

LOTUS HOUSE WOMEN'S SHELTER - CHILD & FAMILY CENTERED PROGRAMS

Introduction

Lotus House Women's Shelter opened in 2006, serving women, youth and children who were experiencing homelessness. Today we provide shelter and innovative, wrap-around services for 200+ daily. With the anticipated redevelopment project, Lotus Village anticipated to be completed in 2017, capacity will increase to 490+ daily.

In our initial year of operations, we saw first hand the desperation of women who were homeless and pregnant, facing discrimination in the work place, struggling to obtain proper nutrition, in need of medical and mental health care, and of course, lacking a safe home for themselves and their infants. We heard wrenching stories of babies taken at birth because the mothers lacked a safe home and proper support system. One young woman described in tearful anguish her pleas to a security officer outside a grocery store to help the baby in her arms because she was homeless, starving, and without funds to purchase formula or care for her baby. Her infant was immediately taken by the police, and she was unable to navigate the legal proceedings that followed. Grief-stricken, this young mother was never able to recover her child.

In 2007, a new opportunity for this very needy, fragile population of mothers-to-be, new mothers and newborn infants occurred when a kind benefactor donated the funds to establish a maternity program. Unique in Miami-Dade County, this program is dedicated to providing the full range of support services needed by women who are homeless and pregnant and their newborn infants.

In a supportive and nurturing environment, our families are afforded a safe haven and an opportunity to learn and grow on every level. Mothers and babies receive much needed supplies like formula, diapers, bottles, blankets, and via our complementary program Lotus House Thrift, maternity and infant clothing. The shared maternity apartments include cribs, changing tables, kitchens equipped with child safety features, and toys. Lush gardens and a "baby and me" play center offer children and mothers alike a safe environment in which to bond, play, and find peace and safety together.

In addition to free shelter, clothing, and nourishing meals, Lotus House provides coordinated, multi-faceted, wrap-around support services, arranging pre-natal care, birthing and parenting classes, access to life saving medications, infant mental health screening, child-parent therapy, and medical and mental health treatment. Counselors serve as advocates to ensure every family receives social services and benefits essential to their new start to happy and healthy lives. Our job readiness training programs and employment specialist assist mothers in re-entering the work world after babies are born, learning how to juggle their new roles, and saving their nest egg for their future transition to permanent homes.

When families are ready to move, Lotus House Thrift helps them get settled in their new homes with donated furnishings, linens, dishes and kitchen necessities, as well as special needs items for babies like cribs, strollers, car seats, and more. Lotus House continues to

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serve as a resource to provide stability to these new families long after their successful completion.

In trauma-informed and evidence based and informed child and family centered programming and support services, Lotus House helps mothers and mothers-to-be emerge from the shadows, build the foundation for a healthy, safe and brighter future, and become truly who they are meant to be.

Here is What the Research Shows about Homeless Women and Children

We know that:

- Not only are homeless families overwhelmingly households headed by women but they are disproportionately families with young children.¹ *“...women are faced with the formidable challenge of filling multiple roles with few resources to buffer the stress of mothering children alone. They are also confronted daily with severe poverty and must contend with serious adverse life events such as catastrophic illness, family separation and violence....”*²
- In homeless families across America, there are over 1.35 million children, 40% of whom are under six years old.³ The risk of homelessness increases for younger children with the highest risk among children under the age of one year old (infants). Pregnancy is also a risk factor for homelessness.⁴
- Women with children who are solely responsible for the economic welfare of their families are one of the *fastest growing segments of people experiencing homelessness.*⁵
- *“Homelessness puts women, youth and children at risk for violence and violence puts women, youth and children at risk for homelessness.”*⁶
- Violence is a critical factor in homelessness.⁷ Studies show that violence is normative in the lives of homeless women and children with at least half experiencing homelessness after fleeing from a violent relationship.⁸

¹ *Characteristics and Dynamics of Homeless Families with Children: Final Report to the Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services.* Fall 2007, p. 2-2. <https://aspe.hhs.gov/sites/default/files/pdf/75331/report.pdf>.

