

HORIZONS
AN ANALYSIS OF TRANSITIONAL HOUSING

by

NAOMI E GUTH

B.A., Environmental Studies
University of California, Santa Cruz
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Signature of Author _____
Department of Urban Studies and Planning
May 1987

Certified by _____
Langley C. Keyes
Professor
Thesis Supervisor

Accepted by _____
Phillip L. Clay
Associate Professor
Chairman, Masters in City Planning Program

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ABSTRACT

Horizons Transitional Housing Program is one model among many transitional housing programs emerging to serve homeless women and their children. This analysis of Horizons illuminates conceptual, operational, and design issues that confront the Horizons program and other transitional housing programs and that challenge the translation of a philosophy of helping others into practice.

This analysis focuses on three principle components of the Horizons program (resident selection process, communal living arrangement, services), their operation, and the role of staff in the program. The analysis is based on the experience of residents and staff in the program, gathered through interviews with past and current residents and staff.

The underlying theme throughout this analysis is the need for staff presence, facilitation of the program, and clarity of staff roles and relations with residents. The balance between encouraging action toward improving one's situation and demanding too much of women already in a fragile state must be skillfully achieved through staff.

Thesis Supervisor: Langley C. Keyes

Title: Professor of Urban and Regional Planning

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INTRODUCTION

"Horizons is a combination of a
shelter and your own home."

- past resident,
Horizons

The goal of Horizons Transitional Housing Program is to give homeless women and their children a secure, home-like place to stay with time, resources, and personal support to help them move from the crisis of homelessness to self-sufficiency and independence. Horizons builds a transition for and with homeless families, helping them prepare to move into permanent housing and create a more stable future. Horizons is analyzed here to understand the program's role and effectiveness in serving the needs of homeless women and their children.

Transitional Housing: The Need

Horizons has emerged as families headed by women are increasing in number. Pregnancy outside of marriage, divorce, and widowhood are some of the reasons why. The needs of these families become more clear and demand more attention as this family-type becomes more prevalent.

"Women's predominant situation in our society is changing, out of necessity and choice, from one of dependence -- on parents, husbands, and shrinking government entitlements -- to independence....Today many women want and need help in order to become economically self-sufficient."1

It is generally recognized that the economic status of single-parent women is low. To begin, it is difficult to support a family on only one income. Poverty, therefore, is often not too far away for most female-headed families, if they do not already seek public assistance. As described by the founders of Horizons:

"Poverty is increasingly a problem of women and their dependent children. In addition to problems caused by lack of job skills and education, women's poverty evolved from the economic, physical, and emotional burdens of childbearing and childrearing and from the limited and self-limiting opportunities of the job market."2

The lack of affordable housing adds to the difficulty single-parent women have in providing stability and

1Women's Institute for Housing and Economic Development, A Manual on Transitional Housing, Inc., February 1986, p.4.

2Women's Educational and Industrial Union, Social Services Department, Horizons Transitional Housing, A Proposal For A Transitional Housing Program For Women And Children, March 1983, p.1.

security for their families. More and more of these families are falling short of meeting their basic needs. The homeless population increasingly consists of low-income women and their children.

Emergency shelters cannot solve this growing problem of homelessness and lack of economic resources among families. Shelters provide a place to sleep, but only for a short time. Furthermore, services in shelters focus on emergency assistance, such as a place to sleep and housing search assistance. Women typically leave shelters without long-term plans for improvement of their situations. Transitional housing programs like Horizons are longer-term and provide a period of stability during which these women are given the personal support necessary to develop self-sufficiency, the time to locate affordable housing, and the help to develop job skills and find employment that will support their families and cover their housing costs: the bridge from homelessness and lack of economic resources to permanent housing and self-sufficiency.

Transitional Housing: A General Description

Transitional housing is a multi-family residency program that includes a variety of support services for residents. The program serves people who are leaving emergency shelters but still need time to recover from the crisis of homelessness and to make the transition into permanent

housing. Transitional housing provides a longer period of residency than emergency shelters, generally six months to two years.

The size and number of families served by one transitional housing program varies according to cost constraints, optimal service provision, and program objectives. Some programs prefer smaller scale developments in order to create more intimacy, potential for easier integration into the community, and to take advantage of services in the community rather than providing them on-site. Larger developments offer economies of scale in service provision because a larger number of families are served.

The housing arrangement generally offers more shared space than permanent housing, but more private space than emergency shelters. Services, such as individual counseling, job development, and childcare, are included to support residents through their transitions. These principal components of transitional housing -- residency, childcare, and life planning/vocational development-- provide a comprehensive program. Each component is described briefly here.³

³All information presented here is drawn from A Manual on Transitional Housing, Women's Institute for Housing and Economic Development, Inc., February 1986, pp.10-19.

Residency

Living space -- bedrooms, bathrooms, kitchens, dining rooms, living rooms, common rooms for adults and children-- can be designed in a variety of ways to create any mix of private and shared space for residents. A particular program's objectives combined with cost constraints (of construction) and available sites govern the degree of privacy and sharing in the residency. For example, single apartments provide the most privacy but are also more costly than two families per apartment or more of a dormitory type of arrangement.

Sharing space is usually part of every transitional housing design. Despite the economic advantages, shared living space is a bridge between the minimal private space of emergency shelters and optimum privacy in permanent housing. In addition, shared living arrangements foster a sense of community among residents and help them develop leadership and group skills throughout the process of learning to live together. At the same time, however, group relations and personal issues must be given special attention and balanced skillfully. Conflicts easily arise and require resolution on an individual level and with the group of residents.

Childcare

While mothers are learning new job skills, looking for housing, and taking steps in new directions, their children

also require attention. Informal and formal childcare arrangements must be made. Informally, a transitional housing program might provide babysitters for weekends, nights, and emergencies, or encourage mothers to help one another with these needs. Activities for children, living space designs, and indoor and outdoor play space are also important parts of informal childcare provision.

Formal childcare (e.g. day care from 9am to 5pm) is often in short supply in the community, is expensive, and is not easily accessible for families dependent on public transportation. For these reasons, it may be preferable to incorporate a childcare facility and program into the residential setting. The facility could also serve children in the community at large. On the other hand, transitional housing programs objectives may be to encourage women to seek resources out in the community rather than become dependent on all needs being provided for them.

Life Planning/Vocational Development

Women emerging from the crisis of homelessness know they want a new way of life but may not know how to bring about that change and/or may be afraid to take steps toward that change from fear of the unknown. Therefore, they tend to fall back on old familiar patterns and habits. The life planning component of transitional housing programs help women face the unknown, make changes in their lives, and

become economically and socially self-sufficient. Life planning includes:

building confidence in one's ability to gain control of her life and accomplish goals,

developing problem-solving strategies that help a woman identify alternatives and choices she has,

setting goals for the future based on personal career and educational assessment and desires, and

choosing and accessing the right training or job to create the new way of life.

Self-help is the guiding principle of how to help women achieve independence and self-sufficiency: helping women learn to help themselves. Guidance, services, and setting limits/regulations by staff must be balanced with resident self-definition, self-regulation, and independence. While enabling women to be self-sufficient, service provision and help may be taken for granted and women may become dependent on them. The goal is to provide services to help women achieve self-sufficiency, not to become an obstacle to self-sufficiency.

Definition of the balance between self-help and service provision is articulated throughout the design and operation of life planning activities. Life planning services can be provided in individual meetings with counselors, group meetings with residents and/or counselors, and personal growth exercises. Life planning

activities are typically coordinated with educational, vocational, and job placement services or with referrals to such programs in the community. As with childcare, transitional housing programs must decide whether to provide the vocational, educational, and placement services on-site or off-site. Operationally, the balance between self-help and service provision is defined by what the transitional housing facility provides and what residents should expect from the facility and the staff counselors. The staff, furthermore, play an important role in facilitating self-help: women must be shown how to help themselves.

Horizons: A Trail Blazer

Horizons is a trail blazer -- the first transitional housing program put into action in the Boston area. The concept for Horizons was designed by an ad hoc group of shelter representatives from across Boston. The group was seeking to create more options and resources for low-income women and their children leaving shelters. Horizons became a reality when it was taken on as a project by the Women's Educational and Industrial Union (WEIU). The WEIU secured funding from two Massachusetts state agencies, the Department of Social Services (for the program) and the Executive Office of Communities and Development (for rehabilitation of a structure to serve the program). Funds

were also secured from the City of Boston (for Horizons staff salaries). The WEIU does fundraising and provides in-kind services to support the program (use of office space, etc.). Horizons opened its doors in April 1985.

Horizons serves homeless low-income women and their children leaving shelters. The program is small (six families) and residents live communally in one large residence. Support/counseling services are provided by staff on-site, while training programs are sought off-site. The length of stay is six months to two years. This program (described in greater detail in following chapters) embodies one combination of design choices: who to serve, program size, type of residential facility, services provided, and length of stay. Horizons has now been in operation for two years and provides a unique opportunity to reflect on how particular program decisions function in reality.

An Analysis

As the need for transitional housing increases and more groups work to start programs, experience of programs in operation and their difficulties and successes need to be shared. Furthermore, programs must be self-critical, evaluating themselves as they go so as to always work toward the most efficient use of scarce resources. This thesis pursues such a critical analysis of Horizons.

This analysis examines the particular components of the Horizons design, why they were chosen, how they are implemented, and how their combination into one model serves their target population. Discussion of these issues is structured around three primary components of the program:

- Resident Selection Process
- Communal Living Arrangement
- Services Component

In particular, discussion of these three components illuminates challenges to and difficulties in putting a self-help philosophy into practice.

This analysis of Horizons is based entirely on interviews with the women contributing to and effected by the program -- residents, Horizons staff, and shelter staff. In terms of how residents experience Horizons, the analysis draws primarily on the experiences of the two most recent groups of residents, the third and fourth generations of residents (referred to throughout the discussions as past and current residents, respectively). This focus was not chosen explicitly but fell out of the difficulty in contacting residents from other groups. Only one past resident from the second generation could be contacted. Interviews with past residents therefore included one resident from the second generation and four from the third generation. One resident interviewed from

the third generation, however, has remained at Horizons into the fourth generation. This resident's comments and experiences are therefore included in both discussions of past experiences and current experiences as appropriate. Two other current residents were also interviewed.

In addition to residents, some past staff and all current staff were interviewed. Some of the current staff, it should be noted, were very new to the program at the time of the interviews (approximately at Horizons one month). To complete the context, role, and understanding of Horizons, three emergency shelter staff who refer families to Horizons were also interviewed.

This analysis does not measure the success of Horizons and of particular homeless families using this program. Rather, it examines the Horizons model of transitional housing in practice. Therefore, individual life histories of women interviewed were not sought as much as their experience in this one model of transitional housing and how it effected them.

Before beginning the analysis, a brief description of the Horizons philosophy, facility, program, residents, and staff is presented in Chapter II. Chapters III, IV, and V analyze the Resident Selection Process, the Communal Living Arrangement, and the Services Component, respectively. Finally, Chapter VI, Conclusions, highlights issues and paradoxes raised throughout the analysis.

II

HORIZONS: A DESCRIPTION

This description presents: (1) an overview of the philosophy behind Horizons, (2) the character of the residential facility, (3) the nature of the services program, (4) the character of the residents served over Horizons' two year history, and (5) the Horizons staff positions and general structure.

The Philosophy

The Horizons staff and program operates from a philosophy of self-help. Staff assume that women want to help themselves and that they can manage without others telling them what to do. Staff and the design of the program, therefore, intend to encourage women to understand their needs, desires, and direction in life, and to take the steps to achieve them; in essence, helping women learn to help themselves. As expressed by one past staff, this is the "teach them to fish" model. This self-help philosophy recognizes the talents and abilities of women and respects women as the experts in their lives. Horizons, therefore, does not exist as a service agency but as an environment to help women help themselves.

The basic premise behind such a philosophy is that women

have been shunted by the surrounding culture. Their desperate situation is not entirely their own fault. Women need and want help in learning how to make it in the system. Thus, one of the goals of Horizons is to help bring women into the mainstream of society.

Horizons hopes to take women out of a crisis mode of operation, giving them the time and support to begin planning for the future, not just thinking about the immediate next step.

This philosophy of helping others and allowing others to help themselves is implemented throughout the various elements of the Horizons' program (i.e. selection of residents, role of staff, living arrangement, on-site services, house rules, etc.). For example, Horizons staff select women for the program who express the desire to help themselves. Most important, staff emphasized, is the desire to provide a supportive environment for women so that they believe they can do the work they want to do. A shared living arrangement is generally understood as an important part of that support. In addition, having other residents and staff present also breaks any feelings of isolation residents may have.

