

Homeless Children and Their Families' Perspectives of Agency Services

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Abstract While numerous programs aim to mediate the risks for children experiencing homelessness, there is a lack of research representing the children's and parents' perspectives in supportive housing programs. With this phenomenological qualitative study, the authors share the voices of 22 participants, including children and their families, regarding their experiences while receiving services from a homeless agency. Participating parents perceived that the program provided resources to the children that they could not provide themselves, opportunities for exposure to positive new experiences, and improved psychosocial outcomes for their children. Participants also discussed desired program changes and the responsiveness of agency staff regarding unmet needs of the children. Implications for policies and programs are discussed.

Keywords Children · Homelessness · Poverty · Homeless agency

Introduction

The approximately 1.6 million children experiencing homelessness each year face an increased risk for mental health issues, behavior problems, academic delays, and problems associated with trauma (Bassuk and Rosenberg

1990; Fantuzzo et al. 2012; Gewirtz et al. 2008; The National Center on Family Homelessness 2011). When compared to the general public, they are two times more likely to have depression and one and one half times more likely to exhibit behaviour problems (Zima et al. 1994). While the negative impact of poverty on children's mental health is established in the literature, researchers have found an additive risk for poor mental health outcomes related to homelessness that go beyond the effect of poverty alone (Herbers et al. 2012; ManSoo et al. 2008; Shinn et al. 2008; Vostanis et al. 1998).

Academically, homeless children also have alarming deficits and are significantly below normative levels (Masten et al. 1997). Almost 40 % of homeless elementary-aged children were reported to be below grade level in reading or mathematics (Gewirtz et al. 2008). Compared to other children from low-income families, children experiencing homelessness are more likely to miss school, to repeat a grade; and to have more school problems (e.g., trouble learning, acting out, attention difficulties, social problems with peers); and to experience significant delays in all developmental areas, including communication, receptive vocabulary, and visual motor skills (Harpaz-Rotem et al. 2006; Menke and Wagner 1997; Rafferty et al. 2004; Shinn et al. 2008; Vostanis et al. 1997).

Health issues and access to healthcare is another concern for homeless children. Mothers were more likely to report poor health and higher incidents of acute medical symptoms for their children compared to their housed counterparts (Weinreb et al. 1998). Homeless students were also two times more likely to be referred for further evaluation by school nurses for vision or hearing concerns (Ziesemer et al. 1994). Regarding access to care, the frequency of emergency room and outpatient visits were higher for homeless children, and they were less likely to be receiving

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care from a private doctor (Shinn et al. 2008; Weinreb et al. 1998).

While shelters and programs that serve homeless families are in an ideal position to address children's developmental, health, mental health, and academic functioning, there is a scarcity of research addressing the effectiveness of current services in meeting children's psychosocial needs (Gewirtz et al. 2008). Specifically, the perspectives of the children and families receiving services from supportive housing programs have been absent from the literature (Spiro et al. 2009). This study sought to capture these previously disenfranchised voices to answer the following questions: (a) What are the experiences of children receiving services from a supportive housing programs? (b) What are parents' perceptions of how their children's psychosocial needs are being met while receiving services from a supportive housing programs?

Methods

A phenomenological approach was employed in order to understand the essence or the internal meaning of participants' lived experiences. When a phenomenon is deeply understood, stakeholders then "may be able to act more thoughtfully" (Van Manen 2001, p. 23) with regards to their responsiveness to the children's needs.

The setting for the study was an agency located in an urban area of a Mid-Atlantic state. The agency provides services to families who are homeless or at risk of becoming homeless through shelter services. The programs include an emergency shelter, transitional or permanent supportive housing programs, and an in-home case management program. Given the limited research examining transitional housing, permanent supportive housing, and in-home case management programs, the participants partaking in services from one of these three service modalities were selected.

In the shelter-based transitional and permanent supportive housing programs, residents live in agency-owned apartments and case managers work with the family to address housing barriers such as lack of employment or rental and utility debt. Children's case managers coordinate agency and community resources to address the physical and mental health, academic, and developmental needs of the children. Other services provided in these two programs include counseling for all family members, life skills classes for the parents, and tutoring and extracurricular activities for the children. The primary distinctions between the programs are the maximum time allowance for participating in services and the eligibility criteria. While the transitional program has a 2 year limit, families can remain in the permanent supportive housing program until

their youngest child turns 18. In order to qualify for the permanent supportive housing program, parents must have a disability.

