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## A Phenomenological Study of Children's Experiences While Families Receive Services From a Homeless Agency

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A PHENOMENOLOGICAL STUDY OF CHILDREN'S EXPERIENCES WHILE  
FAMILIES RECEIVE SERVICES FROM A HOMELESS AGENCY

by

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## ABSTRACT

### A PHENOMENOLOGICAL STUDY OF CHILDREN'S EXPERIENCES WHILE FAMILIES RECEIVE SERVICES FROM A HOMELESS AGENCY

Sonya Lorelle  
Old Dominion University, 2010  
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Children who experience homelessness have an increased risk for negative outcomes in several developmental areas (Bucker, 2008). While there are numerous programs that hope to mediate these and other risks by offering services to families experiencing homelessness, there is a paucity of research that addresses how children's psychosocial needs are being addressed in existing programs (Gewirtz, Hart-Shegos, & Medhanie, 2008). In addition, there is also a lack of research which represents the children's and parents' perspectives and experiences in supportive housing programs, such as transitional and permanent supportive housing, or in-home case management programs. With this phenomenological qualitative study, I attempted to capture the previously disenfranchised voices of the children and their families who are affected by the policy decisions and programs currently being implemented by agencies serving families experiencing homelessness. More specifically, I explored the experiences of children whose families were receiving services via programs designed after either the *continuum of care* philosophy, which includes transitional and permanent supportive housing emphases, or the *housing first* philosophy, which is an in-home case management program. It is hoped that this in-depth examination of the experiences of 13 children, complemented by an investigation of their parents' perceptions, may help inform the design and evaluation of programs that serve homeless families.

Data analysis revealed three super-ordinate themes concerning the children's experiences. The first super-ordinate theme involved *contextual factors* such as the families' residential stability, maternal factors, family composition, situational and family stressors, parenting styles, friends, and the children's own self motivation. The second super-ordinate theme that emerged included the participants' perceptions regarding the *benefits of the agency's programs*. One theme under this super-ordinate theme included the participants' perceptions that the program provided resources to their children that parents believed they could not provide themselves. A second theme was the participants' belief that the children experienced improved psychosocial outcomes. The final theme emerging in this super-ordinate theme was the perception that the program provided opportunities for exposure to positive new experiences for the children. The third super-ordinate theme involved the participants' *evaluation of the program* in which they were participating. The themes in this area included the importance of the relationships in the program, positive aspects such meeting the needs of the families, and the changes that the participants desired for the program.



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## CHAPTER ONE

Families with children make up 34% of the homeless population (Housing and Urban Development Office of Community Planning and Development, 2007). It is estimated that over 1.35 million children will experience homelessness over the course of a year (The National Law Center on Homelessness and Poverty, 2007). These numbers are especially alarming given the difficulties homeless children face (Buckner, 2008). While examinations of the effects of homelessness over and beyond the effects of poverty have yielded inconsistent results in studies, researchers have reported that homelessness appears to be one of many risk factors on a continuum of vulnerabilities that put children living in poverty at risk for behavioral and mental health concerns as well as developmental and academic delays (Gewirtz, Hart-Shegos, & Medhanie, 2008; Masten, Miliotis, Graham-Bermann, Ramierz, & Neemann, 1993; Schteingart, Molnar, Klein, & Lowe, 1995).

There is an ongoing debate about which programs, policies, and practices might best address the needs of homeless families and children (Bassuk & Gellar, 2006). One key set of perspectives that appears to be missing in these discussions is the voices of the children whose families are receiving services from supportive housing programs. Given the limited amount of literature examining children's perspectives about their experiences, a qualitative study aiming to capture the disenfranchised voices of these children and their parents seems to be merited.

In this chapter, I will provide an overview of the history of homelessness in the United States, the services that are provided to homeless families, and a summary of the research on program effectiveness. In addition, I will examine the challenges and

obstacles facing researchers who study homelessness and offer a look at counselors' roles in responding to homelessness. The chapter will conclude with an overview of the design of the proposed study.

### **Brief Summary of Relevant Literature**

#### **History of Homelessness**

In the United States there have been people who experience homelessness since colonial times. Prior to the early 1800's, kinship care networks provided support and shelter to homeless family members (Hopper, 2003). In the early to mid 19<sup>th</sup> century, the United States underwent a period of rapid urbanization and industrialization which was accompanied by an increasing disparity between the wealthy and the poor. This combination of conditions created an increased number of homeless people in the cities (Albeson, 1999). City governments responded by providing lodging to homeless people using police stations as voluntary shelters. In addition, charity organizations started soup kitchens to provide food. Despite this caring response, "vagrancy" was viewed largely as a moral issue (Kusmer, 2002). In the 1820's, laws were passed that criminalized begging. Organizations such as The New York Society for the Prevention of Pauperism promoted eliminating aid to the poor. They suggested that "able-bodied paupers, street beggars, and drunkards" (Kusmer, p. 27) be assigned to workhouses. While men comprised the majority of the homeless population during this time, 20% of the lodgers in police stations were women. There were also growing numbers of homeless children, since some women would abandon their children if they were unable to care for them (Kusmer).

In the early 1870's, homelessness became a national issue. The construction of railways created the opportunity for homeless people to leave the cities and travel from town to town. During the Civil War soldiers were mobilized to the battle front in cattle cars or boxcars. After the war ended, many dislocated soldiers continued to live a transient life by hitching rides on trains. Residents in some of the smaller towns resented these travelling men coming to their area and began to refer to them as "tramps" and "bums." In order to address the growing concern of these residents, state governments created laws that criminalized vagrancy. These laws were designed to clear the streets of the "wandering poor" and instill a work ethic into the men. If a man was determined to be a "tramp," he could be jailed for up to six months. The resulting overcrowding of the jails made it impossible to enforce these laws for any significant time (Kusmer, 2002).

After the Civil War until the turn of the century, the number of homeless women declined (Kusmer, 2002). The women that were homeless did not fit the same pattern as the male homeless population. The women were more likely to be Irish immigrants and illiterate (Kusmer). There was also a larger proportion of African American homeless women and married or widowed women compared to men as well. Economic difficulties for these women contributed to their homelessness. If a husband died or left, the woman's job skills were limited, and she would often be unable to provide for her family. The Victorian mindset of the time can be viewed as a protective factor for women during this time. While homeless men were viewed as lazy, women were protected from this judgment. People in society viewed women as weak and therefore did not expect women to work outside of the home. There were more local charities aimed to provide assistance

to widows and women whose husbands deserted their families to help keep them off the streets (Kusmer).

Given the economic hardships during the Great Depression, the homeless population increased. Families were not immune to these economic strains, and most homeless women and girls belonged to homeless families. Like the traveling men of the post-civil war era, poor families would travel across the country, set up in autocamps, and live off odd jobs (Kusmer, 2002). The economic crisis the country faced contributed to a softening in attitudes towards homeless people. Welfare professionals realized that the factors contributing to homelessness were complex. Rather than being viewed as a purely moral issue, public sympathy for families living in shantytowns grew. The government responded by creating the Federal Transient Service (FTS) in 1933, which created centers and camps across the country that provided lodging and services to unemployed homeless people (Kusmer). Women continued to be treated more favorably than men at many of the FTS programs by social workers and received more individualized attention. Large mass shelters were seen as unsuitable for women. Women still were viewed as needing more care and protection.

During the 1930s, the number of homeless African Americans increased rapidly as well. While African Americans comprised of 10% of the population, they constituted over 12 percent of the people staying in the FTS lodging (Kusmer). African American men were laid off from their industrial jobs first. Women working in the homes of middle class families were also let go as they felt the strain of the depression.

During World War II, the homeless population decreased, as many of the homeless men joined the army. The economy after the war was thriving, so veterans that

returned were able to take advantage of the opportunity. After World War II through the 1970's, the homeless population was characterized by mostly older men that would rent six-foot-square cubicles in 'skid-row' hotels. Though homeless women did exist, the majority were still men. As housing prices started to rise in the 1960's and housing developers began to eliminate the affordable hotels, the homeless population grew again (Kusmer, 2002). Another structural issue during that was deinstitutionalization of people previously receiving residential services which also contributed to the increase of people experiencing homelessness (Cronley, 2010).

In the 1970's, public awareness and concern developed when *street people* became noticeable in the downtowns of cities. The move towards high tech professions eliminated jobs for unskilled workers (Kusmer, 2002). Welfare reform, which cut unemployment compensations and food stamps and made eligibility rules more restrictive, impacted female led households. The number of homeless women and children grew rapidly in the 1980's and 90's (e.g., growing 500% over the span of ten years in New York) (Kusmer, 2002). During this time, the racial and ethnic composition of the homeless population shifted as well. By the mid 1990's, 41% of the homeless population were African American and 11% were Hispanic. The recession of the 1980's hit African American people hardest since they were disproportionately represented in the workforces of declining industries.

Public attitudes have not seemed to consider the structural impact of the policies and economic impact on the homeless population. Despite the largest proportion of homeless women and children since the Civil War times, their plight was still often unknown since they were not visible to the public (Kusmer). In the 1980's, the negative

stereotype of the lazy bum was replaced by the negative assumption that homeless people are addicted to drugs, have mental illness and are criminals (Kusmer). By the 1990's, apathy and even anger from the public had become the mindset towards people experiencing homelessness.

In an effort to address the issue of affordable housing, The Housing and Community Development Act of 1974 which included the Section 8 program was passed (Williams, 2004). Under this act, low-income families could apply to receive a voucher that would apply towards rent in privately owned apartments. Today, families eligible for section 8 housing pay a prescribed percentage of their income for rent and Department of Housing and Urban Development (HUD) pays the difference between that percentage and the rental price.

Some believed that as the recession of the 1980's ended, the homelessness problem would naturally end as well (Wong, Park, & Nemon, 2006). Initial attempts to manage the problem were crisis-oriented and focused on emergency shelter and food programs (Couzens, 1997). Advocacy groups such as the National Coalition to End Homelessness were formed and most assistance programs during this time continued to focus on shelter and food. Burt et al. (1999) reported there were 40,000 programs providing services to the homeless. The majority of those programs focused on offering food. Most of the current programs are run by non-profits and faith-based agencies that receive funding through federal and state governments, grants, and private donations (National Alliance to End Homelessness, 2006). In 2003, President Bush brought national attention to the issue and pronounced a pledge to end homelessness in 10 years (Grzeskowiak, 2005). The Interagency Council on Homelessness was formed and urged

several cities in the United States to adopt their own “10-year Plan to End Homelessness.” The focus was on policy and prevention strategies that would end the cycle of homelessness (Cunningham, Lear, Schmitt, & Henry, 2006).

Despite these efforts, homeless individuals and families are often unable to receive assistance due to the limited amount of resources devoted to this issue. Several cities’ shelters have waiting lists due to lack of bed availability (Diaz et al., 2008). For example, in Los Angeles up to 31% of shelter seekers were turned away (Diaz et al). During a count of the homeless population in January 2005, it was estimated that only 55% of the total homeless population were receiving shelter in an emergency shelter or in transitional or permanent supportive housing. It was estimated that as many as one-third of the unsheltered were homeless families (HUD, 2007).

The most prominent federal response to the problem was the McKinney-Vento Homelessness Assistance Act (1987). This provided funding for emergency shelters, transitional and supportive housing, food, health care, mental health services, alcohol and drug abuse treatment, education, and job training. In 1995, the Department of Housing and Urban Development used the provisions in the McKinney-Vento Act to develop the *continuum of care* model for addressing the needs of homeless families (HUD, 2002). Proponents of this model suggested it would be most beneficial for homeless families to transition through shelter based programs with varying levels of assistance (Interagency Council on the Homeless, 1994). Emergency shelters, transitional housing, and permanent supportive housing were established to provide these continuous levels of support. Homeless families received services that included support groups, advocacy with legal or school problems, food, transportation, counseling or substance abuse

services, and family reunification support. Other services designed to build skills and capacities such as budgeting, education, and job search assistance are also offered with the intention to develop self-sufficiency in the families (Philliber Research Associates, 2006). The method of service delivery varied but many shelters had a structured program that required residents to participate in services as a condition of residency (Philliber Research Associates).

Another concurrent philosophy regarding serving people experiencing homelessness is the *housing first* model. This model focused on the idea that housing is a basic human right (Bassuk & Geller, 2006). Initially, programs influenced by this philosophy were designed for adults with serious mental illnesses and promoted offering housing to homeless individuals without the requirement they receive services. Researchers have posited that these homeless adults with disabling medical conditions, mental illness or substance abuse issues often end up using a disproportionate amount of expensive resources in the traditional shelter system (Culhane, Metraux, & Hadley, 2002). Culhane, Metraux, Park, Schretzman, and Valente (2007) suggested that current programs had not been designed based on the family usage patterns of shelter services or on research driven data. These researchers began to question the effectiveness of the traditional shelter systems, pointing out that 20% of homeless families end up staying in the shelters for long periods, while another subset of families were found to cycle in and out of shelters (Culhane et al., 2007).

These statistics prompted doubt in the ability of the shelter programs to promote self-sufficiency and invited the consideration of economic conditions as a contributing factor of homelessness. Recently, proponents of the *housing first* philosophy suggested



that providing immediate subsidized housing combined with voluntary community-based services would be a more efficient method of improving family stability than long shelter stays (Culhane & Metraux, 2008).

In 2009, President Obama signed the Helping Families Save Their Homes Act that increased funding for HUD and McKinney-Vento programs. Provisions to expand homeless prevention programs are included in this bill. There is also an emphasis on rapid re-housing as well as creating permanent supportive housing for individuals and families who experience chronic homelessness. While traditional shelter activities are included in the bill, other programs such as rental assistance, housing search, credit repair, security deposits, utility payments, and moving costs are now also included. In addition, people at imminent risk for homelessness are now eligible for assistance (National Alliance to End Homelessness, 2009).

### **Debate About Causes**

While these national initiatives were started to promote the prevention of homelessness, the local attitudes about the criminalization of homelessness have not seemed to change. A survey of 235 cities' ordinances covering homelessness revealed that 33% of cities prohibit *camping* in certain public places, 30% ban sitting or lying in certain public places, 47% prohibit loitering in certain places, and 19% ban loitering citywide (The National Law Center on Homelessness and Poverty, 2009). In fact, from 2006 to 2009 there was a 7% increase in camping laws, an 11% increase in loitering laws, and a 6% increase in begging laws nationally. This discrepancy on how to best address the issue of homelessness illustrates the debate that stirs about the causes of homelessness.

Competing voices concerning the etiology of the problem claim that it is either a structural issue or one that is individual in origin (Main, 2004; Timmer, Eitzen, & Talley, 1994). One understanding of homelessness sees the cause residing within individuals. Homeless people are viewed as having some inherent flaw such as laziness or a substance abuse problem (Timmer, Eitzen, & Talley). This person centered view places responsibility solely within the individual, reflecting a belief that everyone who is willing to put forth effort would be able to succeed. Alternatively, the structural explanation focuses on the external factors such as lack of affordable housing, changes in the job market, and economic globalization; all of which can put certain people more at risk for homelessness (Timmer, Eitzen, & Talley). Baggerly and Zalaquett (2006) found high rates of mental health problems and substance abuse among homeless individuals yet concluded the causes of homelessness are complex sociopolitical issues rather than internal personal deficiencies. Shinn (1992) compared this structural view of homelessness to a game of musical chairs, with limited affordable housing as the desired prize. When the music stops, there will always be a certain number of people left without homes. This perspective cautions us not to attribute the personal characteristics of the homeless population as the cause of their circumstance but rather points to protecting those who are most vulnerable to lose out in the competition for the limited housing resources. Main (1998) argues that the individual and the structural views of homelessness are not actually dichotomous, but rather researchers should consider both aspects simultaneously.

The current attitude of our society still seems to be one of viewing homelessness as a reflection of personal flaw as in the person centered view (Tompsett, Toro, Guzicki,

Manrique, & Zatakia, 2006). Respondents of a survey reported feeling compassion towards homeless people, yet they were less willing to attribute the causes of homelessness to economic factors (Tompsett et al.). Shinn (1997) argued that the belief that people who are homeless have some sort of permanent trait of rootlessness is inaccurate. The majority of people who received subsidized housing maintained housing 18 months later. The majority of people who received subsidized housing still maintained housing 18 months later. Most of the people that did lose housing cited external circumstantial reasons, such as failed building inspections or landlords relinquishing the apartment building due to their failure to pay taxes, rather than an inherent personal trait or factors attributable to the individual homeless person.

### **Program Effectiveness**

There is limited outcome research examining the effectiveness of programs that serve homeless families (Fischer, 2000; Shinn, Rog, & Culhane, 2005). Most of the previous research on program effectiveness used housing stability (i.e., whether families have remained in housing) as the primary outcome measure and found housing stability was most highly correlated with the use of housing vouchers (Rog, Holupka, & McCombs-Thornton, 1995; Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Shinn et al., 1998). One study reported that 86% of families that received rental subsidies were still in housing 18 months later, with no variability attributed to the type of services received (Rog, Holupka et al.).

Gewirtz et al. (2008) attempted to examine other outcome measures besides housing stability. They assessed how 17 single-site family supportive housing communities in Minnesota were meeting the psychosocial needs of the children.

Academically, 8% of elementary-age children attended school less than 80% of the time and 39% were below grade level in math or reading. One third of the children were reported to have an emotional or behavioral concern. The authors noted a discrepancy between the mental health needs of the children and the level of services available at the sites. Despite recognizing that the children in their programs had significant mental health needs, only a small minority of sites employed experienced licensed onsite therapists or staff with any experience in best practice prevention treatment approaches. The authors concluded the majority of the programs in the study still had room for improvement in addressing the psychosocial needs of children whose families were receiving services.

Philliber Research Associates (2006) examined five permanent supportive housing programs to examine outcomes and effectiveness. The researchers studied outcome measures of housing stability, economic self-sufficiency and reunification of families. Housing stability, measured by 1 year of maintaining housing, varied between 70-95% for the housing programs. The authors noted that the lower levels of housing stability were associated with the programs with more stringent requirements, such as mandatory weekly case management meetings as well as required off-site services such as counseling, substance abuse treatment or meetings with probation officers. Some programs have a strict no use policy that may deter residents from seeking help or remaining in the program. Other programs have a harm reduction philosophy, rather than an abstinence rule, that sets guidelines around the impact of the use of substances such as the substance use must not disturb other residents, no public intoxication is allowed, and no selling or drug-seeking in the building. In more restrictive programs, between 21%

and 45% of the families that left the program were discharged due to non-compliance.

The less restrictive programs did not report on these percentages of discharged participants, since all services were voluntary.

The researchers also measured economic self sufficiency by examining changes in the residents' monthly income. While changes in gross income were mixed and varied by program, 35% of the households had an increase in income (Philliber Research Associates, 2006). The reported decreases in income most often stemmed from a loss in welfare benefits. Across all programs, more heads of households were employed after one year. Results were mixed regarding the reunification of families. Families in the more restrictive programs had higher reunification rates compared to families in the less restrictive programs. All of the results from the Philliber Research Associates' study should be carefully interpreted however, as the populations in each of these programs were not exactly similar (Shinn, 2009). While these findings can be of assistance in our understanding of the issues involved, the existing research has paid limited attention to the voices of children regarding their experiences in these programs or how they perceive their psychosocial needs are being met.

**Role of services.** The limited number of studies conducted thus far, along with the sometimes conflicting conclusions of existing research, renders unanswered questions about how to most effectively help homeless families achieve residential stability and other desirable outcomes (Bassuk & Gellar 2006; Shinn, Rog, & Culhane, 2005). Some scholars argue that traditional systems have placed too much emphasis on services when access to housing may be enough (Shinn & Baumohl, 1999). These *housing first* proponents have suggested the solution for ending homelessness should focus on the

availability of affordable housing as they believe the problem will not diminish unless it is addressed (National Alliance to End Homelessness, 2006). Other researchers counter by pointing out that subsidies alone may be enough for housing stability, additional services (e.g., adult education and employment assistance, child care, support with maintaining housing benefits, and referrals to community services) may promote other important and desirable outcomes (Haber & Toro, 2004; Shinn, 2009, Shinn et al., 1998). Khalid, Tischler, Gregory, and Vostanis (2006) found that mothers' and children's mental health did not significantly improve after being assisted with rehousing and argued "that housing only addresses the structural needs of these families, which does not completely alleviate the often complex stresses associated with mental health and other social problems (p.455).

Wong, Park, and Nemon (2006) posited that there are five domains of services offered to homeless families in residential programs including: services designed to meet basic needs such as food and clothing; treatment services for health and mental health issues; services that promote self-sufficiency, such as life skills classes or employment assistance; services focused on legal or veteran issues; and services for women and children. For children, typical services include child care, after school enrichment, recreation, counseling, case management, advocacy with schools and social services, family reunification and referrals to other services (Philliber Research Associates, 2006). The nature of those additional services, including how they are implemented and the amount required to meet the needs of homeless families and children, has not been well established by existing research (Bassuk & Geller, 2006).

Phenomenological methods that explore the common experiences of participants are beneficial when it is considered “important to understand these common experiences in order to develop practices or policies” (Creswell, 2007, p. 60). By examining children’s experiences and parent’s perceptions of the services received from one agency that provides comprehensive services for families experiencing homelessness, I attempted to gain insight into how these services impact the lives of the children, with the hope that the data garnered may guide future policy decisions and practices.

### **Barriers to Research**

Program effectiveness has primarily been defined by the family achieving housing stability. While housing stability should remain the primary goal for homeless families, Winship (2001) challenged the assumption that stability is the only valid goal and suggested intermediate outcomes could be measured as well. Winship also suggested several reasons for the lack of research on the effectiveness of programs providing services to homeless families, including methodological difficulties in tracking formerly homeless families’ ongoing housing status, the challenges inherent in monitoring families for long periods of time, and the disagreements concerning the length of time needed for a family to be considered “stable”. Winship also proposed that societal and economical factors could negatively impact families’ progress and mask an agency’s effectiveness. Danesco and Holden (1998) questioned if it was appropriate to investigate homeless families as a single population. The authors suggested there may be different types of homeless families with different types of needs. Given that “qualitative methods are often used in evaluations because they tell the program’s story by capturing and communicating the participants’ stories” (Patton, 2002, p.10), a qualitative inquiry would

seem appropriate to assess intermediate outcomes besides housing stability and to investigate variation within homeless families and different types of needs.

### **Counselors' Role and Response**

There is a growing call in the literature for counselors to attend to social issues such as inequity of resources and oppression that negatively affect marginalized groups (Constantine, Hage, Kindaichi, & Bryant, 2007). In fact, there is an argument that addressing the elimination of oppression and other social justice issues should be a priority for mental health professionals (Vera, Buhin, & Shin, 2006). Sue and Sue (2008) stated that “social justice is the overarching umbrella that guides our profession” (p. 292). Social justice has been defined as “scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (Goodman et al., 2004, p. 795).

While counseling has traditionally focused on individual change, social justice requires a focus on systemic issues in the community and society (Vera & Speight, 2003). When addressing disparities and injustices, counselors need to consider the micro, meso and macro levels of society while conceptualizing problems and planning interventions (Sue & Sue, 2008). At the micro level, the counselor addresses the individual and family directly, while at the meso level, the community or organization is the focus. Finally, at the macro level society as a whole including statutes and policies are considered. Social justice actions are “aimed at producing conditions that allow for equal access and opportunity, reducing or eliminating disparities in education, health care, employment,



and other areas that lower the quality of life for affected populations” (Sue & Sue, p. 293).

Vera and Speight (2003) stated that focusing solely on the micro level is inadequate when conceptualizing oppression and poverty. Regarding the complex social issue of homelessness, it is important that counselors consider the complex system in which the family is involved (Kiselica & Robinson, 2001). While historically counselors may have focused on individual change associated with the micro level, now it is also important to consider the meso level by understanding the impact of shelter programs and organizations serving homeless families. By considering the implications of the policies that guide those organizations, counselors can take into account the macro level as well. Counselors can address these multiple levels by stepping out of the one-on-one role inherent in the traditional counseling session and engaging in advocacy, outreach and prevention (McAuliffe, Danner, Grothaus, & Doyle, 2008; Vera, Buhin, & Shin, 2006).

While scholars have called for this social justice action from counselors, the literature on how counselors can address the needs of homeless individuals, children, and families has usually focused on the school setting and only recently began addressing counselors in general. After searching the American Counseling Association’s journals for articles about the issue of homelessness, only one article was found that was not from the school counselor perspective (Baggerly & Zalaquett, 2006). The researchers conducted a descriptive study on the characteristics of homeless single adults and called on all counselors to raise awareness about homelessness. The study’s findings undermine the common perception that homeless people are older and morally deficit. They also challenged counselors to confront their personal prejudices towards homeless people.

The authors' concluded that counselors are needed to address the needs of this population due to the high rates of mental health issues and substance abuse.

**School counselors.** Children's homelessness appears to be first addressed in the counseling literature through examining the school counselor's role in addressing homeless children's issues in school- e.g., difficulty accessing needed documentation, the lack of adequate hygiene care and food, stress from transferring schools, social problems, or the lack of school supplies (Daniels, 1992, 1995; Nabors et al., 2004; Strawser, Markos, Yamaguchi, Higgins, 2000; Walsh & Buckley, 1994). School counselors can take actions to address these concerns by assessing if students are hungry, providing snacks during counseling sessions, and to ensure they have access to the free meal programs in the school (Daniels, 1992, 1995). On a broader level, school counselors can raise awareness by providing trainings for teachers. Daniels (1992) suggested school counselors should also advocate for students by accessing needed documentation or past academic records, collecting donations of school supplies and providing group counseling to help with social isolation.

Baggerly and Borkowski (2004) theorized how the American School Counselor Association National Model should be applied to working with homeless students. The authors suggested school counselors could offer trainings to shelter staff and recruit mentors for parents of homeless children to guide and encourage parent involvement in school. Finally, they recommended guidance curricula such as social skills could be aimed to address concerns of homeless children.

### **Rationale for the Study**

While the research that has investigated homelessness is not congruent on many issues, the increased risk for negative outcomes for homeless children appears to be a well established conclusion (Bucker, 2008). However, there is an absence of research addressing both the effectiveness of current services in meeting children's psychosocial needs and the impact that programs serving homeless families have on children (Gewirtz et al., 2008). The problems experienced by homeless children are complex and it is essential to determine policies and services necessary to meet the needs of this vulnerable group (Karim, Tischler, Gregory, & Vostanis, 2006). Shelters and programs that serve homeless families are in an ideal position to address children's psychosocial needs and to promote their developmental, health, mental health and academic functioning. Given the importance of this issue and the conspicuous lack of research in this area, I used a qualitative methodology to examine children's experiences while their families received services from a homeless agency. This may serve as a foundation for future studies of the impact and effectiveness of these programs upon children. To add depth and context to the study while triangulating the data, I also investigated parents' or guardian's perceptions about how or whether their children's psychosocial needs were being met.

Research is limited regarding the efficacy and efficiency of the two dominant philosophies or models for providing services to homeless families (Culhane & Mettraux, 2008), and representations of the children's voices in the literature is scarce. The *housing first* model approaches the problems homeless individuals and families face by placing emphasis on housing subsidies rather than the structured residential programs and services of the *continuum of care* model. Given the current conundrum regarding best practices, additional research addressing the impact of services on not only housing

stability but also other outcomes, such as the developmental and psychosocial needs of children, appears to be needed (Bassuk & Gellar, 2006). With this study, I sought to uncover the experiences that children have in programs that are modeled after the *housing first* philosophy which included the in-home case management program and the second and third tier of the *continuum of care* philosophy which included the transitional housing program and the permanent supportive housing program.

Most of the research that assesses children's experiences has taken place in the context of emergency shelters which are the first tier of the *continuum of care* array of services (Deforge, Zehnder, Minick, & Carmon, 2001; Shankar-Brown, 2008). Supportive housing programs such as transitional, permanent supportive and home based programs are also part of the system that provides services to homeless families and children yet these approaches have not been adequately explored in terms of assessing how the psychosocial needs of children are being met in these contexts (Gewirtz et al., 2008). This study intended to add to the existing knowledge by examining children's experiences in the context of supportive housing programs rather than emergency shelters.

With this qualitative study, I attempted to capture the disenfranchised voices of the children and their families who are directly affected by the policy decisions and programs currently being implemented to address the problems that they face. I explored the experiences of children whose families were receiving services either through programs designed after the *continuum of care* philosophy, which includes a transitional and a permanent supportive housing, or a program designed after the *housing first* philosophy, which is a in-home case management program. By engaging in an in-depth

examination of a handful of children's experiences, complemented by investigating their parent or guardian's perceptions, the results may help inform the design and evaluation of programs that serve homeless families.

### **Research Questions**

This study was guided by the following questions:

- What are experiences of children, ages 5-12, receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program?
- What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program?

### **Definition of Key Terms**

- *Case Management Services* are services designed to meet the psychosocial needs of the family including mental and physical health, employment, budgeting, housing-related debt and childcare.
- The *Case Manager* is a primary contact for services in the housing programs. This staff member provides services by supporting, planning, coordinating, and monitoring to meet the psychosocial needs of families and children.
- *In-Home Case Management* is a program that serves formerly homeless families or families that were at imminent risk for homelessness by providing support via subsidized rent and case management services in the family's home.

- *Continuum-of-Care* is a system for addressing an entire range of needs for people who are homeless or at risk of becoming homeless by providing housing and services. This system includes “prevention, outreach and assessment, emergency shelter, transitional housing, permanent supportive housing, and affordable housing, plus supportive services in all components” (HUD, 2002, p. ix).
- *Formerly homeless children* is defined as children who at some point were considered homeless according to the McKinney Vento Act but now live with guardians who have secured permanent housing. The new housing conditions should be permanent and not subject to change, used on a nightly basis, and meet the physical and psychological needs home environments typically meet (McKinney-Vento Homeless Assistance Act, 1987).
- *Homeless children*: The HUD website gives the federal definition of homelessness as any “individuals who lack a fixed, regular, and adequate nighttime residence” (para. 2). This term includes children who are living in a shared residence because of the loss of housing, in motels, hotels, trailer parks, or camping grounds, in emergency or transitional shelters, in a migratory situation, in a public space such as a park or abandoned buildings, in a car, or awaiting foster placement.
- *Housed children* is defined as children that have currently and continuously lived in housing conditions that are fixed, regular, and adequate according to the McKinney-Vento Homeless Assistance Act (1987).
- *Housing First* is an alternative to the hierarchical emergency shelter/transitional housing model of addressing homelessness. It is based on the premise that homeless families are better served by access to immediate permanent housing while receiving support services

in the community or through a case-management (National Alliance to End Homelessness, 2006).

- *Transitional Housing Program* is the second tier of continuum-of-care shelter program designed for families who do not have access or are not ready for permanent housing (Wong, Park, & Nemon, 2006). Services are provided that promote self-sufficiency and address basic issues interfering with housing stability including mental and physical health, employment, budgeting, housing-related debt and childcare. Families live in an agency owned apartment and follow guidelines of the program designed to promote skills. Families can stay in the program for up to two years.
- *Permanent Supportive Housing* is the third tier of the continuum-of care shelter program designed to provide ongoing support services for families that consist of a parent who has a disability. Families are eligible for services until the youngest child turns 18 years old.
- *Psychosocial needs* are defined as children's emotional, behavioral, medical/ health, academic, and social needs.

### **Overview of Methodology**

This study employed a phenomenological design. Rather than using large samples and measuring limited variables, phenomenological approach involved an in-depth examination of one bounded system (Creswell, 2007).

#### **Phenomenology**

The phenomenological approach seeks to understand the essence or the internal meaning of participants' lived experiences (Van Manen, 2001). In order to fully grasp and describe this essence and meaning, the researcher needs to use specific methods such

as observation and in-depth interviews with participants who have directly experienced the phenomenon (Patton, 2002). While the goal of a phenomenological study is not to solve problems or generalize solutions, when we more deeply understand, we “may be able to act more thoughtfully and more tactfully in certain situations,” (Van Manen, 2001, p.23). By more fully understanding the experiences of the homeless and formerly homeless children and their families in one agency, we may be able to inform policy decisions so that they are more responsive to the children’s needs.

There were other theoretical perspectives not selected for this study. For example, grounded theory is a qualitative method designed for theory development (Patton, 2002). This study is not seeking to build a theory about supportive housing programs or the experiences of homelessness. Rather, the study is seeking to understand the experiences of participants in the programs. Participatory action research (PAR) is often seen as a collaborative and empowering method when examining programs (Patton) and would have been alternative approach to the research. PAR involves conducting research in hopes to evaluate a setting as well as creating change based on the results. While I hoped the findings of the study will inform the practices of the program, as an independent researcher, I had no authority to make changes in the program the participants requested. While I also desired to create an empowering relationship with the participants of this study, given that Patton stated this collaborative relationship needed to be authentic and not a token gesture and considering my own limited power within the agency, I could not promise the participants the changes they desired. Phenomenology will give voice to the participants’ perspectives and experiences of the potential areas of strengths and



weaknesses in the program and may illuminate future areas where action research would be better suited.

### **Role of the Researcher**

Qualitative researchers need to be clear about their role in conducting the research as well as their biases (Creswell, 2007). I will be the primary instrument in this study by directly interviewing the participants. Patton (2002) suggested qualitative research is viewed through an emic or an etic perspective. An emic perspective is a view through the lens of a member of the group or culture. An etic perspective is an account described by an outside observer. Though I will closely engage with the participants, I will not become a full participant; therefore the findings will be more from an etic perspective (Patton, 2002).

### **Personal Background**

In qualitative research, it is important to reveal the researcher's personal history and experiences that could affect potential biases (Creswell, 2007). I became interested in the topic of homeless children during my work as a children's counselor for the agency that is the context for this study. Given that I have master's degree and certification in counseling, I have a heightened awareness and sensitivity to issues of children's mental health and whether their needs are being met. While I have not been in the employ of this agency for over a year, I remember hearing first-hand from the children about their stress and experiences as well as their strengths and resiliencies. I believe the voices and experiences of the children are not adequately represented in the research, yet they are the ones who will be directly affected by policymakers' decisions about the type of programs that are offered and developed. This lack of attention to children's actual experience

prompted my interest in giving a voice to this population through qualitative inquiry. Since I have worked with many children with extensive needs, it makes sense that services provided for those needs would result in better outcomes. However, it is also plausible that housing stability which helps to stabilize the parents could also be beneficial given the evidence in the literature that suggests children's outcomes are closely correlated with maternal outcomes (Buckner & Bassuk, 2008). I expect to find that the level of intensity of services needed will vary depending on the family.

### **Setting**

The setting for the study was an agency, located in an urban Mid-Atlantic coastal region, which serves families experiencing homelessness. This agency provides services in various forms including an emergency shelter, transitional and permanent supportive housing programs, and an in-home case management program. The context of the study was within the transitional and permanent supportive housing programs and the in-home case management program. They are similar in their goal of increasing housing stability for families but they are structured and guided by two different philosophies for addressing homelessness. The programs designed utilizing the *continuum of care* philosophy include the transitional housing program and the permanent supportive housing program. The program designed with the *housing first* philosophy in mind is the in-home case management program.

The transitional housing program is illustrative of the *continuum of care* model because it is the next step for families after they complete their stay at the emergency shelter. The families live in an apartment owned by the agency for up to two years. The families pay a small percentage of their income for rent and receive support services from

case managers, such as employment assistance, counseling for children and adults, adult education programs, and tutoring. At the agency being used for this study, the program serves up to 13 families at one time.

The permanent supportive housing program is also based on the *continuum of care* model in that it is the final step for families in the tiered shelter system. Not all families qualify for this program, only those with a parent who is disabled and who needs ongoing services to remain stable are eligible. Services for families are the same as the transitional housing program except there is not a two year limit on services. Families can remain in the program until the youngest child turns 18. The program serves up to 10 families at one time.

The in-home case management program is based on the *housing first* model. Rather than providing housing in an agency owned housing, the Department of Human Services (DHS) subsidizes rent in a privately owned dwelling in the community in order to provide immediate stable housing for families who are homeless or in danger of becoming homeless. Families in this program do not have to enter an emergency shelter first to receive services. The homeless agency supplements this support by providing case management services for the family for six months. This program serves up to 35 families at one time.

### **Selection of Participants**

A purposive criterion sampling method was used to select families (Patton, 2002). The participants must be receiving services from one of three agency programs (the transitional housing program, permanent supportive housing program, or the in-home case management program described above). The selection criteria were narrowed by

focusing on families who have children between the ages of 5 and 12. The majority of the children in the program are under the age of 12; therefore, I sought participants that most represent the agency's current demographics. The lower range of 5 years was selected because children needed to be old enough to verbalize their experiences.

I sought maximum variation of ages within the set range for the children selected and also hope to have a balance in terms of gender (Patton, 2002). With regards to the demographic characteristics such as age, ethnicity and gender of the parents, I expected to have a representation of typical cases from each program, each of which has a disproportionate number of young, female-led, single-parent, African American families. I sought maximum variation in regards to length of stay in the programs and attempt to select a range of families who are experiencing the beginning, middle, and end of their services.

### **Data Collection**

I utilized individual interviews with children and their parents as well as drawings as the methods for data collection. Initially, two rounds of semi-structured interviews were going to be conducted with each of the children and their parents. However, due to issues of access, the method was changed to completing the parent interview during one visit, and then scheduling a follow up appointment with the child after the parent had developed trust with me as a researcher. Parents were asked about their perceptions of their children's needs and how those needs are being met by the program (Appendix A). Child participants were interviewed between one and six weeks after the parent interview and responded to questions pertaining to the experiences they have had while they are in the program. The interviews were audio recorded and transcribed immediately after each

of the interviews. Interim coding was conducted and analysis was completed simultaneously while data continued to be collected.

If the parents were available to talk to me after the child's interview, I conducted a member check to verify the accuracy of the information gathered and asked follow-up and clarifying questions. Five of the nine participants declined to participate in this follow-up interview due to time and childcare restraints. For example, two participants were not present during the follow up child interview because of their work schedule; two participants said they needed to care for their children; and one participant needed to leave with a family member who arrived.

I called each of the parent participants to perform member checks after the coding was completed to confirm the accuracy of the themes and gave them an opportunity to comment upon or correct the meaning. I spoke with six of the nine parent participants, two participants never answered or returned a call, and one phone number was disconnected. I presented the themes that emerged from the interviews. I asked if they agreed with these themes and if they would make any changes.

I also asked the participants to draw pictures as part of the data collection since art is seen as a natural language for most children (Malchiodi, 2003). Art is also seen as a creative method that can facilitate understanding of oneself (Gladding & Newsome, 2003). Hays, Forman and Sikes (2009) suggested that visual media can be a powerful means of communication in qualitative research. The authors stated that it offers, "researchers insights into [participants'] inner world and contextual experiences" (p. 297). The drawings were not interpreted in a projective fashion. Instead, I asked the

participants to explain their drawings to facilitate discussion and gain better understanding of their experience.

### **Data Analysis**

Analysis of the data was inductive and open ended. Interim analysis was conducted on the data as soon as it was collected and continued throughout the rest of the data collecting process (Huberman & Miles, 1998). This continuous analysis allowed me to make necessary changes to the protocols if it seemed necessary as I continued to collect data.

In addition, I had ongoing discussions with the peer debriefers to process feelings that arose in me while conducting the interviews and coding. For the peer debriefing role, I selected a female doctoral graduate student in the counseling program who had conducted qualitative research in the past and was familiar with the process of collecting and analyzing data. I wanted someone who was familiar with the process of qualitative research so that I could discuss the experiences of collecting and managing data. I also selected a colleague who had worked with homeless families but did not have experience with qualitative research to process emerging themes.

The research team for coding data consisted of me and two counseling doctoral graduate students trained in coding and qualitative methodology. I selected members with diverse cultural and historical backgrounds. The first member of the research team was a 32 year-old married African American female with three sons. She described experiencing homelessness four times in her own lifetime. While she does not have any previous experience working with homeless families, she has worked extensively with low income and lower working class families, which included working with foster

children. The second member of the research team was a 29 year-old single White male. He stated most of his previous work experience included helping people from lower socioeconomic backgrounds. His previous work with people experiencing homeless included his work at a psychiatric crisis stabilization unit as a behavioral healthcare technician where several of the residents were homeless. He also conducted a group for homeless men at the Salvation Army. He also worked with children at the stabilization unit and with children enrolled in a therapeutic foster care.

We began by bracketing our previous experience and assumptions (Moustakas, 1994). We read and reread the transcripts to grasp the overall feeling (Creswell, 2007). In subsequent readings, we made margin notes that captured initial impressions (Patton, 2002). Next, the data was organized utilizing the horizontalization method by creating a list of the participants' significant statements giving equal value to each statement (Moustakas, 1994). These statements were clustered into common themes or meaning units. Each member of the team developed themes independently and came together later to compare notes and consensus code. During these consensus coding meetings, the team compared notes and discussed similarities and discrepancies between themes and meanings (Patton, 2002). Finally, from these clusters I wrote a textural description of the lived experience, which includes direct quotes from the transcripts, and a structural description of the experience to describe how the participants experienced participating in the program.

### **Trustworthiness**

Rather than seeking reliability and validity as in quantitative research, qualitative researchers seek trustworthiness. Lincoln and Guba (1985) suggested qualitative

researchers should address the trustworthiness of their research by verifying the data has credibility, transferability, dependability and confirmability. Credibility refers to the degree to which the researchers' presented findings are a reflection of the participants' actual meaning. To address credibility, I utilized several techniques: triangulation, reflexive journals, and member checking (Lincoln & Guba, 1985). Transferability is parallel to external validity and refers to the degree to which the findings will hold true in a different context. I used thick description with specific details about methods, participants, and context so readers can judge how the context of this study compares with the contexts they are familiar with. Qualitative researchers should seek dependability as opposed to reliability that quantitative researchers seek (Lincoln & Guba, 1985). In order to ensure dependability, I utilized a research team which included two students from a doctoral counseling program. Each of the members coded each transcript individually. We met to consensus code and came to agreement about the themes. I also used an external auditor who is knowledgeable in the topic area but not a member of the research team to examine the research process as well as the final consensus codes and themes. Finally, qualitative researchers should seek confirmability which is similar to objectivity in quantitative research (Lincoln & Guba, 1985). I kept an audit trail of the entire research process. This audit trail includes the raw data, such as field notes and transcripts, initial data reduction, such as preliminary impressions and process notes, notes on methodological strategies, and the drafts of code books and interview protocols. All of these were reviewed by the external auditor. My research team and I also used a reflexive journal and peer debriefers to process emotions and biases as we begin to analyze the data.



### **Summary**

While researchers have examined the potential negative effects of the experience of homelessness on children, there is a minimal amount of research addressing children's experiences in the context of housing programs other than emergency shelters.

Additional research is needed to understand the experiences of children in order to inform and guide the directions of future policy and research. The following chapter will examine the previous research that described the homeless family population, homeless children's psychosocial outcomes, and explored the factors associated with negative outcomes for children. I will also review the existing research on the services provided to homeless children.

## CHAPTER TWO: LITERATURE REVIEW

### **Introduction**

Researchers continue to examine the multiple factors that influence the problems and solutions associated with homelessness. This current study intended to augment the knowledge and discussion in this field by adding the voices of children and their parents about the services they receive while in transitional and permanent supportive housing program or an in-home case management program. In this chapter, I will first provide an overview of the research that describes the homeless family population. Then, I will examine outcome research on homeless children and explore the factors associated with negative outcomes for children. Finally, I will present a summary of the existing research on the services provided to homeless children as well as examining the previous qualitative research studies done with homeless children.

### **Review of Literature**

#### **Description of Homeless Families**

Between 84 and 95% of homeless families today are headed by women (HUD, 2007; Nunez & Fox, 1999; Shinn, Rog, & Culhane, 2005). These women are also more likely to be younger, to be pregnant or to have had a child in the last year, or to have children enter or leave the household (Metraux & Culhane, 1999). In addition, a disproportionate percentage of these women are African American, even when compared to the general population of low-income families (Weitzman, Knickman, & Shinn, 1992). In one sample, over half of the homeless families were African American despite the fact that ethnic group only made up 12% of the general population (Nunez & Fox, 1999). Wong, Culhane, and Kuhn (1997) reported that African American and Hispanic families

were 2.7 and 2.1 times more likely to reenter a shelter than families from other ethnic groups.

Nunez and Fox (1999) also reported on the factors leading up to homelessness. Of all the homeless families in the study, 37% had been homeless more than once and 44% had been living *doubled up* prior to entering the shelter. Doubled up refers to the scenario where two or three families live in an apartment designed for one family. Twenty-two percent of homeless families cited domestic violence as the reason for turning to a shelter. Overcrowding and a loss of a job or public assistance were the second and third cited reasons. Of those that lived with spouse or partner, 76% left because of domestic violence. While 79% of the parents were unemployed, 72% had worked at some point in past. The most commonly cited reason for unemployment was lack of childcare or pregnancy, followed by poor match of skills with available jobs. The authors also reported 80% of the homeless parents who were currently employed had a high school diploma. The national average of people over 25 years old who have a high school degree is 75%. Only 63% of homeless parents over the age of 25 have a high school degree.

The explanation for the increase in the numbers of homeless families with children is complex but should include economic conditions as part of the equation (Baggerly & Zalaquett, 2006; Culhane & Metraux, 2008). In the current housing market, workers making a full-time minimum wage salary spend about 60% of their income on rent, though the recommended rate for affordable housing is 30% (National Low Income Housing Coalition, 2009). In 30 states, more than two full time minimum wage jobs are required to afford the two bedroom fair market rent. Approximately \$18 an hour for full

time employment in the state of Virginia and in the Hampton Roads region is required to afford the aforementioned two bedroom apartment (National Low Income Housing Coalition, 2009).

Other psychosocial factors have been examined to determine possible correlation with homelessness. While one study did not find differences between homeless families and other low-income housed families (Shinn et al., 1998), another longitudinal study reported parents who experience multiple episodes of homelessness are more likely to have experienced traumatic events than parents in families that experience only one episode of homelessness (Bassuk, Perloff, & Dawson, 2001). There is a high prevalence of homeless individuals who have experienced childhood victimization and foster care placements as children (Bassuk et al, 1997; Goodman, 1991; Park, Metruax & Culhane, 2004; Rog, Holupka et al., 1995). Homeless women are more likely to be pregnant or to have recently given birth compared to housed women living in poverty (Bassuk et al., 1997; Shinn et al., 1998).

One protective factor that was consistently reported included participants receiving a housing subsidy (Bassuk et al., 1997; Shinn et al., 1998). Regarding other predictive factors such as the parents' mental health, substance abuse or the presence of supportive relationships, the findings are inconsistent. Bassuk et al. (1997) reported homeless women were more likely to have used drugs, been in jail or been hospitalized for a mental health problem and less likely to have graduated from high school or have a large support network. On the other hand, Shinn et al. (1998) reported no differences between social support, mental health, substance abuse or educational level between a group of women on welfare in New York and a group of women requesting shelter.