The Facility

Horizons is a 22-room, three-story residence rehabilitated to house six women and their children in a communal living arrangement. Each woman has her own bedroom for herself and her children. There are four single bedrooms for smaller families (one to three children), and two two-room arrangements for larger families (four to five children). Two families each have their own bathrooms while the other four families share the other two (two families per bathroom). The three kitchens (two on the first floor, one on the second) are shared, two families per kitchen. The common space for families includes a large living room (with a television) and a play room for children on the first floor, and two sitting rooms/libraries, one each on the second and third floor.

Also incorporated in the house is office space for Horizons staff, all of which is on the first floor. The main office is at the front of the house just off the main entrance. Another office is located at the back of the house off one of the kitchens. A third very small office (formerly a study for the residents) is off the main living room. In addition, there is a guest bathroom on the first floor.

The Program

The program, or life, at Horizons includes participation in on- and off-site services. Upon moving into Horizons, a resident signs a Resident Contract agreeing to abide by house rules, participate in the program, and pay program fees (see Appendix A). On-site, residents participate in a variety of counseling sessions with staff, including: housing search guidance, vocational counseling, parenting, personal/social issues, and support group meetings. Financial management skills are developed with the help of the house manager who collects program fees from residents and in the process helps residents budget their incomes to make payments on time. General house management is handled among the residents in weekly house meetings. Residents are referred to programs off-site for training or career placement services. Formal childcare services must also be located in the community. Horizons only provides informal childcare services on-site on weekends and some evenings.

Upon leaving Horizons, residents complete an Exit Summary stating the date of their departure and the circumstances of leaving (see Appendix A). Residents are expected to leave when they feel ready and on their own volition. However, there are circumstances in which staff may ask or insist that residents leave the program. A warning system has been instated whereby staff will give a resident one verbal warning, and one written warning of

reason for dismissal from Horizons before actually dismissing her. Physical violence, however, is reason for immediate dismissal.

Horizons' Residents

Since Horizons opened in April 1985, sixteen women have been residents there. Although the stays of individual women have varied in length and residents come and go continuously, these sixteen women can be divided into four generations of Horizons' residents.

The first group, five women, entered in April 1985. Three women left within two months. The remaining two women plus three new residents comprised the second generation (beginning June 1985). Four women of this second group left Horizons within six months. The fifth stayed and became part of the third Horizons generation (beginning Fall 1985). The five women of this third group all remained at Horizons approximately one year. A sixth woman joined this group as space within the house was redesigned to accommodate another family. Five women left Horizons within a few months of one another. The sixth member of the group did not leave with the others, and became a part of the fourth, and current, generation of Horizons residents (beginning Fall 1986). By the end of March 1987, two families of the six had left and two new residents were being sought.

This brief history of Horizons' residents can be summarized as follows:

<u>Generation</u>	<u>Approximate Length of Stay</u>
First	4/85 - 6/85
Second	6/85 - 11/85
Third	11/85 - 11/86
Fourth	11/86 - present

Horizons' Staff

Since Horizons opened two years ago, the structure and number of staff positions has changed. Initially, Horizons had three on-site staff -- program coordinator, vocational counselor, and live-in house manager -- and one off-site administrative position -- part-time director. Within the past year, a number of new staff positions were added. This occurred along with a complete turnover of staff and the subsequent redefinition of roles and responsibilities. On-site staff currently include:

- program coordinator
- vocational counselor
- family support counselor
- child advocate
- house manager

Off-site (at the WEIU), administrative staff include:

program director (full-time)

program administrator

The current staff structure, with a full-time director, tends to be more hierarchical than past arrangements, where the on-site program coordinator was responsible for supervising the program and staff.

III

RESIDENT SELECTION PROCESS

Past and current staff believe that the ideal a resident selection process should produce is diversity within the Horizons household. In making selections, staff strive for a range in skill levels across residents, from educational and employment to interpersonal skills. A variety of ages, histories, ethnicity, and race is also sought. Horizons staff believe that women can share their differences while seeing the common ground among them. The diversity, furthermore, allows residents to learn from and act as role models for one another.

Selecting residents for Horizons occurs in two stages. First, shelter staff identify prospective residents from their respective shelters. Second, Horizons staff select from among those so identified. The whole process is initiated when a bedroom at Horizons is vacated. Horizons staff (usually the program coordinator) notifies Boston-area shelters of the vacancy and asks for referrals of prospective residents. Shelter staff (usually a social worker or housing advocate) then identify interested families. The women (mothers) fill out an application and

the shelter staff attaches a letter of recommendation (see Appendix A). Applicants then visit Horizons for a series of three interviews, two with staff and one with the current residents. A selection is made after interviewing the whole pool of applicants.

The resident selection process is lengthy and sometimes takes months. There are three reasons given by Horizons staff for developing such a lengthy process. One, Horizons staff want to screen out inappropriate applicants. In essence, Horizons staff are looking for individuals with the motivation and commitment to pursue a program like Horizons offers as well as the ability and willingness to live in a communal arrangement.

Two, Horizons staff want to educate applicants about the program and living arrangement so that women can decide if Horizons is the right place for them. This information sharing begins with the application form. Questions ask applicants to state why they wish to participate in the Horizons program and their expectations of it, what their goals are (housing, education, etc.), and how they like living in a community/group setting. These questions identify key elements of the Horizons program--motivation and interest in the programs, working toward one's goals, and learning to live with others--and help the prospective resident to begin thinking about Horizons as something more than just a place to sleep.

Three, Horizons staff want to begin building a relationship with the woman so that the applicant and staff may sense what their working relationship over time would be like. Horizons staff do not want women and their families to experience Horizons as another agency that offers services, but rather as a place where residents and staff work together and, even more important, where residents work together and support one another.

Below follows a discussion of the individual steps in the resident selection process.

Notifying Shelters: Choosing a Pool of Applicants

When a bedroom becomes available, Horizons staff notify a number of shelters and ask for referrals. The family size that the room can accommodate is the first determinant in the resident selection process. With the notification of space available, shelter staff receive a packet containing acceptance criteria for residents, application forms, program description, services offered, and the philosophical orientation of how Horizons helps and works with families. Shelter staff are then well-informed about the Horizons program and able to identify families who meet Horizons criteria and who would be interested in the program. In the past, the program coordinator would also contact shelter staff somewhat regularly with updates and

recent events at Horizons. This contact is informal though and varies as the Horizons staff changes.

Horizons asks for and accepts referrals from shelters only. The reason is twofold. First, Horizons is a demanding, structured program not suited for families in crisis. A family just finding itself homeless can hardly think of anything beyond finding shelter for the night. Horizons serves families who have gotten past this initial crisis--they have found temporary shelter--and can take time to consider rebuilding their lives.

Second, shelters insist that families live communally, an experience that Horizons staff believes prepares families for communal living at Horizons. Hotels/motels, another potential pool of applicants, help homeless families through the initial crisis, but they do not offer experience in communal living. Horizons staff are making two assumptions. One, families develop communal living skills in any shelter that they can transfer to Horizons. Two, that because families in hotels/motels do not share living space they have not (and/or could not?) learn to live communally at Horizons. The validity of both assumptions is questionable. The second, life in hotels/motels, is beyond the scope of this project. The first, however, was discredited by past and current residents' experiences.

Communal living in most shelters is very structured and

policed by shelter staff; at Horizons, it is not. One residents even described Horizons as the opposite of shelters. "Shelters are very policed -- someone else cooks for residents, some else tells residents what chores to do -- and families get along. At Horizons, you're free to do your own thing, but there are problems getting along with other residents." Shelters and shelter staff do not teach families or help them develop the personal skills to live together. They simply provide a structure so that families may peacefully coexist. At Horizons, families are expected to have or develop those skills.

Discussions in subsequent chapters will return to questions of learning to live in communal settings. In this chapter, the particular question addressed is how to identify group living skills in an individual that will help them live with others at Horizons? The answer given by Horizons is, first, to consider only families who have definitely had a group living experience and can talk about it. Horizons staff may then determine if the families would do well at Horizons. How Horizons staff make this determination is described in the section below, Interviewing Applicants.

Phase I: Referral and Application to Horizons

Shelter Staff Referrals: Criteria for Recommending Shelter Residents

Information about Horizons and about the opportunities to be a resident there is channelled through shelter staff. Shelter residents may hear about Horizons, but they cannot apply on their own to the program. All applications must be accompanied by a letter of recommendation from a shelter staff person. Furthermore, of the past and current Horizons residents interviewed, none initiated the process of considering Horizons as a housing option (this may be a result of Horizons being a young program and not yet well-known).

Other than asking why shelter staff are recommending a particular woman to Horizons, the Horizons letter of recommendation form asks for an assessment of the woman's motivation and initiative, ability to live cooperatively, children's needs, and any areas requiring special attention. Again, motivation and group living skills are important. At the same time, families are not identified or asked to be considered as having problems or having a need for help. Rather, the woman's skills are assessed.

Horizons staff ask for certain characteristics and skills in applicants, as cited above. Shelter staff, in turn, must interpret and identify these characteristics in their residents. Shelter staff are selective in who they

refer to Horizons, looking for two general characteristics: difficulties in managing the crisis of homelessness and motivation to work on such difficulties.

Shelter staff identify those families who have trouble pulling themselves out of the crisis by their histories of returning to shelters or difficulty finding housing while at a shelter for the first time. For example, shelter staff referred one homeless family who had moved into public housing but had been evicted as an undesirable tenant and was back in the same shelter. While most families from this shelter would successfully locate housing within their three-month stay and keep it, this one family could not. Shelter staff read this as a signal that the family needed more support if it was to make it in the housing market.

Other difficulties that families face and that encourage shelter staff to recommend them to Horizons include escaping domestic violence, needing time to establish Massachusetts residency and become eligible for publicly subsidized housing and getting past barriers of housing market discrimination (based on race, ethnicity, and family type, among other characteristics). In serving these needs, Horizons provides options to residents out of their difficulties as well as leads women and their families to resources (programs and subsidies) of which they otherwise might not be aware. A family may have any combination of,

all of, and/or other characteristics than these. Shelter staff agree, however, that such families would benefit from the longer time and additional support the Horizons program offers.

Motivation is the second general characteristic that shelter staff look for in residents they refer. Motivation is expressed by concerted efforts to get back into housing. As one shelter staff phrased it, "If a woman does not take part in the shelter's program or is uncooperative, i.e. she sits in front of the television all day, I will not refer her." Shelter residents must conduct a housing search on their own and if they do not have the motivation or interest then they are deemed inappropriate for a more demanding program such as Horizons offers.

Many of the families that shelter staff wish to see make application to Horizons may refuse to do so. They do not want to go into any kind of program and veer away from having more services to contend with, more people telling them what to do, and more responsibilities to fulfill. They simply want to find housing and to be left alone. As expressed by the social worker at the Boston Family Shelter, "It's hard to tell an eighteen year old parent who has been on her own since fourteen years old to go into a structure." Perhaps these families are accustomed to survival on an ad hoc basis and just getting by.

Another reason shelter families turn down Horizons,

shelter staff perceive, is their desire to see transiency pass quickly. They do not want to move into one place knowing they will have to move again. In addition, transitional housing does not allow families to lay down roots. The connections made with other women and children while a resident are broken when a resident leaves Horizons, unless the women are fortunate enough to move out together and find homes in close proximity to one another.

When Shelter Families Do Apply: Why Do Families Want Horizons?

The one response all residents, past and current, gave to the question of why apply to Horizons was, "I need(ed) more time to find housing." Thus, residents' perception of the role of Horizons for them varies from that of shelter staff and Horizons staff. Most residents were not excited about meetings, workshops, and programs, but would accept all of it in order to get more time and help with a housing search. Some of the past residents also spoke of wanting the program because it would help them regain legal custody of their children and/or give their family some stability until they could find their own apartment (the other option being to move from shelter to shelter and/or to friends). Whether past residents recognized such benefits of Horizons upon applying or afterwards from hindsight is difficult to

say. Nonetheless, rejoining families and stability were important concerns right behind finding permanent housing.

Shelter staff often have to convince families that Horizons can help them. Some of the residents interviewed admitted to needing this convincing. They took time in considering Horizons, sometimes visiting the house or attending a workshop there. Some then decided they would like to try to take advantage of it.

