Fresh Start for Families: A Collaboratively-Built Community-Based Program for Families that are Homeless

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Fresh Start for Families is a community-based program for families that are homeless and living in shelters. The core of the program is a nine-week multiple family discussion group (MFDG) that mixes members' open discussions about specific activities designed to reverse demoralization, increase hope for a better immediate and long-term future, and revitalize families' resilience. Fresh Start is coordinated with a job-readiness, training, and placement program that parents can elect to join, as well as with the shelter's housing, childcare, social service, therapy, and recreation resources (see Figure 1). To date, Fresh Start has been implemented in two New York City shelters: a general family homelessness shelter in the South Bronx housing 212 families and a 52-family shelter for women survivors of domestic violence and their children, whose location is confidential. The families are mostly African-American, Afro-Caribbean, or Latino, mostly headed by single mothers, with children ranging in age from infancy through mid-twenties.

Fresh Start began in the winter of 1997, in response to the challenges faced by families that were homeless in which unemployed parents were suddenly being forced to move more quickly into the workforce, due to reductions in welfare entitlements following President Clinton's signing of the 1996 Welfare to Work Act. Like many agencies working with poor adults and families, HELP USA, the nation's largest provider of services to the homeless, responded to this law by providing a job-readiness, training, and placement program, but was finding that parents were reluctant to attend or complete this program, or did not stay long in jobs once they obtained them. Tom Hameline, senior vice president of programs and a clinical psychologist trained as a family therapist at the Ackerman Institute, heard a range of concerns expressed by a number of these parents, as well as their employment specialists and case workers, many of which concerned challenges faced by families. Tom sought a consultation from Ackerman, and I was asked to work with him, and this began a long-term partnership to create systemically-based programs for poor families, which is now moving into working with housed families at risk for homelessness. Funding for the program has been through a mixture of federal monies (Housing and Urban Development) and private foundation grants, several of which have represented long-term, sustained support through yearly renewals.

Fresh Start was created and continues to be refined and replicated through the use of the collaborative family program development (CFPD) approach (Fraenkel, 2003, 2005). The guiding premise of the CFPD approach is that families, rather than mental health professionals, are the experts on their challenges, their means of coping, and on what they most need in a program. Any program that will consistently engage

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2In keeping with narrative therapy concerns about totalizing labels, we generally avoid the term "homeless families." However, at times sentence structure makes it awkward to use the phrase "families that are homeless" and we utilize the shorter phrase.
families—especially those with histories of marginalization and oppression based on race, class, ethnicity, education, and other dimensions of difference—must be built with them as esteemed experts who are offered as much influence in shaping the program as they have time to provide. The ten steps of this approach as they pertained to the creation of Fresh Start are briefly outlined below.

**Step 1: Initiating the Project, Forming the Collaborative Professional Relationships, and Engaging Cultural Consultants**

Following our initial meetings, Tom and I met with the Bronx regional director of shelter services, the director of the larger family shelter (where we began the program), and the director of social services. All expressed enthusiasm for the idea of a family support program, as did the social services, childcare, recreation, and security staff, employment and housing specialists, and childcare workers when the idea was presented to them in a subsequent meeting. One senior social service staff member was assigned to work with us in coordinating family interviews and subsequent groups, and was given release time from some of her other responsibilities.

In these initial meetings, we shared professional and personal feelings about the plight of economically marginalized, homeless families, frustrations with attempts to provide service, and fantasies of ideal programs to address the issues. As we each spoke about
our experiences and roles with families that are homeless, the diversity in types of expertise and specific concerns emerged, providing us all with a sense of being part of a team—important in alleviating the sense of having to "go it alone" with all the issues presented in the lives of these families. These early meetings—peppered with passionate statements about the larger issues of injustice and social/economic inequity that contribute to homelessness, as well as descriptions of the smaller, daily impediments to aiding these families—were important in building the cohesion and sense of joint purpose that has sustained this project for many years despite numerous obstacles.

Patricia Grey, M.S.W., the shelter director, an Afro-Caribbean-American senior social worker with years of experience working in the shelter system, agreed to serve as a cultural consultant as we shaped the research and program. In addition, at various junctures I have engaged other senior colleagues of color in family research, program development, and therapy as cultural consultants, including Carmen Rodriguez, Ph.D., Kenneth Hardy, Ph.D., Paulette Hines, Ph.D., and Vanessa Glover, M.S.W., the director of the domestic violence shelter. (I also had the opportunity to ask Nancy Boyd-Franklin, Ph.D., to evaluate the program in her role as a discussant during a presentation at a Multicultural Institute conference.) Engaging senior colleagues as cultural consultants was especially important given that both Tom and I are white middle-class males who have never been homeless.

