



CULTURE MATTERS: The Importance of Cultural Knowledge When Working with Families Who Have Experienced Homelessness.

December 2009

Abstract: Through the Infant-Toddler Discovery project we have learned about the realities of families with very young children in supportive housing and the realities of the staff dedicated to serving the families. The discovery process allowed us to learn from formerly homeless families the influence of cultural knowledge or lack of knowledge on the parents' ability to care for and raise their children. This exploration is particularly important because of the diversity in families being served and those designing and providing services. This article is the second publication from the Infant Toddler Discovery Project. For more information on the Infant/Toddler Discovery Project go to www.familysupportivehousingcenter.org

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Family Supportive
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Introduction

Culture matters. Influenced by a number of factors — such as family history, family traditions, cultural history, poverty, family well being — culture is the foundation that parents build on to teach their children how to navigate the world. It frames parenting practices such as consoling, disciplining, conversing, breast feeding on demand, and establishing routines. It shapes too how siblings relate to each other, how a child relates to other children, and how a child talks to an adult. Sleeping arrangements, for example, are influenced by culture. Some family and cultural traditions lead parents to provide new infant members of the family separate sleeping arrangements. This is congruent with valuing individuality. Other traditions place a high value on interdependence. So these parents place new babies in the same bed or room with an adult caregiver or older sibling.

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"Culture is a shared system of meaning, which includes values, beliefs, and assumptions expressed in daily interactions of individuals within a group through a definite pattern of language, behavior customs, attitudes, and practices."
.....

THE CHANGING FACE OF THE UNITED STATES: The Influence of Culture on Early Child Development 2008
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THE INFANT TODDLER DISCOVERY PROJECT

The infant and toddler years are crucial to children's healthy development.

Emotional support and intellectual stimulation from parents, family, and caregivers supports early brain development, helps children establish and maintain secure attachments, and progress in all developmental domains. What happens, then, when parents and young children experience the trauma and dislocation of homelessness? How does a mother know how to parent a child if she has not been parented herself? How does a parent who has grown up vulnerable and homeless know how to raise a child to be safe and stable? Where does a parent learn about the developmental needs of a child when recent generations of her family have been fraught with instability, violence, drug addiction and fear? How does a parent know how to provide the order necessary to their children's healthy development when her own childhood knew only chaos?

To answer these questions, the Infant-Toddler Discovery Project looked to the experience of formerly homeless families with children ages 0-4 now living in supportive housing sponsored by the Supportive Housing Provider Group in the Twin Cities metropolitan area. The objective of this community-based research project was to increase our understanding of the family and cultural backgrounds of the resident parents and to maximize the effectiveness of family-centered supportive housing programs in helping them parent their children. Because of the cultural diversity represented among both the providers and the families they serve, we believed it imperative to explore this premise of "culture matters" in its all its complexity.

To that end, we interviewed 185 parents in supportive housing, hoping to find answers to the following questions:

- How does generational homelessness (a homeless parent who was homeless as a child) impact cultural knowledge transferred through the family?
- How well are residents' family traditions and cultural knowledge understood by supportive housing staff?
- Does supportive housing have a role/responsibility in facilitating the reconstruction and/or transfer of cultural knowledge? If so, how might programs fulfill that role?

It is not unusual for homeless parents to describe their upbringing as layered with any combination of stressors: poverty, violence, sexual and physical abuse, unstable housing, and parents suffering from chemical dependency and/or mental illness. We believed their experience – and the gaps in their experience – could give us clues into the types of family and cultural knowledge which are transferred from one generation to the next. However, the subtlety with which culture surfaces in parenting assumptions and decisions made these clues difficult to recognize. We found that most of the homeless parents we interviewed were perplexed by our questions. In most cases these parents could not identify which, if any, of their parenting practices come out of their own prior family and cultural experiences.

HOW DOES GENERATIONAL HOMELESSNESS IMPACT CULTURAL KNOWLEDGE TRANSFERRED THROUGH THE FAMILY?

The Infant Toddler Discovery Project asked parents a series of open-ended questions hoping to discover how culture may matter in particular for giving birth, caring for babies, and raising children.

Help in Pregnancy and after Childbirth

Asked who helped them with the birth of a new child, fewer than half of the respondents (40%) identified the mothers' family (mother/family elder) as having provided immediate support to them during pregnancy. Having no family available 21% of the mothers relied solely on professional help (housing staff, therapist, non-profit group).

After the birth of a child slightly more than one-third of the women (36%) said they received family support. Another 36% said they had received no family support; in fact these mothers were likely to have been alone after the birth of the baby.

