THE SOCIAL REHABILITATION
OF HOMELESS WOMEN WITH CHILDREN

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SUMMARY

This article presents the most important aspects on home-lessness amongst women and their children in Poland as based on the results of analyses of the relevant subject literature and empirical research works. Homelessness can be regarded as the ultimate expression of social exclusion. In other words, this phenomenon belongs to the kind of social problems that violate social law and order, and which also result in a threat to the safety and normal functioning of society. Attention should also be paid to the fact that homelessness is subjective in nature, because it constitutes a social problem that involves a number of deficits, which are analyzed, first and foremost, in two broadly-viewed contexts: the psychological and the sociological. However, in the literature on the subject it is also possible to find discussions on the legal and health-related dimensions of homelessness. What is also emphasized very forcefully is the need for outreach and activating activities directed to persons experiencing homelessness. Therefore, the phenomenon of homelessness is to be perceived as multi-dimensional, heterogeneous and non-uniform. An awareness of the problems described above can and should result in activities that will contribute to implementing programs for the social rehabilitation of homeless persons.

INTRODUCTION

Homelessness can be regarded as the ultimate expression of social exclusion. In other words, this phenomenon belongs to the kind of social problems that violate social law and order, and which also result in a threat to the safety and normal functioning of society. Attention should also be paid to the fact that homelessness is subjective in nature, because it constitutes a social problem that involves a number of deficits, which are analyzed, first and foremost, in two broadly-viewed contexts: the psychological and the sociological. However, in the literature on the subject it is also possible to find discussions on the legal and health-related dimensions of homelessness. What is also emphasized very forcefully is the need for outreach and activating activities directed to persons experiencing homelessness. All these reasons cause the phenomenon of homelessness to be perceived as multi-dimensional, heterogeneous and non-uniform. The awareness of the problems described above can and should result in activities that will contribute to implementing programs for the social rehabilitation of homeless persons.

A homeless person, according to the law, is a human being who is neither a resident of a housing unit in accordance with the regulations governing the rental of housing units, nor is registered for permanent residence at any address. The act guarantees shelter for homeless individuals at night shelters, shelters for the homeless and other places adapted for that purpose, as well as the provision of clothes, underwear and footwear, along with one hot meal daily, medical care, and, depending on their needs and whether they meet conditions, temporary or permanent social benefits.

It is not difficult to notice that, if it is interpreted in such a way, the act concentrates first and foremost on survival issues, not taking into consideration issues connected with restoring homeless individuals to society. The question arises, then, whether this discussion should not also deal with issues connected with their social rehabilitation. In accordance with the findings of the Polish Ministry of Labor and Social Policy, in the year 2010 approximately 20,000 people stayed at facilities for the homeless, and a further 10,000 were recorded elsewhere (Sochacki, 2010). It is worth pointing out that women constitute approximately 10% of this group. Unfortunately, these data are not precise because, very frequently, homeless persons stay at places to which access is difficult, and which are dangerous for a researcher or a social worker to enter, and also because there is no possibility to conduct research or, alternatively, undertake outreach activities because of the mobility of the homeless, or their mental state under the influence of alcohol or drugs. In other words, homeless individuals constitute a very diversified group, in terms of such variables as personality, interests, ways of behaving, or medical problems, and the fate which has befallen them is most frequently the result of various determining factors, originating from both the homeless themselves, and from social factors.

THE CAUSES OF HOMELESSNESS AND THE FORMATION OF THE IDENTITY OF A HOMELESS PERSON

The concept of homelessness as a social phenomenon, or, alternatively, in reference to an individual affected by this phenomenon (that is, a homeless person), is a familiar one in modern social life. However, it is worth emphasizing that homelessness and homeless persons tend to be stigmatized by negative evaluative or emotional associations. To ensure the clarity of the argument presented here, it seems necessary to define the concepts in use first, in order to be able to determine the possible scope of the effects of social rehabilitation.