² *A Long Journey Home, A Guide for Creating Trauma Informed Services for Mothers and Children Experiencing Homelessness*, p. 6, citing National Center on Family Homelessness, 1999. <http://www.familyhomelessness.org/media/89.pdf>.

³ Id. p. 6

⁴ *Characteristics and Dynamics of Homeless Families with Children*, p 2-2.

⁵ *A Long Journey Home*, p. 6

⁶ Id., p.7

⁷ Id. p. 5, 7-8

⁸ Id. p. 7, citing Browne and Bassuk, 1997; Goodman, 1991; Bassuk et al., 1996

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- The majority (92%) of homeless mothers have experienced severe physical and/or sexual assault at some point in their lives; 66% experienced severe physical abuse and 43% were molested as children.⁹ Thirty-six percent (36%) of homeless mothers have Post Traumatic Stress Disorder over their lifetimes, a rate three times higher than women of all ages.¹⁰
- “Sexual and physical violence is intergenerational: In a national survey of more than 2,000 American families, 50% of men who frequently assaulted their wives also abused their children.”¹¹ *Sixty-nine percent (69%) of sexual assault victims are girls under the age of six and 73% are under the age of 12 years old (Snyder, 2000).*¹¹
- Researchers estimate that “75% of the parents who abuse or neglect their children were themselves maltreated in childhood. Their experiences as children impair their ability to appropriately care for their own young children because they never learned to form healthy attachments.”¹² Studies estimate that 30 to 70% of the children witnessing domestic violence also experience child abuse as a result.¹³
- “Homeless children are exposed to extremely high rates of violence: Eighty-three percent of children over the age of 12 have been exposed to violence.”¹⁴
- Homelessness itself is traumatic, puts women and children at risk of further violence, and makes families sick.¹⁵ Women and children experience dislocation from home and community, loss of important roles, social isolation and feelings of helplessness. Homeless *children are sick four times as often* as middle class children with high rates of acute and chronic illness.¹⁶ *Poor nutrition and lack of nutrition* put women and children at risk for vitamin deficiencies, anemia, diabetes, high blood pressure and other illnesses.¹⁷ Forty-five percent (45%) of homeless mothers have problems with Major Depression, twice the rate of women in the general population.¹⁸
- All too often, “[homeless] services are not designed to respond to the women and children who show symptoms of distress: Homeless women who present symptoms of post traumatic stress (psychic numbing, rage reactions, re-experiencing painful past episodes, depression, anxiety, endless watchfulness, sleeplessness) may use substances to help them medicate the painful trauma-related sequelae. They may have difficulty accessing

⁹ Id. p. 7, citing Bassuk et al., 1996, Browne and Bassuk, 1997, Bassuk, Melnick, and Browne, 1998

¹⁰ Id. citing Bassuk, Melnick, and Browne, 1998

¹¹ Id. p. 7, citing (Straus and Gelles, 1990),

¹² *Healthy Beginnings, Healthy Futures: A Judge's Guide*. Addressing Early Mental Health and Developmental Needs, Chapter 3, p. 75-6 (and related citations).

http://www.americanbar.org/content/dam/aba/administrative/child_law/healthy_beginnings.authcheckdam.pdf.

¹³ Id. p. 62

¹⁴ *A Long Journey Home, A Guide for Creating Trauma Informed Services for Mothers and Children Experiencing Homelessness*, p.7 citing Buckner, Beardslee, and Bassuk, 2004

¹⁵ Id p. 5, 7

¹⁶ Id. p. 7

¹⁷ Id. pp. 7-8

¹⁸ Id p. 8, citing Bassuk, Buckner, Perloff, and Bassuk, 1998

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*essential housing, economic, health care, educational, childcare and peer support services.*¹⁹

Sadly, the statistics listed above reflect the experiences of those we serve all too well. Over 90% of the women at Lotus House report histories of childhood abuse, domestic violence or other trauma. The impact of domestic violence, untreated mental health issues, and other traumas, including homelessness, on infants and young children can be devastating, pervasive, lifelong and intergenerational if left untreated.