This clarity of what the potential residents see in the opportunity Horizons offers contradicts the Horizons staff beliefs and expectations that families want the combination of housing and services as a transition into permanent housing. Consequently, Horizons staff are later perplexed by the way the Horizons program is used or not fully taken advantage of by residents. The bottom line remains: there is a shortage of affordable housing and shelter residents want Horizons because there is no other place to go, except another short-term shelter.

Phase II: Interviewing and Accepting Applicants

Interviewing Applicants: Who Do Horizons Staff and Residents want?

Horizons staff and current residents interview all applicants (except those whose family is too large or too small for the space available). The applicant's interview

with staff focuses on the responsibilities the program demands of residents and on the personal characteristics staff seek in residents. Residents, on the other hand, are most interested in the potential to get along well with the applicant and her interest to be involved in the group. Following the three interviews, staff consult with residents, asking their opinions of the applicants, to inform the staff's decision of whom to accept.

Given the applicant's history of difficulty in coming out of homelessness (as assessed by the applicant and by shelter staff), Horizons staff are looking for the applicant's desire to use the program toward improving her situation, her ability to articulate goals, her interest in career development, commitment, and a sense of responsibility. In addition, Horizons staff require at least a seventh grade level of reading and writing skills to be able to fully participate in the services component. The common denominator of these characteristics sought is the self-help orientation of the Horizons program which demands and expects initiative and motivation within the individual.

During staff interviews, staff question applicants about their desire to come to Horizons, their goals, and the help they hope to receive. The presumption (which staff hope to see applicants prove true) is that the applicant has initiative and desire to work and improve her situation. A

second component of the staff interview is identifying and assessing the applicant's group living skills. The applicant describes her experiences in communal living arrangements, the pros and cons, problems and benefits she found. Most telling of the applicant's behavior in group settings, however, are her responses to hypothetical situations posed by staff. For example, staff ask, "If you had a disagreement with another resident about how to use the common living space, how would you handle it?" Responses to such questions allow staff to see the applicant's interest, ability, and potential to learn how to confront and resolve conflicts. At the same time, discussions of the applicant's responses allow staff to inform applicants of the expectations they have of residents in such situations. Finally, staff stress the service-intensive component of the Horizons program: that numerous meetings, workshops, and outside programs and services are part of life at Horizons. The staff want applicants to understand the work and demands they would be accepting were they to come to Horizons, and to be prepared for the responsibility expected of them.

Knowing that they will have to live together, residents are primarily interested in how well they could get along with prospective residents. None of the past or current residents said there was or is a set of questions they asked of all applicants. Rather, residents tended to

describe the interview more as a free-flowing conversation than as one which sought specific pieces of information. Residents might ask questions about interests in group activities and meetings. The goal of the interview, as stated by a past resident, is for prospective residents "to know if they'll be accepted by other residents." As for the residents, they "want closeness, someone who will pitch in and help out, get involved with the house," another past resident stated.

Current and past residents had mixed feelings about this interview process. Some said they enjoyed interviewing and being interviewed by residents. However, some residents also questioned the value given their opinions and insights of applicants. The staff always asks for residents' opinions, yet residents do not participate in the actual selection of new residents.

Originally, there was not a resident interview in the selection process. Residents requested to participate out of their own initiative. They felt their interests and concerns as a group that would have to live together were not incorporated into the selection process. New residents would move in without knowing who they would be living with or any sense of how they would fit in with the group. Residents believed that meeting applicants first would ease the process of moving into Horizons and of acceptance by the current residents as well as allow applicants to assess

for themselves their potential to get along with the group. This allows the applicant to make a more informed decision as to whether or not Horizons is right for her. Residents know from their experience living at Horizons what it takes to live with others and can see in an applicant if those characteristics or willingness to learn are there. Not being able to participate in the selection process negates the value of this first hand knowledge as well as residents' own ability to assess who they can and cannot get along with.

Who Horizons Has Accepted: Choosing Needs to be Served

Horizons staff hope to identify those female-headed families who could benefit from more support, time, and guidance in coming out of the crisis of homelessness and establishing a secure new home. The histories of families accepted to Horizons have been varied. Many were from another state and did not have support networks, people, or resources to help them. Some had moved from shelter to shelter, unable to find an apartment. A few had histories of being labelled undesirable tenants and/or getting evicted. A few had active cases with the Department of Social Services. All women receive Aid to Families with Dependent Children (AFDC) or are AFDC-eligible.

Horizons staff seek to serve a diversity of needs and,

at the same time, must make choices as to who of many applicants to fill one vacancy will benefit most at Horizons. For example, Horizons staff recently selected a woman with low career development over another woman who had completed a job training course and found a job. Meanwhile, the first woman was from Boston and had family in the area. The second woman did not have such support networks. Horizons opted to serve career needs over personal support needs. In the end, the woman accepted to Horizons helped other Horizons residents learn their way around Boston but did not need or strongly want to be a part of a support system within Horizons. Rather than being around the house to develop a sense of community and peer support with other residents or to take advantage of career and other services, she spent time with family.

Horizons staff assumed that women needing vocational development services would benefit more from the Horizons program than women needing a support network. However, as this resident illustrated, if a resident does not like the communal living arrangement or the services she will opt out of the program if she can. Staff's expectations and assumptions of the applicant's desires were incorrect. Staff were in fact projecting their sense of her needs and desires onto her. The resident felt differently about her needs and resisted participation in Horizons services. Horizons staff's perception of residents' needs and

problems which staff use to guide their selection of residents are challenged by residents.

Summary of the Process: Who is Horizons For?

Horizons is a selective program in a setting of an acute housing crisis. There are many more applicants to the program than can be accepted. While the criteria for selecting those families most appropriate for or in need of Horizons include the history and causes of a family's homelessness, needs for particular services offered by Horizons, and group living skills, staff emphasized motivation to use the program toward improving one's situation as critical. This stress on motivation voiced by staff appears to be more of an effort to bring the resident selection process in line with the self-help philosophy than a criteria for successful participation in the Horizons program or for identifying those families most in need of Horizons.

From the self-help perspective, Horizons staff want to see motivation and interest in applicants to undertake the Horizons program. However, experience of residents and staff shows that motivation can be developed in Horizons. Residents are not looking for a program, they do not know that they need the services or peer support, but because they are homeless they know they need a place to stay. Motivation to work on other needs comes when they realize

they have the time at Horizons to do such work. As one staff said, "Before, in shelters, their life is chaotic, they are not motivated. But once they get into a program or service, they use it well. Once here (at Horizons) and secure, residents have the support to be motivated."

In fact, transitional housing is not the option that the Horizons self-help model might expect or desire it to be for residents. Horizons staff expect residents to choose to come to Horizons and undertake the demanding program, expressing motivation and interest. Yet, women do not see Horizons as an option they can refuse, given the housing crisis and limits to staying in shelters. Ultimately, the pure self-help approach must be balanced with shelter staff's and Horizons identification and encouragement to address needs. This balance is not easy to achieve and staff make mistakes, as exemplified above in the resident who resisted the Horizons program and spent time with family.

The role of Horizons in the eyes of applicants is very different from the expectations that staff have for its role in residents lives. This is not to say that eventually residents do not achieve the expectations that staff have for them. The fulfillment of these expectations of motivation, addressing needs, and benefiting while at Horizons are explored in the following two chapters, The Communal Living Arrangement and The Services Component.

IV

COMMUNAL LIVING

A shared living model was a fundamental component of the Horizons conception. As stated in the proposal for the program, "The accommodations would be to some degree shared....The degree and kind of sharing would largely depend...on the kind of space found suitable for the program. This could mean shared baths, kitchens, living rooms and/or dining rooms."⁴ Sharing living space was believed to be advantageous for three reasons:

1. It would cost less to rent or rehabilitate.
2. It would require more interaction between the women living in the facility, thereby making it more likely that they would form relationships that would be mutually beneficial and supportive.
3. It would not be seen as a final place to live, but rather as a transitional place from which to be able to move on

⁴Women's Educational and Industrial Union, Social Services Department, Horizons Transitional Housing, A Proposal For A Transitional Housing Program For Women And Children, March 1983, p.9.

(up) to more independent living.⁵

Horizons found a building to rent and rehabilitated it to serve the program. The questions pursued in this chapter are whether or not the resultant shared arrangement creates a sense of community and support for residents and feels transitional. The ideal of communal living has very positive overtones and connotations. Most people imagine a setting of never being alone, of living with others that brings support and help in all situations, and of sharing which brings people closer together and creates a strong sense of community. This ideal, however, is coupled with many difficulties when put into action, as the experience of staff and residents at Horizons proves. The past residents interviewed lived at Horizons during the same time and formed a strong sense of group cohesion. Current residents, however, have not and appear far from achieving a sense of community, some staff and residents believe. The difference in the two groups of residents raises challenges to the shared living ideal.

The shared living experience at Horizons is analyzed according to four components:

⁵Women's Educational and Industrial Union, Social Services Department, Horizons Transitional Housing, A Proposal For A Transitional Housing Program For Women And Children, March 1983, p.9.

1. Communal Living: The Ideal in Perspective
2. Sharing Space: The Need to Define and Protect Private Space
3. Conflict and Chaos: A Way of Life
4. Collective Living: Learning to Live Together

Communal Living: The Ideal in Perspective

While those who design and help facilitate a communal living arrangement plan for the ideal supportive environment, those who live in it prove that ideal is often far from being achieved. A communal living arrangement does not begin as the ideal setting, but rather it begins far from the ideal and requires commitment to and desire to work for the ideal on the behalf of residents. Most families would not choose to share a home with other families. Therefore, families at Horizons must first work to accept the idea and constraints of communal living and then begin to learn how to live with those they find themselves sharing a home.

The greatest motivation for a communal living arrangement is to break the isolation homeless families experience. Not having what other families have--a home, homeless families feel alone, disconnected and shut out of the mainstream of society. According to Horizons staff, a communal living arrangement gives homeless families an opportunity to feel connected to other people. They learn

that they share a similar experience with others and that they can help each other through the difficulties. Women and their families learn to support one another, hopefully developing friendships that will go beyond their stay at Horizons.

The ideal goal of a shared living arrangement (as expressed by a few Horizons staff and shelter staff) is that residents feel they can have both their own space while also living with others, not alone. This balance between privacy and communal living is reflected in the physical design of the living space. At Horizons, women and their families have their own bedrooms, but share kitchens and living rooms with others.

The hope among staff is that the shared living arrangement will lead families to support one another. As families live together, share space, and interact, they learn about one another. They recognize shared experiences and struggles and can give help and support to one another in those struggles. In fact, staff have observed that residents talk most about the support they get from one another.

At the same time, many conflicts arise among residents as different lifestyles and cultures bump into each other. Horizons staff explain, however, that residents learn from resolving these differences. For example, staff claim residents learn to control their anger, to be assertive,

and to get along with people who are not their best friends. Living with others and having to resolve differences is difficult but at the same time supportive because women feel they are not alone.

Individual residents respond to the shared living framework differently, however. Past residents felt very much a part of a group while at Horizons. They liked having others around the house to talk to and found the environment supportive and helpful in their individual endeavors. The current group of residents, on the other hand, does not spend much time together as a group or talking to one another. They share space when necessary and otherwise keep to their own rooms. The following sections of this chapter explore why this difference exists between the two most recent groups of residents.

Both past and current residents speak of learning to move out and be on their own. Residents, thus, do perceive Horizons as a transitional program as well as a place that breaks isolation they know exists outside. A current resident, knowing she and her son will miss the other women and children, keeps herself and son apart from others to begin the adjustment to living on their own. Both past and current residents become aware of the connection to others they have developed (whether that connection consists of strong friendships or just feeling the presence of others) and the need they have to prepare themselves to live on

their own without feeling isolated. They also spoke of friendships formed while at Horizons that would last after leaving Horizons. Furthermore, Horizons is used as transitional as residents prepare for and see themselves moving on.

The variety of ways that people live in a communal living arrangement illustrate the inability of anyone or any staff to ensure that the ideal shared living model is created. At the same time this underscores the self-help philosophy--that women make of a situation what they will; staff are not there to do it for them. Residents do not always like the living arrangement, but it seems to meet at least the initial ideal of breaking isolation and providing an opportunity for connection and development of support.

Sharing Space: The Need to Define and Protect Private Space

An individual's privacy is sacred. In a communal living arrangement, the need for privacy becomes even more profound. Horizons staff have observed that the desired ideal that women have their own space becomes operationally an expression of protectiveness and territoriality among individual residents. Residents, past and current, express(ed) a need for privacy from one another. Having to share space encroaches on this privacy. The result is development of a variety of mechanisms to clearly mark

private spaces. Locks on individual bedroom doors is one marker provided by Horizons. Signs on doors, posted by residents, is another. As one current staff explained, "In group houses, you don't feel like you have much territory. Residents want a sense of having their own place in a situation where they don't have much." Thus, the sign on one door, "This is my bathroom. Keep kids out.", is extreme, but is also a personal expression of need for privacy.