“Extended family consists of a multigenerational interdependent kinship system held together basically by a sense of obligation to the welfare of members of the kin network”

–Rhodes; The African-American Family in Crisis. Yale-New Haven Teachers Institute 2006

Learning to Care for a Baby

When asked how they learned to care for a baby, the mothers' responses fell into 5 basic categories: maternal instinct/trial and error, babysitting, caring for or raising siblings and/or younger family members, learning from watching a family member (mother, grandmother, sister, aunt, father) or relying on parenting classes or books. Spontaneous conversation with mothers indicated that whatever they learned about caring for a baby had been based on very little adult input.

.....
“Grandma’s hands
Soothed a local unwed mother
Grandma’s hands
Used to ache sometimes and swell
Grandma’s hands
Used to lift her face and tell her,
She’d say,
“Baby, Grandma understands
That you really love that man
Put yourself in Jesus hands”
Grandma’s hands

Grandma’s hands
Used to hand me piece of candy
Grandma’s hands
Picked me up each time I fell
Grandma’s hands
Boy, they really came in handy
She’d say,
“Matty don’ you whip that boy
What you want to spank him for?
He didn’ drop no apple core” But I
don’t have Grandma anymore

If I get to Heaven I’ll look for
Grandma’s hands”- Bill Withers
.....

“On reservations extended family ties are strong, and traditions dictate that those who have housing will take in those who do not, if at all possible... Of those who had been without a place of their own for a year or longer, only 19 percent had been in the same place for the last 12 months, and 41 percent reported living in four or more different places. However, most people (84%) reported they could stay where they currently were for another month without being asked to leave.”

— Homeless and near-homeless people on northern Minnesota Indian reservations: Wilder Research 2006

“I learned through trial and error.”

“Grandma had my older child until 5 years old.”

“I used my mother’s intuition and instinct.”

“In middle school I helped with my brother and sister who were babies, practically raised them.”

“I was the oldest daughter in the family, took care of 4 siblings, learned how to cook and care for children.”

“I was always the family babysitter, I grew up with babies. I started babysitting at 9 years old.”

“My aunt had 6 kids. I used to baby sit every day (as a teenager). After school I would keep the kids.”

Extended Families

In many cultures, extended family traditionally serves to “cushion” adults and children in hard times. But when a “kinship system” is compromised, a nuclear family is left in a state of perpetual instability and mobility. Data from the Infant Toddler Project suggests generational homelessness has negatively affected the extended family relationships of residents. Through the interview process women would share that they intentionally cut off connections to family in an effort to maintain their stability and their mental and physical health. An unfortunate consequence of this otherwise productive break with unhealthy relationships and practices is that homeless families not only lack shelter but also the safety net extended families usually afford.

Support Networks

Unfortunately, in addition to lost kinship systems many of the women interviewed lack broader social supports as well. As a result they experience profound isolation during stressful, difficult times, including those inevitable to parenting.

One-fifth of participants (20%) said that they had no close relationships at all. An additional 44 % could identify only one person with whom they were close. Many of those interviewed had made a choice to live a sober life which meant leaving behind friends who were continuing to use alcohol or drugs.

About a quarter of the respondents (25%) identified one person but that person was through a professional relationship, such as a therapist, advocate or housing staff. The remaining parents reported they had only 1 or 2 people they could rely on in good times and bad.





"I used my mother's intuition and instinct."

ARE RESIDENTS' FAMILY TRADITIONS AND CULTURAL KNOWLEDGE UNDERSTOOD BY SUPPORTIVE HOUSING STAFF?

In the process of their interviews, staff disclosed feelings of inadequacy around early childhood development and parenting. They also expressed their reluctance to insert themselves in the mother-child relationship. Support targeted to parents with very young children and discussions of family traditions and cultural knowledge were limited in most programs.

From the mother's perspective responses varied widely on how staff support acknowledged culture and family traditions. It is disconcerting that few parents were able to identify aspects of the parenting support which recognized their culture. Equally concerning is the parents inability to name any aspect of their culture as having contributed positively to their attempts to parent their child.

While it is true culture is often outside of awareness, the topic of discipline caused the most discussion during inquiry into culture, family traditions and parent support. At times interviewers thought parents were giving the "politically correct" answer, i.e. "It is not ok to spank your kids." As conversations continued it was not unusual for the parent to say, "I received spankings and I came out ok." This response suggests these mothers were struggling with the incongruity between the message they were receiving from staff concerning physical discipline and their own cultural belief that "it's ok to spank a child."

Discipline in particular often reflects familial and cultural values. In order to develop and implement effective service strategies, supportive housing staff need to understand the subtle and complex relationships among familial experience, cultural knowledge and parenting practices. This is especially true as it relates to the parent's primary motivations to protect their children and prepare them for the larger outside world.