Culhane et al. (2007) did a cluster analysis to explore whether there were subgroups of homeless families. The largest cluster consisted of 70% of homeless New York families and had a single short episode of shelter use. The second cluster consisted of 20% of the New York homeless family population and was characterized by an average of one to two long stays in the shelter. The smallest cluster was approximately 5% and had multiple episodes of shelter stays. This is similar to the pattern for single adults. However, unlike single adults in the long stay cluster who typically have disabilities or other mental health barriers, families in the long staying group typically have the lowest number of barriers such as disabilities or mental health issues. The multiple episode users group is the population with the most intensive service needs; however, they may leave or be asked to leave the program prematurely without their needs being met, only to return again. Culhane and Metraux (2008) theorized that the families that stay the longest have less intense needs and therefore are able to better adhere to the structure of shelter programs. Families with more intense needs may have more difficulty abiding to program requirements and be more likely to be exited from the programs due to noncompliance.

### **Outcome Research on Homeless Children**

Buckner (2008) reviewed the literature on the effects of homelessness on children. The first round of research prior to 1991 found a wide range of negative mental health, developmental, and health outcomes for homeless children. Researchers after 1991 used broader populations and more advanced statistics to explore whether homelessness had a greater effect than poverty alone by comparing homeless children to other low-income

housed children. Buckner reported 7 of 11 studies found that homeless children experienced significantly worse mental health and behavioral outcomes than their low-income housed counterparts. Researchers in the other four studies found an overall poverty effect but no additional homelessness effect. Buckner guessed these mixed results could stem from improvements in shelter services through the years. He also speculated that the country's deteriorating economic situation could make it easier to fall into homelessness, lessening the gap in severity between homeless families and other low-income families. In the following section, I will give an overview of research which studied homeless children's psychosocial outcomes, including their mental health, academic, developmental, and health status.

**Mental health.** Homeless children have an increased incidence of mental health issues compared to the general population. They are two times more likely to have depression and one and one half times more likely to have behavior problems (Zima, Wells, & Freeman, 1994). Almost half of the low-income housed and homeless children scored within clinical range on a mental health screening evaluation and required further evaluation (Bassuk & Rosenberg, 1990). The National Center on Homelessness (2007) examined children's mental health outcomes and reported high rates of post traumatic stress disorder and behavior problems associated with trauma. This increased risk and vulnerability for children does not appear to diminish after they return to permanent housing. Vostanis, Grattan, and Cumella (1998) reported formerly homeless children had increased mental health problems one year after returning to permanent housing compared to similarly matched children who had never been homeless.

When assessing whether there is a greater effect of homelessness than poverty alone on children's mental health, the results have been inconsistent. One study found an increased risk for homelessness above and beyond poverty on the Child Behavior Checklist (CBCL); (Vostanis, Grattan, Cumella & Winchester, 1997). The scores on the CBCL for homeless children remained significantly higher than the comparison group in a cross sectional longitudinal study over one year (Vostanis, Grattan, & Cumella, 1998). Researchers conducting a longitudinal study over 5 years reported significantly more internalizing and externalizing scores based on the parent report on the CBCL for formerly homeless preschool children and on self reported scores for school-aged children and adolescents compared to continuously housed children (Shinn et al., 2008).

Other researchers found mixed results regarding other mental health outcomes of homeless children compared with other low-income housed children. Homeless children had increased internalizing score on CBCL but fell below significance on the Child Depression Inventory and on an anxiety inventory (Buckner & Bassuk, 1997). In another study, homeless children had about four times the prevalence of disruptive behavior disorders as housed children though they did not differ in prevalence of mood disorders (ManSoo, North, LaVesser, Osborne, & Spitznagel, 2008). Using a diagnostic interview schedule, Buckner and Bassuk (1997) found homeless boys had double the rate within each diagnostic category compared to low-income boys who were housed, yet found the opposite to be true for girls. After controlling for variables such as race, gender, age, mother's distress, and life events, housing status was associated with internalizing problems but not externalizing behaviors (Buckner, Bassuk, Weinreb, & Brooks 1999). Finally, several researchers found no significant differences between homeless children

and other low-income children on any mental health outcomes (Bassuk & Rosenberg, 1990; Harpaz-Rotem, Rosenheck, & Desai, 2006; Menke & Wagner, 1997; Schteingart, Molnar, Klein, & Lowe, 1995; Ziesemer, Marcoux, & Marwell, 1994). While the relationship between mental health issues in children and homelessness beyond the effects of poverty is not consistently clear, the ongoing emotional and behavioral needs of children living in shelters are apparent.

**Academic.** Studies of academic outcomes for homeless children revealed an alarming deficit. Almost 40% of homeless elementary-aged children and 45% of adolescents were reported to be below grade level in reading or mathematics (Gewirtz et al., 2008). Children experiencing homelessness were significantly below normative levels with 80% of the scores falling in the bottom quartile (Masten et al., 1997). Homeless children were 4 times more likely to score in the 10th percentile in receptive vocabulary and reading tests than children from the general population (Zima, Wells, & Freeman, 1994).

When assessing for an increased effect of homelessness over poverty, results are again mixed. Homeless mothers have reported their children to be more likely to miss school and to have more school problems such as trouble learning, acting out, attention difficulties, or trouble with peers compared to other low-income mothers (Harpaz-Rotem, Rosenheck, & Desai, 2006; Menke & Wagner, 1997). Researchers have found that homeless children are more likely to repeat a grade and more likely to miss school than other low-income students (Rubin & Erikson, 1996). Scholars reported 50% of homeless children have repeated one grade compared with 25% of never homeless children (Rafferty, Shinn, & Weitzman, 2004). The authors also reported 22% of formerly



homeless children had repeated two or more grades compared with only 8% of those who had not experienced homelessness. The authors found no difference in dropout rates between the two groups.

In a longitudinal study that spanned over four years, several academic factors were assessed, including achievement and retention. Adolescent homeless children were below the comparison group in achievement during their first assessment, but were equal at the second assessment (Shinn et. al., 2008). While 18% of formerly homeless students and 10% of never homeless children had repeated a grade, there was no difference between the groups on academic achievement (Shinn et. al.). Similarly, 70% of both homeless children and low-income housed children were at moderate or greater risk of academic or behavioral problems; however, the groups did not significantly differ on reading and math achievement or on a composite score of reading achievement and behavior problems at school (Ziesemer, Marcoux, & Marwell, 1994). Days missed from school in the past year and academic achievement was negatively associated with academic outcomes; therefore, school attendance may explain similarities in academic achievement between the two groups (Buckner, Bassuk, & Weinreb, 2001). The exact impact of homelessness on academic performance over and above the effects of poverty is still unclear and may be influenced by other factors. For example, Miliotis, Sema, and Masten (1999) found positive parenting to be a protective factor for homeless children's academic performance. However, the risk of falling behind academically is clear for homeless children, and it seems to be an essential aspect for service providers to consider and address.

**Developmental status.** Researchers have also examined developmental status of homeless children. In a longitudinal study, Shinn et al. (2008) reported that both homeless children and continuously housed low-income children were nearly a standard deviation below the standardized sample in developmental level. Several researchers have found significant delays in all developmental areas, including communication, receptive vocabulary, and visual motor for homeless children compared to low-income housed children (Bassuk & Rosenberg, 1990; Rescorla, Parker, & Stolley, 1991; Vostanis, Grattan, Cumella, & Winchester, 1997).

When comparing homeless children and low-income housed children regarding developmental delays, the results again are mixed. Over the course of a year after becoming homeless, one sample of homeless children did improve in this delay but remained more delayed than the comparison group of low in-come housed children (Vostanis, Grattan, & Cumella, 1998). Other studies found mixed results among type of developmental delay. Verbal scores were significantly lower among homeless children compared to housed children; though they did not differ on nonverbal scores (ManSoo, North, LaVesser, Osborne, & Spitznagel, 2008). Age of the children is also a consideration in the research of developmental outcomes. Homeless infants and toddlers did not differ from their housed counterparts on cognitive and motor skills; however, preschool-aged homeless children did score significantly lower (Garcia-Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998). The authors guessed this age difference could be caused by a cumulative effect of living in poverty that increases over time. Other researchers, however, found while formerly homeless preschool-aged children had a significant cognitive delay over housed children, there was no difference in school-aged

children (Rescorla, Parker, & Stolley, 1991; Shinn et al, 2008). Schteingart, Molnar, Klein, and Lowe (1995) found that preschool-aged homeless children's developmental outcomes were similar to housed low income children. These authors suggested the educational exposure may have more of an impact on developmental level as delays were correlated to attendance in a preschool program instead of housing status. To further support this theory, Rubin and Erikson (1996) controlled for age, sex, race, social class, and family status and found no difference between homeless children and low income children on verbal and nonverbal intelligence. The authors did find however, that homeless children's achievement was significantly lower in reading, spelling and math; which may indicate that problems do not stem from individual deficits but may originate in lack of exposure to needed educational experiences. It appears that, similar to other negative outcomes for children, how homelessness impacts children's development is a complicated picture with several factors contributing to the overall effect. However, when compared to the general population, it is clear that developmental functioning is a significant need to assess and consider when researching homeless children or when providing services.

**Health.** In examining the physical health of homeless children, researchers have explored illness incidence as well as access to healthcare. In an initial study, 13% of parents rated their children's health to be "fair" or "poor," and 49% of the children were reported to have a current or recurrent health problem (Miller & Lin, 1988). Researchers in a later study found homeless mothers were more likely to report poor health and higher incidents of acute medical symptoms, including fever, ear infection, diarrhea, and asthma compared to the housed counterparts (Weinreb, Goldberg, Bassuk, & Perloff, 1998).

Homeless students were also two times more likely to be referred for further evaluation by school nurses for vision or hearing concerns (Zieseimer, Marcoux, & Marwell, 1994). Other studies found no difference in the proportions of health status between homeless and low income housed children (Bassuk & Rosenberg, 1990; Shinn et al., 2008).

Regarding access to care, emergency room and outpatient visits were higher among one homeless sample (Weinreb, Goldberg, Bassuk, & Perloff, 1998). Formerly homeless children were half as likely to receive care from private doctor and twice as likely to receive care from hospital school, public health clinic, ER or no care at all (Shinn et al., 2008). Similar to other outcomes, studies examining health measures revealed mix results when comparing homeless children to low-income housed children, yet the elevated risk for both groups is clear. Health concerns appear to be another significant aspect of homeless children's lives to assess when researching and providing services for homeless families.

### **Factors Influencing Children's Outcomes**

In the following section, I will review the previous research on factors associated with the homeless children's negative life events. In addition to maternal factors, external factors such as residential instability, exposure to domestic violence, social support, and family structure are also examined. Finally, I will summarize the research examining the continuum of risk notion associated with homelessness.

**Children's negative life events.** There is speculation that the negative outcomes associated with homelessness are influenced by the stressful life events typically experienced by children living in poverty. Homeless children experience more stressful life events than their housed counterparts (Bassuk & Weinreb, 1997; Masten et al., 1993).

These increased stressful incidents include being exposed to violence (Buckner & Bassuk, 1997), experiencing physical and sexual abuse (Huntington, Buckner, & Bassuk, 2008), being placed in foster care or with a relative, being evicted, or having a mother arrested (Buckner, Bassuk, Weinreb, & Brooks, 1999).

Forty-four percent of the homeless mothers and 8% of housed mothers were separated from one or more of their children when they are placed with relatives or foster care (Cowal, Shinn, Weitzman, Stojanovic, & Labay, 2002). While homelessness was the strongest factor associated with these separations, maternal drug dependence, domestic violence, and institutionalization were also predictors. Homeless children are twice as likely to have undergone a child protection service investigation (Bassuk & Weinreb, 1997). Gewirtz et al. (2008) reported 37% of families in a supportive housing program had current or prior involvement in Child Protective Services for abuse or neglect. This is particularly alarming given that Menke (2000) found that homeless children do have significantly more stressors and a more limited repertoire of coping skills than previously homeless or never homeless children.

**Maternal factors.** The homeless mother's own mental health is another risk factor associated with children's behavioral problems and mental health issues (Bassuk, & Weinreb, 1997; Harpaz-Rotem, Rosenheck, & Desai, 2006; Huntington, Buckner, & Bassuk, 2008; Schteingart, Molnar, Klein, & Lowe, 1995; Vostanis, Grattan, Cumella, & Winchester, 1997; Zima et al., 1999). In a multivariate analysis, the mother's emotional distress was the strongest predictor associated with the internalizing and externalizing scores on the parent report version of the CBCL (Buckner, Bassuk, Weinreb, & Brooks, 1999). Other maternal factors such as incarceration and education level are also

associated with negative outcomes such as behavior disorders and verbal scores for children (Harpaz-Rotem, Rosenheck, & Desai, 2006; ManSoo, North, LaVesser, Osborne, & Spitznagel, 2008).

Mental health issues and substance abuse are highly prevalent among homeless mothers with as many as 76% of mothers being reported to have major depression, schizophrenia, substance abuse issues, or high distress (Zima et al., 1999). According to one study's results, the prevalence of the mother's mental health issues was increasing over time (Weinreb, Buckner, Williams, & Nicholson, 2006). Two samples taken over a 10 year period of homeless families revealed homeless mothers reported more physical health limitations, emotional distress, and mental health disorders. Researchers in another study found these mental health issues do not often lead to hospitalization, with only 4% of mothers requesting shelter reporting to have a history of hospitalization for a mental health concern (Weitzman, Knickman, & Shinn, 1992).

**Residential Instability.** Residential instability is another risk factor associated with homelessness that has been examined as contributing to negative outcomes for children. Researchers have reported residential instability to be higher for homeless children compared to other children living in poverty (Buckner, Bassuk, Weinreb, & Brooks, 1999). In one sample, homeless families reported to have moved an average of 4 times in a year (Bassuk & Rosenberg, 1990). Several researchers have found mobility to be associated with negative outcomes including increased depression and grade retention (Bassuk & Weinreb, 1997; Rafferty, Shinn, & Weitzman, 2004; Zima et al. 1999). In keeping with the contradictory research findings associated with this population, other researchers found residential instability did not predict behavioral, emotional or

achievement problems (Harpaz-Rotem, Rosenheck, & Desai, 2006; Huntington, Buckner, & Bassuk, 2008). Buckner, Bassuk, and Weinreb (2001) found that the actual number of schools a child attended in a year actually had a more significant impact on academic outcomes than the residential moves alone.

**Domestic violence.** Researchers have found domestic violence to be a prevalent factor in the lives of homeless families and have examined the impact on shelter use (Metraux & Culhane, 1999; Metraux & Culhane, 2005; Vostanis et al., 1997; Wong, Culhane, & Kuhn, 1997). As many as 92% of sampled homeless mothers have been a victim of violence either as a child or adult (Anooshian, 2005). In New York samples, between 8-10% of women have reported domestic violence as the reason for their homelessness (Park, Metraux, & Culhane, 2005; Wong, Culhane, & Kuhn, 1997). Other researchers have reported that domestic violence and victimization puts women at risk for shelter use and repeat shelter stays (Metraux & Culhane, 1999; Weitzman, Knickman, & Shinn, 1992).

With as many as 48% of children being exposed to violence, it is also important to examine the impact domestic violence has on the children in the families (Zima et al., 1999). Children's exposure to violence is associated with behavioral, emotional, social, and attention problems; delinquent and aggressive behavior; and being victimized themselves (Anooshian, 2005; Buckner, Beardslee, & Bassuk 2004; Gully, Koller, & Ainsworth 2001; Harpaz-Rotem, Rosenheck, & Desai, 2006; Zima et al., 1999). Gully, Koller, and Ainsworth found that exposure to family violence had a more significant impact on children's outcomes than all other variables they assessed- including maternal education, maternal mental health problems, maternal substance abuse, gender,

residential moves, total time experiencing homeless, and history of physical abuse for the child. Researchers have hypothesized the degree of perceived danger may partially explain these adverse effects (Buckner, Beardslee, & Bassuk 2004).

**Social support.** Researchers have also examined social support as a protective factor against the negative outcomes associated with homelessness. Significantly fewer homeless children than housed children reported having a close friend (Masten et al., 1993). Increased depression is associated with less social support for children (Zima et al., 1999). Other researchers found social support for the mother was related to psychiatric symptoms of the child (Vostanis, Grattan, Cumella, & Winchester, 1997).

**Family structure.** The overwhelming majority of homeless families in the United States and the United Kingdom are led by single mothers (Nunez & Fox, 1999; Vostanis et al., 1997). Some researchers have examined the number of children in the family to explore risk of homelessness. Researchers have reported that larger numbers of children in the family were associated with an increased likelihood of entering and reentering a shelter (Webb, Culhane, Metraux, Robbins & Culhane, 2003; Wong, Culhane, & Kuhn, 1997). Child verbal scores were also negatively associated with larger numbers of children in the family (ManSoo et al., 2008).

**Continuum of risk.** Since the results of outcomes for children are inconsistent with regards to an additional homelessness effect beyond poverty, researchers hypothesize that homelessness may be just one of many risk factors that have varying levels of severity (Buckner, 2008; Menke & Wagner 1997). In regards to academic outcomes, Masten et al., (1997) stated:

There is little reason to believe that their problems are unique or largely the result



of homelessness per se. Rather, homelessness appears to be a marker of very high cumulative educational risk levels likely to be shared by other children living in extreme poverty. (p. 43)

Masten et al., (1993) found few significant differences in behavioral outcomes between a homeless and low-income housed group of children. The authors also reported there was a pattern that suggested an underlying continuum of risk, with the primary predictors of child behavior problems being parental distress, cumulative risk history, and recent life events, rather than housing status. When examining cumulative risk of emotional, behavioral, and academic difficulties, Gewirtz et al. (2008) also examined the cumulative risk of the variables of child protective service cases, physical or sexual abuse, parental mental illness, and parental substance use disorder. The authors found that a higher number of risk factors were associated with increased risk for depression or anxiety, learning disabilities, suspensions from school or day care, somatic symptoms, disruptive behavior, alcohol or drug use, reading below grade level, and being involved in juvenile justice system. To support this theory, authors have also reported increased risk with age, suggesting that as children grow older and experience more negative events and stress, there is an increased risk for negative outcomes (Garcia-Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998; Gewirtz et al., 2008).

Shinn et al. (2008) did not replicate the cumulative risk effect findings but did find that proximal events had more influence on negative outcomes than distal stressors of past homelessness. The authors noted a limitation of the sample was that it was taken from welfare cases in 1988 when family homelessness was less common than it is today. While the exact nature of the impact that each of the risk factors have on the negative

outcomes for homeless children is still not clear, it seems apparent that these factors are an important part of the equation to consider when addressing the needs of homeless children. By exploring the children's experiences and the parent's perceptions of their children's needs, I hope to better understand the how these and other factors influence the children's lives.

### **Services for Children**

Homeless children's psychosocial needs are significant (Buckner 2008; Gewirtz et al., 2008). Researchers have suggested that access to services is greatly limited. Seriously emotionally disturbed children were less likely to have received services in the last 6 months than children with less severe issues (Buckner & Bassuk, 1997). Of the children with a clinical diagnosis or impairment, only 20-35% had received treatment in the past 6 months (Buckner & Bassuk, 1997).

Institutional barriers within schools, such as transportation issues, immunization and physical examination requirements, residency and birth certificate requirements, and lack of school records have made it difficult for homeless families to enroll their children into schools (U.S. Department of Education, 2000). The McKinney-Vento Act of 1987 first outlined the rights of homeless students and created provisions to ensure that the barriers for students to enroll and succeed in school were addressed (Hernandez, Jozefowicz-Simbeni, & Israel, 2006). At the time of its enactment, 50% of homeless children were not enrolled in school (Rafferty, 1995). The act acknowledged that changing schools is detrimental to the academic achievement of homeless children and recognized the right of students to stay in their school of origin during the times of residential instability associated with homelessness (U.S. Department of Education,

2006). The act also dictates that schools must provide immediate school enrollment by waiving documentation and immunization requirements and providing transportation to the school of origin for homeless students. Liaisons are required to assist parents in accessing school records and working with the community and school to gain special services for the child. School districts have not always fulfilled these mandates.

Barriers cited for this failure include staff turnover, lack of awareness of needs, difficulty in identifying homeless children, and limited funding (U.S. Department of Education, 2000).

Several authors have recognized the opportunity school counselors have to meet the needs of homeless children in the school setting (Baggerly & Borkowski, 2004; Daniels 1992, 1995; Walsh & Buckley, 1994). School counselors can ensure children have food and supplies needed to be able to concentrate and complete assignments (Daniels 1992, 1995). Scholars have suggested counselors can act as advocates for parents, establish mental health and health prevention programs, collaborate with community resources, and coordinate services such as tutoring or transportation arrangement for homeless children (Nabors, Proschner, & DeSilva, 2001; Yamaguchi & Strawser, 1997).

**Parents' perceptions of children's needs.** The National Center on Homelessness (2007) examined parents' perceptions of the service needs of their children. Childcare was listed by 30% of the parents as a need for their child. Dental and health care were the other top two needs reported. There was a discrepancy for mental health needs reported by the parents in that 23% of parents reported their child to have an emotional or behavioral problem, yet only 3% of parents reported their child to be in need of mental

health services. However, by the conclusion of the study, parents felt the children had been provided services in the areas of health and academic support but were still in need of trauma related services, mental health support, and after school extracurricular activities. I intend to further examine the parents' perceptions of their children's needs as a way to understand this discrepancy.

### **Previous Qualitative Research**

Choi and Snyder (1999) conducted a qualitative study with 50 single parents at three homeless shelters, including one domestic violence shelter. The researchers asked parents about how their children adjusted to shelter life, what their concerns were as parents, what their children's psychosocial needs were, and their hopes and plans for the future. They also asked about the parent's perceptions of the attitude toward shelter staff and rules. They used one semi-structured interview per parent which lasted between one and three hours. The interviews took place over the span of one and a half years.

The researchers found four major themes which included: the stress of doubling up, challenges of shelter living, concerns for their children, and thoughts about the future (Choi & Snyder, 1999). Parents reported the challenges and awkwardness of staying with friends and family prior to entering the shelter. Some parents talked about feeling fear of the unknown when they decided to enter the shelter, and then feeling relieved and grateful once they arrived. Most parents, however, found shelter life to be hectic and stressful due to the crisis state of losing a home and the chaos of the environment. They described feelings of depression and frustration about house rules. The perceived shelter rules as being restrictive and taking away their control, freedom, and dignity.

Regarding the welfare of their children, parents described concerns about food and cleanliness of the shelter being inadequate (Choi & Snyder, 1999). They also reported having concerns about their children's emotional well being and behavioral problems. Other parents described school concerns such as lack of transportation and being teased or shamed at school. Some parents also noted benefits children experienced at the shelter as they received opportunities to go to gym or camps and received overdue health care. Finally, most parents had a bleak and hopeless feeling towards their future. The authors concluded shelter staff needs to be trained and provide basic counseling and crisis intervention for parents and children due to the common history of violence.

Choi and Snyder (1999) collected data 15 years ago in one geographical area in the context of emergency shelters. The researchers also focused more on the parents' experiences and their perceptions of their children's experiences. The children's voices were not examined in this study. This current study was conducted in a different geographical area in the context of transitional housing, permanent supportive housing and the in-home case management programs. I interviewed each parent and child to obtain more in-depth information. While the data from Choi and Snyder provided important information for the implications on service changes for families living in emergency shelters, it does not provide as much insight into the second or third tier of the *continuum of care* model of services or the *housing first* model of services.

Deforge, Zehnder, and Minick (2001) did a phenomenological qualitative study on school age children's perceptions of homelessness from a nursing perspective. The authors interviewed 14 children between the ages of 7 and 12 from two emergency shelters. Six group interviews with six children were conducted without their mothers at

the first shelter. Since the researchers ran into problems, including needing to provide structure and discipline, individual interviews were conducted with eight children at the second shelter. The questions focused on their perceptions of homelessness and about what they like to do, what the children like and not like about school, what they eat, how they feel about where they have been living, and how their life has changed since they did not have a permanent place to stay.

The authors reported five themes from the children's interviews (Deforge et al., 2001). When asked about their perceptions of homelessness, the children described people sleeping on the streets, eating from garbage cans, and having no clothes. Though they did not view themselves in this category or as homeless, they did worry about their school friends finding out they lived in a shelter and wanted to keep it a secret. The authors also reported the children describing positive aspects of staying at the shelter that included having a place to eat and sleep and making friends. The negative aspects to staying at the shelter included having restrictive rules and less privacy. The fourth theme regarded the conflict children experienced and violence they witnessed at home as well as in the community. They disliked the violence, but also talked about using violence to solve their own problems. Finally, the authors noticed the theme of needing approval as the children spoke about appreciating praise from teachers.

The authors reported their limitation of the study to be using a small sample from only one geographic location (Deforge et al., 2001). The setting for the study was also limited to emergency shelters. The research study reported here will hopefully add to the knowledge gleaned from Deforge et al. study by gathering data from children in a different geographical area who are receiving services in a context different than an

emergency shelter. My questions also did not focus as much on their perceptions of being homeless, but rather their experiences while receiving services in this context of transitional housing, permanent supportive housing and in-home case management programs. I also investigated how their psychosocial needs were being met by interviewing the parents of the children.

Marcus (2002) completed a qualitative dissertation examining the perceptions of mothers and children living in two emergency shelters. The author submerged himself in the context of the shelters and took on the role of a volunteer participant observer to build trust and rapport. He completed open-ended conversational style interviews with parents and children. The researcher conducted 50 interviews with 25 homeless mothers and 25 homeless children ages 7 to 12 from a population of two emergency shelters. The goal was to understand how mothers and children constructed their beliefs, attitudes, and coping responses towards homelessness. The author investigated experiences of the family that led to homelessness, including: family and childhood background, employment, housing issues, and experiences of homelessness. The mothers spoke about a stressful life of violence and abuse. There was a pervasive theme of childhood exposure to domestic and community violence for the mothers. They also described the sexual abuse they experienced as children and shared that they were not protected by their families or authorities. This violence and personal violation continued into adulthood. They spoke about being aware of this pattern of violence and sexual abuse being passed to their children. The mothers discussed feeling unsupported in pursuing their own education and perceived their children's schools to be insensitive to their needs as well. They felt the school staff was prejudiced against poor families.

The children in Marcus' (2002) study also spoke about violence in the homes and factors such as their mother's substance abuse making it difficult for them to escape the violent situation. They shared stories about their own sexual abuse and the toll it was taking on them. The children mirrored the mother's perceptions that authorities and police were not able to protect their family. The children felt judged by social services staff as well. They worried that their stressful lives would lead them down the same paths they saw their mothers go with substance abuse and violence.

The themes and the data gathered by Marcus (2002) appear to be a thorough investigation of the experiences leading up to the episode of homelessness. He highlights the experiences and perceptions of children and parents in emergency shelters. While his study accessed valuable data, he did not access any participants in programs that were alternatives to emergency shelters. In contrast, the study I conducted involved interviews with parents and children in transitional and permanent supportive housing as well as an in-home case management program. In addition, the questions for the parents did not focus on what lead to their homelessness but rather focused on their perceptions about their children's psychosocial needs and how those needs were being met.

**Previous research in supportive housing context.** Gewirtz et al. (2008) claimed that their study was the first to examine the status of children in supportive housing context. Their goal was to gather descriptive data on the psychosocial status of children in supportive housing. They also wanted to explore the relationship between family risk factors and the children's adjustment. Finally, they sought to gather information on the capacity of the program to meet those children's mental health needs. The researchers studied 454 children who were receiving services from 17 supportive housing programs



in a northern metropolitan area. Agency staff filled out a child need assessment survey (CNAS) and a community/provider assessment (CPA). The CPA was a semi structured interview that included a rating tool section. It gathered information regarding the children's mental health, staff resources and consumer perspectives on the site services. Data for the CPA's were obtained by focus groups, individual interviews, and observations. A staff member that was familiar with the children filled out the CNAS for each child. Quantitative and qualitative analysis was completed to answer their research questions.

Gewirtz et al. (2008) examined the cumulative risk for children and found that children with more risk factors more likely experienced negative mental health and academic outcomes. The authors noted a discrepancy in the level of mental health needs of the children and the level of services available at the sites. Despite recognizing that the children in their programs had significant mental health needs, only a small minority of sites employed experienced licensed onsite therapists or had staff with any experience in best practice prevention treatment approaches. Other staff had little knowledge or experience working with children's mental health.

While this study is an important step in understanding children's psychosocial needs in the context of supportive housing programs, all of the information gathered is from the perspective of the service providers. The authors recognized the need for research about children's psychosocial needs in the context of supportive housing programs (Gewirtz et al.) but the perspectives of the children and their parents were left out of their examination. This study intends to address that gap.

### **Summary**

The negative outcomes for children growing up in poverty and experiencing homelessness have been thoroughly examined in the literature. Programs providing services to homeless families are in an ideal position to address these needs while working towards housing stability for the family; however, there is limited research on how these services are meeting the families' needs. While there is an ongoing debate on how to best address the needs of homeless families and children (Bassuk & Gellar, 2006), it is important to include the voices of the participants of homeless programs as part of the debate (Cosgrove, 2006; Ray, 1996). Children's experiences in school environments and emergency shelters have received attention by means of quantitative and qualitative research. However, the experiences of children receiving services in the context of non-emergency shelter supportive housing programs have not been examined. I intended to fill this gap by researching children's experiences and their parents' perceptions of how their children's psychosocial needs are being addressed. The context of this study included programs designed after the *continuum of care* philosophy, which includes a transitional and a permanent supportive housing, and a program designed after the *housing first* philosophy, which is an in-home case management program. The following chapter will outline the methods used for exploring these experiences.

## CHAPTER THREE: METHODOLOGY

### **Introduction**

Children who experience homelessness are at increased risk for mental health problems and educational difficulties (Buckner, 2008). Agencies that provide services to homeless families have an opportunity to address children's needs and reduce these risks yet there is limited research on how agencies attend to the psychosocial needs of children. Previous studies have examined models used to assist homeless families (Deforge et al., 2001; Marcus, 2002). However, research examining children's perceptions of their experiences while participating in other service modalities for homeless or near homeless families is conspicuously absent. Parents' perceptions of how their children's psychosocial needs are being met in these alternate service modalities are also missing in the research. This study aimed to address this gap in the literature by examining children's perceptions as well as their parents' perceptions about the children's experiences receiving services through a transitional housing program, a permanent supportive housing program, and an in-home case management program. As the debate on how to most effectively address the needs of homeless families continues, it seems vital to consider these voices in that discussion. The results of this study may assist in informing future program, policy, and service modality decisions regarding services offered to homeless and potentially homeless families.

### **Rationale for Using Qualitative Methodology**

The research methodology is a qualitative phenomenological study design. In the following sections, I will describe the tenets of phenomenology and qualitative research methods that shaped this study.

## Phenomenology Rationale

The goal of phenomenology is to describe the lived experiences of individuals in order to capture the underlying meaning of those experiences (Marshall & Rossman, 2006). Husserl (1931) wrote about the philosophy of phenomenology and suggested “a new way of looking at things is necessary” (p. 43) in order to capture the *essence* of the experience. This *new way of looking* includes suspending previous assumptions and also considers consciousness as intricately woven into how an object is perceived and experienced (Sokolowski, 2000). I sought to understand the essence of participants’ experiences and the common meaning they construct while receiving services from an agency that provides a variety of services to homeless and potentially homeless families. The agency has programs designed after the *continuum of care* philosophy, which includes the transitional and the permanent supportive housing, and a program designed after the *housing first* philosophy, which is the in-home case management program.

The findings from this study may provide information that will shed light on the current philosophies for providing services to homeless families. Cosgrove (2006) called for future policy making to be the result of collaborative efforts with homeless families, “so that public policy truly gives voice to homeless women with children” (p. 210). By examining the experiences of the children who actually receive the agency’s services, I hope to illuminate some of the constructive and problematic aspects of the current methods of addressing the needs of homeless children. This information has the potential to assist in guiding future homelessness policy and program decisions.

### **Characteristics of Qualitative Research**

Rossman and Rallis (2003) outlined five characteristics common to qualitative research which include: 1) takes place in the natural world 2) uses multiple methods 3) focuses on context 4) is emergent rather than tightly prefigured and 5) is fundamentally interpretive. This study employed methods congruent with these characteristics. First, this study took place in the natural setting by conducting interviews in the participants' homes or at the sites where they receive services. I also used multiple methods to gather data, including interviews with parents and children as well as drawings from participants. The goal was to gather information regarding the participants' personal meaning rather than attempting to shape their responses via a preconceived lens (Creswell, 2007). I viewed myself as a key instrument by observing participants directly rather than collecting data through a standardized instrument, survey, or protocol (Creswell, 2007)

Qualitative research also focuses on context (Rossman & Rallis, 2003). Marshall and Rossman (2006) stated "the researcher will look holistically at the setting to understand linkages among systems and will trace the historical context to understand how institutions and roles have evolved" (p. 207). This holistic view includes considering contextual factors not directly observed such as the greater cultural, social, and political issues, and examining their influence on the participants' experiences (Creswell, 2007). I do not assume participants can be viewed separately from the entire system and context in which they live. While the data collection was centered on the participant and their personal experiences, these systemic influences were considered when the data was coded and organized into themes.

The design was also emergent (Rossman & Rallis, 2003). While I developed a specific method to ensure rigor in the design, I was open to potential changes in the process after I enter the field. Finally, qualitative research is “fundamentally interpretive” (p. 11). While the study was conducted using systematic methods, the results, which include descriptions and analysis, were ultimately interpreted by the research team and primary researcher.

### **Research Questions**

This study was guided by the following questions:

- What are experiences of children aged 5-12 while they are receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program?
- What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program?

### **Role of the Researcher**

In qualitative research it is important to be clear about the role of the researcher. In the current study, I was the key instrument in the study since I interviewed and observed the participants directly. I sought the lived experiences of the children receiving the services from the homeless agency; however, I did not personally experience the services and have not been homeless myself. Since I was not a full participant my role as an outside observer created findings from an etic perspective (Patton, 2002).

### **Assumptions and Biases**

Creswell (2007) stated that researchers who conduct qualitative studies should illuminate their assumptions, paradigms, and frameworks in order to be clear about how each of these underlying positions may influence the administration of the research project. The paradigm is a worldview or belief system that shapes methodological decisions. The research goals of this study included giving voice to a typically disenfranchised population in order to provide an important perspective when shaping policy decisions regarding family homelessness.

Ontological, epistemological, axiological, and rhetorical issues formed the foundation of the assumptions of my paradigm. In qualitative research, the ontological concerns regarding the nature of reality assumes there are no inherent truths, but rather only a subjective reality as perceived by the participants (Creswell, 2007). While statistics about children's psychosocial outcomes remain important to understand what is effective in addressing children's needs, the subjective truth of the children directly affected by the way services are implemented is also a valid and essential perspective to consider when making policy decisions and designing services for homeless families. The epistemological assumptions in qualitative research consider the relationship between participants and the researcher to be collaborative in nature (Creswell). I sought to decrease the distance in the relationship by conducting multiple interviews in the field where the participants live. By interviewing the children and their parents' I hoped to gain an in-depth understanding of the participants' experiences.

My axiological assumption considers the role of the researchers' values and biases to be inherent and have potential for influencing the research. Therefore, these values should be openly acknowledged. My biases are discussed in the following

section. Finally, regarding the rhetorical assumption, qualitative researchers adopt a more informal style of writing (Creswell). In order to align with this style, I wrote the results in a narrative form using participants' quotes to elaborate the themes and patterns that are found.

### **Researcher Objectivity and Subjectivity**

Objectivity implies that we see reality as it actually is (Eisner, 1997).

“Objectivity means that the researcher remains *true to the object*. The researcher becomes in a sense a guardian and a defender of the true nature of the object,” (Van Manen, 2001, p. 20). Subjectivity in research implies biased and unreliable findings (Patton, 2002).

“Subjectivity means that one needs to be as perceptive, insightful, and discerning as one can be in order to show or disclose the object in its full richness and in its greatest depth,” (Van Manen, 2001, p. 20). In the past, researchers have been cautioned to remain distant from the research in order to minimize subjectivity; however, Patton observed that distance does not ensure objectivity, it only ensures distance. Lincoln and Guba (1985) suggested the criteria for objectivity has been met when the data correlates with reality, when appropriate methods are used, and when the findings are value-free.

Scholars have argued that true objectivity is not possible (Rossman & Rallis, 2003). Sokolowski (2000) believed, “The mind and the world are correlated” (p. 12), and suggested we cannot separate the objective things in the world from our subjective experience of those objects. Eisner (1997) agreed that it is impossible to achieve ontological objectivity which tries to separate the knower from the reality. He saw limitations to what procedural objectivity can offer as well. He even proposed potential virtues to subjectivity in that a person's unique view of the world could lead to



undiscovered perspective. In order to resolve the limitations of objectivity, Rossman and Rallis (2003) suggested that researchers should consider the multiple perspectives that exist. Eisner (1997) suggested the choice between objectivity and subjectivity was a false dichotomy and proposed a third concept of being transactive, which acknowledges all that is known is a transaction between the objective world and the subjective experience of the knower. In this study, I assumed this transactive process would be present and consistently reflected in my reflexive journal and with my peer debriefers on how my previous experience and world view may be interacting with the interpretation of the data as it was collected. At the same time I attempted to avoid letting these previous assumptions or biases guide the study and maintained an open mind about the data collected.

### **Researcher Bias**

My previous experience includes working at the agency which was the site for this research project. I worked as a children's counselor for the emergency shelter and the transitional shelter programs. I have personally seen the stresses and the needs of the children who receive services from the agency. I have heard accounts from parents about the stress they have experienced as well. I believe that their accounts, stories, and opinions have not been adequately captured by the current literature, which is one of my motivations for conducting the study. I believe I was able to suspend preconceived assumptions since I do not believe I have the full picture of the experiences of the families receiving services from these two programs. There are two factors that helped with this suspension. I have not worked with the agency for over a year. This time away has created a distance that helped me listen to the participants' stories with a fresh ear.

Also, I have not worked with the families in the case-management program. I do not have personal knowledge of the types of services or how those services are implemented. This lack of in-depth knowledge created a natural curiosity with which I approached the study.

### **Research Team Members**

For my peer debriefers, I selected a female doctoral graduate student in the counseling program who had completed the graduate level course on qualitative research and had conducted qualitative research and a colleague who had worked with homeless families in a shelter. While the first debriefer had no previous experience working with homeless families, she had clinical experience working with college students and international students. I thought the diversity in experiences would be an advantage as we debriefed the process. I discussed the process of collecting and managing data and processed potential themes as analysis began.

The research team for coding data consisted of me and two doctoral counseling graduate students trained in coding and qualitative methodology. I selected members with diverse cultural and historical backgrounds in order to have varied perspectives. I am a White 34 year old woman and worked as a children's counselor at a homeless agency for several years. The next member of the research team was a 32 year-old married African American female with three sons. She described experiencing homelessness four times in her own lifetime. While she does not have any previous experience working with homeless families, she has worked extensively with low income and lower working class families, which included working with foster children. The final member of the research team was a 29 year-old single White male. He stated most of his previous work experience included helping people from lower socioeconomic

backgrounds. His previous work with people experiencing homelessness included his work at a psychiatric crisis stabilization unit as a behavioral healthcare technician where several of the residents were homeless. He also conducted a group for homeless men at the Salvation Army. In addition, he worked with children at a stabilization unit and with children enrolled in a therapeutic foster care.

**Researcher bracketing.** To begin to bracket one's assumptions and previous experiences, it is necessary to reveal suspected findings before conducting the interviews. In the present study, regarding the children's experiences, I expected to hear about academic and social challenges at school and about varied circumstances that create stress or worry at home. While domestic violence is a common experience for children to witness in this population, I expected that children may not reveal this initially. Depending on the rapport developed with the children, I expected to hear references to witnessing fights in the home. Regarding the services the children receive, I believed there would be mixed results. I suspected they would say positive statements about the majority of the activities, since the activities are often designed to be fun. I expected to hear about frustrations with agency imposed requirements that are not fun. I also thought that children often tune into their parents stress, so the children might have made negative comments about the aspects of the program that negatively impacted the parents.

Based on previous literature and my experiences, I expected parents to describe concerns about behavior problems such as not listening or following directions. I also thought they would be worried about the stress they have experienced through being homeless. Regarding the services, I expected to hear mixed reports which including gratitude and frustration. While I believed they would be grateful to receive services that

help their children with the concerns they have, I wondered if they would express frustration about agency imposed requirements with which they do not agree.

The research team also bracketed their experiences and beliefs by discussing their previous experiences with the homeless population, with people living in poverty, and children. They wrote their beliefs about how homeless families are best served by the community. The female member viewed individualized treatment planning, financial classes, job-training, and mental health counseling as important services for people experiencing homelessness. The male member stated that policies should promote keeping families together rather than separating children from their parents. He also believed community involvement was important for services.

### **Strategies to Maintain Objectivity and Subjectivity**

The trustworthiness of a study is determined by how competently and ethically the study was conducted (Rossman & Rallis, 2003). Lincoln and Guba (1985) suggested qualitative researchers should address the trustworthiness of their research by verifying the data has credibility, transferability, dependability and confirmability. The authors proposed these criteria are more congruent with the naturalistic nature of qualitative research. Each of these factors is examined below, in the section on verification procedures.

In order to maintain objectivity and subjectivity, I utilized several techniques and applied specific features to the research, including coherence, consensus, instrumental utility, a reflexive journal for bracketing, peer debriefing, an audit trail, and an external auditor. Eisner (1997) recommended coherence, consensus and instrumental utility as features of a transactive process. Coherence is a criterion that includes the believability

of the information. I have written a thorough, thick, and rich description of the findings in order for the reader to understand the full scope of the research process and participants' experience. Consensus can be addressed through the collaboration of a team in order to come to an agreement about the themes and meanings in the collected data. The team consisted of doctoral students in counseling who have been trained how to code qualitative research. As the codebook was created and finalized, each member came to agreement about the themes and meanings of the codes in order to achieve consensus. Instrumental utility is a feature that implies there is a fundamental usefulness in the findings. I intend to present the findings to the agency so the staff has a guide for service implementation and policy changes.

Bracketing is described as the researcher's ability to suspend prior knowledge and ideas on a topic in order to examine the collected data from a fresh perspective (Husserl, 1931). LeVasseur (2003) described the ongoing debate regarding whether this full suspension of prior experiences is actually possible. Existentialists view humans to be unable to completely separate their views and attitudes from the world they witness. LeVasseur suggested a resolution for this debate, which included researchers first fully acknowledging the inherent potential for personal perceptions to influence how a phenomenon is viewed. By also approaching the research with an attitude of openness and curiosity, we can suspend our assumptions and gain a full understanding of an event. In order to effectively bracket our prior knowledge in this way, the research team and I each used a reflexive journal. Rossman and Rallis (2003) suggested noting hunches, thoughts, and impressions in this journal and reading it throughout the process. I kept a

journal throughout the process in order to stay aware of my biased thinking and personal perceptions that could influence how the data is interpreted.

I also used peer debriefing which contributed to verifying that the findings are honest and believable (Spall, 1998). I chose a colleague in the doctoral program who has experience in qualitative research but does not have a history in working with the homeless population. We engaged in ongoing conversations to test the viability of emerging themes. I also shared the processed with another colleague who has worked with homeless families as a counselor in the past to further subject the emerging themes to the scrutiny of another outside person. Initially, the peer debriefers and I discussed and revealed personal values and perspectives that may create bias. The debriefers challenged me regarding potential bias.

Finally, I kept an audit trail of the research process, which included the raw data, initial data reduction, notes on methodological strategies, and drafts of the code books and interview protocols for review by the external auditor. The external auditor has a PhD in counselor education and is knowledgeable in qualitative research but was not invested in the outcome of the study (Rodgers, 2008). This auditor performed a formal review of the audit trail to follow the progression of the research to determine whether the conclusions are logical and confirmable.

## **Research Plan**

### **Sampling Procedures**

A purposeful criterion sampling method was used to select participants in order to gain “information-rich cases” that could best answer the research question (Patton, 2002, p. 230). The participants needed to be currently receiving services from one of the three

agency programs: the transitional housing program, permanent supportive housing program, or the in-home case management program. The typical family the agency serves consists of two to three children, 85% of which are under the age of 12. For the purposes of this study, the children needed to be old enough to verbalize their experiences, therefore, the selection criteria were narrowed by limiting the ages of children to be between 5 and 12 years old.

Regarding the number of participants, Creswell (2007) recommends 3-10 cases for a phenomenology design. I aimed for at least 10 children, but asked the agency to identify at least 14 children total so as to protect against attrition. No more than two children from one family were selected. I also selected the participants based on the criteria mentioned below.

Maximum variation with regards to the type of program and the length of participation in the programs were sought when selecting participants for the study (Patton, 2002). I sought an equal distribution of children from each of the three programs which included the transitional housing program, the permanent supportive housing and the in-home case management program. Families receiving services in the transitional shelter can live in the housing for up to two years. Families in the permanent supportive housing program can continue to receive services until the youngest child turns 18. The families that receive the in-home case management services can participate in the program for up to six months. I attempted to select families who have participated in the program varying lengths of time, ranging from 1-48 months.

With regards to the general demographic characteristics such as age, ethnicity and gender, I sought representations of a typical case for each of the programs. In a six

month period in 2009, 94% of the families in transitional housing and 85% of the families in the in-home program were female led single parent households. Regarding the racial statistics of the families in transitional housing, 89% were African American and 11% were Caucasian. The racial percentages of families in the in-home consisted of 85% African American and 11% Caucasian. The average age of clients in the transitional housing program is 30 years old, though they range from 19 to 42. The average age of clients in the in-home case management program is 32 years old and range from 20 to 60. The participants of the current study were expected to have a similar demographic make-up, featuring a disproportionately high number of female-led, single-parent, African-American households.

### **Setting**

An agency that provides services to families experiencing homelessness or who are at risk for being homeless provided the setting for the study. The agency is located in an urban area of a Mid-Atlantic state. The study focused on children receiving services in three of the agency programs. Specifically, the study examined the experiences of children receiving services provided by the *continuum of care* model of programs, which include the transitional and the permanent supportive housing, and the *housing first* model of program, which is the in-home case-management program.

This agency has employed the *continuum of care* model of shelter services since 1988. This model recognizes the range of needs of homeless families by providing housing and services with hierarchical levels of support. The agency has two emergency shelters that serve up to 20 families each day. During their stay of up to four months, parents are assigned a case manager who works with the family to develop service plans



that address barriers to housing such as rental and utility debt. Children are also assigned a case manager who works with the parents/guardians to address health, mental health, academic, and developmental needs of the children. For example, case managers may assist parents in enrolling children into school or making appointment for children to get up to date immunizations and dental cleanings. At the end of their four month stay, 79% of families exit to permanent or transitional housing. Due to the extant literature that explored experiences and perceptions of families in emergency shelters and the lack of research investigating children participating in the other models of service, I chose to access only those families participating in the alternative service models described below.

