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IMPLICATIONS OF HOMELESSNESS FOR PARENTING YOUNG CHILDREN: A PRELIMINARY REVIEW FROM A DEVELOPMENTAL ATTACHMENT PERSPECTIVE

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Abstract

Although it has been well-documented that parents and children who experience homelessness often have compromised health and well-being, few studies have examined the potential implications of homelessness on the process of parenting young children. In this review, we consider how parents of young children might function under the circumstances of homelessness. We begin with a brief overview of the psychological, social, and medical characteristics of homeless mothers and their young children. Using a developmental attachment perspective, we next briefly review the central tasks of parenting during the first 5 years of life, including emotion regulation and fostering of child autonomy, with an eye toward how homelessness may compromise a mother's ability to complete these tasks. Finally, we provide suggestions for further research that incorporate a developmental attachment perspective and other relevant viewpoints. Because of the paucity of research in this area, our review seeks to provide a heuristic framework for future research, intervention development, and policy.

INTRODUCTION

Of the 1 to 1.4 million homeless women in the United States, 50 to 60% are mothers caring for children under 18 years of age (National Coalition for the Homeless, 2009a, 2009b). Mothers with young children also represent the fastest growing segment of the homeless population (Haber & Toro, 2004). The most common profile of a homeless family is one headed by a single woman in her late 20s with approximately two children, one or both under 6 years of age (Rog & Buckner, 2007; U.S. Conference of Mayors, 2007). The active presence of an adult male in the family unit appears to be uncommon (Haber & Toro, 2004).

Homelessness has often been viewed as an extreme form of poverty influenced by accumulated lifetime exposure to environmental risks. Summarizing results of a qualitative study on homelessness in women, for example, Styron, Janoff-Bulman, and Davidson (2000, p. 148) noted that women often described their lives as "... a remarkably constant stream of distressing and spirit-breaking encounters, beginning in early childhood ...," including

lifelong poverty, parental neglect, exposure to domestic violence, childhood abuse (including sexual abuse), and unhappy and painful interpersonal relationships.

Amid the difficulties that poverty and homelessness pose, mothers consistently voice that their relationships with their children are an extremely important and central aspect of their lives. Styron et al. (2000), for example, observed mothers' strong motivation to enhance their children's life circumstances. Averitt (2003) also showed that homeless mothers have expressed multiple concerns about their children's physical and emotional well-being and often feel powerless to care for their children.

Homelessness entails specific and unique risk factors that make effective parenting difficult for mothers. In this article, we explore the question of how mothers may negotiate their enduring desire to care for their children during periods of homelessness. After summarizing characteristics of mothers and children who are homeless, we briefly review the central developmental tasks of the parent and child (from pregnancy through preschool years) from an attachment perspective. We then use extant literature on homelessness and parenting to examine how circumstances of homelessness impact parenting. We also consider the implications of mother–child separations during homeless episodes. Finally, we consider future directions for research and policy.

We have chosen to use an attachment lens because of the central importance of the parent–child relationship for children's neurological, psychological, and social adaptation across the life span (for a review, see Sroufe, Egeland, Carlson, & Collins, 2005). We focus explicitly on parenting young children (birth–5 years) because extant research and developmental theory suggest that young children are the most vulnerable to prolonged exposure to adverse conditions and because the majority of children living with homeless parents are under 6 years of age (Rog & Buckner, 2007). Wherever possible, we draw on studies that directly examine these questions, but where little research is available, we make tentative inferences about the impact of homelessness on women's parenting and their children's psychosocial development.

MOTHERS WHO ARE HOMELESS

Mothers who are homeless tend to be poorly educated, unemployed, and lacking in employable skills and abilities with incomes significantly below the federal poverty level (Bassuk et al., 1997; Rog & Buckner, 2007; U.S. Conference of Mayors, 2007). Although mothers in ethnic-minority groups are at greater risk for homelessness, mothers who are homeless equally represent Caucasian (47%) and African American (47%) races, and about 24% are of Hispanic origin (Rog & Buckner, 2007; U.S. Conference of Mayors, 2007). Homeless mothers who become separated from their children face even more pressing demographic risks (e.g., incarceration, longer periods of homelessness; see Zlotnick, Robertson, & Wright, 1999; Zlotnick, Tam, & Bradley, 2007).

