Open Arms Family Center: A Grant Proposal

Senior Honors Thesis
Child Development Department
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Submitted by:
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To Whom It May Concern:

The Open Arms Family Center respectfully requests a grant in the amount of $250,000 to contribute to the start up funds for our family homeless shelter. As an innovative, all-inclusive shelter program, we will provide for ten families with children under the age of five who are experiencing homelessness. We are committed to our mission of decreasing the overall number of homeless families in the Metro Boston area as well as working to break the cycle of homelessness. With the dramatic increases of over 20% each year in the population of homeless families over the past several years, we believe that our program will work to reduce these rising numbers.

Our directors and staff are educated and caring individuals, dedicated to assisting the families in our communities who have the greatest need – those who are homeless with very young children. We intend to provide families with services in the realms of shelter, food and nutrition, medical care, psychological treatment, financial literacy education, educational day care, as well as many other services. Should our organization succeed and thrive as we have established it to, we intend to expand the number of families for whom we can provide at the end of our second year.

Thank you for your consideration of our grant proposal. I will follow up with you in the next week to answer any questions that might arise from this application. I look forward to meeting with you to further discuss the possibility of your contributing to this well-designed initiative that will meet a critical community need. If you have any questions or concerns feel free to contact me directly at meaghan.woodard@tufts.edu.

Sincerely,

Meaghan Woodard
Founder and Center Director

Executive Summary

Open Arms Family Center was founded by a graduate of the Child Development department at Tufts University and a group of other recent graduates and intends to open on June 1, 2011. The founding team wanted to create a program that not only provided food and shelter to homeless families with young children, but to also meet many of the needs of the homeless family. Since the economic recession, more and more families have become homeless and the problem continues to rise. Open Arms Family Center provides all-inclusive access to medical, psychological, financial, nutritional, legal, educational, and recreational services to up to ten families at any given time through community partnerships and extensively trained shelter staff. Our mission is to decrease the overall number of homeless families with young children in the Metro Boston area as well as to improve the quality of life of families who do experience homelessness.

Comprehensive care will be provided for shelter residents in the shelter itself by a variety of visiting professionals in the medical and psychological fields as well as by permanent shelter staff members trained to provide other services such as parenting classes and financial literacy education. Community outreach will also provide mothers with legal aid as needed as well as educational support for the children. The goals of this organization are to 1) decrease the number of homeless families with children under five years of age in the Metro Boston area; 2) start to break the cycle of homelessness; and 3) work to prevent homelessness and promote the well being of families by building on their existing strengths. Open Arms Family Center intends to expand the services it offers as well as the number of families it is capable of serving to meet the needs of the community.

The total start up cost for Open Arms Family Center will be $1,628,967.20 with a yearly running cost of $561,000. Of this amount we are seeking funds from various sources such as the Community Development Block Grant Program run by the Department of Housing and Urban Development and the Children's Trust Fund, among others. The Federal Government's investment of $250,000 would make substantial headway in our funding needs and help put us on our way to opening. Thank you for your consideration of our request and we greatly look forward to working with you.

Needs Assessment

The need for an all inclusive shelter program for homeless families with children under the age of five is tremendous. In 2006, there were over 1.5 million homeless children in the United States and over the past four years, that number has only continued to rise (The National Center on Family Homelessness, 2009). This population has numerous and very specific needs; if those needs are not met appropriately and effectively, the families will just end up homeless again compounding the detrimental effects[1].

The founders of Open Arms Family Center became aware of the issue of family homelessness through various censuses both locally and nationally that document the shockingly large population of children in families who are homeless. Through these means it was also discovered that, even in a city as prosperous as Boston, the rate of families becoming homeless has increased drastically and maintained a steady increase over the past few years: the winter of 2008 showed a 22% increase in the homeless family population, marking the fourth year of sharp increase (Annual Homelessness Census, 2009). It is clear that the need is large and increasing.

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[1] See Appendix F

There are many existing shelters in the Metro Boston Area, but they evidently are not doing enough to keep this vulnerable population in their homes, independent, and stable. One possible reason that family homelessness is increasing could be related to the fact that service delivery is not comprehensive. Families may receive housing, but not inclusive care that is essential to address root causes if homelessness, housing alone is not enough. Families experiencing homelessness have many needs ranging from food and shelter to counseling and financing education. This organization posits that by providing all of these needs in a single location with a single staff, families can be returned to stability and independence away from the shelter system.

The most basic need of the homeless family is obvious – shelter – they need somewhere to stay. But that doesn't mean just putting all shelter residents in one large room as many shelters do; families need to be housed in a room designated for their family alone in order to increase feelings of safety, security, and family unity. They also need nutritious foods for both children and mothers. They need balanced diets with fresh produce, meat, dairy, and grains. Infants who are not breastfeeding also need to be provided with formula and specialized infant solids. More often than not, families that become homeless do not have health insurance or primary care physicians. Thus, they typically resort to emergency room services when health problems or illnesses get too severe to manage without care; in addition, they have had little to no preventative care. As many as one in ten homeless families report they have not seen a doctor in the past year (National Center on Family Homelessness, 2009). These families and children need access to a medical professional so that their immunizations are up to date, they have a clean bill of health, and can receive care for the chronic problems often associated with homelessness such as asthma, high blood pressure, and dietary problems. Due to the fact that the majority of these mothers and children have experienced violence, abuse, or neglect, there is a large need for

psychological assessment and treatment. Counseling services are necessary so that families can effectively cope with the chaos and instability that comes with being homeless. Boosting self-esteem and self-confidence of both mothers and children is essential to families being successful and independent in their lives after the shelter.

The needs outlined above are those that are more frequently addressed in standard family shelters, although most shelters provide only one or two. Yet, there are still many needs of the homeless family that are overlooked. With this particular population, the need for educational day care is immense. These children are at a great disadvantage in comparison with homed children: they show developmental delays that in children who have experienced homelessness possess at four times the rate of the homed population (National Center on Family Homelessness, 2010). Thus they need extra support in their development during early childhood so that they are more likely to benefit from school and finish their education.

Not only do the children need educational support, but also the mothers. Financial literacy education is a way to teach mothers how to budget their money effectively and thus more successfully support their families after leaving the shelter. Parents experiencing homelessness also have a substantial need for parenting classes. As many of children who experience homelessness have mental health problems, developmental delays, and behavioral problems, parents need to be advised about how best to help their children cope and how to react positively when their children misbehave. Promoting good parenting skills will support the parent-child relationship and assist both parent and child in developing healthy relationships with each other and with others, which can be a vital coping resource. Another education need of homeless parents is job training. Many parents in homeless families do not have a high school education and very few have any higher education; they also tend to have little skilled job training. Without

such training, it is nearly impossibly to acquire a well paying job. If parents are trained in a particular profession or skill they are far more likely to be able to effectively support their families financially.

Finally, the need most overlooked by standard family shelters is the need for recreation for both parents and children. Experiencing homelessness is extremely stressful for all. Having fun or enjoying recreational activities both as a family and with others can be an outlet for that stress. In addition, recreation is important to build family unity.

Thus, the needs of families with children under the age of five who are experiencing homelessness are physical, social, emotional, financial, and educational. Open Arms Family Center recognizes that, in order to meet these needs effectively, it needs to provide a comprehensive set of services in a single location with a staff that is well educated regarding these needs and well equipped to meet them. Therefore, the resources that homeless families need must be in the same location as the living quarters. A shelter program must be able to offer access to all of the programs these families need such as WIC, TAFDC, MassHealth, SNAP, and housing vouchers[2]. Otherwise to acquire assistance for most of these programs, families need to call or go to offices far away in order to fill out applications and forms they may not fully understand. If a shelter program can have these applications on hand and properly train its staff to assist in the process of applying, then families are far more likely to comprehend and obtain all of the resources they qualify for in a timely manner, thus speeding up the process of becoming independent and stable on their own. In addition, many families experiencing homelessness do not have transportation to get to the many services they need. An all-inclusive service delivery model will solve that problem.