Most residents, past and current, did not like sharing space, but found ways of accepting it. For many, bedrooms provided the privacy needed. Residents can go to their rooms and their desire to be alone is respected. The suite of rooms at the end of the second floor hallway--two rooms and a bathroom for one family--is particularly private compared to other arrangements for families at Horizons. One past resident of this space felt she almost had her own apartment within Horizons. However, other residents never felt they could get the privacy they desired. For example, one resident finds it disturbing to not be able to sit down for a cup of coffee without worrying that someone will enter the kitchen. Different individuals find different mechanisms to help them manage the issue of privacy. For some, retreating to one's own room is consoling, for others it is knowing that the stay at Horizons is temporary and one will eventually have her own private life.

Anxiety runs high, despite the self-developed mechanisms to manage in a shared living arrangement. This appears especially true of the current residents. For example, the locks on doors appear to provide protection of space, but for at least one resident they do not. She knows all residents have access to a master key and she lives with the troubling feeling and fear that anyone can enter her room. Furthermore, the signs posted on doors "threaten residents, get on their nerves, and residents react," remarked one current resident. Such markers of private space instill fear and distance between residents. Residents subsequently tend to fight one another on issues rather than seeing they can come together and work out differences. The desire among current residents to define and protect one's space from others contributes to a negative, hostile atmosphere in the house.

Conflict and Chaos: A Way of Life

Conflicts are to be anticipated in group living arrangements where differences among residents are numerous. As one Horizons staff person remarked, "I'm not surprised at conflict or difficulty in living together. I would be surprised if it didn't go on." All past and current Horizons staff as well as shelter staff understand and accept that conflict is an inherent part of group

living. Conflict and conflict resolution are part of daily life at Horizons. As one shelter staff person described group living, "It is at best chaotic, at worst horrendous."

Staff feel that conflict is not crisis but rather a part of learning to live with others. Conflicts, however, can grow and have grown to crisis proportions as the difficulty in resolving differences provokes tension, anxiety, and violence. Violence is a crisis requiring special attention because staff consider it a threat to the security of the house. Recently, one resident was evicted because of a violent outbreak during an argument with another resident.

Conflicts are so strong and tension so high among current residents that at least one staff person wonders if conflicts will ever be resolved, going so far as to ask, "Is conflict, in the long run, worth it?" Other current staff, however, believe that conflict works itself out. Residents and dynamics change and with that change conflicts come and go. These current staff also believe that current residents' unwillingness to resolve conflicts will diminish.

Current staff, nonetheless, maintain their stance to not mediate conflict. Past staff felt a live-in house manager played too large a role in conflict resolution so that residents actually used her to solve their problems. The position was eliminated in the hopes of encouraging women to confront conflict and tension on their own. Current

staff, looking for alternatives to a live-in staff person to alleviate tension and conflict, suggest that more space from one another might relieve some tension as residents would not have to interact with one another as much. Such searching for alternatives expresses doubt among some staff that they can simply believe and expect conflicts to resolve themselves. While current staff might not want to advocate a role for staff in mediating and resolving conflicts, they reflect on other possible mechanisms to prevent harmful consequences for residents (such as violence and eviction).

Both past and current residents recognize and admit that conflict produces tension which can push residents to the limits of their tolerance. Residents react violently sometimes, throwing something or even directly hitting another resident. When conflicts lead to such destructive dynamics, past and current residents alike believe staff should intervene before the violence breaks out. Some conflicts require outside assistance. Some current residents would like staff present twenty-four hours a day, such as a live-in house manager, to help relieve the tension.

Residents react differently to conflict. For the most part, current residents opt to avoid each other to avoid conflict and fighting. They spend most of their time in their rooms. Residents even keep their children apart.

Children tend to fight a lot potentially causing difficulties between residents. When problems do arise, residents tend to take sides on the issue and are not interested in working out differences. One current resident who was also at Horizons with past residents responds to this general attitude of current residents, reflecting, "You can't always be friends, but negative attitudes aren't needed."

Past residents had a more positive perspective toward living with conflict. One past resident described the group as individuals "all striving for the same thing--to get it all together. So, if personalities click, the group can become real tight." Recognition of a common ground and a common fight seemed to help this group of past residents see through their differences and conflicts to a collective attitude.

Staff, however, can and should facilitate conflict resolution, help residents learn to live together, and help them see the common ground. Comparing the experiences of past and current Horizons residents, past residents had a live-in house manager to help them learn to live together while current residents do not. Both groups of residents identified the need for such staff presence. The difficulties of the current group of residents in learning to live together underscores the need and the importance of staff roles as facilitators in helping women learn to live

together.

Collective Living: Learning to Live Together

Horizons staff hope and expect that residents will be a community and a support system for one another. The shared living arrangement is intended to foster this. Strong group cohesion is held as the ideal manifestation of a sense of community. How residents come to this collective attitude, learning to work together and for one another, is a subject of debate for all transitional housing programs. Staff realize that residents create collectivity among themselves outside of staff presence (as stated above). Current residents, however, have not developed the sense of group cohesion and working together that some past residents did. This section focuses, first, on dynamics of the current group to understand the difficulties of women learning to live together, and second, on the steps to developing group cohesion as seen in the experience of past residents.

Current staff observe that current residents do not babysit for one another, nor are they particularly interested in cleaning common areas of the house for one another. Residents do not ask one another for help or favors. A few friendships have formed, but they tend to be strong bonds between two residents to the exclusion of

other residents.

Residents also will not disagree with one another. According to a few current staff, residents must go along with the general group sentiment because they have to live together. There is a subtle but pervasive threat in the house which governs residents' behavior: If you're not with us, you're against us. Thus, according to staff, when a resident does something another does not like the second resident remains quiet rather than face recourse from other residents. Furthermore, current staff observe that there are one or two ring leaders that other residents follow. Power is in the hands of one or two people. Other residents are not able to neutralize the power or take it for themselves, staff perceive.

Women learn that they can have power inside Horizons. Yet, current staff stress, "They wield the power for themselves, not the good of the group." Perhaps even to the detriment of the group. Current staff explain that before coming to Horizons residents learn not to expect anything from others. Residents carry this attitude into Horizons, not yet understanding that people must behave differently within such a setting, e.g. that a resident needs to be concerned and interested in other residents and can expect help and support in return. These women have been learning to struggle on their own for themselves. Hence, staff explain, power given to residents is misused

within the group. They do not move in with group living skills already mastered, despite the intensive resident selection process to identify those skills.

Not all current staff agree with or perceive the above interpretation of current group dynamics. A few staff, in observing interpretations and subsequent actions of other staff, fear that the difficulty in understanding the current group dynamics will lead staff to make some dangerous assertions and take potentially harmful actions. One current staff person perceives that some staff tend to blame the resident for her desire to avoid others and not ask for help. Following this interpretation through, staff insist that residents must learn to ask others for help. This runs the risk of being a classic blame-the-victim response which leads to harmful results for the resident. The staff person played out the consequences of such an interpretation. Anxiety mounts when a resident is pushed to ask for help but cannot and will not because of an unfriendly, threatening environment. Eventually, the resident will act out this tension and anger. If the resident becomes violent as a result, staff then ask her to leave Horizons because violence is not permitted. Staff have pushed a resident out. The blame-the-victim response in society at large which led most women into their current situation and to seek refuge at Horizons may be easily duplicated inside Horizons.

Some current staff also observe that the group cohesion that staff expect of residents offers mutual support but, ironically, may also foster competition (the competition is subtle and other Horizons staff do not believe it even potentially exists). When residents work together as a group, some current staff perceive that the residents feel compelled to progress together. For example, if a few women complete a job training program, others feel they should be doing the same. There is a fine line between residents being role models for one another and residents feeling a competitive need to keep pace with one another. In support group meetings residents applaud one another's accomplishments. This can be an uncomfortable situation for someone who does not have an accomplishment to share. Sharing accomplishments leads residents to compare themselves to one another, setting the stage for one resident to feel inferior to another or perhaps superior. Some staff suggest that the sense of competition which some residents may feel could provoke anxiety and could make it difficult for residents to feel good about themselves and about the group as a support system. The issue is how to direct this balance of role models and competition so that residents feel secure in themselves and feel safe to express any feelings or problems they may have.

Despite differing perceptions of group dynamics and of reasons for the absence of mutual support, consistency in

the perception of staff's roles within the group persists. All Horizons staff agree that they cannot dictate that residents be supportive of one another and become a cohesive group. Most current staff believe that they must expect residents to become supportive and let them come to doing it on their own. This "hands-off" approach and belief that residents will learn to live together on their own does not appear to help current residents, however. In fact, staff are in a position to influence group relations and should facilitate peaceful interactions if residents are unable to themselves.

Staff have observed that residents must have a vested interest in the group in order to achieve mutual support. Here, too, staff play a role. Staff can and have helped residents develop this interest in the group. Past residents described having such an atmosphere of support and mutual interest at Horizons than these observations of current staff and residents (individuality, power plays, and competition). Past residents would do favors for one another, lend one another money, and help one another move in and out of Horizons. Some of these past residents did feel inclined to progress together, particularly when they moved out of Horizons. One residents did not find an apartment when three others did. She may have liked to move when the other residents did, but they encouraged her to stay at Horizons until she found the right apartment.

Strong friendships formed across four of the six residents at Horizons and the four residents were supportive of one another as well as of all Horizons residents.

The process of developing interest in the group is difficult from the start because residents do not choose to live together. Nonetheless, one group of residents developed the common interest and mutual support while the current residents are not. One current staff explains the situation, "Some residents just won't develop a sense of community and trust. Staff must be flexible with expectations and definitions. You can't have one set of expectations. Group dynamics change." Do staff have more control to influence a group of residents toward group cohesion?

Horizons staff, in fact, appear to play a role in developing a sense of community and support among residents. Current residents have moved into Horizons in the midst of a complete staff turnover as well as addition of new staff positions. This flux in staff creates confusion for staff and residents alike because new staff must learn their responsibilities and staff and residents must get to know one another. As described by one resident, "It's difficult when staff leaves the program. You have to get to know new staff and rules change." Past residents did not experience such an extreme staff turnover, although staff did come and go. Continuity was

maintained for this group of past residents through the program coordinator who was there throughout the past residents' entire stay at Horizons.

The past program coordinator played a role in minimizing tensions and helping residents get along. Residents and staff described her role as one who helped residents make decisions of all kinds, who listened to the difficulties residents had with others and helped them learn to address the difficulties, and who gave residents support and ideas of steps to take toward achieving interests or resolving problems. The program coordinator was someone residents could rely on as consistent. The current residents have not had this benefit. When the program coordinator and other staff left Horizons, the positions remained vacant for a few months. The program director and program administrator filled in until new staff were hired. Turmoil, however, could not be avoided. It was and continues to be a confusing environment for residents. They are forever meeting new staff people and trying to understand what their relationship with staff will be. In this process of getting to know staff, residents do not readily accept new rules and the sense of control that new staff seem to be creating over them. Because there were no consistent guidelines for their behavior, current residents would take control themselves when they could. Hence, once current resident's perception that "everyone tries to be

boss."

Another major difference in staff roles between the past and current residents was that of the house manager. For the past residents there was a live-in house manager. All past residents described close relations with the house manager as well as the role she played in relieving tensions among residents. The residents always had someone to talk to and vent any anger or frustration to regarding difficulties in the house or elsewhere. Current residents speak of missing this opportunity. They never had it because the live-in house manager position was discontinued before they entered Horizons, yet a few current residents recommended that twenty-four hour staff would make a difference in relations among residents and the level of tension in the house.

In essence, the past program coordinator and past live-in house manager comprised a structure for residents. The staff positions were consistent so that residents were aware of what roles and responsibilities the staff took, but the residents also were able to develop relationships with the staff and a sense of knowing and trusting one another. The current residents may just be beginning to build this relationship and structure with staff since the new positions were filled within the past few weeks.

Horizons staff do not define how residents are to interact with one another, but they are there to be a

springboard for residents' feelings and to give constructive feedback. Residents are expected to take the responsibility to lead their own lives and resolve their own problems. The role of staff in helping residents learn to do this cannot be underestimated. For example, the live-in house manager helped residents a great deal. Eventually, past staff believed that the residents no longer required the presence of twenty-four hour staff. The residents all hated to see the house manager leave (they had become good friends with her), but they were able to proceed on their own. They had learned how to get along and live with one another's differences. The current residents did not have a 'neutral' person around the house to help them learn to live with housemates they did not choose.