Mothers who are homeless also suffer a range of physical health difficulties, including acute and chronic illnesses such as asthma, anemia, ulcers, and dental problems (Rog & Buckner, 2007), which are often exacerbated by limited access to healthcare and insurance. A serious physical illness or psychiatric disability can start a downward spiral to homelessness, beginning with a lost job, then depletion of savings to pay for care, and ending with an eventual eviction that proves difficult to reverse.

Epidemiological findings have suggested that risk for homelessness increases for women who experienced inadequate parental care, exposure to parental mental illness (e.g., substance abuse), physical and sexual abuse as children, and foster care placement during childhood (Bassuk, 1991; Bassuk et al., 1997; Haber & Toro, 2004; Herman, Susser,

Struening, & Link, 1997). High rates of substance abuse, severe mental disorders (e.g., major depression), suicide, and psychiatric hospitalization have been reported for homeless mothers (Bassuk et al, 1997; Boyd, Turo, & McCaskill, 2004; Rog & Buckner, 2007) and especially among mothers who are separated from their children (D. Hoffman & Rosenheck, 2001; Smith & North, 1994; Zlotnick et al., 2007). Given the prevalence of exposure to physical and sexual abuse during childhood and partner abuse during adulthood, it is not surprising that posttraumatic stress disorder (PTSD) occurs at three times the general population rate (Rog & Buckner, 2007).

YOUNG CHILDREN IN HOMELESS FAMILIES

Homeless episodes involving mothers and their young children are typically part of a long period of residential instability marked by frequent moves, short stays in one's own home, doubling up with friends and relatives, and extended stays (e.g., 6–12 months) in shelters (National Coalition for the Homeless, 2008). Given the barriers to enrolling in and attending school, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies, it is not surprising that homeless children evidence poorer educational outcomes than do poor-but-housed children (Haber & Toro, 2004; National Coalition for the Homeless, 2008; Rafferty, Shinn, & Weitzman, 2004).

Children who are homeless also are at elevated risk for a broad range of other problems, including poor health, developmental delays, poor school performance, behavior problems, and poor coordination (Haber & Toro, 2004). Children without a home are twice as likely as poor-but-housed children to experience hunger, be in fair or poor health, and have higher rates of asthma, ear infections, stomach problems, and speech problems (Better Homes Fund, 1999).

Chronic homelessness is associated with children's mental health problems, particularly internalizing disorders (e.g., anxiety, depression, social withdrawal, and somatic symptoms), which cannot be explained by poverty alone. In fact, whenever differences have been observed between poor-but-housed children and children in families who are homeless, poor-but-housed children invariably show better mental health outcomes (Haber & Toro, 2004).

PARENTING WHILE HOMELESS

Beyond the risk factors leading up to homelessness, the physical, emotional, and financial difficulties faced during periods of homeless may greatly stress a mother's capacity to parent. Hunger, threats to physical safety, lack of social support, and the unavailability of adequate shelter facilities may compromise a mother's capacity to respond fully and adequately to her children's needs (see Bassuk, 1993).

Pregnancy

Parenthood involves a range of behaviors and feelings toward one's child that begin well before one's baby is actually born. For the prospective parent, the period from pregnancy to birth involves a symbiotic phase characterized by the formation of images of what is to come, including birth and parenthood. The central parenting tasks include preparation for the parenting role, relationship changes, and the formation of feelings and impressions of the baby (Galinsky, 1981). There is evidence that a broad spectrum of critical postnatal parenting tasks, including responding to the physical and emotional needs of the infant, teaching and exposing children to new cognitive experiences, and promoting children's emotional growth and autonomy are predicted by prebirth psychosocial characteristics of the

parent (Heinicke, 2002). These parenting tasks, in turn, are related to postnatal infant development in many areas of competence, security, regulation, and autonomy. Prebirth parental characteristics that are critical to postnatal parental functioning include emotional stability, flexibility in solving problems, autonomy, confidence, capacity for positive sustained relationships, openness to communication, satisfaction with relationships, and experience of concrete and emotional support from family and friends (Heinicke, 2002).