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[2] See Appendix C

Program Objectives: Goals and Desired Outcomes

The goals of Open Arms Family Center are three-fold: 1) decrease the number of homeless families with children under five years of age in the Metro Boston area; 2) start to break the cycle of homelessness; 3) work to prevent homelessness and promote the well being of families by building on their existing strengths. The intent is to accomplish these goals through complex methods to achieve strikingly simplistic objectives.

Objectives:

- Provide safe and stable housing for 10 homeless families at a time
- Provide 3 meals a day for 10 homeless families throughout the duration of their residency at the center
- By the end of the second year the organization will have assisted in providing permanent housing for 24 families This objective is based on the finding of the Boston Homelessness Census that 85% of homeless families have shelter stays of less than 12 months (Annual Homelessness Census, 2009).

Program Methods and Program Designs

Open Arms Family Center proposes that an all inclusive shelter program will benefit homeless families with children under the age of five to a greater extent than any other shelter program. In order to have such an inclusive program, the design is complex with all components interrelating. A crucial factor for the success of this design is cooperation between all staff members and program elements and open communication between all.

<u>Family Qualifications</u>

1. They must be homeless – families can enter this transitional shelter program from emergency shelters or from other living situations such as doubling up and living in cars.
2. Families must consist of mothers with children five years old or younger at the date of entry into the shelter. If a child turns six while in the shelter, the family will not have to leave; qualification relies solely upon age at entry. While we realize there are many other families experiencing homelessness with older children, this specific population is particularly in need of extensive services due to the great impact of adversity in early childhood.
3. Mothers must be clean and sober and remain so throughout their entire shelter stay; there will be no drug testing unless it becomes apparent to the shelter staff that a mother has been using drugs or alcohol. There will be a "one chance" system in place: if a mother is found to be under the influence, she will then be subject to routine drug testing and if she is found again to be using then her family will be given two weeks to find alternative shelter with the assistance of our organization. This is to maintain the safety of the environment in the shelter.

Design of the Program

Population

The population that Open Arms Family Center will serve is a particular subset of the homeless population. The families who stay in our shelter will be composed of a single mother with her children who are under the age of five. While these families are particularly vulnerable to the impact of homelessness, their situations are not as dire as other experiencing homelessness. Their family is together and they have somewhere to stay; those two facts alone are major strengths our program emphasize and build on.

Physical Structures

1. Families: The shelter will provide living space for ten families. Each family will have its own room furnished with a twin bed, a crib, a set of bunk beds, one large dresser, one armoire, a table and a private bathroom. By having families in their own living quarters, separate from the rest of the shelter residents, they will have an increased sense of stability and be able to feel more at home than if everyone lived and slept in a communal space. Separate living quarters also provides more privacy for families and enables parents to continue raising their children how they wish without prying eyes.
2. Staff: There will also be a small room with one bed, a table, a dresser, and a private bathroom for a member of the shelter staff to sleep in.

Common Areas

1. Play Area: Open Arms Family Center will have a play area with have developmentally appropriate toys, puzzles, and books. This will be a place for children to get away from the stresses in their lives and feels safe, as well as to play and have their development supported. The play area will be staffed by at least one staff member at any given time as well as by volunteers.

2. Adult Recreation: a common room with a television, stereo, and couches where parents can relax and socialize with other parents. This need for comfort and relaxation is extremely important for both mothers and children so they can have some sense of stability and ability to relax in the chaos that being homeless can cause.

Physical Resources

It is important for all shelter residents to know where all exits are, where all kitchen appliances and utensils are, and where anything else they may need is located and also that all aspects of the physical structure of the shelter are fully functional and up to date. This provides mothers and children with security and stability in their environments (Bassuk & Guarino, 2010).

Communal Kitchen

The shelter will also have a communal kitchen where families can cook communally or independently. The kitchen will be run by a kitchen manager who will supervise volunteers in preparing three meals a day for the shelter residents. The kitchen will provide nutritious food for the mothers and children consisting of fresh produce, meat, dairy, and grains. Many of these families have been malnourished due to lack of financial stability and it is important to offer balanced diets. Proper nutrition is particularly critical for developing children who need vitamins and minerals to grow and mature. The shelter will also provide formula for infants who need it while the mothers await WIC vouchers.

Pro-Bono Personnel

Open Arms Family Center intends to have non-residential professionals who come to the shelter on a regular and frequent basis in order to provide services for families in an accessible manner. As previously stated, many children and mothers who experience homelessness are not up-to-date with vaccines and routine physicals as well as are lacking care for chronic conditions such as asthma and high blood pressure.

1. Nurse practitioner: will visit the shelter on a weekly basis to administer physicals, immunizations, and provide treatment and consultation for chronic medical problems of shelter residents.

2. Psychologist with a specialty in children and families: This professional would be available to assess all children and mothers who come through the shelter and identify any mental health problems they may present. It was also previously explained that these families more often than not have some sort of mental health issues related to their experiences prior to entering the shelter system and this providing professional support would be a tremendous help. A psychologist could also work with both children and mothers to develop appropriate and effective coping strategies and mechanisms as well as to increase self-esteem and self-confidence so that they might deal more effectively with the experience of being homeless.

Partnerships with Other Service Organizations

Open Arms Family Center will create partnerships with local programs and services in order to enable more resource availability to shelter residents.

1. Educational: Children: One of these partnerships would be with local establishments that focus on early education for impoverished and homeless children such as Horizons for Homeless Children, Head Start, and Jump Start. These partnerships would enable the children who are residents of the shelter to attend educational daycares with staff attuned to their unique needs. Attending an educational daycare would help avoid the developmental delays that homeless children often have as well as keep them on track and increase the probability for success later in school.

2. Educational: Adults: We will form a partnership with local community colleges in order to enable mothers staying in the shelter to further their educations or obtain their GEDs.
3. Legal: Another partnership would be with local legal aide organizations. Many mothers have become separated from their older children due to either the Department of Children and Families removing the children from their custody or from sending their children to live with friends and families so that they are able to enter the shelter system. Having access to legal advice can help these mothers regain or maintain custody of their children, thus keeping the family together and stable (Lawinski & Barrow, 2009).
4. Social Supports: Social Services: Open Arms Family Center will partner with social service providers who target low-income and homeless populations so that we are able to assist families in easily acquiring all services they are eligible for.

Services Provided

The training of shelter staff, discussed in the Organization Information section, will enable them to effectively provide a variety of services to residents.

1. Résumé writing skills and interview training to help mothers obtain work.
2. Budgeting and financial literacy workshops to educate mothers how best to manage their money and support their families as well as to help them understand the financial jargon that often makes up loan and rent paperwork. These workshops will

also help educate mothers about cost-effective grocery shopping and food budgeting while still providing enough nutrition to their families.

3. Resources: Shelter staff will be extensively trained and educated regarding the resources available to homeless families such as WIC, TAFDC, SNAP, and MassHealth, as well as others. The shelter will have all applications for the resources in the building and staff will be equipped with the knowledge to help mothers attain all services they are eligible for and also to help them fill out often confusing applications. Shelter staff will also be educated about the housing system, vouchers, etc. so that they are able to assist families in finding permanent housing.
4. Parenting workshops: Members of the staff will also be trained and able to lead parenting workshops and offer parenting advice to mothers in the shelter. Parenting a young child is hard enough to begin with and children who experience homelessness often have behavioral and emotional regulation problems. If mothers struggle in dealing with these complications effectively it can strain the mother-child relationship that is so pivotal to the family's coping while homeless. If shelter staff can help mothers then they can support the family.
5. Parent and Family Support: As previously stated, the fact that these families are together and that there is a sense of family cohesion is a major strength of families experiencing homelessness. This organization and its staff will work with families to build on that strength by offering support and encouragement. Our goal is not to fix weaknesses of these families, but build on their strengths so that they have a better foundation for stability and independence.