A culturally appropriate approach for staff for engaging parents in a discussion about discipline might focus on this belief about equipping children to function in the world beyond the home rather than focusing solely on specific practices such as spanking or physical punishment. In exploring the differences between "tough love" and "abusive" or "detached" parenting, staff might help parents answer some open-ended questions: For example, what behavior merits "disciplining" a toddler or preschooler? What is appropriate or acceptable "discipline" for a young child? How can responsive and sensitive parenting of very young children contribute to preparing them to function outside of home? These parents almost automatically have identified childrearing with spanking. Culturally sensitive alternatives can begin from the child's infancy. Suggestions include gazing in an infant's eyes during feeding, talking and laughing with an infant or toddler during diaper changes, responding to the behavior of an assertive toddler with tolerance and patience, and communicating realistic limits for the climbing three year old. All of these suggestions reflect parenting practices that can help parents reach their goal of preparing a child to function when they are outside of the sight of the parent.





DOES SUPPORTIVE HOUSING HAVE A ROLE/RESPONSIBILITY IN FACILITATING THE RECONSTRUCTION AND/OR TRANSFER OF CULTURAL KNOWLEDGE? IF SO, HOW MIGHT PROGRAMS FULFILL THAT ROLE?

In the Infant Toddler Discovery Project 67% of the participants were people of color or Native American. The largest group of participants overall (45%) were African American. The challenge for staff working with these families is to establish communication that encourages a respectful partnership with the parent so they together can identify family and cultural traditions which support the well being of their children.

In many supportive housing settings a significant majority of staff have a cultural and ethnic heritage different from that of the families they serve. This difference can be particularly challenging for both parents and staff. Considering again the issue of discipline, as an example, a parent may believe that strict, physical discipline is necessary to prepare their children to survive outside the home. Whether it's navigating a dangerous neighborhood or confronting racism, the parent may believe (consciously or unconsciously) that they must teach their children ways to survive in a harsh world. On the other hand, the life experiences and/or stereotypes of the staff may give them a perspective in conflict with those of the resident parents and lead them to question their parenting skills. The resulting inability of parents and staff to communicate openly may compromise or even undermine their relationships. Most importantly, lost in this dynamic are the needs of the children themselves.

Developing a staff's cultural competency can improve their ability to provide families with effective support. Included in such competency must be the first step of acknowledging the racial and social realities many parents must prepare their children to live with. Society's unspoken rules in everyday life for children of color are very different from those for white children. However, even racial and ethnic similarity among staff cannot guarantee effective supportive service delivery for resident families. Supportive housing organizations must prioritize cultural competency for all staff at all levels of the organization as a means of building effective services delivery.

Given the adversity homeless families face, they need a strong, ongoing network of support. Project interviewers were encouraged to find many residents identified an effective relationship with their case manager and/or the housing staff, and as a result regarded them as part of their support network. This speaks well of the skills of program staffs. But a good relationship between a parent and the staff is not adequate. Families need broader social networks - both while in supportive housing and after moving out. Organizations must prepare families to value and develop support networks beyond staff, embedding a commitment to this preparation in their service strategies, policies and outreach.

How can organizations help their resident families build networks to support them in raising their children and weathering the tough times they will face when again living on their own? We believe that acknowledging that culture matters can facilitate community

connections and build resilience for the families. Some programs have already made a deliberate effort to re-connect families to the broader community. Two programs in particular have connected their pregnant residents with community organizations that provide Doulas, assistants in the childbirth process who provide various forms of non-medical and non-midwifery support - both physical and emotional. Encouraging cross program dialogue and community collaboration will open social networking opportunities.

Possible additional strategies might include:

- **Learning communities** for the parents of young children which can provide an informal environment for them to engage and support each other in parenting infants, toddlers and preschoolers. (These learning cohorts could make it possible for supportive housing organizations to equip parents with foundational child development information that integrate cultural knowledge in an informal setting.)
- **Access to community elders** who are willing and prepared to provide support and coaching for young parents directly after they have given birth and as their infants become toddlers and preschoolers.
- **Culturally appropriate on site Early Childhood Family Education (ECFE).**
- **Culturally specific parent education and support** for parents with very young children.
- **Digital Storytelling**, a new innovative use of technology which can provide an opportunity for parents to document their personal stories, describe how they were parented, and identify both the parenting practices they will bring forward now and those they will change.

CONCLUSION

Understanding the role and impact of culture in child rearing is notably complex. As the authors of *From Neurons to Neighborhoods* have observed:

“The task of assessing the science of culture was exceedingly more complicated than assessing the neurobiology of brain development. This complexity was particularly apparent when the committee attempted to define and disentangle the concepts of culture, ethnicity, and race, and to seek greater understanding of the effects of racism, discrimination, and minority status on the development of young children.”

The Infant Toddler Discovery Project helped us develop a better understanding of the parenting practices of families who have experienced the trauma of homelessness. Further it provided more understanding of the supportive housing staff who serve them. Studying the developmental needs of families, infants and toddlers newborn to age 4, within a cultural and community context is worthy of continued study.

