Homeless children: A needs assessment

Constance Marie Whelan
HOMELESS CHILDREN: A NEEDS ASSESSMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Constance Marie Whelan
June 2007
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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

Dr. Thomas Davis, Proposal Supervisor

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator
ABSTRACT

The purpose of this qualitative research study was to examine the needs of homeless children and explore possible solutions to better meet the needs of homeless children and reduce the risks of intergenerational homelessness. Participants for this study were case managers, children’s program specialists, and social workers who provide services to homeless children in five transitional housing programs for families in the San Bernardino County area. The research project collected both programmatic level and individual level information, which included a survey of services and interviews. In total, five program surveys were completed and 10 shelter workers were interviewed. This study found five major themes that were drawn from the narrative data collected.
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I wish to acknowledge Dr. Rosemary McCaslin, my advisor, and Dr. Thomas Davis who both spent many hours working on this project with me and provided me with invaluable guidance. I also wish to acknowledge the agencies that so willingly participated in this study and made this research possible.
DEDICATION

To my family; my husband Greg and children Nathan, Haley, Emily, and Spencer. Thank you for your patience and support. Your love and encouragement kept me going. Your kind words and faith in me inspired me to the end.

To my parents who made this journey possible. For the countless hours that they spent with my children and the encouragement and support when I didn’t think I could go any further. Thanks for everything.

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>viii</td>
</tr>
<tr>
<td>CHAPTER ONE: INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Problem Statement</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Significance of the Project for Social Work</td>
<td>6</td>
</tr>
<tr>
<td>CHAPTER TWO: LITERATURE REVIEW</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>10</td>
</tr>
<tr>
<td>Housing Needs</td>
<td>10</td>
</tr>
<tr>
<td>Physical and Medical Needs</td>
<td>12</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>14</td>
</tr>
<tr>
<td>Psychosocial Needs</td>
<td>17</td>
</tr>
<tr>
<td>Delivery of Services</td>
<td>18</td>
</tr>
<tr>
<td>Theories Guiding Conceptualizations</td>
<td>19</td>
</tr>
<tr>
<td>Current Research</td>
<td>21</td>
</tr>
<tr>
<td>Summary</td>
<td>21</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODS</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>23</td>
</tr>
<tr>
<td>Study Design</td>
<td>23</td>
</tr>
<tr>
<td>Sampling</td>
<td>25</td>
</tr>
<tr>
<td>Data Collection and Instruments</td>
<td>26</td>
</tr>
<tr>
<td>Procedures</td>
<td>28</td>
</tr>
</tbody>
</table>
APPENDIX F: QUESTION #2 RESPONSE CHART ....................... 74
APPENDIX G: QUESTION #3 RESPONSE CHART ....................... 77
REFERENCES .......................................................... 79
LIST OF FIGURES

Figure 1. Housing and Other Basic Needs .................. 34
Figure 2. Educational Services ............................. 35
Figure 3. Psychosocial Services ............................. 36
CHAPTER ONE
INTRODUCTION

The purpose of this study was to conduct a needs assessment of homeless children in San Bernardino County. Empirical studies show how traumatic homelessness is for children. Unfortunately, far too few agencies are familiar with how to successfully treat and service homeless children. This research explored possible solutions to better meet the needs of homeless children which can reduce the risks of intergenerational homelessness. This study adds to knowledge about comprehensive intervention and prevention services for homeless children to reduce their risks of experiencing homelessness as adults.

Problem Statement

According to The National Center on Family Homelessness (1999, p. 1), 800,000 individuals are homeless on any given day. Of this number, 200,000 are children. Forty-two percent of these children are under the age of six. In San Bernardino County, 5,270 individuals were counted as being homeless in 2005 and 21% of them were families (Institute for the Study of
Homelessness and Poverty, 2005, p. 1). The alarming fact is that homelessness, especially family homelessness, is rising each year at an approximated rate of 5% (US Conference of Mayors, 2005).

Every homeless family is unique. The only common denominator that homeless families have is the lack of affordable housing. Homelessness is caused by any number or combination of precipitating events, such as, lack of affordable housing, poverty, lack of adequate work opportunities and a decline in public assistance programs (NCH, 2006b, Fact Sheet #1).

In the United States, the history of addressing homelessness at a federal level is relatively recent. In the early 1980’s, homelessness was considered a local problem. But the rising numbers of homeless prompted agencies to press the federal government for assistance. The first national homeless act, the Stewart B. McKinney Homeless Assistance Act, was signed into law on July 22, 1987 by President Ronald Regan (NCH, 2006a, Fact Sheet #18).

Current policies concerning homeless children are weak. The only policy that addresses this population is the McKinney-Vento Homeless Assistance Act, an updated
version of the 1987 Act. The current McKinney-Vento Act contains nine titles which provide programs for emergency food and shelter, transitional housing, health care, mental health care, educational needs, food stamps and job training (NCH, 2006a, Fact Sheet #18). The provisions of the McKinney-Vento Act have made monumental changes in many peoples lives. Yet funding is constantly under attack and the homeless population is rising, so this act alone is not sufficient to deal with the current homeless issues in this country.

Many national organizations are currently advocating for homeless children and funding to provide needed services including Catholic Charities USA, Child Welfare League of America, National Association for the Education of Homeless Children and Youth, National Policy and Advocacy Council on Homelessness, (NPACH, 2005b, p. 1), National Coalition on Family Homelessness, National Association for the Education of Homeless Children & Youth (NPACH, 2005a), The National Center on Family Homelessness, and the U.S. Conference of Mayors. The main function of these organizations is to keep the needs of this invisible population in front of policy makers so that funding is made available to service the population.
On an individual case basis, social workers report that each homeless child presents with a unique set of circumstances with a wide variety of service needs. These services address physical needs such as food, clothing and shelter, counseling, developmental delays, medical needs, emotional needs and educational needs. Currently, more attention is given to adult caregivers than to the homeless children. The reasoning behind this theory is that by stabilizing the adult caregiver, the child will also stabilize. When an agency has limited funds and staff, the delivery of services to the adult is viewed to be the best placement of resources. Unfortunately, homeless children fade into the background, but the effect of homelessness on children has the potential of tainting every aspect of their lives well into adulthood (Duffield, 2001, p. 323-324).

Purpose of the Study

The purpose of this study was to conduct a needs assessment of homeless children in San Bernardino County. Service providers for homeless children in San Bernardino County are scarce; there is little interagency collaboration to help provide the vast array of services
needed. For example, social workers who are providing services to a homeless child in a shelter are unlikely to work closely with the child’s school district to coordinate services. It is important to make sure that children are receiving the best coordination of services to prevent intergenerational homelessness.

The research that inspired this project came from a journal article entitled "Homeless Children: Needs and Services" by Hicks-Coolick, Burnside-Eaton, and Peters of Kennesaw State University in Georgia (2003). In part, this study followed their approach. This study collected both programmatic level information and individual level information. The programmatic level information was collected by the executive director completing a written survey about the services that their agency provides for homeless children. The individual level information in this study was drawn from a semi-structured interview on services being provided by agencies for homeless children. The study by Hicks-Coolick, et al. (2003) identified services that are needed and barriers that are preventing these services from being provided. This research study replicated the qualitative questions used by Hicks-Coolick, Burnside-Eaton, and Peters.
The data for this project was collected by interviewing ten key personnel from five agencies that address the needs of homeless children and provide transitional shelter for homeless families. The three questions asked were: What services does your facility offer to homeless children? What needs are not being met at your facility for homeless children? What barriers prevent your agency from providing these services to homeless children? (Hicks-Coolick et al., 2003, p. 201). The questions were presented, in a face-to-face interview or over the telephone. Each interview lasted approximately 30 minutes. This study used qualitative cross-table categories that were extracted and recorded by hand. Such tables are common among qualitative researchers.