6. Recreation: recreation is a part of life that everyone needs to be happy and functional in the world, and often a part that is ignored by the social service system. This organization will plan and orchestrate outings and recreational activities for the families residing in the shelter. This will contribute to family unity and stability as well as give the mothers and children some sense of normalcy in their hectic and unpredictable lives.
7. Child care: In order to allow mothers to relax and have some time to themselves, Open Arms Family Center will provide afternoon playgroups for the children on weekday afternoons from 3-5pm. Volunteers will be utilized during this time period to play with and support the development of children in the center. There will also be an opportunity once a month for mothers to have an entire weekend day to themselves while trained volunteers care for their children.

Staff Qualifications

In order to be employed with Open Arms Family Center, our employees will be hired based on certain minimum qualifications and after those have been met, staff will be hired based on experience and how well they will fit with the organization's goals and environment.

Director

1. Master's Degree in Child Development, Psychology, Early Intervention or a related field
2. Three years extensive experience with homeless families and non-profit organizations
3. CORI check

Assistant Director

1. Master's Degree in Child Development, Psychology, Early Intervention or a related field

2. Two years extensive experience with homeless families and non-profit organizations
3. CORI check

Full Time Staff

1. Bachelor's Degree in Child Development, Psychology, Early Intervention or a related field
2. Two years of work experience in a related area of work
3. CORI check

Part Time Staff

1. Associates degree in Child Development, Psychology, Early Intervention or a related field
2. One year of work experience in a related area of work
3. CORI check

Volunteers

1. Must be at least 16 years of age
2. CORI check
3. Experience will dictate what area they work in (Kitchen, with children, cleaning, office help, etc)
4. At least a nine month commitment

Kitchen Manager

1. Culinary degree
2. Three years of experience in the food industry
3. At least one year of experience managing a kitchen

Staff Training

A major component of the methods this organization posits will lead to its success is extensive professional development and training for shelter staff. Open Arms Family Center will utilize its partnerships with other community organizations in order to bring in other professionals where necessary to ensure that our staff receives all the training and education they need. Prior to the opening of the shelter, all staff will have received intense professional and paraprofessional development that will enable them to offer a variety of services to shelter residents. This training will occur over a ten-day period, 9-5 each day, of professional development. In addition to the ten-day period, there will be two days dedicated to the staff

setting up the shelter areas, such as the play area and common area, themselves and becoming acquainted with the shelter layout.

Day 1-2

The first and second days of professional development will be dedicated to basic child development and mental health training. Staff will be educated, or more intensely educated, abut developmental milestones, attachment, PTSD, and early intervention services. With this knowledge, staff will be able to identify developmental or emotional pathologies in both children and mothers and will be able to refer families to services they need that they would not have otherwise known they needed. Additionally, they will be able to maintain an environment in the shelter that would not trigger PTSD symptoms in families by keeping loud noises, shouting, and abrupt changes to a minimum (Bassuk, & Guarino, 2010).

Day 3-4

The purpose of the third and fourth days of training will be to fully educate all staff about services and resources that target low-income and homeless families such as TANF, SNAP, WIC, MassHealth, etc. They will be fully informed and knowedgeable about all eligibilty requirements for each services and be acquainted with the application processes and applications themselves so that they will be able to assist mothers in filling out all forms and ensuring that all families receive all services they are eligible for.

Day 5-6

Days five and six of training will focus on working with all staff to develop a parenting class curriculum that all support and can use to work with mothers who will reside in the shelter. Also on this day, someone from the community who is knowledgeable about financial jargon and

the finanical needs of homeless families will come in to educate the shelter staff about these areas.

Day 7-8

The seventh and eighth days of professional development will be dedicated to enhancing how all employees work with the families in the shelter. Staff will receive in depth cultural competence training in order to work effectively with different cultures that may be present in the shelter. They will also be educated in how to work with mothers and at the same time not over step their boundaries and not undermine parental authority. Mothers have reported that caring for their children while homeless is the biggest component in their ability to cope and remain optimistic; when shelter staff undermine or seemingly blame mothers for their children's behavioral, emotional, developmental, or health issues, they undermine that ability to cope and function. Children also need to respect their parent's authority and that would be hindered if shelter staff are constantly stepping in and trying to raise the children in the shelter – they need to be able to help the mothers help themselves and their families (Lawinski& Barrow, 2009).

Day 9-10

The ninth and last day of professional development will focus on improving staff collaboration and communication. As a team, the staff will develop means of effectively communicating with each other as well as with the nonresidential professionals and create means of ensuring open communication and collaboration between all.

Volunteer Training

At the beginning of each month, there will be a Saturday of volunteer training from 9-5. There will also be a day prior to the opening of the shelter. In order for a volunteer to begin work in the shelter, they must attend a training day. This training day will consists of a tour of the shelter, an explanation of how the shelter works and its goals, and the expectations of the volunteers. This is also when it will be determined what section of the shelter each volunteer will work in. Those with experience with young children will work with the playgroups and provide babysitting services and as such will receive training about the needs of children under the age of five and especially the needs of the child experiencing homelessness. All other volunteers will receive training in the kitchen or the office areas. The primary role of all volunteers is to assist the staff. All volunteers will also receive cultural competency training.

Evaluation

Open Arms Family Center will evaluate its progress and success in several ways.

Quantitative

1. Every year after opening, the number of families who we have found permanent housing for will be recorded to ascertain whether or not we are in line with our original objective of assisting twenty-four families in the first two years.

Qualitative

1. Every three months after a family's initial entrance into the shelter, the mothers will be asked to give feedback on how they perceive the shelter to be running

and what services are benefitting them the most. This will give the staff important information about which methods need more attention or alteration in order to be more successful. We will also ask the mothers to give feedback regarding their social experiences in the shelter. This will be to ascertain if families are receiving enough privacy and whether or not they are creating friendships between each other in the program.

2. At the end of each calendar month, all shelter staff will be asked to evaluate how the perceive the program to be running and give feedback on areas that require improvement or alteration.
3. When members of the staff or volunteers choose to leave the center, exit interviews will be administered to determine whether or not there are changes that could be made to the way the organization runs that would prevent staff from leaving,

Long Term Financial Support Planning

Open Arms Family Center intends to fund its programming over the long term in a variety of ways.

Other grants

In addition to federal grants, this organization is in the process of applying for both state and local grants as well as funding from private grant organizations. We are looking to acquire funding from a variety of organizations so as not to depend too heavily on any one particular funding source. In order to fund the purchase and renovation of the building in which the shelter

will be, we are applying for funds through the Department of Housing and Urban Development's Community Development Block Grant, which distributes funds for such needs. We are also applying for funding from the Children's Trust Fund, which offers grant support to Family Centers in Massachusetts. In addition, we are looking at smaller private and local grant resources.

Donations

As with most nonprofit organizations, we will be seeking donations from both the private and pubic sectors. We will seek donations from organizations such as The Salvation Army and United Way. We will also advertise to the community that we are accepting donations of clothing, furniture, books, toys, televisions, radios, etc.

Fundraising Consultant

A portion of our funding will be set aside to hire a fundraising consultant who will be responsible for arranging and managing all fundraising. This individual will also be responsible for grant applications and record keeping of all financial matters.