The third program, in-home case management, initially stabilizes the housing situation of the family by providing subsidized rent through the Department of Human Services. The agency also assigns a case manager to the family to assist with addressing housing issues and connecting families to community resources. In addition, some of the children attend a once a week tutoring program at the agency, which features volunteers helping with homework and a meal to bring home for the family. The child participants selected for this study from the in-home case management program all attended this tutoring program.

Once the study was reviewed and approved by the local University's Institutional Review Board, the first author met with the executive director and the chief services officer of the agency to secure their endorsement. Case managers then informed their client families about the project and reassured the families that they were not required to participate.

A purposeful criterion sampling method was used to select participants. The families who were receiving services from one of three agency programs (i.e., the transitional housing program, permanent supportive housing program, or the in-home case management program) and whose children were between 5 and 12 years old were eligible for participation. In addition, maximum variation with regards to the type of program, the length of participation in the programs, age and gender was also considered when selecting participants (Patton 2002).

Regarding the number of participants, Creswell (2007) recommended between 3 and 10 cases for a phenomenology design. The initial goal was to have no more than two children from one family. Nine parents and thirteen children participated in the study. One parent declined to participate.

The primary researcher called each of the potential participants, explained the purpose of the study, and asked if they would be willing to meet to discuss their family's possible participation. During the meeting with the parents, the primary researcher provided a written informed consent, read it aloud, and answered their questions. During the meetings with the children, the researcher explained the study, and children under the age of seven gave verbal consent, and participants age seven and older signed a form indicating assent. In each meeting, the interviewer emphasized that their participation was completely voluntary, and they could withdraw at any time without affecting their current services or housing status. Each family received an unconditional \$20 gift certificate for partaking in the informed consent meeting, regardless of whether they decided to participate in the actual study.

To protect confidentiality, each participant's transcripts, field notes, and memos were assigned an anonymous code. The authors also used pseudonyms for the staff and participants in the narrative of the results. The recordings were immediately erased after the transcripts were reviewed for accuracy.

A purposeful criterion sampling method was used to select participants. First, participants were selected from one of the three agency programs: the transitional housing program, permanent supportive housing program, or the in-home case management program. The selection criteria were narrowed by limiting the ages of children to be between 5 and 12 years old since the majority of children in the program were under 12 years old. Maximum variation with regards to the type of program, the length of participation in the programs, age and gender was also sought when selecting participants for the study (Patton 2002).

All parent participants were female. Their ages ranged from 28 to 47 years old. Four women were single, four were separated or divorced, and one was married. Seven parent participants were African American and two were White European American. Their length of time in the program ranged from 3 to 53 months. Each of the three programs was represented by three families.

Data were collected through semi-structured interviews with the parents first and then their children. The parents shared their perceptions of their children's needs and how those needs were being met by the program. During the follow up interviews, children described and made drawings about their experiences in the program. Art is seen as a natural language for most children (Malchiodi 2003) The drawings were not interpreted in a projective manner. Rather, they were used to facilitate discussion and gain better understanding of their experience (Hays et al. 2009). Each of the interviews lasted between 30 and 75 min and all of them were audio-recorded and transcribed verbatim by the first author.

A coding team, consisting of the first author and two doctoral counseling students trained in qualitative coding, analyzed the data. Prior to coding, the team bracketed their biases, assumptions and experiences (Moustakas 1994). The analysis of the data was inductive which allowed for themes to emerge naturally. Interim analysis began immediately and continued throughout the rest of the data collection (Huberman and Miles 1998). Each member of the team utilized horizontalization, which is the process of creating a list of the participants' significant statements, giving equal value to each statement (Moustakas 1994). These statements were clustered into common themes or meaning units. The team compared notes and discussed parallels and discrepancies between the assigned themes and meanings (Patton 2002). In order to achieve consensus,

each member needed to come to agreement about the themes (Patton 2002). Counting the number of participant's responses for each theme can enhance legitimacy of the themes (Smith et al. 2009). For this study, the research team decided in order to be included as a theme, statements must be present in at least three participant statements.