The parental characteristics during pregnancy that promote optimal development and the circumstances in which pregnant homeless mothers find themselves stand in stark contrast to one another. Women who become homeless and pregnant are often young (e.g., adolescent), highly stressed and anxious, socially isolated, and malnourished (Bassuk & Weinreb, 1993)—conditions that preclude possibilities for psychological preparation and reflection about impending role and relationship changes. Multiple stressors often trigger or exacerbate psychopathology prenatally (e.g., PTSD, anxiety disorders, depression, and substance abuse; Bassuk & Weinreb, 1993), interfering with a mother-to-be's emotional and relational stability, autonomy, confidence, flexibility, and support that are critical to postnatal functioning and instead requiring her to focus on multiple immediate stressors (Heinicke, 2002).

Research over the last 15 years has importantly focused on addressing the immediate physical needs of pregnant women and their unborn children. Consideration of the impact of homelessness and its concomitant risks on the psychological well-being of the mother-to-be and the implications for her unborn baby are less understood. Very little empirical work has been done, for example, to understand how the mother-to-be who lacks stable housing imagines what is to come, including birth and parenthood, how she mentally and emotionally prepares for the parenting role, relationship changes, and how she forms feelings and impressions of the baby. Research exploring the underlying emotional and mental processes for mothers-to-be about their emerging parenting roles would be helpful in clarifying how homeless women conceive of their pregnancies and, in turn, what their psychological needs may be during this time. Research that explores how these psychological states of mind impact pregnant women's behaviors toward and care for themselves also would be beneficial for developing appropriate, psychologically focused interventions for mothers.

Many homeless women already have experienced physical abuse and have been victims of violent crime by the time they become pregnant. Partnerships with fathering men are often characterized by instability, exploitation, abuse, and economic dependency (Weinreb, Browne, & Berson, 1995). Thus, the circumstances surrounding conception do not always reflect a woman's conscious preference or control (i.e., common contributing factors include victimization, economic need, lack of access to contraceptives, uncertainty about fertility). Although shelters usually provide special services for pregnant women, limited access to healthy food choices, transportation, and small things that provide added comfort (e.g., herbal tea, extra pillows, warm shower, presence of a nurturing partner) can make pregnancy stressful. Access to information about contraception and support for managing difficult relationships and their emotional fallout can be complicated by compromised privacy and constraining policies of shelters where women are temporarily housed. Shelters are often crowded, with limited space in communal rooms available on a first-come first-served basis, and open in the evenings only, limiting women's access to private conversations and consultations about health-promoting resources.

Inconsistent use of prenatal care services also means that pregnant women in shelters receive limited reassurance about the physical and emotional changes during pregnancy or guidance about potentially harmful conditions (Bassuk & Weinreb, 1993; Killion, 1995). Trust in the

public health system also may be compromised due to realistic fears of drawing attention from child welfare services as well as women's limited access to health insurance, transportation, and child care. Many women also experience complications during their pregnancy and child birth (e.g., dysfunctional labor, difficult delivery; for reviews, see Bassuk & Weinreb, 1993; Killion, 1995; Weinreb et al., 1995). Thus, during a period of transition when interpersonal and emotional support as well as time for personal reflection and planning are most needed, pregnant women who are homeless find themselves with little control over their environment, emotionally isolated, and unsure of what interpersonal support will be available.

Given the high levels of lifetime exposure to abuse, assault, loss, and trauma; the psychiatric symptoms associated with homelessness; and the young age at which pregnancies often occur among homeless women, it seems inevitable that psychosocial functioning will be compromised in ways that further prevent women from fully preparing for parenthood (e.g., anticipation of the impending parenting role, relationship changes, or formation of feelings and impressions of the baby). Studies that have examined the practical and psychological needs of homeless women who are pregnant and have histories of trauma exposure, PTSD, prenatal depression, and other psychiatric disorders are needed. Also necessary is more information on how mental illness may interfere with these women's access to prenatal care. Finally, medical support, counseling, and mental health services should help treatment providers understand how to provide outreach and support to these vulnerable clients.