Budget[3]

Budget Category	Total Cost
Direct Costs	
Personnel	
Director	$56,000
Assistant Director	$48,000
Full Time Staff *Salary* ($40,000 x5)	$210,000
Part Time Staff *Hourly* ($16.50/hr x 20hr/wk x 52wk) (x4)	$68,640
Kitchen Manager *Salary*	$30,000
Total	$412,640
Fringe Benefits	
Director (27% earnings)	$15,120
Assistant Director (26% earnings)	$12,480
Full Time Employees (25% earnings)	$52,500
Part Time Employees (23% earnings)	$15,787.20
Kitchen Manager (23% earnings)	$6,900
Total	$102,787.20
Equipment and Supplies	
Living Quarters	
Single Bed (x11)	$1,925
Bunk Beds (x10)	$2,500
Crib (x10)	$1,500
Dresser (x11)	$1,650
Armoire (x10)	$1,500
Table (x11)	$1,320
Bathroom (x11)	
Shower/Tub unit	$4,730
Sink	$1,100
Toilet	$2,750
Mirror	$330
Total	$19,305

[3] Budget based on figured found from online stores for: Loews, Home Depot, Sears, Wal-Mart and Target; (Directors and officers insurance in turmoil as rates skyrocket, 2002); and figures from: http://www.bostonwarehousespace.com/, http://finalpickservices.com/general-contractors-boston-others/junk-removal-boston-massachusetts-ma.html, http://autos.yahoo.com/2010_chevrolet_express_passenger_van/, and monster.com

Communal Kitchen	
Range Stove (x2)	$2,600
Fridge (x2)	$1,400
Sink (x2)	$500
Industrial Dishwasher	$4,000
Microwave	$35
Toaster (x2)	$40
Mixer	$40
Blender	$25
Pots/pans/dishes/utensils/etc	$1,000
Total	$9,640
Laundry Room	
Washer (x2)	$1,600
Dryer (x2)	$1,000
Total	$2,600
Common Room	
Couch (x2)	$700
Arm chair (x3)	$400
Coffee table	$150
End table (x2)	$125
Total	$1,375
Dining Room	
Table (x5)	$1,450
Chairs (x12)	$750
Booster Seats (x8)	$420
High Chairs (x10)	$500
Total	$3,120
Transportation	
Van	$25,000
Total	$25,000
Indirect Costs	
Building Costs	$1,000,000
Insurance	
Directors and Officers	$9,000
Commercial	$10,000
Utilities	$14,400
Garbage Services	$3,600
Administrative Costs (computer, printer, copier, office supplies, filing cabinets, desk, etc)	$8,500
Upkeep Costs	$6,000

Total	$1,051,500
Total Start Up Budget	**$1,628,967.20**
Yearly Running Costs	**$561,000**
Items to be Donated	
Electronics for Common Room	
Books	
Toys	
Food	
Pro-bono services	
Nurse Practitioner	
Family Psychologist	
Fundraising Consultant	
Volunteers	

Appendices

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A. What Constitutes a Homeless Family?

While many institutions categorize homeless families slightly differently, a commonly accepted definition is one in which homeless children from birth to age 18 are accompanied by one or more parents or caregivers. This definition does not include unaccompanied youth or children (The National Center on Family Homelessness, 2009). The Massachusetts Homelessness Commission Report defines homelessness as

> All families or individuals who both lack a fixed, regular, and adequate night time residence and who reside in emergency or transitional shelter programs, or who live in places not designed for human habitation such as cars, abandoned buildings, the woods or the street. Persons residing in institutional or recovery programs that were homeless upon entry and are without housing upon release are considered homeless (pg 9).

While these definitions focus on the absence of a home, family homelessness is not caused solely by a lack of a permanent residence. Rather, it is caused by a combination of factors such as lack of affordable housing, extreme poverty, lack of government support, changing family demographics, the challenges of single parenthood, domestic violence, and fractured social support both for parents and children (Volk & Guarino, 2010).

B. Statistics

I. The United States

Before the issue of child and family homelessness can be broken down, analyzed, and solutions can be suggested, the facts must be presented: which families are homeless and who is in those families? In addition to that, the state of affairs regarding homelessness at the national and state level must also be explored – minimum wages, how many shelters exist to serve the population, and uninsured rates.

The National Center on Family Homelessness (2009) published a report card ranking all 50 states for the extent of child homelessness, child well-being, risk for child homelessness, and state policy and planning in each state. In addition to the rankings, the report card also gives incontrovertible facts about homelessness in the nation as a whole as well as for individual states, serving as an important resource of information about the United States' homeless child and family population. In 2005-2006, there were approximately 1,555,360 children in families who were homeless. Of those children, 902, 108 are school-aged with 77.3% (697, 130) enrolled in grades K-8 and 22.7% (204,978) in High School; 42% of homeless children, 650,000, are under the age of 6 (The National Center on Family Homelessness, 2009). These staggering numbers more than likely do not even give the full picture due to the fact that many homeless teenagers become separated from their families for a variety of reasons and do not attend high school, leaving them out of these figures. The ethnic distribution of this population is 47% Black, non-Hispanic; 38% White, non-Hispanic; and 13% Hispanic (The National Center on Family Homelessness, 2009).

The report card also offers facts that contribute to the problem such as the fact that 1 in 26 American children do not know where their next meal is coming from and that 11% of children under 18 live without health insurance; both exist because parents simply cannot make

enough money. The federal minimum wage is $6.55 an hour and the average renter's wage is $12.50 an hour, yet the hourly wage needed to afford a two-bedroom apartment working full time is $17.32 an hour (The National Center on Family Homelessness, 2009). Many low-income families are single parent families and if the sole earner is not making a wage high enough to pay rent, then the family is likely to end up without a place to live. When families no longer have a place to call home, there need to be shelters in place for them to turn to. Throughout the country there are 29, 449 emergency shelter units for families, 35, 799 transitional housing units, and 25, 141 permanent supportive housing units totaling at 90, 889 units available for homeless families (The National Center on Family Homelessness, 2009).

II. Massachusetts

In comparison to many other states in the country, Massachusetts is fairing well in terms of child and family homelessness. The overall rank for the state given by the report card (1 being the lowest and 50 the highest) is 8th. While the extent of child homelessness is on the lower end, ranked 27th, both the risk for child homelessness and child well-being are ranked at 18th. The factor that brings the state to the top of the ranks is that Massachusetts has been identified as "extensive" in terms of state policy and planning, something only five other states have in common. This is not to say that child homelessness is not a problem in Massachusetts, because it certainly is – 17, 505 children in the state are homeless, 1.21% of all children in the state. 7, 352 of these children are under 6, the number enrolled in grades K-8 is 7, 642, while 2, 511 are enrolled in high school. This, again, does not account for all children who are not enrolled in school. The ethnic diversity of homeless children in Massachusetts is as follows: 48% White, 30% Hispanic, 17% African American, and 5% Asian. While Massachusetts has the lowest rate of uninsured children, 5.1%, only 49% of eligible children are enrolled in food stamps, a fact

which more than likely contributes to 1 in 33 children in the state not knowing where their next meal will come from (The National Center on Family Homelessness, 2009).

While there are fewer children in Massachusetts homeless than in many other states and more children know where their next meal will come from, there is a greater difference between how much money is being made and rent needing to be paid. The minimum wage in the state is $8.00 an hour and the average renter's wage is $17.30 an hour, yet the wage needed to afford a two-bedroom apartment is an astonishing $22.94 an hour working forty hours a week. Due to the extensive policies and planning regarding child and family homelessness, however, there are a higher number of shelter units in the state. There are 1,762 emergency shelter units for families, 937 transitional housing units, and 841 permanent supportive housing units totaling 3, 540 units available to homeless families (The National Center on Family Homelessness, 2009).

III. Boston

The statistics regarding the homeless population of the city of Boston are generated from the city's annual homeless census report taken on one night in December of each year. The most recent results are from Winter 2008-2009 and show a continuing trend in the problem of family homelessness in Boston. The total number of people in family shelters on the night of the census was 3,179, a dramatic increase from the previous year, which was 2,585. The 22% increase from the previous year was the fourth year of sharp increases in the homeless family population throughout a steady increase over the past decade. Only during 2002-2004 did that number decrease. In comparison to the 1998-1999 census, the number of families in Boston homeless shelters has multiplied by more than two and a half. Many have posited that this is due to increased food and fuel prices combined with a year of high foreclosure rates that resulted in the eviction of many low-income renters. The census revealed that if placements in shelters were

based on where the family had last lived or worked, more than half of households living in shelters outside of Boston would actually be in city shelters. Of the families in Boston shelters, 69% were Boston residents while 31% were not. There were also 517 Boston families staying in shelters outside the city on the night of the census (Annual Homelessness census, 2009)

