5-1-1989

Homeless children: the psychological effects of being homeless

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Atlanta University

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Homeless Children: The Psychological Effects of Being Homeless

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE FOR MASTER OF SOCIAL WORK

BY

AGNES MARIE SCOTT

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY, 1989
The overall objective of this study was to determine the psychological effects of being homeless on children living in an emergency night shelter versus homeless children residing in a transitional facility on the variables anxiety and self-concept. A casual-comparative research design was used in the study. A self-administered questionnaire was given to children residing in a night shelter and children living in a transitional facility. Samples used in this study were 22 children from Shelter A and 18 children in transitional facility. The t-test was used to analyze the data.

The findings of the study revealed that there is no significant difference in regard to the variables anxiety and self-concept between homeless children residing in a night shelter versus those residing in a transitional facility. The similarity of the services provided for
the children by the emergency night shelter and the transitional facility account for the outcome.
ACKNOWLEDGEMENT

Words are inadequate to express the support given to me throughout this thesis project. I would like to thank a few of these people:

1. To my parents - Thank you for all the love and support you have shown me throughout the years. Mrs. Violet Scott, you have loved me even when I didn't love myself. You taught me how to care, love and show sensitivity to all. You most definitely are the rainbow at the end of a storm. Mr. Maceo Scott, you have always desired for me to reach for the stars and were always there with a ladder. I do love you.

2. To my brother-in-law and sister - Thank you for being with me, holding my hand through the low periods of this thesis project. Mr. Jeffrey Rogers, your sense of humor and wisecracks kept my spirits going and kept my hope alive. Mrs. Terri Rogers, you have been my rock of strength throughout this project. More than this you have inspired me to complete this task.

These acknowledgements would not be complete without thanking all of Atlanta University's Social Work Staff. Special thanks goes out to:

1. Professor Lydia Wynn, you'll never know how much your words of encouragement meant to me.
2. Dr. Amos Ajo, my thesis advisor, thank you for the late night hours that you spent with me making this thesis project a success.
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CHAPTER ONE

INTRODUCTION

When faced with its stark realities, the issue of homelessness makes one think, on two levels; personal levels personal feelings, and social policy. On the personal level, home is one of those concepts most of us take for granted that we hardly ever pause to think about what it means Home means family, personal space and privacy. Home means shelter, and warmth, both physical and personal Home means favored possessions, books, records, history, memories Home means belonging, identity, love.

Please pause to think then about what homeless means. Home less. I am less a home I am less, because I am without a home I am homeless. My family is homeless. Pause to think about what those words must mean to a person who utters them or thinks about them Think about emptiness, hopelessness Think about feeling demeaned. Think about having all of ones possessions in several shopping bags that you store under a bed in a community shelter, or keep in a locker at the bus or train station. Think about metal cots or hard, cold pavement Think about no identity, no belonging, no love Think about being utterly and completely rejected by your fellow members. (Bassuck, 1986)
Homelessness is not a new problem it's origin dates back to the 1980's in the United States. However, in the past, it took war, plague or natural disasters to drive people out of their homes. Not since the Great Depression of the 1930's has there been so many homeless Americans. It is difficult to state with accuracy the number of homeless individuals in the United States at this time. "National estimates range from the Federal Government range from 250,000 to two million". (National Coalition for the Homeless, 1987) The Bureau of Census (1984) states there are about 200,000 to 600,000 homeless individuals. Moreover, according to the Community for Creative Non-Violence (CCNV) (1984) estimates the homeless population ranging from two million to three million persons. Numerous sources have stated that the number of homeless individuals varies, however, there is one common theme, which is that the numbers of homeless people are escalating.

The antecedents of homelessness are escalating as quickly as the homeless population grows. Today's homeless according to Kaufman, (1984), are the product of a depressed economy and adverse social conditions. A portion of the homeless
population endure homelessness for a short period of time. Some of the causes of short-term homelessness are: personal crisis, divorce and domestic violence. On the other hand, the majority of homeless individuals experience a longer lasting occurrence of being without a place to call home. General evidence from those who have studied the homeless population indicates that the antecedents of homelessness are: (1) lack of housing; (2) unemployment and poverty; (3) deinstitutionalization (Stoner, 1984 pg. 567)

Furthermore, cuts in federal and state programs, i.e. AFDC (Aide to Families with Dependent Children), also contribute to the problem. These complications and others, are causing the increase in the homeless population.