Summary and Conclusions: Making Communal Living Work

The prevailing Horizons self-help philosophy is for residents to learn through one another how to live together. Perhaps the freedom to confront problems and interact with other residents as they like increases the difficulty of residents getting along. According to the experience of past residents, Horizons residents must define their own structure of how to live together. Staff will not provide it. Past residents made rules for the

house together which defined how they agreed to live together. As stated by one past resident, "You try to keep things structured so everything doesn't go haywire." Past residents, nonetheless, had the presence of staff to help provide a foundation from which to build their own structure. With the current turmoil, there is no foundation for current residents.

Regardless of the role of staff, the role of residents, and the development of a structure by which to live together, all past and current residents and staff agree that a desire to live together must be present. Without the common interest in living together and supporting one another, no rules, whether made by staff or residents, will be effective in creating a sense of community or a support system.

In addition to the requirements of a structure for and interest in living together, the size of the program influences group dynamics and how well residents live together. With only six families, all residents must get along. The group is too small for residents to select a few friends within the group and not get along with others. As staff observed, the consequence of doing so is division of the group: if you're not with us, you're against us. A larger group (perhaps ten families), current staff suggest, would allow women to find friends within the group without creating a threatening environment. In addition, women

would feel less pressure on themselves to get along with the entire group. Less pressure and less tension would potentially result in fewer conflicts.

A larger group also provides the opportunity to create greater variety in the household. More families would offer more of a mix of ages, backgrounds, and achievements so that residents may be role models for one another. With a smaller group, residents tend to desire to keep pace with one another rather than accept differences and learn from them, as a self-help philosophy espouses. Similarly, a larger group would allow the room for staff to accept women lacking motivation along with motivated women so that residents could be role models for one another and the program could work. Currently, staff feel compelled to only accept motivated women because they fear other women would not use the program well.

Thus, a structure with staff as facilitators, an interest in living together, and a larger group all enhance the potential of achieving a mutually supportive group of residents. Communal living can advance the self-help orientation by helping women develop mutually beneficial relationships in which women help themselves and others. Self-help and communal living, however, require facilitation.

THE SERVICES COMPONENT

The services component comprises the life planning/vocational development component of the Horizons program. Over Horizons' two year history, the structure, content, and organization of service delivery has changed in response to learning the needs of low-income women and their children and in response to understanding the demands of a communal living arrangement. The critical questions which Horizons has confronted and continues to raise, as all self-help transitional housing programs do, include: (1) how to provide services while achieving a balance between fostering self-sufficiency and encouraging dependence (on staff and services); (2) what is the role of staff in facilitating self-help; and (3) how to balance residents' expression of needs with staff's identification of needs (or, how to identify what services are needed and should be mandatory for residents). These questions persist throughout discussions of the various elements in the services component.

The following analysis of the services component focuses

on these issues of implementing the self-help philosophy (as opposed to the content of services) as observed in the operation of services, the role of staff, and the experience of and benefits to residents. The primary issues identified and presented below are:

1. The Demanding Schedule: The Service Component Within Life at Horizons

2. Development of Services: Balancing Service Provision and Staff Presence with Self-Help

3. Format of On-Site Service Delivery: Staff Facilitation of Self-Help

Before beginning the analysis, an overview of the services component is presented.

Overview of the Services Component

History and Objectives

Services were not originally part of the Horizons concept. Horizons was intended to be purely long-term shelter for homeless women and their children. Development of a services component in the Horizons design emerged from a "dawning consciousness," as described by one shelter representative who participated in designing Horizons. While the housing shortage was and is beyond any individual's control, shelter staff representatives believed there was some skill-building that homeless

families might do to help them better survive in the housing system. Developing job skills, putting money aside, and developing a greater sense of self-worth could be "layers of insulation" against another crisis of homelessness. If women could strengthen these skills they would be better able to maintain housing once they found it, hopefully avoiding the difficulty of finding housing once again in an ever-tightening housing market. With enough time, families might be able to develop skills and enough savings to afford market rate housing. The ultimate goal of incorporating a services component at Horizons was and is to help women feel they have options--that they are not at the mercy of a housing and economic system that seems to be against them--and feel they will not be flat out again. The services component, thus, aims to help women plan and prepare for the future. When Horizons opened its doors, the services component was a central part of the program.

What is Service at Horizons?

Services are divided between those that give residents support and guidance in regaining a sense of control of their lives and a sense of confidence, and those that help residents develop technical skills. The former are provided on-site by Horizons staff, the latter off-site by community programs.

On-site service is guidance counseling. This counseling helps residents think about their aspirations and find the means to achieve them. From the resident's articulation of goals to her progress through a job training or educational program, staff support, encourage, and help the resident through any difficulties she may encounter. For technical, professional training, skill building, or help, staff refer residents to off-site programs.

The object of this balance between on-site and off-site services and between personal support and technical skills is to create a supportive home environment that encourages residents to seek skill-building programs and to return to the employment, housing, and social environment in which they will always have to operate.

As the service component has evolved and expanded since Horizons opened, there have always been five main areas of counseling services: housing search; vocational development; parenting skills; personal/social needs; and financial management. The focus of the services component, however, is vocational development. Past and current Horizons staff believe that development of job skills is critical to advancing the incomes of residents and leading them to independence from welfare payments and secure housing.

Self-Help: Delivering Counseling Services

There are three settings in which counseling services are provided. Residents work with staff one-on-one in weekly counselling sessions to discuss particular areas of work, such as vocational or parenting issues. Additional areas of interest are addressed in the context of workshops, the topics for which are selected by residents. The third setting of counseling services, group meetings, is necessitated by the communal living arrangement. Residents are required to hold weekly house meetings and support group meetings to resolve house management problems (repairs, chores, etc.) and interpersonal group living issues, respectively.

Self-Help: Residents' Use of Services

A resident's use of these counselling services is guided by goals she sets for herself (articulated, with the help of staff, in a personal Goal Plan). Counseling services help a resident define the steps toward achieving her goals. In addition to goals identified by a resident, the Horizons program requires residents to set career development goals and participate in vocational development program, follow housing search goals set by the Horizons staff, place children in child care, and participate in parenting programs.

Self-Help: Role of Staff

The principle guideline for staff is to not tell residents what to do; they know what they need and are able to discover how to meet their needs on their own. Thus, the role of staff is to encourage and help with decision-making and problem-solving, but not to direct residents in what they need to do.

The number of Horizons staff has varied over time, from three to seven positions. These positions are divided among direct service counselors and administrative positions. None, however, are professionally trained counselors (e.g. have educational degrees in some form of counselling). Horizons does not want to provide professional help on-site and thereby turn the home environment into a service environment. If a resident has issues which she believes require professional help, she seeks that help off-site.

In working with an individual resident, staff counselors keep progress notes (see Appendix) on her progress toward achieving goals as well as on her interaction with staff ("process"). All notes are kept in a file for that resident. A resident's file is confidential, accessible only to the resident and to staff. All staff meet as a group as well to review and discuss a resident's needs, progress, and objectives. These case conferences are held at least twice per month.

Staff meetings are held weekly. Staff-related issues, such as job responsibilities or problems among staff or with residents, are discussed. A relatively new component of staff supervision at Horizons is clinical supervision. An outside supervisor attends case conferences with Horizons staff to assist the staff in understanding their process and analytic methods in discussions and decision-making. The goal of calling in a clinical supervisor is to help staff separate their personal issues from issues within the house. The clinical supervisor provides technical assistance and helps staff recognize options in their decision-making procedures.

The Demanding Schedule: The Service Component Within Life at Horizons

The services component creates and contributes to a demanding and busy way of life at Horizons. The demands begin early on when upon entering Horizons, a resident signs a Resident Contract, agreeing to abide by house rules, participate in the program, pay program fees, and save a portion of her income for future housing costs. The resident is then in the program, but only on a trial basis for six weeks. Within these six weeks, she must write down her goals, begin working toward them, and attend workshops

and counseling sessions. Failure to work on goals and be engaged in career development is reason for dismissal from the program. In addition, staff require that a resident place her children in day care and be on at least three public housing waiting lists by the end of this trial period.

A resident's required weekly meetings are:

Sunday: house meeting
Tuesday: support group meeting
Wednesday: workshop

In addition, there are several weekly individual sessions:
with the program coordinator
with the vocational counselor
with the family support counselor

Sessions and meetings are not scheduled during the day because residents are expected to be out of the house in educational programs or job training courses. Therefore, most work with staff takes place at the end of the day after dinner. Residents may avoid having a meeting each night of the week by scheduling a session with a counselor for the same night as a group meeting. All sessions and meetings are held at the house, either in staff office space or in common areas, such as the third floor library. This schedule continues throughout the resident's stay at Horizons.

The Horizons program is intensive and time consuming. Most current staff feel the program has become staff heavy and requires perhaps too many meetings for residents. Current staff have observed women "going in circles" as

they move from working with the individual staff people, to attending group meetings and workshops, to participating in outside programs. A few current staff, however, voiced interest in reducing demands on residents. One states, "Women come in and should have a month or two to unwind, especially if you will be there for two years. You have the time." But the majority of staff are supportive of the current pace and number of meetings.

The tremendous commitment of time and energy required gives residents very little time to themselves to perhaps attend to personal or family responsibilities, relax with friends, family, or other residents, or reflect on their lives out of the context of 'services'. In other words, the services component appears to completely overwhelm the residents' personal lives. Some residents have resented and resisted participating in services because they wanted more time to be with their families. It is important to balance work with free time to help residents gain perspective and reflect on their work. Asking residents to work day and night five or more days per week may prove to be too much push and encouragement, wearing down residents rather than giving them motivation.

How and why the service component developed into this structure of multiple meetings and staff is described in the next section.

Development of Services: Balancing Service Provision and Staff Presence with Self-Help

The expansion of on-site services and staff tends to overwhelm residents rather than address their needs more effectively. In essence, more staff and more meetings has led to more administrative and logistical problems for staff and residents, not necessarily to improved self-help service provision. The details of such impact and consequences of an expanded services component are discussed below. The rationale of expanding services -- to address residents' needs more effectively -- is questioned throughout the discussions.

Initially, all services were provided by three staff: program coordinator, vocational counselor, and live-in house manager. A program coordinator oversaw and helped residents organize progress on all their goals, directing them to outside resources when necessary and encouraging them through difficulties. Amidst all of a resident's goals, vocational development was (and is) the central focus of the Horizons program and therefore given special attention through work with a vocational counselor.

The third staff person, a live-in house manager, helped residents with house management, attending and helping conduct the weekly house meetings. She also relieved tension among residents by helping them resolve their conflicts and giving them general support in any

difficulties they had individually or as a group. This general support proved to include parenting and personal issues, as well as conflicts that residents might have with other staff.

Experience in working with residents led staff to alter staff positions and responsibilities as well as create new positions and provide more services to residents. The responsibilities of the program coordinator and vocational counselor have remained essentially the same. The house manager position, however, was changed to a part-time position. Past staff observed that residents became reliant on the house manager to mediate and resolve disputes in the house. By not making this staff person and service available, residents would learn to solve problems on their own and be responsible for their actions. In addition, residents were asking for more and more help in parenting and family issues. This led staff to take these responsibilities from the house manager position and create another staff position, family support counselor, to meet the demand. Residents' requests included, "help with how to discipline children," "how to talk with their children," and "how to manage the stress of being a parent and person going to school."

The part-time house manager now helps residents with financial management through the process of collecting program fees and phone bill payments. Other

responsibilities involve arranging household repairs and providing household supplies. The house manager does not hold regular meetings with residents.

Services for the children were also added in response to the parents' requests and children's needs. A part-time position was created, child advocate, to be responsible for designing activities for children, such as outings on weekends. The child advocate is not a counselor and does not hold regular sessions with individual residents.

Another component of the services for children is volunteer help. Volunteers babysit at the house as well as take children on outings. Volunteer recruitment and coordinating responsibilities is attached to the child advocate position, making it a full-time position -- child advocate/volunteer coordinator.

