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Children in shelters: Needs and current services

Dorothy Ama Morrison-Acquah

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CHILDREN IN HOMELESS SHELTERS:
NEEDS AND CURRENT SERVICES

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
Dorothy Ama Morrison-Acquah
June 2008
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Date 5/20/08
ABSTRACT

Research indicates that homelessness has become a growing social problem in the United States. What is disturbing about this phenomenon is the increasing number of children who are living in homeless shelters. Furthermore, most homeless shelters do not provide enough services that will satisfy the numerous needs of these children. If children are seen as the foundation of every society, then their survival and development should be of great concern.

This study identified the needs of homeless children in the Hospitality House shelter of the Salvation Army in San Bernardino. This study explored the current services provided to satisfy the homeless children's needs. Fifteen respondents, comprising eleven homeless parents and four shelter supervisors were interviewed.

The results of the study indicated that the homeless children had interrelated biological, social, educational and health needs. In this study, the current services were deemed as adequate.
ACKNOWLEDGMENTS

I am indebted to God for the life, wisdom and strength given to me to enable me complete this study.

I wish to acknowledge Dr. Thomas Davis, my advisor and Dr. Janet Chang, the M.S.W. Research Coordinator, for their tremendous guidance given in writing this thesis.

Finally, I express my gratitude to Mr. Roosevelt Carroll, the Director of the Hospitality House, for allowing me to conduct this study in his agency. I also want to express my gratitude to the shelter supervisors and the parents who participated in this study.
DEDICATION

To Auntie Becky, Nicholas, and Fii.
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CHAPTER ONE
INTRODUCTION

This chapter discusses the incidence of homelessness in the United States (U.S.) at the national, state and local levels. It also presents the effects of homelessness on children, states the methodology used to explore services given to children in shelters, and notes the significance of the study.

Problem Statement
Homelessness has become a growing social problem in this country, though the phenomenon is experienced in both rich and poor countries. In as much as it is difficult to have the exact number of the homeless population in the country, as counting people without permanent addresses is difficult, there is every indication that the number of the homeless population is increasing each year. In 1996, for example, about 2 million people were thought to experience homelessness compared to 3.5 million people in 2003. Furthermore, there were as many as 744,313 homeless people on any given night in 2004 (National Alliance to End
In the year 2005, it was estimated that about one percent of Americans (about 3 million people) in a given year experience an episode of homelessness that puts them in contact with a homeless assistance provider (Caton et al., 2005). In the same year, the homeless counts in the U.S. revealed that California had the highest number of 170,270 homeless people, while at the local level, the 2003 homeless counts in major U.S. counties showed that there were 5,270 homeless people in San Bernardino County. However, this number increased to 7,331 in February 2007, showing 39.1 percent increase (Institute for the Study of Homelessness and Poverty, 2005; National Alliance to End Homelessness, 2007).

Not only is the situation alarming and disturbing, but also the category of people who are becoming homeless: children. Recent research indicates a change in the demographics of the homeless population; from predominantly single male, alcoholic, and/or mentally unstable, inhabiting the skid rows of the major cities, to families, and individuals who are mentally stable. Of the fastest growing segments of this “new” homeless
population, are families with children. The number of families becoming homeless is on the increase and studies done indicate that between 1985 and 2002, request for emergency shelter by families increased by 20 percent (U.S. Conference of Mayors, 2003). In 2005, a survey of 24 U.S. cities also found that families with children accounted for 33 percent of the homeless population and in 63 percent of the 24 cities surveyed, request for emergency shelter by families with children increased by an average of 5 percent (U.S. Conference of Mayors, 2005; Burt, 2001).

Furthermore on a yearly basis, as many as 3.5 million Americans who are thought to experience homelessness, 1.35 million are children and 42 percent of them are under the age of six years (Urban Institute, 2000). In 2006, there were 95,000 school children who were homeless in California. Of this number, 60,869 lived with other families, 17,947 slept in emergency shelters/transitional housing or motels, 2,662 slept in cars or outdoors, and 13,500 slept in unknown places (California Progress Report, 2006). If children are the citizens of tomorrow and thus the foundation of every nation’s
future, then their survival, protection and development should be of primary concern.

Homelessness has a devastating impact on the family, because it changes every aspect of family life, most of the time damaging the physical and emotional health of family members, resulting in a loss of community, property, privacy as well as security. However, homelessness affects children in more severe ways. As enumerated in the National Child Traumatic Stress Network (2003) & Duffield (2001), homeless children get sick at twice the rate of other children, they go hungry twice as often as non homeless children, they have twice the rate of learning disabilities, and three times the rate of emotional and behavioral problems. Further, many homeless children are in unsanitary living conditions, have poor nutrition, and lack access to health care (Shane & Rutgers, 1996). In addition, half of school-age homeless children experience anxiety, depression, or withdrawal symptoms compared to 18 percent of non-homeless children, and by the time they are eight years old, one in three homeless children has a major mental disorder.

Since homeless families move frequently, children in these families also move and this disrupts their
education, and in some cases the children miss classes, repeat a grade, end up in a special education class, or drop out of school. If homeless children do not get the opportunity to receive education, then, they cannot acquire the employable skills needed to make a decent living and also be responsible citizens when they grow up (National Coalition for the Homeless, 2006a).

In 1987, as a way of addressing homelessness in the country, Congress enacted the McKinney-Vento Homeless Assistance Act. Out of this was created the McKinney-Vento Education for Homeless Children and Youth Programs which enable homeless children and youth to acquire education. The Act stipulates some services that should be provided by shelters for these children. It also provides local educational authorities with flexibility in the use of funds for homeless children in schools; specifies the rights of homeless preschoolers to a free and appropriate public preschool placement; and requires educational authorities' coordination with housing authorities (National Coalition for the Homeless, 2006c). However, research indicates that most shelter supervisors are not familiar with the Act and therefore
do not comply with it (Hicks-Coolick, Burnside-Eaton, & Peters, 2003).