Lotus House is committed to providing child and family centered services that promote trauma resolution in both mothers and children and foster positive, healthy development and parenting so that mothers and children thrive together. Our approach emphasizes trauma-informed, evidence based and informed therapies, parenting education, and comprehensive support services in a nurturing environment that addresses the special needs of these fragile families. *Research shows it is possible to break the cycle of childhood abuse, domestic violence, and homelessness with life changing support, tools, education, and resources that heal broken bodies, minds and spirits,*²⁰ and Lotus House is committed to achieving those outcomes for a better way of life.

We know that babies have the capacity to learn and experience feelings from birth, and the health and well-being of the parent/primary caregiver is integrally related to a child's development.²¹ During infancy and early childhood, children develop their capacity for trust, self-esteem, conscience, empathy, problem solving, focused learning and self control.²² It is a time of intense growth and development in all areas, including a child's intellectual, social and emotional development, laying the foundation for her/his success in school and later life.²³ "The sooner a child is able to develop a consistent, positive attachment with a primary caregiver the more likely s/he will develop the confidence and intellectual curiosity to succeed throughout childhood and as an adult."²⁴ When their needs are met with positive and consistent early experiences with loving caregivers, babies and young children thrive!²⁵ Insecure attachment, conversely, underlies later mental health problems, substance addiction, homelessness, and maladaptation.²⁶ Understanding these fundamental principles

¹⁹ Id. p.7

²⁰ Center on the Developing Child at Harvard University, The InBrief Series.

<http://developingchild.harvard.edu/wp-content/uploads/2015/03/InBrief-The-Science-of-Early-Childhood-Development.pdf>; The Science of Early Childhood Development (2007), National Scientific Council on the Developing Child; Center on the Developing Child at Harvard University (2007), A Science Based Framework for Early Childhood Policy, Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children, pp. 2; and also Nicholas D. Kristoff, "Cuddle Your Kid", *The New York Times*, October 20, 2012", citing Paul Tough in How Children Succeed.

<http://www.nytimes.com/2012/10/21/opinion/sunday/kristof-cuddle-your-kid.html>.

²¹ *Healthy Beginnings, Healthy Futures: A Judge's Guide*. Addressing Early Mental Health and Developmental Needs, Chapter 3, p. 58

²² Id. p. 83

²³ Id. p. 80

²⁴ Id. p. 58

²⁵ Id. p. 58

²⁶ Id. p. 61

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of childhood development and promoting nurturing, healthy attachments is critical to ensuring the healthy social and emotional development of infants and young children.

Because children's early social-emotional development depends on their parents' health and well-being, trauma, violence and other issues that undermine the parents' sense of safety and belonging will harm a young child's mental health.²⁷ "Infants react to trauma as it is manifested through their parents' lack of availability to provide them nurturing care....Children thrive to the extent that their parents provide consistent nurturing care."²⁸ Parents whose lives are consumed by substance abuse, mental illness, domestic violence, a history of childhood trauma, compromised cognitive functioning, or poverty cannot always provide the nurturing care their infants and very young children need because they are often consumed by their own overwhelming needs. Moreover, if pregnant mothers fail to eat enough healthy food, are victims of violence, drink alcohol or use drugs, their children are at an elevated risk of developmental challenges. These include low birth weight, premature birth, and neurobehavioral problems, which may lead to developmental delays or cognitive problems.²⁹