The transitional housing program provides housing in agency-owned apartments. The residents pay a percentage of their income as rent. The program continues to offer services in the form of adult and child case management; counseling for the children and parents/guardians; life skills classes, such as budgeting and parenting, for the parents/guardians; and tutoring and extracurricular activities for the children. There is a maximum time limit of two years for the transitional program. For the permanent supportive housing program, parents must have a disability to qualify. Participants in the permanent supportive housing program receive the same services as the transitional housing program. The difference in these programs is that a family can remain in the permanent supportive housing program until the youngest child turns 18.

In the fall of 2007, the agency partnered with the local Department of Human Services (DHS) to start a new program based on the *housing first* model of providing services. The *housing first* model seeks to initially stabilize the housing situation of the family by providing subsidized rent and then offers support services in the form of case-

management. DHS subsidizes rent for families who are homeless or in danger of becoming homeless. The agency provides in-home case management services to these families.

All families initiate services by contacting the Homeless Action Response Team (HART) through DHS. An intake worker at HART conducts a needs assessment for the family by evaluating the caretaker's psychosocial status, which includes housing status, mental health and substance abuse, and employment needs. They also assess the children's developmental, emotional, and behavioral status through a parents' report. If the families are homeless, HART will refer them to an emergency shelter that has space available. If the families are considered to be in crisis and on the verge of losing their housing, HART will refer them to the in-home case management program.

### **Gaining Entry**

In order to gain entry into the system, I met with the gatekeepers of the agency that provides services to homeless families to propose the research study. The executive director agreed to assist in providing access to the clients. I received a list of clients that met the sampling criteria described above. The list included parents' name and contact information, names and ages of children, and the case manager for each client. I contacted the first client off the list directly and she agreed to meet to learn more about the study. I spoke with another person on the phone and she declined to participate and was surprised to receive a call from a researcher. In order to prevent other participants from being surprised by the call, I contacted each case manager and asked them to let their clients know I would be calling to tell them about the project and that they were not required to participate. All of the case managers responded positively and let me know

they had informed their clients. I called each of the potential participants and informed them that I used to work at the agency and that I was doing a research study to learn more about families' experiences in the program. I asked if they would be willing to meet with me so that I could tell them more about the project and they could decide if they would like to participate or not.

### **Measures to Ensure Participant Confidentiality & Safety**

Fontana and Frey (1998) outlined the traditional ethical considerations of research to include informed consent, right to privacy, and protection from harm. I will address each of these issues below. An Institutional Review Board application was submitted and approved prior to collecting data.

**Informed consent.** Participants must be thoroughly and truthfully informed about the nature and requirements of the research study in order to give consent (Fontana & Frey, 1998). I met with each of the parents individually. In addition to providing a written copy of the informed consent form, I read it aloud with each of the participants and answered their questions. The informed consent document (Appendix C) explained the potential benefits and risks involved for them and highlighted the voluntary nature of the research. The adult participants signed the informed consent document that verified they received this information and that they agreed for both themselves and their children to participate in the study. When I met with minor participants below the age of seven, they gave verbal assent to participate in the study. For children age seven and above an informed assent letter was read to each of them, and they signed the assent document (Appendix D). The letter explained the study, outlined their requested participation,

highlighted the voluntary nature of the study, and explained the steps taken to protect their confidentiality.

The potential benefits of the research included the possibility that insights gained from their experiences could influence how this particular agency provides services to them and to future clients in the program. They could also have felt empowered as a result of having someone listen to their experiences and stories. As Ray (1996) suggested “The first way we need to begin empowering disenfranchised groups is by giving them the opportunity to have their voices heard” (p. 308).

There is often a power differential between the clients who receive services and the staff at agencies providing services or researchers. A potential risk could include the clients feeling pressured by the agency to participate as if it were contingent for them to continue in the program. Rallis, Rossman, and Gajda (2007) suggested the relational competence is vital to carry out a trustworthy study. As I am aware of the power differential and did not want to exploit this aspect, I took several precautions as I built the relationship with the participants. I asked the participants about any concerns they may have and give them the opportunity to set another meeting at a later date if they need more time to consider. I emphasized participation was completely voluntary and that they could withdraw at anytime without affecting their current services or housing status. Any time participants said they did not want to continue, I did not push further to convince them to continue with the interview. A small reward of a \$20 gift certificate was given whether they complete the research project or not. This token was used to honor their time but the unconditional nature of how it was given is an attempt to assure that the power of the incentive was not used as coercion. During the discussion about

informed consent, I asked for their preference of store for the gift certificate, in order to make it most beneficial to their specific needs and wants. Families chose grocery and convenience stores as well as movie theaters and roller skating rinks as the location of their certificates. The certificates were given at the child's interview or mailed if I did not see the parent during the children's interview.

**Right to privacy.** Each audio recorded interview was assigned an anonymous participant code to maintain confidentiality. Pseudonyms for all of the participants and the staff members they mentioned were used in the narrative of the results. I erased the tapes immediately after I reviewed transcripts for accuracy. Transcripts, field notes, drawings, and memos were also labeled only with a participant code and kept in a locked file. Electronic versions will be kept under double lock which includes a password protected computer kept in a locked room.

**Protection from harm.** The lives of homeless and potentially homeless families are often stressful and potentially chaotic. The participants were viewed as a vulnerable population. Special precautions were taken to assure that unintended harm was not caused for the families. There was also the potential risk they may feel distressed talking about past events. Questions focused on participants' perceptions and experiences while in program services and did not cover previous traumatic experiences or emphasize housing status. I respected parents and children if they expressed hesitation about talking about a certain topic. There were mental health service referrals available for any participants that were observed to experience emotional distress. The agency that provides services to homeless families had an onsite counselor for adults and children,

and I was prepared to provide participants with a list of two other mental health professionals. No referrals needed to be made.

### **Data Collection Procedures**

This study collected data from multiple sources including individual interviews with children and their parents as well as from drawings created by all participants.

#### **Interviews and Drawings**

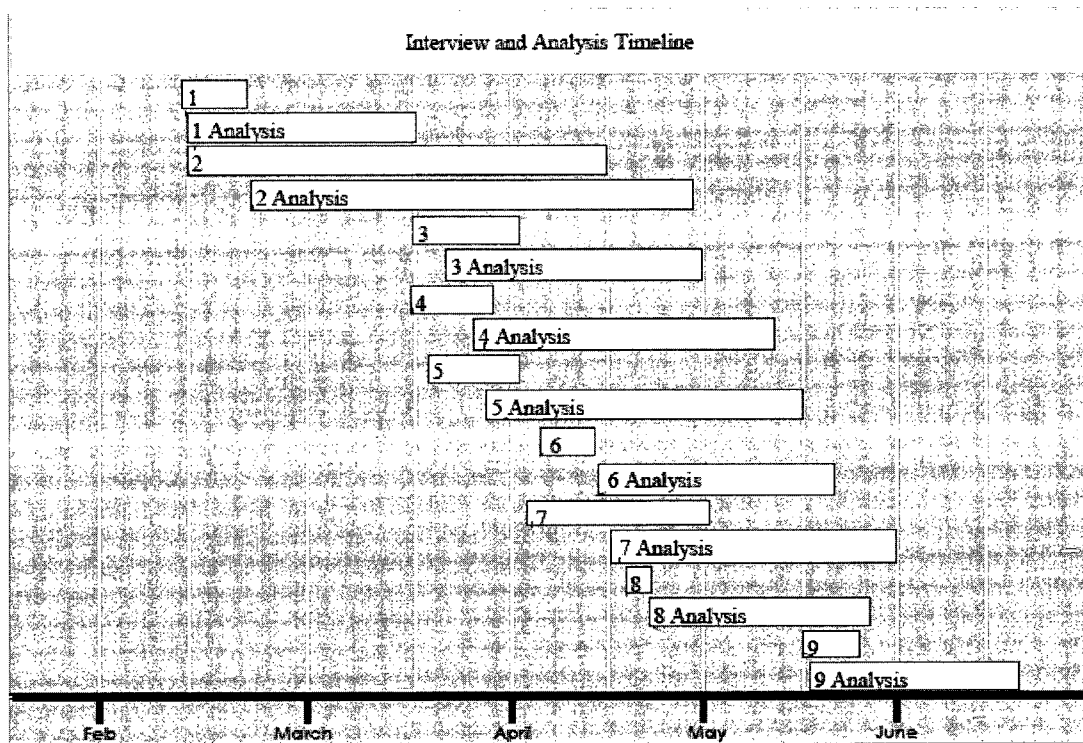
I collected data through semi-structured interviews with children and their parents. For the first participant, I scheduled her first interview in the evening and assumed that I would be able to talk to the parent and then the child for the first interview. However, when I arrived, the son was leaving to go to the agency for an activity. I decided to complete the initial interview with the mother and ask her all of the questions on the protocol in one sitting. I scheduled a second visit in order to meet with the son, and did a shorter follow up with the parent.

When I set up an interview with the second participant, I asked more specifically if the child would be home in order to be able to interview him as well. The mother said she would rather meet with me alone before she decided to give me access to her son. I considered this request an appropriate level of parental protection and decided it would be more ethical and respectful of the parents to change the original proposed methodology to accommodate this request. Respecting the participants is paramount in conducting qualitative research (Charmaz, 2006).

The remainder of the interviews were completed with the parent interview first and then the follow up interview with the children. Parents were asked about their perceptions of their children's needs and how those needs are being met by the program.

If there were two parents in the home, I deferred to the parents to decide which parent would be interviewed to encourage empowerment in the research process. The one family where there were two parents in the home, the mother was the primary participant, but the father also shared some of his perspective as well. During the second meeting, which took place between 2 days to 6 weeks later depending on the parents' and children's availability, child participants responded to questions pertaining to the experiences they have had while they are in the program. These interviews, which were audio-recorded and transcribed verbatim by the researcher, lasted approximately 30-45 minutes each.

Figure 1 displays the timeline for the interview dates and analysis.



*Figure 1.* Timeline of when the interviews were conducted. Light grey numbered boxes represent the span of time between the first parent interview and the second child interview.

I asked the participants to draw pictures as part of the data collection. Art is seen as a natural language for most children (Malchiodi, 2003). “The process of making a drawing requires the child to choose, translate, and arrange lines, shapes, and colors to convey a thought, feeling, event, or observation” (Malchiodi, 1998, p. 19). Visual media such as art and drawings can be a powerful means of communication in qualitative research as it can provide a different understanding into participants’ internal experiences (Hays, Forman, & Sikes, 2009).

Malchiodi recommended taking a phenomenological view of the drawings to avoid making assumptions about the content or meaning. The drawings were not interpreted in a projective fashion since imposing these adult standards would not take into consideration the multidimensional aspects of children (Malchiodi, 1998). Rather, I asked the children and the parents to explain their drawings to facilitate discussion and gain better understanding of their experience.

The children were asked to draw two pictures. Initially, I asked the children to draw one picture of their world now, and the second picture of their world with any changes they would like to make. The youngest children interpreted this very literally and drew a picture of the earth. I changed the wording to include draw a picture of your life or world now. I asked the parents to draw a picture that represents their child or children. Gladding and Newsome (2003) suggested art can serve “as both a catalyst and conduit for understanding oneself in a larger world context” for adults as well (p. 252). I asked the parent to explain their drawing at the conclusion of the interview. Themes explored from the pictures provided triangulation for the interview data. Gathering data from multiple sources increases rigor of the study and allows for the data to be cross checked against



the other and thereby confirming the results or illuminating inconsistencies (Patton, 2002).

### **Demographic Information**

Participants completed a demographic sheet (Appendix B) consisting of questions regarding age, race, gender, relationship status, highest level of education, number of months in the program, types of services received, and participation in agency services prior to their current experience. This form helped to identify some of the past experiences with services as well as the characteristics of the sample.

### **Data Analysis**

Analysis of the data was inductive and open ended which allowed for themes to emerge naturally without a preconceived notion of what would be found. Charmaz (2006) said it is important to remain open to this naturally emergent process. The author stated, "Once you begin collecting data, your research participants may give you materials that you had not anticipated collecting but help to further your ideas" (p. 15). The parent participants in this study shared data that was unexpected and answered questions about their own experiences as well as their perception of their children's experiences.

Interim analysis is the process in qualitative research in which the research alternates between data collection and data analysis in a "cyclical or recursive process" (Johnson & Christensen, 2007, p.531). Interim analysis was conducted since the research team and I began analyzing data as soon as it was collected and continued throughout the rest of the data collecting process (Huberman & Miles, 1998). This continuous analysis allowed for necessary changes in protocols in order to gain a better understanding of the participants' experiences. As themes and codes developed, I had ongoing discussions

with the peer debriefers to explore my potential biases and to process feelings that arose from the interviews and analysis.

### **Data Management and Reduction**

Huberman and Miles (1998) stated a clear data management system is necessary to conduct qualitative research and suggested a system that includes processing, storing, and retrieving data. To begin with, I wrote a summary sheet of each interview and memoed initial thoughts and impressions. Next, I processed the raw collected data of all forms, which included transcribing audiotapes. In order to be immersed in the data and allow for insights to emerge, I transcribed each of the interviews myself (Patton, 2002). Each participant had one section in a large binder which held all of the typed notes and transcripts, within case displays, and coded data from each research team member. A separate binder held memos, data displays, successive drafts of the methods, informed consent, interview protocols, and codebooks (Huberman & Miles, 1998).

### **Coding Procedures**

Moustakas (1994) proposed a data analysis procedure for phenomenology. First, the research team and I bracketed our previous experience and assumptions by describing our personal process and experiences of collecting the data. Moustakas stated, “In phenomenological studies the investigator abstains from making suppositions, focuses on a specific topic freshly and naively, constructs a question or problem to guide the study, and derives findings that will provide the basis for further research and reflection.” (p. 47). This conscious shift towards an attitude of openness is important as we began to analyze the data in its pure form (Patton, 2002).

As the research team and I began analyzing the transcripts, we individually read the transcripts in order to grasp an overall feeling for them (Creswell, 2007). As we read the transcripts a second time, we made margin notes about main topics and themes (Patton, 2002). Next, we utilized horizontalization and created a list of the participants' significant statements giving equal value to each statement (Moustakas, 1994). These statements were clustered into common themes or meaning unit. I asked the research team to write in their reflexive journal at this point, noting impressions, thoughts and feelings that emerged from this process.

After all of the individual transcripts were read and coded by each member of the research team, we came together to compare notes and discuss parallels and discrepancies between our assigned themes and meanings (Patton, 2002). In order to achieve consensus, each member needed to come to agreement about the themes (Patton). A codebook was created based upon these agreed upon themes.

After the research team and I consensus coded the transcripts, I organized the data to be presented in within case displays, which presents the information for only one participant in order to explore the data for similarities and differences (Leech & Onwuegbuzie, 2008). I arranged the themes in cross-case displays for child and parent participants. This organization allowed me to examine the data for themes and patterns without referencing specific cases (Leech & Onwuegbuzie, 2008).

### **Data Display**

Results were written in a descriptive narrative to convey the essence of the lived experience of the phenomenon being investigated (Creswell, 2007). The results were presented in two sections. From the clusters of themes, I wrote a textural description of

the lived experience and included direct quotes from the transcripts and a structural description of the themes and experiences to describe how the participants experienced the services (Moustakas, 1994). I wrote in the first person in order to be transparent about my integrated role in the research process (Wolcott, 1994). Wolcott also recommended using charts and graphs to display information and compare cases. I used these types of tables and figures to show a condensed and concise presentation of information that would otherwise be just a constant flow of narrative. An explanation model and a corresponding figure were also developed by synthesizing the themes in an attempt to capture a structural description of the participants' experiences.

### **Verification Procedures**

There are several methods qualitative researchers can utilize to ensure validation of the findings (Creswell, 2007). The trustworthiness of a study is determined by how competently and ethically the study was conducted (Rossman & Rallis, 2003). Lincoln and Guba (1985) suggested qualitative researchers should address the trustworthiness of their research by verifying the data has credibility, transferability, dependability and confirmability. The authors proposed these criteria are more congruent with the naturalistic nature of qualitative research.

### **Credibility**

Credibility refers to the degree to which the researchers' presented findings are a reflection of the participants' actual meaning. Credibility is enhanced by utilizing certain methods, including triangulation and member checking, to increase the likelihood the data is an accurate reflection of participant perceptions (Lincoln & Guba, 1985). I used triangulation by collecting data from multiple sources including interviews with children,

interviews with their parents, and drawings from both the parents and the children. I also triangulated by using multiple investigators. The research team for this study included two other students in a doctoral counseling program. Both members had completed a graduate course in qualitative research. I also trained the team in the specific coding method for this study to ensure consistency. Each of the members initially coded each transcript individually, and then we came together for consensus coding. The team discussed how we worked with the data and how our personal bias affected our interpretation of data.

After the consensus themes were coded, I called each of the parents to perform member checks to confirm the accuracy of the information gathered and the themes. I was able to speak with six parent participants. One phone number was disconnected, and the other two families never returned phone calls after four attempts were made. I started with the individual narrative and confirmed their concerns and the factors that I heard them discuss. I asked if they would make any changes to what I mentioned. The parents confirmed their concerns and factors and did not suggest any changes. I then discussed the super-ordinate themes. I asked if they agreed with these benefits and the evaluations of the program and if they would make any changes. Several parents agreed with the subthemes even if they did not discuss them during their interview. Several parents offered updates and elaborations during this process. For example, when I spoke with one parent who said she wanted in-home counseling so her daughter had someone else to look up to, she said the service started about a month ago. Another parent credited the program's support for her ability to move out into the community since her first interview.

Finally, I also used peer debriefing with a colleague and a doctoral student not personally involved in the research to test working hypotheses, find alternative explanations, and explore emerging themes. These discussions assisted in uncovering hidden biases and values and to clear emotional reactions that may interfere with interpreting the data accurately.

### **Transferability**

Lincoln and Guba (1985) described transferability to be a parallel to external validity. It is the degree to which the findings will hold true in a different context. I used thick description with specific details about methods, participants, and context so that I could provide enough information for readers to draw their own conclusion about transferability to other contexts.

### **Dependability**

Instead of seeking reliability, qualitative researchers should seek dependability (Lincoln & Guba, 1985). I used an external auditor who is knowledgeable in the topic area but not known to the research team to improve dependability of the study. This auditor had a Ph.D. in Counselor Education and works at a university teaching undergraduate classes. He has been trained in and conducted qualitative research. He was selected as an outside person who is not invested in the outcome of the study and examined the research process as well as the final consensus codes and themes to ensure they accurately represented the collected data.

### **Confirmability**

Rather than seek objectivity, qualitative researchers seek confirmability (Lincoln & Guba, 1985). I kept an audit trail of the entire research process. This audit trail

included the raw data, such as field notes and transcripts; initial data reduction, such as preliminary impressions and process notes; notes on methodological strategies; and the drafts of code books and interview protocols. The external auditor used this audit trail to follow the progression of the research to determine whether the conclusions are logical and confirmable.

### **Summary**

This phenomenological study sought to understand the lived experiences of children receiving services from an agency that provide services to homeless and potentially homeless families. With the qualitative method, I intended to capture the disenfranchised voices of children and parents directly affected by the policy decisions and program interventions intended to address the problems they face. By exploring their experiences in the three types of programs that have not been thoroughly explored in the literature previously, I hoped to inform the discussion that guides future service decisions and program policies for homeless and potentially homeless children.

## CHAPTER FOUR: RESULTS

With this qualitative study, I attempted to capture the voices of homeless children and parents who are directly affected by the policy decisions and programs currently being implemented to address the problems that they face. I explored the experiences of children whose families were receiving services either through programs designed after the *continuum of care* philosophy, which includes a transitional and a permanent supportive housing, or a program designed after the *housing first* philosophy, which is an in-home case management program. The results of investigating several children's experiences as well as their parent's perceptions may help inform the design and evaluation of programs that serve homeless families.

The research questions that guided this inquiry were: What are experiences of children aged 5-12 while they are receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program? What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from one of the following service models: a transitional housing program, a permanent supportive housing program or an in-home case management program? In remaining sections of this chapter, I will present an overview of the data collection and analysis, descriptions of the participants, and the themes that emerged from the data.

### **Review of Data Collection and Analysis**

I utilized individual interviews with children and their parents as the methods for data collection. Parents answered questions about their perceptions of their children's psychosocial needs and how those needs are being met by the program. Child



participants were asked questions pertaining to the experiences they have had while they were in the program. I interviewed parents individually first and then conducted follow-up interviews with child participants. These interviews were audio-recorded and transcribed immediately after each of the interviews. Interim analysis began immediately as well and continued throughout the rest of data collection. Participants also drew pictures and explained their drawings to facilitate discussion and gain better understanding of their experience. These served as an additional source of data.

The research team, consisting of myself and two counseling doctoral students, began by bracketing our previous experience and assumptions (Moustakas, 1994). We read and reread the transcripts to grasp the overall feeling (Creswell, 2007). In subsequent readings, we made margin notes that captured initial impressions (Patton, 2002). Next, data were organized utilizing the horizontalization method by creating a list of the participants' nonoverlapping significant statements giving equal value to each statement (Moustakas, 1994). These statements were clustered into common themes or meaning units. Each member of the team developed themes independently and met later to consensus code by comparing notes and discussing similarities and discrepancies (Patton, 2002).

In phenomenology, counting the number of participant's responses for each theme can enhance legitimacy of the themes (Smith, Flowers, & Larkin, 2009). There are no absolute standards for the number of participants required to constitute a theme; however, the researcher should decide on a minimum number of participant statements to constitute a theme. For this study, the research team set the criteria of having statements from at least one third of the families' interviews for inclusion as a theme. With nine families

participating, this amounted to three participants. The sources for the themes that emerged from the data varied; some were from statements made only by parents, some emerged from only the children's data, and some were garnered from data originating with both the parents and children.

As the themes were explored further, congruent themes were clustered to form three broader or higher level super-ordinate themes (Smith, Flowers, & Larkin, 2009). Specific clustered statements fit as subsets of these themes and delineated subthemes. The data were thus organized into a hierarchy of three levels of themes including: super-ordinate themes, themes, and subthemes.

### **Participant Demographic Profiles**

The participants included 9 parents and 13 children. Table 1 displays the demographic details for each of the participants. Pseudonyms are used in place of their actual names. Of the 13 child participants, 8 were girls and 5 were boys. The ages of the children ranged from 5-12, with a mean age of 8 years old. The children's grade level ranged from kindergarten to sixth grade. Eleven participants were African-American and two were White.

The parent participants were all females between the ages of 28 and 47. The average age was 34. Seven of the parents were African-American and two were White. Regarding their relationship status, three of the mothers were separated, one was divorced, four were single, and one was partnered. Regarding educational level, two participants had a 9<sup>th</sup> grade education, two had a GED or high school diploma, and five had some college, trade school, or an associate's degree.

There was variation in the type and length of stay in the program for each family. There were three families participating in each of the three program types. The length of time in the program ranged from three months to over four years. The average length of participation in the programs was about 1.5 years. The specific staff the families with whom the families worked with also varied. Families received case management services from 1 of 6 case managers employed by the agency for these programs.

Table 1

*Participant Demographic and Program Descriptions*

Parent	Child	Gender	Age	Grade Level	Relationship Status	Ethnicity	Program	Length in program
Trisha		F	32		Separated	AA	THP	16 mos
	Shawn	M	10	5 <sup>th</sup>				
Angela		F	35		Single	AA	THP	16 mos
	Sarah	F	5	K				
	Sophie	F	6	1 <sup>st</sup>				
Mary		F	34		Divorced	W	PSHP	9 mos
	Jonathan	M	6	1 <sup>st</sup>				
Ashley		F	28		Single	AA	IH	3 mos
	Jakeem	M	5	K				
Monica		F	32		Single	AA	IH	11 mos
	Cevante	M	11	5 <sup>th</sup>				
	Lauren	F	10	4 <sup>th</sup>				
Janice		F	40		Separated	W	PSHP	16 mos
	Naomi	F	6	K				
Patricia		F	47		Separated	AA	IH	7 mos
	Tamika	F	9	3 <sup>rd</sup>				
	Shaniya	F	10	4 <sup>th</sup>				
Keisha		F	37		Single	AA	PHSP	53 mos
	Breanne	F	12	6 <sup>th</sup>				
Sheree		F	28		Partnered	AA	THP	9 mos
	Caden	M	10	5 <sup>th</sup>				
	Jada	F	7	1 <sup>st</sup>				

*Note.* For the ethnicity column: AA= African American, W=White. For the program column THP=Transitional Housing Program, PSHP=Permanent Supportive Housing Program, IH=In-home Program

## **Results**

The results are divided into two sections. In the first section, each family is introduced and described. These textural descriptions provide a better understanding of the participants in the study as well as a context for their experiences in the program (Moustakas, 1994). This introduction also provides a thick description of the families which is the “foundation for qualitative analysis and reporting” (Patton, 2002, p. 437) and promotes trustworthiness of the study. In the second section, the three levels of themes are presented to provide a structural description of the essence of the experience (Moustakas). Three super-ordinate themes as well as the subsequent themes and subthemes will be explained and supported via representative quotes from participants.

### **Context and Description of Families**

For each family, I will describe their demographic information, the circumstances of the interviews, and the data given by each family. Parents were asked about any academic, mental health, behavioral, and health concerns they had for their children as well as their children’s experiences and the services they received (Appendix A). Children were asked about their experiences in the agency’s programs, in school, and overall. In the following section, a description of participants, their experiences, concerns and the services they receive will be presented for each of the families.

**Trisha and Shawn.** Trisha is a 32 year-old African-American mother of 10 year old Shawn. She just completed her GED and works as a driver. She had been in the transitional housing program for 16 months.

I met with Trisha at her apartment, a recently renovated six-plex. It featured an intercom system that allowed residents to screen and then remotely let visitors in the main door. When I entered Trisha's home, I noticed a child's size violin in the chair. She mentioned dance classes for her son as well. The apartment had tile floor and white walls. I noticed a computer on the counter that was provided by the agency. I complimented her on the apartment. She said it needed furniture, and I noted the one futon with items on it as we sat in folding chairs next to the counter.

I met with Shawn the following week. Trisha made him an after school snack as I introduced myself and the research. As I asked him if he would be willing to participate, he looked to her for reassurance and she told him to talk to me. We sat on the folding chairs and started his interview with the drawings.

Trisha described her son as "smart, sarcastic and funny." She described him as social and said, "He's very sociable too. Everybody loves that boy." She also stated he spends much of his time playing with the neighbor kids. She said, "He's not really a homebody. He doesn't really like to stay in the house too much. So he's always at a friend's house. He is always out playing. He's very active. He is like the most active boy I've ever known."

When asked about Shawn's life at home, both Trisha and Shawn spoke of his interest in video games and playing sports. They also both drew about these interests on their pictures. When describing a part of his picture he said, "So me and him are playing

Play Station 3. Both of us have a Play Station 3.” Trisha said, “I drew that picture because he likes playing basketball. That’s one of his favorite sports, and every chance he gets, he’s out there playing basketball. So that’s what makes him happy.”

**Concerns.** Regarding her concerns about her son, Trisha did not describe being worry about his behavior, mental health or health. For example when she described her perceptions of his mental health she stated:

I think his mental health is actually ok, from the fact that we have been through so much, in the past couple. Since 2007 we’ve been through a lot and at one point when we were going through everything. He was just kinda, you know quiet, kinda held back, he wasn’t himself.

She noted a similar improvement in her son’s health since moving to the area from out of state. She said:

So when we were in New York, he was sick all of the time. He was always in the hospital. He was always on medications. And once we moved out of New York he’s been fine. No asthma attacks. No medication and he doesn’t have to be on a machine. So his health, he’s fine and I’m happy about that.

When asked about his behavior she said, “He’s just that lovable type of kid. The teachers all say, “Oh, he’s so respectful, and he’s so sweet.”” While she stated she was not concerned about his behavior, she did describe a scenario in which he vandalized some property with other neighborhood children. She said, “And they told me and I was like, ‘Shawn.’ And he was like, ‘He did it first.’ and I’m like, ‘No. You know you don’t destroy property that don’t belong to you.”

Regarding his academics, she stated:

He just has a short attention span. He bores very easily. So if he knows something, he'll just start doing everything else like he is not supposed to do...But otherwise than that he's good at his work, he gets pretty decent grades um, teachers say that he does good in school.

She went on to say that his grades did drop and she said, "I'm like, 'Shawn, Why?' And he was like, 'I was just bored.'" Trisha said she wants him to work on his writing and is trying to bring up his grade from a C to a B by having him practice with her each day.

When Shawn was asked about his problems he denied having any, which was a common response from most of the child participants. With further probing he admitted to having problems in the past, but said he would rather not talk about it. He said, "It's too personal." Shawn wished for food, a nice car for his mom and to be older so that he could drive. Finally, he wanted his family that lived further away to move close to him.

**Services.** Regarding the services from the agency, he receives counseling, mentoring, and tutoring three times a week. The agency has also paid the fee for a summer YMCA camp he will attend. He receives tutoring through school for the standardized testing the school conducts. Trisha said, "He gets two types of tutoring. He gets the tutoring in school." She also stated he receives mentoring through the agency. "The mentoring program, I guess that's part of, but they just have the volunteers that pretty much just come in and talk to them and work with them and stuff like that." Shawn spoke about receiving help with his homework and stated, "I get tutoring over there which they help you on your homework. And if you do all your homework and you have enough time, on Wednesday or Monday you can go on the computer." He also said,

“Mostly we do activities there. And if it’s a special night like, we get food, we get food and stuff.”

When Trisha was asked what changes she hoped to see in her son as a result of participating in the agency’s program she described a hope for academic improvement by saying she wanted him to keep up his grades. She also said, “I hope he wants to stay more independent. I just want him to maintain to be a leader.”

**Angela, Sarah, and Sophia.** Angela is a 35 year-old African-American woman, and the mother of Sarah, age 5, Sophia age 6, and a 3 year old son who was not a participant in the study. She has been in the Transitional Housing Program for 16 months. She had completed some college and worked in customer service.

I met with Angela in her duplex, and I knocked on the door as the girls were running out to go to the agency next door. She apologized for the mess of her house and invited me to sit on the couch. Her son played with an electronic game as we spoke. We were interrupted several times as she needed to attend to her son’s needs and answer the phone or door for her case manager or children’s counselor. She seemed comfortable with me as she shared her nervousness about going on a first date since ending her 10 year long relationship.

Angela was laid off in between her interview and when I returned to meet with her daughters. Her daughters also went out of state for a visit with family. I made several appointments with her that fell through because she was not at home when I arrived. Therefore, the longest time elapsed with this family in between the parent interview and the child interviews. I had interviewed several 5 and 6 year olds prior to this interview and it had been difficult to get them to open up to me as they seemed to



become bored or seemed to wonder who I was. I decided to try to meet with the sisters at the same time in hopes that their comfort with each other would facilitate comfort with me. While they did open up quickly compared to prior young participants, Sarah appeared to become distracted half way through the interview. She started to play with breakable items in the house, which required me take on a limit setting role more than an interviewer role. All other interviews with children were conducted individually after this interview.

Angela described her daughters as, “talkative” and “very strong minded.” She said:

One has rhythm the other one does not. One is skinny, one is really big, you know, a big girl. Um even down to their hair texture they are different. They have the same mother the same father but they just, if you just look at them you can tell one is me and one is him. Their personalities are very different. And Sarah’s personality irritates Sophia and Sophia’s personality irritates Sarah.

Angela described Sarah in particular by stating, “She can speak her mind. She is very good at expressing her feelings.” She stated Sophia “holds a lot of stuff in, a lot of stuff in but she is very good at...whatever she puts her hands on. And she’s very competitive so she will keep doing until she gets it right.”

Angela, Sarah, and Sophie all spoke about watching TV and playing video games as a part of their home life. Angela stated, “They enjoy reading, watching TV. They like to watch movies... Disney movies. They play very well together. They like to play together.” During my interview with Sarah and Sophie, they also spoke about several TV shows they liked to watch including, ‘Family Guy.’ The girls also spoke about playing

the Wii together. Sophie said, “We can play our Wii. All day long.... I’m the champion of bowling.”

**Concerns.** When discussing concerns Angela had about her children, she stated she did not have academic, behavioral, health or mental health concerns for Sarah. She said, “Sarah, she’s not really having any issues at school, you know, same old you have a bad day.” As far as her behavior and mental health she stated, “Sarah’s counseling is to keep her on her highs she is on and make sure everything is ok.” She did not have health concerns for either daughter, “I think they are healthy. All of them have done very well health wise.” Angela did not have academic concerns for Sophia either and stated, “I believe she reads very well, but her teachers say she needs help in her reading. But she reads constantly so I know...So I know I know she reads pretty well.” She did have concerns about her mental health and behavior for Sophia. She stated, “Sophie’s therapy is mainly about her behavior, with her with her anger. She gets so angry. She doesn’t know how to manage her anger.” She also stated, “She’s having an identity problem. You know, she’s not liking herself. She rather be white than black because most of her friends are white.”

Regarding the girls’ perceptions, they both talked about disliking homework. Sophie said, “Study, study, study. I don’t like to study. I want to kick study out of town.” Sarah agreed, “I don’t like doing my homework.”

**Services.** Regarding the services from the agency, both girls receive counseling every other week, tutoring twice a week, and case management. Sophie seemed really connected to her counselor. She said she wished she could meet with her counselor every day. Angela stated, “Case management is really one of my favorites, as [the case

manager] has been helping out a whole lot with their um, appointments and you know their medical stuff.” When Angela spoke about the tutoring she stated:

If they make a C or below it is mandatory, so because Sophie made that one C it kinda made it mandatory for her to go, and Sarah is not getting A grades yet so she um. So they um kinda made it mandatory for her too.

Sophie spoke about tutoring she stated, “They help us with our homework. They give us ideas.”

Angela also described a class that is for character development of the children at the agency. She said:

They pick a different personality or a different trait. They talk about the good side and the bad side. And every month they have like a super kid of the month. And I think that both my kids have been super kid like twice...They talk about honesty and confidence and um respect.

Angela also said that the agency has paid the entrance fee for summer camps for both girls and provided transportation to appointments. She stated they are in a mentoring program through school. She described the program by stating:

I don’t really see the benefits of...mentoring because the um, the mentor, I have never met the mentor or talked to her. So I don’t know...They meet them at the school, and they haven’t reached out to the parents and the things that they do have for the parents and the teachers. I am not available.

Angela hoped the program would be able to help Sophie keep her grades up and for Sarah’s grades to improve. She also stated, “I’m hoping Sophia can at least be some, a

little more confident in herself.... Just her behavior, she gets angry. She needs to learn how to manage her anger.... I really need that to be under control.”

**Mary and Jonathan.** Mary is a 34 year-old White mother of two children. Her oldest son is 10 years old and has cerebral palsy. The youngest son, Jonathan, is 6 and was the participant for the current study. She has been in the Permanent Supportive Housing Program for 9 months. She has some college education and is currently unemployed. Her previous position was as a nanny. Mary described Jonathan as “energetic, happy and intelligent.” She said he is “very hyper... um... he can be quiet if he doesn’t really know who you are. So once he feels you out, he won’t shut up.” She described a very unstable history which included moving state to state to escape an abusive partner.

I met with Mary in her home, and she invited me to sit at the kitchen table and apologized for the mess. She said it was always hectic getting her sons fed and ready for school. She wiped down the table as we spoke a little about the purpose of my research. She said it would make the most sense for us to speak about her youngest son Jonathan primarily since her oldest son did not have the communication skills needed to complete an interview. Before I left we scheduled a follow up interview with her son in two weeks. When I knocked on the door for this second interview, an older child answered the door and several more children came running out. Mary said she was watching children for other moms. She said there would not be space or quiet for the interview in her home and recommended I take her son to the agency office next door. She told Jonathan to go next door and talk with me and he ran ahead and went into the counseling room. The case manager helped to find another space for us to meet where there were

computers and toys in the room, and I explained the purpose of our meeting. He started the interview interested to draw with me, drawing a literal picture of the earth; however, he soon became interested in the children playing outside and asked if he could go. After a couple attempts to keep him engaged with drawings, I let him join his friends, as I did not want to push or be coercive.

**Concerns.** As far as Mary's concerns for her son, she did not have any academic concerns since he had just been tested for the gifted program. She had primarily mental health and behavioral concerns. She reported that her son was diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD) and Bipolar Disorder and has been seeing different therapists since he was 2 years old. She described her son as having extreme tantrums. She said, "But he has his moments where, he doesn't get his way it's like the world is coming to an end." She continued, "And Jonathon was not the most happy, lovable, child on the planet. He was severely acting out, very aggressive." She also stated:

I've had people come and go 'what are you doing to that child?' I ain't touchin' him!' I mean literally I'm in the office and they say, 'Is that Jonathan?' 'Yeah.' 'Why's he screaming like that?' 'Because he didn't get his way.'

She described how out of control her son was:

It's one of those things where he has gone from being this completely out of control child. I mean he was completely, I mean a year ago he literally, I would have to pick him up throw him over my shoulder take him up to the room and sit him on the floor and turn around and walk out of the room and let him scream.

Mary did state that Jonathan's behavior had improved since entering the program and she stated, "Over the past year it has toned down." She said that scenarios that previously would turn into a tantrum now, "All I have to do is look at him and it's like, 'ok we are going to go to the bathroom now.' We've gotten to that point where he knows the difference." When asked about her concerns about his health, she described attending to the families' health took up a lot of time. She stated, "[They] both have health medical needs. I mean it's just, but it is one of those things where no matter what they are always going to need, need to be at the doctors."

Jonathon had a different perception of his mother about the problems he experienced. He stated, "a problem? I don't have any problems." While talking further about his pictures, it became clear that he considered being the younger brother as his problem. When he finished his picture of what he would like to be different in the world he said he wanted to be older and described it as, "My brother being sad."

**Services.** Regarding the services from the agency, Jonathan received counseling every week, tutoring three days a week, and case management. Mary described the benefits of case management:

The boys' case managers help me keep up with doctor's appointments, make sure they get their dermatologist and their psychiatrist, and Brian gets to see his neurologist. And that and they make sure that I make all those appointments and keep up with them and stuff like that. She often helps set up field trips.

She continued, "The case management is the key thing that helps...because if they weren't, if the case managers weren't there, that's one of the people that helps that we talk to, to say 'Ok, this is what's going on.'"

She also described the character development class that her son participates in at the agency and stated, “It’s not exactly a counseling program. But it’s not tutoring either. It’s teaching kids how to have morals and stuff like that.” She liked that there was a reward system built into this class. She said:

And they have reward systems, if they do really good in school and they do really good in tutoring, if they are super kid of the month, they get to have a pizza party. Every two months, every two to three months they pull all the super kids of the month together and have a pizza party. And then at the end of the month when it’s at the end, whoever reads the most books and... follows the directions the best is super kid of the month and they get a gift card.

The agency has also paid the entrance fee for summer camps for both of her sons and has provided gas money for transportation to help get her son back and forth to school. She stated, “It’s a program that helps handicapped children, that they’re helping fund so Brian can go to the day camp all week, a week or two this summer, which is cool, because it’s \$300 a day.”

Regarding community services, her son also sees a psychiatrist for ADHD and Bipolar Disorder. She stated he had been on a mood stabilizer for three weeks so she is hopeful it will help with his behavioral and mental health issues. When asked about the improvements she saw in her son she attributed part of his improvement to this medication and said, “Jonathan has gotten put on his ADHD medicine, has been put on his mood stabilizer medicine since being in this program.... He’s only been on his mood stabilizer for about 3 weeks now”

Mary stated that she had one hope for her sons after participating in the program. She stated, “I want them to stay happy. I want them to know that even when we leave this program that...doesn’t change who they are.”

Jonathan described his experiences in the program as well and said he plays upstairs, which is referring to playing with the counselor. He also said he plays on the computer. He said, “I think about those are FUUUUUNNNNN!!!!!”

**Ashley and Jakeem.** Ashley is a 28 year-old mother of six children. She said only has the two youngest, a five year old son and a three year old daughter, living with her. Her son, Jakeem, was the participant for this current study. She has been in the in-home case management program for three months. She entered the in-home program after spending four months in the emergency shelter with the current agency.

I met Ashley in her apartment. I recognized her from when I worked at the agency previously. She had lived at the emergency shelter. However, I never worked with her or counseled her son because he was only a toddler at the time. She did not seem to remember me. She lived in a one bedroom apartment, and we sat at the dining table. When I returned a week later for her son’s interview, her son was watching television in the bedroom when I arrived. Since there was not much space for us to meet alone, his mom was within ear shot of the interview and would sometimes come over and talk with her son as we were meeting. She made statements about how tired she was and about how her son’s in-home counselor was coming soon. Her daughter was sleeping in the bedroom, and woke up half way through the interview and joined her mom and wanted food.



Jakeem put a lot of time and care into his first picture and was enjoying the process and was singing to himself. Ashley laughed at his singing initially, then hurried him along and said, "Come on man. You're wasting valuable time singing...come on, hurry up. I'm not playing anymore." I attempted to start the second picture and she asked if we could not do the second one. I did not pressure her to allow me to finish the picture with Jakeem.

When describing her son, Ashley stated he has two modes which included happy and angry. She stated, "He's either happy goofy or playing a lot or he's either angry or sad and wanting to destroy the world type of person. So there are only two sides with him. There is no in the middle with him." When asked to describe his strengths, she stated, "He's a great helper. He helps me a lot. But um, when Jakeem puts his mind to it he is a real good helper."

When describing her picture she drew of her son she said,

My dream has always been for him to grow up and become a professional ball player. I want him to play baseball, basketball, football and soccer. I want him to be like the next Bo Jackson. He played every sport you could think of and got paid for it, big money.

When Jakeem was asked about his home life, he said "Oh just play I guess." He also described a recent Easter egg hunt. He said, "I found the mosted eggs... I found 9...then I found one more egg. Then I had 10 eggs." Jakeem had only one wish. He said, "I wish I had a lot of money." When he was asked what else he would want he said, "Just money... Infinity money for my mama."

**Concerns.** As far as her concerns, Ashley is not concerned about his math. She said, “He’s good at math. He’s good at math so, adding, he hasn’t started subtraction yet so we’ll see how he does in that. As far as his reading she stated she would like him to be doing better, “I want him to be able to point out the words. I don’t want to be rushing him but.” She believes he would do better in school “if he could just focus the way he is supposed to.”

Ashley stated she did have concerns about his mental health. She stated, “His concentration could be improved. Like his focusing, his mind seems to wander. He can’t focus on one thing for too long. That’s what is bothering me.”

She stated at home she did not have any behavioral concerns, but she stated at school he is aggressive with other children. She said:

I think he’s like, he doesn’t have to listen to anyone but me. That’s how he’s been carrying in school late lately, going around fighting the other little kids. I didn’t want him to get put out, you know what I’m saying. That’s why I am going through the counseling services. I just need him to know that it is not ok to put your hands on somebody ever.”

She later described her son as having difficulty at the tutoring program as well as at home. She said staff needed to chase him to get him to do his homework. She said at home, “Jakeem has a real problem with his little sister. They are always fighting fighting fighting fighting like... only an hour do they get a long and the rest of the time they fighting.” Regarding her concerns about his health she said, “His allergies. He’s got grass allergies. In the summer time he gets real scaly. In the winter time if it gets too cold he gets bumps all over his face.”

Jakeem became silent and denied having problems when he was asked about them. When I asked about who might help with his problems he said, “Nobody....well they do help, but it doesn’t help.” He did not speak of any problems at school as he mentioned playing outside at school and needing to wait his turn for the computer.

**Services.** Regarding agency services, her son receives tutoring one day a week. The mother receives case management but she said her son does not receive any case management services. He has community services which includes in-home counseling. She stated he had just attended his first meeting with a psychiatrist as well. Ashley had hopes of improved academics. She said, “For him to work more independently and for him to know his sight words on. Um, I want him to be able to read. You know what I’m saying? I’d like to see the improvement in him.”

**Monica, Cevante, and Lauren.** Monica is a single 32 year-old African American mother of 3 children. I interviewed the two children who were living with her, 11 year-old Cevante and 10 year-old Lauren. She has an older 15 year old son who lives with her sister. Monica was in the In-Home Case Management program and her children received tutoring from the agency as an adjunct service. She had been receiving services for 11 months at the time of the interview. She has attended some trade school and works in a housekeeping position.

I met with Monica in her apartment in the community. We sat on opposite sides of the room on leather couches. Monica was open and inviting and offered coffee and started talking right away about her fiancée that was killed a year ago and how she was in the process of a trial. She stated that she and her children were present the night it happened and witnessed his murder. She showed me family photos before I left.

When I returned a week later to meet with her children, she said her daughter had a sleepover the night before, and was in her room with her two friends. Monica cooked breakfast for the girls and her son while I first spoke to her daughter. Lauren's best friend was there and seemed interested in the project as well and asked questions. She showed me the beaded jewelry she had made, and Lauren and her friend each had a best friend necklace on. I spoke with Cevante next. During my interview with his sister he reluctantly had taken out the trash when his mom requested his help. He was very soft spoken, but he was very open. He was interested in the type of tests required to get the degree I was seeking and spoke about his interest in writing.

Monica described Cevante as "determined." She added, "He is quiet. He's pretty shy. He's determined to do good no matter how hard it is. And he is lazy. Yeah. (laughs)... He don't want to take out the trash. He don't want to clean his room."

Monica described her daughter as "animated" and "very, very smart." When describing Lauren's interests Monica stated, "I think this girl is going to be either a fashion designer or a business lawyer," since she sees her creativity and imagination as strengths. Monica said that Lauren enjoyed making bead jewelry. Lauren confirmed this as well, but said she also liked playing video games. Monica said, "I'm blessed. I have good kids."

When asked about their home life, she said Cevante liked electronics. Cevante confirmed that he spends most of his time watching TV, playing video games or playing with his cousin. He also said, "I like writing a lot....I'll think about it. I'll think about something else instead of getting mad." Cevante had several goals and said he wished "to be professional football player, be a singer, and be a lawyer."

When asked about his school experience, Cevante described the discipline the class receives by saying:

We have Fridays like whoever is good for the whole week on Friday. We go in the gym and have a party...and play songs. And the ones that were bad, they have to go to the art room. Nobody likes to go to art.”

Lauren described a scenario where her teacher posted answers to the standardized test on the board for the children. She felt conflicted as to whether to report the teacher or not.

**Concerns.** Monica said she had concerns about her children’s academics in terms of their focusing. She said, “I have serious concerns about that. Um... they don’t, they are not focusing.” She continued, “So I would like them to focus more. For them to focus better, so they could do better academically. ‘Cause they’re both really smart kids.” Specifically with Lauren she stated, “I know she can be a straight A student if she just focused, instead of paying attention to everything else going on around her and fix everything else. She’d be fine. She’s in the gifted class.” In regards to Cevante, while he has not been diagnosed with a learning disability through testing she said:

He has a learning disability, where what I’ve always thought of it was memory loss where he retains what he wants. It’s like a selective, ‘cause seriously. You could teach him to count money today, everyday for about a month, if you don’t bring it back to him it’s gone. So that’s what what, I’ve actually tested, let’s try this again, and he’d forget. He only remembers what he wants.

Monica told the school psychologist about her concern, but the psychologist did not encourage further assessment.