We learned homeless parents have limited social networks and few people they can call on in time of need. Many have chosen to end unhealthy friendships and disconnect extended family relationships. While this decision has been productive for their chemical and mental health, it has also increased their social isolation and limited their access to a network of support.

The current increase of poverty and homelessness among families with young children means the lack of “multigenerational kin networks” will only continue. When the transfer of cultural knowledge and family traditions is disrupted by poverty, violence, sickness, and homelessness our families, children and communities suffer dramatically. The trauma of homelessness entails severance from support and drastically undermines the capacity of parents to maintain close, nurturing and stable relationships with their very young children.

Knowledge gained from the Infant-Toddler Discovery Project will help supportive housing providers design meaningful, culturally appropriate service strategies to help build parenting skills and directly address young children’s needs. Ultimately, however, the goal of the Infant-Toddler Discovery Project is to build families’ and communities’ capacity to care for their own. Every time a family has a baby, it is a chance for a “do over”; the parents and the community have one more opportunity to offer the best of themselves to this new human being. The good news is, all it requires is a commitment to knowledge, attention, time and patience from all involved. Building capacity among supportive housing staff and parents will help move us toward family and community wellbeing.

SERVICE RECOMMENDATIONS

Supportive housing organizations should

- Establish partnerships with research institutions and community based cultural organizations to identify and document the advantage of research, practice, culture and community working together for the benefit of very young children and their parents who have experienced homelessness.
- Increase the capacity of all front line staff to provide culturally appropriate, family centered support services.
- Insure all front line staff receives effective training and ongoing support to deliver evidence-informed culturally appropriate parent education services.
- Train case managers in foundational early childhood development and practical strategies to help parents support the development of their very young children.
- Arrange for non-profit, public, and private health care providers to provide Doulas to homeless families expecting a child.
- Implement an evaluation process to determine if increased resources are improving family and child outcomes.

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APPENDIX I:

Infant Toddler Discovery Project Participation by Race

- African American – 45.4% (84)
- African – 2.2% (4)
- Asian – .5% (1)
- Caucasian – 32.4% (60)
- Hispanic/Latino – 2.2% (4)

- Native American – 8.6% (16)
- Multi-race/ethnicity – 8.1% (15)

Total 99.5% (184) – missing data for one participant

APPENDIX: II

PARENT INTERVIEW

Parent name:

Housing organization:

Length of time living in housing (month/year):

Where were you living before moving here?

How did you come to live here?

Age of parent:

Parent in school or training: yes no If yes, what type of program or training is the parent enrolled?

Health of parent and child

1. How much did your child weigh at birth? Weight _____ lbs _____ ounces
2. Was your child premature? Yes No If yes, the number of weeks premature _____
3. Does your infant or toddler have any health problems? Yes No If yes, please describe them.
4. Does your infant or toddler have a disability? Yes No If yes, please describe.
5. Do you feel that your infant or toddler's development is on track?
6. Did you have any health problems as a child? Yes No If yes, what were they and who helped you with your health needs.
7. Do you have any ongoing physical or mental health needs at this time?
8. Are you able to take care of your health needs? Please describe ("Tell me more about that...")
9. Whom do you go to for help with your health needs? How would you describe your satisfaction with this person/place?

Pregnancy

The following questions are about the pregnancy of [child observed through HOME] or [their youngest child for parents who do not have custody of their children].

10. Did you receive medical care/visit the doctor when you were pregnant with your youngest child? _____yes _____no
 If yes: Did you visit the doctor during:
 The first three months of your pregnancy? (First trimester) ____ yes ____no
 If yes, about how often?_____
- In the middle three months of your pregnancy? (2nd trimester) ____ yes ____no
 If yes, about how often?_____
- In the last three months of your pregnancy (3rd trimester) ____ yes ____no
 If yes, about how often?_____
11. Where did you go for your medical care during your pregnancy?
 Probe: Did you every use urgent care or emergency care during your pregnancy?
12. Were there any problems or complications with your pregnancy?
13. Did you bottlefeed or breastfeed your child?
 _____ Bottlefed _____ Breastfeed

- a) What was involved in your decision to bottlefeed/breastfeed?
 - b) Length of time you breastfed your child?
14. Tell me about when you found out you were pregnant with your youngest child.
Probe question: Were you surprised, sad, happy, excited, anxious, worried etc?
 15. What help and support did you want or need during the pregnancy? \
 16. Whom did you go to for help and support (emotional or material) during your pregnancy? Did they give you the help and support you wanted and/or needed during the pregnancy
 17. Who do you go to now for help with your infant or toddler?
 18. How did you prepare for your baby's birth?
 19. Did you have any help with taking care of the baby or your other children when you went home from the hospital?
Who provided the help and how did they help you?
 20. How did you learn to take care of a baby?
 21. Tell me about traditions, superstitions and beliefs your family has for pregnancy and childbirth? (examples – passing on knowledge, if you talk about someone while you're pregnant you will mark your child, you don't purchase baby things before the child is born, etc)
Did you follow those traditions in your pregnancy/pregnancies?
 22. What were the one or two things you wished you had when you were having your child/children?