The Polish definitions of homelessness have undergone substantial modifications throughout the years. The first definitions emphasized, first and foremost, the problem of having no "roof over one's head" (Pisarska, 1993; Porowski, 1995; Zalewska, 1995), but homelessness was also categorized in terms of social parasitism, understood as a consequence of the individual pathology of a person (Ambucewicz-Szcześniak, 2001). As time went on, however, in the proposals put forward by authors writing on homelessness, there came to be more emphasis on the subjective, psychological, and social dimensions of homelessness. The most multi-dimensional approach to the definition of homelessness is that proposed by L. Stankiewicz (2002), according to whom "homelessness is a complex social phenomenon, and the personality state of a homeless man, determined by various causes and by the fact of having no shelter that would meet the elementary conditions which would make it possible to regard it as living quarters." This definition emphasizes not only the factors determining the state of homelessness per se, but also the importance of subjective factors, especially the significant role of personality variables. In other words, homelessness is not manifested only in not having a housing unit, but is connected with the occurrence of a specific type of relationship between the individual and society, and results from the lack of social skills connected with socialization itself.

Authors researching the problems of homelessness agree unanimously that this phenomenon is of an extremely complicated and one multi-dimensional in character, with, *ipso facto*, many reasons determining its etiology. Therefore, the state of homelessness is usually a combined result of various crises, not infrequently ones beyond the individual themselves, which result in social exclusion. Grouping the causes of homelessness seems to be necessary in order to point out those situations which occur most frequently, and, consequently, to look for systemic solutions. The classifications of the causes of homelessness are most frequently concentrated to such factors as the socio-economic and legal situation of a given country, social pathologies (dependencies, divorces, and domestic violence), the social-psychological situation (the conscious choice of a certain way of life), and personality-related causes (the feeling of being abandoned, shame, sorrow or helplessness). The typologies and classifications of

homelessness may, in our opinion, be regarded as provisional and artificial, due to the fact that the factors which cause this state are usually co-dependent, and it is difficult to consider them separately (Przymeński, 2001; Kubicka, 2005; Dębski, 2011). In what follows, we wish to present the view of the causes of homelessness put forward by British researchers, who have proposed that the causes of homelessness can be differentiated in two contexts (Fitzpatrick et al., 2000):

- predictors directly determining homelessness (being evicted from lodgings, leaving home after the breaking up of a relationship or an argument, leaving a social care institution);
- elements which increase the susceptibility of individuals to homelessness (unemployment, poverty, forms of behavior inconsistent with legal norms, inappropriate social bonds in the family, and sexual violence in childhood).

It is perhaps obvious that homelessness is a problem that very rarely appears suddenly and unexpectedly. The reason for this is that the phenomenon is usually extended over time, preceded by disturbing signals or events. In the opinion of M. Oliwa-Ciesielska (2006; cf. Bielecka-Prus, 2011), the process of becoming a homeless person can be divided into several stages:

- crisis situation;
- ineffective corrective measures;
- minimizing the negative results;
- specious solutions;
- fossilizing defense mechanisms.

Other authors (Stankiewicz, 2002; Pospiszyl, 2010) differentiate the following phases of entering the state of homelessness:

- the collapse of a personal plan for life and the disintegration of one's family;
- poverty;
- various dimensions of becoming a homeless person (cultural, existential and psychological);
- adjusting to homelessness;
- homelessness proper.

It is a matter of some significance that, as each successive phase of homelessness begins, social rehabilitation becomes less and less effective. For that very reason it is essential to undertake not only interventions, but also preventive activity, which can and should be implemented in the domain of social care as soon as disturbing signals are noticed, which creates an opportunity to solve the problem at the most appropriate moment. Social care for homeless individuals, as well as for their families, aims to assist them in overcoming difficult situations in their life, which they are incapable of dealing with using their own means and possibilities.