There are national nonprofit organizations such as the National Child Traumatic Stress Network and the Salvation Army, and a number of state organizations that are working vigorously to provide relief/services for homeless children. Community-base shelters have also come to the rescue of many homeless children, and as care providers, these shelters give them services that will sustain and help them make a return to community life. Since homeless children are vulnerable, and dependent, it is of importance that their needs are adequately met at shelters, to help improve their situation and foster their development for a healthy transition to community life.

Purpose of the Study

Children are invaluable assets to the society. Children possess great promise and have the potential to make social change. Therefore, there is the need to be concerned with their survival and development.

Research indicates that homeless children and their parents have a broad range of complex and interrelated
social, educational and health needs (Anderson, Stuttaford & Vostanis, 2006). Even though the important contributions of homeless shelters need to be acknowledged, most of these shelters are overflowing with people and cannot cope with the numerous needs of the families especially children. Many homeless children therefore lack some basic services, including access to education, school supplies, counseling, before and after school programs and transportation, and those services provided are inadequate (Hicks-Coolick, Burnside-Eaton, & Peters, 2003, & National Coalition for the Homeless, 2006a). Like any other child, the homeless child also has needs such as survival (food, clothing, and shelter), emotional needs, health care, education, and socialization and these perceived needs should be met. Since most homeless shelters do not provide adequate services to meet the numerous needs of the homeless people including children, this researcher expected to find inadequate services being provided for the homeless children at the Salvation Army Hospitality shelter in San Bernardino.

Shelters that are able to provide multiple services are those that are well established such as having more
resources, more professional staff, and have been in existence for long. Among the major barriers to effective provision of services to homeless children include lack of funding, professional staffing, coordination and networking (Brooks, Milburn, Rotheram-Borus & Witkin, 2004).

This study therefore explored the needs of children at a homeless shelter, identified services provided for the homeless children, assessed the adequacy of these services, and looked at barriers to adequate services. The study also assessed the extent to which the shelter supervisors were familiar with the McKinney-Vento Homeless Assistance Act and types of services they are mandated by the Act to provide for homeless children in shelters.

Convenience sampling was used to sample parents who volunteered to participant in the research. A qualitative purposive sampling was also used to select the shelter supervisors, because they have the information on shelter services. No male parent was involved in the study since only mothers with children were available at the shelter. This researcher did not use ethnicity or age as a study criterion, but rather engaged parents who have registered
with the shelter and showed interest in participating in the study. A total of 15 research participants were sampled for the study: 11 parents and 4 shelter supervisors.

The main method was a qualitative interview format study, because it has the advantages of giving respondents the chance to respond orally to questions, and the researcher has the opportunity to probe into responses, thereby giving a high response rate (Wengraf, 2001; Grinnell & Unrau, 2005).

Before the interview, the researcher visited the shelter and obtained a written consent and authorization note from the shelter director which indicated acceptance into the shelter to conduct the research. In addition, the researcher obtained a signed consent form from research participants who were willing to participate in the research and have their responses audio taped. A semi-structured interview schedule having open-ended questions and rating scales was developed and used with input from other experienced researchers. The interview schedule was pre-tested on similar respondents to help in getting a reliable and valid instrument to collect the final data.
Significance of the Project for Social Work Practice

From its inception, the social work profession has been working with the homeless population, emphasizing the fact that social work professionals have the primary goal of enhancing the lives of the poor, the vulnerable and the oppressed.

Social workers continue to work with the homeless population in present times, because leaders in the field have put in place departments to serve homeless families and individuals. Many social workers also work in homeless at-risk households in communities experiencing homelessness and give social services such as counseling, crisis intervention, vocational support, and advocate on behalf of clients.

The findings of this study would therefore help social work practitioners who are working with homeless children and to enable them to have a greater awareness of the problem, and get committed to assisting clients to obtain needed resources to meet life’s challenges. Social workers also strive to make social institutions more humane and responsive to human needs. Thus, if the findings of the study indicate inadequate provision of
services, at the macro level it would encourage professionals in the field to engage in social planning and community organization and promote policies and legislation that would enhance services for homeless children. The findings would further help improve the effectiveness of social work labor and add to the research base of the profession.

The study used engagement and assessment processes in phase one of the generalist intervention model. Since the mothers of homeless children are already receiving services at the shelter, there was the need to establish rapport with them to enhance communication for them to open up and participate in the research. In addition, the researcher used assessment by asking participants questions on needs of their children, types of services provided to meet these needs and how adequate these services are. Two research questions guided the study: “What are the perceived needs of homeless children in shelters, and to what extent are these needs being met?
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter reviews some of the related literature and concepts on the research topic “Homeless children in shelters: Needs and current services”. It therefore gives an insight into the following subtopics:

- Homelessness and principal causal factors;
- The role of homeless shelters;
- Needs assessment of homeless children;
- The United Nations' Convention on the Rights of the Child;
- The McKinney-Vento Homeless Assistance Act;
- Theories guiding conceptualization.

Homelessness and Principal Causal Factors

The definition used throughout the literature to define the concept “homeless” is the one put forward by the McKinney-Vento Homeless Assistance Act (PL100-77). The Act gives a legal definition for a homeless person as "someone who lacks a fixed, regular and adequate
night-time residence and has a primary night time residency that is:

- supervised publicly or privately by operated shelter designated to provide temporary living accommodations;
- an institution that provides a temporary residence for individuals intended to be institutionalized or
- a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings”.

The Act also gives an operational definition for homeless persons as those:

- camping without a permanent home to return to;
- doubling-up with another family member;
- having no permanent place to return to after hospitalization;
- living in a car; and
- living in an emergency or transitional shelter.

