Freely Come and Go	
	Own Rules	
Gathering is Important		
Importance of Housing on Social Support	Relationships	Positive Influence
	No Change to Listed Supports	No change in ability to build new social supports
	Relying Less and Differently	
	Ambiguous Perceptions	

APPENDIX A  
SEMI-STRUCTURED INTERVIEW FOR FAMILY HOUSING STUDY

FAMILY HOUSING STUDY  
QUALITATIVE CAREGIVER INTERVIEW

**INTRODUCTION TO STUDY:**

Hello my name is (Interviewer Name). Thank you very much for being willing to help us with our research. This is my associate (2nd Interviewer Name). His/her job is to be a "second set of ears" and to help me keep track of the time.

The goal of this interview is to find out more about what families need to secure safe and stable housing through the Department of Children and Family Services (DCFS). We want to understand more about what services have been helpful, what assistance is needed, and how living arrangements affect their daily routines with kids.

Your participation in this interview is voluntary. The interview should last about two hours and you will be paid \$40 in appreciation for your time. Some of the questions on the interview bring up sensitive topics that might make you uncomfortable or even upset. You can stop the interview at any time and you can choose not to answer any question. Your decision of whether or not to participate will have no effect on your housing assistance or any other assistance you may be receiving.

As you can see, I have an audio recorder. We want to use it to make sure that we remember and understand all of the information you give us. The information you provide will be kept confidential and only used for this study. The audio recording will include your first name only and the transcribed version will replace your name with an anonymous identifier (e.g., Participant #1). No one outside the research staff will be allowed to listen to the files and they will be destroyed at the end of the study. Any information you provide will be combined with the responses of the other families we are talking with and summarized. Your name will not appear in any reports from the study.

**CONSENT FORM:**

Before we begin, I need to go over this consent form with you. It gives you more information about the study and a telephone number you can call if you have questions later. I will give you a copy to keep.

**INTRODUCTION TO THE INTERVIEW:**

You will see that I have a list of questions to follow for this interview. This list is to help me remember all of the important questions to ask you. My associate will take notes to make sure I cover everything in a timely manner.

The questions are divided into sections about your housing, your family, and your family routine. If you think that a question isn't clear or doesn't make sense for

your family, please let me know. Some questions may seem like they are asked more than once. This is because we want to get your full story.

This conversation is being recorded for research purposes. Please let me know now if you do not agree to being recorded. You may request that the recording stop at any time.

[START RECORDER]

*[Each issue begins with an open-ended initial question, followed by probes used as needed depending on what is shared initially, to prompt further elaboration. It is anticipated that caregivers will have more or less to say about an issue depending on their interest and background—with corresponding variability in how much time is spent on each issue in the interview.]*

*[All throughout the interview, clarifying questions will be asked such as, “tell me more”, “what else have you experienced”, and “is there anything else you wanted to add”. These more general follow up probes will be used, and are not discussed further in this protocol.]*

*[Other questions that follow the same spirit and purpose of this interview protocol may also be asked as the interview unfolds.]*

### Section 1: HOUSING ARRANGEMENTS

*“For the first part of this interview, we are interested in learning about your housing. We want to know how it meets your and your child(ren)’s needs, and the reasons that you chose this place over any other choices you might have had.”*

- 1) Why did you decide to move here?
  - a. What factors were most important in selecting this place?
    - i. Location
    - ii. Housing unit quality
    - iii. Cost
    - iv. Space
    - v. Privacy
    - vi. Availability/timing (could move in right away)
    - vii. Neighborhood
    - viii. Schools
    - ix. Safety
    - x. Other reasons
  - b. Who, if anyone, helped you make the decision to live here (family, friends, caseworkers, etc.)?
- 2) Families often talk about making trade-offs when moving, like choosing to live in a smaller place in a better location. What trade-offs did you make in choosing to live here?
  - a. Was it a hard choice to live here? What made it hard/easy?
- 3) How do you feel about your housing situation?
  - a. Do you have enough room for your family?
  - b. Is the apartment safe and clean?
  - c. Do you feel that you have privacy for yourself in your current home?
  - d. Can you afford it?
- 4) How does this living situation compare to previous housing situations? In what ways?

*“Thank you for sharing with us about your housing situation. Before we move on to talk about your family, is there anything else you would like to tell us about your living arrangements and housing decisions over the last few months?”*

## Section 2: HOUSING SERVICES

*“For this part of the interview, we want to know about housing assistance you recently received. We are especially interested in services provided through the DCFS Housing Advocacy Program. This is the program that aims to help families find affordable housing in order to keep families together.”*

- 1) How did you connect with the DCFS Housing Assistance Program (“Norman Services”)?
    - a. What were the circumstances that required housing assistance?
      - i. Where were you living? Were you homeless?
      - ii. Were you worried about the safety of your kids?
    - b. How did you find out about the program?
      - i. Did your caseworker tell you about it?
      - ii. Did you tell your caseworker?
  