Qualitative researchers address the trustworthiness of their research (Hays and Singh 2012; Lincoln and Guba 1985). The researchers used several verification procedures to enhance the trustworthiness of their results. The coding team made use of reflexive journals and peer debriefers to reflect on the process and reveal bias (Lincoln and Guba 1985). An audit trail, which included raw data, process notes, and the drafts of code books and interview protocols, was created. An external auditor reviewed the trail and confirmed the consensus codes (Hays and Singh 2012).

Results

Several themes emerged from the data indicating both benefits of the program as well as negative evaluations and limitations of the program. Eight of the nine parent participants mentioned at least one benefit of participating in the program. The themes for the positive evaluation and perceived benefits included: (a) *provides what parents feel they cannot* and (b) *improved child psychosocial outcomes*, (c) being *satisfied* with the services, and (d) *supportive relationships with staff*. Seven of the participants shared specific aspects of the program they would like to improve. Themes that had covered negative evaluations and limitations of the program included (e) *desired program changes*, (f) *unsupportive relationships with the staff*, and (g) *unmet children's needs*.

Provides What Parents Feel they Cannot

Six of the parent participants referred to areas in which the agency's services filled a need for their child that they themselves could not because of lack of knowledge, time, or resources. Parents identified *attention/time*, *resources*, *expertise* and *opportunities for new experiences* as the aspects that the program provided. Specifically, parents discussed how they felt too busy to spend time or attend to their children in the amount or manner they wished. They were grateful that the program was filling that void in some way. Trisha said, "I work, I'm running around...I don't really look to see if there is anything wrong. If there is anything wrong at least she'll (agency employee) spot it for me."

Three parents also spoke about *resources*, such as money or school supplies, that the agency provided for their children. For example Mary mentioned the agency paid for a summer camp for one of her sons and said,

“Yeah it’s kind of like ‘(gasp), I couldn’t do that.’” Sheree said her children, “don’t have to worry about asking me about school supplies and things they need, because they know right now we are able to get that.”

Four parents mentioned the staff’s *expertise* or knowledge as an asset. For example, Trisha mentioned she did not feel she had enough skills to help her son with his homework, and she stated, “I am so glad for the tutoring, because they come home with homework that I can’t even understand.” Sheree also appreciated the expertise of the children’s counselor. She said, “Because there are things that I don’t see. I’m not a child psychiatrist, I am just a mommy.”

Finally, four participants also perceived a benefit from the new experiences the program provided for their children. The parents perceived appreciated their children being exposed to new extracurricular activities because it broadened their horizons beyond the neighborhood in which they lived. For example, Trisha said, “He gets to do things that I probably wouldn’t be able to do myself with him. Like the dance classes....He was in the arts program they had up at the art museum.”

Improved Psychosocial Outcomes

The second theme mentioned by seven parent participants was the perception of improvement in their children’s psychosocial outcomes as a result their children participating in the agency programs. Specifically, six parents described their children’s academic progress, most often in terms of improved grades. For example, Angela stated, “The tutoring works out pretty good....She was making C’s her first semester, and now she’s making a B average honour roll.”

Five parents also described improved *social/emotional expression*, which refers to general improvements in their children’s social abilities, emotional stability, their self-esteem, or acting out behaviours. For example, Trisha explained her son’s improved sociability by stating, “He’s very affectionate, which is strange because before he wasn’t like that.” Angela also described her daughter Sarah as becoming more social. She stated, “She’s very...outgoing, and she likes to jump and play a lot and all...Because she wasn’t this way before we got into the program. She’s kind of opened up a whole lot.”

Satisfied

Nineteen parent and child participants described the theme of being generally *satisfied* with the program services. The subthemes included: (a) *needs met*, and (b) *child enjoyment*. Six parents stated the program met their families’ needs. For example, Trisha stated, “There is not one thing I

have needed that they haven’t made it available to me.” Angela stated, “Honestly, I receive so many services I’m so busy with (the agency) that everything that they have to offer I’m getting.”