Significance of the Project for Social Work

Conducting a needs assessment for homeless children was important for four main reasons. These reasons are to prevent intergenerational homelessness, address health risks of homeless children, address educational risks of homeless children, and address the psychosocial needs of homeless children.
The first reason for conducting a needs assessment of homeless children is to prevent intergenerational homelessness. Homelessness as a child puts the person at high risk for becoming homeless as an adult or living in extreme poverty (National Health Care for the Homeless Council, 2005). To prevent intergenerational homelessness, it is imperative that intervention and preventative services be put in place to address the needs of this population.

The second reason is the risk that this population carries for health related issues. Homeless children are at a much greater risk for many different types of illnesses. They are also more likely to have inadequate preventative care and up to date immunizations and are also at risk for developmental delays (NPACH, 2005b, p. 5-6).

The third reason is that homeless children suffer many negative effects from being homeless when it comes to education. They are more likely to repeat a grade, perform below grade level, and suffer from social isolation due to frequent moves (NPACH, 2005b, p. 3-4).

The fourth reason is that homeless children suffer from mental illness at a much higher rate than average.
Many of the homeless children’s parents are dealing with mental illnesses, so there are hereditary and environmental factors. In addition, the extreme stress that these children encounter can easily over-whelm a child’s coping strategies. Homeless children are at risk for acute psychosocial problems such as depression and anxiety (Hicks-Coolick et al., 2003, p. 199).

This research will help social workers, especially in San Bernardino County, by contributing information about services that are currently in place and services needed to address the needs of homeless children. It identifies barriers that are preventing more efficient service delivery and helps to raise awareness that homelessness has a significant impact on children now and as adults. With this information, as Community Development Block Grant monies become available, agencies that service families will be able to use the information to show a need for additional funding to expand support for this population. It is also hoped that the study will help existing agencies think about the needs of children as primary, not secondary to their adult care giver, and structure their programs to meet the specific needs of this population.
The following is the research question studied: What are the needs of homeless children in San Bernardino County?
CHAPTER TWO

LITERATURE REVIEW

Introduction

Homelessness is a devastating event for children. When compared to poor, housed children, homeless children have “worse health, more developmental delays, more anxiety, depression and behavior problems, poorer school attendance and performance and other negative conditions” (HUD, 2005, p. xi). Furthermore, the longer the homelessness continues, the worse these conditions become (HUD, 2005, p. xi).

This literature review will address five major areas that affect the functioning of homeless children: housing needs, physical and medical needs, educational needs, psychosocial needs, and delivery of services. Statistics and negative affects of these conditions on children are discussed. Also, research findings on what can help prevent intergenerational homelessness will be discussed.

Housing Needs

Experiencing homelessness in childhood appears to raise the risk factors for being homeless as an adult. According to the Interagency Council on the Homeless
(1999, p. 2), 27% of adult homeless individuals lived in foster care or another institutional setting for a period in their childhood, and 21% reported having an experience of homelessness as a child.

Homelessness can be described as an extreme condition of poverty. Many factors have been identified as increasing the risk of homelessness such as lack of affordable housing, poverty, and eviction from housing. Other factors include substance abuse, mental health issues, abuse and neglect and family conflicts (Hernandez Jozfowicz-Simbeni & Israel, 2006, p. 37). Families respond in many different ways to lack of adequate housing: 50% of families “double-up” with others, 25% enter shelters, 10% move to hotels or motels and 3% are unsheltered (U.S. Department of Education, 2006, p. 6). Often, families will voluntarily put their children into a foster care situation due to inadequate housing and consequently the inability to provide basic necessities for the child or children. Children who experience homelessness are more likely to be in foster care, and at least 30% of children in foster care could return to their families if they had adequate housing (NPACH, 2005b, p. 1).
According to the U.S. Department of Housing and Urban Development (2005), the best practice for addressing homelessness once it has occurred is to restore the family to a housed situation. After addressing the basic needs of the family upon entering a shelter, assistance should be provided to develop a realistic plan for obtaining housing. This includes obtaining income supports such as TANF, unemployment compensation, Section Eight housing vouchers, Social Security, and other programs for which the family may qualify (National Center on Family Homelessness, 2003, p. 44).

Physical and Medical Needs

Homeless children do not have health care available to them on a regular basis. This is critical since early assessments are necessary to determine hearing and vision difficulties and developmental delays (Hicks-Coolick et al., 2003). A policy statement by the American Academy of Pediatrics, states, "homeless children have a higher incidence of trauma-related injuries, developmental delays, sinusitis, anemia, asthma, bowel dysfunction, eczema, and visual and neurological deficits. Obesity and
hunger are also common among homeless children” (DuPlessis & Cora-Bramble, 2005, p. 1096). The health needs of homeless children become a lower priority in families where the parents are struggling to meet the basic needs of the family such as food and shelter (DuPlessis & Cora-Bramble, 2005, p. 1097).

Upon entering a shelter program, neglected medical issues need to be addressed. If the family has no health insurance, assistance should be provided to help the parent(s) obtain health and dental coverage for which the family qualifies. Agencies need to have a reliable referral network to help families receive the medical treatment that they need (National Center on Family Homelessness, 2003, p. 42). Holleman, Bray, Davis, and Holleman (2004, p. 249), suggest that a program should involve the integration of medical and mental health professionals that work together to provide psychoeducational support as well as family therapists and physicians in one location to try to build a healthier foundation for the family to build on.
Educational Needs

Education is vital for homeless children if they are going to break the trends of intergenerational homelessness but many barriers face these children. Unfortunately, children do not get a second chance at childhood; therefore it is imperative that these children be given the education to which they are legally entitled (Duffield, 2001, p. 327-329).

Young children comprise the majority of homeless children: 42% of children experiencing homelessness are under the age of five (NPACH, 2005b, p. 3). These preschoolers are more likely to have developmental delays due to their environmental situation (Youngblade & Mulvihill, 1998). These delays can be compensated for if the children are given proper interventions (Bassuk, Weinreb, Dawson, Perloff, & Buckner, 1997. p. 99).