In addition to the five direct service staff (program coordinator, vocational counselor, house manager, family support counselor, child advocate/volunteer coordinator), there is a full-time program director (replacing a WEIU staff person whose duties included directing Horizons) and a program administrator. The program director is primarily responsible for supervision of staff, development of house policies and rules, and outreach/public relations. The program administrator is responsible for program finances, including fundraising, proposal writing, and progress reports to funding sources (e.g. the City of Boston and the

State). Both positions have limited contact with residents, perhaps visiting the house a couple times per month to participate in resident case conferences or work with staff on particular issues. In general, work with staff, such as staff meetings, is conducted at offices at the WEIU.

Table 3.1 Horizons Staff Positions and Responsibilities

<u>Position</u>	<u>Individual Session w/ Resident</u>	<u>House Meeting</u>	<u>Group Meetings</u>		<u>Staff Meeting</u>
			<u>Support Group</u>	<u>Case Conf.</u>	
Program Coordinator	X		X	X	X
Vocational Counselor	X		X	X	X
Family Support Counselor	X		X	X	X
House Manager			X	X	X
Child Advocate					X
Program Director			X	X	X
Program Administrator				X	X

Thus, there are seven Horizons staff. Most staff agree that the program has become staff heavy--seven staff for six residents. However, Horizons also serves non-residents and the staff therefore work with more than the six residents alone. Current staff also spoke of expanding this non-resident program, which would require a larger staff. Nonetheless, staff expressed skepticism over this expansion, citing three potentially harmful consequences

for residents. The first consequence some current staff fear is fragmentation of residents' lives. Given the number of staff who work with a resident, the program coordinator's responsibility of organizing a resident's progress in all areas becomes a tremendous coordination task and is perhaps not effective in unifying a resident's life or helping a resident pull the pieces of her life together. Hence, one current staff senses that the program operated more smoothly with only the program coordinator and vocational counselor.

Past staff developed and expanded services directly in response to residents' requests. However, the time lag between developing the new service and staff position and hiring a staff person poses problems in introducing more services to residents. An example of this second consequence was the introduction of the family support counselor. The position, initially titled family skills counselor, was identified a year ago, but a counselor was not hired until recently. By this time, most of the residents' requesting the service had moved out of Horizons. The current residents, meanwhile, resented, first, the addition of yet another service to their already-busy routine at Horizons and, second, being told that they needed to be taught how to be good parents. As a result, the family skills counselor had difficulty establishing working as well as informal relationships with

the residents.

Past staff suggest that such strong resentment and resistance might have been prevented or at least minimized had current staff introduced the family skills counselor in a less offensive and incriminating manner. The counselor was introduced as "someone to teach you parenting skills." This challenges residents' parenting ability and is demeaning to their sense of themselves as parents. The counselor could be introduced, one past staff suggested, as "someone around to talk about on-going parenting issues." How current staff introduce new staff and services reveals their attitude toward working with and serving residents. Current staff, learning from the resentment and resistance created, have decided to change the title of the position to family support counselor to allay some of the threat and hopefully show that their desire is to provide resources, not teachers, for residents' benefit.

Sessions with the counselor, however, remain mandatory. The third consequence is, thus, more mandatory services for residents. Staff are considering giving residents the choice to meet with either the vocational counselor or family support counselor each week, rather than both, to reduce the number of weekly meetings residents must attend. The choice offered residents between vocational and parenting counseling is to select among required services, not among self-identified needs. Some staff believe that

residents should be given more freedom to choose the needs they wish to address and not be forced to meet with any particular counselor. In the words of one current staff person, staff are effectively telling residents, "You can pick and choose as long as its the things I want you to do."

The debate as to whether or not insist on a choice among services available or allow residents the freedom of not participating at all in services raises a persistent issue: the need to balance residents' expression of their needs and desire to work with the staff's interpretation of residents' needs and insistence on action.

Past and current residents described many benefits of the services component. However, the sense of "too much" always loomed over the positive attributes.

Residents feel the demand and usually resent the pressure to participate in services. With time, however, they come to appreciate the push from staff to achieve. One past resident reflected on her stay at Horizons, "I got the push to do things at Horizons. I got into my own apartment and kept going. I didn't go into my own apartment and get lazy. I could have done it on my own, but Horizons really pushed." This past resident, at the same time, admits to arguing with staff and resisting their "pushes".

While residents generally appreciate the encouragement from staff, they all were/are overwhelmed by the numerous meetings and programs they must attend. "There is maybe one day per week when you don't meet with someone or some group. I'm up to my neck with staff and services," one current resident related. Most past and current residents were aware of and ready to accept attending meetings and participating in services when they applied to Horizons, but they did not anticipate so many.

A few residents were especially resentful of the demand to participate in all services and complete tasks as staff desired. One current resident, with a two-month old child, did not agree that she should put her child in day care so she could enter a job training program during the day. She did not want to leave her child with someone else at such a young age. This resident challenged the Horizons policy that all residents must be out of the house during the day in educational or employment programs. Her perception of her needs is not the same as that of staff. Balancing this difference in perception might be achieved by granting exceptions to house rules. However, exceptions to rules weaken the structure of the program. Most past residents insisted that a structure -- a set of rules -- that does not change is imperative. Otherwise, residents will always find ways to not participate in the program. Yet, flexibility is important given the extreme diversity of

individuals.

Despite the demanding, busy schedule, past and current residents alike spoke of the benefit of the accessibility of services. As expressed by one past resident, "Services are right in front of you. You have the opportunity to sit down and figure out what you want and need. You can ask the questions and get what you need, both, at Horizons." Their stay at Horizons gives residents time while the services component gives residents the opportunity to think about and define needs, desires, and aspirations. Another past resident said, "Horizons gave me the time and chance to figure out what I wanted out of life and how to get it. The chance to know my self better." Having this time and opportunity provided a turning point in most residents lives. Residents all spoke of being able to do work they might never have believed they would see themselves doing. One resident found Horizons especially helpful with schooling. She is in a program now and previously "had never gotten this far." For other residents, the vocational development services were most helpful, leading them through job training courses and into new jobs.

Past residents said that achievements actually came after leaving Horizons. Residents learned a lot while at Horizons and began progress toward jobs or education, but completion of a job training course or obtaining a General Equivalency Diploma (GED) occurred later. Most residents

did not stay long enough to achieve such concrete results. Not accomplishing these objectives or seeing other residents accomplish them does not discourage residents. Nearly all past residents interviewed described their continuing work toward the goals they set while at Horizons. Only one resident has stayed at Horizons long enough to begin and complete a job training course.

Multiple factors encourage residents to leave Horizons before actually completing courses. Some speak of tiring of the demanding environment, saying, "It was time to move on." At the same time, they left as soon as apartments were found. Only one resident mentioned refusing an apartment (mentioned above). Another resident mentioned taking an apartment she did not particularly like, but she had wanted to move. Remaining at Horizons to participate in on-site counselling services and to complete off-site technical programs competes with housing goals. Residents do not view completion of steps toward economic self-sufficiency as a prerequisite to moving into or a priority over permanent housing.

Format of On-Site Service Delivery: Staff Facilitation of Self-Help

As stated above, on-site counseling services are provided in three formats: individual counselling sessions, workshops, and group meetings. These three settings complement one another, giving residents a variety of opportunities to address personal and group issues. However, unless facilitated well, all counseling services lose their beneficial impacts because residents do not learn how to use the service to their benefit. The staff must show women how to help themselves, as the Horizons' experience illuminates.

Individual Sessions: Self-Assessment, Confidence Building, and Decision-Making

Individual counseling sessions require residents to examine their current situation, envision what they would like to do, and begin taking the steps to achieve that vision. While individual sessions are held with the program coordinator, vocational counselor, and family support counselor, most reflection is articulated and developed with the vocational counselor and the aid of a self-assessment workbook (designed by the vocational counselor). Self-assessment helps residents to be introspective and realize their personal characteristics,

values, and desires. Residents also learn about male and female stereotypes in the workplace, employment laws, assertiveness, and time management. An important goal of the self-assessment process, current staff stress, is to help a resident understand her situation (single, children to raise, etc.) and consider the reality and honest possibility of pursuing a dream job. "You don't want to let the women dream for them only to crash. Another crash might be too much for them.", a current staff observed.

The program coordinator reviews goals with residents and progress toward those goals, overseeing all work that residents are doing. The object of these sessions is to help the resident bring the various areas of work (vocational, family, personal, etc.) together and keep them in perspective with one another. Sessions with the family support counselor generally address parent-child relations, disciplinary questions, and child development and needs. The family support counselor discusses issues with residents, but will also model behavior with children around the house in hopes that residents will observe her actions and decide whether or not to choose to follow them. The object is to illustrate alternative behaviors and relationships, not dictate changes in family style.

All past and current staff counselors interviewed described their work with residents as mostly encouragement and confidence-building to pursue interests and get through

difficult tasks. One staff counselor observed that residents do not seem to particularly want to meet, but once in a meeting they seem glad to be talking. Staff hope to keep the residents working toward their goals through these one-on-one sessions.

A few residents said it was difficult and uncomfortable writing down goals and agreeing to pursue them because they did not have much confidence. With time, however, their confidence grew. Other residents felt that writing down goals "was no big deal." At the same time, one current resident said she would not work on goals without the support of staff, even though she had written them down. Individual sessions give residents the confidence to be introspective, identify desires and pursue them.

Workshops: Balancing Residents' Needs with the Staff's Program

Weekly workshops (evening sessions for all residents) were added to the service program to provide services in areas of interest not addressed in sessions with staff. In the past, workshops have been held on health care, nutrition, and beauty. Topics may be covered in just one evening, or may continue over a few weeks of workshops. Not all workshops are mandatory. Residents as well as staff will suggest topics for the workshops, but residents

ultimately choose what will be provided. Staff are then responsible for organizing the workshop, perhaps conducting it themselves or hiring an outside person.

Workshops are thus the only formal mechanism at Horizons to balance residents' statement of needs with staff interpretation of their needs. The workshop curriculum is an opportunity for residents to take control of the program of services and demand that their needs and interests as they state them be served. Topics of workshops in fact inform staff of residents interests and needs, perhaps leading to a change in the services program (for example, part of the impetus to add the family support counselor to the program was residents' requests for workshops on parenting issues).

At the same time, a few current staff expressed frustration with the operation of workshops. Staff cannot establish a curriculum of workshops because residents refuse their suggestions. These few staff fear that residents are exercising their power of selecting topics to be manipulative and express resentment toward staff. The goal of empowering residents to take control of the program may backfire on staff if the empowerment process (here, giving the power of choice of workshop topics) is not facilitated and directed. Residents use the power vindictively, some staff fear.

Group Meetings: Mutual Support Versus Conflict

The group meetings (house meetings and support group meetings) are the times residents must come together as a group. The object of insisting that residents meet as a group is to help them learn to talk about conflicts, resolve them, and thereby learn to help and support one another. Staff, however, play a critical role in residents' process of learning to overcome their conflicts, as the Horizons experience emphasizes. Group meetings, particularly support group meetings, are the most difficult form of counseling service provision to facilitate.

For house meetings, no staff are present. By not having the house manager participate in these meetings (as was previous practice), past and current staff recognize and encourage residents' ability to manage household needs on their own. The residents' relationship with the house manager is business-like. They inform her when repairs or supplies are needed or there are other household operational problems. There is no reliance on another person to identify needs and see that they are met.

Support group meetings were not originally part of the Horizons program. They were added in response to past staff observations that residents were uncertain of the focus and goals of the overall Horizons program. Support group meetings, past staff believed, would create a "center" to the Horizons program, providing an arena for

residents to confront household conflicts, clarify relationships among themselves and with staff, as well as express needs and give feedback on services provided. Furthermore, past and current staff believe, groups are empowering settings for a number of reasons, including: groups decrease the members' sense of isolation; members get positive feedback which reshapes their self-image; women take pride in their ability to help others and feel empowered to be able to help; members may also be role models for one another, seeing attributes in others they would like to develop in themselves. As such, groups build self-confidence in members and reassure the members' ability to succeed in their endeavors.

Current staff emphasize a particular need for support groups in communal living arrangements because there are community issues and conflicts to resolve. At the same time, current staff believe, support groups develop mutual support among residents as residents learn their common interests despite their differences.

These positive attributes and potential benefits of support groups are countered in practice by simultaneous difficulties and problems that support groups provoke. To begin, current staff explain, most residents entering Horizons have never participated in support groups and do not understand the function or goal of such groups. Most importantly, they often have never talked about themselves

and problems. Staff comment, "It is painful to look at yourself. To sit down and say you don't like what's happened to you is painful....It's painful to say you're wrong, to admit fault." The difficulty in talking in a group is compounded by the living arrangement. Current staff observe, "The women have to live together. How much will they admit in a group?" Admitting to conflict or problems with others causes tension and perhaps bad feelings between people with whom residents must live. The living situation would then become very uncomfortable for all residents. In addition, staff believe, residents often do not want to present personal problems because they fear it damages their image.