THE HOMELESSNESS OF WOMEN AND CHILDREN

Homelessness is a problem which chiefly affects men; nevertheless, homeless women are more and more frequently observed. (Dębski, 2008; Szluz, 2010)

Statistical data indicate that men account for approximately 80% of the homeless population; they are most often divorced, with no rights to their previous place of residence, do not maintain contacts with their families due to continuing conflicts, and have no constant source of income. In the case of such persons, the homelessness syndrome is observed, manifesting itself in adjustment to the conditions of homelessness, and, by the same token, little or no motivation to attempt to overcome homelessness. (Przymeński, 2001) The phenomenon of homelessness affects women to a lesser degree; nevertheless, the comparatively smaller number of homeless women does not justify treating this part of the homeless population as less interesting to researchers and scientists. Unfortunately, an analysis of publications devoted to homelessness would justify the conclusion that "female" homelessness, and even more so "child" homelessness, constitutes a very small fraction of the entirety of the literature. Nevertheless, on the basis of those comparatively few publications, it is possible to propose a synthesized picture of homeless women in Poland within the context of social and demographical features:

- *the homelessness of women with children is of an institutional nature* – in comparison with homeless men, homeless women with children extremely rarely live "on the street," and it is more common for them to take advantage of shelters for homeless women and training apartments (Dębski, 2008; Szluz, 2010; Śledzianowski, 1995). The situation in which these women have found themselves is frequently connected with substance dependence, chiefly alcohol, in the case of the men with whom these women remain in formal or informal relationships, domestic violence, or the return of a violent perpetrator from a penitentiary facility. Women very frequently cannot count on the support of family, and feel bereft and helpless. Instead of supporting them, the family may even blame them for the man's anger, arriving at the conclusion that their fate is one they fully deserve. Since these women nevertheless desire to ensure the safety of their children, they decide to seek the support of institutions.

- *homeless women with children originate from pathological families* – in particular, in the context of dependence on alcohol, as well as dysfunctions in upbringing (Przymeński, 2006; Szluz, 2010). Very frequently the psychological literature on the subject attributes the behavior of these women to the fact that they remain in a harmful situation. At this point, it would be useful to refer to the concept of co-dependence, which is based on the observation of persons who are in danger of co-existing with partners whose style of functioning is parasitic, irresponsible and harmful. Women functioning in such an environment are usually focused on providing such people with comfort, meeting their needs and maintaining their reputation, which they do to the detriment of their own social position, personal safety, and the possibility of meeting their own needs. The risk of such behaviors increases when a woman has been brought up in a family in which her role was that of family helper or family hero. Subjected to the pressure of a non-drinking family member (most fre-

quently, the mother), she was forced to fail to notice and fail to name what was happening. A censorship of thoughts and feelings is imposed, and results in the situation in which children do not name what they feel and what they see, and in which they are also obligated to keep the family's secrets in order to maintain the existence of the family. (Cierpiałkowska, 2000; Chodkiewicz, 2012; Pastwa-Wojciechowska, 2013) A problem increasingly noticed in respect to homelessness is treating the dependence of homeless individuals. Incomplete data pertaining to the treatment of addicted homeless men is just beginning to be available in the subject literature; (Kim & Crutchfield, 2004; Mercier, Fournier & Peladeau, 1992) however, little is known about systematic methods of treatment in the case of homeless mothers and their children (Kim & Crutchfield, 2004). In the group of homeless mothers, dependences are much more common than in the case of women with normal living conditions (McChesney, 1995). Hanrahan et al. (2005) have proved that this problem may affect even as many as 50% of homeless mothers. In turn, a study conducted by Rog, Holupka and McCombs-Thornton (1995) on a group of nearly 800 homeless mothers showed that more than 70% of them during the one-year long period of study took drugs, and one in ten actually sold them. The problems of homelessness, and also of dependence, are therefore closely interconnected. Treating such women is necessary if a program to overcome the state of homelessness is to be effective. In accordance with the standards implemented by national interdisciplinary teams, if an individual whose situation is difficult can be helped, this person must first complete the treatment of a dependence, or be in the process. A dependence intensifies homelessness to a significant degree, and also generates additional personal, financial and social costs (Robertson, 1991), whereas behavior disorders resulting from a dependence exert a direct or indirect negative impact on the ability of mothers to obtain and remain in the possession of (or the right to use) a flat, and to become self-reliant in terms of sustenance and no longer dependent on the system of social care (Clark & Lee, 2013). Addicted women commit more crimes, and that results in their criminalization. Unfortunately, a review of the literature indicates that the applied methods of intervention fail to have impressive results. (Sacks et al., 2004; Smith, North & Fox, 1995) In a qualitative study conducted on a group of 28 women. (Dashora, Slesnick & Erdem, 2012) it was determined that meeting the existential needs, finding a job, education, and vocational counseling facilitate social re-adaptation in a coordinated manner.