Monica did not have concerns about either of her child's health or behavior; however, she did have concerns about their mental health because of the loss of their father. She said, "[There's a] difference with a lot of people, you know, you have grief, you've lost someone, but we were there when it happened. We actually saw what happened we are all going to see that for the rest of our lives." She said Lauren still has nightmares of fighting with people. Lauren told me about a nightmare she had where she dreamt she was in a coffin. She said Cevante has dealt with the grief and trauma in a quieter way. She said, "Cevante is kind of laid back. Every once in a while he'll come up and start talking about certain things. You got to pull it out of him. He's not just going to come and tell you."

Lauren spoke about problems with bullies at the agency program and school. She described the kids at the program:

Some of the kids there are mean... Yeah there are some kids I don't like. They are bullies.... They like pulling people's hair.... Yeah. I don't want the mean girls to even sit by me. They talk too much and are going to get me in trouble. I ask [my friend] to sit right there and I sit right there and put our book bags right there. She continued, "My brother got more mean," because of the influence of the kids. She said, "He takes his stuff out on me." She noticed a change in herself as well at school. She said, "I've become more quiet. I sit in the front because the kids in the back are mean."

Lauren's other problems include worrying about her mom and her own nightmares. When she was asked what her three wishes would be, she said one would be that her mom be happy. She said, "And I can make the last one happen," referring to her ability

to take care of her mom. She described, “Like when she coughs at night I run in her room to see if she is ok. I ask her if she needs some water. She says no, but when she coughs again I get her some water.” She also described her concerns in terms of her wishes. She said, “When my dad to come back from heaven. And my second wish would be my real dad to come from Germany to here. And my third wish would be that my mom would be happy.”

Cevante described his problems at school. He said, “I don’t like school,” because the kids were “crazy.” As far as the program he said he didn’t like the unpredictability of other children getting on the van. He described feeling uncomfortable with the children in the program as well. He said, “So many kids... they don’t listen very well... When they don’t listen [the case manager] tells them to sit down...[It’s] embarrassing too....I’m like jeez.”

**Services.** Monica stated her children receive tutoring once a week from the agency since the beginning of the school year. She described programs at the children’s previous school. Cevante participated in a program where “Men from around the cities from different companies and businesses, came in to mentor boys who didn’t have fathers, whose fathers were killed, to show them, hey you can still do something.” She said:

It helped Cevante cope, and to understand his feelings. It was ok to be angry. It was ok to be angry, sad. It’s ok to ask questions. Help him know how to cope you know, to understand what he was feeling as a little kid.

Both children also spoke with a school counselor as well.

In the community, Monica mentioned that everyone in the family had gone to outpatient counseling for eight months for grief counseling. She also mentioned a mentor program was starting in the summer through her church. Monica hoped for improved confidence and academic performance for her children as a result of participating in the program.

**Janice and Naomi.** Janice is the mother of 6 year-old, Naomi. They are in the permanent supportive housing program and have been receiving services for 16 months. Janice is 40 years old and identified her race/ethnicity as White. Janice has an associate's degree and is currently unemployed. She stated she is separated from her husband and will soon be divorced. Naomi had been living with her father during the week and with her mother on the weekends for the past 6 months.

Janice said she preferred to meet in the office of the agency rather than her apartment. We met privately in a meeting room filled with tables, computers, and toys. Since she only has her daughter on the weekends, she suggested I come the following Friday to meet with her daughter after her counseling. I returned in a couple days and Janice and I were waiting for her daughter in the same room when she came from counseling. She introduced us and told her daughter that we were going to talk. Initially, Naomi was outgoing and curious, and was eager to draw a picture. She drew a scene with a tree, flowers and birds. When asked to explain her picture more she said, "I did a lot of trees and a lot of forests, and a lot of stuff I just thought of. And a lot of drawings." When she was asked to draw her life with any changes she would like she said, "I don't want to do that one. It is too hard." As the interview progressed she seemed to become hesitant to share details about her life since she started responding to every question by



saying, “not that much.” We played a game in order to attempt to build rapport and engage. She enjoyed the game but continued to answer, “Not that much.”

Janice described her daughter as “funny,” “happy,” and “curious.” She said she is interested in crafts and stated, “She is wanting to play Barbies, computer games, bakes. She wants to bake with me, plants seeds and flowers in pots on our balcony.” Janice described their relationship as very close and stated, “She’s the sunshine of my life. She keeps me going.”

**Concerns.** Janice stated she is not concerned about Naomi academically, stating, “Well I just got word about her academics. She seems to be doing very well. She got a lot of satisfactoriness... meets grade levels expectations for all three. She got one outstanding in music. I’m very proud of her.” She read off of her progress report, “It says, ‘Naomi is a sweet girl. She seems to have enjoyed school very much and is mastering kindergarten skills.’” Since Naomi’s father has dyslexia and Naomi would mix letters and numbers around, Janice asked the school to evaluate Naomi for an IEP. The teacher told Janice that her daughter is still young and will probably outgrow it. Janice stated she is less concerned because her daughter is doing so well in school. Regarding Naomi’s health, she stated, “Her health is pretty good. She gets allergies from time to time. She is pretty healthy overall.” She has no concerns about her behavior, but she has a concern about her daughter’s mental health. Janice worries about how she is adjusting to the divorce. She said her daughter seems more “clingy” at times and “more distant” in a way she had not been before and she does not want to go back to her father’s house at the end of the weekend.

**Services.** Regarding services, she receives case management and counseling once a week. Naomi spoke positively of playing games with the counselor and other staff at the agency. Since Naomi stays with her dad during the week, she is not currently receiving tutoring. During the first half of the school year she did receive tutoring two nights a week and the character development class. The agency has also arranged for a summer camp for Naomi to attend and has taken her on field trips. She also stated the agency helped pay for daycare for a few weeks when she was working. She said, “And they provide the daycare for a certain amount of weeks and then it was up to me to pay for it after that. So I started paying for it after that.”

Janice hoped for improved social/emotional/behavioral functioning for her daughter. She said she hopes “that her self esteem continues to grow. [Her] social abilities get better.” She also wanted her academic performance to continue to improve.

**Patricia, Tamika, and Shaniya.** Patricia is 47 years old, African American, and the mother of nine children. She stated six children are still living with her and three children are grown. Her daughters, Tamika, age 9, and Shaniya, age 10, both participated in this study as well. She is in the in-home case management program and at the time of the interview had received services for seven months. She stated she had received funding for rental assistance from DHS a couple times, however, she stated she was living in a hotel. She had recently separated from her husband and was in the process of getting a divorce. Patricia has a high school degree and is currently seeking employment. Previously she has worked as a health care companion.

Patricia did not want to meet where the family was staying, so she suggested we meet at a restaurant. I called her a half hour before the meeting time to confirm as she requested and she said she preferred to meet at the public library since it was closer to where she was walking. She had three of her children with her and they played on the computer while we went over the informed consent. She said that she would prefer to meet alone the following week at the same place when her children were not present. I arrived the following week and she was not there. I called her and she said she was at the social services office taking a class. As discussed times to reschedule she said she would most prefer it if I could meet her at the building where she was currently. I drove to meet her and there was a private waiting area where we were able to talk.

We scheduled a meeting for the following Saturday to meet with her daughters. She told me to call the day before to set up the time and place. When I called, her phone was out of service. I called several times before her phone returned to service. When we reconnected on the phone, she could not think of a place that was convenient for her to meet with her children since she did not have a car. I suggested that I could meet with her children at the agency after they received their tutoring. She said she would greatly prefer that option. I contacted the agency and asked if there would be time and space so that I could meet with Tamika and Shaniya after the tutoring was complete. I completed one interview the first week and completed the second interview the following week at the agency. The girls said they remembered me from the library meeting with their mother.

Patricia described Shaniya as “fun” and “crazy.” When asked what she does well, she stated, “She loves people. She is a lovable person. She likes to comfort people. She

does that real well. And um... I don't really know. That's all I know about, you know. She's a nice girl. She's comfortable. She likes to comfort people, and beg." She described Tamika by saying, "She likes to read a lot. She reads real well. She gets good grades as well. She likes to do hair, and she helps the girls with their homework. She kinda, she's smart."

When discussing their home life both Shaniya and Tamika discussed their cheerleading activities. They were involved with a group that had practices several nights a week. Tamika described it, "That's at dance practice... We are going to a championship on May 10th.... And my sister knows all the cheers and stuff. And if we talk and don't pay attention we have to run around the whole field."

The girls also spoke about their experiences at school. Both sisters discussed the discipline or support they received at school. Tamika spoke about the types of behaviors that she received discipline or in school suspension for. She said:

I talked to the principal that told me that some things are just gonna happen sometimes. And you can't stop it because it is kinda bad things going through your mind. Like hitting people, cursing, not paying attention to the teacher, not following directions. Looking at other people, and not respecting the teachers and fussing at her, doing things she say not to do.

She described the behaviors she knew she should do at school as well, "when you be excellent in class, you don't bother nobody, stay in your seat, raise your hand, you have permission to get up." She recited the messages she had received after acting out in school by saying, "But when she said ... be responsible and don't be... don't be like don't be saying what you were doing before." She had difficulty recalling the message of

her teacher telling her to be a better person, “She’s taken the kids out of the classroom and she said, don’t let nothing, don’t let nothin’ um....um make you, don’t let nothing make you...a better person.”

While Tamika described being nervous about the potential of receiving in-school suspension, she discussed a positive time when the teacher’s assistant advocated for her. She said:

I get to talk to her. When I’m about to get a referral and she tells [the teacher] I don’t need one....I wasn’t really doing nothing. All I was doing was laughing and stuff....She didn’t want me to get a referral and stuff.

Shaniya described similar responses from the school. She said, “Sometimes she gives me a referral and she calls my mama,” and “They talk to me about being, being good and not being disrespectful.”

**Concerns.** Regarding her concerns about her daughters, Patricia said she has no academic concerns because “they get good grades.” She does have concerns about their behavior and stated, “Sometimes they have little outburst and stuff and [the case manager] has um referred me to some counseling for the kids, but I never had time to do that.” She stated they have problems at school as well. Shaniya “sometimes gets an attitude, in school, and I have to call the school.” She said at home, “They are always fighting all the time and getting in trouble....A lot of times, they always getting in trouble.” She is concerned about their mental health since she is going through a lot with the divorce, being unemployed, and living in a hotel. She stated, “I guess I’m going through my stuff and they are going through it with me....Sometimes I get to crying and

they just come on in and hug me.” Her only health concern for the girls is for them to have their yearly physical.

Tamika and Shaniya discussed several stressors as well. Tamika’s stresses were apparent in her wishes. She said, “My first wish was I wish I had a house to stay in. My second wish, my mama have a job. My third wish, we had to um drive, we had a car to drive.” Both girls spoke about the pain they felt because of their parents’ divorce. Tamika explained when her mom leaves, she and her sisters bond together. She said, “We all be crying because my daddy is mean and stuff.” She continued to describe an abusive relation between her mother and father. She said:

My mama put my daddy in jail for coming over, her her her friends house and she thought, he thought she was over there with a man, but she won’t. She was at her friend’s house. It was a lady....And my mom called the police and my daddy come in and cussing and stuff and taking us around there.

She later said that her father is out of jail now and, “My daddy is nice now. Sometimes he comes and picks me up. ‘Cause my sister and them do not want to stay with him. He takes me places where I want to go and stuff.” She stated she still worries about him because he pays child support to her mom, but doesn’t have a place to live.

Tamika described her problem at school, “I can’t remember everything. Because I have a lot on my mind and stuff. I am trying to erase it in my head, but it just pops back up.” She described bully problems at school as well. She said, “Sometimes people want to fight me. People hit me and ... try to trip me.”

Shaniya expressed sadness about her parents getting a divorce as well. She also described difficulties at school as well. She said her teachers “fuss” at her at school and

described the reason to be, “I don’t do nothing. I push chairs and stuff. I don’t do nothing.” She continued, “I...try to stop myself from hitting them, but I can’t, and I fail.”

Finally Tamika expressed concern about her eyes. She said she visited the school nurse for her concern. She said:

I told her it was blurry. She told me um, she told me to um look at um, that that alphabet and it got smaller and smaller and it got like different, different letters and stuff I couldn’t see. I had to open my eyes like that wide to see. And I wanted glasses and stuff....She told my mama I needed glasses.

Interviewer: Did you get any?

Participant: No.

**Services.** Patricia stated that besides the tutoring with the agency, her girls receive tutoring for the standardized testing at school. She also described receiving some case management services for her daughters as she said:

I took them to the dentist. Well through the [agency’s] program they took them. They helped me make appointments to go to the dentist and stuff. Because I guess I was being so stressed out you know....So they made appointments for them and um.... I followed up on all the appointments and stuff and they um, they got their teeth fixed.

Patricia said, “I hope that they be good girls and grow up to be better girls,” as a result of participating in the program. She continued that she hopes for “a future for them, you know, instead of staying around the neighborhood picking up a whole bad stuff you know.”

**Keisha and Breanne.** Keisha is a 37 year old, African American mother of two girls, ages 12 and 14. Her youngest daughter, Breanne, participated in the study. They have been in the Permanent Supportive Housing Program for almost 4 ½ years. Since they had been in the program this long, I had previously worked with the family in the role of children's counselor for both girls. I considered whether this previous relationship would create a potential bias in the research or interview. It was decided that a parent that had been in the program so long may have valuable insights and the potential benefits outweighed any potential conflict. Keisha has a 9<sup>th</sup> grade education and works as a custodian.

When I arrived at her apartment for our meeting, the complex was getting new windows installed. As we began to discuss the informed consent, there were noises that made it difficult to speak. After she agreed to participate and signed the informed consent, the window installers were ready for her apartment. We rescheduled another day to complete the interview. We met a few days later in the morning before she went to work. When I tried to find a time that Breanne would be home to interview, Keisha said she gets home from school and I could meet with her the next day after school while she was still at work. Under different circumstances, I would not have felt comfortable with this, but since Breanne knew me already, I thought it would be ok. I arrived the next day, and Breanne said she remembered me. She did not answer many of the questions, which fit with her mother's description that she did not like to answer questions. I checked in several times to see if she wanted to play a game while we talked or if she would like for me to discontinue the interview. She did not want to play a game, but always shook her



head no when she was asked if she wanted me to stop asking questions, even though most of the questions were answered with silence or shrugs.

Keisha described Breanne as “very intelligent, and she likes to laugh and smile all the time. I call her giggles. She laughs at everything. She has always been very happy. It is just sometimes she gets irritated. But for the most part she loves to smile and laugh all the time. And sometimes, she can be rude. Yeah, she’s got a temper.” She stated she enjoys dancing and listening to music. Breanne stated she enjoys, “watch TV, dancing, listening to music.”

**Concerns.** Regarding her academic concerns for Breanne, Keisha stated she is generally less concerned than she has been in the past. She stated, “She seems like she is doing pretty good. She makes pretty good grades... she doesn’t get written up a lot like she used to do.” She went on to describe that her grades still do fluctuate by stating:

She was doing really good in her social studies, but she is trying to bring it up.

She was getting E’s and an N and now it is a C. But for her certain times, her academics go up and down. They fluctuate. Sometimes she gets good grades and other times uh like when she gets a good grade in English or reading then the next um, the progress report that comes down and then it goes up and comes down again. It’s just like that, up and down and up and down.

Currently, Keisha’s academic concern that remains is about Breanne’s ability to focus. She said, “The only thing that I want her to do is just focus and concentrate. Help her focus instead of her brain just running all the time.” Keisha had more concerns about Breanne’s behavior that had interfered with her school in the past. She said:

That is when she first started having problems at (school). They told me that Breanne was too wound up. She was running all over the place. She was running in the class. The teacher don't know what to do when she's trying to teach. And Bre, she's off doing her own thing instead of listening, she's just disrupting and disrespecting, so that's why we got an IEP."

Currently Keisha still has concerns about Breanne's attitude. She stated, "Just her attitude, she don't do nothing else drastic or nothing like that. Like she just, if she feels like if she is being um, questioned a lot she tends to flare up," and:

She gets aggravated. She has a tendency to say bad words. She'll cuss. Or she'll um, tell them, 'you ain't my mama, you can't tell me what to do.' Or she storms out. She shuts down, if she gets real mad she'll shut down and won't talk to nobody and don't want nobody to talk to her.

When asked about Breanne's mental health, Keisha stated her daughter was diagnosed with ADHD and was given medication. She saw an improvement in her grades and behavior at that time. As far as the Keisha's concerns about her daughter's health, she stated she is worried about the potential side effects of the medication and needed to get a check up with a physician.

Breanne said she did not like school. When asked what she did not like about it she said, "Everything," but would not elaborate further. She described having difficulties with other kids at school by saying there was, "just a lot of drama." When she was asked about what she would like to be different at the agency's program she said, "It's not going to do any good to tell you." Breanne seemed to have concerns about safety

because when she described her second picture, she said she would like to change, “all the bad people, guns, and people basically robbing the store.”

**Services.** Keisha said that her daughter has an Individualized Education Plan (IEP) based on Breanne’s ADHD and behavior problems. She described it as, “They just help her with her coping skills. She’s getting help now with social studies, now that’s her one subject on the last IEP she had an E on that. And she’s going to get it up.”

She also has monthly medication management appointments with a psychiatrist in the community. She thought this was working well. She said, “Since she’s been on her medicine she’s been focusing pretty good.” When asked what she attributed the improved behavior at school to she said, “The medication. I really do. Because I used to have to go to (school) all the time about her attitude and her behavior in the classroom.”

Breanne receives counseling with the agency counselor weekly, and tutoring twice a week. She said:

It is depends on her grades. She gets to turn, to turn in her report card every time they get it, and if she got bad grades she has to do tutoring, but if she don’t have that one, it would be like once or week or something like that. She would get help with other subjects.

She also described the agency as being helpful by paying for camps in the community. She said, “School is about to get out and camps will start in the summer. Breanne goes to the YMCA and [her sister] went to an African Dance class.”

**Sheree, Caden, and Jada.** Sheree is a 28 year old mother of five children. She is African American and married to Devon. They are in the transitional housing program and have been in the program for nine months. Sheree has attended some college and is

currently a student. Devon is currently unemployed and looking for a job. Her children are ages 10, 7, 5, 3, and 1. The oldest, Caden, and his 7 year old sister, Jada, both participated in this research project.

I met with Sheree and her partner at their home. The first time I met with them it was just her and her partner and their one year old baby. Sheree and I sat in the same corner on a chair and couch, and her partner sat across the room. He was quiet for the majority of the session, but added his thoughts at the end. They joked with each other throughout the interview. We were interrupted a couple times by the case manager who was giving updates about the children's activities. Someone knocked on the door another time when Sheree's sister and family arrived, and they waited on the porch. The following week, I arrived and Devon was the only one home with the children. The four oldest of the children were very interested in who I was and asked me many questions and showed me tricks they could do. Devon set up the younger children in the back bedrooms to play so that I could talk with Jada first. Sheree came home in the middle of the interview and Jada started telling her about the picture she was drawing as Sheree rested for a moment in the living room from her day. The case manager came by to pick up Jada for an activity right at the end of her interview.

As I started to meet with Caden, Sheree's extended family came again. They laid a sleeping baby on a couch and then went to sit on the porch until we were done. If Devon or Sheree walked through to the kitchen, Caden would wait until they passed or teased them about needing to leave so he could talk in private.

Sheree described Caden as "serious" and "mature." She said, "He wants to help. He wants to go to work. He would rather be here doing something than outside with other

children. And he really likes to be around older children. He's in school, super, never a problem."

Sheree described Jada as a "free spirit" and very social. She stated, "Everyone is her friend. And if you are not her friend she doesn't understand why. She'll try anything. Caden not so much. If it's dangerous, it's not going to happen." Sheree stated all of her children are very close. She stated, "If one person is hurting, everyone is hurting. They are sensitive with each other. They are very close. Close with people."

When asked about his life at home, Caden discussed his interest in the books. He said, "I want to go to the bookstore too. I want the Dairy of a Wimpy Kid book... I draw comic books that look like him... It's about me. Me beating up bad guys because I got martial arts." He also said, "I like nature and animals, my favorite animal is the wolf," as he drew his first picture about the things he likes.

**Concerns.** Sheree did not have any concerns about Caden's academics. She said:

Caden, he has a certain group of little people he hangs around with. Most of them are very serious, they do their school work. They go to the library every day.

Caden will go to the library and sign himself up for activities. He's like, 'I have to go because it's book reading mom.'

She has no concerns about his physical health or behavior and described him as very responsible. When discussing the children's mental health in regards to how they adjusted to losing their grandmother and becoming homeless, she said, "Caden...was very distant. I could tell he was dealing with things in the same situation but he didn't know how to act with that, didn't know how to respond to how his feeling."

Regarding her concerns about Jada, Sheree stated she had academic and mental health concerns for her daughter last year, but she is doing better this year. Sheree stated:

She's better, even her report cards. Her teacher said from the beginning of the year until now she's made a complete turnaround in her attitude and her enthusiasm. Like last year you ask her to read, 'I don't want to read.'

She stated she was diagnosed with ADHD. She went on to describe Jada's mental health concerns last year by stating:

Last year in school was not a good year. She was agitated most of the time, she would have mood swings that were outrageous. Never bad, like not a temper, but like I'm gonna cry, I'm just, every little thing bothered her. Then she went through a phase where all she talked about was death.... Jada, she had trouble sleeping, just like a lot of bad dreams and dealing with that.

She stated she sees her daughter as being sensitive to the stress of relationships. She said, "She works very hard, and sometimes that can be very stressful for a little... Every day after school she's like, 'This person is upset with me.' It really stresses her out."

Like some other children in the study, Jada and Caden also spoke about problems with bullying. Jada described hers at school and said, "This boy he pushed me by the monkey bars, and I hit my head on each of the monkey bars." Her wishes reflected her worries as well. She said she wishes, "that everybody is related to each other, it doesn't matter what their skin colors are. The other one would be that no one dies." Caden said his problems with the bullies happened at the agency during activities. He said he only has one friend there, and "the teenagers are mean." He said they "fuss at me and they call

me names.” Caden also saw that his mom needed a car, “Then we could drive places.” At the moment the family relied on public transportation and rides from family members.

**Services.** As far as services, both Caden and Jada receive tutoring, counseling and the character development class from the agency. They also will go on agency field trips and to summer camps that are paid for by the agency. She stated both children have an in-home counselor as well. Sheree said that Jada had an IEP at the last school she attended but does not have one at the moment. She state, “Before we got here, Jada did have an IEP and was meeting with the counselor at school. That’s how we got her the in-home counseling services.” She said that Jada does not take any medication for her ADHD diagnosis.

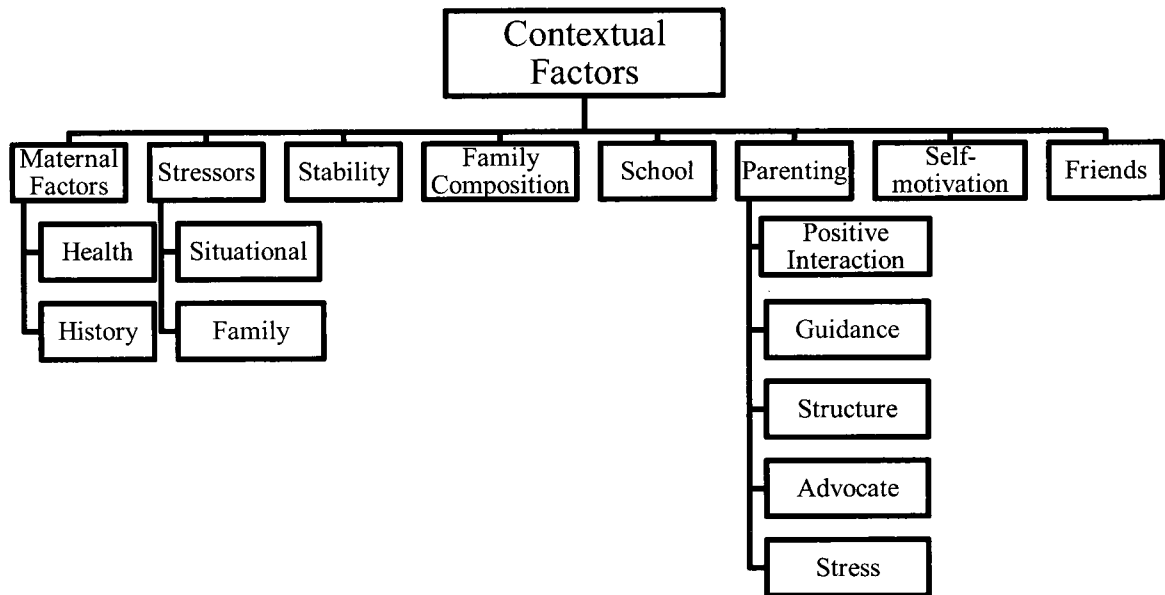
### **Themes**

In the following section themes that emerged from the data are explained. The research team determined that, hierarchically, there were three super-ordinate themes that captured the essence of the data: *contextual factors influencing children’s experiences*, *program benefits for the children*, and *evaluation of the program*.

#### **Super-Ordinate Theme One: Contextual Factors Influencing Children’s Experiences**

All of the participants spoke about different factors that influence their families and the children’s experiences. This super-ordinate theme of contextual factors includes themes and subthemes that were discussed by the parents only and those that were discussed by both parents and children. The theme discussed only by the parents included *maternal factors*. Parents and children discussed *stressors*, *stability*, *family composition*, *schools*, *parenting*, *self-motivation*, and *friends*. Figure 2 presents the

themes and subthemes. Table 2 displays the themes and subthemes each participant discussed.



*Figure 2.* Themes and subthemes for contextual factors influencing the children



Table 2

*Contextual Factors Discussed by Participants*

Parent	Maternal Factors	Stressors	Stability	Family Composition	School	Parenting	Self-Motivation	Friends
Trisha	H, Hx		X	X	X	AS, G		
Shawn				X		L		X
Angela	H	S, F			X	AS, PI, S		
Sarah						PI		
Sophie								
Mary	H	F	X	X	X	S		
Jonathan						L		X
Ashley			X	X		PI, G		
Jakeem						PI		
Monica	H, Hx	S		X	X	G, S		
Cevante					X	PI, L	X	
Lauren						PI, L		X
Janice	H	F				PI, G, A		
Naomi								
Patricia	H	S, F		X		AS, A, PI, S		
Tamika		F	X				X	X
Shaniya		F		X				
Keisha				X		AS, A		
Breanne						L		
Sheree	Hx		X	X	X	PI, L, G	X	X
Caden			X			PI, L	X	X
Jada			X			PI, L		

*Note.* X=participant statement contributed to theme. For the Maternal Factors column:

H=Health and Hx=History. For the Stressors column: S=Situational, F=Family. For the Parenting column: PI =Positive Interaction, L=Love, G=Guidance, AS= Amount of Structure, A=Advocate, S=Stress. Each family is highlighted.

**Maternal Factors.** Seven parents spoke about *maternal factors* as a theme.

Maternal factors refers to statements the parents made about their own wellbeing or

experiences that impacted their children or their family. There were two subthemes which included their own *health* or *history*.

**Health.** Six parents spoke about their own health or mental health. For example Monica said her own mental health affects her children's behavior. She said, "I know why they act out when they act out. I know where it comes from. Bottom line if I'm not where I'm supposed to be, they are not going to be." She continued, "Behavior wise I know why they are acting out. Mama's acting out." Since she was struggling with the murder of her fiancé she said, "I was coo coo for cocoa puffs." She described how her counselor in the community was ineffective at helping her deal with her mental health problems. She said:

If you are going through what they call post trauma you know post traumatic...whatever they say I had. If you are going through that, why does talking about your past? ... I'm trying to get through today. I don't want to talk about yesterday. You're not helping me! I'm trying to get over. Hey, how am I going to take care of my kids because I am an emotional wreck? Help me to get myself together. I have to go to work. I have children. I have to live right now.

Janice mentioned her own mental and physical health as impacting Naomi. She stated she struggles to hide her depression from her daughter when she drops her daughter off at her father's and stated:

I try to be strong and don't cry in front of her and be strong and reassure her that I'm coming back Friday to pick her up. And hopefully she will be with me during the summer. Um, I'm suffering from a real bad depression.

When asked about what her concerns were for her daughter, she answered, “I guess my concern is that I stay healthy myself, to the best of my ability. But it is a push.” Janice recognized how her medical disorder can impact her ability to interact with her daughter the way she would like. She stated:

I also have myofascial pain disorder, so my disabilities are you know, very little of it does it affect her. But sometimes, mommy doesn’t want to do something. And you know she might say. ‘Well why not?’ And I’ll say, ‘Well mommy’s not feeling good right now.’

Patricia stated, “I go to a lot of mental health classes.” She continued by saying, “Because I am not home with them much, most of the time because I am trying to get myself together, you know.”

Trisha, Angela, and Mary also made reference to their own mental health and health. Trisha said, “When I first came into the program I was depressed.” She added, “We both were down in the dumps and this agency got us back on our feet.” Angela said, “I almost got into a depression just sitting here.” Mary said, “It is one of those things where no matter what, they are always going to need to be at the doctors ... not including all my medical problems.”

**History.** Three parents spoke about their own *history* and past experiences which affected what they wanted for their children and how they felt about the services. Sheree discussed her own experiences as influencing how she thought about her parenting and her willingness to access services for her children. She said:

I know when I was growing up we didn't have things like that. We didn't, or if we did, my mother didn't know about it. And uh a lot of things that went on like the divorce when I was a child and had an effect on me.

She continued:

My mom worked 14 hours a day, and I was what you called a latch key kid. I went to school and came home. And my mother would. I didn't get to see her. She would leave at probably about 5 or 6 in the morning and before she would leave she would put something in the fridge for me to make for dinner. And I would do that and by the time I got to bed, you know, 'you better not be up when I get home,' because I'd be up too late. There would be plenty of times when something like amazing would happen or even something horrible happened and then I didn't even get a chance to tell anybody. Nobody was there.

Because of these experiences, Sheree wanted to make sure her children had someone to talk to. She wanted to make sure she gave at least some individualized attention to each child. She was happy to have the extra support from the agency and community services that were offered.

Trisha also spoke about how her own values about raising her son were influenced by her past experiences and why she was glad to have her son involved in activities. She stated:

I was exposed to a lot of things. My mom really believed that we should be into different things. I am trying to put that on him also. She would say, 'There's more to life than just the ghetto.' And that's what I try to let him do. The same

things he's doing now I've done too...My mom had me in cotillions and charm schools.

Monica spoke about her experiences at work that affected her ability to trust staff providing services to her children. She said:

I see some really bad stuff, I really do....How do you know you have the right people there until something happens? You know what I mean? You go through the interviewing process and this that and hiring these people from off the street and you expect them to do what you need them to do and they're not. So when they abuse these people, and do these crazy things, they sitting around, "Well we'll just hire another one." "What?!"

**Stressors.** The second theme refers to the specific *stressors* that impacted the children or family. There were two subthemes for this theme: *situational* and *family* stressors.

***Situational.*** Three parents spoke about current *situational stressors* that made it difficult for them to care for their children. Angela described her lack of reliable transportation. She was feeling restricted without a car and could not meet her family's needs the way she felt she should with that transportation restriction. She stated, "And I was like I just feel like I am going through a whole lot you know catching cabs or busses or a ride here and there and you know make everything work out and I was like I just really need a car." She was excited because she had worked with the agency to put aside money to buy a car.

Monica described witnessing the murder of her fiancé and the trial that followed and how it created instability for the family. She described the stress of the court case:

There was a lady that we are talking to and she was helping us to understand what a trial is, what to do during a trial, and all that. I was thinking, I watch law and order all the time, I didn't know they had, you know...different things where we go back and forth. But once you set a trial date it goes away, you get another one, it goes away. That's frustrating.

Patricia also described her stress of being unemployed after the interview was over. As I was leaving the interview she described the job classes she was required to take through social services and how they were unhelpful and took the time away from looking for a job.

***Family.*** Four parents and two children also described *family* stressors which included references to divorces, separations, and past intimate partner violence. Angela spoke about past abusive relationship. She said, "I've gotten out of an abusive relationship. So a lot of stuff that they were not allowed to do before I kind of let them do what they want."

Mary also mentioned a past abusive relationship with her son's father affected her son's stability. She stated:

Because his dad was not one of the most pleasant people to be around. And he chased me all over the country. So it was one of those things where, now we are stable he's just getting out of jail, and that's what a restraining order is for.

Janice referred to the *family* stressor of her separation and divorce as being especially hard on her, but she worries how it will affect her daughter, Naomi. She said:

Well the divorce and the separation and the moving and her, you know, going to the [neighboring city] schools. It has really affected me more than her but um,

she's pretty resilient overall , very strong cause she, you know, she's very strong around... the only concern I have and I shared this with her counselor on Sundays when I go to bring her back she doesn't want to go back. She wants to stay with me. And it breaks my heart every time.

Patricia attributed her mental health issues to the *family* stressor of separating from her partner. She said, "I'm going to mental health classes. I guess that has a lot to do with me and my husband being separated." Patricia's daughters both expressed their concern about the divorce. Tamika drew a picture with her family holding hands, and she said, "'Cause I want my mama and daddy to get back together." Shaniya drew a similar picture as Tamika and stated, "I want my mom to get back with my dad so we can have a family."

**Stability.** Four parents and three children referred to the presence or lack of *stability* as impacting the child. For example, Trisha described stability as a benefit for her son. It was not until she moved from the emergency shelter to the transitional shelter that she saw an improvement in her son. She stated, "I think, once we got the apartment he felt like, 'OK, we're home. We're not going through as much.' You know I think he's good now."

Mary thought stability had a significant impact on her son Jonathan. She stated, "His life has kind of stabled out and there is a lot of consistencies in his life and stuff like that," and "The worse thing about bouncing around is the instability for the kids 'cause you don't, you never know where you'll be next month, so, and they don't understand that." She added, "So Jonathan didn't know what stability was... and now that he has got it he is eating it up." Mary described this stability in more detail by saying:

I mean he's got a routine. He comes home from school. He knows he gets home for school at 3:00. He has tutoring at 4:00. Um, Mondays he comes home at 5:00 until 6:15 when super kids starts. They want to give them a little bit of time to eat dinner... On Tuesdays he's there from 4-6. He sees the counselor, he does his homework. He has time on the computers.

Sheree spoke about *stability* being an important factor for her family and expressed her relief that her children have been able to have some consistency as well. She said:

Before that we have always been in a home and things have always been structured and same routine every day. And then we go from place to place to place.... A lot of moving from place to place and living with different people and different rules and everything. So right now at home they are happy to have their own space. They are enjoying their own space and and um, trying to get used to our rules. You know just one set of rules.

Sheree's daughter and son both also spoke about the stability in their lives as well. When asked about changes Caden had noticed since moving in the program he said they all, "stay in [our] own room." He said before, "Everyone had to sleep in one room." Jada spoke about needing a safe place to put her treasures when the family was sharing a room, "Because I had the top bunk I had all my stuff, I had a tin, I had I keep it all in this box, kinda like this jewelry box. And it was all in the box, and I keep it under my pillow so no one can find it."

There were two families in the in-home case management program discussed ongoing instability which provided a negative case analysis for this theme (Patton, 2002).



Patricia's daughter, Tamika, stated the family was at risk of being split up because of not having a place to live. She said:

My sister Shaniya wanted to stay with (mom). But my mama needed to find a place, so she was gonna split us up and when she found a place she was going to come and get us. She couldn't take all of us.... I was saying ok in my mind.

Because my mama needed to find us a place to stay so I wanted her to go on and find somewhere for us to stay.

Ashley mentioned a history of instability as far as her housing situation. She said:

I do shelters a lot. I mean spread out, I've been in the (city) shelter. So I'd say.... I've been in (emergency shelter) two times. I've been in YWCA 2 times. I've been in the one in (city) one time. I've been in the (name) family shelter.

**Family composition.** The *family composition* theme refers to the data from seven parents and four children indicating that the composition of their family influences how the family functions. Trisha's son, Shawn, spoke about his father being active in his life in that his father helps him with his problems and sends him his progress report from school. He also said, "They buy food for me, because I'm an only child." Trisha also discussed how it was just her and her son in the household, so they were especially close. She stated:

No matter what we go through as long as we stick together, you know we try to hold each other up. When you're sad I'm going to try to make you happy, and when I'm sad you're going to make me happy. And that's what we do for each other

She continued, "I call him my road dog. I say, 'You're my road dog.' Yup that's my strength. Without him, I don't know where I would be. That's my rock right there."

Ashley also mentioned *family composition* as a factor because Jakeem did not have a male figure in his life. She said:

Everybody says they don't need. Every woman can say they don't need a man in their life. But if you have a son, they need that male role model, for them to, you know what I'm saying. You don't have to have them, you know, but there are men that just have their mama, and if that's what I have to do, so be it.

Keisha also thought her children needed someone besides her to look up to. She said:

I think it would be uh, to have somebody to mentor instead, it's just usually me and they look up to me and everything....Just someone they can look up to besides me. Like a male role model, female role model, just somebody besides me.

Monica mentioned her sister helps her children with their homework, and Lauren spoke about finding support with her family. She said she plays at her grandmother's house often. She also said, "Every Sunday we go to church and after that we go to a beach or we have a cook out at my um, my aunt's house."

Mary also discussed how she was able to call on her mother when she needed guidance on how to help with her son's homework, "Where I just don't remember. I call my mom, 'Mom, they have this thing due. How do I do it?'" She also stated that when she first entered the program, she didn't have custody of her oldest son because she had given custody to his father. Since she was able to become stable, she was able to reunite

with her son. She also described the difficulty she felt in having sons with such varying needs. She said:

Brian is 10 and not potty trained. And has the mentality of a 4 year old. And then I have Jonathan which is way above his grade level. Very outgoing, doing everything a head of time... I've got to down shift and then up shift and then down shift so I get worn out.

Shaniya indicated that they were living with their grandmother at the moment. She continued to speak of the impact her grandmother had. She said, "My grandma...she buys me stuff... She says she is going to buy me a bike. She buys me clothes and everything."

Sheree made several comments about the composition of her family. Both times I visited, several family members stopped by and Sheree mentioned her sister was taking her to the grocery store. Sheree's mother was so critical in the family's life that her death triggered the family's instability. She said, "When my mother passed away is really when we became a displaced family." Caden confirmed the importance of extended family in his interview and said, "A lot of people stay here a lot. We got people that visit...We have my uncle and my aunt ... I like it."

Sheree described her oldest son, Caden, taking on a role of caretaker for his four younger siblings. She stated, "Cause you know Caden he has to help a lot so sometimes....Like how many (kids) can we sell? I was pregnant a couple months ago and Caden was like, "OH! Oh my gosh. No." Sheree explained how he cares for his siblings and stated:

He got \$4 for his birthday and I took him to the dollar store and told him he could go buy whatever he wanted. And he went into the dollar store and he bought 4 different things, but I was like, I see that, but that's a girl's toy. Each thing was different because he bought his brothers and sister each something with his birthday money.

Sheree and Devon were also the only intact parent couple. This appears to create a different experience for the family as a whole in meeting children's needs. For example, when interviewing Sheree and her partner, a case manager came to talk about a hip hop dance recital that Saturday. They were informed the younger children could not attend. Sheree and her partner discussed who would attend the recital and who would watch their children.

**School.** Five parents and one child also discussed *school* as a factor which included references to changing schools, teaching styles, or the quality of the school. Sheree stated her children changed schools from last year to this year. At the previous school, Jada had an IEP and received referrals for in-home, but she did not have any services at the new school.

Trisha thought the teaching style may not be best suited for her son. She said, "Either he knows it or the teacher is not explaining it in a way that he wants to pay attention to it. So you kinda have to, like uh, be a little bit creative when you're teaching him things."

Trisha also said she was attempting to enroll him in a better school the following year. She said, "I'm trying to get him into [a different] middle school. They will have

him go there based on his writing [test scores]....It's not a gifted school but it is one that is advanced."

Angela was currently happy with the school the girls attended but knew that it was probably a temporary place for the girls. She said, "Once we move out we'll probably live in a different area. So, I'm not sure how it's going to work out."

She continued, "I want to have October as my move out date, but I want to really move out like at the end of August, so that when the school that the kids start then we'll be there."

Mary described *school* as a factor in regards to teaching style and changing school districts during his kindergarten year. She said, "It was just so much, so quick that that and his teacher wouldn't.... try to go, 'Hey, this is the way you need to do it.'" She described how he was behind once he moved to a district which started kindergarten earlier than the previous district. She said:

Jon was almost held back last year in kindergarten because we moved up here from Florida....In Florida he was not old enough to be in kindergarten. So when we got up here he was, and I had to put him into kindergarten otherwise I was going to get in trouble....And he's got thrown into kindergarten at the beginning of the school year, in the middle of the school year last year. And Jon is a very intelligent child. I mean picks up on things like this. But he couldn't catch up.

She also added:

Because he is in kindergarten they wouldn't transport him from this city to that city because there is a program that's through the...government that helps transport, but...he was only 5, they wouldn't transport him there.

Monica said that the children's previous school offered many services for her children, but that the current school did not. Cevante said he preferred his previous school as well. He said, "I want to go to [a different school] next year....It's a good school. I like that school." Sheree also mentioned how her daughter had an IEP in place at her school during her first year but when she changed schools no services were implemented for her daughter.

**Parenting.** All nine parents and seven children discussed parenting as a factor as well. This theme refers to the actions and feelings between the parents and the children regarding the parenting role. The *parenting* theme consisted of several subthemes as the parents described several specific types of parenting topics which included: considering the *amount of structure or discipline* needed, providing *positive interactions*, providing *guidance* through specific messages or protective actions that promote positive development in children and *advocating* for their children by requesting services. Seven children also referred to the *love* they feel from their families or *positive interactions* with their parents that corresponded to this parenting theme. Also included in this theme is the subtheme of the *stress* parents feel specifically related to parenting since several parents also discussed the stress they felt when it came to the demands of parenting.

***Amount of structure or discipline.*** Four parents spoke about the structure or discipline they provided to their children. For example, Trisha thought she needed to provide more structure to her son, "He is a good kid, you know. He just needs a little structure. His mind is so fast, he's so active. I'm like, 'No, don't do that.'"

Angela wanted to provide less structure for her daughters. She stated:

My house is in chaos at all times. I kind of let them do what they want. So my house is pretty much in chaos all the time when they are home. I like to let them run and be free.

Mary knew she needed to provide structure for her son but she was struggling to figure out the best strategy. For example, she discussed her implementation of a behavior chart for her son and said, “I mean there is a behavior chart on the wall over there and you’ll see a lot of empty blocks over there.” She continued:

I couldn’t figure it out. Time outs weren’t working... Popping him wasn’t working. Nothing nothing.. I mean I’d throw him in time out and he would just laugh....Alright one. I get to three. ‘You aren’t going to do anything.’ I mean. He’s six. I mean. Its kinda like, ‘(sigh).’

When Patricia spoke about her own *parenting*, she described an environment with less structure. She stated that her children are “wild” and if she takes a nap she will wake up to a house that is “tore up.”

Keisha discussed her structure in terms of her discipline by stating:

She gets in the room, and I tell her you need to stop it and get it together or go out of here, and she straighten up. I’m mom. She’ll listen to me. Other people, they usually have a harder time. I tell [the staff] to call me or just give them time outs.

She can’t participate in fun activities if she don’t straighten up her act.

Keisha also said she was strict about where her daughters were allowed to go in the neighborhood. She said, “I don’t let them run up and down [the neighborhood] like they don’t got nowhere to go... I let them go out in the front yard and play with their friends, but not running up and down the street.”

***Positive interactions and love.*** Both parents and children described the factor of *positive interaction* and *love*. Five parents and five children described situations or values about their family spending quality time together with *positive interactions*. For example Angela said, “I try, you know, to let them have a good time. We try to do as much fun stuff as possible.” Sarah confirmed these fun experiences. When asked about her family she said, “We go to eat pizza.”

Janice considered positive time with her daughter very important. She stated, “I try to keep her entertained as much as possible. You know, especially now when I only have her on the weekends.” She stated that her drawing represented all of these activities they do together and, “I try to stay busy with her. Go to the beach, parks.”

Ashley described having positive interactions with her son by stating, “My baby’s a trip. I just sit and talk to him like this every day.” Jakeem later confirmed these positive interactions by stating, “We play together,” when he was asked about his family. He also spoke about an Easter egg hunt at his aunt’s house the day before.

Patricia also valued positive interactions with her children. She stated, “I try to spend as much time as I can with all of them. ‘Cause I, um, on the weekends anyway I try to take them somewhere.” Lauren said when she has her nightmares she values time with her mom, Monica, to help her feel safe. She said, “I go in my mom’s room and lay down.” Her brother Cevante spoke about having fun with his family and said, “I’ve never been to [the amusement park] but we are going to go.”

Sheree discussed several ways in which she tried to stay involved with her children. She said she would do activities with her children at the emergency shelter. She said, “After dinner, I would take all the little people and do arts and crafts, while the



parents cleaned and did their chores.” She also discussed how she eats lunch with her children at school. She said:

I’ll go up to school and I’ll have lunch with them. I’ll go read to the classes. And I was in his class and he was like, ‘oh’. And he was so stressed out the whole time because I was interacting with his friends. But afterwards um... he came home and he was so excited because all his friends were wanting to know when his mom was coming back.

Jada also spoke about a time her mother came to school. She said:

One time mom came down at lunchtime and she brung nachos and a donut with hearts on it. Sprinkled hearts on it. And a salad that had this kind of cheese or stuff in it, what was it? Apples. It has apples in it!

She continued to describe how she enjoys being able to sleep in the bed with her parents:

It’s kinda good because when I get scared or I’m sick or I be coughing in the bed, my mommy, my mommy, she comes and gets me and I sleep with my mommy and daddy.

Caden said, “I have the greatest mom in the world. Because when early in the morning when my dad’s asleep she lets me play video games ....She’s like a yes mom. She’s like my lawyer.”

One parent and seven children spoke about positive feelings of care and commitment which were labeled as *love*. Sheree explained how these positive interactions lead to an important feeling of closeness for all of her family.

When she described her drawing she said, “This is my children and my family. I put us in there because we are always together.” Jada and Caden both spoke of this same sort of

family bond. Jada said, “I love them and I care about them.” When she explained her first picture of her life she said, “The earth is mom. It says mom and dad. ‘Cause they’re the earth.”

Shawn said he knew his parents loved him because they bought him things. He said, “They’re the best parents. Like whenever I get good grades they buy me something like games or clothes or anything. They buy food for me.”

Jonathan spoke positively about his family and the commitment they have with each other by saying, “My family will never never never NEVER never never say that they quit out of the family.”

Cevante said his family “Cares about us a lot.” Lauren’s picture also depicted the love she felt, “I’m surrounded by love... Those are fireworks.”

Breanne spoke positively about her family and said they had a commitment to stick together. She said, “We always take up for each other.”

**Guidance.** Five parents spoke about the subtheme of *guidance* they provide to their children by giving specific messages or protecting them in some way. Trisha wanted to impart her son with a message to be leader. She stated:

I just told him, ‘I want you to be a leader and not a follower.’ Like I said if someone is doing something bad, you can teach them you know, ‘Don’t do that.’ I told him I was always a leader. When other people were doing things they weren’t supposed to be doing, if I didn’t want to do it, I didn’t do it.