Social Networks

23. From time to time, most people discuss important matters with other people. Looking back over the last six months—who are the people with whom you discussed matters important to you? (Someone you confide in, talk about stress in your life. Try to identify by names or titles) PROBE: Anyone else?
 - a. If not already stated - What is your relationship with these people – how do you know them? (For example, are they relatives – your spouse or children, coworkers, friends from church, neighbors, etc)
 - b. Thinking about this list of people, on the average, do you talk to (him/her) almost every day, at least once a week, at least once a month, or less than once a month?
 - c. Are there any of these people that you feel especially close to?
24. Suppose you had the flu and you had to stay in bed for a few days and needed help with your children, around the home, with shopping and such. Who would you turn to first for help? Who would you turn to second?
25. How many relatives do you have that live in the area? (include parents, siblings, aunts, uncles, cousins)
 - a. Do you see any of them regularly? If yes, who do you see and how often do you and your child/ren have opportunities to spend time with them?
26. How many friends (who are not relatives) do you have living in the area? (Someone you could get to fairly easy for a visit)
 - a. Do you see any of these friends regularly? If yes, who do you see and how often do you and your child/ren have opportunities to spend time with them?
27. Do you have opportunities to be with other parents with young children? If yes, are they friends, relatives, ECFE group etc.
 - a. Do you talk with other parents about parenting your infant or toddler?
28. Are there regular activities you and your child/children do every week together?

29. Do you have opportunities to spend time without your child/children?
- What types of things do you do when your children are not with you?
 - If not what types of things would you like to do?

Support from housing program

30. What types of parenting help do you get from the housing program?
- What do you like best?
 - What do you like the least?
31. In what ways could the housing program improve their support for you as a parent?
32. In what ways does the parenting education and support you get from the housing organization consider your cultural experience?
- Does the education and support reflect your family's cultural values and beliefs such as what you think is important when parenting?
 - Does staff reflect the cultural diversity among the residents?
33. Do you feel the staff understand your parenting style?
- What do or don't they understand about how you parent?
34. In what ways would you like the staff to support you as a parent?

APPENDIX III:

<i>Housing</i>	<i>Participants</i>	<i>Total # of families with children 0 – 4 reported by providers</i>
<i>Breaking Free</i>	2	6
<i>Dakota Woodlands</i>	6	6
<i>Emma's Place</i>	4	9
<i>EMWC</i>	14	21
<i>Incarnation House (Wayside)</i>	5	3
<i>IPTF</i>	1	1
<i>Jackson Street Village (Wilder)</i>	0	10
<i>Jeremiah Project (Minneapolis)</i>	17	31
<i>Jeremiah Project (St. Paul)</i>	15	34
<i>Lutheran Social Service</i>	2	61
<i>MIWRC</i>	6	8
<i>Model Cities</i>	21	30
<i>New Foundations</i>	5	14
<i>Passages (Simpson Housing)</i>	4	11
<i>Perspectives</i>	15	22
<i>Portland Village (RS Eden)</i>	11	10
<i>Simpson Housing</i>	24	47
<i>The Lorraine (RS Eden)</i>	2	6
<i>Tubman Family Alliance</i>	1	5
<i>Wayside House</i>	11	13
<i>Wilder (scattered-site)</i>	6	17
<i>YWCA of St. Paul</i>	13	30
TOTAL	185	395

APPENDIX IV:

Program	Target Population	Mission or goals
Breaking Free	<p>Breaking Free is an Afro-centric social service agency serving women and girls involved in systems of prostitution/sex trafficking and other battered women who have been involved in the criminal justice system.</p> <p>Services include, groups facilitated by a Psychologist to improve parenting skills and help women understand the impact of prostitution on other family members</p> <p>Youth program for girls' 14-18 court referred or walk in.</p>	<p>Philosophy Statement: We understand prostitution as a vicious cycle of violence, incarceration, and addiction. We understand how repeated experiences of violence undermine women's and girls' capacities to avoid further victimization and how prostitution distorts the lives of prostituted women and girls.</p> <p>Organizational Goals:</p> <p>To expose prostitution as violence against women.</p> <p>To educate the community about the effects of commercial sexual exploitation on women and girls.</p> <p>To provide supportive services to prostituted women/youth to permit escape from violence and exploitation.</p> <p>To operate within a culturally appropriate and age and gender-specific context</p> <p>To provide Supportive and Transitional Housing and rental assistance to our target population</p>
Dakota Woodlands	<p>Dakota Woodlands provide short term housing for homeless women and children in Dakota County. Residents are provided with educational services and support, enabling them to address their issues related to homelessness.</p>	<p>The mission of Dakota Woodlands is to empower homeless women to create stable futures for their families.</p>
East Metro Women's Council (EMWC)	<p>EMWC serves all family structures, including single fathers and two-parent families, although the majority families served are single mothers and their children. EMWC also does not limit the age of children.</p> <p>Work individually with families in the following areas: Education, job training, Employment, Independent living skills (budgeting, parenting, etc.), Children's needs Permanent housing</p>	<p>The mission of East Metro Women's Council is to assist low-income and homeless families working toward self-sufficiency by providing: Affordable housing, Supportive services Educational opportunities</p> <p>Goals</p> <p>To provide a supportive learning and living environment in which program participants and their children can thrive.</p> <p>To provide services that support families' long-term goals of economic stability and self-reliance.</p> <p>To advocate for affordable housing, living-wage employment and community services that support all families in the East Metro area</p>

Emma's Place	<p>Emma's Place</p> <p>Emma's place offers permanent, affordable housing for homeless, low-income families. Located in Maplewood, Emma's Place has thirteen three- and four-bedroom town homes for single parents with three or more children. Emma's Place helps homeless single parent families' gain the life skills needed to become self-sufficient. They serve three target groups: chemical dependency, people with physical disabilities and people with mental disabilities.</p>	<p>Goals include:</p> <ol style="list-style-type: none"> 1. Providing safe, sober housing for homeless families with three or more children. 2. Providing after-school and summer programming for the children. 3. Providing supportive services for the families. 4. Providing resources for families who wish to become homeowners.
Indigenous People's Task Force (IPTF)	<p>IPTF has 14 units from efficiencies to four bedrooms. The organization serves people who have late stage AIDS, not all have children. Some PCA's live in home to help with care of adult.</p> <p>Though they are focused on native people, their services are open to the broader population.</p>	<p>Indigenous Peoples Task Force (formally Minnesota American Indian AIDS Task Force) is a legally incorporated 501(c) 3 non-profit organization. The agency has been a leader and a pioneer in developing innovative culturally relevant services to targeted populations within the Native community. Programs achieve cultural competence through the familiarity of the staff with their cultural and spiritual traditions.</p>
LSS	<p>Lutheran Social Service target populations are homeless and long term homeless families.</p> <p>Transitional Housing is for families who are homeless and need temporary, affordable housing. While in this housing, families receive on-site case management support, which includes:</p> <p>Permanent Supportive Housing is intended for families with greater needs and who require more intensive and long term services than Transitional Housing offers.</p> <p>Scattered-Site Permanent Housing (SSPH) supports families in both finding housing in the private market and accessing a permanent rental subsidy to make the unit affordable.</p>	<p>The goal of LSS Housing Services is to prevent and end homelessness in our community through acts of service.</p> <p>We offer a continuum of services to meet families where they are now, on their path toward maintaining and obtaining affordable housing.</p> <p>Prevent future generations of homelessness</p> <p>Target population – homeless and long term homeless families</p>
Minnesota Indian Women Resource Center (MIWRC)	<p>MIWRC programs are developed to reflect the needs of our families, and are tailored to address issues that significantly affect their well being; such as family services, child advocacy, child care services, legal services, affordable housing, parenting skills, chemical dependency, mental health care, cultural resilience, historical trauma and many other family and community issues.</p>	<p>Mission: "To assist American Indian women so they can enjoy a better quality of life for themselves and their families."</p> <p>Committed to the holistic growth and development of American Indian women and their families</p>