**Step 2: Intensive Interviewing of Family Members**

Families are interviewed extensively for up to four hours, with breaks, snacks, dinner, and a small monetary stipend. Although we were initially anxious that families would fatigue midway through the interview, we found repeatedly that they seemed instead to become even more energized as the interview went on: they smiled more, told more elaborated anecdotes, and family members interacted more freely with one another. They often confused the interview with the support program itself. Families explained that this interview was the first time anyone had taken an interest in their story and asked them not only about their difficulties, but how they had coped. Most of the interviews they had experienced in social service settings had focused on what they weren't doing or didn't have—jobs, homes, savings—and seemed implicitly (and sometimes, explicitly) to blame them for these circumstances. They also appreciated being asked to contribute ideas to the program. As one woman stated, "Most programs just tell us things we already know. But you listened. Sometimes, people just have to listen to us."

**Step 3: Intensive Interviewing of Agency Professionals**

In addition to the previously described preliminary meetings of professionals which are focused on team-building, we interview front-line professionals in depth to hear their observations and beliefs about families' challenges and coping methods; professionals' own challenges and coping methods in attempting to do their jobs with overwhelming caseloads and little time or resources; and the professionals' recommendations for the program. We conduct these professional interviews only after first interviewing several families, because we want our experience of their lives to be shaped first by the families. In many instances, group interviews with staff professionals have led them to new, and more empathic, understandings of family member behavior that workers previously attributed to "bad attitudes," "laziness," and "uncooperativeness."

**Step 4: Phrase-By-Phrase Qualitative Coding**

Families' video- or audio-taped interviews are qualitatively coded sentence by sentence by me and a multiracial team of graduate students in order to identify
themes of challenge, coping, and program recommendations. Although time-consuming (it takes about 2 hours to code 5 minutes of tape), we believe the unique voice and wisdom of each family can only be captured by slowing down our listening process.

**Step 5: Creating Program Formats and Contents and Writing an Initial Manual**

Families' suggestions for the program, as well as shelter workers' recommendations, guide everything from when, how long, and how often during the course of the week the groups meet; whether to have parents and kids together always or separate for some of the time; what to do when members don't attend; and what activities to include. Although there are differences among the three versions of Fresh Start, and differences across the 9 weeks of the NFDG, all versions proceed through the following sequence: dinner, greetings and announcements, work (or school) progress reports that highlight even small positive changes and sources of pride, families' presentations of what they did with home activities suggested at the end of the previous week's group, discussion of challenges and sharing of coping approaches, and presentation of the next week's home activities. Home activities include an exercise in externalizing homelessness; discussing each family members' "dream jobs," creating a one-year timeline of the family's goals; a collage or mobile of challenges and coping approaches, using magazine photos, index cards, and drawings; using arts and crafts supplies to create a mask that depicts (metaphorically speaking) the "face" a battered woman shows the world to hide her fear; and families writing letters of appreciation to themselves from five years in the future that make meaning of the present and emphasize their resilience.

We also created a Card Sort activity that provides a direct link between the research and the program, as well as adding some structure to the discussion of challenges and coping. Each challenge mentioned in a family interview is written on a card, and in the group, families are asked to sort the total set of cards into three categories in terms of relevance to them: (1) Not at All a Challenge, (2) Somewhat of a Challenge, (3) Definitely a Challenge. Family members are then asked to begin by picking one card from Category 1 that they'd like to share with the group. Of course, what one family finds not challenging another family might find some what or definitely a challenge, and this provides opportunities for one family to help another.

The program is specified in a manual, so that it can be disseminated and conducted by front-line workers who may not have much experience conducting group or family therapy or community programs.

**Step 6: Piloting of the Group with Meeting-By-Meeting Evaluations by Participants**

At the end of each group meeting, members fill out a short questionnaire to evaluate that meeting. They are asked to write a sentence in answer to the question, "What was the most important thing that happened or was said today?" They also rate the degree of helpfulness of the meeting, and note anything they did not like about the meeting. We make a commitment to rectify anything they did not like by the next meeting, or at least present it to the group for discussion at the next meeting.

**Step 7: Revising the Program and Manual**

Each new family interview and each new group provides opportunities to alter the program and manual. Thus, the manual is not a rigid, unchanging document, but reflects the ongoing collaboration between families and program developers.