She also provided hands on guidance with school work and stated:

Every day I have him come on the computer, and I make him type out two paragraphs what he has done in the day. And we'll go over it and make sure he spelled it right and that he put it properly in a sentence.

Ashley believed her *guidance* was important as far as the messages she provided. She said, "I don't want to call him bad because if you call them bad they are going to think they are bad. So they are going to act bad." She was also encouraging to him during his interview and said:

You have to get good grades if you're going to be a police officer. And you can't go to jail either. You have to be good and not get in trouble at school. You have to get greens every day if you want to be a police or a fire fighter.

Ashley also discussed guiding her son with his homework and gave him extra work to do each night.

Monica spoke about her *guidance* in terms of protecting her children from negative influences and potentially dangerous people. She stated, "You got to be careful who you let, for those people out there it's different when it's your own children. You have to be careful who you let take them." She also said, "And I'm real strict about what they watch, where they go. I'm just kind of sheltering." She knew her guidance was the most influential factor on her children. She stated:

[Mothers] walk around thinking, 'This is my life I can do anything.' No you can't, because even when you don't think they are watching they are watching. When you don't think they are listening, they are listening.

Janice was also active in giving guidance to her daughter through a positive message about the divorce. She stated:

I always reassure her that it is not her fault and that and that that it is nothing for her to worry about. It is between her mommy and her daddy. And no matter what she will always have a mommy and a daddy.

It was important to Sheree to give a guiding message of closeness for her family.

While she described her drawing, said:

The main thing we stress with the kids, we try to teach them family is important. And that we are all a team. If anybody breaks a knee we are going to lose the game. We got to keep it together.

***Advocating.*** Three parents spoke about actions they took on behalf of their children. These statements were coded as *advocating*. For example, Patricia said she is reaching out to anyone who will help. She said, “I tried to get them in a lot of programs as I can.”

Janice was also proactive in *advocating* for her daughter as soon as her Naomi started kindergarten. Janice asked for her daughter to be tested for an IEP. She said, “I made it very clear to them that her father is dyslexic even to this day, so I wanted to be sure that they understood you know.”

Keisha discussed how she spoke to the staff at the agency in order to help improve her daughters’ experience there. She said:

I gave [the case manager] a long list of suggestions before he left about how to um deal with Jade and Breanne and the teenagers. ‘Cause basically that was what he was having problems with. The teenagers thought that he was trying to be their daddy instead of their friend, and he was always trying to tell them what they can’t do and stuff like that.

**Stress.** Four parents discussed the *stress* they feel in relation to being a parent. Angela stated, “They are arguing or I’m arguing or...and because it is just me and they are such, they are so needy. They are such needy kids. As you have seen, they want me to help them all of the time.”

Monica described having a short fuse with her children sometimes and stated, “But they start doing stuff and I’m like ‘why would you even do that? That doesn’t make sense!’ And I get frustrated and I don’t want to be screaming at my kids.”

Jonathon’s behavior problems created *stress* for his mother, Mary. She said, “Like the day that he got put on his ADHD medicine I walked over there with the counselor and was like, ‘I need help with Jonathan. If I don’t get help I am going to hurt him. I’m going to hurt myself. I do not know what to do with him.’”

Patricia said that while she is glad to see her children, sometimes she feels overwhelmed by how “wild” they are. She said she feels like “good gracious, why can’t school last longer?”

**Self-motivated.** Another theme under contextual factors is a theme that emerged from the children’s and parents’ interviews. There were five children that described themselves or were described by their parents to be *self-motivated* regarding their academics. Tamika said that on days she didn’t have tutoring she would work on her homework alone. She said, “I do it on the bus, on the school bus on the home. ‘Cause some homework the teacher gives us is not hard.” Shaniya described her first picture by saying, “My first picture is about how I want to stay in school...and get good grades.”

Cevante said he is trying to bring his grades up because they were, “Kind of not good.” He also described studying with a friend as a way to bring them up. He said,

“Like sometimes I will come home and my friend will show up and we’ll do our homework together.”

Caden described spending much of his time at the library by himself. Sheree described Jada as being self invested in her academics. She said, “But she gets one award, she wants to get another one. Everything she can to get the award and friends and I think she is probably going to be Ms. Senior or something, ‘cause she works hard to be in everything.”

**Friends.** Six children and one parent spoke about the final theme regarding *friends* as an important part of the children’s lives. They would talk about it being part of their typical day. For example, Shawn mentioned playing with several different friends while he described his first picture. After he realized he left off an important friend from his picture, he said, “I would add my cousin. Mostly we go up to his house and play video games too sometimes. Or we just play around in the parking lot if there are no cars.” He added later, “My mom says... that I make friends a lot.” I asked if he agreed and he said, “Quick as a snap.”

Jonathan was so invested in his friends in the neighborhood that he often looked out the window and asked to play with his friends outside. Lauren spoke of several friends, but was quick to point out, “This is my best friend forever.” Caden spoke about his many friends in the neighborhood that he plays with but stated that “I only have one friend over there,” referring to the agency. This lack of friends at the agency made attending activities less enjoyable for him. Jada mentioned as well that her friends don’t always get along. She said, “I have my friend, she doesn’t want me to be [child’s name] friend or [child’s name] friend.” Jada added, “If I don’t do my homework then I don’t

get to [child's name] house. And if I don't go to [child's name] house, [child's name] will probably end up being someone else's friend." Jada's mother described a similar concern. Sheree stated, "Jada is friendly, very friendly. She makes a lot of friends and she has to have everybody be her friend." Tamika said, "I have lots and lots of friends. Every friend in school is my friend. Like, everyone in my school I know ...when I come home from school, I play with my friends and sometimes my cousin and stuff."

### **Super-Ordinate Theme Two: Program Benefits for the Children**

Eight of the parent participants mentioned at least one benefit of program, which became the second super-ordinate theme. The super-ordinate theme, *program benefits for the children*, includes themes and subthemes that emerged from the parents' perspective only. While there were specific questions about what positive aspects, of the program they saw for their children, many of the topics were offered spontaneously without prompting from the interviewer. After analyzing the meaning of the statements, the following interpretive themes emerged from the data: (a) *provides what parents feel they cannot*, (b) *improved child psychosocial outcomes*, and (c) *opportunities for new experiences*. Figure 3 illustrates themes and subthemes for this second super-ordinate theme. Table 3 displays each participant's responses.

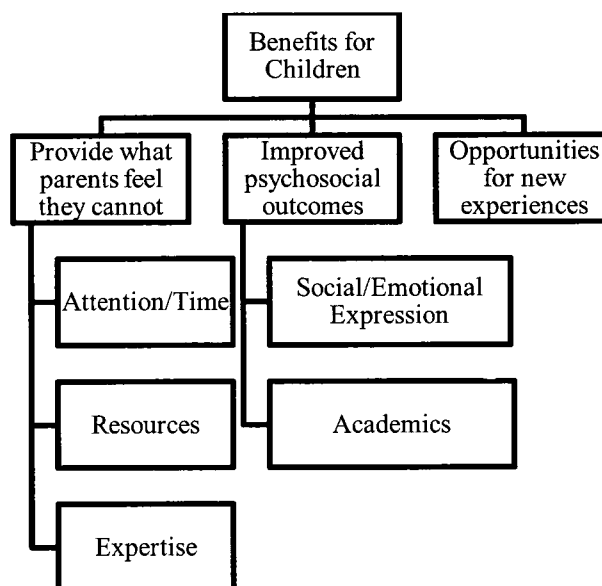


Figure 3. Themes and Subthemes for Benefits of the Program

Table 3

*Parent Responses*

	Provide what parents feel they cannot	Improved psychosocial outcomes	Opportunities for new experiences
Trisha	Attention/Time, Resources, Expertise	Social/Emotional Expression, Academics	Extracurricular
Angela		Social/Emotional Expression, Academics	
Mary	Attention/Time, Resources, Expertise	Social/Emotional Expression, Academics	Extracurricular
Ashley		Academics	
Monica	Expertise	Social/Emotional Expression, Academics	
Janice			
Patricia	Attention/Time		Extracurricular
Keisha	Attention/Time	Social/Emotional Expression	
Sheree	Attention/Time, Resources, Expertise	Academics	Extracurricular

Note. Themes are in grey. Subthemes are listed below the themes

**Provides what parents feel they cannot.** The first theme emerged from data shared by six of the parent participants as they referred to areas in which they perceived the agency's program to be providing their child with something they themselves could



not provide because of lack of knowledge, time, or resources. These parents were attuned to specific needs of their child but spoke of a lack in their own ability to meet that need as adequately as they would like. Patricia expressed this theme by stating, “The program is helping me a lot because they do a lot for my kids that I can’t do for them right now.” The parents’ responses appeared to fit into one or more of the three subthemes that emerged from the data. They were: *attention/time*, *resources*, and *expertise*.

***Attention/Time.*** The *attention/time* subtheme referred to statements five parents made about how they felt too busy to spend time or attend to their children in the way they desired. They were relieved and grateful that the program was filling that void in some way. Trisha said:

Because sometimes you know I might, I work, I’m running around. I help out a lot of other people and stuff so sometimes you know, I don’t really look to see if there is anything wrong. If there is anything wrong at least she’ll spot it for me. You know whatever I might miss.

Mary also mentioned feeling a sense of relief that someone was giving attention to her youngest son. She knew she could not give him the attention he needs because of the demands she faces taking care of her oldest son who has cerebral palsy. She said:

It’s because of them I’ve got someone who, ‘hey yeah cool.’ You know? I mean I still kinda feel bad about it. But its kinda, there’s somebody there that that that had, kinda there to give him a high five if I’m too busy doing other things with his brother.

Keisha mentioned the staff at the agency was able to fill in for her by attending her child's recital. She stated, "I wanted to go too but I had to work. But everybody from (the agency) went and she was real glad about that. They said that (my daughter) did a pretty good job."

Finally, Sheree also spoke about not feeling she had enough time to give to all of her children. She said:

I'm only one person and I can't, I try my best to have one on one with everybody. But sometimes I miss a person and sometimes I miss something. So it is nice that they have their counselor in case that I missed something or something I didn't have time to because I'm working and going to school and they have this one person they can go to and talk about it.

**Resources.** *Resources*, such as money or school supplies, was another subtheme that emerged from statements by three parents. They spoke about the agency providing resources for their children that they could not. Trisha said, "Like I said, some of these things I myself know I couldn't afford to be able to put him in those things."

Mary also mentioned not having enough money for activities and stated:

And being in this type of program, yeah, you don't have a lot of money to be able to to get the kids into dance classes and to get the kids into scouts and baseball and soccer and this. And all little kids all little girls want to play softball and cheerlead and this and that and gymnastics and all little boys want to play football and baseball and basketball and run around outside and things like that and I just don't have the money for it.

She also mentioned the agency paid for a summer camp for one of her son's and said, "Yeah it's kind of like (gasp), I couldn't do that.' I don't know many people that could. ...It's one of those things where they...there's just so many benefits to a program like this."

Sheree also mentioned that the extra resources were a benefit when it came to school supplies and the extracurricular activities. She said her children, "don't have to worry about asking me about school supplies and things they need because they know right now we are able to get that. It's not a problem." Sheree also stated, "I mean just the opportunities that they get, if not participating in the program they probably would not have the funds or the time to do with five kids."

***Expertise.*** The final subtheme was *expertise*. Four parents mentioned the staff sharing *expertise* or knowledge that the parents did not possess themselves. For example Trisha mentioned that she did not feel she had enough skills to help her son with his homework and she stated, "Because I am so glad for the tutoring because they come home with homework that I can't even understand."

Mary agreed she appreciated the help with her son's homework and stated:

He had to pick an animal and make a diorama, and I'm like 'I don't know how to do it!' It's been so long since I've been out of school and I didn't have to do it in college. Yeah. How do you do that? I mean, that's where they come in and help.

Monica also felt that helping with homework was not something she felt confident in. She stated, "Because I'm not good with helping them with homework. Oh boy. Yeah. That's one of my weak points. I get... I still need a lot of help. I do. I'm frustrated easily."

Sheree also appreciated the expertise of the children's counselor. She said:

Because there are things that I don't see. I'm not a child psychiatrist, I am just a mommy. A lot of mothers think they know their children inside and out. But that's not always true. I remember being a child and mom would say, 'you ok?' And I'd say, 'I'm fine.' But inside I was not. I just want to make sure that if I can't help them, they receive all the services that help that they need and everybody is ok up here.

Sheree also appreciated the information the staff had about the standardized testing in the school. She said:

I think I learned more about (standardized) testing this year than I have ever known in my life because they are really serious about the (standardized) testing. Mostly because the people at the after school program made a big deal about it.

**Improved psychosocial outcomes.** The second theme that emerged from seven parent participants was the perceived improvement in their children's psychosocial outcomes since entering the program. These parents described subthemes as improved *academics* and/or *social/emotional expression*.

**Academics.** Improved academics emerged as a subtheme. The six parents that described improvements in their children's academic performance, most often expressed this progress in terms of better grades. Trisha said, "Then we got to (the agency), well over here, and they have the tutoring for him, so his grades started going back up."

Angela stated, "The tutoring works out pretty good because since she started that she made B honor roll. ... Yeah a big improvement. She was making C's her first semester and now she's making a B average honor roll."

Mary said that her youngest son was on the verge of failing kindergarten due to moving from a different state and starting the school year late. She suggested the agency's tutoring helped him pass and stated, "And because of them Jonathan caught up, got caught up, had to go to summer school this year and first grade this year." She also said her son with cerebral palsy improved as well, "He's learned all of his letters. He's learned his numbers. He recognizes the majority of them now. He couldn't do that before. And this is just in the past year, since June. It hasn't even been a year yet."

Ashley stated she has seen an improvement in her son's grades and said, "He's improved a lot since the first grading period. The first period he had 'needs improvement,' 'needs improvement.' Now he has a 'very good', a whole bunch of very goods. And a whole bunch of 'satisfactories'."

Monica echoed this subtheme of academic improvement with her children, "The last report card was better than I've seen them in the last year or so. So, yeah, so I know that has a lot to do with them going to the program."

Sheree noted her daughter improved in school this year and said, "She's better, even her report cards. Her teacher said from the beginning of the year until now she's made a complete turnaround." Sheree continued, "A lot of has to do with the after school program and 'super kids' because they get things for getting good grades. And they and they live by that in this house."

***Social/emotional expression.*** The other subtheme to emerge for the improved psychosocial outcomes theme was *social/emotional expression*. This moniker seems to capture the five parents' descriptions of improvement in other areas of the children's functioning. This subtheme refers to comments parents made about witnessing

improvement in the way their children express themselves socially or emotionally.

Improved behavior is included in this theme because it is generally assumed that children's stress can manifest as internalizing or externalizing problems (Frick, Barry, Kamphaus, 2009). Children with internalizing difficulties may withdraw and feel anxious or depressed and children with externalizing difficulties may act out with aggressive or defiant behavior.

The improvements that the parents described seemed to be general improvements in their social abilities, their self-esteem or confidence, or a decrease in acting out anger behaviors. For example, Trisha expressed that both her and her son had improved emotionally and stated, "We both were down in the dumps and this agency got us back on our feet." She continued to describe this change by saying, "He's very affectionate, which is strange because before he wasn't like that. Being at (this agency) I guess he's learned that, you know, be more affectionate and show more attentions."

Angela also described her daughter Sarah as becoming more social. She stated, "She's very um outgoing and she likes to jump and play a lot and all....She wasn't this way before we got into the program. She's kind of opened up a whole lot." She continued by saying:

She's always been real shy, stayed close to me all the time. But now, um, she doesn't even want to stay in the house. She's just really opened up a lot. She um rather be over there with them. You know, and have a good time instead of sitting under me now. There was a time when I couldn't get her to go....She's enjoying life a whole lot more.

Keisha described her daughter Breanne as also becoming more open to other people. She stated:

She's come out of her shell a lot. When we first moved in here, all of us were kind of like closed in. We didn't want people to get too close and we just was basically depressed because of our situation. So we stayed to ourselves a lot.

Another parent described this improvement as increased confidence. For example Angela said, "I think the super kids program is helping out with that." Monica also described this by stating, "So far I've already seen, um, a confidence that they didn't have."

Mary did not have problems with her son being withdrawn when she entered the program. As an outgoing child, she described more concerns about his behavior, which has improved since entering the program. She stated, "I used to have a lot of issues with Jonathan's and Brian's behavior. But because of the program they have kind of gone away." She said:

He just wanted to eat on his time. He wanted to go to bed on his time. He wanted to take a bath on his time. Everything was on Jonathan's time. Not anymore.

Now it's 'Jonathan it's bath time.' '(Crying sound)' 'Are we starting again?'

'(Crying sound) I don't want it.' And all I have to do is look at him, and it's like 'ok we are going to go to the bathroom now'. We've gotten to that point where he knows the difference.

**Opportunities for new experiences.** The data revealed that four participants also saw a benefit in the new experiences their children have as part of the agency's program. This theme refers to the parents believing in the positive benefit of their children being

exposed to new extracurricular activities because it broadens their horizons beyond the neighborhood they grew up in. Trisha stated:

He gets to do things that I probably wouldn't be able to do myself with him. Like the dance classes. Like they take them on the trips when they are out of school. They take them on trips and stuff. Umm. He was in the arts program they had up at the art museum. His art sold in the art auction and everything. So he got to experience that.

She described a sports program as well:

I think one time they uh took them to play volleyball. Umm, I think they took them to [a college] and they were doing basketball. And one time they took them to a gym and they had them doing exercise. And then when it was warm they have them doing soccer. So they get to experience different things in sports in a way.

Mary was also enthusiastic about the field trips. She said:

Jonathon learned how to swim and fish and stuff at camp last year, went canoeing. 'Mommy I got to get in this boat, and it didn't really have any sides and I had this thing in my hands.' 'Was it a canoe?' 'Yeah mommy that's it. How did you know?' Mommy learned that a long time ago. But yeah its one of those things if it wasn't for the program, they wouldn't be able to do it.

Patricia also stated, "Like for instance, going to the camps you know they see different things and go different places, make them better, you know, kids." Sheree reported that she liked this aspect of the program. She said, "They all get to go a lot of places that they probably wouldn't get to go to. The field trips are awesome. My son



knows that he can show me around parts of the museum. I think that's awesome." She also said:

Caden is in dance class. When we were in (the shelter) Jada was in gymnastics and she loved it and it was awesome and she she competed and and won awards. It was awesome. [They] get to go to camp in the summer. Just opportunities that they get to you know that a lot of children don't get and not because their parents don't want them to but they can't, don't have the money or time to do it.

### **Super-Ordinate Theme Three: Evaluation of Program**

The next super-ordinate theme developed from both the parent and child interviews was the *evaluation of the program*. The themes under this super-ordinate theme included *relationships*, *positive aspects* and *desired changes/negative aspects*. The most commonly and enthusiastically described reason for parent satisfaction with the program was the relationships they and their children had with the staff.

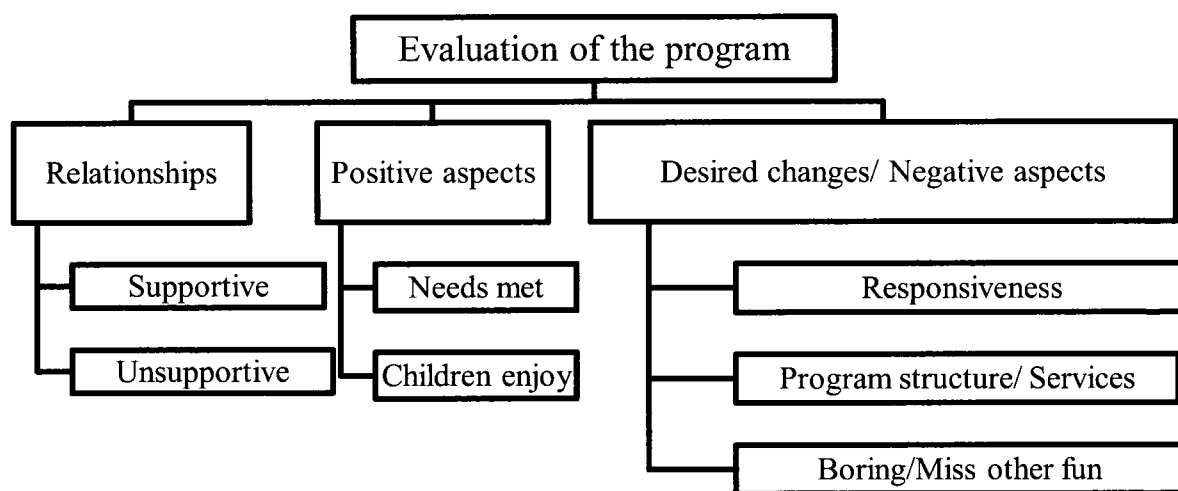


Figure 4. Themes and subtheme for the evaluation of the program.

There were several children that discussed these relationships as well. While this could be considered a theme under the second super-ordinate theme, *benefit for the children*, since

parents also described their own relationships with the staff, the research team decided to place it under the third super-ordinate theme. The *relationship* theme could also be considered to be a subtheme under the *positive aspect* theme; however, given that it was such a prominent premise, it was important to highlight it separately. Figure 4 presents the themes and subthemes for the parents and children for *evaluation of the program*.

Table 4 presents which participant discussed each theme and subtheme.

Table 4

*Participant Descriptions for Evaluation of the Program*

Parent	Child	Relationships	Positive Aspects	Desired Changes/ Negative Aspects
Trisha		Supportive	Needs met, Child enjoyment	
	Shawn		Needs met, Child enjoyment	Boring/missed other activities
Angela		Supportive	Needs met	
	Sarah		Child enjoyment	Boring/missed other activities
	Sophie	Supportive	Child enjoyment	Boring/missed other activities
Mary		Supportive	Needs met	Program structure/services
	Jonathan		Child enjoyment	
Ashley		Unsupportive		Responsiveness, Program structure/services
	Jakeem		Child enjoyment	
Monica		Supportive	Needs met	
	Cevante		Child enjoyment	Responsiveness
	Lauren	Supportive	Child enjoyment	
Janice		Supportive	Needs met, Child enjoyment	
	Naomi		Child enjoyment	
Patricia		Supportive	Needs met, Child enjoyment	Program structure/services
	Tamika	Supportive	Needs met	Boring/missed other activities
	Shaniya		Needs met, Child enjoyment	Program structure/services
Keisha		Unsupportive	Child enjoyment	Responsiveness
	Breanne	Unsupportive		Boring/missed other activities
Sheree		Supportive	Child enjoyment	Program structure/services
	Caden	Unsupportive		Responsiveness, Boring/missed other activities
	Jada	Supportive	Needs met, Child enjoyment	

*Note.* Subthemes are listed for the participants that discussed each theme

**Relationships.** Fourteen participants, including children and parents, spoke about the importance of relationships. Subthemes of both *supportive* and *unsupportive* relationships were discussed.

***Supportive.*** Seven of the parent participants spoke about the positive relationships they and their children had with the staff. These participants spoke about this with the most passion and enthusiasm as if it was one of the most vital parts of being in the program. These parents described both supportive relationships for them as parents and for their children. They seemed to develop a sense of trust that the staff has their best interest in mind and really cares about them. For example, Trisha stated, “If it wasn’t for having (my counselor) and them helping me out I don’t know what I would do. Having them there to help out and be that shoulder to lean on and shoulder to cry on.” She stated that she felt their care when she took her GED test. She said, “The day of my GED everybody called me. ‘Oh I wish you luck’ and then when I passed they got on a conference call and everybody called and were congratulating me and everything. They make me feel good.”

Angela said that this trust was not present immediately. She said, “At one point... I didn’t feel like, so I would hide things. You know, I wouldn’t tell them everything, you know, I was doing. I would just do it on my own.” However, now she said she feels differently. She stated, “I know whatever what happens, you know, they are going to advocate for them, for me, for them.” She also said, “It’s a matter of communication and sitting there and talking with them and expressing to them what my needs were.”

Mary described positive relationships with the staff and said:

I mean the case managers and the, everybody in this program is so caring and really compassionate about what they do and what goes on with everybody in the program that that, I mean, people that you don't see on a regular basis know who you are....They ask me how I'm doing. They recognize and 'Hey, how are you doing?'

Monica said, "I just like the fact that they, they got good people that take time out to give themselves to these kids. Because that is important. Because we can't all do it by ourselves. I'm mama but mama need help."

Like Angela, Monica's trust was not inherent. Monica discussed her suspicions about the program after her children were exposed to an inappropriate song while being transported in the van to the tutoring program. She stated:

They come in here singing. And I'm like, 'Where'd you all get that from.' 'Oh [the driver] had it on in the car.' '[Driver's name] can you NOT? If you are going to play it, play it for yourself!' I don't want my kids coming in singing R Kelly. It was one of those sex songs.

She continued:

Cause at first I was all for the program. But then I start to go, like wow...And I was thinking, how many other stops are they going to have to go to? I just started asking a bunch of questions. I started thinking, 'I'm letting my kids go with this person in this white van.'

Monica did describe a close relationship with her case manager and said this was a very important aspect. She said:

[My case manager] always gives it to me straight. [She] is like. She gives it to me straight. We talk to each other like... we are really good friends. I'm not her client. She's not my worker. We are just... "What's up [case manager's name]? How you doing? Girl let me tell you what happened today...da da da da da."

She also said:

Whatever it is, whatever type of program whatever is going on to help someone if you don't have the right people there it is not going to work. It's not going to work no matter what you want to happen. You have to have someone to make it happen.

Janice also expressed this idea and explained, "People have been so professional...They never look down on you or make me feel less than, you know. They are very good people to have in my life that support. They um, they help as much as they can. They always remind us that they are thinking of us some kind of way you know."

Patricia also described the relationships with the staff as being important. She stated, "I miss [my case manager] leaving me, I don't know what I'll do. She's been so good to me, I'm telling you." She continued, "She has been so nice to me. I wouldn't usually let nobody in my house. I didn't want to be bothered with them." She continued, "Because a lot of them like to pry in your business and stuff instead of trying to help you. They like to make things worse."

Parents also described their children receiving support and building important relationships with the staff. When describing the staff relationships with her children Angela stated, "They have made a lot of friends. And I am not just saying the other kids in the program, the adults in the program. And the adults have really taken on my kids

you know really well,” and “She’d rather be hanging out with Samantha, and joking and playing around with Kristin. She really enjoys them.” Her trust with the program was apparent when she said, “They are safe with the adults in this program.”

Mary also appreciated the relationships the case managers have with her son. She stated, “And if they do good in school, she keeps up with that. And she praises them and things like that I mean it’s kinda like having an aunt. Yeah, you know, that’s there all the time.”

Monica spoke about how her children like the staff by stating, “She was good for me here and we are close to Melissa, Lauren is just crazy about Liz and Tony. Those are the names I hear all the time. ‘Mommy let’s go get some Christmas cards for...’ ‘Huh? Ok’ I think we sent something to them, baked them cookies or something.” Finally, Sheree also mentioned her children bonded with the staff at the emergency shelter. She said, they’re like, ‘Oh I want to go back to the shelter.’ Where is Carol? Or Bonnie?”

Three children discussed the staff or volunteers as being an important and supportive part of their experience in the program. Sophie named two staff members as the people that help her with her problems. She later tried to convince me to come and work at the agency so she could meet with me and the counselor on a regular basis. She said:

You can teach us. Like Sarah can go in one room and I could go in the other room. Or if Sarah wants to go with you we can switch up....Then we could switch rooms. Like on Fridays I go with you and Sarah goes with [the counselor] and then Sarah goes with you and I go with [the counselor].

At the end of the interview, her wish was that she could meet with the counselor every day.

Lauren discussed how she has become attached to a staff member at the tutoring program. She said, “She’s leaving me.... I don’t want to go if she’s not going to be there anymore.” She described another tutor that does not come and she is disappointed because, “I have to do my work alone.”

Tamika became attached to her tutor as well. She said:

I would make one change. If the lady came back here with the blond hair, but she left. Then a man came here and he was the boss. She was the boss here first and she was nice.... And I want her to come back. I didn’t ever say goodbye to her.

***Unsupportive.*** The second subtheme represent the two parents and two children that discussed less supportive relationships with the agency staff. There was one parent participant, Ashley, who did not mention a supportive relationship with the staff. When talking about the staff that provided tutoring she said, “I don’t know who the man is that talks to them.”

Another parent participant, Keisha, mentioned poor relationships with some of the staff and her daughter. She stated, “She don’t like certain staff members or whatever, she don’t like to talk to them. She thinks that they crowding in her space or they in her business so much.” She continued by saying, “She had a problem with Jake before he left because she felt like he was always telling on her about any and everything, just simple stuff. He was always telling and always wanting to talk about it.”

Of the children, Breanne described a similar scenario. She said, “Just Cindy, she always has something to say and I’m not talking to her.”

Caden discussed relationships as being important, however, he did not talk about his relationship with the agency staff, but rather his in-home counselor. He was so enthusiastic about his in-home counselor, he told his mom as she walked through that his friend wanted to have one too. He spoke about how he wished he did not have to attend the activities at the agency, such as the hip hop class or the sports program. When I asked why he didn't like those activities he said, "Every time I get to go to my counselor they always show up. And I was going to my counselor." When he spoke about the staff at the agency he spoke of his frustration with them not taking action to help with his problem with being bullied. His relationships were important but he was more connected to his in-home counselor rather than the agency's staff.

**Positive aspects of the program.** There were two subthemes which seemed to capture the reasons cited by the 19 parent and child participants that shared a positive assessment of the program. These subthemes were (a) *needs were met* and (b) *the children enjoyed* the activities. Below are the quotations from the participants that highlight these subthemes of the positive aspects theme.

***Needs met.*** Six parents discussed that the program met their families' needs. Four children also noted how the program helped their parents. Trisha stated, "There is not one thing I have needed that they haven't made it available to me." She continued, "Everything has been perfect. I haven't found anything wrong yet. If there was, I would say. They know if there is something wrong I am quick to say something but so far I'm satisfied. I'm completely satisfied."

Angela stated:



Honestly, I receive so many services I'm so busy with (the agency) that everything that they have to offer I'm getting, and they make sure that everything that I need, you know for me or the kids. You know, I don't think there is anything at all that I'm not getting.

Angela continued:

They're really kinda wrapping my case management around my personality and my needs for my family. So I know they don't do the same thing for every family and everybody, so the one thing I can say about them is they do have policies they do have rules and regulations but I do think that they do try to make sure that each rule will help for, you know, your family, will fit for your family.

Mary expressed much relief and gratitude for the program. She stated:

I don't know where I'd be laying my head. I don't know Jonathan would be in kindergarten again this year um. Brian would probably still be with his dad. I mean there's, there's so much that has changed because of this program that I have I have no complaints.

Mary continued by stating:

If it wasn't for this program, I don't know where I'd be. I mean I'd probably be going crazy right about now....I mean how far I have come in such a short amount of time, it's a miracle. That's all I got to say.

Monica stated, "I like the programs. I like, like I said, it's the outlook of, what they are trying to do is make it work, you know." She added, "Yeah [my children] are being helped there [at tutoring program] and I'm being helped here. [My case manager] doesn't have to come as much anymore because I'm doing so much better."

Janice thought it was very helpful for her family and felt gratitude as well. She said:

It's just been such a very good thing that they provide housing for us and not only that but they provide these other activities to keep us all grounded, kind of unified and um, I'm just very grateful. You know, 'cause I mean I wouldn't know what else to say except for how grateful I am.

Patricia also only had positive statements to make about how the program was meeting her needs. She said, "The program, it helps me. It really helps me a lot." She added, "There is nothing bad I can say about it. Because when they don't catch that after school program bus, they call me. They always call me all the time. They make sure I keep up with everything."

Ashley seemed less enthusiastic in person about the program, however, she did state, "They are doing the best they can, working real hard with him. So I can't expect anything more or less." She added, "We are good with what they got."

Four children made note of improvements in their parents' lives as well. Shawn noticed that, "Since my mom moved here. She bought a new car... she got a new car.... She got me two new games and she bought a blender."

Tamika is glad to see that her mom is trying to get a better job. She said:

My mom is going to a program, she graduated from the program, it was like a school, and she took tests and stuff. And my mom said she is trying to be a lawyer or a doctor. I think I want her to be a lawyer because lawyers make a lot of money and stuff. And it is important and responsible to be a lawyer. 'Cause you have to be there early and on time and stuff.

Shaniya also noticed her mom's life had changed since the program began. She said, "My mom goes to school, she goes to school now. She get, she's getting, she got a job."

Jada saw couple improvements for her mom, Sheree. She made note that her mom is in school and that she gets gift cards to buy necessary items. She said, "My mommy she uses the card, she used the card to buy me new socks and new pair of shoes, and she bought my brother a new pair of shoes and new socks."

*Children's enjoyment.* The second subtheme under the positive aspect theme emerged from five parents that stated positive evaluations about the program because their children found enjoyment in it and the ten children that described what they enjoyed about the program. For example, Trisha said, "I think he enjoys the experience because he gets to do things that I probably wouldn't be able to do myself with him and he reminds me."

Janice stated, "You know she knows what super kids is and when I say it is time to go to that she gets really excited. And she loves to do that." She added, "She gets very excited." She also said, "She really likes spending time with [her counselor]."

Patricia also stated that her daughters enjoyed the program, "Well, they like to go. They love to go to the tutoring after school program."

Keisha stated her daughter likes the fun activities like the parties. She said: She likes participating in some of the activities they have, like going to [amusement park] after school and stuff when schools out. She likes going to the parties and stuff. They have the Halloween parties and um the Christmas parties. She likes going there. She eats a lot.

Sheree stated that her kids enjoy the program and noted she was relieved for this aspect because it made a difficult situation easier on the children. She stated:

Like from the beginning, it's just been awesome. The one thing that I love about (agency) is that they're that they're for the kids. And everything is about the children even though the parents are in a hectic mind state, or in a tragic situation or you know, they make sure that the children don't even have time to think about what's going on. They really don't know, you know, they don't have time to think about, because they are doing so much, and they always you know engaged in some type of activity.

She continued by describing how the kids were even excited about moving into the emergency shelter. She said:

Jada loves her room. When we got there and we walked into the shelter and they showed us our room and it was decorated with the blankets and the pillows, welcome bags, and they were just excited, and 'this is your bed,' and everything, you know. They were just excited.

Regarding the responses the children gave about what they found enjoyable, four children said their favorite part of the program was the food. Shawn said his favorite nights were the "Expiration night, when I get food." Sarah and Sophie remembered a special night where they ate "dirt" which consisted of Oreos and gummy worms. Jonathan liked the pizza nights so much he wanted to improve the program by adding a "pizza Friday," a "pizza Saturday, and a pizza Monday."

Nine children discussed enjoying playing on the computer and/or playing games with the staff. Jonathan , Jakeem, and Shaniya, all mentioned "playing," with the

counselor or staff as something they enjoyed. Jada said, “When I see (the counselor) sometimes we play, I have a kid and she has a kid. And we both dress them up and we take them to the mall.” Sophie said, “I like playing on the computer.” Sarah, her sister, said, “I like the games.” Lauren said she looked forward to games after she is done with his homework, “It’s fun. You get to read when you finish your homework. And then we get to get on the computer at 5:30 or you get to play a board game. I like playing Mancala.” Naomi said, “I like Guess Who.” Cevante said, “They have lots of games, Sorry, Trouble, Memory, and Monopoly... We play a lot of games with the children’s services assistants.”

**Desired changes/negative aspects.** The third theme under the super-ordinate theme of evaluation of the program emerged from eight of the participants speaking about at least one specific aspect they would like to improve. This theme of *desired changed/negative aspects* consisted of two subthemes that were represented by parents and children which included: *responsiveness* and *program structure/services*. There was one subtheme represented by children only which was *boring/missed other activities*.

**Responsiveness.** The first subtheme of responsiveness emerged from statement made by two parents and two children which called for the staff to be more responsive and collaborate with them. When Keisha attempted to make suggestions to a case manager on how he could relate with her daughter better, she did not sense the reaction she would have liked. She said, “I already gave all the suggestions that I can give.” She added:

He listened to it to a certain extent, but he felt like it was his job and I was telling him things that he didn't want to do. So he did some of them but he didn't do all of them. 'Cause he felt like I was trying to do his job. But I wasn't.

During another incident Keisha explained that she was not informed when her daughter had scratched a car in the parking lot. She stated:

I didn't find out about it, no one told me until it was late and over and done with like 2 or 3 weeks later. Then they want to tell me then that she scratched the car and she admitted she did it....And I didn't find out about it until 2-3 weeks later and then they tell me the person was upset. I told them all they had to do was tell me and I could have handled that. You don't just have to tell the staff members because I am her mother, and I could have dealt with it.

Ashley agreed she wanted more collaboration when her son had problems at the agency. She said:

Somebody told me that Jakeem was running around chasing him around trying to get him to do his homework, and I'm like, 'Oh my God.' I said that I wish they would have called me and told me. I would have been up there in a heartbeat.

Two children also were not satisfied with the responses they received from staff to their problems. Cevante said that no adults knew about the bullying and therefore did not act to prevent it. Caden who receives his tutoring at a different site said the adults knew about the bullying, but he didn't think anything was being done to stop it. He said, "All the girls think the teenagers can do anything they want. I don't think that. I think there should be equality...They don't do nothing about it....I think they should stop.

They should tell them to stop for once.” I asked who he talked to his problem about the bullying and he continued, “All of them but they just don’t do nothing about it.”

*Program structure and services.* The second subtheme emerged from the statements made by four parents and one child who also mentioned specific changes in the program structure or services. For example, Janice said she would like family counseling with both her and her daughter, “I would have to think about that one, um, maybe ah, sometimes have a, have counseling sometimes with her and I together. We don’t do that. That is the only thing I can think of.”

There was a suggestion from Ashley that tutoring could be structured differently. She said, “The tutoring... could go a little bit better. I want Jakeem to do more homework and less playing.”

Sheree knew right away what her suggestion was for the program since she had told the staff several times about what she hoped for. She stated:

My main, every community meeting, every chance I get, programs for the little people. Little one is 4 and he is the smartest 4 year-old I’ve ever met in my life... they don’t really have programs for him in pre-k.

She continued by stating, “I mean like if there were things that I would have to participate in too. I mean he wants to see the animals too. He likes the animals. They have to have something.”

Patricia thought activities for her children would be a beneficial addition to the services, since the in-home case management program does not offer field trips as part of their services. She said:

Do they ever give tickets for kids to go programs and stuff you know?... Like tonight they have a program, the curious George program, do they ever help out with tickets like that? And the circus and stuff like that?

She said social services had given tickets away in the past and she would like that again because, “Then the family could take the kids out you know, if they can’t afford to pay for it. You know, they could um, be a family for some kids.” Her daughter, Shaniya, asked for a similar request when asked what she would add to improve her experiences of the program. She said:

I would take them out to places. But after are they going to take us out?

Interviewer: I don’t know, do they?

Participant: no...

Interviewer: You’ve never gone out with them?

Participant: uh uh (no)

Interviewer: But that is something you wish you could do. What type of places would you want to go?

Participant: Movies, jumping jelly beans....Where kids jump on things and have fun.

Mary was happy with type of services her son received but wanted more availability on for the field trips. She said:

[There are] 30-40 kids, all 30-40 of them when there’s a signup sheet to go to... for example the water [amusement park]. They all want to go, but they don’t have a way to take all 40 of them....I mean you just 10 get to go and the first 10 sign



up...I mean it's one of those things where it depends on when you walk into the office and see the signup sheet.

***Boring/missed other activities.*** The final subtheme was identified in only the children's statements. When asked about any aspect of the program they did not like, seven children responded by saying the tutoring was boring or they missed out on other fun or important events. Shawn, Sarah, Sophie, Tamika, and Breanne all made reference to tutoring as being boring. Tamika also said that when it gets dark early she misses out on outside play time on days she has tutoring. She also said:

I miss dance practice and stuff, so we be late and stuff, and if we be late, if we miss a lot of days, people who miss a lot of days get disqualified. Cause they won't know the cheers and stuff. If if now she's doing if you miss five days, if you keep missing them, you won't know all the cheers for the championship, that's why that's why she said that.

Caden also did not like missing out on his in-home counseling for the other activities.

### Summary

This chapter presented the description of each family and the resulting themes from the analysis of the data from the participants, using quotes from the participants to highlight the super-ordinate themes, themes, and subthemes. The descriptions of the family were presented in order to give context to the themes that emerged. Three super-ordinate themes were presented. The first super-ordinate theme, *contextual factors influencing children's experiences*, had eight themes emerge and included *maternal factors, stressors, stability, family composition, schools, parenting, self-motivation, and friends*. There were three themes that emerged for the second super-ordinate theme,

*program benefits for the children*, and included: *provides what parents feel they cannot*, *improved child psychosocial outcomes*, and *opportunities for new experiences*. Finally, the third super-ordinate theme, *evaluation of the program*, had three themes emerge. These themes were *relationships*, *positive aspects*, and *desired changes/negative aspects*. In the following chapter, these results will be discussed.

## CHAPTER FIVE: DISCUSSION

While the literature suggests the outlook for children who experience homelessness is discouraging in several areas of their development (Buckner, 2008), agencies and programs across the country provide services in an attempt to buffer the negative effects associated with homelessness. As the issues homeless children face are complex, research is needed to understand how best to meet their needs (Karim, Tischler, Gregory, & Vostanis, 2006). While extant literature did feature some studies of children's experiences in emergency shelters and numerous studies explored the effects of homelessness on various aspects of children's lives, there was a paucity of research on children's experiences in the transitional and permanent supportive housing programs as well as in the in-home case management programs. There was also a dearth of research from the perspectives of the children who are directly affected by the policy decisions and programs currently being implemented. With this study, I sought to examine the children's experiences while their families received services from these programs. It is hoped that these findings may provide insight into methods and services for developing programs and policies.

The themes and findings from the data gathered to explore the two research questions will be briefly summarized and compared to the existing professional literature. Next, a framework for meeting the children's needs based upon the participants' perception of the factors that influence the children's outcomes will be discussed. Following the discussion, limitations of the study, implications for the field and for future research will be presented.

### **Overview of Methodology**

Using a phenomenological tradition, I examined children's experiences in order to gain their perceptions about how their psychosocial needs were being met. Using a purposive criterion sampling method, I selected families with children between the ages of 5-12. I sought maximum variation in regards to type of program, length of participation in the program, gender, and age (Patton, 2002). I utilized individual interviews with children and their parents as well as drawings during data collection. Parent interviews were conducted first and followed by an interview with their children. The interviews were audio-recorded and transcribed immediately after each of the interviews. Interim analysis began immediately and continued throughout data collection. Analysis of the data was inductive and open ended. A research team, consisting of myself and two counseling graduate students, developed themes independently. During consensus coding meetings, the team compared notes and discussed similarities and discrepancies between themes and meanings and came to consensus about three super-ordinate themes.

The research questions were: (a) What are experiences of children, ages 5-12, receiving services from either a transitional housing program, a permanent supportive housing program or an in-home case management program? and (b) What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from a transitional housing program, a permanent supportive housing program or an in-home case management program?

## **Resilience**

The notion of protecting against negative experiences is often considered in terms of resilience, the concept attributed to families that are able to respond positively despite

facing difficult circumstances (Simon, Murphy, & Smith, 2005). Past research has examined specific factors associated with resilience, in order to better understand potential ways to protect against negative risk factors. Benzie and Mychasiuk (2009) searched through the peer reviewed data bases for the research conducted on family and child resilience. Through their search they identified 24 protective factors across the three levels of the socio-ecological model, which included individual, family, and community protective factors. The Search Institute has also developed a list of 40 developmental assets that are a protective influence on children and adolescents and studies have supported a relationship between these assets and thriving outcomes (Scales, Sesma, & Bolstrom, 2004). Throughout the discussion below, the concept of resilience and the protective factors will be considered by examining when the themes found in this study relate to the protective factors identified in the literature.

### **Parents' Concerns and Children's Problems**

The context and textural description in chapter four presented the parents' concerns for their children as well as the children's perceptions of their own problems. There were no cross case themes developed because the group of children was heterogeneous with diverse needs and there was variation in the type and level of the concerns that parents had. A summary of the concerns will be presented here in order to compare the problems and concerns to the existing literature.

Two parents mentioned being concerned about their children's grades being low. For the four parents that did report academic concerns, they explained this concern in terms of the children's ability to "focus" or "concentrate." This primary concern about focusing is an important aspect to consider according to the literature on resilience.

Obradović (2010) found effortful control, which is the “ability to inhibit a dominant response in order to execute a subdominant response” (p. 210), to be low in homeless children. Effortful control includes skills such as shifting attention and focusing. This is associated with several domains involved with academic success, social skills, and resiliency in homeless children.

The lack of reported concern regarding the children’s GPA is not congruent with the literature which reports that homeless children are significantly below normative levels academically (Gewirtz et al., 2008; Masten et al., 1997). There could be several reasons for the minimal reported concern about low GPA’s from the parents. It could be the tutoring program is effective in bringing up the students’ grades. However, Grothaus, Lorelle, Anderson, & Knight (in press) found that over the course of a year, while the number of courses the students failed did decrease significantly, grade point averages (GPA’s) for students participating in this agency’s tutoring program did not significantly improve. This lack of change of GPA does not preclude the possibility that individual participants in this study improved. Tutoring programs are usually not evaluated in terms of GPA and tend to assess outcomes that are easier to detect, such as achievement tests (Zimmer, Hamilton, & Christina, 2010). Another explanation could be that parents’ perception about GPA is different from academic standards set by the schools. Another potential explanation could be that the parents were minimizing their concern because of social desirability. They seemed concerned because of their expressed worry about their children’s focus and concentration but perhaps it means something less negative for their children to have problems with focus rather than a low GPA.

Regarding behavior concerns, there were five children who were described as having behavior problems at school or home. These issues involved fighting with other children, getting an “attitude,” having a problem controlling anger, or having tantrums.

Parents also described nine children as having some mental health concern. Most of these parents explained they were worried about their children adjusting to a divorce, a death in the family or the instability of being homeless. Three children had received a diagnosis of ADHD, which included one child with a Bipolar Disorder diagnosis as well. These behavioral and mental health problems are congruent with the concerns addressed in the professional literature, which has found high rates of internalizing and externalizing behavior problems and inattention or hyperactivity among homeless children (Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010, Shinn et al., 2008).

There were few health concerns expressed by the parents. One child stated the nurse told her she needed glasses but she had not received any yet. While one parent did state her son had asthma problems in the past and one child had allergies, this overall lack of reported concern was unexpected based on past literature that has suggested homeless children have higher rates of asthma and other acute medical symptoms (Cutuli et al., 2010; Weinreb et al., 1998). The fact that the parents reported few concerns could stem from the effectiveness of case management services in connecting their children to the resources they need. For example Angela described how the case management helped with her daughter’s health problem:

Sarah ... had a problem with her urinary track so we had to do a lot of doctors appointments back and forth, we had a lot of bed wetting, ...She’s been going to a urologist a couple times...And they made sure we had transportation back and

forth and made sure that and everything...made sure that everything was done correctly.