It should be noted however that the term ‘homeless individual’ does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a
state law” (National Coalition for the Homeless (2006c). Thus, a homeless person can be viewed as someone who has no place to call a home, and is out on the street, or in a shelter, or sleeps at a place not designed for sleeping.

Many factors have been identified in the literature that account for homelessness in the country. The San Bernardino County Homeless Census and Survey Report (2007) outlines top 10 responses for respondents' reasons for homelessness as: job loss, high cost of housing/rent, alcohol/drug use, asked to leave home, incarceration, family/domestic violence, sale of house by landlords, mental health issue, housing eviction and disability.

The National Coalition for the Homeless (2006b) and Aviles and Helfrich (2004) are also of the view that poverty and shortage of affordable housing are the two principal factors that cause homelessness. They further explain that causes of homelessness can be divided into two categories: structural and individual.

Structural causes are systematic including factors such as reduced availability of housing, and increased demand for low-income housing. The authors point out that many families who experience structural instability are
unable to provide housing for their children, and this forces older youth to leave home. Individual causes include abandonment, death of a parent, parental substance abuse, and family dysfunction such as physical, emotional and sexual abuse of children, leaving these children with no other choice but to run away from home.

Similarly, the U.S. Census Bureau (2005) and the Center of Budget and Policy Priorities (2004) are of the view that poverty and lack of affordable housing are the major causes of homelessness, but see changes in welfare programs as an additional factor. The explanation given is that even though more families are moving from welfare to work, still many of them are faring poorly, because of low wages. Most of them are found in jobs that pay far below the poverty line with only few of them in jobs that pay above the poverty wages. In addition affordable housing is out of reach for many families and in every state metropolitan area, county, and town, more than the minimum wage is required to afford one or two-bedroom apartment at Fair Market Rent. The median wage needed to afford a two-bedroom apartment is more than twice the minimum wage. With scarce income for multiple needs, most
of these families have no other choice but to find shelters elsewhere or live on the streets.

Concerning changes in welfare programs, these two sources emphasize that the largest cash assistance program for poor families with children in the country was the Aid to Families with Dependent Children (AFDC). However, in 1996, the Personal Responsibility of Work Opportunity Reconciliation Act of 1996 replaced the AFDC program with a block grant program called Temporary Assistance to Needy Families (TANF). Current TANF benefits and Food Stamps combined are below the poverty level in every state, and the median TANF benefit for a family of three is approximately one-third of the poverty level. Even though the number of poor people has increased in recent years, the number of people receiving TANF has decreased. For instance, between 2000 and 2003, the number of poor children rose 11 percent while the number of people receiving TANF fell by nine percent during the same period (U.S. Census Bureau, 2005; The Center for Budget and Policy Priorities, 2004).

Other principal causes of homelessness are substance abuse/mental illness and lack of needed services, prison release, alcoholism and divorce. In recent years, there
has been an increase in the number of people who are discharged from hospitals or released from prisons living on the streets. Many of these people were either initially homeless and were therefore discharged with no destination or had no plans for continuing care within the community, or without adequate housing plans, or skills to earn a living and therefore have no choice but to be on the streets (California Connected, 2003).

Even though both men and women are victims of domestic violence, majority of them are women. When women with few resources leave abusive relationships, they often have no where to go but to be on the streets or live in shelters. Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence, and in a survey on causes of homelessness in 27 cities, domestic violence was identified as the primary cause in 50 percent of the cities surveyed (Averitt, 2003; U.S. Conference of Mayors, 2005).

Even though many factors were identified as principal factors contributing to homelessness in the country, throughout the literature, poverty is cited in every source, making it an outstanding factor.
The Role of Homeless Shelters

Many people who do not have a place to call a home often turn to shelters for help when crisis hit. Homeless shelters are temporary residences for the homeless, usually operated by a non-profit agency, a municipal agency, or associated with a church. Generally, shelters are open to anyone, without the reason for need, but some shelters limit their clientele to age and gender. Some homeless shelters are open 24 hours a day, but most of them expect clients to stay elsewhere during the day if they are not at school or work, and return to sleep, or eat. Shelters provide the care that the diverse homeless population need including housing, food, clothing, health care, referrals, counseling, job training/placement, child care, and other social services (Homeless Shelters' Directorate, 2007).

Even though most shelters are created to relieve immediate and temporary crisis, they have become most helpful to those in temporary need and have the resources and determination to bounce back with little support and encouragement, as well as those who are chronically homeless.
Needs Assessment of Homeless Children

A need is a lack of something, destitution or deprivation (Lindberg & Thompson, 2001). A need can be expressed (felt) or perceived. Expressed needs are made known when the people experiencing them talk about how the problem impacts them personally, and perhaps what they feel should be done about it. Perceived needs are the opinions and views of people who are not directly experiencing the problem of interest. Needs assessment therefore determines the nature, scope, and locale of a social problem (if any exists) and proposes feasible, useful, and relevant solutions to the problems. It is a type of evaluation that aims to establish the degree to which a social need really exists. It is not enough to establish that social problems exist, but also very important to identify possible strategies to address them (Grinnell & Unrau, 2005).

Homeless children have a broad range of complex and interrelated biological, social, emotional, educational and health needs. They include adequate food, shelter, clothing, shower, regular school attendance, school supplies, transportation to and from school, before and after school programs, tutoring, health care, family/peer

Thus, homeless children have diverse needs that require a comprehensive array of services from the shelters. Since the early years of a child are critical in the formation of intelligence, personality and social behavior, these needs are essential and must be provided.

The United Nations Convention on the Rights of the Child and the McKinney-Vento Homeless Assistance Act specify some of the needs of children including the homeless that are fundamental and should be provided for their proper survival, growth and development.

The Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) is a document containing 54 articles, created to help children around the world to grow and develop to their fullest potential. In the article, a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.
The UNCRC was unanimously adopted by the U.N. General Assembly on November 20, 1989, and became an international law in 1990. This shows that issues on children’s survival, protection and development are the desires of the international community as well as individual nations and the standards to which all governments are expected to care for the well being of children are well set in the UNCRC. It summarizes the basic human rights of children as follows:

- Right to survival and to life
- Right to be protected from harmful influences
- Right to physical, moral and intellectual development
- Right to participate actively in family, social and cultural life (United Nations Children’s Fund, 2000).

The UNCRC advocates three principles, which distinguish the special circumstances of children compared with adults. First, the need for special safeguards for children should be paramount beyond those available for adults. In addition, the child should be within favorable nurturing and protective environment for
their survival and development. The third principle holds governments and adults responsible for being the protector of the best interest of the child (Veeran, 2004).

Since homeless children also share the same needs for safety, protection and survival as other children; the needs of children stated in the Convention on the Rights of the Child are a criterion that can be used to determine the needs of homeless children.

The UNCRC is acknowledged to be the most powerful international voice of concern for children, and compels governments to regularly evaluate their policies with the intention to improve the quality of life for children, and its importance has led 192 countries to ratify it. The United States has not ratified the articles of the UNCRC, but rather ratified two optional protocols and has become a state party to the optional protocol. The ratification of the UNCRC by the United States is crucial, because it would compel the country to reevaluate the situation of children including the homeless and in concert with appropriate legislative measures, promote a more supportive social and legislative environment for families and children,
thereby help to reduce the incidence of homelessness (UNCRC, 2006).

Thus, for the full and harmonious development of homeless children’s personality, their human rights and basic needs should be acknowledged and provided. These include the right to education, health care, housing, adequate food, and clothing. Children should also be brought up in environment of happiness, love and understanding and be socialized into responsible citizens.

The McKinney-Vento Homeless Assistance Act and Homeless Children

Another standard for determining some of the needs of homeless children is the McKinney-Vento Homeless Assistance Act 1987. It was the first and remains the only major federal legislative response to homelessness.

The Act originally consisted of fifteen programs and provided a range of services for homeless people, including emergency food and shelter programs, transitional housing, job training, primary health care, and some permanent housing. For instance, Title V of the Act imposes requirements on federal agencies to identify and make surplus federal property, such as buildings and
land, for use by states, local governments, and agencies to assist homeless people, and make personal property available to nonprofit agencies to help the homeless. 

Title VIII which is administered by the Department of Agriculture also amends the Food Stamp Program to facilitate participation in the program by homeless people (National Coalition for the Homeless, 2006c).

Another program of interest is the McKinney-Vento Education Act for homeless children and youth, which addresses the educational problems this category of people face in enrolling, attending and succeeding in school. State educational agencies are urged to ensure that these children have equal access to the same free, appropriate public education and other services given in the mainstream school environment (U.S. Department of Education, 2004).

Even though the McKinney-Vento Act has been amended several times since its passage in 1987, it still addresses the needs of the homeless population. However, due to lack of adequate funds, many federal, state and local agencies cannot operate effectively to help provide the numerous needs of the homeless. Since the McKinney-Vento Act was enacted as a step to resolve
homelessness, there is the need to have other legislation in place to support the Act, else, homelessness can be expected to increase (National Coalition for the Homeless, 2006b).

Theories Guiding Conceptualization

Based on the reviewed literature, three guiding theories are used in the research topic. These theories are Deinstitutionalization Theory, Economic and Political Theory of Homelessness and Maslow’s Hierarchy of Needs Theory. The Deinstitutionalization Theory and the Economic and Political Theories are used to explain the principal causes of homelessness, while Maslow’s hierarchy of needs theory is used to explain needs of homeless children.

The Deinstitutionalization Theory explains that the idea not to put people who need help in mental hospitals starting from the 1960’s have made many people homeless. Since people with severe mental illness cannot carry out the essential activities of daily life, they encounter barriers to employment and as such cannot own homes. Without caregivers taking full responsibilities for their upkeep, most of them turn to the streets.
The theory of economic and political causes of homelessness explains that major or macro political and economic factors have certainly decreased the availability of low-income housing, but these forces do not account for social factors, such as mental illness or drug addiction, and their effects (California Connected, 2003).

Maslow conceptualized needs into a hierarchical level, with the basic physiological needs at the bottom and self actualization at the top. He asserts that the needs at the lowest level are met first, before thought is given to the next level. Homeless children are therefore motivated to have their survival needs such as food, shelter, and clothing first, then safety needs, including healthcare, followed by the need to belong such as having friends, self esteem needs as respect and then fulfilling their goals as being in school (Karabanow, 2003). Thus, homeless children have many and complex needs, but the survival ones are provided first.

Summary

Many factors account for the increasing number of homeless people, including children, and this group of
people have a wide range of needs. The UNCRC and the McKinney-Vento Homeless Assistance Act are standards that can be used to access homeless children’s needs and also guide service providers to have effective services for their survival, growth, protection and development. A study on the needs of homeless children in a shelter and current services available for them is important, because it would help service providers, policy makers and the public to have an idea of how homeless children are faring in shelters.
CHAPTER THREE

METHODS

Introduction

This chapter focuses on the research methodology used to explore the needs of homeless children in shelters and how these needs are met. Areas covered include study design, sampling, data collection and instruments, procedures, the process for ensuring the protection of human subjects, and data analysis.

Study Design

This study explored the needs of homeless children at the shelter of study and identified current services provided to satisfy these needs. The main method chosen to collect data for the study was face-to-face interview, because it gave the researcher the opportunity to have a face-to-face interaction with each research participant and offered adequate time for in-depth understanding of issues.

In addition to giving the researcher the opportunity to explain questions that were not clear to respondents, interviewing gave a high response rate and created a
relaxed and natural situation for respondents to respond orally to questions without having any feel of pressure.