The antecedents of homelessness are as diverse as the homeless population. It used to be in the 1960's and 1970's when homelessness was mentioned people automatically would think of an alcoholic male, deranged, crazy person, or a bag lady eating out of the trash can. Nevertheless, in the 1980's those stereotypes couldn't be further from the truth. The unique feature of the "new homeless" population is their heterogeneity. "The homeless people include: battered women; low-income families who have been evicted for nonpayment of rent; elderly people displaced by condominium conversion,
urban renewal or gentrification, mentally ill people who have fallen out of the system because of inadequate after-care following deinstitutionalization or inability to be hospitalized because of commitment laws and overcrowded hospitals; the unemployed; and families who have been cut off federal programs." (Kaufman, 1984 pg. 21)

"Perhaps, the strongest indication of the diversity is the fact that, today, the fastest growing segment of the homeless population consists of families with children." (National Coalition for the Homeless, 1987) In some areas such as New York and Los Angeles, families with children comprise the majority of the homeless population. According to Wright (1988), approximately a tenth of the homeless population consists of homeless children. The effects of being homeless is terrible on any age group, however, it is most devastating on the children. According to Bussuck, (1987), an extensive investigator into the area of homelessness, found that homeless children tended to be listless, uninterested in school, depressed, and even suicidal. Many of the children were acting out rage and despair by inflicting pain on themselves. "Their actions emphasize how urgent it is not to just repair the damage already done, but to get to the causes of homelessness so no such damage will be done in the future." (Jones, 1987 pg. 5)

The national tragedy, however, has not spared it's effects
on the State of Georgia. This social plague has manifested itself throughout the State. A 1987, Georgia Department of Human Resources examined six areas and estimated that there are from 8,400 to 8,700 homeless people in the following areas: Metro Atlanta 7,300; Athens 75-100; Savannah 500-600; Augusta 100-150; Macon 250-300; Columbus 200-250. (Task Force for the Homeless 1987)

In the city of Atlanta, the homeless population is similar to national demographics of homelessness. A study was conducted on the Impact of Homelessness on Atlanta (1984), the findings were as follows:

1. 40 percent are substance abusers
2. 30 percent are ex-convicts
3. 20 percent are homeless due to divorce, accidents, or illness.
4. 30 percent are mentally disabled.

Moreover, according to the Task Force for the Homeless, 40.8 percent are veterans, while half of the homeless population in the Atlanta area are families with children.

From all indications homelessness is a national and state problem, for which solution must be found. However, solutions are hard to come by, and as we wait for an answer, children suffer. Homeless children will become the next generation of dispossessed, uneducated, angry Americans. (NCFTH, 1987)
Significance of the Problem

Children have been the focus for social workers for decades. As a profession the rights and safety of children have always been a part of practice. It is the role of social work practice to meet the needs of children who are unable to fend for themselves. The number of homeless children are increasing in the homeless population. A home provides a child with the physical setting for development, refuge and security. Without a place to call home, children suffer socially, developmentally and psychologically from being homeless. Even though the effects have been documented in the literature not enough research has been completed to substantiate the findings. Therefore, this masters thesis will attempt to address the gap in knowledge. One of the purposes of the study will provide a deeper insight into the psychological effect of being homeless on children. Secondly, this masters thesis will provide information necessary so that policy makers will be able to produce legislation to aide the homeless child in the future.

Statement of the Problem

The most prominent approaches of answering the problem of homelessness has been first of all, to provide lodging at a traditional night shelter. Secondly, the second method has been to provide a transitional facility to the homeless population. In the past, the majority of homeless children
have resided most often, in a traditional night shelter. However, as the 1980's rolled in, the transitional facility has been used also to house homeless children. The belief is the transitional facility will replicate the home environment. Therefore, the purpose of the study will be to compare children residing in a night shelter versus children living in a transitional facility using the variables anxiety and self-concept.
CHAPTER TWO

Review of the Literature

One of the purposes of the review of the literature is to organize the paper in a manner in which the research problem can be understood. Also, the review of the literature established through books, periodicals and research reports document what has been done in the past in regard to the research problem. Homelessness has been researched in many different ways, especially on homeless men and the antecedent of homelessness. However, there is comparatively smaller amounts of research done on homeless children and their families. The majority of the literature on homeless children has been conducted in the 1980's and was used to comprise the literature review. For logical presentation, the review of the Literature is organized into the following subtopics:

**Sub Topics**

1. Historical overview of the problem
2. Overview of the effects on the child
3. Developmental delays
4. Homeless shelters versus Transitional facilities
5. The homeless child and the educational system
6. Depression/anxiety and the homeless child
7. Health and the homeless child
8. Self-concept and the homeless child
Historical Overview

Homelessness is not a new phenomenon in the United States, its existence can be traced back to the 1600's, when there were large amounts of poor individuals wandering, begging for food and shelter due to labor shortages of the times. The solution for the problem was answered by America's version of England's Elizabethan Poor Laws which taxed the citizens of each township in order to aid the poor. "However, massive homelessness appears to be first documented as a result of the American Civil War" (Bruns, 1980 pg. 7). "Like all wars, it created homelessness on a vast scale, and many of those uprooted by the war - the orphaned, the impoverished, the widowed, the discharged soldiers.... ." (Bahr, 1973, pg. 35) As a result of the post-war economy, many of the veterans of the War were unable to find employment, therefore, left without the means to acquire a home.

The 19th Century was characterized by the increase of homeless individuals. Behind the increase in the number of homeless individuals was the intensification of the industrial revolution. There was no longer a demand for the unskilled laborers that worked in the mills, mines and factories, leaving many unemployed and homeless. Also during this time, frame was the influx of immigrants coming to America from Europe in order to escape economic ruin. "The poor and familyless immigrants increased the pool of potentially home-
less persons... in major cities". (Bahr, 1973, pg. 35) There was an increase of individuals seeking employment, persistently high unemployment levels, rising inflation, declining real wages and stagnant household incomes. (Hamberg and Hooper, 1984 pg. 17) Moreover, during this decade there was the deinstitutionalization of the mentally ill. All these factors and more gave birth to the "New Homeless" in American Society. The "New Homeless" consist of the elderly, children, veterans and college students.

During the early 1980's homelessness emerged as a significant public problem. "It attracted a great amount of new coverage and became the target of public and private efforts at the national, state and local levels." (Steen, 1984 pg. 291) Therefore, the problem became so visible that the American people could no longer ignore its significance.

Throughout the literature four main themes consistently occur for the causes of homelessness.

1. Unemployment
2. Shortage of affordable housing
3. Deinstitutionalization of mental patients from the hospital
4. Increase in poverty rates and welfare cutbacks

(Hooper and Hamberg 1984; Hombs and Snyder, 1982; Stoner, 1984 and U. S. Conference of Mayors 1984)
Unemployment

The increase in unemployment is related to the economic conditions which are parallel with the increase of the number of homeless individuals in America.

Nationwide 8 million persons are counted officially as unemployed, 5.5 million workers are being forced to work part time because they cannot find full-time jobs and another 1.2 million jobless individuals have become so discouraged by bleak employment prospects that they have stopped looking for work. (Children's Defense Fund, 1987)

According to Mary Ellen Hombs and Mitch Snyder (1983), cessation of government programs have caused an increase in the number of unemployed individuals. Programs such as the job assistance training program in the past taught many women and minorities the skills necessary to be competitive in the job market. Without such programs, women and minorities have become unemployed in vast numbers. Unemployment has been especially linked to the enormous growth in families headed by black and other minority women, and three-fifths of them are poor. (Hooperman and Hamberg, 1984 pg. 1987)

Housing

One common characteristic of homeless people they lack what society defines as a normal place of their own to live. For various reasons, the nation's housing stock does not meet their needs. Their reasons include: unaffordable costs, uninhabitable conditions, inappropriate size, location of discrimination by landlords, agents and other gatekeepers. (Hartman 1987, pg. 12)
"Some two and a half million people are displaced annually from their homes." (Hartman 1987, pg. 14) The majority of these people are displaced due to rent increases or unemployment which makes it impossible to pay rent. The greater part of those displaced are poor, non-white and elderly. "The major victims of mass displacement are the poor those with fewest resources to absorb new hardship, or to recover in its wake, it is no mystery that the ranks of the homeless continue to swell." (Salerno, Hooper and Baxter, 1984 pg. 7)

Under the Reagan administration no interest was generated in providing a solution to the housing problems. "Since the Reagan administration came into office, the federal government has mounted a "full-scale retreat from the housing role it began to assume during the New Deal and has followed, however, inadequately over the last 50 years". (Hartman, 1986)