In contrast to the parents, the children described their problems differently. While most of the children denied having problems, several children did discuss issues in their lives. Five children spoke about social or bullying problems. Parents did not report any of the bullying concerns, and from the children's perspective, adult help was limited for this problem. Problems with bullying are not unique to homeless children, with prevalence reports being 9% of children in grades 6-10 having experienced bullying at least once a week in the United States (Nansel, 2001). Consequences of bullying are serious and should not be ignored. Bullies and victims have increased mental health issues (Smith, Schneider, Smith, & Ananiadou, 2004). Victims of bullying experience depression, anxiety, and suicide (Berger, 2007). The lack of response from adults the children described also is congruent with past literature. Atlas & Pepler (2001) reported that 40% of elementary school children stated that adults only helped with bullying 'once in a while.'

Three children were worried about their parents and believed they should do or say something in order to try to protect them. While several previous studies have examined homeless children's anxiety (Anooshian, 2003), the specific topics of the anxiety related to their parents has not been examined. Given that mother's mental health is associated with children's outcomes including their level of anxiety (Buckner et al., 1999), it stands to reason that the children would be sensitive to their parents' distress.

### **Benefits of the Program**



The parents perceived several important benefits of the program. They noted improvement in their children's academic performance or in their social/emotional expression which included improved confidence, increased social skills and improved behavior. This is congruent with extant literature. Despite finding no significant changes in mental health of children between entering and exiting a shelter, the authors of one study reported that parents described improvement in their children's emotional problems, self-care, and problems in relationships after entering the shelter (Karim et al., 2006).

The improved social/emotional expression the parents described in their children seemed comparable to some of the resilience factors Benzie and Myschasiuk (2009) identified. The parents in the current study spoke of an increased sociability, openness, confidence, and decreased tantrums. Similar factors such as internal locus of control, emotional regulation, belief systems, self-efficacy, and effective coping skills have been found to be individual characteristics that promote children overcoming adversity (Benzies & Myschasiuk). The Search Institute identified positive identity as part of their developmental assets that promote healthy development (Scales et al., 2004). It seems that the parents interviewed in this study were attuned with these important qualities needed for their children's longer term resilience. In addition, some of the parents did imagine future success for their children because of the program. Some parents seemed to also identify the services such as the character development classes and counseling as being designed to impact the child at this level.

Another prominent benefit noted by some parents was their children's opportunities for exposure to new experiences. Parents liked that their children were able

to try art, dancing, sports, and camps. While the children saw these activities as fun, the parents saw these as revealing a world beyond the neighborhood in which they lived and exposing their children to a variety of activities they could learn about. Past research supports the idea that extracurricular activities can promote academic resilience and reduce early dropout, especially with students from a lower socioeconomic status (Dumais, 2006; Mahoney, 2000; Randolph, Graser, & Orthner, 2004).

### **Unmet Needs**

A recent study assessed formerly homeless children living in a supportive housing environment still had significant unmet mental health needs, behavioral issues and academic problems (Lee et al., 2010). While several parents in the current study noted specific services such as family counseling, a mentor program, extracurricular activities, and activities for preschoolers as something they would like to add to the program, most of the parents did not explicitly describe unmet needs of their children. However, several children mentioned unmet mental health needs and continued bullying problems at school and the agency. I noted as well that several children in two families appeared to have unmet mental health needs. Two parents in the in-home case management program mentioned their children were referred to counseling but none of the children were seeing a counselor at the moment. While Monica's children had attended counseling in the community for several previous months, her daughter still spoke of frequent nightmares about death including one of her being in a casket. Considering the traumatic event of witnessing her father being killed, the nightmares seem indicative of a larger mental health issue. Monica also noted her daughter's mental health was what she remained

most concerned about, yet currently she was not receiving any services for those concerns.

Similarly, Patricia's daughters also showed many symptoms of mental health needs. Both Tamika and Shaniya described significant behavior concerns in school. Shaniya spoke of hitting people, pushing chairs and getting referrals. The girls both discussed grief about the loss of their intact family and spoke of sadness regarding their parents' divorce. Tamika stated she had a hard time in school because of these concerns.

It seems noteworthy that both of these families were participating in the in-home case management program, which involves the least amount of agency provided services. While a causal conclusion cannot be made about this correlation, it is remarkable enough to question whether the services of the in-home case management are meeting the children's needs in the same comprehensive way that the shelter based systems are doing. At the same time, the more intense needs of the girls may be a result from the extensive history of stressful events both families have experienced. Monica's family has had a traumatic experience of witnessing the murder of her fiancé. Patricia's family was the most unstable of all the families. With the mother unemployed, a recent history of domestic violence and divorce, a father recently incarcerated, and alternately residing in a motel and with their grandmother, there were many negative factors making it difficult for the girls to succeed in school and thrive emotionally.

It is also important to note that not all children who have parents in the in-home case management program receive the tutoring service that the child participants in this study received. The agency planned to serve up to 250 families in 2010 in the in-home case management program but only 30-35 children receive tutoring at one time. The

tutoring is based on the availability of seats on the van and location of the families' residence, given that tutoring participants are transported from their homes to a central site for this service. It stands to reason that the benefits the parents described in the programs may not be experienced by the children if the family only receives case management for the parent. It would seem to be important for future research to examine the children's psychosocial outcomes in this in-home case management program, given the likelihood of families receiving fewer agency services.

Mary also discussed a limitation in the services received at school. As discussed in chapter two, the McKinney-Vento Act created provisions for services to be provided by schools in order to decrease the barriers for school enrollment for homeless children. One of these provisions is the right of students to stay in their school of origin during the times of residential instability associated with homelessness (U.S. Department of Education, 2006). Schools are required to provide transportation for students to stay in their school of origin if they move into a shelter. Jonathan experienced this housing instability during his kindergarten year. Since the family moved to a shelter across city lines, school buses were not available to pick him up. If he was older, the school would have paid for a cab to pick him up and bring him to his school each morning. Mary was left with the options of transporting him herself using gas money she did not have or switching schools. Fortunately, the shelter was able to provide gas money so that Mary was able to keep her son in his school of origin.

While some scholars have argued that community-based services would be a more efficient method of improving family stability than long shelter stays (Culhane & Metraux, 2008), there is limited research examining how to most effectively help

homeless families achieve residential stability and other desirable outcomes (Bassuk & Gellar 2006; Shinn, Rog, & Culhane, 2005). The findings in this study suggest community based services that do not provide this type of wraparound support for children may not protect against some of the negative factors associated with homelessness such as school mobility which can be detrimental to children's academic success (Buckner et al., 2001).

### **Evaluation of the Program**

Most of the questions were geared towards asking the parents about their children and their children's needs. However, several parent participants spoke about how beneficial the program was for them. Six parents made statements about how their needs were met and four children also noticed benefits for their parents. Five parents and 10 children discussed how the children enjoyed the activities; however, six children did report thinking that the tutoring was boring.

**Relationships.** A prominent theme for evaluating the program was in regards to the relationships the parents and children established with the staff at the agency. Seven parents and three children made reference to the support they felt from the staff or that the children received. They felt cared for because of the small acts of kindness the staff did such as calling them to congratulate on passing the GED, asking about how they were doing if they saw them in the community, or attending children's recitals to show support. The children who discussed this connection spoke of a loss when a staff member they liked left the agency. It seemed to matter less about the specific services that are offered than how the services are implemented through the staff. For example, one parent did not see the benefits of a mentoring program at school because there was no

relationship established between her and the mentors. She said, “I don’t really see the benefits of... mentoring because...I have never met the mentor or talked to her....They meet them at the school, and they haven’t reached out to the parents.” These relational connections could potentially be a vital aspect that promotes the benefits of the program.

Karim et al. (2006) suggested the emotional improvements the parents saw during their stay at the shelter were attributed to the supportive relationships the children established with the staff. There are several protective factors and developmental assets that promote resiliency in children and include a relational component (Benzies & Mychasiuk, 2009; Scales et al., 2004). These factors include social support, peer acceptance, supportive mentors, and other adult relationships. The findings in this study support the idea that the supportive mentorship provided by the staff at the agency has the potential was perceived as valuable by both children and parents.

This relationship with a helping professional, often called the therapeutic or working alliance, is especially important in the field of counseling and is often considered a key factor in the change process (Horvath & Bedi, 2002). The authors defined this alliance as “the quality and strength of the collaborative relationship between client and therapist in therapy. This concept is inclusive of: the positive affective bonds between client and therapist, such as mutual trust, liking, respect and caring” (p.42). While some researchers have found a moderate correlation between this working alliance and counseling outcomes (Martin, Garske, & Davis, 2000), others have examined the effect of the case manager’s working alliance with client outcomes and found a smaller correlation (Calsyn, Morse, Klinkenberg, & Lemming, 2004; Klinkenberg, Calsyn, &

Morse, 2002). The responses from the participants in this study suggest this alliance is vital.

There were three participants who spoke negatively about the relationships. For example, one mother and child pair both discussed a poor relationship with certain staff members. Another child participant was frustrated with the staff because he felt they did not do anything to help with the children that bullied him. While they spoke negatively of the relationships, these accounts still support the idea that the connection is an important aspect of implementing services.

Participants in the shelter based programs lived at different sites and had different case managers. It could be the dynamics between the children and staff differed at the various sites. The case managers could have different skill levels or experiences. One of the children who shared negative reports about her relationships with the staff was also the oldest participant in the study. It seemed that there were several teens at this particular site. It could be the programs are designed for younger children and the presence of teens create a difficult environment to manage.

There was one parent who did not seem as relationally connected to the program and was less open to me in the interview as well. Ashley did not mention anything about an important relationship between the staff and her or her son. She said she was basically satisfied but appeared less enthusiastic about the benefits. She said, "They are doing the best they can, working real hard with him. So I can't expect anything more or less." There are several hypotheses about the reason behind this lack of relationship. She may not have had a good personality fit with her case manager. She might have been unhappy about the level of services she was receiving. She said during the interview that she

wished she would have been able to participate in the transitional housing program instead of the in-home case management. She also had the most extensive history of homelessness and experiences with shelters. These past experiences or the length of stay in the program may have created negative feelings or distrust with the shelter system.

**Desired changes.** Regarding the suggestions the participants had for the program, there were two subthemes that emerged from the interviews. The first suggestion was in regards to changing aspects of the services provided. For example, one parent thought adding family counseling for both her and her daughter to attend together would be helpful. Three members of one family in the in-home case management program wanted more opportunities for the extracurricular activities that the children in the shelter based programs receive. Another parent wanted more of these same opportunities for her younger preschool aged son. Both of these parents saw the importance of this type of exposure for creating learning opportunities. Given that the other parents saw this as a major benefit and the past research that supports the advantage of extracurricular activities (Dumais, 2006; Mahoney, 2000; Randolph et al., 2004; Scales, Benson, Leffert, Blyth, & 2000); this lack of opportunity for exposure to extracurricular activities could be a significant drawback for children who are part of the in-home case management program. Given the debate about the value of services (Bassuk & Gellar, 2006; Shinn, Rog, & Culhane, 2005), these findings suggest the parents and children in this study find these services beneficial for the children's wellbeing. This is counterpoint to the argument that shelters have placed too much emphasis on services (Shinn & Baumohl, 1999).



The second area of suggested improvement was in regards to staff responsiveness. Two parents wanted the staff to collaborate with them when their children were having difficulties in the program. These parents and two children also wanted improved responsiveness from the staff when they had problems or feedback for the agency. It seems important for the parents to feel like they are in a collaborative relationship with the staff regarding their children and that they are still respected as a parent. Past literature suggests this sort of responsive and collaborative approach is the most effective and ethical way to work with homeless families (Fraenkel, 2006). By viewing families as the experts of their lives and giving them control over the aspects of the program, they are more likely to engage in the process. The author suggested this is especially true for participants who have been marginalized or oppressed. This idea is supported by the one of the current study's participant's statements about how she became more engaged with the staff and the program once she felt they were willing to work with her on her goal to obtain a car.

### **Framework for Meeting Children's Needs**

Participants attributed a positive impact on the children's functioning and the families' wellbeing to several factors. Reflecting on these factors and the participants' perceived connections between them, a framework for meeting the children's needs was constructed. The data seemed to suggest multiple levels of systemic factors affecting the children's lives that can potentially help or hinder a child who has experienced homelessness. Participants discussed issues at the individual level, such as parenting and maternal factors, and family level factors such as family stressors and family composition. There were also environmental factors such as situational stressors and the

families' stability. Finally, community factors, such as the services they received through the agency and the community and the schools the children attended, were identified.

As the participants discussed these factors, they did not speak of them as independent forces in their lives but as elements that influenced each other. For example when a parent would discuss the family stressors, she would discuss how it affected her mental health as well as directly impacting the children. When a parent described the importance of her extended family when discussing the family composition theme, she also discussed how it impacted the families' stability. Another parent discussed the impact of the family's stability on her son's behavior, also describing how it impacted his school experiences which almost resulted in him being retained. This interfactor influence appeared to be operative at the micro and meso levels. For example, at the individual level several mothers discussed how her own past experiences influenced her parenting choices. At the community level, the services parents received from the agency affected their children's school experience.

The conceptual framework below potentially gives service providers both a systemic context and also individual factors to assess with each family prior to providing interventions. Case managers and counselors can assess each of these factors to determine how they influence other factors. Individualized service plans could be developed based on this analysis. For example, for one parent in the current study, she felt that her situational stressor, lacking reliable transportation, was her most crucial need and was affecting her own mental health and her ability to provide access to community activities for her children. The agency worked with her so she could obtain a car. Other

parent described how her own mental health impacted their ability to work and take care of their children. For these parents, a focus on maternal mental health as well as situational stressors such as housing and jobs, could be helpful. Holding each of factors in mind when intervening appears to be important in order to promote progress.

Figure 5 is based on the participants' interview data and presents a potential framework of how these factors could interrelate with each other and impact the children's psychosocial outcomes. The arrows represent potential directional and systemic influences each of these factors could have on the other factors. The importance of the participants' relationships is also represented in the figure. For example, when parents discussed services they found helpful for themselves or their children, they also discussed the quality of the relationships while delivering these services. Given the emphasis the participants placed on the relational aspects of the experiences in the program, it was important to represent these relationships in the framework. The remaining sections will review each of these factors and examine their connection with extant literature.

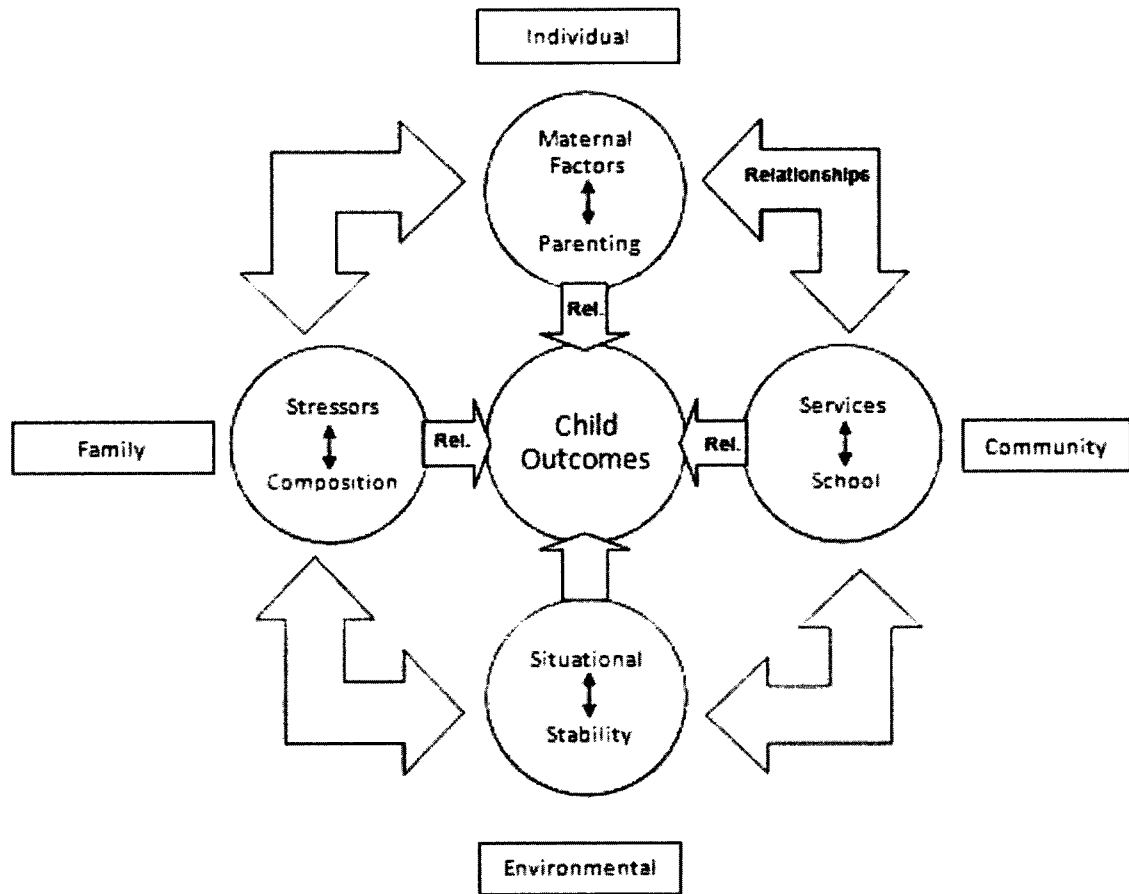


Figure 5. Systemic Relationship Among Factors

**Maternal factors.** While the questions on the protocol were designed to ask about their children's experience, the parents often spoke about how helpful the program was for themselves. They spoke about how the services such as the parents' case management and counseling impacted their own wellbeing. Maternal factors include the mother's mental health, physical health and past experiences. Six parents spoke about their own health and mental health and how they saw it impacting their ability to have patience, energy, or time to give to their children. These women saw their own health as impacting their children's behavior or mental health as well. The literature is congruent

with the women's perspective about the significance of their own health and has suggested maternal mental health as being significantly influential on children's mental health and academic outcomes (Bassuk et al., 1997; Gewirtz, DeBarmo, Plowman, & Realmuto, 2009; Harpaz-Rotem et al., 2006; Huntington et al., 2008). Scholars have also suggested that treating the maternal mental health symptoms may benefit the children regardless of the child's past exposure to violence (Harpaz-Rotem, Rosenheck, & Desai, 2009). Parental mental health should be a primary focus of assessment and interventions for service providers.

Three women spoke about their past experiences also influencing their children because it affected their parenting and how open they were to taking advantage of the services offered for their children. The literature on the maternal experiences often focuses on maternal past exposure to trauma, childhood victimization, and foster care placements (Bassuk et al, 1997; Goodman, 1991; Park, Metruax & Culhane, 2004). These participants did not talk about these past experiences but they did speak about how the negative events of their lives have made them want to provide better for their own children.

**Parenting.** Parenting was another factor that all of the parents and seven children discussed. Eleven participants discussed positive interactions between the parents and children. Eight parent participants spoke about how they provided messages to encourage their children, structure to protect them, and discipline to shape their behavior. Three parents spoke about how they advocated for their children. Many children and parents spoke about the love and support they felt from their family. The role of parenting for homeless families has rarely been examined in the research (Gewirtz et al.,

2009; Paquette & Bassuk, 2009). However, the literature on resilience has suggested that parenting is an important factor for promoting positive child outcomes. For example, positive parent child relationships can reduce developmental risks associated with poverty (Cowen, Wyman, Work, & Parker, 1990). Benzies and Mychasiuk (2009) found supportive parent-child interaction and family cohesion, which includes a family commitment to overcome adversity together, as two protective factors that promote resiliency in children. This idea also seemed to resonate with most of the participants.

While parenting was something each parent considered important, it appeared as though not all parents felt adequately equipped to provide the structure or guidance needed to help their children alone. For example, Mary went to the counselor feeling helpless to control her son's behavior. Patricia spoke about her children being "wild" and discussed how they got "in trouble" while she napped. Four parents also spoke about the stresses related to their parenting and the frustration they demonstrated to their children because of that stress.

Based on these contradictory reports, there may be a potential discrepancy between the parents' intentions and beliefs about parenting and their actual ability to carry out their intentions. Past research has reported that homeless mothers in a supportive housing program "showed less optimal parenting practices" (Lee et al., 2010, p. 428) compared to a normative meant in the areas of attachment, communication, parenting confidence, and relational frustration. In another study, residents of a homeless shelter showed high rates of parenting difficulties (Tischler et al., 2004).

Maternal factors such as the mother's mental health seemed to affect the participants' parenting as they described the stress they felt from the parenting. Past

research has proposed this connection as well. Homeless parents with a history of mental illness scored lowest in parent-child interactions (Gewirtz et al., 2009). Raikes and Thompson (2005) found that family risk factors such as the lack of a high school degree, maternal or child health problems, a recent divorce, homelessness or incarceration, were associated with increased parental stress. Given the reported stress and the potential discrepancy of skills, parenting could be an area where participants may use support via available services. Gewirtz et al. (2009) recommended that supportive housing programs could provide services aimed at enhancing parenting skills and maternal mental health to promote child adjustment.

**Family stressors.** Family stressors were also identified by six participants as impacting the children. These participants discussed separations, past abusive relationships, and divorces as adding to the stress of the family, to the instability of the family, as well as the parents' mental health. Past experiences with interpersonal violence and victimization put women at increase risk to become homeless (Anooshian, 2005; Park, Metraux, & Culhane, 2005; Wong, Culhane, & Kuhn, 1997). Children's exposure to violence is associated with behavioral, emotional, social, attention problems, and aggressive behavior (Anooshian, 2005; Buckner et al., 2004; Gully et al., 2001; Harpaz-Rotem et al., 2006). Addressing these issues with the parents as well as the children would be important for programs to consider when providing services (Anooshian, 2005; Harpaz-Rotem et al., 2009). Programs could provide counseling, substance abuse treatment or referrals and transportation to community services to help parents and children with the lasting effects of trauma.

**Family composition.** Family composition was another factor that participants noted influencing the family. For example, the loss of an important family member or divorces created instability for two of the families. Three parents discussed calling on extended family members for help with homework or for resources for the family. Three children spoke about their fathers or extended families providing material or emotional support.

The literature also identified family structure as one of the factors that promote resiliency for children. For example, Benzies and Mychasiuk (2009) reported that positive outcomes in children are associated with smaller families and negative outcomes are associated with single mothers. Scholars have started to consider the extended network as an important resource for service providers to take into account when assessing available help. “In order to fully support parents and their children as they exit homelessness, homeless service programs should consider the broader context of the nontraditional family system and support networks” (Pacquett & Bassuk, 2009, p. 292). The authors suggested that fathers who are not living with the families are usually ignored by service providers, yet are considered a major support by children. This connection between the fathers and children appear congruent with the findings of this study as five children mentioned their fathers. Given the results of this study and the findings of previous research, extended family and social networks are important for service providers to assess and incorporate into individualized service plans in order to take advantage of the strengths these provide for the families.

**Situational stressors.** The situational stressors such as unemployment, lack of transportation, being involved in a trial, and prior homelessness also impacted maternal



mental health and stress level according to three participants in this study. Benzies and Myshasiuk (2009) also listed situational factors such as a stable and adequate income as a protective factor for family resilience. The effects of this protective factor were demonstrated in this study by the children being attuned to their parents' situational stressors. Three child participants were worried about their parents and their emotional and financial stability. For example, Tamika was worried about her father not having a place to live. Four children also noted how the services helped their parents with these types of stressors. While the programs are designed to help address situational stressors such as housing and unemployment, these stressors still impact both the children and parents.

**Stability.** Stability was another factor that was attributed to improved outcomes for the children. Seven participants described the stability in terms of having a predictable place to stay as well as the services which provided a consistent routine for the children. For example, Mary liked how her son knew what to expect each day of the week. Two children also spoke about the stability of having a place to stay and enough space for everyone to have their own room and place to keep their belongings. Research supports this idea that predictability and consistency in a child's life is beneficial for their resilience (Yoo, Slack, & Holl, 2010). Given the perceived importance of stability for children experiencing homeless, those who are designing and implementing policies and programs need to consider the amount of stability provided or promoted by the program. For example, the transitional housing and permanent supportive housing programs at the agency in this study had routine activities, consistent and caring staff, and the option to reside in one apartment for 2 years or more.

**Services.** Services the families received were perceived as another factor. These services included agency-provided services such as tutoring, character development classes, counseling, and case management, as well as community services such as in-home counseling or care provided by a psychiatrist, and school-provided services such as an IEP or mentoring. Six parents attributed the improvements they perceived in their children's academic performance to the agency's tutoring and/or medication from the psychiatrist. Five parents credited counseling with improving social/emotional expression, including increased social abilities or confidence. Credit was also given to the character development classes or the reward system involved in those classes.

While six children described the tutoring services as "boring," eleven children had positive remarks for the other parts of the services, especially in regards to activities, playing games, the food, and how it helped their parents. The children's responses to the services are important for service providers to note as they provide ways to keep the children engaged.

The research is limited on the effectiveness of programs serving homeless families in regards to children's psychosocial outcomes. There are a few studies that have investigated the impact of the program on children's outcomes. Grothaus et al. (in press) found that the GPA's of students in a tutoring program at a homeless agency did not significantly improve over the course of a year, however, the number of failing grades in academic subjects did significantly decrease during the same span of time. Manning, Homel, and Ross (2010) conducted a meta-analysis to investigate the effects of early developmental prevention programs for at-risk adolescents living in poverty. Through analyzing the results from 17 studies, the authors found that early developmental

programs have a positive significant effect for multiple child psychosocial outcomes. The longer and more intense the program, the greater the effect the program had on the children. While these interventions were not designed specifically for homeless families, the results suggested that “programs directed towards families can have a wide range of beneficial effects on children, as well as those that provide direct developmental services to children” (p. 514). Given the debate about services for homeless families, it is important to consider the findings of this study which suggests that parents and children find value in the services. Since it has not been well established in the existing research, future inquiries should examine the nature and type of services that are most effective in meeting the needs of homeless families and children (Bassuk & Geller, 2006).

**School.** School was another factor discussed by seven participants. This factor referred to schools providing different quality of services and also addressed the school mobility the children experienced. For example, Trisha was working with her son to improve his writing so he would qualify to attend a better school. These findings aligned with the literature which reports that barriers to quality education, such as residential instability and enrollment requirements, are detrimental for students (Hernandez, Jozefowicz-Simbeni, & Israel, 2006). Buckner, Bassuk, and Weinreb (2001) found that the actual number of schools a child attended in a year had a significant impact on academic outcomes. The variability in quality and in curriculum content and sequencing could also contribute to the negative impact that school mobility has on children. Benzies and Mychasiuk (2009) listed access to quality childcare and schools as an important protective factor that promotes children’s resiliency.

### **Implications**

**Counselors.** Given that the mental health issues were prominent for several children, counselors can play an important role in promoting the child's emotional wellbeing and resilience. Many parents and children considered counseling to be an important aspect of the agencies' services. According to the participants in this study, common issues that counselors may help families address could range from helping with past losses and traumas to advocating for children experiencing bullying. Counselors should engage with the whole family as parent involvement in the counseling process has been shown to be important for improved academic outcomes as well (Liddle et al., 2001; Whitson & Quinby, 2011).

Given that several children were concerned about the bullying they experienced, school and agency counselors should be attuned to this possibility and show a willingness to collaborate to take action on this issue with children, their parents or guardians, and school personnel. There are several bully prevention programs that have been shown to be effective in schools ( Hong, 2009). For example, the Olweus Bullying Prevention Program has been implemented as a whole school-approach that addresses the school environment at several levels. This prevention program has been found to be effective in decreasing reported bullying incidents as well as increasing pro-social behavior (Olweus, 2005). Adult intervention is imperative to successful bullying prevention (Smith, Schneider, Smith, & Ananiadou, 2004). There are several key components to successful prevention programming including:

parents' involvement through discussion and information sessions; intervention with victims and perpetrators of bullying; regular classroom meetings with students to increase knowledge and empathy; school-wide rules against bullying;

school staff meetings concerning the program; formation of the Bullying Prevention Coordination Committee; training for school staff and committee members; development of a coordinated system for supervision; and an anonymous student questionnaire to assess the prevalence of bullying. (Hong, 2009, p. 87)

Counselors can advocate for schools to adopt this program, as well as implement some of these core components into the environment into groups or classroom guidance. When children are not in schools, counselors should encourage agencies to implement a similar environment emphasizing the need for adults to intervene and promote a positive social environment.

All of the parent participants in the study also spoke of parenting issues. While most of the parent participants often spoke of actions they took towards promoting positive interactions or providing guidance or structure, four also discussed parenting stress and were relieved to have the expertise of the counselor when it came to help with their child's behavior. Counselors could work with parents regarding this stress and provide support and education about positive parenting skills. Whitson and Quinby (2011) supported this idea by stating, "The benefits of parent training and family counseling are well established in the counseling and psychotherapy outcomes research" (p. 65).

There are several implications for school counselors as well. While several parents and children discussed the benefit of the agency and in-home counselors, there were very few references to the children's school counselors. Given that some of the parents' concerns about their children's behavior and focusing at school, the school

counselor is in an ideal position to provide support the children with these concerns through after school tutoring programs, groups for at-risk children, or mentoring programs. School counselors have been urged to reach out to the community to connect with parents and encourage parent involvement (Van Velsor & Orozco, 2007). Given that several parents and children also spoke about the importance of relationships, the findings of this study support the idea that these interventions would be perceived as advantageous if school counselors engage with the parents.

School counselors can engage at the systemic level of the school as well. Nabors, Rofey, Sumajin, Lehmkuhl, & Zins (2005) reported that some teachers rate homeless children as more difficult than non-homeless children. Powers-Costello and Swick (2008) stated, “This unconscious perceptual pattern is indeed a source of the injustice that many homeless children and parents experience” (p.241). School counselors should work to address this injustice at a school wide level. Counselors can provide education to help teachers and staff understand the context and consequences of homelessness. Powers-Costello and Swick (2008) calls teachers to “transform their teaching practices to provide for a more fair and equitable situation in schools and society contexts and situations of homeless children and families” (p. 242). Counselors can consult with teachers at an individual level as well and challenge teachers to reflect on their teaching and behavioral intervention style in order to promote equitable treatment of students experiencing homelessness.

In order to be most effective in addressing the issues homeless families and children face, there are several recommendations for counselors. First, they should be knowledgeable of and be prepared to consider the many complex factors and issues

discussed in this chapter that can influence the family. The framework of factors discussed by the participants in this study is evidence of a systemic picture of diverse strengths and stressors at the individual, family, and community level. Each of these areas such as family factors, situational stressors, and maternal mental health can all be areas of assessment and potential areas of intervention.

Counselors should also keep in mind the macro levels of influence in the system of factors as well. While the parents did not speak about these greater systemic levels of influence in their children's lives, it is important to continue to examine the institutional and societal factors that contribute to homelessness and advocate at this greater level (Sue & Sue, 2008). Counselors should continue to educate themselves about the social and political forces that have lead to the ongoing issue of homelessness. Given that the current attitude of our society still seems to be one of viewing homelessness as a reflection of personal flaw rather than a structural deficiency of the country's economic system (Tompsett et al., 2006), counselors should also participate in educating the public about this topic as well. By writing articles for the media, giving presentations at community forums, and actively promoting legislation that attempts to remedy the systemic issue of homelessness, counselors can be an effective part of challenging these societal biases. For example, the National Coalition for the Homeless (n.d.) website offers four areas of advocacy in which everyone can take political action to promote housing justice, health care justice, economic justice, and civil rights. The organization posts action alerts to help the public stay informed about legislative processes and to write letters to representatives about these vital topics that impact the economic and social issues that maintain the problem of homelessness. At a local level they suggest

that everyone should attend public meetings to support development of low income housing and shelters.

Specific issues for counselor advocacy includes considering homeless families' access to counseling services. Access to institutional support is an important part of the social justice aspect of counseling (Goodman et al., 2004). Given that two families' children were not receiving counseling for their mental health concerns, it calls into question whether or not counselors are accessible enough. For example, Patricia discussed feeling overwhelmed by her own "mental health classes," requirements for her social services and by looking for a job while not having a reliable means of transportation. These types of work demands and lack of transportation have been reported to be common barriers for low-income parents becoming involved in their child's school (Benson & Martin, 2003; Hill & Taylor, 2004; Plunkett & Bámaca-Gómez, 2003) and could also prevent access to mental health services as well. If programs and policies do not consider these barriers, counselors should advocate at a local and political level to work to ensure that there is equitable access to mental health and all other services needed.

Considering the systemic demands homeless families face, it is important to reflect on how counselors can become more available to people with limited time and resources and examine potential ways to increase access. For example, perhaps counselors in the community could collaborate with community agencies and provide child or family counseling at a location where the families already receive an existing service.



Counselors in private practice can also have evening or weekend appointments and a sliding scale fee structure available. Ideally, homeless programs and agencies would benefit from having trained counselors with knowledge of trauma and domestic violence and of children's developmental needs. If they do not, counselors can also collaborate with these agencies in order to make these important services available to the people who need and want them.

Next, it is also important to challenge biases about the families experiencing homelessness or poverty. Counselors should confront negative assumptions they hold about homeless parents and children, which may include inaccurate beliefs about the cause of homelessness stemming from internal personal factors rather than economic or systemic factors. These negative assumptions and implicit bias can negatively affect how counselors interact with and interpret clients (Boysen, 2010).

Part of this examination of biases would be to challenge any tendency to only assess for deficits rather than assessing for strengths within the families. The parents and children in this study possessed many strengths. For example, many of the families had strong cohesion and many aspects of their parenting were positive. Some of the children possessed strong social abilities. Several children displayed creativity and humor during the drawing portion of the interviews. Counselors can build on these strengths as well as use the concepts of resilience and work with children individually to promote individual protective factors with children (Alvord & Grados, 2005; Hutchinson & Pretelt, 2010).

**Agencies.** The findings in this study also have several implications for agencies providing services to homeless families as well. The majority of the parents reported that the programs provided them and their children with something they felt they were not

equipped to provide given their circumstances. Whether it was providing time and emotional support for their children, expertise regarding their children's mental health or homework, or material resources; each of the families had specific role they saw the staff fulfilling for their family. Given the variation in each family's needs, the findings support the argument that housing alone is not sufficient to meet the complex needs of homeless children (Karim et al., 2006). It seems important to involve the parents and children to assess which of these needs would be the highest priority and which services would be most helpful in order to provide individualized services.

Funding requirements and policies for serving homeless families has encouraged short-term relief for personal problems and focus on community-based programs with less federal financial support (Cronley, 2010). While scholars have argued that there are a disproportionate amount of funds spent on supplemental services beyond housing assistance (Culhane, Metraux, & Hadley, 2002; Culhane et al., 2007), the findings in this study suggest the participants find value in the services beyond just the housing support and financial assistance. However, given the structural issues that contribute to the issue of homelessness, broader policy and political changes that address inequality need to be implemented as well (Cronley).

Regarding the services, it appears that varying levels of support for homeless families are needed. It will be important to connect the level of need of the family with the appropriate level of services. For several families in this study, it seemed like an appropriate match of service level. For example, two of the moms in permanent supportive housing reported significant health and mental health problems that prevented steady employment. Without the supportive housing program, this likely would have

impacted the stability of their housing as well. The families in transitional housing also reflected a good match to the level of services they provided, since they were able to secure employment and transportation while in the program.

In other families, however, there was a mismatch of need and level of support. For example, one participant's housing remained unstable and her children reported significant mental health and behavioral concerns. Given the family's several unmet needs, there appeared to be a discrepancy between level of need and the intensity of program services. These findings suggest there are potential benefits for varying levels of the support, however, they also illustrate the limitations if the level of services does not complement the needs of the family.

While the types of services that are most effective for children experiencing homelessness and poverty still need to be determined through future research, the participants in this study had opinions about what was helpful. Tutoring was seen as effective by six parents. Tutoring programs outside of school have been rarely evaluated because they tend to be informal (Zimmer, Hamilton, & Christina, 2010). The research that has been done on these programs has yielded inconsistent results regarding their effectiveness. Zimmer et al. (2010) evaluated two tutoring programs in the Pittsburgh area and measured academic improvement through student-level achievement tests three times over the course of several years. The authors reported that less than 25% of eligible students participated in the programs and those most likely to participate were lower performing African American students. Both programs found achievements gains in math but reported limited evidence supporting achievement gains in reading. Few studies have examined the specific characteristics or factors of the programs associated with improved

outcomes (Zimmer et al., 2010). The studies that have investigated these factors have found that content aligned with the program's objectives, frequent assessments of students' progress, smaller enrollment numbers, and consistent and trained tutors are associated with improved academic outcomes (Bodilly & Beckett, 2005).

Several children in this study described tutoring as boring. Given these results, it is important to consider the best way to keep children engaged in the tutoring process. Many children seemed invested in the computers and games after the tutoring was done. Incorporating computer games can provide a fun opportunity to practice skills and develop problem solving strategies (Maloy, Edwards, & Anderson, 2010). Peer tutoring is another strategy that has been implemented and evaluated in many schools (Maheady & Gard, 2010). Buzhardt, Greenwood, Abbott, and Tapia (2007) examined 35 empirical studies on the effectiveness of peer tutoring and found several benefits including improved academic performance, a reduction in disruptive behaviors, and improved social interactions. Maheady and Gard (2010) implemented a class wide peer tutoring program that included a point earning and reward system. The authors said that it was effective in enhancing learning and was enjoyable for their students.

Several children in this current study also seemed to be especially enthusiastic about the food. Given this enthusiasm and that children living in poverty often experience food insecurity and hunger (Wheler et al., 2004), it would be beneficial to consider adding a food aspect to engage the children and take the opportunity to provide a nutritious meal or snack.

For the participants in the shelter based programs, the counseling and character development classes were also seen as a benefit. The final service that seems especially

important to the parents and children is the field trips and extracurricular opportunities. Four mothers wanted their children to learn about art, dancing, and sports so that they could be exposed to experiences and opportunities outside of their neighborhood. Given these participants' enthusiasm about these services and the evidence that participation in extracurricular activities promotes social competence and resilience (Howie, Lukacs, & Pastor, 2010; Tiet, Huizinga, & Byrnes, 2010) agencies would be well advised to offer similar services.

Miller (2009) suggested that there are few schools or agencies that are prepared to exclusively meet homeless children's needs in a comprehensive way. The author stated:

Few urban schools, shelters, or community agencies are individually equipped to comprehensively address the widely varying academic, social, emotional, and psychological needs of children and families who are homeless, so they must work with partners who possess complementary resources and capacities. (p. 223)

Considering the potential communication barriers between agencies schools, and other homeless service providers and that past research has found that there is often a breakdown in communication between the agencies and schools (Miller, 2009, all those involved should be proactive and open the dialogue between other service providers in the community. This communication is especially important if agency services are limited and families are relying on other community resources to meet their children's psychosocial needs.

School and homeless agency staff should collaborate to help coordinate on aspects such as travel arrangements if the family has residential mobility (Miller, 2009). Staff at after school tutoring programs can collaborate with the schools about specific

academic areas of focus to be most effective. School counselors and counselors in the community should communicate regarding assessments, interventions and evaluations of those interventions. Homeless agencies are in an ideal position for providing education to schools and other service providers about the systemic barriers homeless families face in order to advocate for accessible services and just policies. Given the findings suggesting that a collaborative approach is the most effective style in with homeless families, each of these communication pathways should also include the parent/guardian. (Fraenkel, 2006).

Many participants also spoke about the importance of the relational support or lack of support they felt from the staff. This theme suggests that the working alliance is a key factor. While the specific services were appreciated by the families, if they do not feel cared for, then it was not perceived as being as effective as those who felt this relational support. Monica stated this idea when she said, “You try to implement all the different things but it is not going to work unless you have the right people there.” Bartley (2009 ) confirmed that working alliance between homeless adults with a mental illness and their case manager was a significant predictor of housing placement one year later.

For several participants in this study, it seemed the small details such as calls to congratulate a parent on an accomplishment, or attending a child’s recital, seemed to help develop this feeling of support. This reported support is especially noteworthy given how a few of the parent participants also discussed their previous distrust of past helping relationships. Given the importance and significance of this factor, staff could potentially benefit from trainings that promote this alliance.

### **Future Research**

Since this study was conducted at one site, it would be beneficial to examine perspectives from participants of other programs and agencies in different settings. It could also be valuable to add interviews with the service providers to obtain their perspective about what is helpful for the children and type of training they received. Future research could also focus on the different types of programs in terms of effectiveness outcomes for the children. While parents' perceived the program as a beneficial experience for the children and most parents in the shelter based programs were enthusiastic about how children had opened up socially or improved their behavior, it is still unknown whether the academic and mental health outcomes of the children improved across all the programs.

Given the potential unmet needs of some of the children in the in-home case management program, the children's outcomes in this program could be examined more thoroughly as well. Longitudinal studies comparing the children that participate in each program could be conducted to examine the effectiveness of the wraparound services of the shelter based program versus the in-home case management programs. Research conducted on the effectiveness of these housing programs should also consider the child outcomes that the parents in this study mentioned, such as academic outcomes, and their social/emotional expression, rather than relying on housing stability, income, or employment stability alone as the measures of effectiveness. Programs that intervene in the areas the participants mentioned, such as parenting, extracurricular involvement, or family counseling, could also be developed and assessed in terms of their effectiveness in promoting the protective factors and resilience of the children.

Given the diverse needs, as well as the several unmet needs of some of the participants in this study, it is important to consider all community and school services that can provide support for homeless families. Currently differences in agency and school structures, policies, and attitudes create barriers for effectively working together to facilitate successful schooling for homeless children (Miller, 2009). Future research should continue to examine the best methods of collaboration.

Finally, while the participants did not explicitly discuss cultural factors, the impact of various cultural factors on homelessness and the effectiveness of services would also be important for future research address (Netto, 2006). This is especially important given the disproportionate number of African American women as heads of households of the homeless family population (Nunez & Fox, 1999).

### **Limitations**

There were several limitations in this study. One limitation was that only one agency was used for the context of the participant's experience. While this was specifically chosen in order to focus on the experiences of participants in one program, the ability to transfer these findings is limited and could potentially narrow the diversity of the experiences expressed. I attempted to minimize this limitation by obtaining participants from a variety of programs within that one agency as well as gathering information from multiple sources- including parents and children. The sample size was small and limited to one urban geographical location. The experiences and factors may be different in a rural environment or a different urban area. These sample restrictions could limit the transferability of the findings. There could have been varying experiences



within the programs based on the case manager of the participant. The results were presented with a rich, thick description to counter these limitations.

As with all qualitative inquiry that relies on self-report through interviews, the participants' ability to accurately self reflect is limited by language and their cultural lens (Polkinghorne, 2005). Social desirability could have also played a factor in the results obtained. Parents could have minimized their concerns about their children or the stress they had experienced. There were few negative aspects mentioned about the program, so there is the potential that they held back because they were afraid that their comments would affect their relationship or services with the agency. The lack of negative responses could also have occurred because the people that agreed to participate felt more positively than those who declined.

There was difficulty in acquiring rich data from some of the child participants. For example, some of the younger children began playing with toys and wanted to go outside with their friends. Other children were reluctant to answer questions. The younger age range of the children in the study also appeared to create a limitation as their development may not have been facilitative of sharing as much detail or insight as the older children did. Therefore several of the themes emerged from primarily the parent interviews. In the future, interviews with older children, a longer engagement period, and direct observations could be added to increase the amount and types of information received from the children. The results from the children ages 5-12 also do not explain the experiences of teenagers or children younger than five. These young peoples' developmental level and needs could lead to having different experiences than those described here.

There were also several obstacles in conducting the research. The spaces in which interviews were conducted varied from agency office space, private homes with separate rooms, small apartments, and public meeting places. Several participants had busy schedules and limited access to resources such as phones or transportation. This made it difficult to conduct interviews in a uniform and predictable manner. While these types of barriers do impact the participants' daily lives, these limitations in space and time could have affected the depth of data that was obtained.

Finally, as with all qualitative studies, there is also the potential risk that researcher bias could have influenced the data collection and analysis. Every effort was made to avoid this bias including using a reflexive journal, bracketing, and a diverse research team.

### **Conclusions**

While homeless children have been found to have higher rates of mental health problems and educational difficulties (Buckner, 2008), there is an ongoing debate about which programs, policies, and practices might best address the needs of homeless families and children (Bassuk & Gellar, 2006). This phenomenological qualitative study gave voice to children and parents who are receiving services from one of three supportive housing programs and sought to understand their experiences in those programs. Their perceptions provided an account of diverse problems and strengths. Parents reported concerns about their children, including problems with concentration in regards to their academics, mental health concerns because of the stress of past loss and trauma, and behavior problems. Children reported problems with bullies, behavior problems at school, mental health problems and worries about their parents.

There were three super-ordinate themes that emerged from the interviews and included *contextual factors influencing children's experiences*, *program benefits for the children* and *evaluation of the program*. The contextual factors included maternal factors, stressors, stability, family composition, schools, parenting, self-motivation, and friends. These factors seemed to be connected in a multilevel systemic structure that had the potential to create barriers or protective forces for the child's wellbeing. The first theme that emerged as a benefit for the children in the program included the staff providing something to their children the parents felt they could not, such as time and attention, resources, or their expertise. Many parents also noted improved psychosocial outcomes, and opportunities for exposure to new experiences. While reporting on the evaluation of the program, many child and parent participants spoke of the importance of the relationships with the staff. Several participants also spoke about the program meeting their needs and their children enjoying the activities. Several children liked the food, computer, and games. Others also noted how the program helped their parents. Eight participants who had recommendations for the program spoke of specific services they would like added or of increased responsiveness from the staff.

Given these findings, it appears that counselors in schools and agencies can play an important role in promoting the child's emotional wellbeing and resilience by attending to their mental health needs and advocating at a community and political level. By challenging their biases and educating themselves about the issues homeless children and families face and by collaborating with community resources, counselors will be better prepared to meet the needs of this population. The findings of the study may also give insights to agencies as they design and evaluate programs to serve this population.

Varying the level of services of the programs to match family needs seemed beneficial; however, it is important to assess the families' needs and accurately match the level and type of services. Agencies should also invest in trainings that promote the working alliance since the relational support seemed to be such a significant aspect of the experiences of these participants. Future research that examines the effectiveness of improving the children's psychosocial outcomes is still merited and may illuminate the most helpful policies and programs to address the complex issues homeless children and families face.

CHAPTER SIX  
MANUSCRIPT

A Phenomenological Study of Children's Experiences While Families

Receive Services from a Homeless Agency

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### Abstract

This qualitative study attempted to capture the disenfranchised voices of the children and their families who are directly affected by the policy decisions and programs currently being implemented to address the problems that they face. Parents and children, ages 5-12, were interviewed from three supportive housing programs. Data analysis revealed the following super-ordinate themes *contextual factors that influence children's experiences, program benefits for the children and evaluation of the program*. Themes and subthemes for each are presented. Implications and future research is also discussed.