Having experienced abuse, victimization, and concomitant violations of trust, the desire to seek or accept support from well-meaning peers and professionals might be understandably diminished. This issue, too, must be sensitively considered when inviting mothers to participate in qualitative research and parenting interventions. Research on the development of effective interventions for pregnant homeless women (in addition to assessment of immediate basic needs) needs to focus on approaches that foster long-term supportive and therapeutic relationships as a context for intrapersonal and interpersonal development, beginning in pregnancy and continuing over the course of parenthood.

Disruptions in relationships with early caregivers and recollections of these events are likely to become cognitively and emotionally more prominent as a pregnant mother's due date approaches. Yet, little is known about the ways representations of early caregiving influence how pregnant women who are homeless anticipate childbirth and their first days as a mother. Qualitative research using measures of adult attachment (e.g., the Adult Attachment Interview: George, Kaplan, & Main, 1996, or the Parental Development Interview: Slade, Aber, Berger, Bresgi, & Kaplan, 2002) would increase understanding about how the experience of homelessness interacts with maternal mental representations of unborn children and impending new relationships. These findings would help clarify the attachment concerns and expectations that these women carry with them into their own pregnancies and how such concerns may affect or be affected by the commitment difficulties they face. Such knowledge also would help to inform the design of therapeutic supports that allow for the pregnant women's relationship with her baby to be more than a reminder of the painful patterns she may have experienced with her own caregivers.

Caring for Infants

From an attachment perspective, the primary developmental issue of infancy is regulation in the service of engaging the surrounding world. It is on this platform of early emotion and stress regulation that individual adaptation is constructed (Sroufe et al., 2005). Development of capacities to regulate arousal, tension, and emotions support exploratory behaviors that are crucial to subsequent cognitive and social development. Research has highlighted the unique importance of the mother–child attachment quality for fostering children's regulation

capacities (Belsky & Rovine, 1987; Borelli, 2007; Nachmias, Gunnar, Mangelsdorf, Parritz, & Buss, 1996). In particular, the parent's capacity to perceive the infant as an autonomous, but dependent, being and to respond sensitively and in a timely manner to infant physical and emotional cues is critical to the development of self-regulatory capacities (Fonagy, Gergely, Jurist, & Target, 2002; Sroufe et al., 2005).

The circumstances of homelessness begin working against the formation of a secure attachment and promotion of regulatory capacities at birth, when infants are often delivered prematurely and underweight (Little et al., 2005). The most devastating of these conditions involves mothers and infants living on the streets or taking refuge in overcrowded, rundown apartments or abandoned structures and cars (Smolen, 2003). In such circumstances, home for an infant may be a broken-down stroller or car seat. The whole environment of living on the streets and in shelters is overstimulating and devoid of any physical structure that can provide a stimulus barrier to the infant (Smolen, 2003). The unpredictable availability of food and protection from extreme temperatures likely mean that the infant is emotionally flooded and overcome by hunger, physical discomfort, and frustration. If the mother is preoccupied with basic concerns (e.g., food, shelter, finances) and/or is experiencing depression or other emotional difficulties secondary to poverty and homelessness (Easterbrooks & Graham, 1999), the infant is likely to be negatively impacted by the loss of the mother's emotional presence and physical contact. The absence of a protective physical environment or an emotionally present caregiver who contingently provides reflection and soothing in response to the infant's distress can have devastating consequences for the infant's development in the short- and long-term, including high rates of emotional, cognitive, and physical health problems (Garcia Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998; Smolen, 2003) as well as insecure attachment (Easterbrooks & Graham, 1999).

Temporary housing in a shelter provides only slightly improved security and comfort for the mother–infant dyad. Mothers' preoccupation with finding shelter or the next-day's meal may remain despite this short respite from life on the streets. The lack of control mothers have over their circumstances and the shelter environment are likely to interfere with their autonomy as a parent, and restrictions imposed by shelter policies also may increase their sense of pressure to control their children's behavior.

Having experienced trauma during childhood and early adulthood also may influence the mother's readiness to engage emotionally with her infant (Smolen, 2003). For example, mothers may wish to avoid emotional connection to the infant because such connection could stir recollections of their own painful experiences with early caregivers or heighten feelings of parental inadequacy. Thus, mothers who are concerned with meeting concrete needs and are themselves emotionally overwhelmed and vulnerable may remain withdrawn from their infants and unresponsive to the infants' emotional needs.