• Apart from problems resulting from dependence, a half of homeless mothers struggle with violence instigated by their partners. (Bassuk et al., 2001) Depression and problems connected with mental health are much more frequent in their case than in the general population. In earlier studies by Bassuk et al., (1998) it was found that post-traumatic stress syndrome occurs three times more frequently, and depression more than twice as often, in the case of homeless mothers in comparison to mothers having a permanent address of residence. Problems with health in the case of homeless mothers persist

for a long time after they have found a job and appropriate accommodation conditions (Park, Fertig & Metraux, 2011).

* *Homeless mothers also stand out due to their high degree of social isolation, which makes their rehabilitation far more difficult*. Help for mothers with depression must take under consideration the need to care for, first and foremost, the safety and development of children, because depression makes it difficult to overcome the state of homelessness and look after children. (Bassuk, 2014) In particular, support is needed in the case of teenage mothers due to their limited adaptive capacities, a higher risk of falling victim to violence, the fact that they become addicted more easily, and a higher probability of the occurrence of conflicts with the law (Kennedy et al., 2010). In the case of homeless mothers suffering from depression, and having children, children suffering from mental disorders constitute approximately 30% of all their offspring (Conrad, 1998).

* *the situation of homeless women with children is determined by the lack of competencies that would make it possible for them to fulfill their social roles appropriately*. Homeless women display a low level of practical resourcefulness and responsibility, and also become dependent on their partners, both mentally and financially (Szluz, 2010). It is appropriate to refer here to Seligman's theory of learned helplessness, according to which repeated and unsuccessful attempts to avoid suffering make an individual lose hope in the effectiveness of any activities, and, consequently, a person learns helplessness, which brings deeply ingrained passivity and powerlessness in the face of any and all events. Walker (cited by Lipowska-Teutsch, 1998) listed some factors increasing susceptibility to the occurrence of depression, such as learned helplessness, training women in the period of their being socialized, resulting in a greater likelihood than in the case of men of the appearance of internal, global and permanent attributions of responsibility ('it is me who is to blame for that, there is nothing good in me and it will always be like it is now'), and also the experience of having been wronged in childhood. At this point, we would like to present the research by Gladstone (2009), whose three-year study of a group of 80 homeless mothers gave rise to the conclusion that those of them who changed their place of residence fewer than four times, and also experienced fewer than 20 stressful events in their lives, more frequently used active ways of dealing with difficult situations, and their prognoses in terms of social re-adaptation were better. These results were later confirmed by follow-up observations of the further lives of these women. The results of this research can certainly be used to shape social policy, and also to design rehabilitation programs. Slesnick and Guo, (2013) after their own research, emphasize the fact that psycho-social treatment should be available to all mothers entering the system of shelters for the homeless.

* *An important problem is that of the homelessness of juvenile mothers with children*, (Bidzan, 2013). Saewyc (2000) on the basis of interviews, and participating observations, mentions several repeated patterns of behavior and

events preceding the homelessness of teenage mothers: numerous conflicts in the family, the experience of violence and sexual abuse in childhood, attempting risky sexual contacts in the period of adolescence, using stimulants, and the instability of the family's situation in terms of housing. Very frequently, a pregnancy is the result of sexual violence. For some mothers, the decision to give birth to a child constituted a turning point in self-determination, and, if help was obtained, this decision made it possible not only to return to society, but also to complete education at a secondary level. It is certainly a difficult situation when a mother and a child must be separated due to her ineffective parenting methods. The best predictors of the reunion of a mother and her child are improvement in housing conditions, the absence of psychoses and dependences, and a full course of therapy (Hoffman & Rosenheck, 2001). A factor strengthening social rehabilitation is available social support, both emotional and physical. The advantages which are provided by support may be substantially reduced, if there are interpersonal conflicts in the support network, and also if the level of physical support is decreased.

• the *situation in the labor market in the case of homeless women with children constitutes a significant problem*, which is composed of a number of factors, such as: the low level of education, insufficient professional qualifications and experience, and also single parenthood, which for a prospective employer may constitute a reason to suspect reduced availability in terms of time.