*Keywords:* homeless children, homeless families, shelters, case management

## **Introduction**

Homelessness appears to be one of many risk factors on a continuum of vulnerabilities that put children living in poverty at risk for mental health and academic delays (Gewirtz, Hart-Shegos, & Medhanie, 2008). With an estimated 1.35 million children experiencing homelessness each year (National Law Center on Homelessness and Poverty, 2007) it is imperative effective services address the needs of these children. There is an ongoing debate about which policies and practices might best be suited to meet those needs (Bassuk & Gellar, 2006). While shelters and programs that serve homeless families are in an ideal position to address children's developmental, health, mental health and academic functioning, there is an absence of research addressing both the effectiveness of current services in meeting children's psychosocial needs (Gewirtz et al.).

The voices of the children and families receiving the services are missing from this debate. This study examines the perspectives of the children and their parents receiving services from supportive housing programs, using a qualitative method to capture their disenfranchised voices. The study sought to answer the following questions: (a) What are experiences of children receiving services from one of three supportive housing programs? (b) What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from one of three supportive housing programs?

In the following sections, we will outline the previous literature about the characteristics of homeless families, the impact of homelessness on children as well as discuss the policy debate about how to best address family homelessness. Next we will

describe the qualitative methods which will include the setting, ethical considerations and entry process, the sampling strategy, data collection, analysis and trustworthiness. The results from the interview data will be presented, followed by the discussion and implications.

### **Literature review**

**Characteristics of homeless families.** Between 84 and 95% of homeless families today are headed by women (HUD, 2007; Nunez & Fox, 1999; Shinn, Rog, & Culhane, 2005). These women are also more likely to be younger, to be pregnant or to have had a child in the last year, or to have children enter or leave the household (Metraux & Culhane, 1999). In addition, a disproportionate percentage of these women are African American, even when compared to the general population of low-income families (Nunez & Fox, 1999; Weitzman, Knickman, & Shinn, 1992; Wong, Culhane, and Kuhn, 1997).

Domestic violence, overcrowding, and a loss of a job or public assistance resources are the most commonly reported reasons cited for entering a shelter (Nunez & Fox, 1999). The most commonly reported reason for unemployment was lack of childcare or pregnancy. Economic conditions also contribute to the increase in the number of homeless families (Baggerly & Zalaquett; 2006; Culhane & Metraux, 2008). For example, in 2009 a single parent making a full-time minimum wage salary will spend about 60% of their income for rent (National Low Income Housing Coalition, 2009). In 30 states, more than two full time minimum wage jobs are required to cover the rent for a two bedroom apartment.

**Outcome research on homeless children.** Homeless children have an increased risk for mental health issues, behavior problems, and problems associated with trauma



(Bassuk & Rosenberg, 1990; The National Center on Homelessness, 2007). They are two times more likely to have depression and one and one half times more likely to have behavior problems than the general public (Zima, Wells, & Freeman, 1994). Researchers have also found an increased risk for these mental health factors that go beyond the effect of poverty (ManSoo, North, LaVesser, Osborne, & Spitznagel, 2008; Shinn et al., 2008; Vostanis, Grattan, & Cumella, 1998; Vostanis, Grattan, Cumella & Winchester, 1997).

Homeless children also have an alarming deficit in regards to academic outcomes as they are significantly below normative levels (Masten et al., 1997). Almost 40% of homeless elementary-aged children were reported to be below grade level in reading or mathematics (Gewirtz et al., 2008). These children are also more likely to miss school and to have more school problems such as trouble learning, acting out, attention difficulties, or trouble with peers compared to other low-income mothers (Harpaz-Rotem, Rosenheck, & Desai, 2006; Menke & Wagner, 1997). Scholars have also reported that homeless children are more likely to repeat a grade compared to never homeless children (Rafferty, Shinn, & Weitzman, 2004; Shinn, et. Al., 2008).

Several researchers have found significant delays in all developmental areas for homeless children compared to low-income housed children as well, including communication, receptive vocabulary, and visual motor skills (Bassuk & Rosenberg, 1990; Rescorla, Parker, & Stolley, 1991; Shinn et al., 2008; Vostanis, Grattan, Cumella, & Winchester, 1997). While other studies found mixed results for developmental delays depending on the type of delay and the age of children, when compared to the general population, it is clear that developmental functioning is a significant aspect to consider

when providing services (Garcia-Coll et al, 1998; ManSoo et al., 2008; Shinn et al, 2008).

Health and access to healthcare is another concern for homeless children. Mothers were more likely to report poor health and higher incidents of acute medical symptoms, including fever, ear infection, diarrhea, and asthma compared to the housed counterparts (Weinreb, Goldberg, Bassuk, & Perloff, 1998). Homeless students were also two times more likely to be referred for further evaluation by school nurses for vision or hearing concerns (Ziesemer, Marcoux, & Marwell, 1994). Regarding access to care, emergency room and outpatient visits were higher for homeless children, yet they were less likely to be receiving care from a private doctor (Shinn et al., 2008; Weinreb, Goldberg, Bassuk, & Perloff, 1998).

**Programs.** Most of the current programs are run by non-profits and faith-based agencies that receive funding through federal and state governments, grants, and private donations (National Alliance to End Homelessness, 2006). Efforts by the government to address the problem of homelessness began during the Great Depression. The Federal Transient Service (FTS) created centers and camps across the country that provided lodging and services to unemployed homeless people (Kusmer, 2002). Later, in the 1970's when there was a decrease in affordable housing, the Housing and Community Development Act of 1974 was passed to address this issue (Williams, 2004). Under this act, low-income families could apply to receive a section 8 voucher that would apply towards rent in privately owned apartments.

The McKinney-Vento Homelessness Assistance Act (1987) provided funding for emergency shelters, transitional and supportive housing, food, health care, mental health

services, substance abuse treatment, and job training. In 1995, the Department of Housing and Urban Development used the provisions in the McKinney-Vento Act to develop the *continuum of care* model for addressing the needs of homeless families (HUD, 2002). This model considered the most effective method of assistance would be to have homeless families transition through shelter based programs with varying levels of support and services (Interagency Council on the Homeless, 1994). Shelter based services were established to provide these continuous levels of assistance and included emergency shelters, transitional housing, and permanent supportive housing. Services were designed to develop self-sufficiency by building skills, providing education, and job search assistance (Philliber Research Associates, 2006). The method of service delivery differed between programs, but many shelters required residents to participate in services as a condition of residency (Philliber Research Associates).

Another concurrent philosophy regarding programs for people experiencing homelessness is the *housing first* model. This model was founded on the view that housing is a basic human right (Bassuk & Geller, 2006). Initial programs inspired by this philosophy were designed for adults with serious mental illnesses and promoted offering housing to homeless individuals without the precondition they receive services. Given that homeless adults with medical disabilities, mental illness or substance abuse issues often use a disproportionate amount of resources in the traditional shelter system and that many families cycle in and out of the shelters, researchers began to question the effectiveness of the *continuum of care* shelter-based programs and its ability to promote 'self-sufficiency' (Culhane, Metraux, & Hadley, 2002; Culhane et al., 2007). Proponents of the *housing first* philosophy suggested that providing immediate subsidized housing

combined with voluntary community-based services would be a more efficient method of improving family stability (Culhane & Metraux, 2008).

Recently in 2009, President Obama signed the Helping Families Save Their Homes Act that increased funding for HUD and McKinney-Vento programs which included funds for expanding homeless prevention programs. There was also an emphasis on rapid re-housing as well as creating permanent supportive housing for individuals and families who experience chronic homelessness. While traditional shelter activities are included in the bill, other programs such as rental assistance, housing search, credit repair, security deposits, and utility payments, are also included. Assistance now extends to those people who are at imminent risk for homelessness as well (National Alliance to End Homelessness, 2009).

## **Methods**

This qualitative study employed the phenomenological approach as it sought to understand the essence or the internal meaning of participants' lived experiences (Van Manen, 2001). When we more deeply understand a phenomenon, we "may be able to act more thoughtfully" (Van Manen, 2001, p.23). By more fully understanding the experiences homeless children and their families in one agency, policy decisions may be made in order to be more responsive to the children's needs.

A coding team was utilized for analyzing the qualitative data. It consisted of one of the primary authors and two doctoral counseling graduate students trained in coding and qualitative methodology. The coding team bracketed their biases, assumptions and experiences prior to coding (Moustakas, 1994). The team is a diverse group and included the primary researcher who is a White married woman with previous experience

counseling children living in homeless shelters. The second research team member was an African American woman, mother of three, and had worked with children in poverty in various counseling and human service capacities and had experienced homelessness herself in the past. The third member was a single White male who had run a counseling group for homeless adults at a Salvation Army.

**Setting.** The setting for the study was an agency, located in an urban Mid-Atlantic coastal region, which serves families experiencing homelessness. The agency provides services to families who are homeless or at risk of becoming homeless through shelter services which include emergency, transitional or permanent supportive housing programs as well as through an in-home case management program. Given that research is limited for the transitional housing, permanent supportive housing and the in-home case management type of programs, the participants were selected from these three service modalities. In the *continuum of care* shelter-based transitional and permanent supportive housing programs, residents pay a small percentage of their income as rent and live in agency-owned apartments. Case managers work with the family to address housing barriers such as employment or rental and utility debt. Children's case managers coordinate agency and community resources to address health, mental health, academic, and developmental needs of the children. Other services include counseling for the family members, life skills classes for the parents, and tutoring and extracurricular activities for the children. Parents must have a disability to qualify for the permanent supportive housing program. While there is a maximum time limit of two years for the transitional program, family can remain in the permanent supportive housing program until the youngest child turns 18.

The in-home case management program is designed after the *housing first* model and initially stabilizes the housing situation of the family by providing subsidized rent through the Department of Human Services and then offers support services in the form of case-management. The homeless agency assigns a case manager to the family to provide services that address housing barriers and make referrals to the community for other parents' or children's needs. If there is space available, children can attend a once a week tutoring program in which volunteers provide help with homework and local restaurants donate a meal for the family. All of the child participants in the in-home case management program in this study were attending this tutoring program.

**Ethical considerations and entry.** In order to gain entry the primary researcher met with the gatekeepers of the program, which included the executive director and the chief services officer, to propose the research study. After they agreed to the study, they provided a list of clients that met the predetermined sampling criteria. The case managers of each of the clients were contacted and asked to let their clients know they would be receiving a call to inform them about the project and that they were not required to participate. The primary researcher called each of the potential participants and told the research study's purpose was to learn more about families' experiences in the program. They were asked if they would be willing to meet to hear more about the details of the research so they could decide if they would like to participate.

During the first meeting, the primary researcher provided the parents a written informed consent, read it aloud, and answered their questions. The informed consent explained the potential benefits and risks involved and highlighted the voluntary nature of the research. The adult participants signed the informed consent document that verified

they received this information and that they agreed for both themselves and their children to participate in the study. During the meetings with the children, the researcher explained the study and children under age seven gave verbal consent and participants age seven and older signed an assent.

There is often a power differential between the clients who receive services and the agency staff or researchers. The researchers took several precautions to avoid exploiting this power differential. The interviewer emphasized that their participation was completely voluntary and that they could withdraw at anytime without affecting their current services or housing status. If at any time participants said they did not want to continue then they were not pressed to continue. To avoid causing distress, questions focused on participants' perceptions and experiences while in program and did not cover previous traumatic experiences. Participants were not pressed if they expressed hesitation regarding a certain topic. There were also mental health service referrals available for any participants that were observed to experience emotional distress caused by the interview. Each participant received an unconditional \$20 gift certificate if they met for the informed consent meeting. This token was given to respect their valuable time, but the unconditional way in which it was offered attempted to avoid coercion.

Each participant's transcripts, field notes, drawings, and memos were assigned an anonymous code to maintain confidentiality. Pseudonyms for the staff and participants were used in the narrative of the results. Tapes were immediately erased after the transcripts were reviewed for accuracy. Electronic files were kept under double lock which included a password protected computer kept in a locked room.

**Participants.** A purposeful criterion sampling method was used to select participants. First, participants were selected from one of the three agency programs: the transitional housing program, permanent supportive housing program, or the in-home case management program. The selection criteria were narrowed by limiting the ages of children to be between 5 and 12 years old. Maximum variation with regards to the type of program, the length of participation in the programs, age and gender was also sought when selecting participants for the study (Patton, 2002). Table 1 presents the demographic information.

Regarding the number of participants, Creswell (2007) recommended between 3-10 cases for a phenomenology design. The initial goal was set for 10 children, with no more than 2 children from one family. Thirteen children from nine families participated in the study. Three families represented each of the three programs.

**Data collection.** Data was collected through semi-structured interviews with the children and their parents. The parent interviews were completed first, and they were asked about their perceptions of their children's needs and how those needs were being met by the program. In the one family where there were two parents, the researcher deferred to them to decide who would be the primary participant. During the follow up interviews with the children, which were conducted 2 days to 6 weeks later depending on the families' schedule, they were asked about their experiences they have had while they are in the program. These interviews, which were audio-recorded and transcribed verbatim by the researcher, lasted approximately 30-45 minutes each.

Participants also drew pictures and explained their drawings to facilitate discussion and gain better understanding of their experience. These served as an



additional source of data. Art is seen as a natural language for most children (Malchiodi, 2003). Visual media such as art and drawings can be a meaningful method of communication in qualitative research as it provides a different perspective about the participants' internal experiences (Hays, Forman, & Sikes; 2009)

In order to avoid making assumptions about the content or meaning, the drawings were not interpreted in a projective fashion (Malchiodi, 1998). Rather, the participants explained their drawings which facilitated discussion in order to gain a better understanding of their experience. The children were asked to draw two pictures which included one of their world now and one of their world with any changes they would like. The parents drew pictures that represented their children. Themes explored from the pictures provided triangulation for the interview data.

**Analysis.** Analysis of the data was inductive and allowed for themes to emerge naturally. Interim analysis began immediately and continued throughout the rest of the data collection (Huberman & Miles, 1998). After each interview initial impressions were memoed and a summary sheet created for each interview, and the primary researcher transcribed the interviews. The research team read through each transcript individually to grasp an overall feeling for them (Creswell, 2007). During the second read through, the team made margin notes about main topics and themes (Patton, 2002). The team utilized horizontalization in which they created a list of the participants' significant statements giving equal value to each statement (Moustakas, 1994). These statements were clustered into common themes or meaning unit.

After the transcripts were coded individually by each member of the research team, they compared notes and discussed parallels and discrepancies between the

assigned themes and meanings (Patton, 2002). In order to achieve consensus, each member needed to come to agreement about the themes (Patton).

Counting the number of participant's responses for each theme can enhance legitimacy of the themes (Smith, Flowers, & Larkin, 2009). There are no absolute standards for the number of participants required to constitute a theme; however, the researcher should decide on a minimum number of participant statements. For this study, the research team decided in order to be included as a theme, statements must be present in at least one third of the families' interviews or three participant statements. As the themes were explored further, congruent themes were clustered to form three broader or higher level super-ordinate themes (Smith et al., 2009). As the themes were explored further, congruent themes were clustered to form three broader or higher level super-ordinate themes (Smith, Flowers, & Larkin, 2009). Specific clustered statements fit as subsets of these themes and delineated subthemes. The data were thus organized into a hierarchy of three levels of themes including: super-ordinate themes, themes, and subthemes.

**Trustworthiness.** Qualitative researchers seek trustworthiness to ensure that the findings are worthy of attention by others (Lincoln & Guba, 1985). The researchers used several verification procedures to ensure trustworthiness in this study. Triangulation of multiple sources and multiple methods of data collection increased the rigor of the study and confirmed results and highlighted inconsistencies (Patton, 2002). The coding team made use of reflexive journals and peer debriefers to reflect on the process and reveal bias (Lincoln & Guba, 1985). An audit trail, which included raw data, process notes, and the drafts of code books and interview protocols was created. An external auditor

reviewed the trail and confirmed the consensus codes. The results are written with thick description with specific details, context and quotations.

## **Results**

There were three super-ordinate themes that emerged from the data and include: (a) *contextual factors influencing children's experiences*, (b) *benefits of the program*, and (c) *evaluation of the program*. These super-ordinate themes will be described further in the following sections. In order to first provide context for the children and the program, the concerns of the parents and children as well as the services they receive will be explained.

**Concerns.** The parents were asked about the concerns they had about their children's academic performance, behavior, mental health, and health. The group of children was heterogeneous with diverse needs and there was variation in the type and level of the concerns that parents had. Table 2 presents the type of concerns the participants reported.

Two parents mentioned being concerned about their children's grades. Four parents also had academic concerns that they explained in terms of the children's ability to "focus" or "concentrate." For example Ashley said she believes her son would do better in school "if he could just focus the way he is supposed to." Monica said, "So I would like them to focus more. For them to focus better, so they could do better academically. 'Cause they're both really smart kids."

Regarding mental health issues, three children were diagnosed with an ADHD. One of those children, Jonathan, also was recently diagnosed with Bipolar Disorder and was prescribed a mood stabilizer. A fourth child, Jakeem, had recently attended his first

psychiatrist appointment to be evaluated for ADHD as well. Four parents were concerned about how the current and past stressors such as their divorce or deaths in the family were impacting the children's mental health. For example, Janice said her daughter, Naomi seemed more "clingy" at times and "more distant" in a way she had not been before. She said her daughter did not want to go back to her father's house at the end of the weekend. Monica said her daughter Lauren experienced nightmares about death and coffins after witnessing her father's murder.

Regarding behavior concerns, there were five children who were described to have behavior problems at school or home. These issues involved fighting with other children, getting an "attitude," having a problem controlling anger, or having tantrums. Parents also described nine children as having some mental health concern. For example Mary said, "[Jonathan] has his moments where, he doesn't get his way it's like the world is coming to an end." She continued, "I would have to pick him up throw him over my shoulder take him up to the room and sit him on the floor and turn around and walk out of the room and let him scream." Other parents described school behavior problems. For example, Ashley said Jakeem has "been carrying in school lately, going around fighting the other little kids." Keisha described her daughter Breanne by saying, "She gets aggravated. She has a tendency to say bad words. She'll cuss. Or she'll um, tell them you ain't my mama, you can't tell me what to do. Or she storms out."

Most of the children denied having problems. When asked about any problems they had, most children responded like Jakeem who stated, "a problem? I don't have any problems." However, six children had social or bully problems at school or at the program. For example, Jada described her problem at school and said, "This boy he

pushed me by the monkey bars, and I hit my head on each of the monkey bars.” Caden said his problems with the bullies happened at the agency during activities. He said, “The teenagers are mean...fuss at me and they call me names.” Three children described being worried about their parents. For example, Lauren wished for her mom’s happiness and said she could make it happen. She said when her mom coughs at night she brings her water. Tamika is worried about her father paying child support when he doesn’t have a place to live. Lauren and Tamika also described mental health concerns. Lauren described having nightmares about death and being in a coffin. Tamika said, “I can’t remember everything, because I have a lot on my mind and stuff. I am trying to erase it in my head, but it just pops back up.” Two sisters also discussed their own behavior problems at school. For example, Shaniya spoke of hitting other students, “pushing chairs” and getting “referrals”.

**Services.** The participants also discussed the type of services the agency provided for their children. The parents in the in-home case management program described the tutoring program. A driver picks the children up once a week, and they work with tutors at the agency. The children said they were able to play on the computer or games with staff once they were done with their homework. One participant in the in-home case management program said that her son does not receive any case management; however, the other two participants in that program both described case management activities for their children. For example, Patricia said her case manager set up a dentist appointment for her children. Both parents said their case manager had referred their children to a counselor; however, none of their children were receiving counseling at the time of the interview.

The participants in the shelter based programs described the services of counseling, case management, tutoring, a character development class, and camps. Mary discussed the counseling her son receives. She stated:

To have Jonathan to be able to talk to the counselor every Tuesday... 'cause Jonathan doesn't like to talk to me....I mean, me and the counselor have a really good relationship... We just have that relationship to where, if she thinks I need to know, she'll tell me.

Keisha said her daughter, Breanne, receives tutoring twice a week. She said:

It is depends on her grades she gets to turn in her report card every time they get it, and if she got bad grades she has to do tutoring..

Angela discussed case management as being helpful. She stated, "Case management is really one of my favorites, as the (case manager) has been helping out a whole lot with their um, appointments and you know their medical stuff." Mary described the character development class at the agency, "It's not exactly a counseling program. But it's not tutoring either. It's teaching kids how to morals and stuff like that." She also described a reward system in the program, "And they have reward systems, if they do really good in school and they do really good in tutoring, if they are super kid of the month, they get to have a pizza party."

The program also helped the children attend camps in the summer. For example, Janice stated, "They had her in a camp for a whole two weeks....There's a program called WOW program and then... most of the rest of the summer she was in the YWCA camp summer camp."

Some parents also described school and community services as well. Three children, Jada, Caden, and Jakeem had in-home counselors. Keisha was in the process of requesting this service for her daughter as well. Breanne, Jakeem, and Jonathan attend appointments with a psychiatrist in the community. Breanne had an individualized education plan at school which gave her extra time on tests and allowed for time-outs if she was frustrated. Shawn, Shaniya and Tamika received tutoring at school as well as the agency. Sarah and Sophie were involved in a mentoring program through school. Cevante's mother said he had a mentor program at his previous school but did not receive anything at his new school.

**Super-ordinate theme 1: Contextual factors influencing children's experiences.** All of the participants spoke about different factors that influence their families' and the children's experiences. The theme that emerged from the interviews with the parents only included: *maternal factors*. Parents and children discussed *stressors, stability, family composition, schools, parenting, and self-motivation*. One theme that emerged from the children's interviews alone was about their *friends*. Table 3 displays which participant discussed each theme.

***Maternal Factors.*** Seven parents spoke about the theme of *maternal factors* as influencing their children. These participants spoke about their *health* or their *past experiences* and these were included as subthemes. For example, Monica spoke about how her own mental health made it difficult to be there for her children. She said:

If you are going through what they call post trauma you know post traumatic...whatever they say I had. If you are going through that, why does talking about your past? ... I'm trying to get through today. I don't want to talk

about yesterday. You're not helping me! I'm trying to get over. Hey, how am I going to take care of my kids because I am an emotional wreck? Help me to get myself together. I have to go to work. I have children. I have to live right now. She continued, "I know why they act out when they act out. I know where it comes from. Bottom line if I'm not where I'm supposed to be, they are not going to be."

Janice mentioned her own mental and physical health as impacting Naomi. When asked about what her concerns were for her daughter, Janice answered, "I guess my concern is that I stay healthy myself, to the best of my ability. But it is a push." Patricia stated, "I am not home with them much, most of the time because I am trying to get myself together, you know."

Three parents also spoke about their own experiences which affected what they wanted for their children and how they felt about the services. For example, Sheree discussed her own experiences as influencing how she thought about her parenting and her willingness to access services for her children. She said:

I know when I was growing up we didn't have things like that. We didn't, or if we did, my mother didn't know about it. And uh a lot of things that went on like the divorce when I was a child and had an effect on me.

Trisha also spoke about how her own values about raising her son were influenced by her past experiences. She stated:

I was exposed to a lot of things. My mom really believed that we should be into different things. I am trying to put that on him also. She would say, 'There's more to life than just the ghetto.' And that's what I try to let him do.



**Stressors.** The second theme refers to the specific *stressors* that impacted the children or family. There were two subthemes for this theme and included *situational* and *family* stressors. Three parents spoke about situational stressors that were current life circumstances that made it difficult for them to care for their children. For example Angela described her lack of reliable transportation. She stated, “And I was like I just feel like I am going through a whole lot you know catching cabs or busses or a ride here and there and you know make everything work out and I was like I just really need a car.” Monica described witnessing the murder of her fiancé and the trial that followed and how it created instability for the family.

Four parents and two children also described *family* stressors which included references to divorces, separations, and past intimate partner violence. Angela also spoke about past abusive relationship. She said, “I’ve gotten out of an abusive relationship. So a lot of stuff that they were not allowed to do before. I kind of let them do what they want.” Janice referred to the family stressor of her separation and divorce as being especially hard on her, but she worries how it will affect her daughter, Naomi. She said:

Well the divorce and the separation and the moving and her, you know, going to the [neighboring city] schools....The only concern I have and I shared this with her counselor on Sundays when I go to bring her back she doesn’t want to go back. She wants to stay with me. And it breaks my heart every time.

Patricia’s daughters both expressed their concern about the divorce. Tamika drew a picture with her family holding hands, and she said, “I want my mama and daddy to get back together.”

***Stability.*** *Stability* is another theme four parents and two children discussed. They attributed their stability or lack of stability as impacting the child. For example, Mary thought the stability had a significant impact on her son Jonathan. She stated, “His life has kind of stabled out and there is a lot of consistencies in his life.”

Sheree spoke about stability being an important factor for her family and expressed her relief that her children have been able to have some consistency as well. She said:

Before that we have always been in a home and things have always been structured and, same routine every day. And then we go from place to place to place....So right now at home they are happy to have their own space. They are enjoying their own space and and um, trying to get used to our rules.

Sheree’s daughter and son both also spoke about the stability in their lives as well. When asked about changes Caden had noticed since moving in the program he said they all, “stay in [our] own room.” He said before, “Everyone had to sleep in one room.”

***Family composition.*** The family composition theme refers to when it was noted by seven parents and four children that who was in their family influences how the family functions. For example Trisha’s son, Shawn, spoke about his father being active in his life by helping him with his problems and sends him his progress report from school. He also said, “They buy food for me, because I’m an only child.” Ashley also mentioned family composition as a factor because Jakeem did not have a male figure in his life. She said, “Everybody says they don’t need. Every woman can say they don’t need a man in their life. But if you have a son, they need that male role model.” Several participants also spoke about their extended family as a resource. For example, Mary called her

mother when she needed help with her son's homework, and Shaniya said her grandma buys her clothes and provides a place to live for the family at the moment.

**School.** Five parents and two children also discussed school as a theme which included references to changing schools, teaching styles or the quality of the school. For example, Trisha thought the teaching style may not be best suited for her son. She said, "Either he knows it or the teacher is not explaining it in a way that he wants to pay attention to it. So you kinda have to, like uh, be a little bit creative when you're teaching him things." She wanted to solve this problem by entering him in an advance school. She said:

I'm trying to get him into [a different] middle school. They will have him go there based on his writing [test scores]....It's not a gifted school but it is one that is advanced.

Monica said that the children's pervious school offered many services for her children, but the current school did not. Her son, Cevante, said he preferred his previous school as well. He said, "I want to go to [a different school] next year....It's a good school. I like that school."

**Parenting.** All nine parents and seven children discussed parenting as a theme. *Parenting* refers to what the parents did to benefit their children. The parenting theme consisted of several subthemes as the parents described specific aspects of their parenting which included: considering the *amount of structure or discipline* needed, providing *positive interactions*, providing *guidance* through specific messages or protective actions that promote positive development in children, and *advocating* for their children by requesting services. Seven children also referred to the *love* they feel from their families

or *positive interactions* with their parents that corresponded to this parenting theme. Also included in this theme is the subtheme of the *stress* some parents felt because of the demands of being a parent.

*Amount of structure or discipline.* Four parents spoke about the structure or discipline they provided to their children. For example, Trisha thought she needed to provide more structure to her son, “He is a good kid, you know. He just needs a little structure. His mind is so fast, he’s so active. I’m like, ‘No, don’t do that.’” Angela wanted to provide less structure for her daughters. She stated:

My house is in chaos at all times. I kind of let them do what they want. So my house is pretty much in chaos all the time when they are home. I like to let them run and be free.

*Positive interactions and love.* Both parents and children described the subtheme of *positive interaction* and *love*. Five parents and five children described situations in which their family spends quality time together with *positive interactions*. For example Janice considered positive time with her daughter very important. She stated, “I try to keep her entertained as much as possible. You know, especially now when I only have her on the weekends.” Jada spoke about a time her mother, Sheree came to school. She said, “One time mom came down at lunchtime and she brung nachos and a donut with hearts on it. Sprinkled hearts on it.”

One parent and seven children spoke about positive feelings of care and commitment which were labeled as *love*. For example, Mary’s son, Jonathan, spoke positively about his family and the commitment they have with each other by saying, “My family will never never never NEVER never never say that they quit out of the

family.” Lauren’s picture also depicted the love she felt, “I’m surrounded by love... Those are fireworks.” Breanne spoke positively about her family and said they had a commitment to stick together. She said, “We always take up for each other.”

*Guidance.* Five parents spoke about *guidance* they provide to their children by giving specific messages or protecting them in some way. For example, Ashley believed her guidance was important as far as the messages she provided. She said, “I don’t want to call him bad because if you call them bad they are going to think they are bad. So they are going to act bad.” She was also encouraging to him during his interview and said: “You have to get good grades if you’re going to be a police officer. And you can’t go to jail either. You have to be good and not get in trouble at school.”

Monica spoke about her guidance in terms of protecting her children from negative influences and potentially dangerous people. She stated, “You got to be careful who you let, for those people out there it’s different when it’s your own children. You have to be careful who you let take them.” She also said, “And I’m real strict about what they watch, where they go. I’m just kind of sheltering.” She knew her guidance was the most influential factor on her children. She stated:

[Mothers] walk around thinking, ‘This is my life I can do anything.’ No you can’t, because even when you don’t think they are watching they are watching. When you don’t think they are listening they are listening.

*Advocating.* Three parents spoke about actions they took on behalf of their children. These statements were clustered under the theme of advocating. For example, Patricia said she is reaching out to anyone who will help. She said, “I tried to get them in a lot of programs as I can.” Janice was also proactive in advocating for her daughter as

soon as her Naomi started kindergarten. Janice asked for her daughter to be tested for an IEP. She said, “I made it very clear to them that her father is dyslexic even to this day, so I wanted to be sure that they understood you know.”

*Stress.* Four parents discussed the *stress* they feel in relation to being a parent. For example, Angela stated, “They are arguing or I’m arguing or...and because it is just me and they are such, they are so needy. They are such needy kids. As you have seen, they want me to help them all of the time.” Monica described having a short fuse with her children sometimes and stated, “But they start doing stuff and I’m like ‘Why would you even do that? That doesn’t make sense!’ And I get frustrated and I don’t want to be screaming at my kids.”

*Self-motivation.* Another theme under contextual factors is a theme that emerged from the children’s and parents’ interviews. There were five children that described themselves or were described by their parents to be *self-motivated* regarding their academics. For example, Tamika said that on days she didn’t have tutoring she would work on her homework alone. She said, “I do it on the bus, on the school bus on the home. ‘Cause some homework the teacher gives us is not hard.” Caden described spending much of his time at the library by himself. Cevante spoke about a neighbor he worked on homework with.

*Friends.* Six children and one parent spoke about the final theme regarding *friends* as an important part of the children’s lives. For example, after Shawn realized he left off an important friend from his picture, he said, “I would add my cousin. Mostly we go up to his house and play video games too sometimes. Or we just play around in the parking lot if there are no cars.” He added later, “My mom says... that I make friends a

lot.” I asked if he agreed and he said, “Quick as a snap.” Caden spoke about his many friends in the neighborhood that he plays with, but, “I only have one friend over there (the agency),” which made it less enjoyable for him to go to activities with the agency

**Super-ordinate theme 2: Benefits of the program.** Eight of the parent participants mentioned at least one benefit of program. The themes for the perceived benefits include: (a) *provides what parents feel they cannot*, (b) *improved child psychosocial outcomes*, and (c) *opportunities for new experiences*. Figure 1 illustrates the themes and subthemes for theme two. Table 4 displays each participant’s responses.

***Provides what parents feel they cannot.*** The first theme emerged from the data shared by six of the parent participants as they referred to areas in which they perceived the agency’s program to be filling a need for their child that they themselves could not provide because of lack of knowledge, time, or resources. The subthemes included *attention/time*, *resources*, and *expertise*. The *attention/time* subtheme referred to statements parents made about how they felt too busy to spend time or attend to their children in the way they wanted to; however, they were grateful the program was filling that void in some way. Trisha said, “Because sometimes you know I might, I work, I’m running around. I help out a lot of other people and stuff so sometimes you know, I don’t really look to see if there is anything wrong. If there is anything wrong at least she’ll spot it for me. You know whatever I might miss.”

Mary also mentioned feeling a sense of relief that someone was assessing her youngest son’s wellbeing, because she knew she could not give him the attention he needs due to the demands she faces taking care of her oldest son who has cerebral palsy. She said:

It's because of them I've got someone who, 'hey yeah cool.' You know? I mean I still kinda feel bad about it. But its kinda, there's somebody there that that that had, kinda there to give him a high five if I'm too busy doing other things with his brother.

*Resources*, such as money or school supplies, was another subtheme that three parents spoke about the agency providing for them. For example Mary mentioned the agency paid for a summer camp for one of her son's and said, "Yeah it's kind of like '(gasp), I couldn't do that.' I don't know many people that could." Sheree said her children, "don't have to worry about asking me about school supplies and things they need because they know right now we are able to get that. It's not a problem."

Finally, four parents mentioned the staff's *expertise* or knowledge as an asset. For example Trisha mentioned that she did not feel she had enough skills to help her son with his homework and she stated, "Because I am so glad for the tutoring because they come home with homework that I can't even understand." Sheree also appreciated the expertise of the children's counselor. She said, "Because there are things that I don't see. I'm not a child psychiatrist, I am just a mommy. A lot of mothers think they know their children inside and out. But that's not always true."

***Improved psychosocial outcomes.*** The second theme for benefits of the program that emerged from seven parent participants was the perceived improvement in their children's psychosocial outcomes since entering the program. These parents described subthemes as improved *academics* and/or *social/emotional expression*.

Six parents described academic progress, most often in terms of increased grades. For example Trisha said, "Then we got to (the agency), well over here, and they have the



tutoring for him, so his grades started going back up.” Angela stated, “The tutoring works out pretty good because since she started that she made B honor roll. ... Yeah a big improvement. She was making C’s her first semester and now she’s making a B average honor roll.” Mary said, “And because of them Jonathan caught up, got caught up... had to go to summer school this year and first grade this year.” Ashley concurred and said, “He’s improved a lot since the first grading period.” Monica attributed the program to her children’s improved grades. She said, “The last report card was better than I’ve seen them in the last year or so. So yeah...I know that has a lot to do with them going to the program.”

Five parents also described improved *social/emotional expression*, which refers general improvements in their children’s social abilities, emotional stability, their self-esteem, or acting out behaviors. For example, Trisha explained her son’s improved sociability by stating, “He’s very affectionate, which is strange because before he wasn’t like that. Being at (this agency) I guess he’s learned that you know, be more affectionate and show more attentions.” Angela also described her daughter Sarah as becoming more social. She stated, “She’s very um outgoing and she likes to jump and play a lot and all, and she’s not. Because she wasn’t this way before we got into the program. She’s kind of opened up a whole lot.” Mary also stated, “I used to have a lot of issues with Jonathan’s and Brian’s behavior. But because of the program they have kind of gone away.”

***Opportunities for new experiences.*** Four participants also perceived a benefit in the opportunities for new experiences the program provided. This theme refers to the parents perceiving a positive benefit from their children being exposed to new

extracurricular activities because it broadens their horizons beyond the neighborhood they grew up in. For example, Trisha said, “He gets to do things that I probably wouldn’t be able to do myself with him. Like the dance classes....He was in the arts program they had up at the art museum.” Sheree reported, “They all get to go a lot of places that they probably wouldn’t get to go to. The field trips are awesome. My son knows that he can show me around parts of the museum. And I think that’s awesome.”

**Super-ordinate theme 3: Evaluation of program.** Participants also gave an *evaluation of the program* as a super-ordinate theme. The themes included *relationships*, *positive aspects* and *desired changes/negative aspects*. Figure 2 presents the categories the parents discussed under each theme. Table 5 presents the subthemes the participants discussed under each theme.

***Relationships.*** Fourteen of the child and parent participants spoke about the theme of the *relationships* they and their children had with the staff. Seven parent participants and three child participants described these relationships as *supportive*. For example, Trisha stated, “If it wasn’t for having (my counselor) and them helping me out I don’t know what I would do. Having them there to help out and be that shoulder to lean on and shoulder to cry on.” Monica said, “I just like the fact that they, they got good people that take time out to give themselves to these kids. Because that is important. Because we can’t all do it by ourselves. I’m mama but mama need help.” Janice explained, “People have been so professional...They never look down on you or make me feel less than, you know. They are very good people to have in my life that support. They um, they help as much as they can. They always remind us that they are thinking of us some kind of way you know.”

These relationships with the staff have been important for the children as well. For example, Angela stated, “They have made a lot of friends. And I am not just saying the other kids in the program the adults in the program. And the adults have really taken on my kids you know really well.” Mary stated, “And if they do good in school, she keeps up with that. And she praises them and things like that I mean it’s kinda like having an aunt, yeah you know, that’s there all the time.”

Sophie liked her counselor so much that her first wish was that she could meet with her every day. Tamika was attached to a tutor that left the agency. She said, “I would make one change. If the lady came back here with the blond hair, but she left....And I want her to come back. I didn’t ever say goodbye to her.”

There were two parents and two children that spoke about *unsupportive* relationships they had with the staff. Keisha stated, “It’s just certain people she don’t like to associate with. She don’t like certain staff members or whatever, she don’t like to talk to them. She thinks that they crowding in her space or they in her business so much and she don’t like to talk about it.” Caden preferred to spend time with his in-home counselor because the staff didn’t help with the bullying he experienced at the agency.

***Positive aspects.*** There were two subthemes cited by the 19 parent and child participants that described the theme of *positive aspects*. These subthemes included: (a) their *needs were met*, and (b) their *children enjoyed* the activities. Six parents stated the program met their families’ needs. For example, Trisha stated, “There is not one thing I have needed that they haven’t made it available to me.” She continued, “Everything has been perfect. I haven’t found anything wrong yet...I’m completely satisfied.” Angela stated, “Honestly, I receive so many services I’m so busy with (the agency) that

everything that they have to offer I'm getting. And they make sure that everything that I need. You know for me or the kids."

Four children made note of improvements in their parents' lives as well. Shawn noticed that, "Since my mom moved her. She bought a new car... she got a new car..... She got me two new games and she bought a blender." Tamika is glad to see that her mom is trying to get a better job. She said, "My mom is going to a program, she graduated from the program, it was like a school, and she took tests and stuff. And my mom said she is trying to be a lawyer or a doctor."

Four parents stated positive evaluations about the program because their children found *enjoyment* in it. For example, Janice stated, "You know she knows what super kids is and when I say it is time to go to that she gets really excited. And she loves to do that." Patricia also stated that her daughters enjoyed the program, "Well, they like to go. They love to go to the tutoring after school program."

Four children said their favorite part of the program was the food. For example Sarah and Sophie remembered a special night where they ate "dirt" which consisted of Oreos and gummy worms. Nine children said they enjoyed playing on the computer and/or playing games with the staff. Cevante said he looked forward to games after he is done with his homework, "It's fun. You get to read when you finish your homework. And then we get to get on the computer at 5:30 or you get to play a board game. I like playing Mancala."

***Desired changes/negative aspects.*** Seven of the participants did have specific aspects they would like to improve which included the subthemes of improved *responsiveness* from the staff and *structural and service changes*. Six children

participants discussed a subtheme of the tutoring being *boring* or they *missed other activities* due to the program. The two parents who did not speak highly of the relationships, wanted better responsiveness from the staff when their child had problems in the program. For example, Keisha explained about a time when she was not informed about a situation her daughter was involved in. She stated:

I didn't find out about it, no one told me until it was late and over and done with like 2 or 3 weeks later...and then they tell me the person was upset. I told them all they had to do was tell me and I could have handled that. You don't just have to tell the staff members because I am her mother, and I could have dealt with it.

Ashley concurred and said:

Somebody told me that Jakeem was running around chasing him around trying to get him do his homework, and I'm like, 'Oh my god.' I said that I wish they would have called me and told me. I would have been up there in a heartbeat.

Five parents also mentioned specific changes in the *program structure or services*. For example, Janice said she would like family counseling with both her and her daughter. Sheree wanted activities for her preschool aged child. Mary wanted more consistency with the volunteers. Ashley wanted the tutoring to be structured differently. She said, "The tutoring... could go a little bit better. I want Jakeem to do more homework and less playing."

Patricia thought extracurricular activities for her children would be a beneficial addition to the services, since the in-home case management program does not offer field trips as part of their services. She said: "Then the family could take the kids out, you

know, if they can't afford to pay for it." Her daughter asked for similar addition of services when she was interviewed

When asked about any aspect of the program they did not like, of those that responded with an answer, most children said tutoring was boring or they miss out on a more favorable activity. Shawn, Sarah, Sophie, Tamika, and Breanne all made reference to an aspect of tutoring being boring. Caden didn't like to miss going with his in-home counselor. Tamika also said that when it gets dark early she misses out on outside play time on days she has tutoring. She also said:

I miss dance practice and stuff, so we be late and stuff, and if we be late, if we miss a lot of days, people who miss a lot of days get disqualified. Cause they won't know the cheers and stuff. If now she's doing if you miss five days, if you keep missing them, you won't know all the cheers for the championship.

## **Discussion**

While the literature has established discouraging outcomes in several areas of homeless children's development (Buckner, 2008), there have been several attempts at providing services to buffer those negative effects. More research is needed to understand how to best address the complex issues these children face. There was a specific paucity of research on children's experiences in the transitional and permanent supportive housing programs as well as in the in-home case management type of programs. There was also minimal research from the parents and children's perspective. This study sought to examine children's experiences while their families participated in these programs in order to provide insight into service delivery from the perspective of the service user.

**Benefits of the program.** Almost all parents reported at least one benefit of the program for their children. Seven parents noted improvement in their children's academic performance or in their social/emotional expression which included improved confidence, increased social skills and improved behavior. These findings are congruent with past literature. Despite finding no significant changes in mental health of children between entering and exiting a shelter, the authors of one study reported that parents described improvement in their children's emotional problems, self-care, and problems in relationships after entering the shelter (Karim et al., 2006).

The parents in the current study that spoke about improved social/emotional expression described this improvement in terms of an increased sociability, openness, confidence, and decreased tantrums. The Search Institute has found similar developmental assets such as positive identity that promote children's ability to overcome adversity (Scales, Sesma, & Bolstrom, 2004). It appears that the parents interviewed in this study were attuned with these important qualities needed for their children's longer term resilience. Several parents also seemed to identify the services such as the character development classes and counseling as being designed to impact their children in these areas.

Another prominent benefit from the parents in the shelter based programs was their children's opportunities for exposure to new experiences. Several parents liked that their children were able to try art, dancing, sports, and camps. Past research supports the idea that extracurricular activities can promote academic resilience, especially students with students from lower a socioeconomic status (Dumais, 2006), and reduce early dropout (Mahoney, 2000; Randolph, Graser, & Orthner, 2004).

**Unmet needs.** While several parents noted specific services such as family counseling, a mentor program, extracurricular activities, and activities for preschoolers as something they would like to add to the services, none of the parents explicitly stated that their children had unmet needs. However, several children mentioned unmet mental health needs as well as continued bullying problems at school and the agency. The researcher team noted that several children in two families appeared to have unmet mental health needs. Two parents' children were referred to counseling; however, none of these children were attending at the time of the interview. Given that these families were both participating in the in-home case management program, which involved the least amount of agency provided services, it created the question as to whether the children in the in-home case management needs are being met in the same comprehensive way that the shelter based systems are doing. It is also plausible that the more intense needs of the girls may be a result from the extensive history of stressful events both families have experienced

While some scholars have argued that community-based services would be a more efficient method of improving family stability than long shelter stays (Culhane & Metraux, 2008), there is limited research to examining how to most effectively help homeless families achieve residential stability and other desirable outcomes (Bassuk & Gellar 2006; Shinn, Rog, & Culhane, 2005). The findings in this study suggest that community based services that do not provide this type of wraparound support for children may not protect against some of the negative factors associated with homelessness.



**Evaluation of the program.** Most of the questions for the parents were geared towards asking about their children and their children's needs. However, they often spoke about how beneficial the program was for them. Six parents made statements about how grateful they were and how all of their needs were met. Five parents said their children enjoyed the activities.

A prominent theme for evaluating the program was in regards to the relationships the parents and children established with the staff at the agency. The value of the services seemed to be evaluated by whether they were provided through a perceived caring relationship. There were three participants who spoke negatively about the relationships. While they spoke negatively of the relationships, these accounts still support the idea that the relational connection is an important aspect of implementing services.

This relationship with a helping professional is often called the therapeutic or working alliance, is especially important in the field of counseling and is often conserved a key factor in the change process (Horvath & Bedi, 2002). The authors defined this alliance as "the quality and strength of the collaborative relationship between client and therapist in therapy. This concept is inclusive of: the positive affective bonds between client and therapist, such as mutual trust, liking, respect and caring" (p.42). While some researchers have found a moderate correlation between this working alliance and counseling outcomes (Martin, Garske, & Davis, 2000), others have examined the effect of the case manager's working alliance with client outcomes and found a smaller correlation (Calsyn, Morse, Klinkenberg, & Lemming, 2004; Klinkenberg, Calsyn, &

Morse, 2002). The responses from the participants in this study suggest this is alliance vital for their experience in the program.

At the same time, the more intense needs of the girls may be a result from the extensive history of stressful events both families have experienced. The first suggestion was in regards to changing aspects of the services provided. For example one parent thought adding family counseling for both her and her daughter to attend together would be helpful. Three members of one family in the in-home case management program wanted more opportunities for the extracurricular activities that the children in the shelter based programs receive. Given that several other parents saw this as a major benefit and the past research that supports the advantage of extracurricular activities (Dumais, 2006; Mahoney, 2000; Randolph et al., 2004); this lack of opportunity for exposure to extracurricular activities could be a significant drawback for children who are part of the in-home case management program. Given the debate about the value of services (Bassuk & Gellar, 2006; Shinn, Rog, & Culhane, 2005), these findings suggest the parents and children find these services beneficial for their children's wellbeing. This is counterpoint to the argument that shelters have placed too much emphasis on services (Shinn & Baumohl, 1999).

The second area of suggested improvement was in regards to staff responsiveness. Two parents wanted the staff to collaborate with them when their children were having difficulties in the program. Two children also wanted the staff to help with their experiences of being bullied. Past literature suggests this sort of responsive and collaborative approach is the most effective and ethical way to work with homeless families (Fraenkel, 2006). By viewing families as the experts of their lives and giving

them control over the aspects of the program, they are more likely to engage in the process. The author suggested this is especially true for participants who have been marginalized or oppressed.

**Framework for meeting children's needs.** There were several factors that participants attributed to impacting the children's functioning and the families' wellbeing. These factors are significant in that they potentially create areas to be assessed by service providers or in which to provide interventions. For example, there were factors at the individual level such as parenting and maternal factors. There were family level factors such as family stressors and family composition. There were also community factors such as the services they received and the schools the children attended. Finally, there were environmental factors such as situational stressors and the families' stability.