Taken together, the circumstances of homelessness are likely to compromise a mother's capacity to respond sensitively and contingently to her overstimulated and distressed infant in ways that can foster short-term infant regulation and long-term development and internalization of this capacity. More research examining how the conditions of homelessness affect a mother's ability to regulate her own distress and foster infant regulatory functions is needed. For example, little is understood about the impact of homelessness on hormonal, neurophysiological, and biophysiological functions that promote maternal self-regulation and the infants' developing regulatory capacities. Such findings would inform developmental parenting interventions that target deficits in stress regulatory systems, allowing mothers to remain emotionally regulated and available to their infants.

For example, prior research on mothers who abuse substances has suggested that maternal sensitivity and the ability to reflect on their own and their infants' emotional cues and states of mind are linked to better parenting, including greater sensitivity to child cues and responsiveness to child distress (Suchman et al., 2010). This reflective functioning about infants and toddlers often involves adopting a developmental perspective about the child's growing capacities (e.g., cognitive, verbal, and motor abilities) and drawing inferences about the meaning of emotions and behaviors based solely on nonverbal cues from infants (Fonagy & Target, 1997; Slade, 2005, 2006). Although reflective functioning skills are often challenged in stressful situations, it may be that a mother's capacity to retain this psychological skill when under stress bolsters her ability to remain emotionally available and sensitive to her child's physical and emotional needs (Fonagy et al., 2002; Slade, 2005).

Closely related to maternal regulation is the attachment status of the mother (e.g., adult attachment classification and capacity for reflective functioning) stemming from her own experience with early caregivers. Toddlers' increasing bids for autonomy can activate negative feelings in the mother toward the child that are difficult to manage. The added stress of homelessness and the absence of privacy and environmental control may further activate the mother's own unresolved attachment needs. Prior research with mothers who abuse substances has suggested that a better capacity for reflecting on negative affect toward the toddler is linked with greater sensitivity to child cues and responsiveness to child distress (see Suchman et al., 2010). Although the mother's capacity for reflective functioning is likely to be challenged during episodes of temporary housing, supporting the mother's capacity to mind her own emotional distress may help her remain emotionally available and sensitive to her child. Further, research examining reflective functioning as a buffer during stressful homeless episodes affecting pregnant women, mothers, infants, and toddlers would likely lead to interventions that foster greater resilience in the dyad.

There also is a very pressing need for development and evaluation of rapid-response programs that provide infant-centered protection from experiences of hunger, temperature fluctuations, over-stimulation, and emotional abandonment. These factors can have negative consequences on children's long-term development and sense of safety in the mother-child relationship. Such services necessarily include, but are not limited to, intensive and long-term emotionally therapeutic interventions for mothers that can address feelings of maternal inadequacy, absence of emotional resources for parenting, lack of emotional support, and effects of emotional abandonment and trauma. Equally important are therapeutic services for infants that immediately address the profound effects of emotional loss and chronic emotional dysregulation (see Smolen, 2003). These services can include a therapeutic relationship with a skilled clinician (and concurrent with the mother's own emotional recovery), in which infants receive mirroring of their own emotional losses and, hopefully, begin participating in a process that promotes their capacity for emotional regulation (see Smolen, 2003) and, ultimately, secure mother-child attachment.

At the systems level, it is important to know the extent to which shelters and other services for homeless women provide a protective buffer to women's well-being and their infant's psychological and physical development. It is conceivable that shelters can do much to promote child-centered environments that support the caregiver in the parenting role. Policies such as mother-infant feeding time and facilitating private moments for the mother-child dyad may create a calmer shelter environment and thereby help mothers bond more fully with their children.

Caring for Toddlers

For toddlers, the central developmental task is *self-regulation*, the expression and containment of impulses, desires, and feelings (Sroufe et al., 2005). Although toddlers have

the capacity to explicitly express needs and the receptive language skills that allow them to be reassured and directed from a distance, they need consistent involvement and responsiveness from parents to remain regulated.