A semi-structured interview schedule, having open and closed-ended questions, checklists, and scales were used. This gave the researcher an additional freedom to probe into responses and explored other matters pertaining to the research questions.

The study used qualitative research method to look into the needs assessment of the homeless children in shelter of study. Since qualitative research approach is inductive and it is about studying a social phenomenon within its natural setting, it gave the researcher the opportunity to be directly involved with the people being studied and personally experienced the process of daily social life in the field.

The qualitative approach also enabled the researcher to sample fewer numbers of respondents so as to have adequate time to interact with each and get the needed information for the study. Furthermore, using qualitative method allowed the researcher to observe some of the services that are provided in the shelter. The research question that guided this study is "What current services
are provided in shelters to meet the needs of homeless children?

Sampling

Research participants were sampled from the homeless parents who have registered at the shelter of study (Salvation Army Hospitality House, San Bernardino) with their children and were receiving services. The researcher did not use ethnicity or age as criteria for study inclusion, but rather used convenience sampling method to sample parents who gave their consent and showed interest to participate in the study. No male parent was involved in the study, because only mothers with children were found at the shelter during the time of the study.

Purposive sampling was used to select the shelter supervisors, because they have the information on shelter services. Looking at time and other resources available, a total of 15 respondents (11 homeless parents and four shelter supervisors) were sampled for this qualitative study.
Data Collection and Instruments

Two existing standardized instruments 'Hopelessness Scale for Children and Life Events Questionnaire' were modified and used to collect data. Even though their validity and reliability are not known, these instruments measure hopelessness in children and some life events that bring about changes and varied needs in people. The strength of the instrument is the ability to gain personal in-depth of responses from participants, though its weakness is that it is not always clear how to interpret these responses.

The modified instrument is a semi-structured interview schedule having open- and close-ended questions, and rating scales (see Appendices A & B). For the parents, these elicited in-depth information on perceived needs of their homeless children, types of services provided at the shelter, and adequacy of services. Questions for shelter supervisors included key intervention services provided for homeless children, adequacy of services, existing barriers to effective services, knowledge on McKinney-Vento Homeless Assistance Act and rating of services.
Some variables of the study are: adequate provision of food, clothing, health care, enrolment in school, transportation to school, school supplies, after school programs, and socialization. Other variables will include fostering children's well being and development and reducing the incidence of depression, anxiety and school drop-out.

This researcher pre-tested the interview schedule, on similar respondents to gain some degree of validity and reliability. Three typical instrument questions that were asked are: What are the needs of homeless children? What shelter services are available for them? What are the gaps in shelter services for homeless children? These instrument questions were asked because the literature revealed that these questions are consistently asked about the topic.

Procedures

The researcher first visited the shelter, discussed the study with the Director, and got introduced to the shelter supervisors and parents. Later, this researcher met with the parents and shelter supervisors and explained the nature and purpose of the research,
explained the informed consent form, sampled participants and discussed the days and times that were convenient for them to be interviewed. This researcher further explained to the participants the use of a portable audio recorder to capture their responses during the interview and sought their consent to be audio taped.

To obtain maximum privacy on the interview days, the researcher chose a designated location at the shelter, read and explained the inform consent form to each participant and asked them to write an “X” on the form and date it to show that they have agreed to participate in the research and to be audio-taped. Each interview lasted 20 minutes and three days were used to collect the data.

Protection of Human Subjects

Before each research participant was interviewed, the researcher explained the purpose and nature of the study, methods and risks (if any) associated with the study, and how information will be kept, and emphasized the voluntary consent for participation. To keep information on participants confidential, the researcher did not allow participants to write their names on
informed consent forms (see Appendices C & D). Those who volunteered to participant in the research read the informed consent form, wrote an 'X' on the space provided and dated it, to show their consent to be interviewed and audio taped.

When the interview was completed, a debriefing statement was given (see Appendix E) where the researcher thanked participants for their enormous contributions, gave each parent who participated in the research a token of $5.00 and handed out some community resource brochures indicating agencies/food banks and their phone numbers, to enable them get other services that might be beneficial.

Data Analysis

A qualitative analysis was used to analyze the data from this study. An initial step involved transcribing and sorting the written content into themes like homeless children’s perceived needs, services provided by shelter, and adequacy of services. This was followed by categorization where the researcher combined similar themes together and gave them the same name. Codes were then assigned to the identified themes and examined to
enable the researcher determine needs of homeless children in shelters and the current services they receive.

Summary

A qualitative research approach was used to conduct this study that was designed to explore the needs of homeless children in shelters, and services provided by the agency to meet these needs. Convenience and purposive sampling methods were used to sample twelve homeless parents and three shelter supervisors at the Hospitality House-Salvation Army Homeless Shelter in San Bernardino. Researcher used a semi-structured interview schedule to collect data from respondents and content analysis was used to analyze the data.
Table 1. Responses of 11 Homeless Parents on Needs of their Children and Current Services Given

Key
Mts - months adeq. - adequate
T&T - transportation SBC - San Bernardino County
chn. - children sch. - school

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Table 2. Responses of 4 Shelter Supervisors on Needs of Children in Shelter and Current Services Given

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<p>| <strong>IDEAS</strong> |
| -have worked 2 months | -have worked 8 years | -have worked 2 years | -have worked 2 years |
| -barriers are limited funds &amp; space | -barriers are inadequate funds &amp; small space | -barriers are space and money | -barriers are limited funds, &amp; space |
| -yes, know Homeless Act | -No, do not know Homeless Act | -No, do not know Homeless Act | -yes, know Homeless Act |
| -adequate services | -adequate services | -adequate services | -adequate services |</p>
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Summary

This study looked at the needs of homeless children at the Salvation Army Hospitality House shelter in San Bernardino, and the current services provided for them. Four major themes were identified from the results of the study. These themes were: needs of homeless children at the shelter, services provided to satisfy the children's needs, the adequacy of the services, and the barriers that prevent the homeless shelter from providing effective services to the homeless children.
CHAPTER FIVE
DISCUSSION

Introduction

This chapter discusses the results of the findings on the topic "Children in homeless shelters: Needs and current services". It also gives recommendations for social work practice, policy and research, and presents the study's limitations, and ends with a conclusion.