However, according to reports from the U.S. Department of Education, many homeless preschoolers have difficulty accessing Head Start Programs. These difficulties include problems with lack of documentation, lack of awareness that they are legally homeless, lack of transportation, and insufficient program funding (NPACH, 2005b, p. 3-4).
Of school age homeless children, it is estimated that at least 20% do not attend school. Furthermore, 41% will attend two different schools in one year and 28% will attend three or more schools in one year (NPACH, 2005b, p. 3-4). Homeless children who do attend school are twice as likely to have learning disabilities, four times as likely to have developmental delays, and twice as likely to repeat a grade due to frequent moves or frequent absences (NCFH, 1999). Other educational issues that homeless children encounter is lack of basic school supplies, difficulty maintaining friendships due to frequent moves, anxiety and depression (Duffield, 2001; NPACH, 2005b, p. 3-4). The McKinney-Vento Act and the No Child Left Behind Act of 2002 are programs that are designed to address educational barriers for homeless children. The educational definition of homelessness is the broadest and most specific. These include living in a shelter, doubling up with friends or relatives, or living in a motel. These criteria are more inclusive than the HUD definition of homelessness (NPACH, 2005b, p. 3-4). However, school districts often lack knowledge on how to service these children and many homeless children continue to fall through the cracks.
The U.S. Department of Education (2006, p. 6) reported that in the 2003-04 school year, 25.33% of homeless children were living in a shelter. This number is down from the estimated one-third of homeless children in 2000 that were living in a shelter (U.S. Department of Education, 2006, p. 5; Duffield, 2001, p. 325). Coordination of services between community agencies and shelters with school districts is essential in providing referrals, sharing resources and meeting the educational needs of homeless children (Swick & Bailey, 2004, 211). It is important for local agencies and shelters to collaborate with school districts to provide the most comprehensive services possible for homeless children. The U.S. Department of Education suggests that the benefit of collaboration is that the homeless children will ideally receive “comprehensive services that are continuous and non-duplicative” (2001, p. 10). Duffield (2001, p. 330) adds that coordination between school districts and local homeless and housing agencies would benefit homeless children with the development of supplemental instruction, such as tutoring programs and summer enrichment programs.
Psychosocial Needs

Homelessness and other varying traumas can result in emotional problems for children. Homeless children live through many traumatic and stressful events such as repeated moves, family separation, and domestic violence. This has a negative effect on their mental health. As a result, 20% of preschool children that are homeless have emotional problems that require professional care; 47% of school age children that are homeless have problems that include anxiety, depression and withdrawal. This is significantly higher than housed children, 18% of whom experience these emotional difficulties (NPACH, 2005b, p. 5-6).

Bassuk and Rosenberg (1990, p. 259) found that mothers of homeless children reported that 35% of their children had emotional problems. The study also showed that almost one third of homeless children required further psychiatric evaluation for anxiety and one-half required further evaluations for depression. In comparison, only one-tenth of low-income housed children, needed further evaluation for anxiety. By addressing the stresses of homelessness on children, the risks of intergenerational homelessness may be lowered.
Delivery of Services

There is an abundance of data concerning the effects of homelessness on children. Unfortunately, service delivery to this population faces many barriers. According to Vostanis (2004, p. 333-334), case management services for homeless families should include access and support to families during crisis situations, improving the implementation of early services for social and health care needs, providing parent training, and providing access to specialist services while in transitional housing and after shelter programs.

Tischler, et al. reported that even though case managers deal with a wide variety of problems, the major benefit of case management was the support to the family, who were often feeling isolated and alone (2004, P. 333). Zlotnick and Marks identified that case management is the cornerstone of programs that provide services to homeless children. Case management coordinates the many services that these children require (2002, p. 113-114). There are some model programs of how to successfully intervene with homeless children, but it is rare to see enough funding and professional knowledge translated into productive programs in practice. By providing intervention services
in a family homeless shelter, the intergenerational risks for homeless may be reduced.

Theories Guiding Conceptualizations

The latest theories on homelessness list the following factors that lead to family homelessness: lack of affordable housing, lack of sufficiently paying jobs, mental illness, substance abuse and domestic violence (CFFPP, 2002).

The theory on which this project was based is prevention services for children. Currently, it appears that most services for homeless families concentrate on the adult caregivers by focusing on stabilizing their situation. This study looked at other programs aimed at delivering prevention services to homeless children, such as immunization programs and prenatal care programs, and examined whether prevention services for homeless children can reduce the risks of intergenerational homelessness.

Winship (2001, p. 174), states that utilizing prevention services with homeless families reduces the number of families that become homeless. In one study, families who were targeted for prevention services showed
a 66% decline in becoming homeless (Wilder Research Center, 1998). The program was aimed at keeping families from becoming homeless by providing less expensive interventions such as legal assistance aimed at preventing evictions, cash aid for families at risk of eviction, and mediation for disputes with landlords.

According to Maslow’s hierarchy of needs, there are five levels of human needs. The first two levels are physiological needs and safety needs. These are the levels at which homeless families and children are working. They are trying to secure food, security, stability, and freedom from anxiety, fear, threats, and chaos. If these needs are not meet, then an individual is unable to continue on to the next three levels that are belongingness and love needs, self-esteem needs, and self-actualization needs (Zastrow & Kirst-Ashman, 2004, p. 389-391). This affects to the development of homeless children and may create developmental delays and emotional instability which can increase homeless children’s risks of intergenerational homelessness.
Current Research

There is currently an abundance of statistical and estimated data about homeless children. There is also research on the effects of homelessness on children. Because the problem of homeless children has only recently been identified and delineated in the research, there is not a significant amount of research about what will work to help mitigate the problems that homeless children will face as adults. This research project examined what that social workers identified as needs of homeless children and what barriers are preventing these services from being provided. With this information, this researcher expected to gain insight on services that homeless children are in need of in San Bernardino County.

Summary

This literature review identified five major areas that affect the functioning of homeless children. These areas are housing needs, physical and medical needs, educational needs, psychosocial needs, and delivery of services. Statistics on and negative affects of these conditions on children were discussed. Also discussed
were, research findings on what works, ideas about possible solutions to alleviate negative affects of homelessness on children, and reducing the risks of intergenerational homelessness.
CHAPTER THREE

METHODS

Introduction

Chapter Three will discuss the methods used to assess the needs of homeless children for services that will reduce the risks of intergenerational homelessness. This chapter will describe the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to explore the needs of homeless children in San Bernardino County and assess whether they receive services to reduce risk factors for intergenerational homelessness. This study explored current services offered among San Bernardino providers who are servicing homeless children. The research design was a semi-structured interview to collect qualitative data. This method allows for an in depth, face-to-face analysis of service providers in their natural setting (Grinnell, 2001, p. 108). The reason for choosing this type of design was that there are few agencies that deal with homeless families in this geographical location.
With a small sample population, it is important to gain an in-depth understanding of what services are being offered to homeless children and what barriers are preventing them from receiving services to reduce the risks of intergenerational homelessness.

The research project collected both programmatic level and individual level information. The programmatic level information was collected from the executive director, or a designee of the executive director, who completed a written survey about the services that their agency provides for homeless children.

The individual level information was a qualitative analysis of social workers who were servicing homeless children. The participants were contacted by phone and an appointment time was arranged for the interview. The questions were presented, in a face-to-face interview or over the telephone. Nine service providers participated in the research. Each interview lasted approximately 30 minutes. A limitation of this approach is that respondents may not have been responsive or may have provided information that was socially desirable. The researcher attempted to collect a minimum of one artifact, such as a pamphlet, from each agency. These
were analyzed for content and information about the services that the agency provides to homeless children.

Sampling

Ten transitional housing shelters were identified, using the San Bernardino County 211 information system and then cross-checked with the San Bernardino County Community Action Partnership agency list. The criteria for a shelter to be included in the research was they must provide a minimum of 60 day transition housing for families with at least one child under the age of 18. These agencies were Agape House, Circle of Hope, House of Ruth, Foothill Family Shelter, Inland Valley Council of Churches, Inland Temporary Homes, Morongo Basin Unity Home, New Hope Village, Obershaw House, and Pacific Lifeline. Six agencies, based on a convenience sampling, were contacted and invited to participate in the research project; five agreed and participated. One to three workers were identified by the executive director as appropriate for the research and were asked to participate in the research project. The shelter workers were interviewed to obtain information on the micro level of services provided to homeless children. The line
staff’s perceptions of services for homeless children provided insight into barriers that exist in providing services that could potentially reduce the risk of intergenerational homelessness. The participants were directly involved in providing services to the homeless children in their shelter programs and were over the age of 18.