During the support group meeting itself, tensions build as conflicts are raised for discussion. In past and current support group meetings, high levels of tension have led to violence or threats to be violent. To avoid such tension and potential violent outbreaks, staff believe residents may hold back from fully participating in group meetings.

While support group meetings have the potential to bolster self-confidence in residents, at the same time they may potentially be a threatening environment (as expressed by residents fear in talking). To prevent creating a threatening environment, current staff believe residents should be encouraged to discuss simple personal items, such

as how their day was, to help ease residents into sharing and expressing themselves. Past staff expressed similar insights, but emphasized even more the important role of staff in conducting the meetings. In the past, for example, the program coordinator has facilitated meetings and prevented build-up of tension by intervening in discussions, stopping them, or changing the subject for the moment. The program coordinator should facilitate the meetings this way to help residents understand how to use the group and to prevent too much build-up of tension. With time, residents may not require the program coordinator to play a large role in conducting the meeting.

The difficulties in conducting group meetings is reflected in residents' reactions to them. Past and current residents did not/do not like attending house or support group meetings. In fact, past residents sometimes would not hold a house meeting and would record some casual conversations among residents as having been discussed at the "house meeting" that week. Past residents also petitioned staff to hold support group meetings every other week instead of every week. They were unsuccessful. Residents generally do not like the group meetings but they learn to accept them. For example, some residents will bring small tasks to complete during the meetings (i.e. sewing) so part of the meeting is spent accomplishing individual tasks that need to be done.

Some current residents feel that not much is accomplished in group meetings because current residents only argue. In addition, one current resident explained, residents call meetings whenever there is a problem. This results in too many meetings. Some current residents would, therefore, prefer to have only individual counselling sessions.

Some past residents expressed discomfort with support group meetings. One past resident felt shy and unable to talk in a group, although she was comfortable talking to the program coordinator one-on-one. She needed "to learn to deal with others and with herself." Eventually she became more comfortable and learned to participate in the group.

Balancing the Three Formats

Residents' reactions to individual counselling, group meetings, and workshops highlight the difficulties in group meetings and workshops and the preference, at least initially, for individual sessions. Some residents lack the confidence to participate in groups while others feel they accomplish more for themselves through individual sessions. Individual sessions help build a resident's confidence to talk in a group as well as help her discuss her difficulties with others, learning and gaining the support to confront her problems and other residents.

Based on the experiences of past and current residents, it is very difficult to achieve the potential benefits of support group meetings. Conflict and tension prevail, obstructing development of mutual support. Past residents overcame the conflict with the help of staff facilitation of meetings. Balancing group meetings with individual sessions also helps reduce tensions in group meeting. Residents feel more comfortable airing their problems and conflicts with others in individual sessions with staff. In individual sessions, staff help residents understand their difficulties and problems, how to resolve them, and how to confront others involved in those problems or conflicts (e.g. to confront others during support group meetings or at other times). Staff help a resident learn how to make use of individual sessions and group meetings. The resident gains the confidence and perspective of how to present her problems with the group and is less likely to cause tension within herself and others. The role of staff is critical in both settings and in balancing one with the other so that both individual settings and group meetings are beneficial to the resident.

Summary and Conclusions: Staff are Facilitators of Self-Help

The services component was developed to be an integral part of life at Horizons -- the provision of concrete resources to help women help themselves. Staff provide guidance to residents as well as help residents find guidance from one another through individual counselling sessions, group meetings, and workshops. Staff further instill and encourage motivation and confidence in residents to pursue desires through counselling as well as through requiring residents to participate in services and attend outside skill-building programs (job training, education, etc.). A contradiction emerges: residents are assumed able to define their own needs and help themselves (i.e. write down goals), yet must participate in services defined by staff. Contributing to this contradiction is the espoused self-help philosophy at Horizons of not telling residents what to do. Eventually, staff lose site of their roles because they cannot tell a resident what to do yet must insist on her participation in a service. Residents, at the same time, become resistant because they want to pursue their own needs but feel restricted by the mandatory participation in staff-determined services. Horizons espouses a self-help program, yet they define the help that residents need. The reality of having residents write down their goals proves to be an attitude of "you

need these services" rather than "what are your needs." Horizons staff lack clarity and agreement of how to implement the self-help philosophy and the role of staff as facilitators in helping women help themselves.

Increasing the staff and expanding the services component contributes to this contradiction. More staff, meetings, and services creates and encourages the potential for staff to see themselves as the experts and to see the residents as incapable. In the words of one current staff person, Horizons staff "presuppose that women are not self-reliant. But they are self-reliant. They are survivors." This contradiction therefore threatens the objective of the services component to build skills and to foster independence and self-reliance.

Meanwhile, residents participate in services as required but their top priority is to find housing and move out of Horizons. Staff fear that residents are not staying at Horizons long enough and using the services optimally. Staff, therefore, are considering mechanisms to give residents an incentive to stay at Horizons. Once again, staff are pitting their perception of residents' needs against residents' perception. As one staff person expressed it, "Why impede a person's progress on getting a home? You may see a need for services of one kind or another, but it's not up to staff to say."

Most residents want housing. Most are led to Horizons

because of the housing crisis. Participation in the services component therefore competes with housing goals. Given the climate in which Horizons operates, can staff realistically expect residents to desire the services they offer and feel they need them more than permanent housing? Perhaps staff should be content that for the most part residents continue the work they started at Horizons once they move into their own apartments, regardless of having stayed at Horizons five months or one year. On the other hand, the services offered are intended to hook residents into the services in the community at large so that they may continue their pursuits. Perhaps helping residents onto the path of helping themselves does not take nearly as much time as anticipated.

VI

CONCLUSION

The exploration here of Horizons Transitional Housing Program revealed issues, dilemmas, and paradoxes that challenge the Horizons model. In essence, theoretical expectations proved to be naive and unrealistic in practice. The framework for translating the self-help philosophy into practice, of which the resident selection process, the communal living arrangement, and the services component are part, is therefore challenged. The principle issues, dilemmas, and paradoxes are presented here according to the Horizons component in which they were uncovered.

The Resident Selection Process

The resident selection process identifies the population that a transitional housing program seeks to serve. The criteria for admission, therefore, must reflect the needs of that target population so that the program responds to and serves those needs. At Horizons, there is a gap between the selection criteria and the actual needs and

interests of applicants

Shelter staff identify homeless families who need Horizons and Horizons staff then confirm that need as well as the interest in participating in Horizons' program. The most critical reflection of interest, according to Horizons staff, is motivation to improve one's economic as well as housing situation. The applicant's real motivation and sense of need, however, is to find more time for a housing search. Families do not want to move into another transient living arrangement unless absolutely necessary.

Seeking motivation to participate in the Horizons program is in keeping with the self-help approach; in other words, Horizons wants residents who want to help themselves. However, this selection criterion is not in tune with the context in which Horizons operates. The population Horizons serves (homeless, low-income, female-headed families) are interested, first and foremost, in meeting basic survival needs, such as shelter. These families see the need to find affordable housing in the midst of a housing crisis.

The motivation that homeless families express is not the motivation that Horizons' selection criteria expect. Namely, Horizons staff look for women who want to participate in a demanding program. Applicants, on the other hand, know they want the time that the program gives residents, but they do not necessarily want the whole

program. Horizons staff recognize this difference in motivation. They see that applicants will say what interviewers want to hear in order to get accepted into Horizons; and that includes expressing interest in the Horizons program, whether they have that interest or not.

Horizons staff must acknowledge that they are operating in the context of a housing shortage and that the motivation for help or to help oneself is guided by it. With this understanding of residents' interests and needs, Horizons staff may then adjust the overall program and staff expectations of residents to meet those interests. Staff must clarify acceptance criteria, translate the expectations embodied in those criteria throughout other components of the program, and thereby serve the needs identified in the selection process.

The Communal Living Arrangement

Communal living produces conflict. The conflict in turn creates anxiety, tension, and often violent outbreaks. The question Horizons staff face is: Is a communal living arrangement therefore a necessary component of the self-help framework? Living arrangements with less shared space may also break isolation and build peer support for the residents. If communal living is the choice, violence should be anticipated. The rule of "no violence in the

house" is then, perhaps, too extreme. There needs to be some control over violence, but one act of violence should not be cause for immediate dismissal from Horizons. As experience of residents showed, it is not unusual for residents to react to situations with some degree of violence.

Romantic images of families overcoming conflicts and achieving mutual support in their struggles are deceptive. As the experience of past and current Horizons staff and residents showed, development of mutual support requires hard work and commitment. Residents can achieve mutual support, but they are not inclined to seek such work and responsibility on top of other needs, such as the pressing need for housing. Horizons staff impose a model which they expect residents to accept. To the contrary, however, residents must be taught and led to make the model work--staff must be present and guide residents if residents are to create the environment of mutual support and peaceful conflict resolution that the model expects. The challenge to incorporating communal living into the self-help framework is:

Residents do not choose to live together and do not enter a living arrangement they designed. Therefore, the guidelines by which residents are expected to live must be clearly defined. Staff must also clarify their role in creating a peaceful and supportive home environment. In

sum, residents must be shown how to use and benefit from the Horizons model.

The Services Component

On-site, counselling services are intended to give residents the support to enter skill-building programs off-site that will in turn give residents the capacity to advance their economic status. Residents, however, are not accustomed or socially conditioned for counselling and introspection. Horizons staff have bold ambitions of helping residents benefit from a type of service they otherwise do not receive. Residents, however, need a lot of time to grow accustomed to individual sessions and group meetings. Most residents expressed a preference for individual sessions and never grew very interested in group sessions. The bottom line is: Residents want to meet basic survival needs and counselling sessions are not perceived as critical to meeting those needs. The Horizons model tries to impose a particular set of priorities onto very different priorities.

The paradox of the services component is: by requiring participation in on-site services, the Horizons model defines what residents' problems are, what they need, and how to meet the needs, rather than allowing residents to define their needs and seek help. The dilemma, therefore, is how to offer services and have residents use them

without requiring them? In other words, the challenge is balancing mandatory participation in services and the residents' freedom to participate as desired and deemed needed.

Defining the Framework for Implementing Self-Help

The framework by which a transitional housing program implements a self-help approach must be defined and designed in response to the program's context. In the case of Horizons, the program must respond to the housing shortage in the Boston area.

Housing is the primary reason families enter Horizons. The housing search begins within the first few weeks of moving in and residents stay as long as they cannot find permanent housing. Residents want housing, they do not seek the added demands and responsibilities of communal living and participation in a program. Horizons staff must operate with this priority of residents, despite their goal to provide time and resources for residents to step out of the crisis mode of operation and begin giving attention to other needs in addition to shelter. Meanwhile, Horizons staff are considering mechanisms to alleviate the pressure to locate housing (for example, might Horizons residents be given automatic extensions on housing vouchers so they could postpone their housing search and concentrate on

other needs?). Alleviating the pressure for a housing search does not, however, guarantee that residents will desire the Horizons living arrangement or participation in services any more.

Rather than assume that residents will want to participate in services and will want to work, Horizons requires participation. Residents, as a result, have gotten the "push" to address other needs and have made accomplishments (in education, job training, stable relations with landlords, etc.) they believe they would not have made without Horizons. The question emerges: Do you impose a program that residents do not immediately want, but later appreciate? How can you know that appreciation will definitely be the ultimate result? The requirement to participate in services, at the same time, is also the staff's means of helping a woman help herself. Self-help requires that another facilitate or show the woman seeking help how to help herself. The dilemma may then be posed as how to define the balance between requiring participation in services and facilitating a woman's learning to help herself.

A self-help transitional housing program requires facilitators. People who need help must be shown how to get that help. Horizons staff must see themselves as facilitators of a learning process who show women how to identify the help they want and how to find the means to

meet their needs. As facilitators working with a variety of women, Horizons staff need to be flexible with the Horizons program and individual residents. It takes time for residents to adjust to being at Horizons and to the new set of priorities that Horizons suggests. In addition, the homeless population that Horizons serves is heterogeneous. The causes of families' homelessness range from inability to afford the Boston-area housing costs to fleeing domestic violence. The needs of families, consequently, range from time to find affordable housing to support and help in learning to survive without dependence on a spouse. The Horizons staff, program, requirements, and expectations of residents must be flexible and responsive to this diversity.