Four children made note of improvements in their parents’ lives as well. Shawn noticed that, “Since my mom moved here. She bought a new car... She got me two new games and she bought a blender.” Tamika is glad to see that her mom is trying to get a better job. She said, “My mom is going to a program... it was like a school, and she took tests and stuff. And my mom said she is trying to be a lawyer or a doctor.”

Four parents stated positive evaluations about the program because their children found *enjoyment* in it. For example, Janice stated, “You know, she knows what (the activities) are and when I say it is time to go to, she gets really excited.” Several children also discussed what they enjoyed about the program. Four children said their favorite part of the program was the food. Nine children said they enjoyed playing on the computer and/or playing games with the staff.

Supportive Relationships with Staff

Seven of the parent participants spoke about the positive relationships they and their children had with the staff. For example, Trisha stated, “If it wasn’t for having (my counselor)... helping me out I don’t know what I would do.” Trisha also stated that she felt the staff’s care when she took her GED test. “The day of my GED everybody called me, ‘Oh I wish you luck.’ And then when I passed, they got on a conference call and everybody called and were congratulating me and everything.” Mary said, “Everybody in this program is so caring and really compassionate about what they do and what goes on with everybody in the program.” Janice explained, “They never look down on you or make me feel less than, you know. They are very good people to have in my life.”

Parents also described their children receiving support and building important relationships with the staff. When describing the staff relationships with her children Angela stated, “They have made a lot of friends. And I am not just saying the other kids in the program, (also) the adults in the program. And the adults have really taken on my kids you know really well....They are safe with the adults in this program.”

Three children discussed the staff or volunteers as being an important and supportive part of their experience in the program. Sophie’s wish was that she could meet with the counselor every day. Lauren discussed how she has become attached to a staff member at the tutoring program. She said, “She’s leaving me.... I don’t want to go if she’s not going to be there anymore.”

Desired Changes

Seven of the participants shared specific aspects of the program that they would like to improve. These responses were grouped into the subthemes of *improved responsiveness* from the staff and *structural or service changes*. Six children participants shared responses which were grouped in a subtheme addressing the tutoring as being *boring* and *missing other activities* due to participating in the program activities.

Two and two children desired enhanced responsiveness from the staff when their child had problems in the program. For example, Keisha explained about a time when she was not informed about a situation with her daughter:

I didn't find out about it, no one told me until it was late and over and done with, like 2 or 3 weeks later... I told them all they had to do was tell me and I could have handled that. You don't just have to tell the staff members, because I am her mother.

Ashley Concurred

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

Two children also described a desire for improved responsiveness from staff. Child participants, Lauren and Caden, stated that the staff members did not help them with their problems with being picked on by other children at the program activities. Caden said, "They don't do nothing about it...they should tell them to stop for once".

Five parents also mentioned specific changes in the *program structure or services*. The suggested changes included adding family counseling, providing activities for her preschool aged children, greater consistency in who volunteers to tutor, and changes in tutoring processes. Children also stated that tutoring was boring or that they didn't like missing a more desirable activity. For example, Tamika noted that when it gets dark early, she misses out on outside play time on days she has tutoring. She also said, "I miss dance practice and stuff...people who miss a lot of days get disqualified."

Unsupportive Relationships

One parent and two children discussed experiencing less supportive relationships with the agency staff. A parent participant, Keisha, mentioned poor relationships with some of the staff and her daughter. She stated, "She don't

like certain staff members or whatever, she don't like to talk to them. She thinks that they crowding in her space or they in her business so much." A child participant described a similar scenario. She said, "(the staff member) always has something to say and I'm not talking to her."

Unmet Needs

Six child participants discussed ongoing concerns that believed were not being addressed such as bullying and mental and physical health. Four children described instances of being bullied at school or at the agency. Lauren stated, "Some of the kids there are mean...They are bullies. ...They like pulling people's hair." Tamika said, "Sometimes people want to fight me. People hit me in class...try to trip me." Three children who were not receiving counseling described mental health issues. For example, sisters, Lauren stated she often had dreams about death and her father who died. Tamika and Shaniya, described significant behavior concerns in school. Shaniya spoke of hitting people, pushing chairs and getting referrals. Both girls also discussed experiencing grief about the loss of their intact family. Tamika described how these worries were impacting her at school, "I can't remember everything, because I have a lot on my mind and stuff. I am trying to erase it in my head, but it just pops back up." Regarding another health concern, Tamika discussed her school nurse recommending glasses, yet she had not received any.