Discussion

There were fourteen homeless children at the Salvation Army Hospitality House shelter. Seven (50%) of the children were boys and seven (50%) were girls and their ages ranged between seven months and seventeen years. Eleven of the fourteen children attended regular school, from kindergarten to the twelfth grade. This finding supports what the California Progress Report (2006) asserts, that most of the homeless children in shelters are in the school-going age range.

The homeless children had a broad range of interrelated biological, social, emotional, educational and health needs. The top eight needs of the homeless children mentioned by parents and shelter supervisors
were food, shower, shelter, clothing, education, medical, school supplies, and transportation to and from school. This confirms the numerous and interrelated needs of homeless children, put forward by the McKinney-Vento Homeless Assistance Act, Pollio, Thompson, Tobias, Reid, & Spitznagel, (2006), Karabanow, (2003), and United Nations Children’s Fund, (2000).

Basic needs such as food, shelter, clothing and health care are essential for human survival. Good health is the state of complete physical, mental and social well being and when children enjoy good health, they live longer to fulfill society’s aspirations. Education helps in developing the child’s personality, talents, and mental and physical abilities to the fullest extent, thereby preparing the child for an active adult life in the society.

These diverse needs require a comprehensive array of services from the homeless shelter. In this study, the needs of the homeless children were adequately provided.

The homeless shelter provided food for the children. Children had breakfasts and lunches at school, but had dinner at the shelter. Sometimes the shelter gave the children bag lunches for school, and this according to
the parents, meant a lot to the children, because they could have something to take to school just like their class mates who did not live in shelters. Further, these children are not hungry because they live in a shelter, since they get food to eat whenever they need it. Thus, the assertion made by the National Child Traumatic Stress Network, (2003) and Duffield, (2001) that homeless children go hungry twice as often as non-homeless children does not hold for the homeless children at the Hospitality House shelter.

In addition to the food provided by the homeless shelter, the homeless parents of the children received between $95.00 and $375.00 worth of food stamps every month from the San Bernardino County. Furthermore, the parents received varied amounts of cash aid ranging between $55.00 and $675.00 every month from the San Bernardino County. Even though these amounts of money might seem not sufficient, the parents were appreciative that they could have some money on them to help satisfy other personal needs of their children.

The children do not sleep on wooden beds, but the shelter provides adequate mattresses, blankets and other beddings for them to sleep on. The large room designated
for sleeping has an air conditioner installed, showing that the children had warmth in cold weather, and also had cool air for their comfort during the hot periods.

The health needs of the homeless children were also provided by the homeless shelter. Even though most homeless adults are not eligible for Medicaid, when the children of parents who did not have health insurance got sick, they were first sent to Project Home Again, a health agency that collaborated with the shelter for the children to be evaluated. The children were then referred to designated hospitals to see doctors at no cost to their parents.

Not only did the homeless children have their school supplies such as books, pens, and backpacks provided by the shelter, they also had buses that picked them up to and from their schools. The parents indicated that the provision of this service helped their children to be regular in school.

The homeless children were also provided with tutoring services or after-school program. Three times in a week, tutors from the San Bernardino school district visited the shelter and gave the children homework support and also taught them mathematics, science, arts,
crafts and reading. In addition, the children in the shelter were involved in a computer program where they were taught the basics of computing. This enabled some of the children to easily assess the internet to gather information for school assignments. Guided by the current educational policy that "no child left behind", the director of the shelter and the staff showed interest in the homeless children's education and provided the necessary services that enabled the children to perform well in school. This helped in sustaining the homeless children's interest in school's activities and prevented them from skipping classes.

The children in the shelter attended regular school and none of the children had repeated a grade. What accounts for the children being in school everyday is the fact that children's regularity in attending school is mandatory at the shelter. This is in contrast with what the National Child Traumatic Stress Network, (2003) asserts that homeless children in shelters are twice as likely to repeat a grade compared to non-homeless children, they do not regularly attend school, and they have low interest in school's activities. At the time of the study, two of the parents hinted to this researcher
that their children had been awarded scholarships in their schools based on their academic performances. The shelter supplied the children with the basic school supplies that included books, pens, pencils, and back packs, and the parents indicated that the supplies were helpful.

Not only were the homeless children given food, shelter and education, but also their personal hygiene needs were of a concern to the shelter. The children were taught personal hygiene and were encouraged to take good care of themselves. They had the opportunity to shower anytime at the shelter and they were provided with tooth brushes, powder, diapers for babies, underwear, other body products, shoes and clean clothes.

The social needs of the homeless children were also provided through their interaction with peers in outdoor games such as basketball. A court has been constructed in the front yard of the shelter which allowed the children, especially the adolescents to meet, share ideas and play basketball games. Those who preferred staying indoors could play computer games, and this enabled the children to have the chance to satisfy some of their social needs. The older boys (14-17 years) were involved in Basketball
Competition annually in Oregon, where they played teams from other Salvation Army shelters.

The girls’ group called the “Sun Beams” was also involved in camping events on every other Friday at the Wild Wood Ranch in San Diego. Twice in a month, they visited some of the Senior Citizen Centers in San Bernardino County, spent time with them and engaged them in arts and crafts. This gave them the opportunity to provide services to their community and also socialize with the elderly.

The early years of a child are critical in the formation of intelligence, personality and social behavior, and the shelter services provided helped to satisfy these mentioned needs. This researcher was surprised to find that a wide array of services existed at the Hospitality House to satisfy the numerous needs of the children.