Moreover, the past administration under Reagan's Rule continued the pattern of urban renewal which only destroys low income housing. "During the 1970's, such 'gentrification' destroyed almost 50 percent of the nation's stock of single room occupancy (SRO) units, traditionally a major source of low-rent housing." (National Coalition for the Homeless, pg. 6)
Deinstitutionalization of the Mental Patients

Reasons behind deinstitutionalization were due to complaints about the psychiatric hospitals. Conditions in mental hospitals were frightful and hideous. It was determined that aid was not being given to those who needed it, moreover, they could receive more adequate help in the community. "The theory of 'deinstitutionalization' was that resources would follow patients out of the hospitals and into community services and would provide them with ongoing care". (Crystal 1984, pg. 3)

Studies in the 1970's and early 1980's have noted the increase appearance in homeless population of chronically mentally ill individuals, "deinstitutionalized" or diverted from state hospitals. This was merely an intensification of trends begun earlier with the development and extensive use of the major tranquilizers or "neuroleptics" permitting a sharp decline in the census of state mental hospital hospitals. The late 1960's for example, the census in the New York State mental hospital system declined from approximately 80,000 to about 23,000. In other major states such as California, the emptying out of the state hospitals, and the erection of stringent barriers to the admission of new patients, was even more radical. (Crystal 1984, pg. 3)

Bassuck, Rubin and Laurit (1983) conducted a survey on three major cities in the United States: Philadelphia, New York, and Los Angeles' public shelters. The conclusion of the survey was that vast amounts of the homeless population in the public shelters have been diagnosed with a mental disorder.
Poverty and Welfare Cuts

Poverty and welfare cuts have taken a toll on the American society thus causing a rise in the number of homeless individuals.

However, under the influence of severe back-to-back recessions, and the Reagan administration's cuts in eligibility and benefit levels for AFDC families, the economic situation of families worsened significantly. Between 1979 and 1983, more than 10 million people, an increase of about 49 percent, fell below the poverty line. By 1983, the poverty reached its highest level in 18 years, 15.2 percent. Even after an economic upturn began in 1984 the unemployment rate still stood at 7.7 percent. Families were hit hard. Mean family income fell by about five percent, for a total drop of 83 percent from 1973 to 1984. By 1984 the number of families below the poverty line had increased by more than 25 percent from 12.7 percent to 17.4 percent. (McChesney, 1987)

The past administration under Reagan made cuts in programs that were the lifeline of the homeless person, "Among the casualties of these reductions were Medicaid, maternal and child health programs....aid to families with dependent children, foodstamps, school lunches and breakfasts, public housing for poor people, ran day care services to enable single and teen mothers to work and many others." (Children Defense Fund, 1987) Programs that aided families with children were hardest hit by the cuts. Furthermore, Social Security Disability recipients also experienced reductions. "By April 1984, 150,000 to 200,000 SSDI recipients were cut from the program". (Bassuck 1984, pg. 1547)
Overview of the Effects On Children

"Families with children are the fastest increasing homeless group and now comprise nearly 38% of all homeless persons in the United States". (U.S. Conference of Mayors (1986) According to these findings, Table I lists the percentage of families with children in the homeless population requesting shelter.

Table One

<table>
<thead>
<tr>
<th>City</th>
<th>Percentage of families requesting shelter</th>
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<tr>
<td>New York</td>
<td>76</td>
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<tr>
<td>Portland</td>
<td>52</td>
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<tr>
<td>Philadelphia</td>
<td>50</td>
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<tr>
<td>Trenton</td>
<td>40</td>
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<tr>
<td>Yonkers</td>
<td>40</td>
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<tr>
<td>Chicago</td>
<td>35</td>
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<tr>
<td>Kansas City</td>
<td>35</td>
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<td>Seattle</td>
<td>20</td>
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<td>Cleveland</td>
<td>20</td>
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<td>Denver</td>
<td>20</td>
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<tr>
<td>Phoenix</td>
<td>20</td>
</tr>
<tr>
<td>Salt Lake City</td>
<td>20</td>
</tr>
<tr>
<td>San Francisco</td>
<td>20</td>
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According to a report conducted by the National Coalition for the Homeless (1986) states that families with children are the fastest growing segment in the homeless population.