Discussion

There are discouraging outcomes in several areas of homeless children's mental health and development and more research is needed to understand how to best address the complex issues these children face (Buckner 2008). There is a paucity of research on children's experiences in the transitional and permanent supportive housing programs as well as in the in-home case management type of programs. There was also minimal representation of the parents and children's perspective. This study sought to examine children's experiences while their families participated in these programs, and the results can provide insight into service delivery from the perspective of the service user. The findings in this study have several implications for agencies providing services to homeless families.

The majority of the participants described being satisfied with the program in which they were participating. Whether it was providing time and emotional support for their children, expertise in their children's mental health or homework, or resources; each of the families indicated

roles they saw the staff in the program filling for their family. While scholars have argued that there are a disproportionate amount of funds spent on supplemental services in shelter programs (Culhane et al. 2002, 2007), the findings in this study suggest the participants find value in the services beyond just the housing support and financial assistance and that housing alone is not sufficient to meet the complex needs of homeless children (Karim et al. 2006).

Past research supports the idea that extracurricular activities can be beneficial for children by promoting academic resilience and reducing early dropout, especially with students from lower a socioeconomic status (Dumais 2006; Randolph et al. 2004). Participation in extracurricular activities could be an asset for children in homelessness programs. Programs without this feature should look for community alternatives to help children become involved in no or low-cost activities.

The attention to tutoring in the program was appreciated by the participants who attributed improvement in their children's academics to this service. Tutoring programs outside of school have been rarely evaluated because they tend to be informal (Zimmer et al. 2010). The research that has been done on these programs has yielded inconsistent results regarding their effectiveness (Grothaus et al. 2011; Zimmer et al. 2010). The studies that have investigated factors associated with successful tutoring programs have found that content aligned with the program's objectives, frequent assessments of students' progress, smaller enrollment numbers, and consistent and trained tutors are associated with improved academic outcomes (Bodilly and Beckett 2005).

Some parents spoke about improved social/emotional expression and described this improvement in terms of an increased sociability, openness, confidence, and decreased tantruming behaviours. These findings are congruent with past literature. Despite finding no significant changes in mental health of children between entering and exiting a shelter, the parent participants in one study described improvement in their children's emotional problems, self-care, and problems in relationships after entering the shelter (Karim et al. 2006). Services, such as character development classes and counselling, were perceived as impacting this improvement. These social/emotional gains are important for children's resilience, according to past research. The Search Institute has found developmental assets such as positive identity can promote children's ability to overcome adversity (Scales et al. 2004). These findings suggest housing programs could have an important role in promoting the social/emotional wellness of children. More research should be done to identify which services and aspects of the program provide the most benefit.

Programs should also consider engagement strategies when providing services to children. Many children seemed invested in the computers and games after the tutoring was done. Incorporating computer games can provide a fun opportunity to practice skills and develop problem solving strategies (Maloy et al. 2010). Peer tutoring is another strategy that has been implemented and evaluated in many schools (Maheady and Gard 2010). Researchers have found several benefits to peer tutoring, including improved academic performance, a reduction in disruptive behaviours, and improved social interactions (Buzhardt et al. 2007). Maheady and Gard (2010) implemented a class wide peer tutoring program that included a point earning and reward system. The authors reported that it was effective in enhancing learning and was enjoyable for their students.

Several participants discussed a desire for increased staff responsiveness. Past literature suggests this sort of responsive and collaborative approach is the most effective and ethical way to work with homeless families (Fraenkel 2006). By viewing families as the experts of their lives and giving them control over the aspects of the program, they are more likely to engage in the process. Fraenkel suggested this is especially true for participants who have been marginalized or oppressed. Given this past research and the responses from the participants that suggest this type of alliance is vital, service providers should emphasize collaborative relationship building skills between staff and service recipients.