  - 2) How would you describe your experience with the DCFS housing services? [CLARIFY IF FAMILY REFERS TO HOUSING ADVOCATE, DCFS WORKER, OR CHA WORKER]
    - a. Were the Housing Advocates helpful?
    - b. How well did Housing Advocates meet your family needs?
    - c. How well did Housing Advocates link your family with resources?
    - d. What types of services did you receive? [PROBE: referrals to shelters, talk to landlords, help find apartment listings, visit apartments with you, apply for TANF, apply for Section 8, get furniture, referrals to community resources]
    - e. Did Housing Advocates help you buy things needed for your family? [PROBE security deposit, first month’s rent, utility payment, food, clothing, furniture/equipment, transportation]
    - f. Did you get income assistance, such as TANF or EBT Link Card?
  
  - 3) How long did it take to get connected to housing assistance?
    - a. Did you get help when you needed it?
    - b. Were there any delays in getting help? What happened?
  
  - 4) How do you afford the rent here? Do you pay rent? How much?
    - a. Do you pay the whole rent? If not, how is your proportion of the rent determined?
    - b. What resources do you use to pay your rent?
      - i. Own income?
      - ii. Help from family or friends?
      - iii. Voucher? [If yes] How does that work?
  
  - iv. Another public program? [If yes] What sort of program? How did you hear about it? How does the program work?
  - v. Do you receive Section 8?
- 5) [IF RECEIVED SECTION 8] How has your experience been with the Section 8 Housing Choice Voucher program?
    - a. In your search for a unit, did you find any apartments for which you couldn’t use the voucher?
    - b. Tell me about any issues you ran into while looking for a unit for which you could use your voucher.
    - c. Did you decide on your own not to live in any units that would accept the voucher? Why?
    - d. How long did it take until you were issued a voucher?
    - e. How long was it until you moved into a housing unit with the voucher? Is this your current address?
  
  - 6) Did you get other help connecting to housing, such as paying your security deposit, getting utilities connected, or furnishing your place?
    - a. Who provided these resources?
    - b. Was/is the assistance sufficient to afford your housing expenses for your family?
    - c. Are there any things you can think of that would make assistance like this work better for people in your situation?
  
  - 7) How has the housing assistance changed your family’s economic situation?
    - a. Was/is the assistance sufficient to afford your housing expenses for your family?
    - b. Do you notice having more money to spend on your children? [IF YES] What do you spend it on?
    - c. Are you able to save money due to housing assistance?
  
  - 8) Are there any things you can think of that would make housing assistance like this work better for people in your situation?

*“Thank you for sharing with us about your housing situation. Before we move on to talk about your family, is there anything else you would like to tell us about your housing decisions or experiences over the last few months?”*

**Section 3: FAMILY PROCESSES**

*“Now, I am going to ask you some questions about what it is like to be a parent in different types of living situations.”*

- 1) In your current living situation, can you tell me about a typical day with your children? INTERVIEWERS: BE SURE TO MOVE SLOWLY TO AVOID OVERLOADING CAREGIVERS WITH QUESTIONS]
  - a. For instance, who usually wakes your children up in the morning, what time, how do they get to and from day care/school, when do you have meals, who prepares the meals, and when is the children’s bed time?
  - b. In a normal week, how many days are you able to keep the routine you just described?
  - c. How is this routine different from that of previous living situations?
  
- 2) Is there anything about your current housing situation that makes it difficult to carry out a typical day with your children? What are some of your biggest difficulties as you try to get these tasks completed the way you plan?
  
- 3) How does your current housing situation affect your child’s school situation?
  - a. Which school attends?
  - b. School quality?
  - c. Teacher/administrative support?
  - d. Ability to do homework?
  - e. Child success?
  - f. Extracurricular activities?
  
- 4) How does this compare to the effect that previous living situations had on your child’s school situation?
- 5) How has your current living situation affected your children’s behavior or emotional well-being?
  - a. [If children of different ages]: Is this different for younger v. older children?  
Is this different from the effect that previous living situations had on your child’s/children’s behavior? How?
  
- 6) Some families say that some things about their living situation make it difficult to be a parent. In what ways does your current living situation makes it difficult for you to be a parent?
  - a. [IF YES]: Can you tell me what about your current living situation that makes it hard for you to be a parent?

- b. Is this different from the effect that previous living situations had on your parenting? How?

- 7) Is there anything about your current living situation that makes it easier to parent [than previous living situations you might have lived in]?

*“Thank you for sharing with us about your family. Before we move on to talk about supports in your life, is there anything else you would like to tell us about being a parent and decisions or experiences over the last few months?”*

**Section 4: SOCIAL SUPPORT**

*“Now I’m going to ask you to list the people you can think of that give you support. I will ask you to list all the people who give you a certain type of support. Please just give their first name or initials.*

**[PROMPT]:** *List as many people as you want, including any service providers that give you support. If someone provides a lot of different types of support you can say their name more than once. [REPEAT AS NECESSARY]*

- 1) Who are the people that you would go to if you needed help? These could be people who might help you fix something in your home, give you a ride, or who you might ask to borrow money.
- 2) Who are the people who let you know you're okay; that tell you when they like your ideas, how you are, or the things that you do? Like tell you that you are a good person, have done something very well, or that you are clever or funny?
- 3) Who would you talk to about something that was very personal or private? For instance, if you had something on your mind that was worrying you or making you feel down, who would you talk to about it?
- 4) Who are the people you get together with to have fun or to relax? Who might you look to for having good times?
- 5) Who are the people that would help you if you couldn't afford housing, or needed a place to stay? People who would take you in or help you find someplace to go?