Data Collection and Instruments

Programmatic information looks at the services provided to homeless children at the organization level. This study collected programmatic information through a survey about the services that the shelters offer to their homeless children population.

The executive director, or a designee, marked on a list which of the following services their shelter provides to homeless children: before school supervised study time, after school supervised care, preschool childcare, clothing, food, school supplies, transportation, medical assessments, developmental assessments, emotional assessment and other.

Space was provided to write in any additional services that a particular shelter may offer that was not
listed. This information was analyzed for frequencies and patterns of services provided to homeless children in transitional shelter programs in San Bernardino County.

Individual level information looks at the service provided to individuals by a service provider. The individual level information for this project came from a semi-structured interview. The information collected in the interviews was provided by line workers who were directly involved in providing services to the homeless children in their shelter programs. It used three major qualitative questions to guide the interview. The questions were: What services does you facility offer to homeless children? What needs are not being met at your facility for homeless children? What barriers prevent your agency from providing these services to homeless children? The questions were leading questions, so more questions arose through the interview process. The questions were obtained from A. Hicks-Coolick and P. Burnside-Eaton, who developed and used them in a previous study. Written permission was given by email on May 5, 2006.
Procedures

A letter was obtained from each agency’s executive director granting permission to interview staff. After approval was granted, the researcher contacted the individual participants by phone and set an appointment to meet face-to-face at the participating agency or by phone. The interviews lasted approximately 30 minutes. The interviews were conducted in January, February and March of 2007. The time allotted for the interviews was 10 hours. The surveys and any other resulting information were stored at the researcher’s home in a locked box.

Protection of Human Subjects

In order to protect the identity of the participating agencies, no identifying information was on the survey collected about the services that the agency provides to homeless children. Each completed survey was assigned a number for tracking purposes.

In order to protect the human subjects, individual responses were coded and any identifying information was kept separate from the responses. Participation in the study was on a voluntary basis only. Each participant was given a brief description of the purpose and the goal of
the research. Verbal or written consent was collected from each individual participant.

Data Analysis

This study used a qualitative cross-table method in which qualitative categories and themes were extracted. Such tables are common among qualitative researchers. Narrative streams were analyzed for coding, thematic content and pattern analysis.

Summary

Chapter Three discussed the methods used to assess the needs of homeless children at two levels. The programmatic level looked at the organizational level of services. The individual level assessed the perceptions of line staff of the needs of homeless children and the barriers that they face when trying to provide services to homeless children.

This information is relevant to social work because the risk of intergenerational homelessness for homeless children is high. By identifying barriers affecting service delivery to this population, the risks of intergenerational homelessness may be reduced.
This chapter described the study design, sampling, data collection and instruments, procedures, protection on human subjects, and data analysis that this study used to assess the needs of homeless children in San Bernardino County.
CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the narrative data collected among professionals working in transitional homeless shelters for families. The findings are presented by graphs, charts and themes that emerged from interviews regarding the barriers that are preventing workers from providing services to homeless children that may reduce the risks of intergenerational homelessness.

Presentation of the Findings

The first group of findings that will be presented are those from the programmatic level, which looked at the services provided to homeless children at the organization level. This information was collected in a survey format and asked which services the agencies provided for homeless children. Five shelters were asked to participate in the survey, but only four completed the survey. The fifth agency stated that they did not provide any services other than shelter.

None of the shelters provide before school supervised study time, after school supervised care,
preschool childcare, or medical assessments. All of the shelters (100%) provided clothing and food for homeless children. Two of the shelters (50%) provided school supplies and emotional assessments. In addition to the above, one shelter provided both developmental assessments and transportation for the children in their program. Other services provided that the participants listed under "other" included a literacy program (25%), parenting classes (50%), children’s enrichment activities (50%), tutoring (25%), domestic violence services (25%), healthy life skills for children ages 6-17 (25%), and a three month preschool program (25%).

The second level of information consisted of interviews with workers who provide direct services to homeless children in their agencies. A qualitative cross-table method was utilized in which qualitative categories and themes were extracted. There were five themes identified which were lack of affordable housing, education, parenting skills, lack of funding and lack of interagency coordination. The following reports the questions that were asked with references to the information that lead to the establishments of the main themes.
Question #1: What service does your facility offer to homeless children? The purpose of this question was to identify the types of services that the agency is currently offering to children, and what categories these fall into (e.g. housing needs, physical and medical needs, educational needs, psychosocial needs, and how services are delivered). This information was used to identify the current level of services being provided and the extent to which it is aimed at prevention services to reduce the risks of intergenerational homelessness.

**Housing Needs**

The individuals that were interviewed provided information on the types of services that they provided. All of the agencies provide services relating to housing and other basic needs. These included transitional housing (for a minimum of 60 days), assistance in applying for income assistance (i.e., TANF, GAIN, Medical, Healthy Families, unemployment insurance, and Section 8 housing vouchers), food, and clothing. Figure 1 indicates how many of the shelters provide these services.
Physical and Medical Needs

Onsite medical assessments did not appear to be a service that most agencies were able to provide to their clients. During the interviews, the following medical services were mentioned: medical referrals, assistance in applying for insurance, requiring children to be current on immunizations, transportation to doctor appointments, assistance with the eye glasses, help with cost of medications, and education on child development. One shelter was unable to provide any referrals or medical services to their clients.
Educational Needs

All of the shelters recognize that education is the key to reducing the risks of intergenerational homelessness. The following six categories were consistently discussed during the interviews: shelter requiring children to be enrolled in school, tutoring provided onsite, advocacy help with the child’s school for special services, backpacks and other school supplies, preschool programs, and enrichment programs. Figure 2 shows how many of the shelters provide these services.

Figure 2. Educational Services
Psychosocial Needs

Psychosocial services for homeless children, mentioned by nine of nine workers, were provided by the agencies. The following six areas were services identified: counseling, social/life skills groups, domestic violence groups, enrichment programs, psychologist on site, and child/parent bonding classes/activities. Figure 3 shows how many of the shelters provide these services.

![Psychosocial Services](image)

Figure 3. Psychosocial Services
Delivery of Services

All of the agencies indicated that they provided case management services for the families in the shelter. These were family centered. Case management services were available for the children to assist with educational issues, psychosocial issues and medical issues.

Question 2, "What needs are not being met by your agency?" This question produced a wide array of responses with each worker describing needs that they felt were not being met. Appendix E is a chart of the cumulative responses. This question produced three main themes: lack of affordable housing, need for educational support, and lack parenting skills.