Each service provided was self-reported as adequate and responses were based on the fact that various services were given at the shelter that satisfied the basic needs of the children. Parents were appreciative for the services and indicated that even when they were not homeless, they could not provide some of the services
to their children such as the lunch bags. These findings contradict what Hicks-Coolick, Burnside-Eaton, and Peters (2003), National Coalition for the Homeless, (2006b), and National Child Traumatic Stress Network, (2003) indicate that there are inadequate services at homeless shelters.

Some of the services of the shelter were extended to those who were not registered at the shelter. For example, there were general distributions of food to the public on Tuesdays and Thursdays between 1.00pm and 3.00pm. The Hospitality House shelter was able to provide adequate services to the homeless children, and this might be explained by the fact that the shelter has more resources, collaborates with other agencies, and has been in service delivery for a long time. For instance, the shelter received food items and clothing from individual donors and established organizations, including the United Way, California State University, San Bernardino, Target, Maclean Truck Company and Wal-Mart.

Additional organizations that helped the Hospitality House shelter were Path and Life (Riverside), Foothill Services, Family Services (Redlands), Veteran Administration Hospital, the Police Department, Department of Behavioral Health, San Bernardino County,
and Community Action Partnership of San Bernardino County. The shelter also had seven paid workers and one hundred volunteers who worked efficiently to provide the numerous services to the homeless children. This finding confirms the assertion made by Brooks, Milburn, Rotheram-Borus & Witkin (2004) that when shelters have been around longer, and have more staff and resources, they are able to provide more comprehensive services. Other homeless shelters that do not provide adequate services to the children they are caring for, need to have stronger collaborations, co-operation, and co-ordination with other agencies to enable them to have the needed resources to provide adequate and effective services.

However, the Hospitality House shelter struggles with becoming a larger facility to accommodate more homeless people, including children. For example, the homeless shelter intends to have a separate recreational facility to enable the children to interact better and have fun. The present basketball court is a parking space, so the kids play around while cars are still parked. A larger facility is also needed to help increase intake of the homeless population in general. Federal
agencies can assist the shelter in getting a larger space for its activities, because part of the McKinney-Vento Act imposes requirements on federal agencies to identify and make available surplus property, such as buildings and land for use by states, local government and nonprofit agencies which include homeless shelters.

Another major area that the shelter struggled with is funding. Adequate funds are needed to enable the shelter to provide comprehensive services that will address the multiple and complex needs of the homeless children. Individual donors and organizations are therefore being called upon to donate financially to support the shelter to enable it to continue to provide adequate services that will address the multiple needs of children they are caring for in homeless shelters.

Even though the staff members of the shelter were providing adequate services to the homeless children, some shelter supervisors lacked knowledge of the McKinney-Vento Homeless Assistance Act. The shelter supervisors need to be informed about the Act, because the Act stipulates services which should be provided for the homeless and lists some of the agencies that need to be contacted for services. Knowing the Act would
therefore be beneficial and also encourage shelter supervisors to comply with its requirements.

Limitations

A number of limitations should be considered when interpreting the results of this study. The study was conducted on only one shelter, a small sample size of 15 respondents was used, most of the respondents had been at the shelter for a shorter period, and parents and shelter supervisors were interviewed instead of the children. Thus, information provided did not reflect the children's perspective and the findings can not be generalized to all homeless shelters.

Recommendations for Social Work Practice, Policy and Research

Many professionals in the field of social work have been engaged with enhancing the lives of the poor, the oppressed and the vulnerable including homeless children. The overall findings of this study indicate that current services provided at Hospitality House shelter met the numerous needs of the children and were more adequate than what this researcher thought. This implies that there is in place a competent social service system,
which is less chaotic than what most people think, and that competent care is being provided for homeless children and their families. Many people wonder how much money given to the charities which run shelters actually gets to the homeless persons and the needed services. People believe that there is a large overhead in administrative costs and little money is left to provide services to satisfy needs of the homeless. If the social system is working, then, the public’s tax monies given for social services are well spent. This study then contradicts those who say that social services are incompetent and that the public’s money is being thrown away.

Further, these findings would challenge social workers to aim at obtaining needed resources to help clients to meet life’s challenges. Social workers should then strive to make social institutions more humane and responsive to human needs and also collaborate with other agencies that have similar mission to enable them to have adequate resources for effective work.

If the findings indicate that the social system works, then, it is recommended that practitioners should engage in more social planning and community
organization, and promote policies and legislation that would continue to enhance services for homeless children.

Lastly, further research should be conducted with a larger sample size in order to increase generalizability. It would be helpful if future research captures the perceptions of the homeless children themselves instead of interviewing parents and service providers.

Conclusions

Children at the Salvation Army Hospitality House shelter in San Bernardino had a broad range of biological, social, educational and health needs such as food, shower, shelter, clothing, education, and health care. The homeless shelter provided a variety of adequate services to satisfy these needs. However, two major barriers that the shelter needs to overcome in its service delivery are more adequate funds and the need for a larger space to accommodate more homeless people, including children.
APPENDIX A

INTERVIEW SCHEDULE FOR HOMELESS PARENTS
Interview Schedule for Homeless Parents

1. How many years have you been getting services from this shelter?

2. How many of your children live with you in this shelter?

3. What are the ages of your children?

4. Are your children currently enrolled in school?

5. What would you consider as needs of your children?

6. Which of the mentioned needs of your children are provided by this shelter?

7. How do you get the other mentioned needs met if they are not provided by the shelter?

8. Using the following responses, indicate the regularity of your child’s current school attendance.
   
   1 = not regular
   2 = regular

9. If your child is not regular at school, what are the reasons?

10. Has your child repeated a grade in school since you moved to this shelter?

11. Using the responses 1 = not adequate, 2 = adequate, 3 = very adequate, how would you rate the services provided by the shelter to meet the needs of your child?