*Maternal factors.* Maternal factors include the mother's mental health, physical health and past experiences. Six parents spoke about their own health and mental health and how they saw it impacting their ability to have patience, energy, or time to give to their children. These women saw their own health and mental health as impacting their children's behavior or mental health. The literature is congruent with the women's perspective about the significance of this factor and has suggested maternal mental health as significantly influential on children's mental health and academic outcomes (Bassuk et al., 1997; Harpaz-Rotem et al., 2006; Huntington et al., 2008). Scholars have also suggested that treating the maternal mental health symptoms may benefit the children regardless of the child's past exposure to violence (Harpaz-Rotem, Rosenheck, & Desai, 2009).

*Parenting.* Parenting was another factor that all of the parents and seven children discussed. The parents discussed their own role in guiding and interacting with their children. Most parents spoke about how they provided messages to encourage their children, structure to protect them, and discipline to shape their behavior. Three parents spoke about how they advocated for their children. Many children spoke about the love and support they felt from their family. The role of parenting for homeless families has rarely been examined in the research (Gewirtz et al., 2009; Paquette & Bassuk, 2009). However, the literature on resilience has suggested that parenting is an important factor for promoting positive child outcomes. For example, positive parent child relationships can reduce developmental risks associated with poverty (Cowen, Wyman, Work, & Parker, 1990). Benzies and Mychasiuk (2009) found supportive parent-child interaction and family cohesion were two protective factors that promote resiliency in children.

While the parenting was something each parent considered important, it appeared as though not all parents felt adequately equipped to provide the structure or guidance needed to help their children alone. Four parents also spoke about the stresses related to their parenting and the frustration they demonstrated to their children because of that stress. Past research has reported that homeless mothers in a supportive housing program “showed less optimal parenting practices” (Lee et al., 2010, p. 428). There is also a proposed connection between maternal history of mental illness and poorer parent-child interactions (Gewirtz et al., 2009). Given the reported stress and discrepancy of skills, parenting could be an area where participants may want support via available services. Gewirtz et al. recommended that supportive housing programs could provide services

aimed at enhancing parenting skills and maternal mental health to promote child adjustment.

*Stressors.* Family and situational stressors were also identified by some of the participants as impacting the children. Six participants discussed the family stressors of separations, past abusive relationships, and divorces as adding to the stress of the family, to the instability of the family, as well as the parents' mental health. Past experiences with interpersonal violence and victimization put women at increase risk to become homeless (Anooshian, 2005; Park, Metraux, & Culhane, 2005; Wong, Culhane, & Kuhn, 1997). Children's exposure to violence is associated with behavioral, emotional, social, attention problems, and aggressive behavior (Anooshian, 2005; Buckner et al., 2004; Gully et al., 2001; Harpaz-Rotem et al., 2006). Addressing these issues with the parents as well as the children would be important for programs to consider (Anooshian, 2005; Harpaz-Rotem et al., 2009).

The situational stressors such as unemployment, lack of transportation, being involved in a trial, and prior homelessness also impacted maternal mental health and stress level according to three participants in this study. Benzies and Myshasiuk (2009) also listed situational factors such as a stable and adequate income as protective factors for family resilience. The effects of this protective factor were evident in this study how the stress extended to the children. Three child participants were worried about their parents and their emotional and financial stability. For example, one five year old child wished for, "infinity money for my mama."

*Family composition.* Family composition includes considering the members of the family as another factor that influence the family. For example, the loss of an important

family member or divorces created instability for two of the families. Three parents discussed calling on extended family members for help with homework or for resources for the family. Three children spoke about their fathers or extended families providing material or emotional support. Scholars have begun to consider the extended network as an important resource for service providers to take into account when assessing available help. “In order to fully support parents and their children as they exit homelessness, homeless service programs should consider the broader context of the nontraditional family system and support networks” (Pacquett & Bassuk, 2009, p. 292). Family structure has also been identified as one of the factors that promote resiliency for children. For example, Benzies and Mychasiuk (2009) reported that positive outcomes in children are associated with smaller families and negative outcomes are associated with single mothers.

*Stability.* Seven participants described the stability in terms of having a predictable place to stay as well as the services which provided a consistent routine for the children. For example, Mary liked how her son knew what to expect each day of the week because he had tutoring, counseling, and activities on different days of the week. Research supports this idea that predictability and consistency in a child’s life is beneficial for their resilience (Yoo, Slack, & Holl, 2010).

*Services.* Services the families receive were perceived as another factor. These services include agency-provided services such as tutoring, character development classes, counseling, and case management, as well as community services such as in-home counseling or care provided by a psychiatrist, and school-provided services such as an IEP or mentoring. Six parents attributed the improvements they perceived in their

children's academic performance to the agency's tutoring and/or medication from the psychiatrist. Five parents credited counseling with improving social/emotional expression, including increased social abilities or confidence. Credit was also given to the character development classes or the reward system involved in those classes.

While six children described the tutoring services as "boring," eleven children had positive remarks for the other parts of the services, especially in regards to activities, playing games, the food, and how it helped their parents. The children's responses to the services are important for service providers to note as they provide ways to keep the children engaged such as using food and games. The research is limited on the effectiveness of programs serving homeless families in regards to children's psychosocial outcomes. While the nature of which services are most effective in meeting the needs of homeless families and children has not been well established in the existing research (Bassuk & Geller, 2006), the findings of this study suggest that parents and children find value in the services.

There are very few studies that have investigated the impact of the program on children's outcomes. Grothaus et al. (in press) found that the GPA's of students in a tutoring program at a homeless agency did not significantly improve over the course of a year, however, the number of failing grades in academic subjects did significantly decrease during the same span of time. Manning, Homel, and Ross (2010) found that early developmental programs have a positive significant effect for on multiple child outcomes such as academic performance and other family wellbeing outcomes. The longer and more intense the program, the greater the effect the program had on the children.

*School.* School is the final factor discussed by seven participants. This factor referred to schools providing different quality of services and also addressed the school mobility the children experienced. These findings aligned with the literature that reports the barriers to quality education are detrimental for students (Hernandez, Jozefowicz-Simbeni, & Israel, 2006). Buckner, Bassuk, and Weinreb (2001) found that the actual number of schools a child attended in a year had a significant impact on academic outcomes. Benzies and Mychasiuk (2009) also listed access to quality childcare and schools as an important protective factor that promotes children's resiliency.

### **Implications**

The findings in this study also have several implications for agencies providing services to homeless families as well. The majority of the parents reported that the programs provided them and their children with something they felt they were not equipped to provide given their circumstances. Whether it was providing time and emotional support for their children, expertise in their children's mental health or homework, or resources, each of the families had specific role they saw the staff in the program filling for their family. Given the variation in each family's needs, the findings support the argument that housing alone is not sufficient to meet the complex needs of homeless children (Karim et al. (2006). It also seems important to thoroughly assess from the parents and children which of these needs would be most helpful to provide services for in order to provide individualized services.

Regarding the services, it appears that varying levels of support for homeless families are needed. It will be important to connect the level of need of the family with the appropriate level of services. For several families in this study, it seemed like an



appropriate match of service level. For other families, however, there was a mismatch of need and level of support. For example, one participant's housing remained unstable and her children reported significant mental health and behavioral concerns. Given the family's several unmet needs, there appeared to be a discrepancy between level of need and the intensity of program services. These findings suggest there are potential benefits for the varying levels of the support; however, they also illustrate the limitations if the level of services does not complement the level of need for the family.

While scholars have argued that there are a disproportionate amount of funds spent on these types of services in shelter programs (Culhane, Metraux, & Hadley, 2002; Culhane et al., 2007), the findings in this study suggest the participants find value in the services beyond just the housing support and financial assistance. However, there are few agencies that are prepared to exclusively meet homeless children's needs in a comprehensive way (Miller, 2009). When considering using multiple service providers it becomes more important to know how individual service providers work together in the community (Miller). With potential communication barriers between agencies, schools, and other homeless service providers, homeless shelters should be proactive and open the dialogue between other agencies in the community. Homeless agencies are in an ideal of position for providing education to schools and other service providers about the systemic barriers homeless families face in order to advocate for accessible services and just policies.

The theme about the importance of the relationships with the staff suggests that the working alliance is a key factor. While the services were appreciated, the amount of perceived care from the staff determined their experience with those services. For

example, Monica expressed this by saying, “You try to implement all the different things but it is not going to work unless you have the right people there.” Researchers have reported this working alliance between homeless adults with a mental illness and their case manager was only a small significant predictor of housing placement one year later (Bartley, 2009 ). Staff at homeless agencies may benefit from trainings on facilitating a strong working alliance.

Given that the participants found benefits with the services provided at the agency, it is recommended that similar services be maintained for children and include services such as tutoring, counseling and character development classes. The other services that seemed especially important to the participants were the field trips and extracurricular opportunities. The participant’s enthusiasm about these services correlate with the evidence that participation in extracurricular activities promotes social competence and resilience (Howie, Lukacs, & Pastor, 2010; Tiet, Huizinga, & Byrnes, 2010).

There are also suggestions on how specifically services could be implemented. There were several children who were especially enthusiastic about the food. Given this enthusiasm and that children living in poverty often experience food insecurity and hunger (Wheler et, al, 2004), it would be valuable to consider including food or a snack as a way to engage the children and provide a nutrition. The children were also excited about the computer and games. Incorporating computer games can provide opportunity to learn and develop computer skills while creating a fun environment.

### **Future Research**

Since this study was conducted at one site, it would be beneficial to examine other perspectives from participants of other programs and agencies in different settings. It could also be valuable to add interviews from the service providers to obtain their perspective about what is helpful for the children and type of training they received. Research conducted on the effectiveness of these housing programs should also consider the child outcomes that the parents in this study mentioned, such as academic outcomes, and their social/emotional expression, rather than relying on housing stability, income, or employment stability alone as the measures of effectiveness.

Given the potential unmet needs of some of the children in the in-home case management program, the children's outcomes in this program should be examined more thoroughly as well. Longitudinal studies comparing the children that participate in each program could be conducted to examine the effectiveness of the wraparound services of the shelter based program versus the in-home case management programs.

Given the diverse needs, as well as the several unmet needs of some of the participants in this study, it is important to consider all community and school services that can provide support for homeless families. Currently differences in agency and school structures, policies, and attitudes create barriers for effectively working together to facilitate successful schooling for homeless children (Miller, 2009). Future research should continue to examine the best methods of collaboration.

Finally, while the participants did not explicitly discuss cultural factors, the impact on homelessness and the effectiveness of services would also be important for future research address (Netto, 2006). This is especially important given the

disproportionate number of African American women who are heads of households in the homeless family population (Nunez & Fox, 1999).

### **Limitations**

There were several limitations in this study. The sample size was small and limited to one urban geographical location. The experience and factors may be different in a more rural environment or a different urban area. While this was specifically chosen in order to focus on the experiences of participants in one program, the ability to transfer these findings is limited and could potentially narrow the diversity of the experiences expressed. A rich thick description was utilized in order to buffer against this limitation. As with all qualitative inquiry that relies on self-report through interviews, the participants' ability to accurately self reflect is limited by language and their cultural lens (Polkinghorne, 2005). Social desirability could have also played a factor in the results obtained. Parents could have minimized their concerns about their children or the stress they had experienced. There were few negative aspects mentioned about the program, so there is the potential that they held back because they were afraid that their comments would change their relationship or services with the agency. The study also only focused on children 5-12, so these findings do not explain the experience of teenagers or younger children. Many of the younger children also had difficulties in expressing themselves and became bored or disinterested in the research. A longer engagement could help to establish a trust to share more intimate details.

### **Conclusions**

This phenomenological qualitative study explored the experiences of children and parents who are receiving services from one agency in three supportive housing

programs. The parents saw improved psychosocial outcomes for their children and appreciated the opportunities for experiencing extracurricular activities. The parents also perceived the services to supplement areas where they felt an inability to provide for their children as fully as they would like. The relationships with the staff were an important aspect of their experience. Agencies should attend to the relationships with the participants and the working alliance. A few participants who had recommendations for the program suggested increased responsiveness from the staff or the addition of specific services. The findings of the study illuminate potential helpful services for other programs designing their practices. Future research that examines the effectiveness of improving the children's psychosocial outcomes is still merited and will continue to give insight into the most helpful policies and services that address the complex issues homeless children and families face.

Table 1

*Participant Demographic and Program Descriptions*

Parent	Child	Gender	Age	Grade Level	Relationship Status	Ethnicity	Program	Length in program
Trisha		F	32		Separated	AA	THP	16 mos
	Shawn	M	10	5 <sup>th</sup>				
Angela		F	35		Single	AA	THP	16 mos
	Sarah	F	5	K				
	Sophie	F	6	1 <sup>st</sup>				
Mary		F	34		Divorced	W	PSHP	9 mos
	Jonathan	M	6	1 <sup>st</sup>				
Ashley		F	28		Single	AA	IH	3 mos
	Jakeem	M	5	K				
Monica		F	32		Single	AA	IH	11 mos
	Cevante	M	11	5 <sup>th</sup>				
	Lauren	F	10	4 <sup>th</sup>				
Janice		F	40		Separated	W	PSHP	16 mos
	Naomi	F	6	K				
Patricia		F	47		Separated	AA	IH	7 mos
	Tamika	F	9	3 <sup>rd</sup>				
	Shaniya	F	10	4 <sup>th</sup>				
Keisha		F	37		Single	AA	PHSP	53 mos
	Breanne	F	12	6 <sup>th</sup>				
Sheree		F	28		Married	AA	THP	9 mos
	Caden	M	10	5 <sup>th</sup>				
	Jada	F	7	1 <sup>st</sup>				

*Note.* For the ethnicity column: AA= African American, W=White. For the program column THP=Transitional Housing Program, PSHP=Permanent Supportive Housing Program, IH=In-home Program

Table 2

*Participant Concerns*

	Parent Concern	Child's Concern
Shawn	Academic: focus grades	None
Sarah	None	None
Sophie	Behavior: Anger Mental Health: Self esteem	None
Jonathan	Behavior: Tantrums Mental Health: ADHD/ Bipolar	None
Jakeem	Academic: Focusing, Reading Behavior: Fighting, Listening Mental health: Concentration Health: Allergies	Worried about parents
Cevante	Academic: Focus Mental health: Grief	Social/Bullies
Lauren	Academic: Focus Mental health: Grief, Nightmares	Social/Bullies, Worried about parents, Mental health
Naomi	Mental health: Adjust to divorce	None
Shaniya	Behavior: Attitude at school, Fighting at home Mental health: Adjust to divorce	Behavior
Tamika	Behavior: Fighting at home Mental health: Adjust to divorce	Eyes, Social/Bullies, Worried about parents, Mental health, Behavior
Breanne	Behavior: Attitude, Temper Mental health: ADHD Health: medication side effects	Social/Bullies
Caden	Mental health: adjust to instability	Social/Bullies
Jada	Mental health: grief, ADHD	Social/Bullies

Table 3

*Contextual Factors Discussed by Participants*

Parent	Maternal Factors	Stressors	Stability	Family Composition	School	Parenting	Self-Motivation	Friends
Trisha	H, Hx		X	X	X	AS, G		
Shawn				X	X	L		X
Angela	H	S, F			X	AS, PI, S		
Sarah						PI		
Sophie								
Mary	H	F	X	X	X	S		
Jonathan						L		X
Ashley			X	X		PI, G		
Jakeem						PI		
Monica	H, Hx	S		X	X	G, S		
Cevante					X	PI, L	X	
Lauren						PI, L		X
Janice	H	F				PI, G, A		
Naomi								
Patricia	H	S, F		X		AS, A, PI, S		
Tamika		F	X				X	X
Shaniya		F		X				
Keisha				X		AS, A		
Breanne						L		
Sheree	Hx		X	X	X	PI, L, G		
Caden			X			PI, L	X	X
Jada			X			PI, L	X	

*Note.* For the Maternal Factors column: H=Health and Hx=History. For the Stressors column: S=Situational, F=Family. For the Parenting column: PI =Positive Interaction, L=Love, G=Guidance, AS= Amount of Structure, A=Advocate, S=Stress. Each family is highlighted.



Table 4

*Perceived Benefits of the Program for the Children**Parent Responses*

	Provide what parents feel they cannot	Improved psychosocial outcomes	Opportunities for new experiences
Trisha	Resources Attention/Time Expertise	Social/Emotional Expression, Academics	Extracurricular
Angela		Social/Emotional Expression, Academics	
Mary	Expertise Resources Attention/time	Social/Emotional Expression, Academics	Extracurricular
Ashley		Academics	
Monica	Expertise	Social/Emotional Expression, Academics	
Janice			
Patricia	Attention/Time		Extracurricular
Keisha	Attention/Time	Social/Emotional Expression	
Sheree	Expertise Resources Attention/time	Academics	Extracurricular

*Note.* Themes are in grey. Subthemes are listed below the themes

Table 5

*Participant Subthemes for Evaluation of the Program*

Parent	Child	Relationships	Positive Aspects	Desired Changes/ Negative Aspects
Trisha		Supportive	Needs met, Child enjoyment	
	Shawn		Needs met, Child enjoyment	Boring/missed other activities
Angela		Supportive	Needs met	
	Sarah		Child enjoyment	Boring/missed other activities
	Sophie	Supportive	Child enjoyment	Boring/missed other activities
Mary		Supportive	Needs met	Program structure/services
	Jonathan		Child enjoyment	
Ashley		Unsupportive		Responsiveness, Program structure/services
	Jakeem		Child enjoyment	
Monica		Supportive	Needs met	
	Cevante		Child enjoyment	Responsiveness
	Lauren	Supportive	Child enjoyment	
Janice		Supportive	Needs met, Child enjoyment	
	Naomi		Child enjoyment	
Patricia		Supportive	Needs met, Child enjoyment	Program structure/services
	Tamika	Supportive	Needs met	Boring/missed other activities
	Shaniya		Needs met, Child enjoyment	Program structure/services
Keisha		Unsupportive	Child enjoyment	Responsiveness
	Breanne	Unsupportive		Boring/missed other activities
Sheree		Supportive	Child enjoyment	Program structure/services
	Caden	Unsupportive		Responsiveness, Boring/missed other activities
	Jada	Supportive	Needs met, Child enjoyment	

*Note.* Subthemes are listed for the participants that discussed each theme

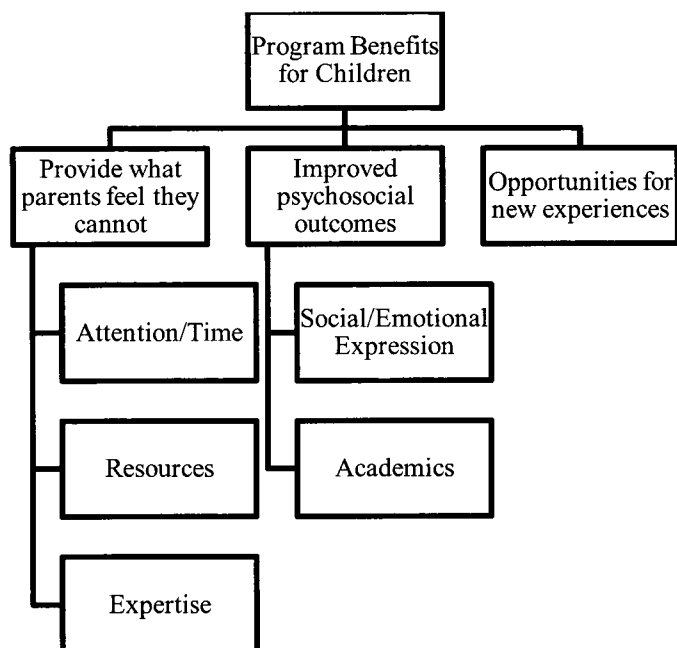


Figure 1. Themes and Subthemes for Benefits of the Program

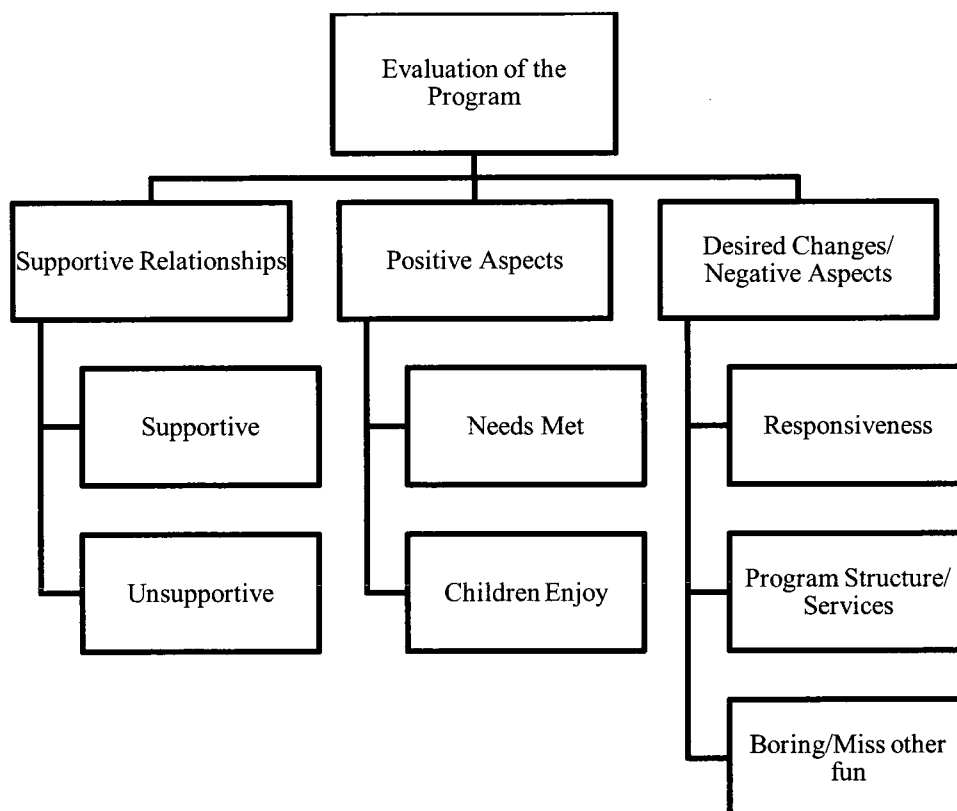


Figure 2. Parents' and children's themes and subtheme for the evaluation of the program.

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Appendix A  
Interview Protocol

**Questions for parents:**

1. What three words come to mind when you think of your child?
2. What is something your child does very well or enjoys?
3. How would you describe your child to someone who does not know him/her?
4. You mentioned in the demographic form, your child receives \_\_\_\_\_services.  
  
Please describe these services.
5. Please describe your child's experiences at school.
6. Please describe your child's experiences at home.
7. Please describe your child's experiences in the current program at this agency.
8. What changes, if any, do you hope to see in your child after receiving services from the agency?
9. What concerns, if any, do you have about your child's health?
10. What concerns, if any, do you have about your child's academics?
11. What concerns, if any, do you have about your child's behavior?
12. What concerns, if any, do you have about your mental health?
13. What factors, if any, do feel have contributed to those areas you are concerned about?
14. What services, if any, have you received from the agency to address your concerns about your child's health? Academics? Behavior? Health?
15. What services if any, would you like to receive to address your concerns about your child's health? Academics? Behavior? Health?

16. What, if anything, has been helpful for your child since participating in the program?
17. What, if anything, has been not helpful for your child since participating in the program?
18. Draw a picture the represents your child or his/her world.
19. Tell me about your picture.
20. Is there anything else you would like to add or feel that I have missed?

### **Questions for children**

1. Draw a picture of your world as it is, then draw a picture of your world with any changes you would like to make.
2. Tell me about your first picture.
3. Tell me about your second picture.
4. Tell me something special about your family
5. If I followed you through a typical day, what would I see you doing? If it helps to think of a recent day you have had, feel free to do so.
6. Tell me what it is like at school/daycare?
7. Tell me what it is like at home?
8. Tell me what it is like for you to participate in activities at this agency?
9. What problems, if any, do you have?
10. What, if anything, helps you with those problems?
11. Describe who, if anyone, you turn to for support at home, school, or in the community. (How are they supportive?)

12. What changes at home, if any, have you noticed since your family started receiving services from this agency?
13. What changes at school/daycare, if any, have you noticed since your family started receiving services from this agency?
14. What, if anything, do you like about the program you and your family are in?
15. What, if anything, do you not like about the program you and your family are in?
16. If you could have three wishes granted, what would they be?
17. Is there anything else you would like to add?



## Appendix B

## Research Participant Questionnaire

Participant code: \_\_\_\_\_

Age \_\_\_\_\_ Gender: M F

# of Children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Which of the following do you **currently** receive services from?☐ Transitional Housing☐ Permanent Supportive Housing☐ In-home Case Management

Please mark all programs you have received services from **in the past** as well as how many times and the approximate dates of service.

**Program**

<b>Program dates</b>	<b>How many times</b>	<b>Approximate dates</b>
<input type="checkbox"/> Emergency Shelter	_____	_____
<input type="checkbox"/> Transitional Housing	_____	_____
<input type="checkbox"/> Permanent Supportive Housing	_____	_____
<input type="checkbox"/> In-home Case Management	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Race/ethnicity:

Relationship Status:

☐ African American☐ Never Married☐ Asian American☐ Married☐ Hispanic☐ Separated

☐ Native American

☐ Divorced

☐ White

☐ Widowed

☐ Other

☐ Living with a partner

Current Occupation and/or Previous Occupations: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Child Participant Code: \_\_\_\_\_

Age \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Position in family: \_\_\_\_\_ out of \_\_\_\_\_

Please check which services your child is currently receiving:

☐ Outpatient Counseling

☐ Mentoring

☐ In-home counseling

☐ Camps

☐ Tutoring

☐ IEP in School

☐ Case management

☐ Other: \_\_\_\_\_

Please check which services your child has received in the past. If checked, please list dates of service:

Service

Date

Service

Date

☐ Outpatient Counseling \_\_\_\_\_

☐ Mentoring \_\_\_\_\_

☐ In-home counseling \_\_\_\_\_

☐ Camps \_\_\_\_\_

☐ Tutoring \_\_\_\_\_

☐ IEP in School \_\_\_\_\_

☐ Case management \_\_\_\_\_

☐ Other: \_\_\_\_\_

Race/ethnicity:

☐ African American

☐ White

☐ Asian American

☐ Other

☐ Hispanic

☐ Native American

## Appendix C

### Informed Consent

**Title:**

A Phenomenological Study of Children's Experiences While Families Receive Services from a Homeless Agency

**Introduction:**

My name is Sonya Lorelle, and I am the researcher for the study. I have a masters degree in Counseling, and I am currently pursuing my PhD at Old Dominion University. I have worked previously as a children's counselor. The project will be supervised by Dr. Tim Grothaus, an Assistant Professor in the Department of Counseling and Human Services. With this form, I will provide you with information that will help you to decide whether you would like to participate or not.

**Description of the study:**

I am asking you to take part in a research study because I am trying to learn more about the experiences of children and families that receive services from programs like the one your family is participating in. I want to learn about what your child's experiences are and what services you find helpful and unhelpful. I hope to gain information that will help to improve services for families and children receiving services from transitional housing programs, permanent supportive housing programs or in-home case management programs. I cannot guarantee that this study will result in changes you desire.

If you agree for you and your child to participate, I will ask each of you to participate in two interviews. The interviews will last approximately 30-45 minutes each. I will conduct the interviews with you and the children separately so that your answers do not influence each others. You will be asked about your perceptions of your child's experiences and needs. I will also ask about any services they receive and how you feel those services are meeting your child's needs. I will ask your child about his or her experiences at home, school and of receiving services. I will also ask about problems they may have and how they receive help for those problems.

Finally, I will ask you and your child to draw pictures. I will ask you and your child to describe your pictures so I can understand what the pictures mean to you. I will not be doing a psychological test or judging how well they are drawn. Instead, they will be used as a creative form of communication.

During the second interview I will share what I understood you to say in the first interview. After the second interview, I will call to verify the data as well. These discussions will give you a chance to correct any information I might have misunderstood. These interviews will be audio-recorded. I will type out the interviews on paper and then destroy the tapes immediately.

**Withdrawal Privilege and Payments:**

You do not have to participate in this study. The services you receive in the program are in no way tied to your participation in the study. You can choose to withdraw at any time.

Even if you agree to participate and then later change your mind, there will be no negative consequences. Please ask questions and let me know about any concerns you may have. In order to respect your time, I will give you a \$20 gift certificate, whether you choose to participate in the study or not.

**Confidentiality:**

If you decide to participate in the study, your information will remain completely confidential, unless I am informed about child or elder abuse or about any intention to harm yourself or someone else. The typed interviews will not have any identifying information on them and instead will have a participant code. Recordings will be destroyed immediately after they are typed. The information I gather from this research may be used in reports, presentations, and publications, but no names or other identifying information will be used.

**Potential Risks and Benefits:**

There are no foreseeable risks for participating in this research. There is a minimal risk of psychological discomfort or distress. If at any time you feel distressed, let me know and we can discontinue the conversation, and I can refer to you to a counselor if needed. A potential benefit that may come would be that I may become aware of unmet needs for your child, and as a result, changes in services may be offered. However, I cannot guarantee that changes in services will be made.

If you have any questions at any point during or after this study, please contact - Tim Grothaus at 757-683-3007, or [tgrothau@odu.edu](mailto:tgrothau@odu.edu). Please feel free to send correspondence to Old Dominion University, 110 Education Building, Norfolk, VA 23529. You may also contact the IRB chair- George Maihafer at anytime at 757-683-4520, or [gmaihafe@odu.edu](mailto:gmaihafe@odu.edu).

Sonya Lorelle M.S. LPC, NCC  
 Doctoral Candidate  
 Old Dominion University  
 Department of Counseling and Human Services  
 757-613-2168  
[slorelle@odu.edu](mailto:slorelle@odu.edu)

Signing here means that you have read this form or have had it read to you and that you are willing to be in this study.

Signature of subject \_\_\_\_\_

Signature of investigator \_\_\_\_\_

Date \_\_\_\_\_

## Appendix D

**ASSENT FORM**

A Phenomenological Case Study of Children's Experiences While Families  
Receive Services from a Homeless Agency

My name is Sonya Lorelle. I am a student at Old Dominion University.

I am asking you to take part in a research study because I am trying to learn more about the experiences of children and families that receive services from programs like the one your family is participating in. I want to learn about what your life is like and what you find helpful and what you find unhelpful.

If you agree, I will ask you to be interviewed twice. I will ask you questions about good parts of your life and problems you have as well as what you find helpful to deal with those problems. Answering these questions will take about 30 minutes. I will tape record our conversation, so I can remember what you said. I will not ask you your name while it is recording. I will also ask you to draw two pictures that we can talk about. It doesn't matter how well you draw or what your picture looks like. I will ask you to describe the picture to me so I can understand what it means to you.

You do not have to be in this study. No one will be mad at you if you decide not to do this study. Even if you start, you can stop later if you want. You may ask questions about the study.

If you decide to be in the study I will not tell anyone else what you say or do in the study. Even if your parents or teachers ask, I will not tell them about what you say or do in the study. If you tell me about someone hurting you or another child, then I will have to tell your parents or other adults who can help you about that.

Signing here means that you have read this form or have had it read to you and that you are willing to be in this study.

Signature of subject \_\_\_\_\_

Subject's printed name \_\_\_\_\_

Signature of investigator \_\_\_\_\_

Date \_\_\_\_\_

## Appendix E

## CURRICULUM VITAE

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**SONYA LORELLE, MS, LPC, NCC, RPT**

509A Maryland Ave  
Portsmouth, VA 23707  
slorelle@odu.edu  
757.613.2168 (Cell)

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**EDUCATION**

PhD Candidate	Old Dominion University Counselor Education (CACREP Accredited) <b>Dissertation:</b> A phenomenological study of children's experiences while families receive services from a homeless agency	Expected December 2010
M.S.	Missouri State University Community Agency Counseling (CACREP Accredited)	May 2002
B.S.	Missouri State University Major: Psychology	Dec 1999

**LICENSURE/ CERTIFICATION**

Licensed Professional Counselor- Virginia (#0701004351)  
National Certified Counselor (#245942)  
Registered Play Therapist

**ACADEMIC POSITIONS**

<b>Graduate Teaching &amp; Research Assistant</b>	<i>Old Dominion University</i> <i>Department of Counseling and Human Services</i> Assisted faculty with research, taught undergraduate courses, co-taught graduate courses	2008-2010
<b>Admissions Coordinator Assistant</b>	<i>Old Dominion University</i> <i>Department of Counseling and Human Services</i> Corresponded with prospective students, generated all admission letters and communication, used admissions software and served as liaison between the Counseling Department and the Admissions Office, created reports from admission database, coordinated and lead PhD interviews	2009-2010

**TEACHING EXPERIENCE/COURSES TAUGHT****Undergraduate Courses**

Human Services Internship Teaching Assistant

Fall 2008

Human Services Methods  
Spring 2009, Fall 2009

Fundamentals of Human Development  
Spring 2009

Family Guidance  
Summer 2009, Spring 2010, Summer 2010

Academic Success  
Spring 2009

### **Graduate Courses**

Research Methods and Program Evaluation in Counseling (Teaching Assistant)  
Spring 2010

### **CLINICAL WORK EXPERIENCE**

<b>Clinical Supervisor</b>	<i>Old Dominion University</i> <i>Department of Counseling and Human Services</i> Provided individual supervision to 15 practicum and internship counseling students who were working with individuals and families in mental health agencies, hospital chaplaincy services, schools, and employee assistance programs.	Fall 2008- Summer 2010
<b>Children's Counselor</b>	<i>ForKids, inc</i> Conducted assessments, intakes, crisis intervention, parenting consultations and individual counseling sessions with children staying in homeless shelter. Provided monthly trainings to children's services staff on various topics such as ages and stages, positive discipline, promoting healthy development, and effects of trauma on children. Demonstrated ability to work with children on a variety of issues, including depression, anxiety, divorce, trauma, and domestic violence. Participated in weekly services team meetings to problem solve client issues and give mental health insight on program decisions.	January 2006- July 2008
<b>Adult Education Coordinator, Volunteer Coordinator</b>	<i>ForKids, inc</i> Developed and taught life skills curriculum for parents staying in homeless shelter on various topics including stress management, budgeting, and parenting.	June 2004- June 2006



<b>Mental Health Clinician</b>	<i>Missouri State University</i> <i>Counseling and Testing Center</i> Conducted individual and group therapy sessions, intakes, screenings, and crisis intervention with college students, Demonstrated ability to work with students on a variety of issues, including depression, anxiety, stress, relationships and family, time management, alcohol/drug use, grief and loss, self esteem, eating disorders, and career exploration, Developed and presented educational workshops, including stress management, time management, long distant relationships, healthy relationships, and adult children of divorce	November 2002- May 2003
<b>Graduate Assistant</b>	<i>Missouri State University</i> <i>Counseling and Testing Center</i> Conducted individual and group therapy sessions, intakes, screenings, and crisis intervention with college students, Demonstrated ability to work with students on a variety of issues, including depression, anxiety, stress, relationships and family, time management, alcohol/drug use, grief and loss, self esteem, eating disorders, and career exploration, Developed and presented educational workshops, including stress management, time management, long distant relationships, healthy relationships, and adult children of divorce, Supervised and proctored various standardized tests, including ACT, SAT, NTE/PRAXIS, and GED, Participated in SMSU Career Day, World Health Day, and Depression Screening Day, Administered career assessments (Strong Interest Inventory) and provided career counseling to students	June 2000- May 2002
<b>Community Support Worker</b>	<i>Burrell Behavioral Health</i> Provided case management for clients with severe chronic mental illnesses, Educated and guided clients with daily living skills, Provided support and intervention in crisis situations, Connected clients with appropriate community resources	August 1999- May 2000

### PROFESSIONAL MEMBERSHIPS

American Counseling Association (ACA)  
     Association for Counselor Education and Supervision (ACES)  
     Southern Association for Counselor Education and Supervision (SACES)  
 Virginia Counseling Association (VCA)  
 Virginia Association of Clinical Counselors (VACC)  
 Association for Play Therapist (APT)

Chi Sigma Iota, Omega Delta Chapter  
 Phi Kappa Phi Honor Society (1999)  
 Psi Chi (1997)

## PUBLICATIONS

### Invited Publications

**Lorelle, S.** Anderson, K., & Grothaus, T. (2009). VSCA's human rights/social justices focus for 2009-2010. *VSCA Voice*, Fall 2009.

### Accepted Publications

**Lorelle, S.**, Crockett, S., & Hays, D. (Spring 2011). Human services professional and trainee perceptions of conflict in the helping relationship. *Journal of Human Services*

Grothaus, T., **Lorelle, S.**, Anderson, K., & Knight, J. (In press). Answering the call: Facilitating responsive services for students experiencing homelessness. *Professional School Counseling*

### Other Publications

**Lorelle, S.** (2010). Preparing counselors to work with children experiencing homelessness. *SACES Spring Newsletter*, 6(1), 6.

### Manuscripts in Progress

**Lorelle, S.** & Grothaus, T. (in progress). Psychosocial outcomes of homeless children and how services address their needs.

Shaw, B., **Lorelle, S.** & Bayne, H. (In review). Spirituality and counselor training: Beyond multicultural competency.

Shaw, B., **Lorelle, S.** & Bayne, H. (in progress). A qualitative investigation of counselors-in-training's perceptions of spirituality in the classroom.

**Lorelle, S.**, Crockett, S., & Byrd, R. (in progress). Counseling and globalization: Professional issues for Counselors

Crockett, S., Lorelle, S., & Byrd, R. (in progress). A qualitative investigation of the global perspectives of counseling.

Hays, D. G., Cole, R. F., Emelianchik-Key, K., Forman, J., **Lorelle, S.**, McBride, R., & Sikes, A. (in progress). A Qualitative Investigation of Adolescent Females' Reflections on Dating Violence

## PRESENTATIONS

### Refereed Presentations

Michel, R. E., Prosek, E. A., Crockett, S. A., & **Lorelle, S.** (2011). *International Immersion: Connecting the Profession Across Continents*. Accepted poster presentation at the American Counseling Association Conference, New Orleans, LA.

Michel, R., Davis, E. S., Walsh, M., & **Lorelle, S.** (2011, March) *Applying, Surviving and Thriving in Graduate School: Practical Tips for Master's and Doctoral Students*. Accepted to present at American Counseling Association, New Orleans, Louisiana.

Emelianchik-Key, K., Crockett, S., Lorelle, S., & Michel, B. (2010, October) *Healthy and Unhealthy Relationships: New Research, Implications for Practice, and Training*. Accepted to present at Southern Association for Counselor Education and Supervision, Williamsburg, Virginia.

**Lorelle, S.** (2010, October). *Homeless Children's Psychosocial Needs and How Counselors Can Advocate*. Accepted to present at Southern Association for Counselor Education and Supervision, Williamsburg, Virginia.

Emelianchik, K., Byrd, R., Crockett, S., & **Lorelle, S.** (2010, March). *Dating violence among the adolescent population: Etiology, perception and implications for counselors*. American Counseling Association, Pittsburgh, Pennsylvania

**Lorelle, S.** (2010, March). *Homeless Families: How Program Services Address Children's Psychosocial Needs and How Counselors Can Advocate*. American Counseling Association, Pittsburgh, Pennsylvania

**Lorelle, S.** & Byrd, R. (2010, March). *Children and Complex Trauma*. Virginia School Counselors Association, Richmond Virginia

Thompson, S. K., Grothaus, T., Lorelle, S., & Knight, J. (2009, November). *Stacking the Deck: A Skill Building Tool for Children and Youth*. Virginia Counselors Association, Williamsburg, Virginia

Lorelle, S., Currie, C., & Todd, S. (2009). *A New Look at Trauma: Clinical Perspectives and Current Treatments*. Accepted to present at Virginia Counselors Association, Williamsburg, Virginia.

Shaw, B. S., **Lorelle, S.** & Bayne, H. (2009, October). *Spirituality and Counselor Training: Beyond Multicultural Competency*. Association of Counselor Education and Supervision, San Diego, California

**Lorelle, S.** (2009, October). *Complex Trauma: Developmental Effects and How Children's and Recognize and Respond*. Association of Counselor Education and Supervision, San Diego, California

**Lorelle, S.** & Crockett, S. (2009, September). *Mental Health Professionals' Conceptualizations of Conflict and Preferred Conflict Resolution Styles: An Exploratory Study*. Association for Assessment in Counseling and Education, Norfolk, Virginia

Thompson, S. K., & **Lorelle, S.** (2009, March). *Listening to Our Inner Voices: Understanding the Conflict Within*. American Counseling Association, Charlotte, North Carolina.

### **Mediated Presentations**

Shallcross, L. (2010, January). *Putting a human face on homelessness*. Counseling Today. (Includes interview with Sonya Lorelle)

### **Other Presentations**

- Lorelle, S.** (2009, August) *Effects of Trauma on Children*. Invited Guest for Care Now program training presentation. Norfolk, Virginia.
- Lorelle, S. & Crockett, S.** (2009) *Conflict Management*. Promoting Healthy Relationships Seminar. Old Dominion University, Norfolk, Virginia.
- Lorelle, S.** (2008, October). *Issues Affecting Women and Children Who Are Homeless*. Guest lecturer HMSV 344 - Career Appraisals, Old Dominion University, Norfolk, Virginia.
- Lorelle, S.** (2008, October) *Effects of Trauma on Children*. Invited Guest for Care Now program training presentation. Norfolk, Virginia.
- Lorelle, S.** (2002, May) *Adult Children of Divorce*. Graduate Interdisciplinary Forum. Missouri State University, Springfield, Missouri.
- Lorelle, S.** (2002) *Adult Children of Divorce 3 Part Workshop*. Missouri State University, Springfield, Missouri.
- Lorelle, S. & Moriarty, N.** (2001, 2002) *Healthy Relationships*. Missouri State University, Springfield, Missouri.
- Orzek, A. & Lorelle, S.** (2000, 2001) *Long Distance Relationships*. Missouri State University, Springfield, Missouri.

#### RESEARCH INTERESTS

Areas of expertise include play therapy, effects of trauma on children, child development, qualitative methodology, social constructivist counseling approaches, and college counseling

Research background includes spirituality and counselor education, international students' perceptions of counseling, homeless children's experiences, and adolescent dating violence

#### VOLUNTEER EXPERIENCE

*Instructor* (Spring 2010, Fall 2010) Human Development NCE and CPCE Review Session at Old Dominion University

*Volunteer Coder*. (November, 2009). The Perceptions of Agency Sexual Assault Counselors Regarding Self-Care, Vicarious Trauma, and Burnout, Norfolk, Virginia

*Volunteer* (2009) Big Splash Professional Development Series

*Volunteer Coder*. (September, 2009). Experiences of Homeless Men: A Qualitative Study. Norfolk, Virginia

*Volunteer Coder*. (April, 2009). Female Perspective of Professional Identity and Success in the Counseling Field. Norfolk, Virginia

*Instructor*, (Spring, 2009). UNIV 110: Academic Success for Freshmen on Academic Warning. Old Dominion University, Norfolk, Virginia

*Co-Developer. (2008). Health Relationships Seminar. Promoting Healthy Relationships Project-Girl Scouts Council Colonial Coast, Norfolk, VA*

*Co-Developer. (2008) Conflict Management Strategies. Training seminar, Norfolk, VA*

#### **SERVICE TO THE PROFESSION**

*Coauthor: American School Counselor Association (ASCA) Position Statement : Spring 2010  
The Professional School Counselor and Children Who Experience Homelessness*

#### **UNIVERSITY SERVICE**

*Treasurer: Chi Sigma Iota, Omega Delta Chapter Fall 2009 – Spring 2010*

*SGA Liaison: Chi Sigma Iota, Omega Delta Chapter Fall 2008 – Spring 2009*

*Mentor: ODU Counseling Doctoral Student Mentoring Program Fall 2009 – Spring 2010*

#### **AWARDS AND HONORS**

##### **National Level**

*ACA Ethics Case Study Competition- Doctoral Level, 2nd place, (2009). American Counseling Association.*

##### **State Level**

*Virginia Association of Clinical Counselors Fellowship Award (2010)*

##### **University Level**

*Academic Excellence Scholarship (2009). Chi Sigma Iota, Omega Delta Chapter, Old Dominion University. Norfolk, Virginia*

*Summa cum laude (1999). Missouri State University*

#### **CONTINUING EDUCATION**

##### **Conferences**

*American Counseling Association World Conference:*

*2009 (Charlotte, VA)*

*2010 (Pittsburg, PA)*

*Virginia Counseling Association Conference:*

*2007 (Portsmouth, Virginia)*

*2008 (Roanoke, Virginia)*

*2009 (Williamsburg, Virginia)*

*Association for Assessment in Counseling and Education*

*2009 (Norfolk, Virginia)*

*Association for Counselor Education and Supervision Conference*

*2009 (San Diego, California)*

Mid-Atlantic Group Psychotherapy Conference  
2009 (Shepherdstown, WV)

Multicultural Play Therapy Center Conference  
2010 Blending Play Therapy with Evidence-Based Treatments for Trauma and  
Experiential Understanding of Poverty: Implications for Play Therapy (Charlotte, NC)

**Workshops:**

"Multicultural Perspectives on Counseling: Spirituality: A Dimension of Multiculturalism and  
Understanding the Needs of Multiracial Clients." October 2010 (Charlotte, NC)

"How to Do Couples Therapy." Southeast Institute for Group and Family Therapy. July 2010  
(Chapel Hill, NC)

"Clinical Aspects of Suicide by Mary Bartlett" June 2009 (Norfolk, VA)

"Creativity and the Creative Arts by Sam Gladding" February 2009 (Norfolk, VA)

"Gender Issues in Counseling by Judith Hermann" January 2009 (Norfolk, VA)

"Advanced Multicultural Counseling by Courtland Lee" October 2008 (Norfolk, VA)

"The Many Facets of Grief by David Capuzzi" October 2008 (Norfolk, VA)

Certification Program: Registered Play Therapy: "Play and Therapeutic Interventions with  
Children and Adolescents Affected by Abuse, Crisis, Death, and Divorce" March 2008  
(Norfolk, VA)

Certification Program: Registered Play Therapy: "Play Therapy and Creative Interventions with  
Pre-Adolescents and Adolescents" February 2008, (Norfolk, VA)

Certification Program: Registered Play Therapy: "Systematic Interventions: Group, Filial and  
Family Play Therapy" January 2008 (Norfolk, VA)

Certification Program: Registered Play Therapy: "Sandtray and Narrative Techniques in Play  
Therapy" December 2007 (Norfolk, VA)

Certification Program: Registered Play Therapy: "Games, Activities, and Expressive Arts in Play  
Therapy" November 2007, (Norfolk, VA)

Certification Program: Registered Play Therapy: "Principles of Play Therapy" October 2007  
(Norfolk, VA)

Undercurrent Therapy: Treat the Secret Wounds of Kids and Adults: June 2007 (Richmond, VA)

Normalizing Acting-Out Behaviors in Kids: 2007 (Norfolk, VA)

Play Therapy and Beyond: Treatment Techniques and Strategies with Children and Pre-  
Adolescents: 2006 (Norfolk, VA)

Parent Empowerment: Counseling Parents in Positive Child-Rearing Practices: 2006 (Norfolk, VA)