The first theme, mentioned by seven of nine workers, was that housing needs for homeless children is impacted by a severe shortage of affordable housing in San Bernardino County. One worker reported "families can be successful in the shelter programs, but because of the lack of affordable housing, they have to return to their previous living situation due to the inability to secure affordable housing. And many times the previous housing situation exposes the children to drugs, violence, and unsafe conditions."
The second theme, mentioned by seven of nine workers, was that educational needs of homeless children are not being adequately met. Three subcategories of educational needs were identified, preschool needs, elementary school needs, and high school needs. The first subcategory, preschool, was mentioned by five of nine workers. Workers identified difficulties including shelters being unable to provide this service, and accessing outside services often being compounded by lack of affordability and transportation. One shelter had a successful preschool/daycare center but had to shut down the program when they were unable to secure licensing from the city. A worker stated “it was tragic because it was so beneficial to the children because it provided a safe and secure place for them with staff that could deal with the trauma of being homeless.”

The next subcategory, elementary school, was mentioned by five of nine workers. Elementary age students are “falling through the cracks” due to lack of parental knowledge, frequent moves, and stigma by school staff. One worker identified that many homeless children have learning disabilities or other special needs which are not being assessed early enough and make it difficult
for them to be successful in school. One worker reported that "developmental delays due to trauma are not being addressed in the schools." Another worker stated that "kids are not being assessed early for learning disabilities, which just puts them further behind." The third subcategory, high school, mentioned by four of nine workers, identified older children as needing more vocational programs to teach them marketable job skills.

The third theme, mentioned by seven of nine workers, was lack of adequate parenting skills. Key phrases that were used to identify this theme were "unable to help children with homework," "lack of parenting skills," and "lack of value for education." Of the workers surveyed, three of nine mentioned that parents were unable to help their children complete school assignments, such as homework. The inability of parents to access special education services was mentioned by two of nine workers. A lack of value for education was mentioned by four of nine workers. Poor life skills of parents were mentioned by four of nine workers. One worker stated "parents are unable to maintain stability established in the shelter, so they end up right were they started."
Question #3: "What barriers prevent your agency from providing these services to homeless children?" This question also produced several common themes. The purpose of this question was to gain insight on barriers that prevent homeless children from receiving services that may reduce the risks of homelessness. Appendix F is a chart of the cumulative responses. These responses produced five themes: lack of funding, lack of educational services, lack of affordable housing, poor parenting skills, and lack of coordination with other community agencies.

The first theme, mentioned by eight of nine workers was a lack of funding. A major issue, mentioned by six of nine workers was the lack of flexibility with grant funds. One specific problem was, that grant monies often do not cover administrative costs. One worker stated "small agencies cannot absorb these (administrative) costs that grants do not cover." Another worker reported that "when grants expire, programs have to be reworked in creative ways to provide services for the clients." And finally, a worker reported "it is hard when successful programs lose their funding and have to be terminated by the agency." Another funding issue mentioned by three of
the nine workers was a shortage of staff. One worker reported "limited staff makes everyone stretched thin."

The second theme identified by eight of nine workers was a lack of educational services. Workers identified that homeless children experience difficulties accessing educational services at the preschool level, elementary level, and high school levels. Access to preschool programs for homeless children is difficult. One worker reported "some families qualify for government assistance programs for childcare/preschool services, but some homeless children do not qualify and without assistance, the cost for these programs is high." Many of the homeless children require special programs at school. One worker reported that their shelter assists parents by attending Individual Education Plan (IEP) meetings to model for parents how to access the programs that their children need, because the parents are not able to successfully navigate the school system to access services for their children on their own. Lack of educational programs for older children, mentioned by seven of nine workers, was identified as a barrier. These workers identified the need for vocational training, which currently is not readily accessible through the
public school system. One worker reported "many of the older children cannot enter the military to receive vocational training because of the California High School Exit Exam (CAHSEE) requirement. The CAHSEE must be passed by the student in order to receive a high school diploma, otherwise, the student is granted a certificate of completion. The military requires a high school diploma, not a certificate of completion, in order to enlist."

The third theme identified by five of nine workers was lack of affordable housing. One worker summarized the problem by stating "families need to make three times the amount of rent and have three months of pay stubs to secure an apartment, which is almost impossible." Section 8 subsidized housing was mentioned as being a program that is not functioning at all in this area. One worker reported "even if they could get Section 8 housing vouchers, there were no apartments available to rent because of the rising cost of housing in the area."

The fourth theme, mentioned by five of nine workers, identified that the parents of the children in their shelters lack adequate parenting skills. Many of them do not have high school diplomas or vocational training themselves, making it difficult for them to model
successful job skills for their children. Many of them are unable to help their children with their homework, therefore school is not a high priority. And many of them suffer from mental illness, were victims of abuse, or are recovering from substance abuse issues of their own. Lack of parenting skills, mentioned by four of nine workers, was a concern because they are fearful that the children will follow in the footsteps of their parents because they have not had the opportunity to have successful life skills modeled for them. One worker stated “educating the parents is necessary or else the intergenerational patterns will persist.” Another worker stated “there are not enough male role models.”

The fifth theme, mentioned by five of nine workers, was a lack of coordination with other community agencies. One worker stated “to balance a wide array of needs, there needs to be more agency coordination. We need to hook up with outside agencies that have existing programs.” Another worker stated “we need to connect with other shelters.” And a third worker stated “there is a lack of other agencies to connect with.”
Summary

This chapter discussed the five major themes drawn from the narrative data collected. These themes emerged in response to questions which addressed the needs of homeless children that were not being addressed as seen by the professionals who work with homeless children.
CHAPTER FIVE
DISCUSSION

Introduction

Chapter Five is a presentation of what social workers, who provide services to homeless children, feel are unmet needs of homeless children and the barriers that prevent these services from being provided. A discussion of the workers' opinions of what services homeless children need will follow. Recommendations for social work practice are presented. Last, the Chapter concludes with a summary.

Discussion

Question #1 "What services does your facility offer to homeless children?" revealed that the shelters who participated in this study provided essential services to homeless children to help reduce the risks of intergenerational homelessness. These services included: providing transitional shelter, support in applying for income assistance, food, clothing, assistance in meeting medical needs, providing school supplies, requiring school attendance, and providing psychosocial services such as individual and group counseling. Every agency
that participated in this study also provided case management services to the family, which included addressing the needs of the children.

According to the National Center on Family Homelessness, the services that are currently being provided to the families of homeless children are critical in stabilizing the families, including the children. According to this report, the shelters are following best practices by initially focusing on addressing the basic needs of the families, which include housing, food and clothing needs, applying for government assistance programs, and addressing immediate medical needs (2003, p. 44).

Meeting the psychosocial needs of homeless children also was a top priority of the shelters in this study. Of the agencies surveyed, eight of nine mentioned that they provide psychosocial interventions, of one type or another, for the children in their shelter programs. The agencies have identified psychosocial services as a significant need of homeless children. This is supported by Bassuk and Rosenberg who stated “The majority of homeless family members are children, and there is general agreement that their situation is desperate. We
have described development delays, severe depression and anxiety, and learning difficulties among these children" (1990, p. 257). The findings of Bassuk and Rosenberg support the shelters emphasis on psychosocial services being provided. If the problems of homeless children are not addressed, many of these children will continue to have significant problems as they develop into adults (1990, p. 261).