**[RECORD FIRST NAMES IN CORRESPONDING AREA ON “SOCIAL SUPPORT FORM”]**

*“Thank you for this information. I have written down each person. Now I’m going to ask you a little more about each of them.” [REPEAT FOR EACH PERSON NAMED ABOVE.*

**DO NOT OBTAIN INFORMATION MORE THAN ONCE FOR EACH INDIVIDUAL PERSON NAMED.]**

*So for the first person you mentioned: [PERSON’S FIRST NAME].*

- 6) How or where do you know [FIRST NAME/INITIALS] from? You may name more than one group if you know a person in more than one way.
  - a. Family
  - b. Child's School
  - c. Neighborhood
  - d. Through other friends
  - e. Church
  - f. Work
  - g. Spouse/partner/boyfriend/girlfriend
  - h. Social Group
  - i. Other: Specify
- 7) How long have you known [PERSON’S FIRST NAME]?
  - 1=LESS THAN A MONTH
  - 2=BETWEEN 1-6 MONTHS
  - 3=6-12 MONTHS
  - 4=MORE THAN A YEAR
- 8) How often do you see or talk to [PERSON’S FIRST NAME]?
  - 1=At least once every day
  - 2=At least once every week
  - 3=Less than once a week
- 9) Who does [FIRST NAME/INITIALS] know on the list? first name/initials?

[PLEASE VERIFY INFORMATION ON THE SOCIAL SUPPORT FORM AND PUT AWAY.]

- 10) How has the list of people who support you changed since receiving housing assistance from DCFS and/or CHA (over the past 6-12 months)?
- Are there more or less people you go to for support?
  - Do you go to different people or types of supports now?
  - Do you feel more supported after receiving housing assistance?
  - Do you get along with these people more or less than before you received assistance?  
Do you see them more or less?
- 11) Who did you rely on most before receiving housing assistance from DCFS and/CHA?
- Is this the same person(s) you rely on most now?
  - How has your housing situation affected this relationship?
- 12) So you said you feel [More/Less] supported now, how does your current housing situation influence the support you receive?
- How does your housing now make this easier?
  - How does it make building support more difficult?
- 13) Some parents feel it is difficult to be a parent when they are isolated from other parents. Not having a support system of other parents is difficult. Is this a problem for you and your family in your *current living situation*? How?
- 14) You've had to deal with a lot since struggling to find housing, and we've discussed a lot of challenges today. What are you most proud of as you've dealt with all these challenges?
- 15) What are some of your successes as a family?

[IF SEPARATED FROM CHILD, GO TO NEXT SECTION]

*"That was the last question I have for you today. Thank you so much for sitting to talk with me about your family and your experiences. I know that some of these*

*questions may have been difficult for you to answer, and I appreciate your time. Is there anything that you would like to add about any of the things we have discussed today?"*

--INTERVIEW COMPLETE--

SAY GOODBYE



HOME OBSERVATION

INTERVIEWER: Please allow me to take an additional few minutes to answer some questions to show that we have completed the interview. Again, thank you for participating. CHECK OFF APPROPRIATE RESPONSE OPTION.

HOME 1. Did the interview take place where the family lives?

Yes  No

HOME 2. House or apartment is free of potentially dangerous structural or health hazards, e.g. mold, outlets.

Yes  No

HOME 3. House or apartment has at least 100 square feet of living space per person.

Yes  No

HOME 4. House or apartment is clean; all visible rooms of the home are reasonably clean and uncluttered.

Yes  No

HOME 5. In terms of available floor space, the rooms are not overcrowded with furniture.

Yes  No

HOME 6. The interior of the house or apartment is not dark or perceptually monotonous.

Yes  No

HOME 7. House or apartment is not overly noisy - from noise in the house (television, shouts of children, radio).

Yes  No

HOME 8. House or apartment is not overly noisy - from noise outside the house (trains, cars, people, music).

Yes  No

HOME 9. There are no obvious signs of recent alcohol or non-prescription drug consumption in the home (drugs).

Yes  No

HOME 10. How would you rate the general condition of most of the housing units or other buildings in the neighborhood?

Well kept, good repair  Poor condition (peeling

Fair condition  paint, broken

HOME 11. How would you rate the condition of the street in the block?

Very good - recent resurfacing, smooth  Moderate -

evidence kept in good repair

HOME 12. Is there garbage, litter, or broken glass (except beer/liquor bottles) in the street or on the sidewalk?

None or almost none  Yes, quite a bit

Yes, but not a lot  Yes, just

HOME 13. Are there drug-related paraphernalia, condoms, beer or liquor containers or packages, cigarette

None or almost none  Yes, quite a bit

Yes, but not a lot  Yes, just