The homeless census also provides a great deal of information about the individuals living in family shelters such as age, ethnicity, average length of stay, and the previous living situations prior to entering the shelter. These important facts give a glimpse into what type of families become homeless in Boston, thus providing vital information as to what resources are needed most. Of the 3,179 people residing in family shelters on the night of the census 243 were adult males, 1,034 were adult females, and 1,092 were children making a total of 1,121 families. 11% of the children were less than 1 year old, 42% were between 1 and 5 years of age, 29% were between 6 and 12, and 18% were aged 13-17. After the age of 17, children are not allowed in family shelters and are identified as "unaccompanied youth," often living in the streets or in shelters for individual adults. On the night of the census, there were fewer than 50 unaccompanied youth in Boston shelters, three of whom had their own child with them. Nearly 50% of the homeless family population in Boston described themselves as African American while 43% identified as non-Hispanic or Latino. In 2008, almost half of these families resided in shelters between 7 and 24 months, 6% had stays of less than one month, 12% stayed in shelters 1-2 months, 33% resided in a shelter 3-6 months, 35% stayed 6-12 months, 14% stayed 13-24 months, and less than 1% had needed to stay in a shelter for 2-5 years. More than 40% of these families indicated that their most recent living situation had been in an emergency shelter, while 35% had been doubling up with friends or relatives and fewer than 16% had been discharged

from facilities such as the hospital, rehab, institutions, or jail (Annual Homelessness census, 2009)

C. Existing Programs and Policies

I. National Programs

At the federal level, there are many organizations and programs in place that either directly provide assistance to families in need or distribute block grants to states for the same purpose. Typically, there are standards or guidelines at the federal level that allow flexibility on the part of states in how they distribute and organize their funds. The eligibility requirements dictated by the federal programs are generally broad – most target very low or low-income families – and then states create more specific standards in accordance with the current economy and culture of the individual state. There are programs that offer cash assistance, food coupons, medical insurance, and housing assistance either directly to needy families or to states so that the state government may do so.

Temporary Assistance for Needy Families (TANF)

When the Welfare programs were reformed in 1996, TANF replaced the Aid to Families with Dependent Children (AFDC) program as well as both the Jobs Opportunities and Basics Skills Training (JOBS) and Emergency Assistance (EA) programs. This reform ended the federal entitlement programs and created the distribution of block grants. TANF provides states, territories, and tribes with federal funds with wide flexibility so that they may develop and implement individual welfare programs. This assistance has a time limitation and attempts to promote work, responsibility, and self-sufficiency for those who receive the services. The goals of TANF are to help needy families so that children can receive care in their own homes, prevent out-of-wedlock marriage, and reduce the dependency of needy parents by promoting job preparation, work, and marriage. As TANF does not directly provide assistance, individuals can

acquire services through their community's specific TANF derived program (U.S. Department of Health and Human Services, 2008).

Women, Infants, and Children (WIC)

WIC is a federal grant program administered by the Food and Nutrition Service that provides supplemental and nutritious food, nutrition education and counseling, and screening and referrals to other health, welfare, and social services to its target population. WIC benefits are distributed in the form of coupons that can be used at most grocery stores to purchase food high in at least one nutrient such as protein, calcium, iron, vitamin A or vitamin C. These are the important nutrients that are often lacking in the diets of low-income populations. WIC offers services to pregnant women through their pregnancy until six weeks after either birth or the end of the pregnancy, to breastfeeding women through the infant's first birthday, to nonbreastfeeding postpartum women up to six months after he birth or the end of the pregnancy, to infants up to their first birthday, and to children until their fifth birthday. WIC's programming is extensive; it provides services to 45% of infants born in the United States. While WIC serves an enormous population, it is not an entitlement program so there are not enough funds set aside for every eligible individual to participate. Thus, agencies prioritize who receives benefits; pregnant women, breastfeeding women, and infants who are at risk nutritionally due to serious medical problems receive benefits first. From there, most infants, children, and breastfeeding mothers at risk nutritionally due to medical problems or dietary insufficiencies will receive benefits before nonbreastfeeding women without medical conditions or individuals who without WIC would be at risk for medical or dietary problems. In order for these individuals to be eligible to receive WIC, they must have an income at or below an income level or standard that is established at the state level. Some women and children are automatically eligible to receive WIC benefits if they

are eligible for Medicaid or TANF. To apply for WIC benefits, those seeking participation must contact the state or local agency via toll free phone number to set up an appointment with an agent. To verify that participants are at nutritional risk, they must see a medical professional who will determine their risk level, often free of charge. Not everyone who qualifies can receive benefits immediately; frequently funds are short and waiting lists and priority levels are utilized. Once individuals start receiving benefits, it is not long term. Depending on the individual circumstances, WIC benefits usually last for 6-12 months before participants must reapply (U.S. Department of Agriculture, 2010).

Supplemental Nutrition Assistance Program (SNAP)

Originally known as the Food Stamps Program, SNAP provides low-income households with electronic benefits, in the form of EBT cards, that can be used just like cash at most grocery stores. The change from the Food Stamps Program to SNAP marked the change in focus from simply providing food to a focus on filling nutritional needs as well; SNAP helps put nutritious food on the table of more than 40 million people across the country every month. SNAP benefits can be used to buy bread, cereal, fruits, vegetables, meats, fish, poultry, dairy products, and seeds or plants that will produce food that the household can eat. These benefits cannot be used to purchase beer, wine, liquor, cigarettes, tobacco, vitamins, medicine, foods eaten in the store, or nonfood items such as pet food, soap, paper products, or household supplies. The majority of these benefits go to households with children (76%) while 16% aid households with disabled members and 1% helps households with elderly members. The bulk of recipients are either White, 43%, or African American, 33%, while the rest are Hispanic, 19%, and Asian or Native American, 2% each. In order to be eligible for SNAP benefits, households cannot have more than $2000 in countable resources and must have both a gross monthly income at or below 130

percent poverty and a net monthly income at or below 100 percent poverty. Participants must meet all of the previous requirements unless all family members are receiving TANF benefits or Supplemented Security Income (SSI). Most legal immigrants are eligible to receive benefits after they have lived in the country for five years, but all legal immigrant children are eligible regardless of their entry date into the US. The benefit allotment is typically 30% of the family's net monthly income, as these households are expected to spend 30% of their resources on groceries. In 2008, the average monthly allotment was $227 per household and $101 per individual, with the minimum benefit at $14, all of which are indexed to inflation. To apply for SNAP benefits, individuals must contact their local SNAP office (United States Department of Agriculture, 2010).

Child and Adult Care Food Program (CACFP)

In addition to providing nutritious food to low-income children in their homes, there is also a federally run program that provides healthy snacks and meals to children in after-school programs, childcare centers, home day cares, and emergency shelters. The Child and Adult Care Food Program assists more than 3.2 million children and 112,000 adults to receive nutritious meals and snacks every day. The USDA's Food and Nutrition Services administer this program through grants given to individual states. Funding for individual programs is based on the participants' eligibility for free lunch, those from households at or below 130 percent poverty, or reduced rate lunches, from households between 130 and 185 percent poverty. Childcare programs that receive funds from CACFP may be either nonprofit or for profit, those for profit must have at least 25% of the children eligible for free or reduced lunches. Programs such as community based after school programs for "at risk" children and teenagers must be in areas where 50% of children are eligible for free or reduced lunches to receive benefits and in some

states these programs also have funding to serve dinner to the children as well. Emergency shelters that provide both residential and food services to homeless children receive funding and reimbursements so that they may provide three meals a day for every child in the shelter under the age of 18. In addition to the services that CACFP provides for needy children, it also provides snacks and healthy meals to nonresidential centers that provide structured, comprehensive programs to either functionally impaired adults or to those who are age 60 or older (U.S. Department of Agriculture, 2010).

Medicaid

The federal program that provides health insurance to low-income families and individuals is run through Medicaid. The program is federally funded but is state administered and each state sets its own guidelines about eligibility requirements and what services are provided. Medicaid eligibility does not depend solely on income; even if an individual is very poor they may not receive coverage unless they are in one of the eligibility groups. Groups that the federal government mandates to be covered by Medicaid programs are limited income families with children who meet the state's TANF eligibility requirements, recipients of Supplemental Security Income (SSI), infants born to Medicaid eligible pregnant women (these infants must also be covered until their first birthday), children under the age of 6, pregnant women whose family income is at or below 133% of the Federal Poverty Line, recipients of adoption assistance or foster care, and certain individuals receiving Medicare. For children to be eligible to receive Medicaid, the status of the parents is irrelevant, only the status of the child matters. For legally admitted immigrants there is a five-year limit in receiving Medicaid benefits (U.S. Department of Health & Human Services).