A study conducted in Boston found nearly half (46.5%) of the children in family shelters were under five (5) years of
age and of these 13.2% were infants under age one (1). "School age children comprised the remaining 53.5%, ages twelve (12) through seventeen (17) comprised 11.7%." (Committee on Children, Youth, and Families, 1987)

Another study on the issue of homeless children and their families was conducted by Judy and Penelope L. Masa, (1986) This is a unique study due to the fact that it was conducted outside of the shelter environment. The study gathered information from these states in order to conclude their results, District of Columbia, Florida, Michigan, Wisconsin, Utah, California and Texas. Data was gathered from 163 families with 331 children.

The results of the findings were the following:

1. The average age of the children interviewed was 6 years old.
2. Of those old enough to attend school 43% were not currently attending.
3. Ten percent were in need of basic health care.
4. Ten percent were suspected of being abused and/or neglected or both (3 times higher than the rate in the general public).

Other findings in Hills and Masa's study was about sleeping arrangements the night before coming to Travelers Aide revealed:

1. That about 20% of the children spent the night outside or in an inhabitant such as a train or bus station.
2. About 25% of the children stayed in night shelters.
3. Twenty seven percent stayed with extended family, i.e., relative or friend.

4. A mere 16% had stayed in their own home, and 1% spent the previous night at a motel or hotel.

A comprehensive study done by the United States Conference of Mayors (1986) concluded that children were detrimentally affected by homelessness. The study collected data from seventeen cities around the nation. Some of the results from this survey were the following. In the City of New York, homeless children had high rates of truancy in the schools because they felt belittled about their conditions. In Philadelphia, the results were the same as in New York, the children missed school because of their shame about being homeless. Additionally, the educational system in this city was characterized as uncaring. Data from San Antonio, Texas, concluded that many homeless children had to be taken away from their parents as a result of child abuse and neglect being reported.

The condition of homelessness cause health problems, especially for infants, inadequate hygiene temperature control, nutrition and rest exacerbate the vulnerability of this population. These children are further at risk, because of the insecurity, lack of structure and predictability of their environment. Their families are often physically split by the requirements of shelter living; other disruptions in family life accompany homelessness and research declares that preschool children are more adversely affected by family disruptions than older children. Since most families living in shelters have preschool children, it follows that homeless children are at greater risk from this total disruption than any other group. And the probability that a
parent may be having difficulty coping with the trauma multiplies the potential for emotional damage. (Task Force for the Homeless, 1987)

**Developmental Delays and the Homeless Child**

A wide range of developmental problems have been cited through the literature about homeless children. The effects have been documented describing the delay they experienced.

In a study conducted in St. Louis by Barbara Whitman (1987) concluded that homeless children are three times more likely than the general population in the United States to play cognitive and developmental problems. When tested 80% of the children displayed significant language deprivation an important predictor of school success. (Whitman, 1987)

Dennis Duggan and James Gambler, Directors of San Antonio Metropolitan Ministries (1987) stated in their report that homeless children experienced developmental delays. "Developmentally, it has been noted that the tentativeness and stress of living in such a large facility can affect the role of achievement of children." (Duggan and Gambler, 1987)

From their interaction with the children at Samm Shelter in San Antonio showed that for many children's childhood tasks, such as pottey training, were being ignored or delayed.

Along this line, a study conducted by Kay Young McChesney, (1987), Director Homeless Project, stated that there are three developmental delays children experience. 1) children didn't walk, talk or sit up on time; 2) children
experienced developmental regression i.e. 12 year old children wetting the bed; 3) children experienced stress symptoms e.g. nightmares, sleep disturbances.

The Homeless Child and the Education System

Today an estimated 500,000 to 700,000 American children find themselves trapped in a Catch-22 of the cruelest kind. These children are homeless and the innocent victims of an economic cataclysm that has left families destitute and our nation morally paralyzed. These children, already in a struggle for shelter, clothing and medical care, are now struggling for an education, for the one vehicle that can lift them out of hopelessness. But hopelessness persists for across the county-and here's the rub - school districts have closed their door to them - just because they're homeless. (Futrell, 1988 pg. 2)

Homeless children are deprived of basic needs to survive i.e. shelter and proper food. Moreover, they know they must face the cruel fact they are no longer wanted in the school systems either.

A study was conducted by the center for Law and Education (1987) on a 104 shelter providers nationwide. They determined that homeless children were not being permitted to participate in the educational setting.

Their findings indicate that:

1. Around 35% of homeless children were denied school services among shelters surveyed.

2. Lack of transportation to school denied 15% of school age children from receiving their education.
3. Twenty-five percent of shelters that participated in the survey stated children's records i.e. immunization records, grade records, health records, were the cause of decreased access to the educational system.