A child and family centered approach to mental health assessments and services is essential to positive outcomes for those experiencing disruptions in their lives, including domestic violence, childhood abuse and homelessness. With a multi-faceted, coordinated approach, and comprehensive support system, parents can address their personal issues and work toward providing nurturing care for and developing healthy attachments with their children. Early and focused interventions can increase the chances of positive developmental outcomes even when early childhood is marked by disruption.³⁰ In fact, appropriate interventions can minimize or even reverse the effects of early traumatic childhood experiences.³¹ Mothers provided with evidence-based trauma-resolution focused therapy and strong supportive parenting skills can positively impact everything from their child's chances of high school graduation to their success in the workforce as adults.³²

How the Lotus Programs Are Designed

Learning from the homeless women and children we serve, Lotus House has adopted enriched programming incorporating evidence-based and informed mental health services focused on trauma resolution, child-parent psychotherapy, and parenting education to address the impact of past experiences of violence and trauma during the window of opportunity presented while women and children are with us. Our mental health goals for our Child and Family Centered Services Programs are to:

²⁷ Id. 74-76

²⁸ Id. 74

²⁹ Id. p. 65

³⁰ Id. p. 83

³¹ Id. p. 83

³² Paul Tough. *"How Children Succeed – Grit, Curiosity and the Hidden Power of Character"*, Boston: Houghton Mifflin Harcourt, 2012. pp. 27-40.

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- a. increase trauma resolution and the development of resiliency in homeless women and children
- b. improve parenting skills in homeless women with children
- c. reduce chronic homelessness and revolving-door homelessness among homeless women

Committed to achieving these goals and outcomes to fostering the healthy development of homeless families and children, Lotus House is utilizing a prevention and intervention framework which works to resolve trauma and mental health issues in mothers, avoid traumatic experiences in the lives of homeless infants and toddlers, and promote healthy infant and child development via trauma resolution, play therapy and facilitation of the development of bonding/attachment in the mother/child dyad. This level of mental health treatment, prevention and promotion is typically not available to low income/homeless mothers and children on a timely basis or at all. Lotus House affords these families a unique window of opportunity to heal, resolve trauma, create nurturing, healthy attachments so critical to the social and emotional development of infants and young children, and build the foundation for long term stability.

Lotus House has selected evidenced-based and informed focused therapy modalities, assessment tools and a parenting program that have been shown to be effective interventions with and appropriate for homeless women and children. We have used national homeless organizations and the U.S. HHS SAMHSA Homeless Resource Center as sources for researching appropriate evidence-based programs and measurement tools for trauma-based program development. (see "HRC Expert Panel on Evidence-Based Practices in Homeless Services, February 11, 2008", at <http://homeless.samhsa.gov/ResourceFiles/izfgr0yt.pdf>). Utilizing evidence-based programs is the most effective way of using their time with us.

For Infants and Young Children ~

To enhance the mental and developmental health of babies and children, Lotus House Child & Family Centered Services Programs include:

- early screenings of infant and child social and emotional development and attachment, arranging more comprehensive mental health assessments where issues are identified
- **Child-Parent Psychotherapy**,³³ an evidence based intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, sexual abuse, exposure to domestic violence) and as a result, are experiencing behavior, attachment and/or mental health problems, including PTSD. The primary goal of this therapy is to support and strengthen the relationship between a child and parent as a vehicle for restoring the child's sense of safety, attachment and appropriate affect, and improving the child's cognitive, behavioral, and social functioning. When the parent has a history of trauma that interferes with her response to the child, the therapist helps the

³³ *Healthy Beginnings, Healthy Futures: A Judge's Guide*. Addressing Early Mental Health and Developmental Needs, Chapter 3. p. 78

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parent understand how this history can affect perceptions of and interactions with the child and helps the parent interact with the child in new, developmentally appropriate ways.