All nine workers surveyed said they provided varying levels of case management which included assistance in applying for government aid programs, money management, obtaining a job or job training, psychosocial support, help with clothing and food needs, and addressing individual needs of the families. According to Tischler, et al., one of the major benefits of case management is to provide support to parents and children who feel isolated and lonely due to being homeless (2004, p. 333). Furthermore, Zlotnick & Marks identified case management as the cornerstone of programs that serviced homeless children as well as children who are at high risk for becoming homeless (2002, p. 113). They also applaud case managers for being able to coordinate services and referrals for the wide variety of needs that homeless
children present with (Zlotnick & Marks, 2002, p. 115). The workers who were surveyed concurred that case management is a pivotal service that is provided at their shelters.

The final area that the workers identified as being provided to homeless children was assisting with program requirements for the children to be in school. This supports findings that the McKinney-Vento Homeless Act has made school attendance more accessible for homeless children. The McKinney-Vento Act is credited with being “directly responsible for a tremendous increase in school enrollment among homeless children” (Duffield, 2003, p. 329).

Question #2 “What needs are not being met by your agency?” produced three main themes which were lack of affordable housing, need for educational interventions, and lack of parenting skills.

The first need identified was the ability to help the families’ secure stable, low-income housing after successfully completing the shelters’ transitional programs. One worker stated “two years is not enough time to undo generations of being on assistance.” Winship (2001) points out that housing cost are out of the
control of the shelters, but ultimately affect the success of the homeless programs. It is estimated that an additional 4.5 million affordable housing units are needed nation wide to fill the gap between need and supply (NPACH, 2005b).

The second theme that was identified as needs not being met was centered on educational services. Preschool services were not easily provided by the shelters, but the workers saw that homeless preschoolers were in need of such programs. This is supported by National Policy and Advocacy Council on Homelessness who reported "only 15% of homeless children under the age of five are enrolled in preschool programs, compared to 57% of low-income preschool age children who are enrolled in preschool programs" (2005b, p. 3).

Second, workers in this study reported that there was a lack of services provided to address elementary school aged homeless children, such as diagnosing learning disabilities and addressing trauma related to being homeless. The National Center on Family Homelessness reports homeless children "are under served by special education" (1999, p. 4) and require "comprehensive services, including outreach to the
schools (2003, p. 43). Finally, the workers identified the lack of vocational programs for older homeless children.

The third theme identified by workers was the lack of adequate parenting skills. The participants in this study reported that homeless children are in need of help with their homework as well as accessing supplemental services, such as Individual Education Plans, from the schools. The parents were seen as not being adequately prepared themselves to address these particular needs of their children.

Question #3 "What barriers prevent your agency from providing these services to homeless children?" produced five themes which were lack of funding, lack of educational services, lack of affordable housing, poor parenting skills, and lack of coordination with other community agencies.

The first theme, lack of funding, was mentioned by all nine workers surveyed. The main concern was lack of flexibility in funding. Workers identified the absence of funds to cover administrative costs of running programs and that funding was often granted on a one time, limited basis. Winship addressed this issue when he stated that
evaluation is not provided for in funding for homeless programs. He described funding for homeless programs as follows: “the great majority of programs serving homeless families operate on a shoestring, and programs hesitate to allocate scarce resources to evaluating the impact of the programs; resources are usually expended on meeting needs and dealing with crisis” (2001, p. 167). Workers also reported that staff in homeless family shelters are “stretched thin” and often take on several roles in order to meet the needs of the children that they serve. Winship stated “issues of turnover in case managers and the additional duties assigned to the case managers limited what they were able to do” (2001, p. 167). Workers also reported that termination of successful programs was a barrier for providing services to homeless children. Winship (2001) reports that the lack of research on programs that are effective with homeless families makes funding these programs very difficult. Without evidence based practices, funders are hesitant to commit resource to programs. In addition, funders currently are not providing resources for the evaluation of programs to identify empirically supported programs for homeless children.
The second theme, lack of educational services was reported by the workers who were surveyed. Workers saw three areas that were lacking in the education of homeless children. Preschool was identified as an area that is problematic for homeless families. According to the National Policy and Advocacy Council on Homelessness, "60% of States reported that students in homeless situations had difficulties accessing Head Start programs. Barriers to Head Start participation include lack of documentation, lack of transportation, insufficient program funding, and lack of awareness of homelessness" (2005b, p. 3).

A need for early screening for learning disabilities and other learning barriers was also reported by workers. Two workers reported working with their local schools to be able to increase the services for the homeless children in their shelter. According to the National Center on Family Homelessness, homeless children are twice as likely to have learning disabilities, four times as likely to have developmental delays, and twice as likely to repeat a grade. Furthermore, it is reported that "only 37% of homeless children receive services that help them with enrollment, attendance, and success in
school" (1999, p. 2). The McKinney-Vento Act states that homeless children have a right to services received by housed children, which include supplemental educational services (NPACH, 2005b, p. 4).

The last educational barrier that homeless children face is lack of vocational training. One worker reported that some children are not "book learners" and need vocational programs. But because there is a lack of such programs, these youth often times turn to drugs, sex and other activities that result in poor performance in school or dropping out of school.

The third theme, mentioned by seven of nine workers, was lack of affordable housing. Duffield states that affordable housing needs out number the amount of low income housing available (2003, p. 325). It is estimated that an additional 4.5 million affordable housing units are needed nation wide to fill the gap between need and supply (NPACH, 2005b). Winship goes on to state "Section 8 vouchers will not suffice if there are not apartments that accept them" (Winship, 2001, p. 175). Hicks-Coolick, et al., mention that there is a need for "enlightened policy" and "permanent housing" for homeless children and their parents (2003, p. 209). Without the ability to
obtain permanent housing, these families will continue to experience the affects of homelessness, even if they successfully complete a shelter program.

The fourth theme, lack of parenting, was reported five of nine times by workers surveyed. The main concern with lack of parenting skills was that the shelter could provide programs for the children, but the skills were not reinforced at home, therefore making a change in behavior and outcomes difficult. Additionally, frustration was expressed over the time limitations of the programs and the unwillingness of the parents to access community resources to continue services for their children.

Research highlights the enormous tasks facing these parents and supports the reports of the workers in this study that parents are in need of training and support to better meet the needs of their children. According to the National Center on Family Homelessness, 85% of homeless families are headed by single women. Homeless mothers are in need of “childcare, respite care, and other parenting supports” as well as “psycho educational groups and other specialized groups that address parenting, trauma, navigating the system, and life skills” (2003, p. 47).
Furthermore, these families lack ties to their communities and are extremely isolated (NCFH, 1996). Homeless mothers need modeling by shelter staff to increase their confidence and parenting skills.

The fifth theme, lack of communication with community agencies, was also sited as a barrier to providing services to homeless children. During the course of the surveying it was apparent that many of the agencies were aware of each other, and their specializations. It appeared that the frustration came from not knowing about community agencies that the homeless children could access. For example, only one agency stated that they utilize The Children's Fund, a county wide program to assist children and their families with one time assistance for needed items and services. San Bernardino County is lacking a resource guide that these shelters could utilize; therefore, each agency is left to their own devices to find community agencies to assist them in providing services to homeless children.

Limitations

There were several limitations to this project. The first was that only five of ten agencies that serviced
homeless children from San Bernardino County participated in the study. Along with this limitation was that the study was focused only on services for homeless children from San Bernardino County. The findings may not be generalized to other geographical locations.

The next limitation was that the study only looked at transitional housing shelters that provided a minimum of 60 days of transitional housing for families. The gaps identified by these shelters may be services provided by other community safety net agencies such as emergency shelters, mobile health units, food banks, or school districts.