Given that several children were concerned about the bullying they experienced, agency staff should be cognizant of the social atmosphere in the program and be proactive in creating a safe environment. Problems with bullying are not unique to homeless children, with prevalence reports being 9 % of children in grades 6-10 having experienced bullying at least once a week in the United States (Nansel et al. 2001). Consequences of bullying are serious and should not be ignored. Bullies and victims have increased mental health issues (Smith et al. 2004). Victims of bullying experience depression, anxiety, and suicide (Berger 2007). The lack of response from adults the children described is also congruent with past literature. Atlas and Pepler (1998) reported that 40 % of elementary school children stated that adults only rarely helped with bullying.

Adult intervention is imperative to successful bullying prevention (Smith et al. 2004). There are several bully prevention programs that have been shown to be effective in schools by decreasing reported incidents and increasing pro-social behaviour (Hong 2009; Olweus 2005). There are several key components to successful bullying prevention programming including parental involvement, rules against bullying, training for staff, interventions with perpetrators and victims, and anonymous survey to assess the incidence

of bullying (Hong 2009). Agencies could adapt these features to enhance the likelihood that adults will intervene and promote a positive social environment.

Finally, there were also unmet mental health needs for some of the children in the programs. The children that described mental health concerns had been referred to counseling; however, none of these children were attending at the time of the interview. Given that these families were both participating in the in-home case management program, which involved the least amount services directly provided by the agency, it prompts the question as to whether the needs of children in the in-home case management are being met in the same comprehensive way as they are in the shelter based programs.

While many services may be needed to address the complex risks homeless children face, there are few agencies that are prepared to meet all of homeless children's needs in a comprehensive way (Miller 2009). It is also important to consider all community and school services that can provide support for homeless families. Differences in agency and school structures, policies, and attitudes create barriers for effective collaboration to facilitate successful schooling for homeless children (Miller 2009). Homeless agencies are in an ideal position to provide training for schools and other service providers about the systemic barriers homeless families face and effective advocacy for accessible services and just policies.

There were several limitations in this study. The sample size was small and limited to one urban geographical location. While this was specifically chosen in order to focus on the experiences of participants in one program, the ability to transfer these findings is limited. As with all qualitative inquiry that relies on self-report through interviews, the participants' ability to accurately self-reflect is limited (Polkinghorne 2005). Social desirability could have played a factor in the results obtained. Parents could have minimized their concerns about their children or the stress they had experienced. The study only focused on children 5–12, so these findings do not explain the experience of teenagers or younger children. It is also unknown how comfortable participants were in sharing more intimate details. A longer engagement could help to establish a deeper trust with the researcher and may influence the data shared. Finally, selection bias is also a limitation as the results do not include the voices of the person who declined to participate in the study.

Since this study was conducted at one site, it would be beneficial to examine other perspectives from participants of other programs and agencies in different settings. It would be valuable to add interviews with the service providers to obtain their perspective about what is helpful for the children. Research conducted on the effectiveness of these housing programs should also consider the child

outcomes mentioned by the parents in this study, such as academic outcomes and social/emotional expression, rather than relying on housing stability, income, or employment stability alone as the measures of effectiveness.

While some scholars have argued that community-based services would be a more efficient method of improving family stability than long shelter stays (Culhane and Metraux 2008), there is limited research examining how to most effectively help homeless families achieve residential stability and other desirable outcomes (Bassuk and Geller 2006; Shinn et al. 2005). Outcome studies comparing the children that participate in each program can be conducted to examine the effectiveness of the services provided by the shelter based program versus the in-home case management programs.

This phenomenological qualitative study explored the experiences of children and parents who are receiving services from one agency in three supportive housing programs. Most of the participants valued the diversity in services the agency provided as they described improved psychosocial outcomes for their children and appreciated the special attention, expertise, and resources the staff provided, as well as the opportunities for experiencing extracurricular activities. A few participants who had recommendations for the program suggested increased responsiveness from the staff or the addition of specific services, especially in regards to help with bullying. The findings of this study suggest there is value in services for the children beyond those aimed solely at addressing housing status. Future research that examines the effectiveness of improving the children's psychosocial outcomes is merited.

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