- **Play Therapy**, a technique whereby the child's natural means of expression, namely play, is used as a therapeutic method to assist her/him in coping with emotional stress or trauma.
- **Nurturing Skills for Parents**,³⁴ evidence informed family based programs (with children ages 0 to 12) for the prevention and treatment of child abuse and neglect. These programs were developed to help families at high risk of child abuse and neglect, with the goals of increasing the use of alternative strategies to harsh and abusive disciplinary practices and reducing abuse and neglect rates. Parents develop their awareness, knowledge, and skills in five areas: age appropriate expectations; empathy, bonding and attachment; nonviolent nurturing discipline; self-awareness and self-worth; and empowerment, autonomy, and healthy independence. As implemented at Lotus House, these programs are delivered via group sessions with shared "family nurturing time" on an ongoing basis. (<http://nurturingparenting.com/ecommerce/category/1:3:1/#5>). Pre/post testing for parenting is via the Adult-Adolescent Parenting Inventory (AAPI-2): <http://nurturingparenting.com/ValidationStudiesAAPI.html>),
- individualized service planning with a full continuum of support services for each child, in addition to those services provided to mothers, to address their needs, including mental health and emotional needs, and assessments of progress toward identified goals
- assessment of the mental and emotional needs of mothers, provide individual counseling to address her needs, and help connect mothers and babies to support services, tools and resources at Lotus House and within the community
- ongoing pre- and post-testing to improve our services and outcomes

In Addition, for Mothers-to-Be and Mothers ~

To promote trauma resolution, life skills building, and empowerment of mothers-to-be and mothers, Lotus House Child & Family Centered Services Programs include:

- early screenings of each woman's mental health and well-being, arranging more comprehensive mental health assessments where issues are identified and assistance with medications
- weekly individual counseling to address each woman's needs and concerns, and resource coordination to connect each woman to needed support services, tools and resources at Lotus House and within the community

³⁴ Nurturing Parenting Programs. Intervention Summary. NREPP SAMHSA's National Registry of Evidence-based Programs and Practices. <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=171>.

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- an action plan and individualized service planning with a full continuum of support services for each woman to address her needs, including: medical and mental health issues and treatment; social service advocacy and benefits; educational, vocational and employment steps and goals; life skills building; and long term housing objectives; as well as regular assessments of progress toward identified goals
- **Seeking Safety**, an evidence-based present-focused treatment for persons with a history of trauma and substance abuse. Seeking Safety focuses on coping skills and psychoeducation and incorporates four key principles: 1) safety as the overarching goal (helping women attain safety in their relationships, thinking, behavior and emotions); 2) integrated treatment (working on both PTSD and substance abuse); 3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; and 4) four content areas: cognitive, behavioral, interpersonal, and case management; This counseling framework helps women build protective factors to moderate the impact of past and future trauma experiences and increase coping skills.
- **Say It Straight**, an evidence based communication training program, designed to help youth and women develop empowering communication skills and behaviors and increase self-awareness, self-efficacy and personal and social responsibility – while reducing risky behaviors such as substance abuse, bullying violence, precocious sexual behavior and behaviors that can result in HIV infection. SIS emphasizes values such as resiliency, courage, compassion and integrity, and builds protective factors. It is designed to include high-risk youth and the homeless and youth ages 18-25, many of whom at Lotus House are mothers themselves.
- ongoing pre- and post-testing to improve our services and outcomes

Pre- and post testing assessments include:

PCL-C (PTSD Checklist - Civilian)

Global Assessment of Functioning (GAF)

Parenting and child-rearing attitudes as measured by the APPI-2 test.

The Child & Family Centered Services Programs at Lotus House are carefully designed to assist mothers and their newborn infants and young children achieve healthy child-caregiver attachments and long-term stability. Our approach emphasizes evidence-based and trauma informed therapies, parenting education, and comprehensive support services in a nurturing environment that addresses the special needs of these fragile families.

To learn more: Lotus House: www.lotushouse.org and

<https://www.facebook.com/LotusHouseShelter/?fref=ts>.

Lotus Thrift Chic Boutique: <https://www.facebook.com/lotushouse.thrift/?fref=ts>.

Lotus Village: <http://lotusendowment.org/about-lotus-village/>.