The final limitations involve the sampling method. It was a small sample, selected by convenience sampling, and all participants were women. Also, the respondents may have given social desirable responses. Because of the small sample size, all female participants, and the possibility of socially desirable answers the findings cannot be generalized to all homeless children.

Recommendations for Social Work Practice, Policy and Research

Based on the information gathered from this study, it was evident that the workers who provided services for
homeless children were conscientious and concerned about the vulnerable population that they serve. With minimal funds, they address and provide services for the many differing needs of homeless children. Based on the information gathered from this study, several recommendations can be made to increase the effectiveness of social workers when providing services to homeless children.

The first recommendation is for San Bernardino County to compile a list of resources for homeless children that are available to transitional shelters who work with homeless children or even better, a database to track services being provided across agencies. Each shelter is trying to locate several of the same services for homeless children and a resource guide that would include where to get glasses, how to access an advocate for special education needs, how to get children enrolled in Head Start, and other similar needs would allow the workers more time to provide direct services and require less time searching for services. An example of this was that, during the survey, three agencies reported that they try to secure funding for items such as eye glasses for homeless children. Each worker identified a different
source that they utilized to fill this need, and only one agency referred to Children’s Fund, which is a county wide program to service all needy children in San Bernardino County. HUD reports that individual agencies can have success in their programs, but to obtain services in the most cost effective way with county funds, a community-wide system is needed (HUD, 2005, p. 49). Lack of information on services available in the county is an issue that needs to be addressed.

The second recommendation is to have transitional shelters work with their local Head Start programs to help children access these already established and funded preschool program. By working with the staff of these programs, an increase in preschool age homeless children who attend Head Start could be obtained. Not only should the social workers have a working relationship to help the homeless children in their shelters, but to have Head Start at their shelters on application days would help all low income children seeking services.

The third recommendation concerns helping homeless children access special education programs in public school. The McKinney-Vento Act has been successful in raising the number of homeless children who now attend
school. Children attending school is also a priority of the homeless shelters, as evidenced by their requirement that school age children be enrolled in and attending school. The next step would be to assist the parents in accessing testing and implementation of special education services as early as possible. Special education law has changed over the past two years, which will make it easier for homeless children to receive special education services. Having a two year discrepancy between ability and achievement to qualify for special education is no longer a requirement. Now, a child that is struggling or suspected to have a learning disability may be evaluated and receive supplemental services immediately. Many schools are hesitant to implement this new requirement because of cost and lack of providers. Social workers can make a significant difference in a homeless child’s life if they can assist their parents in advocating for these services. By identifying and addressing learning difficulties early, homeless children are more likely to do better in school, and have a better chance of avoiding homelessness as adults.

According to Winship (2001), there is a lack of funding for homeless families because there is a lack of
research on what programs work with this population. By conducting more research, including publishing results from programs that shelters are currently running, increase in funding to this population may occur.

The fourth area of recommendation is for the local, state, and federal government to develop an adequate supply of affordable and safe housing. With the rising cost of housing, these families need assistance to remain housed. According to the U.S. Department of Housing and Urban Development, many studies show "evidence for housing subsidies as a very effective prevention activity" (HUD, 2005, p. xvii). Winship reports "it is imperative that those who are involved in programs for homeless families advocate on expansion of housing subsidies. There is a need to advocate for the construction of more low-income housing" (2001, p. 175). Social workers in San Bernardino County can advocate for affordable housing by networking with officials, being supportive of national organizations advocating for affordable housing, and bringing the severity of the issue to the attention of local elected officials on a consistent basis.
Finally, this project found that available programs are insufficient to meet the needs of homeless children in San Bernardino County. Many services for homeless children are currently being provided by agencies in the county, but few, if any, address all the needs of homeless children. In addition, only ten shelters were identified in this research as providing transitional housing for homeless children and their parents. An increase in shelters as well as an increase in funding for these shelters, are needed if there is going to be a decrease in intergenerational homelessness. Finally, a need to increase the supply of safe, affordable housing needs to be addressed at the local, state, and national levels of government.

Conclusions

There is still much work to be done to reduce the risks of intergenerational homelessness in San Bernardino County. The social workers who participated in this study identified the need for more information on resources. They also identified that education is the key, and obtaining supplemental educational supports is important for these children to be successful in breaking the cycle
of homelessness. They also identified the need for increased funding, as well as an adequate supply of affordable and safe housing. More research is needed to identify programs that are affective with this population and then to advocate for the funding for these programs.
APPENDIX A

QUESTIONNAIRE
Survey Question

Which of the following services do you offer to homeless children?

____ Before school supervised study time
____ After school supervised care
____ Preschool childcare: If so:
____ Sliding scale
       ____ Fee
       ____ No charge
____ Clothing
____ Food
____ School Supplies
____ Transportation
____ Medical Assessments
____ Developmental Assessments
____ Emotional Assessments

____ Other: ____________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT (Program Survey)

The study in which you are being asked to participate is designed to investigate the needs of homeless children. Connie Whelan is conducting this study under the supervision of Dr. Rosemary McCaslin, Professor of Social work. The Institutional Review Board, California State University, San Bernardino, has approved this study.

In this study, you will be asked to complete a brief survey of services that your agency provides to homeless children. The survey should take about 5 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion in June 2007 at the following location: Pfau Library, California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the survey you will receive a debriefing statement describing the study in more detail. In order to ensure validity of the study, we ask that you not discuss this study with other participants. There is a small risk that the interview will create mild psychological discomfort about the needs of homeless children.

The study's outcome will provide insight into the needs of homeless children as it pertains to providing services that will reduce the risks of intergenerational homelessness. The individual participants will benefit by increased awareness of the needs of homeless children in their agencies.

If you have any questions or concerns about this study, please feel free to contact Dr. Rosemary McCaslin at 909/537-5507

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here □

Today's date: ____________________
INFORMED CONSENT (Interview)

The study in which you are being asked to participate is designed to investigate the needs of homeless children. Connie Whelan is conducting this study under the supervision of Dr. Rosemary McCaslin, Professor of Social work. The Institutional Review Board, California State University, San Bernardino, has approved this study.

In this study, you will be interviewed about services that you or your agency provide to homeless children. The interview should take 30 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be reported with your responses. All data will be reported in-group form only. You may receive the group results of this study upon completion in June 2007 at the following location: Pfau Library, California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the survey you will receive a debriefing statement describing the study in more detail. In order to ensure validity of the study, we ask that you not discuss this study with other participants. There is a small risk that the interview will create mild psychological discomfort about the needs of homeless children.

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By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here □

Today’s date: ______________________
APPENDIX C

DEBRIEFING STATEMENT
Study of Homeless Children: A Needs Assessment

The purpose of this study is to conduct a need assessment of homeless children in San Bernardino County. This study will identify service gaps and prompt solutions for needs among homeless children that are not currently being addressed. This study will add to the knowledge on how to provide intervention and prevention services to homeless children. By ensuring that homeless children are receiving comprehensive services, it is hoped to reduce the risks intergenerational homelessness.

In order to ensure validity of the study, we ask that you not discuss this study with other participants.