The primary parental task with toddlers is to provide scaffolding for regulation and a secure environment in which the toddler can freely explore new capacities and desires (Sroufe et al., 2005). When these exchanges are effective, the toddler develops a deeper sense of trust in the parent, and regulatory systems in the toddler become stronger and more elaborated. When these exchanges are not effective, the toddler may be left feeling overwhelmed by his or her impulses and the lack of supportive parental containment and guidance. Just as the toddler's growing capacity for regulation builds upon development during infancy, the quality of parenting with toddlers often reflects the quality of the earlier parent-infant interactions (Sroufe et al., 2005).

For parents, the emotional give-and-take with toddlers can be exceptionally challenging, especially when they are angered or frustrated by the toddler's defiance and persistent willfulness. Many conditions of homelessness make this give-and-take even more difficult and interfere with mothers' ability to help their toddlers regulate. A poorly maintained and crowded physical environment and the absence of safe conditions restrict the mother's ability to allow her child to safely explore. Maternal efforts to negotiate through power struggles with their toddlers will likely be open for public viewing, heightening potential for maternal self-consciousness and embarrassment. The mother's autonomy to make decisions about managing her toddler's behavior also is likely to be restricted by shelter staff routines and rules (for a review, see Hausman & Hammen, 1993). The absence of developmentally appropriate materials and activities for toddlers in shelters poses additional barriers for mothers' efforts to support their children's emotional and cognitive development.

Although the developmental and behavioral consequences of homelessness for toddlers have been well-documented (Easter-brooks & Graham, 1999; Koblinsky, Gordon, & Anderson, 2000), very little research has focused on the mother–toddler relationship even though toddlers are often living with mothers in shelters. In one of the few studies that has examined attachment in homeless mother–toddler pairs, Easterbrooks and Graham (1999) found that attachment security in toddlers (i.e., the toddler's capacity to seek soothing and be soothed by the mother) was low, although it was equally low in poor-but-housed dyads. The absence of group differences (homeless vs. poor-but-housed toddlers) in attachment security suggests the need for further studies that disentangle effects of poverty versus homelessness on more subtle aspects of development. They also found that maternal parenting practices were stronger predictors of attachment security than were parenting hassles, suggesting that positive parenting behaviors, despite significant social stressors, can buffer the deleterious effects of these stressors. As with mothers of infants, future research with mothers of toddlers needs to focus on neurophysiological and bio-physiological factors in the mother that compromise support for the growing regulatory capacities of toddlers. On a systems level, the limited availability of private time in the shelter may be especially salient during toddlerhood, when mothers may find their children's tendency to push boundaries and act on impulse particularly challenging. Comprehensive interventions that adopt developmental approaches to support growth-promoting relationships between mothers and their toddlers and that help mothers enhance their parenting practices while in shelters and temporary homes need to be developed and closely evaluated.

Caring for Preschoolers

The primary developmental tasks during the transition from toddlerhood to the preschool period involve movement toward recognizing emotional states, separation and individuation in relation to the parent, cognitive development, and development of social competence with

peers and adults (Sroufe et al., 2005). Parents help children meet the challenges of these tasks by providing external support for understanding social and emotional situations, using language to convey understanding and expression of emotions, guiding behavior during social referencing, facilitating relationships with peers and other adults, and scaffolding upward movement across levels of cognitive and social functioning (Heinicke, 2002). The quality of early caregiving during infancy and toddlerhood strongly predicts the preschooler's independent functioning and social competence as well as the quality of the parent-preschooler relationship (Sroufe et al., 2005).

The few published studies on homelessness and parenting preschoolers (e.g., Averitt, 2003; Koblinsky et al., 1997) have indicated that homeless mothers, in comparison with their poor-but-housed counterparts, are less able to provide their children with a structured, an organized, and an attractive physical environment; materials such as books and toys that promote children's development; the stimulation of academic environment; variety in experience; or acceptance and warmth. One can speculate that the absence of resources, control over decisions affecting children, social support, and a child-centered structure compounded by a preoccupation with meeting basic needs, emotional distress, and fatigue are likely to affect the mother's resourcefulness and psychological availability in supporting her child's budding autonomy and sense of competence or maintaining her sense of authority and competence in setting appropriate limits. The timing and duration of homeless episodes also may be particularly critical for mothers of preschoolers. Depending upon family circumstances leading up to the episode, the preschooler's early attachment history (e.g., during infancy and toddlerhood) may function as a protective or detrimental factor to the child's new developmental challenges and the consequent challenges of parenting.