12. What are your reasons for your response to Q. 11?

13. What two suggestions would you give to enable this agency to offer effective services to homeless children?
APPENDIX B

INTERVIEW SCHEDULE FOR SHELTER SUPERVISORS
Interview Schedule for Shelter Supervisors

1. How many years have you worked in this organization?
2. How many paid staff and volunteers work in this shelter?
3. How many years has this organization been in service delivery for the homeless population?
4. How many homeless children are you currently caring for?
5. What would you consider as needs of homeless children?
6. What services does your agency provide to satisfy the mentioned needs?
7. Which services are not provided by your agency?
8. Who provides the services that your agency is not able to provide for the homeless children?
9. Which organizations do you collaborate with to provide services for the homeless children?
10. Are you familiar with the McKinney-Vento Homeless Assistance Act?
11. If yes to Q.15, what services are you mandated by this Act to provide for homeless children?
12. Using 1= not adequate, 2= adequate and 3= very adequate, how would you rate the provision of your services to homeless children?
13. What are the existing barriers (if any) that hinder your agency from providing adequate services to these children?
14. What two suggestions would you give to enable your agency to provide effective services to homeless children?
APPENDIX C

INFORMED CONSENT FOR HOMELESS PARENTS
Informed Consent for Homeless Parents

You are being asked to voluntarily participate in a research that is designed to explore the needs of your child in this homeless shelter and the services that are provided by the agency to meet these needs. This study is being conducted by Dorothy A. Morrison-Acquah, a Master of Social Work student at California State University, San Bernardino, under the supervision of Dr. Thomas Davis. The study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

If you decide to participate in this research, you will be asked to participate in a face-to-face interview with the researcher. The interview will take about 20 minutes. Questions asked will be on needs of your child, services provided in the shelter, and adequacy of these services. Some of your responses will be audio recorded upon your permission. Be assured that your responses are confidential and your answers will be anonymous. You are free to refuse to participate in the study anytime without any consequences.

There are no immediate or long-range physical, social, legal or economic risks to participants as a result of this study. However, in an event that a participant experiences an emotional distress, counseling services will be provided by therapists at Mesa Clinic, Department of Behavioral Health Resource Center in Rialto at (909) 425-9200. An anticipated benefit for participants will be getting an additional food source within the community i.e. from the San Bernardino County Food Bank list that researcher will give out.

If you agree to participate in this study, and are willing to allow the researcher to audio record some of your responses, kindly mark an ‘X’ on the lines below on this form and date it to indicate your consent. If you have any concern or question, please contact Dr. Thomas Davis at (909) 537-3839.

(Please put an ‘X’ on the blank lines below)

Agree to participate ______________
Agree to be audio taped ___________ Date ___/___/_____

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APPENDIX D

INFORMED CONSENT FOR SHELTER SUPERVISORS
Informed Consent for Shelter Supervisors

You are being invited to voluntarily participate in a research that is designed to explore the needs of homeless children in this shelter and services provided to meet these needs. This study is being conducted by Dorothy A. Morrison-Acquah, a Master of Social Work student at California State University, San Bernardino, under the supervision of Dr. Thomas Davis. The study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

If you decide to participate in this research, you will be asked to participate in a face-to-face interview with the researcher. The interview will take about 20 minutes. Questions asked will be on needs of homeless children, services provided to meet these needs, adequacy of these services, and existing barriers that hinder your agency from providing adequate services (if any). Some of your responses will be audio recorded upon your permission. Be assured that your responses are confidential and your answers will be anonymous. You are free to refuse to participate in the study anytime without any consequences.

There are no immediate or long-range physical, social, legal or economic risks to participants as a result of this study. However, in an event that you experience an emotional distress, counseling services will be provided by therapists at Mesa Clinic, Department of Behavioral Health Resource Center in Rialto at (909) 425-9200.

If you agree to participate in this study, and are willing to allow the researcher to audio record some of your responses, kindly mark an ‘X’ on the lines below on this form and date it to indicate your consent. If you have any concern or question, please contact Dr. Thomas Davis at (909) 537-3839.

(Please put an ‘X’ on the blank lines below)

Agree to participate ______________

Agree to be audio taped ___________ Date ____/____/_____
APPENDIX E

DEBRIEFING STATEMENT FOR HOMELESS PARENTS
Debriefing Statement for Homeless Parents

Thank you for your participation in this study that was designed to explore the needs of homeless children in shelters and services provided to meet these needs. This study was conducted by Dorothy A. Morrison-Acquah, a Master of Social Work student at California State University, San Bernardino, under the supervision of Dr. Thomas Davis.

In case you experience any emotional stress as a result of your participation in this research, feel free to talk about it with any counselor at the Mesa Clinic-Department of Behavioral Health in Rialto at (909) 425-9200. In addition, you have a brochure that lists names and phone numbers of agencies that you can contact to inquire about their services and resources that will be beneficial to you (researcher will hand out brochures).

The findings of this study are available at the John M. Pfau’s Library at the California State University, San Bernardino after October 2008. If you have any concern or question relating to this study, please contact Dr. Thomas Davis at (909) 537-3839.
APPENDIX F

DEBRIEFING STATEMENT FOR SHELTER SUPERVISORS
Debriefing Statement for Shelter Supervisors

Thank you for your participation in this study that was designed to explore the needs of homeless children living in shelters and services provided to meet these needs.

There is the likelihood that you may experience some emotional distress as a result of participating in the research. If you want to talk to someone about the emotions this study might bring to you, please call and talk to any counselor at the Mesa Clinic, Department of Behavioral Health Resource Center in Rialto at (909) 425-9200.

The findings of this study are available at the John M. Pfau’s Library at the California State University, San Bernardino after October 2008. If you have any concern or question relating to this study, please contact Dr. Thomas Davis at (909) 537-3839.

Your participation is very much appreciated, because your responses will help improve the lives of homeless children living in shelters.
REFERENCES