**Step 8: Intensive Interviewing of Families for Each Subsequent Group Cycle**

One difference between the CFPD approach and typical needs assessments is that, even though we have by now interviewed 250
families, conducted 35 cycles of the nine-week program, and written manuals for three versions of it (families with young children, families with teens, families that have survived domestic violence), each new family joining the program is first interviewed, and the experiences and ideas shared are incorporated into program materials. Thus, program development is ongoing, and all families have the opportunity to experience themselves as experts. Ongoing in-depth interviewing of families also allows us to keep abreast of changes in city, state, and federal laws and policies that affect poor families and our program, as families often experience the ramifications of these changes before they become widely known to social service providers or the news media.

Step 9: Evaluating Effectiveness in Comparison or Randomized Designs

Following the interview, we give each family a packet of self-report measures that assess degree of well-being on the individual, family, and family-in-community levels. With parents' permission, we also obtain progress reports from the employment program. Following completion of the program, and when possible, at six-month and one-year follow-up points, we re-administer these research instruments.

So far, we have conducted evaluation of Fresh Start without a formal control group—an appropriate design for the first stage in developing an intervention. However, this spring we embark on the first randomized evaluation that will compare Fresh Start to the existing programs provided in the shelter that do not offer a specific family format or focus (a teen recreation group and a group for parents that provides opportunities to discuss problems in shelter life). These existing programs, along with parenting and money management classes, are typical offerings in family shelters.

Step 10: Disseminating and Adapting the Program to Other Settings

We began Fresh Start at the general family shelter, and then developed a version for families that survived domestic violence, and then returned to the general shelter to develop a new program for families with teens. We have sent manuals to various agencies in the U.S. (including those working with families displaced by Hurricane Katrina) as well as abroad. We have also developed a training program for front-line professionals.

Has the Program Helped Anyone?

As noted, we are engaging in both qualitative and quantitative evaluations to determine detailed answers to this question. Data analyses conducted so far are quite supportive, including:

- Significant decreases (for adults) in demoralization, as measured by the PERI Demoralization Index (Dohrenwend, Shroot, Egri & Mendelsohn, 1980) and psychological symptoms, as measured by the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, n.d.), and for kids, decreases on level of child behavior problems as measured by the Child Behavior Checklist (CBCL; Achenbach, 1991).3

- Consistently high ratings of the helpfulness of group meetings by family members (average rating of 4.57 on a 5-point helpfulness scale).

- Higher rates of engagement in the job-readiness program and in employment than for adults who did not participate in the program.

- Higher rates of engagement in Fresh Start than in other programs offered at the shelter (on parenting, programs for teens).

Challenges

Here are a few of the challenges we've faced and how we've coped.

Lack of Time: All staff members of the project have many other commitments. By keeping regular time for the program and research, it's

1 The PERI Demoralization Index, SCL-90-R, and CBCL are all widely used measures of psychological and behavioral difficulties. Scale references are available from the author on request.
embedded in our schedules, and becomes part of our weekly routines. Yet we always feel we could spend much more time on the project.

**Pressure on Families to Move Out:** Over the years, the pressure for families to be placed in permanent housing has been increased by the city government, leading families to be increasingly reluctant to commit to the program—even though their average length of stay has actually stayed the same! We’ve adapted by creating shorter versions of the program, such as a four-hour version held once on a weekend. We are currently creating a shorter interview.

**Changes in Welfare and Housing Policies:** One of our most important outcome measures is whether parents obtain employment. Yet two years ago, the city changed its policies so that if parents obtained a job before placement in subsidized housing, they were immediately disqualified from receiving such housing. We’ve sided with the parents, encouraging them to complete all the steps up to getting a job (completing job-readiness and training) and to wait until obtaining housing before getting a job (Fraenkel, Hameline & Kowal, 2005).

**Why Do We Keep Doing It?**

This work has been the most moving in my life, a feeling shared by my students and many other professionals who have worked with us. The families we have met truly are an inspiration—although we arrive at the shelter each week already exhausted, we leave reinvigorated. And we keep doing it because we promised Diane, one of the first women to participate in the groups. In a six-month follow-up interview, she said, “Don’t give up on the people, because you’ll have another group like us. What made the difference was that you all didn’t treat us like we were clients, and you were workers. You treated us like we were friends, and that’s what made the difference.”

**References**


Deroatis, L. R. *The Symptom Checklist-90-Revised*. Pearson Assessments. www.pearsonassessments@pearson.com