Children's Health Insurance Program (CHIP)

Founded in 1997, CHIP helped states expand insurance coverage to more than 5 million previously uninsured children (The National Center for Public Policy Research, 2010). This federally funded program distributes funds to states similarly to Medicaid to provide health insurance to children living in families who are at or below 200% of the Federal Poverty Line (U.S. Department of Health & Human Services). The broad guidelines set down by the federal government allow states to individually determine the designs of the program, eligibility requirements, benefit packages, payment levels for coverage, and how the program is administered and operated. Most states include dental benefits that are vital to children's health. In 2009, Barack Obama reauthorized CHIP, technically making it CHIPRA, financing CHIP through the fiscal year 2013. This action maintained coverage for the millions of children who already depend on CHIP and provided the resources to states so that they may reach millions of additional uninsured children (The National Center for Public Policy Research, 2010).

Head Start

Homelessness, even growing up in a very low-income family, affects the development and growth of children experiencing it; therefore there is a need for additional education and developmental support for these children. Head Start was founded in 1965 as a means to provide for the children of low-income families and has since served more than 15.3 million children and their families, now operating in all fifty states, the District of Columbia, Puerto Rico, and the US territories. Many of the children served have been homeless. Only 20% of the total cost for Head Start programs must be paid for by the community it services, the rest of the cost is supplied by federal grants. Head Start services provide a comprehensive, developmental program for low-income pre-school aged children, typically between 3 and 5 years old, as well as social services

for their families. These services focus on education, socio-emotional development, physical and mental health, and nutrition with the four main components of health, education, parental involvement, and social services. Every child who attends Head Start is involved in a comprehensive medical program, which provides them with immunizations, nutritional services, and medical, dental, and mental health services. The educational program offered by the organization caters to the needs of the child and the community, taking into consideration cultural and ethnic characteristics while providing learning experiences to cultivate intellectual, social, and emotional growth of each child. Head Start also strives to achieve a high level of parental involvement by including parents in parental education, program planning, and operating activities as well as having school staff visit the homes of their students. Families of Head Start students also receive social services such as family need assessments, referrals, emergency assistance and crisis intervention. The holistic approach of this national program is vital to children who start with disadvantages so that they may thrive in their later schooling (Administration for Children and Families).

Housing Choice Vouchers

In addition to cash assistance, food programs, medical insurance, and educational support, very low-income families also need housing support to prevent them becoming homeless. To approach this need, the federal government has one major program – housing choice vouchers – to assist families, the elderly, and disabled persons afford decent, safe, and sanitary housing in the private market. Assistance is provided through the vouchers, which pay for a percentage of the rent. The maximum assistance a household can receive is generally the lesser amount of either the payment standard minus 30% of the family's adjusted monthly income or the gross rent for the unit minus 30% of the adjusted monthly income. The subsidy is

paid directly to the landlord by the local Public Housing Agency, who administers the federal program, and the family is responsible for paying the difference between what the PHA pays and the actual rental rate for the unit. Eligibility for housing vouchers is based on annual gross income and family size, typically the family's income must be less than or equal to 50% of the median income of the county or urban area in which they live; by law 75% of vouchers must be given to families at or less than 30% of the median. The PHA gives preference and prioritizes voucher disbursement to families that are homeless or living in substandard housing, to families paying more than 50% of their income for rent, or to families that have been involuntarily displaced. Through this program, participants are not restricted to subsidized housing and are free to choose any housing as long as it complies with program requirements. In fact, it is the family's responsibility to find their own housing unit where the owner will agree to rent under the housing voucher program. Once they have chosen a unit, someone from the PHA must inspect the unit to ensure that it conforms to health and safety standards (U.S. Department of Housing and Urban Development).

II. National Policies

Not only are the programs for low-income families at the federal level to help combat homelessness, but there are also policies and laws. These either establish and increase the rights of homeless children or provide sources of funding from congress to be distributed to assist struggling households. There have also been plans developed by the federal government in attempt to prevent future individuals and families from becoming homeless and to help those who are homeless find permanent homes.

McKinney-Vento Homeless Assistance Act

As the first piece of major federal legislation that addresses the needs of the homeless, The McKinney-Vento Homeless Assistance Act was passed in 1986 and reauthorized in 2002. The goal of this act was to establish and protect the rights of homeless children to attend school as all other children do. In sum, this policy states that all homeless children have the right to free, appropriate, public education, including preschool, and it is the job of state agencies to ensure that homeless children are able to attend schools. The law dictates that in areas where there is a mandatory residency requirement for school attendance, policies must be reviewed and altered so that children without homes may still attend school. In addition, the policy attempts to prevent the segregation of homeless children and youth by requiring that public schools may not use funds received to establish separate schools or programs solely for homeless children due to the fact that simply being homeless is not reason enough to be separated from the main environment of the school. The law stresses the right of access for homeless children – they have the right to education and other services that ensure they have the same opportunities as other children to meet state academic achievement standards in place for all students in public schools. Specifically, homeless students have a right to receive comparable services as other children such as transportation, vocational or technical education programs, gifted or talented student programs, school nutrition programs, and if they are eligible, education for students with either disabilities or limited English.

The McKinney-Vento Act also addresses the fact that many homeless children must relocate frequently due to changes in the shelters they are staying in. The act states the child's right to attend the public school of choice, either theirs or their parents, and if they must move away from their school of origin or school of choice, it is the responsibility of the school systems to provide them a means of transportation to and from that school. Many homeless children do

not have access to all of the forms typically required for enrolling in public schools such as academic and medical records. This legislation mandates that public schools immediately enroll homeless children regardless of whether or not these records are present; and if the child has not received immunizations normally required to attend school, the school system must instantly refer the family to services that can assist them. Finally, the McKinney-Vento Act requires that all parents or guardians of homeless children be well informed and aware of their child's rights to attend the school of their choice and to all services other children receive from education agencies (The McKinney-Vento Homelessness Assistance Act: Reauthorized January 2002, 2002) This law has ensured that countless homeless children throughout the past few decades have been able to attend and succeed in school when they otherwise would not have. The impact of having a high school education in our society is great, and by helping homeless children achieve that education, the McKinney-Vento Act attempts to ameliorate some of the many debilitating effects of homelessness on children and youth (Wright, 2005)

National Housing Trust Fund

Signed into law in July of 2008 after many years of hard effort, the National Housing Trust Fund was created to provide communities with funds that would allow them to build, preserve, and rehabilitate homes that are affordable to extremely and very low-income households. The program was created to be permanent with a dedicated source of funding so that it does not need to be subjected to the annual appropriations process of Congress and thus the funding is not determined by other spending projects of the federal government. The eventual goal of the plan is to support 1.5 million homes over 10 years with $150 billion dollars. These enormous funds are distributed to states in block grants that states have two years to either commit or spend. The stipulations of the funding determined by the federal government are that 90% of the money must be spent for the production, preservation, rehabilitation, or operation of

rental housing units while 10% may be used to help first time home buyers by means of down payment assistance, closing cost assistance, or assistance for interest rate buy downs. While all funds must benefit very low-income households, 75% must be dedicated to assisting extremely low-income households. Because this Fund is considered federal financial assistance, there is no requirement for states to match the amount given in the block grants (The National Housing Trust Fund).

III. Massachusetts and Boston Programs

Temporary Assistance for Families with Dependent Children (TAFDC)

Through the federal TANF program, each state is given funding and resources to provide benefits to low and very low-income families. Massachusetts uses this funding to run their aid program TAFDC, which provides cash and medical assistance to needy families with dependent children as well as to pregnant women. In order to be eligible for benefits, a family must have either children under 18 years of age or an 18 year old child who is a full time student that are living with one or both parents or a close relative. Recipients also must have a social security number or have applied for one. Through this program, families receive cash benefits based on their gross income. Previously, when the program was simply the Welfare Program, there was no requirement for parents or care givers to work; since the reworking of the system, caregivers are required to work between 20-30 hours per week, depending on the age of the youngest child in their care. In addition to cash benefits, recipients are eligible for MassHealth insurance as well as infant, relocation, funeral, transportation expenses and clothing allowances. Families may receive TAFDC benefits for up to 24 months in a five-year period and can apply for benefits at the local Department of Transitional Assistance office (Community Resources Information, Inc, 2010).