<p>Model Cities</p>	<p>Model Cities' Housing Services provides homeless single parent families with safe, decent housing along with supportive services designed to address the immediate and long-term needs of the family.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Early and ongoing primary care; • Family support and mental health services • Chemical health aftercare support and services; • Parenting and anticipatory guidance; Independent living skill building; and • Work readiness/career planning. <p>Model Cities has five supportive housing sites with 37 units of two, three and four bedroom apartments. Programs under Housing Services include:</p> <ul style="list-style-type: none"> • Families First Supportive Housing • Sankofa • The ROOF Project 	<p>Human Services Mission: To carry out culturally sensitive services that promotes the physical, mental, spiritual, social and economic well-being of individuals, families and communities.</p> <p>Helping individuals and families to rebuild their lives is Model Cities' purpose and ultimate goal. The organization offers an array of wrap-around programs and services designed to strengthen the assets of high risk individuals and families and help them gain a sense of family stability.</p>
<p>New Foundations</p>	<p>New Foundations provides affordable housing and comprehensive services for homeless dually diagnosed CD/MI adults in recovery and their families.</p>	<p>The mission of New Foundations is to work in partnership with homeless families and with the community.</p> <p>The organization serves to create a housing community where adults achieve education and employment goals, strengthen families, build relationships, and contribute to the community. Children reunite with parents, and each child gets support and nurturing to enhance emotional and physical health, succeed in school, develop friendships, connect with community, and believe in the future.</p>
<p>Perspectives</p>	<p>Perspectives program is the largest Supportive Housing Program for families in Minnesota, housing 50 women, 2 men and over 100 children at any given time. The services consist of a two-year transitional housing program for recovering homeless women and their children, as well as permanent housing for our graduates who desire to continue to live in a sober and supportive environment. Housing is provided in five apartment buildings offering 52 units. The program provides critical on-to-one case management in order to assist the families in their transition back to socio-economic mainstream.</p>	<p>Breaking the cycle for at-risk children and families for total family recovery.</p> <p>To provide a variety of programs that include: a comprehensive supportive housing program for women and children, an extended day learning program for at-risk children, supervised visitation for non-custodial parents, and an extensive summer program for homeless and at-risk children.</p>

<p>RS Eden Portland Village</p>	<p>Portland Village is affordable housing for homeless individuals and families, many who are recovering from substance abuse. RS Eden includes on-site services to assure tenants have the resources and support necessary to sustain their housing.</p>	<p>The mission of Portland Village is to work in partnership with Portland Village families and with the community to address the interconnected conditions of addiction, poverty, homelessness and hopelessness.</p> <p>Through affordable housing and comprehensive support services we help create healthy individuals and a healthy community. By helping families build coping and problem-solving skills and to deal with high-risk situations they can learn to rearrange their environment and to take advantage of positive social, recreational, family and community services that facilitate and reinforce change.</p>
<p>RS Eden Women’s Program Lorraine</p>	<p>The Lorraine is a chemical-free building and includes 24 hour resident management supervision. Each apartment is furnished. There is a play area for children. While the mothers are attending treatment, their pre-school aged children attend childcare that addresses developmental, emotional, and cognitive needs. School-aged children attend their regular schools. The Residential Program is a highly-structured treatment program targeting high-risk women and pregnant women who may have need for more intensive programs.</p>	<p>The mission of the RS Eden Women’s Program is to rehabilitate. The principal aim is a global change in lifestyle. We offer a behavior-based empowerment program where women strive toward a chemically-free, self-sufficient life.</p> <p>There are two components to the RS Eden Women’s Program: The Outpatient Program and The Residential Program.</p>
<p>Tubman Family Alliance & Chrysalis a Center for Women</p>	<p>Tubman Family Alliance provides immediate safe haven and protection for women and children in crisis with a total of 128 beds at three emergency shelters and 12 on-site transitional housing units. In addition, a full range of support services are offered to all members of the family – men, women, and children – in Washington, Hennepin, and suburban Ramsey counties.</p> <p>Focus on families who have experienced domestic violence.</p> <p>The home-based support services program provides assistance to women and children who need housing when they transition from emergency shelter to their own homes. The program assists families in finding permanent, safe, affordable housing.</p>	<p>The mission of the organization is to “transform lives through research-based violence prevention services.”</p> <p>We believe that violence is a learned behavior and that violence can be unlearned. Tubman seeks to offer the widest range of choices to the men and women we serve and to use creative strategies to help people build violence-free lives. Domestic violence is a complex issue, and there is no single approach that works for every relationship and every situation. Tubman Family Alliance helps men and women understand and access their full range of options, and we support their choices—even when victims choose to work on a relationship that has been abusive, and seek to stay together as a family. We know that the men and women we serve have the strengths—assets, visions, values, hopes—and that they are the experts on what is best for themselves and their families.</p>