The homelessness of women often entails the homelessness of children, which is also related to their situation in terms of school and education. In spite of the common nature of the homelessness of children, the Polish subject literature is significantly deficient as far as this phenomenon is concerned. Foreign authors, on the other hand, emphasize the importance of this state of affairs, paying attention to a number of problems faced by homeless children in school, such as, for example, the distance from shelter to school, financial problems, and health-related issues. (Keogh et al., 2006; Swick, 2010) However, what is most emphasized is the issue of the social exclusion of homeless children from the daily life of school and from their peer group.

At this point, it is advisable to refer to the rich literature connected with the issue of social maladjustment, especially the stages of its development. In the opinion of Czapow, (1978) due to their low social position, homeless children are frequently subjected to ostracism from a part of their school peers already at the very beginning of their education, which results in their isolation from the peer group, and their rejection by society in general. This way, homeless children in their search for safety and social acceptance, find their proper place in alternative groups of peers, which are usually pathological in nature. In turn, if it happens that they attempt to conceal the truth about their situation from their classmates and teachers, their position in the class is also that of the excluded. The reason for this is that, feeling ashamed of who they are and what their origins are, they attempt to avoid closer contacts with their peers, driven by the fear of social exclusion. As a result, mundane and daily situations that are normally the part and

parcel of the life of children, such as, for example, visits to school friends, have to be eliminated (Keogh et al., 2006). The educational situation of homeless children is of an equally dramatic character: in spite of potential talent in a given field, these children have no proper place to developing this talent, or for studying, and they also lack privacy (Keogh at al., 2006). Added to that is a phenomenon termed by Przymeński (2006) "the noise effect," i.e., a situation in which homeless children in a shelter are exposed to "the hum caused by the accumulation of normal activities in a small space," (Przymeński, 2006a, p.33) even if only in the context of a room which they frequently have to share with strangers.

Therefore, as can be seen, activities intending to achieve the social rehabilitation of the homeless, including, in particular, women with children, should take advantage of both the instruments of the social policy of the state and the clients' own resources.

THE SOCIAL REHABILITATION OF HOMELESS WOMEN AND CHILDREN

The problem of re-adaptation to the environment in the case of homeless women and children is often complicated by several factors:

- *psychological* (dominated by the syndrome of learned helplessness, the stereotypes and prejudices of local communities, and the lack of a feeling of responsibility for one's own fate, or for that of one's children);
- *educational* (connected with ignorance of the scope of the possible means of support and help),
- *institutional* (including the improper functioning of the system of social care).

In the context of this last element, it should be emphasized that difficulties in respect to the appropriate (effective) rehabilitation of homeless women with children are caused, to a large extent, by the system of social care, which has a number of imperfections. The following are some of the recommendations concerning proposed changes in the context of outreach activities, providing an opportunity for the rehabilitation of homeless women and children more effectively than to date (Dębski, 2011):

- *overcoming the state of homelessness*. This should be treated as the main goal in working with homeless children. In other words, instead of interventional activities, a system is needed which would make it possible not only to restore the functioning of homeless children, in a place which they could call home, but also, first and foremost, to help them live their lives at a level that they have never attained before.
- *analyzing the problem of homelessness in the context of broadly-understood social policy rather than only in that of social care*. In this respect, emphasis should be given to the multi-dimensional collaboration of sectors, in particular, those which are responsible for housing policy and family policy. Moreover, non-governmental organizations should be involved in this activity; they would have an opportunity to develop interdisciplinary programs for the prevention

of homelessness, not only within Polish conditions, but also in Europe as a whole, especially in view of disturbing signals that Polish economic emigrants face the threat of homelessness.

*   *combating stereotypes concerning homeless individuals within the local community*. Educational quality should be added to this activity – first of all, it is necessary to try to eliminate the fear of homeless persons on the part of local communities by making them less anonymous, less unknown, and, as a result, make them be perceived less stereotypically. Secondly, it is necessary to inform the local community that homelessness is a multi-faceted condition, with various possible causes, and in fact each and every one of us could become an individual facing the threat of social exclusion.