Some shelters have policies in which unruly behaviors are cause for eviction from the shelter. Although such policies are aimed at promoting overall safety, mothers with mental health problems that interfere with their own regulatory capacities (e.g., substance abuse or PTSD) may have difficulties controlling or subduing their children's behavior due to being overwhelmed or triggered. As a result, she and her child(ren) may be forced to leave the shelter.

By the time a homeless parent is caring for a preschooler, the child's developmental history is likely to play a significant role in the dyad's adaptation to conditions of homelessness and the parent's capacity to buffer the impact of environmental stressors while supporting the child's growing competence, independence, and readiness for school. Longitudinal and follow-back studies that track developmental trajectories of high-risk parent-preschooler dyads are needed to help clarify the role of early development on the preschooler's psychosocial functioning. Such findings, in turn, could inform interventions for preschoolers who have faced homelessness. To design the most effective interventions, differences in psychosocial functioning of preschoolers who have faced separation from mothers during periods of homelessness, in comparison to children who were with their mothers at all times, should be considered in such studies, as should the impact of differential patterns of homelessness (chronic, transient, number of episodes) on preschoolers' emotional well-being.

Given the importance for long-term outcomes of concurrent mother-child interactions during the preschool years, mothers' capacity or difficulty tolerating preschoolers' quest for increased autonomy and social competence should be explored. Research regarding homeless preschoolers should be dyadic in nature, exploring how the ongoing mother-child relationship may heighten or lessen problematic behaviors and emotional responses shown by the child. Interventions should take a corrective bent, with a focus on promoting increased attachment security for preschoolers with their mothers (e.g., K.T. Hoffman,

Marvin, Cooper, & Powell, 2006; Sadler, Slade, & Mayes, 2006; Toth, Rogosch, Manly, & Cicchetti, 2006).

Separations During Homeless Episodes

Homelessness can challenge a mother's ability to keep her family intact. For example, D. Hoffman and Rosenheck (2001) reported that up to 70% of homeless mothers endure separation from at least one child under the age of 18 years. Elsewhere, reported rates of mother-child separations during homeless episodes have ranged from 44 to 56% (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002; U.S. Conference of Mayors, 2004). For women separated from their children, homelessness provides another layer of difficult parenting circumstances, including trying to find housing that is appropriate for them and their children; maintaining contact with children who have been housed in separate locations; and dealing with the negative, emotional toll of parent-child separation (Barrow, 2010).

Sometimes, the difficult decision to separate from children is made by the mother in trying to provide what is in the best interests of her children (e.g., to protect them from the harshness of being homeless and/or from missing school). In these instances, mothers often ask family or friends to care for her children (at least temporarily). In other instances, the decision to separate children is made by the child welfare system. Families also may be separated as a result of shelter policies which deny access to older boys and fathers. Under these circumstances, older children may be farmed out to domiciled friends or family or transferred to the custody of foster parents (often permanently) (Rog & Buckner, 2007).

Whatever the situation, Barrow and Laborde (2008) contended that many women who do become separated from their children are rendered “invisible mothers” while living alone on the streets or in adult-only shelters that do not take their possible identities as parents into account (p. 157). This “invisibility” can make it extremely difficult for mothers to find out about and receive the services they need to become housed and reunite with their children (Barrow & Laborde, 2008).

The implications of separating mothers from their young children during episodes of homelessness are not well-understood. Whether a mother volunteers or complies with a requirement to abdicate her parenting role, even temporarily, separation from her child(ren) may profoundly impact her sense of adequacy as a mother and fundamentally compromise her sense meaning and purpose. The emotional impact for the infant, toddler, or preschooler also is easy to underestimate and is not well-understood. Far more research is needed to understand the comparative implications of separating children from mothers during homeless episodes and placing them temporarily or permanently with relatives or foster families versus devoting resources to maintain unification and to provide a more optimal childcare environment during the dyad's transition. Methods for optimizing the childcare environment during complex circumstances of homelessness also must be carefully developed and evaluated.