<p>Wayside Supportive Housing</p>	<p>Wayside Supportive Housing is a safe, affordable permanent housing option for single women who have a serious commitment to sobriety and their children. 20 units and four scattered-site apartments are available. Individual case management and group activities support women's choice to live sober and help them continue to work toward their goals.</p>	<p>Wayside house empowers women to recover sobriety, identity, family, home and community by providing treatment, housing and supportive services.</p> <ul style="list-style-type: none"> • Each woman is a worthwhile person who deserves to be respected, loved and given a chance to turn her life around, regardless of race, age, sexual orientation, chemical dependency, mental illness or criminal past. • Women are best served with gender-specific services. • Diversity and individualized treatment are to be valued and celebrated. • Women and their children possess great resilience. • Each woman has the potential to improve the quality of her life, and that it is the treatment provider's role to help her realize this potential and live harmoniously among others in her community. • A committed, mission-driven staff provides quality services, effective programming, and measurable results in response to the community's trust.
<p>Wayside Incarnation House</p>	<p>Wayside Incarnation House is a residential parenting and recovery support program offering up to one year of 24-hour supervised housing for mothers in recovery and their children. Group parenting and life skills classes plus one-on-one parent coaching provide support for mothers seeking reunification with their children and /or improved family stability.</p>	<p>Wayside house empowers women to recover sobriety, identity, family, home and community by providing treatment, housing and supportive services.</p> <ul style="list-style-type: none"> • Each woman is a worthwhile person who deserves to be respected, loved and given a chance to turn her life around, regardless of race, age, sexual orientation, chemical dependency, mental illness or criminal past. • Women are best served with gender-specific services. • Diversity and individualized treatment are to be valued and celebrated. • Women and their children possess great resilience. • Each woman has the potential to improve the quality of her life, and that it is the treatment provider's role to help her realize this potential and live harmoniously among others in her community. • A committed, mission-driven staff provides quality services, effective programming, and measurable results in response to the community's trust.

<p>Wilder</p>	<p>Wilder Jackson Street Village is a Section 8 HUD subsidized housing community of 24 two-, three- and four-bedroom town homes. Jackson Street Village provides permanent housing and supportive services to previously homeless or precariously housed families residing in Ramsey County who are also facing multiple health issues.</p> <p>Jackson Street Village serves previously homeless or precariously housed families in Ramsey County who are also facing chemical abuse and/or mental health issues.</p>	<p>By providing intensive, on-site, supportive services, we help to stabilize and strengthen families by:</p> <ul style="list-style-type: none"> • Stabilizing income through employment • Encouraging school success • Creating a supportive community for families • Helping families address chemical abuse and mental health issues
<p>Simpson Housing</p>	<p>Simpson Housing Services provides supportive housing to over 170 families through our scattered-site, transitional and long-term housing programs. Our site-based programs include support services at Elliot Park and ZOOM House apartments. In 2007, Simpson acquired Passage Community Housing, a south Minneapolis apartment building that provides supportive housing to 17 families.</p> <p>We provide rental subsidies as well as close individual advocacy, educational support for school-aged children, and monthly parenting workshops.</p> <p>Our primary goal is to help families develop self-advocacy skills that will allow them to:</p> <ul style="list-style-type: none"> • Locate and maintain stable housing. • Increased their access to economic resources. • And, achieve youth educational stability. <p>We believe:</p> <ol style="list-style-type: none"> 1. Every family has the right to a safe and affordable home. 2. Every family's culture has the right to be respected. 3. Every family has the right to shape its own path. 4. Every family has the right to a quality education. 5. Every family has the right to healthy relationships. 	<p>Simpson Mission: To provide shelter and affordable housing with support services to homeless men, women and children; to assist individuals and families in their effort to improve their life situations; and to advocate for their human and civil rights.</p> <p>Simpson values</p> <ul style="list-style-type: none"> • We believe that everybody has the right to safe and affordable housing. • We celebrate and embrace the uniqueness and dignity of every person. • We encourage people to draw upon their strengths and promote the power of self-advocacy. • We advocate against the injustices of society that cause homelessness and poverty. • We strive to create a collaborative community with the individuals we serve, within Simpson, and also with the greater community.
<p>YWCA</p>	<p>The YWCA owns and operates three housing sites that include a total of 36 apartments in their Transitional Housing Program. The Transitional Housing Program (THP) provides homeless women and their children a safe, supportive place to stay as they participate in life skills training and stabilization services that prepare them for employment and stable housing in the community.</p> <p>Child-centered programming and family enrichment activities, provided through the Children's Program, help promote healthy child development and empower the family unit.</p>	<p>The mission of the program is to provide opportunities for women to achieve self-sufficiency by building strong life skills and acquiring marketable job skills while living with their family in a safe and supportive, affordable, chemical-free home environment.</p>

Supportive Housing Provider Group

The Supportive Housing Provider Group gives priority to identifying and addressing the needs of children living in supportive housing. The Provider Group aims to give childhood back to children who have experienced the trauma and dislocation of homelessness and aims to break the cycle of homelessness from one generation to the next and brings the voices of homeless families and their children to the community's attention.

Provider Group Partners

Breaking Free, Inc.
Dakota Woodlands
East Metro Women's Council
Emma Norton Services (Emma's Place)
Indigenous People's Task Force
Jeremiah Program
Lutheran Social Services
MN Indian Women's Resource Center
Model Cities, Inc.
New Foundations, Inc.
Perspectives, Inc.
RS Eden
Simpson Housing Services
Tubman Family Alliance
Wayside House, Inc.
Wilder Foundation (Jackson Street Village)
YWCA of St. Paul

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