*   *the multi-dimensional forms of support*. This element should encompass both the diagnosis of the problem, the knowledge of the most important needs, support programs, and also multi-faceted help (social work, education, vocational activation, assistance and street work). Here, the significance of social work consists in providing support for homeless individuals, which means undertaking activities involving homeless individuals and which should be directed at the greatest possible conscious participation of these people in the process of improving their situation, and overcoming homelessness.

*   *activating the parents of homeless children in order to make them feel responsible for their family*. Emphasis should be put on choosing, while planning outreach activities, those ways of exerting influence that will make it possible for homeless women to achieve the greatest independence, which, in turn, would increase their chances of achieving an internal feeling of controlling the course of their life. Customizing the programs of overcoming the state of homelessness should support the people they cover, and contain the detailed scope and kind of activities to be performed by homeless persons in solving their own problems in life.

*   *extending the preventive system intended for people facing the threat of homelessness*. Here preventive activities should be emphasized, ones which should be directed at families within the risk group. In other words, the functioning of homeless families, which are susceptible to homelessness, especially in the context of extremely bad housing policy, should be monitored and subject to a multi-faceted evaluation. In other words, the programs of social re-integration should be concentrated on restoring and maintaining the ability to participate in social life, and the fulfilling of social roles at the workplace, place of permanent or temporary residence, or vocational re-integration, aimed at rebuilding and maintaining the ability to perform work within the labor market.

The goals intended to build independence in the life of homeless persons and to strengthen personal resources that would enable them to participate in social life, and also to fulfill social roles, should be:

*   acquiring knowledge about the phenomenon of homelessness, its symptoms, mechanisms and determining factors;

- changing the approach to life from the perspective of "here and now" in favor of "tomorrow and the future;"
- overcoming helplessness in life and arousing interest in work;
- acquiring basic skills for employment and orientation in the labor market;
- indicating and teaching the homeless to use social support in order to prevent isolation and social exclusion;
- developing motivation to set life goals for oneself and indicating the means of achieving them;
- acquiring knowledge about everyday life in modern society;
- education in the areas of law, physical and mental health, and also institutional issues.

SUMMARY

Toro et al. (1997) point out that the majority of programs offered for the homeless involve the basic needs connected with shelter and nutritional needs, and are, unfortunately, limited in respect to long-term outreach activities to help overcome homelessness. Comprehensive activities are needed, focused on both meeting basic needs and providing the possibility of returning to independent functioning.

An important issue is also specialist counseling for the homeless. Counseling is provided for people who experience difficulties with, or manifest the need for support in solving problems in their own life:

- legal counseling – encompasses providing information about currently-valid regulations in the scope of the protection of the rights of tenants, family and guardianship law and social security;
- psychological counseling – provided in the form of diagnosis, prevention, and therapy;
- family counseling – encompasses the broadly-understood problems of the functioning of the family, also including family therapy.

What is also worth emphasizing is the need for various institutions and organizations to collaborate in activities that are meant to provide in-kind aid, solve family problems, deal with dependencies, help to solve housing problems or unemployment. In particular, the institutions intended to ensure social rehabilitation would seem to include:

- employment offices;
- police precincts;
- municipal police;
- hospitals and specialized clinics;
- the Polish Committee for Social Care;
- teams of court guardian service;
- non-governmental organizations.

Good collaboration among these institutions and organizations results in it being possible not only to create effective systemic solutions, but also to maintain

the individual character of interventions, which will make it possible to keep in view the problems of a single individual. It is a fact that, as time passes, and the state of homelessness is extended in time, both the external situation and the mind of a homeless person undergo major changes, which are more and more difficult to reverse at each successive stage of homelessness. Simultaneously, in the later phases, there are more and more pathological phenomena: dependencies, conflicts with the law, or a deteriorating state of health. Such a state results, in the case of homeless individuals, in forming demanding attitudes, and in the case of society in an increasingly hostile attitude and isolation.

CONCLUSIONS

The phenomenon of homelessness to be perceived as multi-dimensional, heterogeneous and non-uniform. The awareness of the problems described above can and should result in activities that will contribute to implementing programs for the social rehabilitation of homeless persons.

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