IMPLICATIONS FOR FUTURE RESEARCH

Preliminary research has suggested that the mechanisms by which homelessness influences a mother's parenting behaviors are highly complex, multifaceted, and dynamic, and are often influenced by a myriad of accumulating risks such as poverty, mental illness, and social isolation. However, as one of many difficult circumstances that often affect these mothers and children, homelessness appears to impose unique financial, emotional, and physical burdens that can further stress mothers, making it extremely challenging for them to parent effectively.

This article has taken a developmental attachment perspective on the impact of homelessness on mothers' psychological and instrumental approaches to parenting, and we now offer our suggestions for additional attachment-based research that may promote psychosocial outcomes for mothers and children who are homeless. This approach highlights the central importance of mother-child relationship quality for child outcomes. At the same time, however, we recognize that other maternal traits may play an important role in influencing mothers' ability to buffer the environmental impact of homelessness on their children. Studies that more closely examine the mediating and moderating influence of environmental stressors on parenting and child outcomes would help clarify some of the complex mechanisms undergirding parenting difficulties during periods of homelessness, as would consideration of possible Gene $\times$ Environment interactions that may facilitate more adaptive and constructive parenting behaviors by mothers who are homeless. Likewise, research that explores the influence of other indices of psychological resilience—mother-child personality constructs, maternal problem-solving skills, and levels of maternal ego development—could help illuminate additional factors that may help mothers behave in ways that buffer the impact of homelessness on their children. We believe that integrating these different viewpoints can be very fruitful in guiding multifaceted research into how we can best help mothers to parent when they and their children are homeless.

Some studies have reported that social networks are more impoverished for homeless than for poor-but-housed mothers (e.g., instrumental and emotional support are less available, contact with network members is less frequent, and relationships are more conflicted). Other studies have reported that newly homeless mothers have more social contacts (for a discussion, see Rog & Buckner, 2007). Further clarification about the types of social networks homeless mothers have is required so that services can be developed in line with these naturally occurring supports.

Because homeless mothers and their children often face long periods of separation from one another, the grief that children and mothers face during these episodes must be addressed openly by service providers, and the impact of this grief on future mother-child interactions also must be considered (see Schen, 2005). For instance, if a mother who is homeless is having difficulty meeting the numerous, often-competing requirements placed upon her by shelter case managers, child protection services, and mental health counselors, she is not likely to succeed in her attempts to reunite with her children (Barrow & Laborde, 2008). As a result, she may feel increasingly helpless and despondent and, in turn, become depressed and less able to work toward reunification. Service providers and agencies working to address the needs of homeless women must first consider whether these women are parents and then coordinate their services to facilitate homeless-women's numerous parenting/reunification needs.

Implications for Policy

It is critical for policymakers to understand that placing the parent at the center of the model for understanding the implications of homelessness for parenting is not equivalent to holding the parent (in this case, mother) primarily responsible for the developmental problems incurred by children who are exposed to episodes of homelessness. As stated earlier, homeless mothers are most often extremely concerned and preoccupied with the child's well-being while having little control over environmental circumstances. The centrality of these concerns is an indication that there is no substitute for a sensitive and responsive parent for addressing the critical developmental needs of infants, toddlers, and preschoolers.

Welfare reform in the last 2 decades has increased pressures on single mothers to independently provide for their children's needs, and these pressures inevitably compromise mothers' time and energy for providing optimal parenting to their young children.

Confounded by the constellation of risk factors associated with being homeless, the situations for many mothers now facing homelessness are dire.

Future research on homelessness and parenting can benefit from adopting both developmental and ecological perspectives. For instance, collaborative dialogue that draws together developmental psychologists, sociologists studying homelessness, case managers in family and women-only shelters, child protective services, and individuals involved in shaping homelessness public policy may enable all parties to more fully understand the scope of the challenges facing homeless mothers and the possibilities for economically, socially, and empirically viable solutions to these issues. Homeless mothers and their children will benefit from translational research and empirically informed policies that do everything possible to *support* them in their demanding roles and circumstances. Providing assurances to mothers and children that they will have consistent professional support and guidance across their journey back to stable housing and giving tangible support to alleviate environmental stressors are likely to make that journey feasible.

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