MassHealth

In Massachusetts, the national programs Medicaid and CHIP are combined into one program – MassHealth, the public insurance program for low-to-middle income state residents. In order to be eligible to be covered under MassHealth, participants must be Massachusetts's residents and have low-to-middle income. They must also fall into one of the following categories: a family living with children under age 19, pregnant women with or without children, a client of the Department of Mental Health who has been out of work for an extended period of time, a person with a disability, an adult working for a qualified employer, an individual who is HIV positive, a child under the age of 19, an adult relative caretaker who is living with children under the age of 19 when neither parent resides in the home, an elderly person (aged 65 or older), a woman with breast or cervical cancer, an individual in need of long term care, or a person under the age of 21 who was in custody of the Department of Children and Families on his or her 18th birthday. For most individuals under the age of 65 there is no asset limit that affects their eligibility, yet coverage depends on income and family size. There are many different types of coverage through MassHealth and typically the lower the family income, the more coverage received. Members at or below 150% of the Federal Poverty Line pay no monthly premium for their insurance, while those above do. All types of coverage include emergency ambulatory services, while most have mental health and substance abuse benefits. Dental benefits are included in most MassHealth coverage plan, yet there are more benefits for members under the age of 21. To apply for insurance through MassHealth, individuals can apply by mail, online, or in person at community health centers, hospitals, or other community organizations that have been authorized to submit applications (Community Resources Information, Inc, 2010).

Action for Boston Community Development (ABCD)

One of the largest organizations in Boston that serves the homeless population is Action for Boston Community Development. Founded in 1962, the organization has become established as Boston's primary anti-poverty agency and it now serves more than 100,000 low-income residents of the Greater Boston area. Throughout the city they have established fifteen neighborhood centers and hundreds of programs that offer a variety of services to both homeless families and those at risk for becoming homeless. Some examples of their services are resume-writing programs, programs that counsel and educate young parents, and full day childcare. ABCD also operates HEART (Helping At-Risk Tenants), which is an early intervention program that identifies families that are at risk for becoming homeless and works to stabilize their living conditions before that happens. HEART also offers money management and budgeting workshops, tenant-landlord mediation, and career counseling services. For families who do end up losing their homes, ABCD also has a shelter program that not only places families in shelters but also offers intensive case management to assist families in acquiring resources such as SNAP and MassHealth and also helps families find permanent housing. This case management does not end immediately after the family finds permanent housing, but continues for up to eighteen months after placement to ensure the family's stability and success.

Horizons for Homeless Children

A Boston-based nonprofit organization founded in 1988, Horizons for Homeless Children is the city’s only full-time, comprehensive, early education and child care center specifically for young homeless children. They dedicate their services exclusively to providing for these children and their families. The organization operates three community children’s centers throughout Boston, located in Jamaica Plain, Roxbury, and Dorchester, that serve 175 homeless children.

The leaders of Horizons for Homeless Children also act as advocates to policy makers on behalf of homeless children and families as well as provide training and technical assistance to providers of related services. In addition to these services, they also collaborate with shelter residents and staff throughout Boston to develop and design "Playspace Programs." These 'kid-friendly' areas are planned to be age-appropriate and contain supplies children need to learn and grow, such as libraries, building blocks, and art supplies. Through all of these means, Horizons for Homeless Children works constantly towards their mission, "To provide homeless children in Massachusetts with the nurturing, stimulation, and opportunities for early education and play that all children need to learn and grow in healthy ways" (Horizons for Homeless Children). This organization realizes the effects of homelessness on early development and strives to counteract the risks of living without a home by providing those resources that all young children need to grow and develop.

IV. Massachusetts and Boston Policies

Foreclosure Prevention Plan

With the economic crisis that began in 2003, the foreclosure rates in Massachusetts and across the country increased dramatically. From October 2006 to October of 2007, more than 25, 000 foreclosures in the state were filed, a 76% increase from the previous period of the same length. Two-thirds of towns and cities in Massachusetts experienced a 50% increase in foreclosure rates. When many homes are foreclosed, the families that had once resided there are without a place to live and often end up in homeless shelters. In addition to that, when there are a large number of unoccupied homes in a particular neighborhood, crime rates tend to rise. In an attempt to solve this problem, Massachusetts Governor Patrick established the Foreclosure Prevention Plan in October of 2007. This Plan affected six major cities in the state: Lawrence,

Boston, Brockton, New Bedford, Springfield, and Worcester. Patrick's plan has five major components: targeted neighborhood stabilization pilot programs in the six cities, transition resources from lenders to servicers, consumer outreach and education, lending best practices, and coordination to increase utilization of Mass Housing's loan refinancing program (Governor Patrick Unveils Foreclosure Prevention Plan, 2007).

In order to achieve the goal of neighborhood stabilization in these cities, the Department of Housing and Community Development (DHCD) partnered with lenders and nonprofit organizations to reclaim homes that had been foreclosed and pre-foreclosure properties, which they then could resell to first-time homebuyers. This would help keep neighborhoods fully occupied in attempts to keep crime rates down and increase economic activity. To help the owners of foreclosed homes, the plan calls on participating lenders to provide $5,000 to housing counseling agencies that are working with eligible homeowners about to lose their homes to foreclosure. These funds are then distributed to the homeowners by counseling agencies and they are able to pay first and last months' rent in their next residence as well as pay for moving expenses. The remaining money is kept by the agency to pay for administration costs. Governor Patrick's Plan also stresses outreach to homeowners by directing all homeowners at risk for foreclosure to a single resource, the Neighbor Works Center for Foreclosure Solutions. Counselors at this agency work with homeowners to refinance or modify their loans or mortgages and if need be help with the transition from owning to buying. They can also work with lenders to help get a 60-90 day stay in the foreclosed property for the borrower so they have time to find another residence.

The Foreclosure Prevention Plan also appeals to lenders to conform to a set of best practices when working with struggling homeowners. A few of these practices are to consider

long-term loan modifications, contact borrowers at least three months before their mortgages are reset to inform them of the differences in payments, allowing the refinance of subprime borrowers to more affordable prime loans after a year of satisfactory payments, and allowing a pre-foreclosure sale. Finally, the Prevention Plan is attempting to raise awareness of the availability of the Mass Housing Refinancing Program, which has $250 million to provide fixed-interest rate refinancing loans and counseling services to subprime borrowers. This program allows homeowners who have poor credit scores to refinance to more affordable loans and decrease the likelihood that their homes will be foreclosed. While this plan only affects six cities across the state, they are the cities with the greatest need and the plan has the potential to keep more families in their homes and prevent more children from becoming homeless (Governor Patrick Unveils Foreclosure Prevention Plan, 2007).

State and City Housing Trust Funds

In addition to the National Housing Trust Fund, 40 states and the District of Columbia have created 51 State Housing Trust Funds that have collected in excess of $1.28 billion in a year to further the development of affordable housing in their respective states. In Massachusetts there are also four City Housing Trust Funds: Boston has two, Cambridge and Somerville each have one. Eight states have passed legislation that encourages and/or enables local jurisdictions within the state to dedicate a portion of public funds to affordable housing. Massachusetts is one of these states (Center for Community Change, 2010). In the state, jurisdictions can put it to public vote, and if approved increase the property tax in a particular locality. This is under the terms of the Massachusetts Community Preservation Act that was signed into law in 2000. The law dictates that at least 10% of the annual revenue brought in by the property tax increase must be used or set aside for community housing – for households earning 100% or less of the locality's

median income (Center for Community Change, 2010). With the combination of all of these funds, Massachusetts receives funding for affordable housing from the federal, state, city, and local levels.