Thank you for your participation. If you have any questions about the study, please feel free to contact Eva Miller or Dr. Rosemary McCaslin at 909/537-5507. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library at California State University, San Bernardino in June 2007.
APPENDIX D

DEMOGRAPHICS
Table 1
Survey Responses

<table>
<thead>
<tr>
<th>Services provided by agencies to homeless children</th>
<th></th>
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<tbody>
<tr>
<td>Before school supervised study time</td>
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</tr>
<tr>
<td>After school supervised care</td>
<td>0</td>
</tr>
<tr>
<td>Preschool childcare</td>
<td>0</td>
</tr>
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<td>Clothing</td>
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<tr>
<td>Food</td>
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</tr>
<tr>
<td>School supplies</td>
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</tr>
<tr>
<td>Transportation</td>
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</tr>
<tr>
<td>Medical Assessments</td>
<td>1</td>
</tr>
<tr>
<td>Emotional Assessments</td>
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</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
<tr>
<td>Children’s enrichment activities</td>
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</tr>
<tr>
<td>Domestic violence shelter</td>
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<tr>
<td>Life skills (6-17 years of age)</td>
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</tr>
<tr>
<td>Literacy Program</td>
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</tr>
<tr>
<td>Mental health services</td>
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</tr>
<tr>
<td>Parenting classes</td>
<td>2</td>
</tr>
<tr>
<td>Time limited (3 month) preschool</td>
<td>1</td>
</tr>
<tr>
<td>Tutoring (after school)</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX E

PERMISSION TO USE INSTRUMENT
Ms. Whelan:

I had no problems putting my hands on the information after all! Attached is the survey in word document form. You should be able to use it or make changes to it. I would ask that you give appropriate credit to the authors of the research and instruments that were designed for that research study!

Best wishes again for a successful project - I hope that you will let us know how it turns out. Also, if you have additional questions, please feel free to ask. 
Patricia

From: “Anne Hicks-Coolick” <ahicksco@kennesaw.edu>
Date: 2006/05/24 Wed PM 01:04:01 EDT
To: <ConnieW@icsBusinessSolutions.com>
CC: <pbeaton4bee@bellsouth.net>
Subject: Re: Jounal article about Homeless Children
APPENDIX F

QUESTION #2 RESPONSE CHART
### Appendix F

**Question Two Chart**

<table>
<thead>
<tr>
<th>Housing Needs</th>
<th>Physical/Medical Needs</th>
<th>Educational Needs</th>
<th>Psychosocial Needs</th>
<th>Delivery of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of affordable permanent housing</td>
<td>Health Insurance Parents don't follow through with health insurance</td>
<td>Educational Needs Enrollment Preschool/childcare onsite</td>
<td>Parenting Parents lack skills to parent</td>
<td>Funding Lack of funding</td>
</tr>
<tr>
<td>Need 3x rent and 3 months of pay stubs to secure an apartment</td>
<td>Health Services Onsite health clinic/screening by nurse</td>
<td>Where to enroll students Kids should be in school, but are not McKinney-Vento Don't know how to access services under the McKinney-Vento Act</td>
<td>Parents don't know how to succeed, so they can't model it for their children</td>
<td>Not enough time in shelter</td>
</tr>
<tr>
<td>Families can be successful in shelter, but then they return to previous situations due to the inability to secure affordable housing</td>
<td>More information on health care at food sites</td>
<td>More information on McKinney-Vento</td>
<td>Parents unable or unwilling to utilize community services</td>
<td>Programs are too short</td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
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<tr>
<td>Lack of affordable and adequate childcare for older children</td>
<td>Cash Aid Intergenerational issues around income aid programs, not able to break cycle in a two year program</td>
<td>Support &amp; Special Education Problems aren't addressed adequately due to frequent moves</td>
<td>Needed Services $ to participate in extracurricular activities</td>
<td>Lack of staffing</td>
</tr>
<tr>
<td>Cash Aid</td>
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<tr>
<td>Intergenerational issues around income aid programs, not able to break cycle in a two year program</td>
<td>More assistance for low income families (cash aid)</td>
<td>Many will not receive a HS diploma Schools are not equipped to deal with the psychosocial needs of these children</td>
<td>More need for onsite counseling (funding limitations requires that they be referred out in most cases)</td>
<td>Program Requirements</td>
</tr>
<tr>
<td>More assistance for low income families (cash aid)</td>
<td>Education Parents unable to support family due to their own lack of education or HS diploma</td>
<td>(funding limitations requires that they be referred out in most cases)</td>
<td>Services for children with severe behavioral problems</td>
<td>Most DV shelters do not accept boys over age 12</td>
</tr>
<tr>
<td>Education</td>
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</tr>
<tr>
<td>Parents unable to support family due to their own lack of education or HS diploma</td>
<td>Need funding for new school clothes</td>
<td>(funding limitations requires that they be referred out in most cases)</td>
<td></td>
<td>Staff Limitations</td>
</tr>
<tr>
<td>Need funding for new school clothes</td>
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<td></td>
<td></td>
<td>Workers placing their values on families instead of meeting them where they are at</td>
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<td></td>
<td>Staff unable to meet individual needs of clients, expect them to fit the program rather than the program fit them</td>
</tr>
<tr>
<td>Housing Needs</td>
<td>Physical/Medical Needs</td>
<td>Educational Needs</td>
<td>Psychosocial Needs</td>
<td>Delivery of Services</td>
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<tr>
<td></td>
<td>Low income programs availability for developmental classes such as Gymboree</td>
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</tbody>
</table>
APPENDIX G

QUESTION #3 RESPONSE CHART
### Appendix G
#### Question 3 Summary Chart

<table>
<thead>
<tr>
<th>Housing Needs</th>
<th>Physical/Medical Needs</th>
<th>Educational Needs</th>
<th>Psychosocial Needs</th>
<th>Delivery of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
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</tr>
<tr>
<td>No affordable housing</td>
<td>Need light case management at food distribution programs</td>
<td>Needs at Shelter City prevented childcare/preschool at shelter due to licensing issues</td>
<td>Resistance Because clients are mandated by program to attend counseling, high resistance</td>
<td>Program Limitations Restrictions of program make it difficult for clients to change</td>
</tr>
<tr>
<td>Shelter is always filled to capacity, with many needing the services</td>
<td>Need male role models</td>
<td>About 40% of clients are not ready for counseling services</td>
<td>Clients have many needs</td>
<td></td>
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<tr>
<td></td>
<td>Computer access for children to do their homework</td>
<td>Needs of clients More crisis intervention</td>
<td>Shelter program time needs to be increased</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needs with Schools More collaboration with schools</td>
<td>Community services More inter-agency coordination to prevent duplication of services</td>
<td>Funding Need more staff</td>
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<tr>
<td></td>
<td>More vocational programs for older children</td>
<td></td>
<td>Funders do not know the needs of population</td>
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<tr>
<td></td>
<td>Better identification of special education needs (i.e. learning disabilities)</td>
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<td>Need prevention services</td>
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<tr>
<td></td>
<td>Quicker qualification for homeless children</td>
<td></td>
<td>Funding sources do not provide for administration and other operating costs</td>
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<td></td>
<td>Onsite modular for tutoring</td>
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<td>When a grant expires, programs have to transition into new grants</td>
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<td>Limited staff for outreach (prevention programs) have 2-3, need 6-7</td>
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<td></td>
<td></td>
<td></td>
<td>Funding can’t be spent where it is needed</td>
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<td>Lack of flexibility in funding</td>
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<td></td>
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<td>Lack of space at shelter</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Need research on where to obtain grant money</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