Transitional housing combines housing and services and provides residents the opportunity of time and resources to seek help and services toward improving and effecting long-term change in one's situation. However, today transitional housing is not a pure option or choice for residents. Families do not seek programs like Horizons to be able to address their general needs, nor can they turn it down if they have no place else to go. For the most part, homeless families have limited periods of time in emergency shelters and once that time has ended, families must find another place to go. Horizons is one of those few places. It is not a pure option or choice for homeless

families when existing in the housing crisis.

Transitional housing should be an option for families, past and current Horizons staff have emphasized. Services should be accessible and available to people who want to work on their problems. The question is, as stated by one past Horizons staff, how to hook up services without requiring them? The paradox of operating in the context of a housing crisis is that provision and availability of services to support homeless families are not viewed as a choice but, rather, may be interpreted to mean (as stated by one past staff), "While you're waiting for housing, why don't we fix up your parenting skills, job skills, etc.. We'll fix it all for you." Horizons was born in response to the housing crisis, yet it is the housing crisis that backs Horizons up against a wall when trying to project itself as a program different from and an alternative to a social service agency.

BIBLIOGRAPHY

Women's Educational and Industrial Union, Social Services Department, "Horizons Transitional Housing, A Proposal For a Transitional Housing Program For Women And Children, March 21, 1983.

Women's Institute For Housing And Economic Development, Inc., A Manual On Transitional Housing, written and prepared by Joan Forrester Sprague, February 1986.

APPENDICES

Appendix A

Horizons Program Forms, Rules, and Requirements



HORIZONS RESIDENT CONTRACT

This is a contract between Horizons Transitional Housing Program, a program of the Women's Educational and Industrial Union, and _____ . This agreement is not a lease. It gives you and your children a license to occupy the room(s) assigned by the staff. It does not give the same rights a tenant would have under the lease.

- 1. I and my children shall be permitted to live at Horizons House for up to a maximum of two years after the date of this agreement, providing we abide by the provisions of this agreement.
2. I understand that Horizons is a supportive program designed to help women become self-sufficient. I agree to fully participate in this program. I will work actively to achieve my housing, personal, educational and vocational goals and to regularly review these goals with the staff.

3. I agree that only I and my following named children will reside at Horizons:

Table with 2 columns: Name, Age. Includes three blank rows for listing children.

I agree to take full responsibility for the care and safety of my children.

- 4. I agree I will not hold Horizons liable for any personal injuries incurred by myself and my children during my stay in the program.
5. I will pay 25% of my monthly income for the services of the program, due on the first of the month. Of that amount, half will go toward program fees. The remaining 50% will go into an escrow account to be returned to me when I leave Horizons, less the amount needed to cover the cost of damages or losses. I understand that fees are subject to change with one month's notice.
6. I agree to save a portion of my income toward my future housing costs. The specific amount will be worked out with the staff.
7. I will take full responsibility for my belongings, and will not hold Horizons responsible for any loss of personal items.
8. I and my children agree to abide by the Horizons house rules as attached and as modified in the future.
9. I understand that failure to meet the conditions of this agreement may result in my being asked to leave the program. If I am asked to leave Horizons I agree to leave promptly.
10. I acknowledge that I have carefully read this contract and the attached house rules. I understand and will comply with their terms.

Signature of Resident Date Staff Signature

HORIZONS TRANSITIONAL HOUSING PROGRAM

HOUSE RULES

Welcome to Horizons House. In order to make this a comfortable place for everyone to live in, we encourage women to respect each other's differences and be sensitive to one another's needs.

The philosophy of the Horizons House is self-help and self-reliance. We have, for the security and well-being of you and your children, developed the following rules which are subject to discussion and revision at house meetings. We recognize each woman as an individual with unique resources and opportunities. We are striving to provide an environment where women may develop concrete skills which will enable them to reach their life goals.

1. Horizons' street address is confidential. Mailing address is P.O. Box 382, Mattapan, MA 02126.
2. All personal calls must come on the pay phone, #696-9835. The business number is #296-2495. If you need to make business calls, a phone will be made available for your use.
3. There will be two weekly house meetings. Attendance is mandatory.
4. There will be no alcohol, weapons, or illegal drugs on the premises. There are to be no illegal activities in or out of the house.
5. A Program Fee of 25% of income is required from each family. Payments should be made to the house manager on a monthly basis.
6. We are not able to accept pets.
7. Radios and T.V.s are welcome, as long as they do not disturb others.
8. Physical violence and verbal abuse is not acceptable.
9. Parents are responsible for supervising their children. Children should not be left unattended.
10. All school age children must attend school on a regular basis as required by state law.
11. Children should be in bed by 9 P.M. on school nights.
12. Children should not answer the door or telephones, but should ask an adult to do so.
13. If you are not going to be home when your child arrives from school, make baby-sitting arrangements.

MEALS, MAINTENANCE, SECURITY

1. Food is not permitted in bedrooms.
2. Maintaining the house is the responsibility of residents and the house manager. Each woman is responsible for her own room.
3. Housing duties of residents will be decided on a rotating basis at weekly house meetings. (e.g. trash out, kitchen clean up, bathroom, etc.)
4. If anything is broken in your room or another part of the house, please inform the house manager.
5. Smoking is permitted in the dining room or common room and kitchens. Please, no smoking in the bedrooms.
7. Any violation of the house security could be cause for immediate dismissal.
8. Washers, dryers and soap powder are provided for your convenience.
9. Each woman will have a key for the outside door and her bedroom door.

Revised 6/86

HORIZONS

Transitional Housing Program

P.O. Box 382

Mattapan, MA 02126

(617) 296-2492

REQUIREMENTS FOR PARTICIPATION IN HORIZONS PROGRAM

Residents are in program on trial basis for first 6 weeks. Residents must demonstrate readiness and desire for program by following through on goals, adhering to requirements, or asking for help when they need it.

Day Care:

- Participants must have children in day care within one month, or documentation of being on at least 2 waiting lists.

Supervision of Children:

- Mothers must get up in the morning with children
- Mothers must get children's meals
- Mothers are required to attend all parent training and parent support groups offered

Housing:

- Participants must be on at least 3 housing lists within 6 weeks
- Participants must document ads in community newspapers followed up
- Participants must list real estate agents contacted

Workshops and Counseling Appointments:

- Participants must attend each workshop and counseling session
- Participants must do assignments before each workshop
- Participants must follow through on the goals they set

Household Responsibilities:

Bedrooms:

- Participant must remove wet clothes, towels, and diapers on a daily basis
- No food in bedroom

Common Areas:

- Kitchen, bathrooms, living room, halls, laundry

Warning System

- 1 verbal, 1 written. Failure to work on goals will be reason for dismissal from program.

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a program of:



WOMEN'S EDUCATIONAL AND INDUSTRIAL UNION
356 Boylston Street, Boston, Massachusetts 02116 (617) 536-5651

HORIZONS CAREER COUNSELING AGREEMENT

I, _____, agree to participate fully in all career workshops and career counseling sessions. I will make every effort to be on time and to complete all assignments.

I recognize that achieving my goals may be difficult at times, and my success requires me to take personal responsibility for my progress and ask for help when I need it.

I understand that this is a self-help program, and that failure to keep this agreement may result in my being asked to leave the program.

Signature

Date

I, _____, agree to work with _____ to help her • determine her career and educational goals;

- develop plans for achieving them;
- review and revise them with her periodically.

I will recommend and provide information on various resources and assist her with ways of establishing realistic, achievable goals.

I will provide assistance on self-assessment, resume writing, job search techniques, and interviewing. My role is one of support and guidance.

I agree to meet with _____ regularly to assess her progress, provide feedback, and discuss problems as they arise.

Signature

**Horizons Transitional Housing Program
Career Planning**

This information is to help determine how we can best meet your needs. Your cooperation in completing this form is appreciated.

I. Personal History

Name: _____

Age: _____ Date of Birth: _____

Number of children: _____		
Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any physical problems which have affected your ability to work in the past or may affect your ability in the future, and describe.

Have glasses been prescribed? _____ If so, who (i.e. reading, distance)

Do you wear contact lenses? _____

Are you under a doctor's care? _____ Has medication been prescribed?
_____ If so, list medications and how often they are to be
taken. _____

II. Education

What was the highest grade completed in school? _____

Are you currently a student? _____

Are you currently in a training program? _____

Education	Name and Location of School	Dates Attended	Course of study	Graduated? Date expected? Certificate/deg
-----------	--------------------------------	----------------	--------------------	---

High School

Training
Program

Technical
Vocational or
Business School

College or
University
(2- or 4-year)

If you did not graduate from high school, have you received GED? _____

If yes, where? (Program and State) _____

If you did not complete high school or other educational program(s), please explain why. _____

What subjects did you like in school? _____

What subjects did you dislike in school? _____

III. Employment History

Please list all jobs, starting with most recent job first.

1. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

2. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

3. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

4. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

5. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

6. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

7. Company Name: _____ Position: _____

Address: _____

Dates of Employment: From _____ to _____

Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Reason for Leaving: _____

IV. Sources of Income

A. Are you presently enrolled in the ET Program? _____

Name of Worker: _____

Location: _____

Have you ever used any ET Services? _____

List services presently or previously used: _____

B. Do you receive income from outside sources?

AFDC _____ Unemployment _____

SSI _____ SSDI _____

SSI For Child _____ General Relief _____

Veterans Benefits _____ Social Security Benefits _____

If no to all of B, skip to D.

C. How long have you received this income? _____

D. Have you ever applied for:

SSI _____ SSDI _____

General Relief _____ Veterans Benefits _____

Social Security _____ SSI For Child _____

If denied, state reason: _____

E. What other benefits do you receive?

Food Stamps _____ WIC _____

Medicaid _____ Subsidized Day Care _____

Other _____

F. List all other sources of income:

Part time job (Hours, salary): _____

Child Support (directly from father): _____

Money from family _____

Other _____

The information provided is accurate to the best of my knowledge.

Signature

Date

EXIT SUMMARY

DATE OF DEPARTURE

NAME OF WORKER

I _____ of my own accord am departing
from Horizons Transitional Program with my children _____
_____ and my personal belongings.

I also have been given my savings in the amount of _____.

Circumstances of leaving

New Address: _____

New Phone: _____

Progress Notes

Resident: _____ **Date:** _____

Worker: _____

Area: Career Housing Parenting/Child Care Budgeting Personal/Social
(Circle one)

Accomplished: _____

Ongoing Work: _____

Referrals Made: _____

Advocacy Done: _____

To Do Next Week: _____

Coordination with Other Staff: _____

Process Notes: _____

Please continue if necessary on reverse.

HORIZONS

Transitional Housing Program
P.O. Box 382
Mattapan, MA 02126
(617) 296-2492

HORIZONS TRANSITIONAL HOUSING PROGRAM

Referred By: _____ Date: _____

Application Form - Initial

Name: _____ Age: _____ Phone Number: _____

Where do you live now? _____

How long have you been there? _____

If you have stayed at any other shelter, please note which one(s) and the length of stay.

What is your income source? _____

Children

Name	Age	Sex	In school or day care now?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Please comment on the candidate's ability to live cooperatively and share household responsibilities.

5. What special services will her children need?

Do you have any other comments you would like to make?

DATE _____

NAME _____

ORGANIZATION _____

INTAKE FORM

1. Name: _____ 2. Age: _____

3. Children's Names	4. Ages	5. In School/Day Care?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Last grade completed? _____

7. Are you currently working? Yes _____ No _____

8. Where? _____

9. Are you currently in school or training classes? Yes _____ No _____

10. Where? _____

11. Is there any kind of work you cannot do because of physical limitations?
Yes _____ No _____

12. Describe: _____

13. Are you currently taking any medication? Yes _____ No _____

14. Describe: _____

15. Are your children currently taking any medication? Yes _____ No _____

16. Describe: _____

23. Has your doctor/pediatrician spoken to you about any medical or physical problems your child has?

Hearing _____

Visual _____

Physical _____

24. Have any of your children's teachers and/or day care providers mentioned any special needs your child/children may have?

Hearing _____

Visual _____

Learning disabilities _____

Behavioral problems _____

Appendix B

List of Interviews

Horizons Staff

former program director
current program director
current program administrator
former house manager
current house manager
current career counselor
current family support counselor
former program coordinator
current program coordinator

Horizons Residents

3 current residents
4 former residents

Emergency Shelter Staff

housing advocate, Casa Myrna Vasquez Shelter
Social Worker, Boston Family Shelter
Staff Person, Elizabeth Stone House
former housing advocate, Women's Educational and
Industrial Union (also, former shelter representative
who participated in development of the Horizons
Concept)