D. Risk Factors

There are innumerable factors that contribute to families becoming homeless, but there are some that are greater predictors than others. The risk factor that is the strongest predictor for a family becoming homeless is extreme poverty. The families who fall into this category, and have the greatest amount of risk, are those whose households have an income at or below 50% of the Federal Poverty Line (The National Center on Family Homelessness, 2009). With significantly less money coming into the home, there is far less to spend on rent or mortgage payments after basic necessities are paid for.

Another significant risk factor that contributes to families becoming homeless is the housing market. A particular state with less housing available for low income families will have more families left without a home they can afford to live in. Those families identified as having "extreme" or "worst case" housing need pay 50% or more of their income on rent, are living in substandard housing out of necessity, or are experiencing housing foreclosure. Worst case housing need is a strong predictor of homelessness as many, if not all, families under that category are one unexpected expenditure away from being evicted (The National Center on Family Homelessness, 2009).

Whether or not a low-income family has access to services and resources to help support themselves is a large factor in how at risk a family is for becoming homeless. The generosity of benefits in a particular location have four variables: the use of federal child care vouchers, the ratio of TANF benefits to fair market rent in a particular state, the percentage of children without health insurance, and the rate of participation in SNAP (The National Center on Family Homelessness, 2009). If families in need have access to these resources and income supports, they at risk are less for becoming homeless. If there is less accessibility in a particular local, or if

families are unaware of the benefits they are eligible for, they are at a higher risk of becoming homeless.

In addition to the financial risk factors involving income and the housing market, there are also risk factors for family homelessness associated with the structure of the family itself. Families headed by single mothers are at greater risk for homelessness due to the fact that the mother has the sole responsibility for childcare, home making, and wage earning. While there are homeless families headed by single fathers, more often than not the mother is the sole parental figure (The National Center on Family Homelessness, 2009). With the recession of the past decade and the home ownership and rental factors already stated, it has become increasingly hard to support a family; when there is only a mother the likelihood that the family will become homeless increases greatly. Another familial structure that increases the risk that a family will become homeless is when a teen parent or parents head the family. Due to the age and lack of experience of these parents, they have limited education and job skills thus making it much harder for them to attain higher paying jobs (The National Center on Family Homelessness, 2009). Without a job that can support a family, or financial support from their extended families, these teen parents often become homeless along with their children.

Other risk factors that often make certain families more vulnerable to experiencing homelessness are things such as parental substance abuse, elevated maternal mental or physical health issues, and when a parent was in the foster care system as a child. These risk factors are unique to each family and thus are complicated to address with broad services; yet, it is helpful for policy makers and community outreach programs to be aware of these particular risk factors so that they are able to direct their services to families presenting these vulnerabilities (Bassuk, et al., 1997).

E. Protective Factors

Since one of the major risk factors of a family becoming homeless is when a single parent leads the household, having a two-parent home is a major protective factor. Marriage and family counseling can prevent divorce and thus maintain two sources of income for the family. In addition, when parents have a higher education they are more likely to have better paying jobs, putting the family in a better place financially so they are less likely to become homeless. Financial assistance and good budgeting skills are also protective factors putting a family at less risk of not having enough money to support itself (U.S. Department of Health and Human Services, 2008). Having health insurance also puts a family at risk less for becoming homeless since they do not have to pay the full amount for medical services. Affordable housing is a major protective factor in preventing a family from becoming homeless, a factor that is controlled by society's ability to provide housing that is available to low-income families. In Boston, many low-income families cannot afford to rent even a two-bedroom apartment (National Center for Family Homelessness, 2009).

In addition, it has been found to be an immense protective factor if a family has resided in the same area for a long period of time due to the fact that parents will be more familiar and knowledgeable with resources available in their community. Another factor that reduces a family's vulnerability for experiencing homelessness is if the mother has graduated from high school since she is more likely to have blue-collar or secretarial jobs, which pay more than employment positions open to high school dropouts (Bassuk, et al., 1997). For children who do experience homelessness, having siblings is a tremendous protective factor against the detrimental effects of homelessness. Having siblings who are going through the same experiences provides social support and an excellent coping resource for children.

F. Effects and Results of Homelessness on Children

I. Physical Health

Infants born to homeless mothers have a higher incidence of lower birth weights than the homed population and need specialty care immediately after birth. Throughout childhood, children who experience homelessness have significantly higher levels of acute and chronic illnesses. Due to poorer access to medical and dental care for financial reasons, more than 1 in 10 report they have not seen a doctor in the past year. Because many homeless families do not have a primary care physician, they consequently use emergency rooms as their primary source of health care; thus they seek medical care and assistance only when problems become severe and urgent, leaving preventative and primary care absent. More than one in seven homeless children have moderate to severe health problems with almost one in nine having asthma related health conditions that are often associated with dilapidated housing, exposure to smoke, stress, and exposure to infections in crowded shelters. Even more common than asthma among homeless children is an increased risk of tooth decay, five times more common than asthma: 1 in 3 poor children have not seen a dentist in the past year and low-income children are twelve times more likely to have restricted activity due to dental disease (National Center for Family Homelessness, 2009). Children experiencing homelessness have four times as many respiratory infections, twice as many ear infections, and five times more gastrointestinal problems than their homed counterparts. They also go hungry twice as often as homed children and have high rates of obesity on account of nutritional deficits (National Center on Family Homelessness, 2010).

II. Mental Health

Children who experience homelessness commonly witness severe conflict and violence between parents and are also commonly victims of physical and sexual abuse themselves (National Center for Family Homelessness, 2009). It has been recently reported that by age 12,

83% of homeless children had been exposed to at least one serious violent event and 25% had witnessed violence within their own families (National Center on Family Homelessness, 2010). Children experiencing homelessness are more than three times as likely to have lived in a household where adults either hit or threw things. These types of experiences can cause traumatic stress in children, which has the potential to greatly affect children's mental health by causing high levels of depression and anxiety, increased fearful and inhibited behavior, more frequent aggressive outbursts and antisocial behavior, greater acceptance of violence as a way of resolving conflict, and difficulties forming sustained relationships and feeling safe (National Center for Family Homelessness, 2009).

In addition to the effects of violence on mental health, homeless children must also cope with the stress of being homeless itself. Being homeless means a lack of predictability and consistency for children in their daily lives and many have chronic worries for their own and their caregivers' safety (Volk & Guarino, 2010). Due to all of these stressors, children who experience homelessness, and even low-income children, are far more likely to develop mental health problems: more than 1 in 5 low-income children aged 6-17 have mental health problems; by the age of 8, more than 1 in 3 homeless children will have a diagnosable mental disorder that interferes with daily life; almost half of homeless children suffer from anxiety and depression; one third of these children express their distress through aggressive and delinquent behaviors (National Center for Family Homelessness, 2009).

III. Education

Children who experience homelessness are at a great educational disadvantage on many levels. When there is no home, there is no home literacy environment so young children do not

get the exposure to words and books that they so greatly need. Due to the fact that homeless families often move frequently between temporary residences, consistent education is not a possibility for most homeless children. The uncertainty of their lives outside of school understandably interferes with their ability to pay attention during school hours and thus they aren't getting a full education even when they are able to attend school. In addition, since parents of homeless children often do not have phones, they cannot be reliably contacted and thus the parent-teacher communication that is essential for child success in school does not happen. All of these factors contribute to the end result that children experiencing homelessness score, on average, 16% lower on proficiency exams in reading and math than homed children. Finally, with all of the educational stress and disadvantage that these children have, most just stop attending school: less than 1 in 4 homeless children and youth will graduate from high school (National Center for Family Homelessness, 2009).

G. Sample Survey for Mothers

Remember: your identity is confidential; we are simply looking for ways to better serve our residents

1. How long have you and your family been residing in the shelter? How many children do you have? What are their ages?

2. Please describe you and your family's experience in the shelter so far?

3. How do you think your experience could be improved?

4. Do you feel like you have enough privacy for yourself and your family?

5. In what can the staff change how the shelter runs to better help families who stay here?

6. Do you feel all of your needs are being met? If not, how can they be?

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