Other literature that supports these conclusions, were expressed by Ruth Brandwein. (1987)

Many school districts have refused to enroll children of families in emergency housing, claiming they are not taxpayers of the school district. Children of the homeless typically have excessive absences. Families frequently are required to move from one motel to another. Parents often do not enroll the children because they expect to be moving soon, cannot arrange for transportation, or are so beleaguered by all their problems, they are not able to mobilize themselves. (Brandwein, 1987)

The study of 29 cities done by United States Conference of Mayors (1987) concluded that homeless children had many complications in the education process. These problem ranged from being sent home from school because of low attendance, also for being dirty. Furthermore, if in school, the majority of the children had learning difficulties and were below grade level. However, the majority of the time children were outlawed from school through Federal and State policies, i.e. not having health records, birth certificates and immunization records.

Another study documenting seminar effects was done by Valerie Masciti, (1987) that children experienced developmental delays because of lack of schooling. The study was conducted with 4,000 families with 11,000 children living in
homeless hotels, shelters and temporary housing units. The study concluded that school attendance was sporadic for homeless children. These reasons were given for the children not attending school:

1. The children and families are constantly moving to find food and shelter. They are not in one place long enough to go to school.

2. Children become afraid to go to school because they believe their parents will be gone from the shelter when they get home.

3. Parents feel that their children are not safe at school and moreover afraid of their children being harassed.

4. Children lacked appropriate food and clothing.

As Children fall academically farther and farther behind because of poor attendance, poor nutrition and a lack of sleep in school. (Mascitti, 1987)

Shelters versus Transitional Homes

The consequences of being homeless is a horrifying experience, no matter how long they last in the situation. Many times the homeless families and children can not find any temporary shelter, therefore, they spend the night in cars, trains or abandoned buildings. Even if they find shelters or homeless hotels, they are usually run down, filthy and unsightly. These types of dwellings are devastating to the maturation process of a child.

According to Kozol (1988) homeless children have been exposed to paint that contains lead "children with lead poi-
soning may suffer loss of coordination or undergo convulsions". (Kozol, 1988 pg. 36) Many of the temporary shelters and hotels are located in dangerous neighborhoods where known prostitution and drug trafficking is common. At one hotel in New York, it was found to have nearly 1,000 health building violations. (Committee on Children, Youth and Families, 1987)

Another investigation performed in Suffolk County, Long Island (1987) looked at temporary shelters that house homeless children and their families. The families and their children are crowded in one small room with no playground for children and few have kitchen facilities. (Committee for Children and Youth and Families, 1987) The children are exposed to motel residents who may be transients, prostitutes or substance abusers.

According to the Honorable George Miller, a Representative in Congress from the State of California and Chairman, Select Committee on Children; Youth and Families (1987) few shelters, hotels or temporary facilities are available for homeless families. He stated that the temporary shelters available for the homeless are common grounds for drug abuse, crime and prostitution.

In New York 70% of the families living in the homeless hotels and shelters lacked refrigerators and had no cooking facilities. "The majority of hotel families eat cold food in
their rooms chilled in coolers; toilets, or sinks" (Children's Committee for children of New York, 1984).

In addition to the preceding study there has been other research conducted on the conditions of shelters and hotels where the homeless live. The study concluded by Valerie Mascitti, (1987), stated that there are two types of shelters for homeless individuals. One type is tier 1, in which you have 100 strangers in a bedroom every night. Secondly, there is tier 2 in which there is a small private bedroom, however, the bedroom and bathroom is shared with 100 or more strangers. The effects on the children in these settings are devastating. They develop fear, insecurity, anger and a deep sense of loss. Moreover, Mascitti has found in further research that shelters are noisy and frightening. The lessons learned in these shelters are negative in nature. Homeless children learn first hand about drug abuse, alcohol abuse and prostitution. (Mascitti, 1987) The study goes further to state that children learn how to accept mental abuse; also they learn how to reciprocate these abuses.

Lastly, research conducted by Nancy Boxill (1986) reinforced the statement that shelters are no place to rear children. The study conducted in shelters in Atlanta, Georgia; the study discussed what its like to sleep in a night shelter. The families began looking for a night shelter after a full day of carrying all their possessions around. In large
public spaces, they grouped themselves as families in public bathrooms, then they washed themselves and their clothes, taking turns and hoping for a moment of family life (Boxill 1987). Mothers and children alike sleep on cots or mats on gymnasium floors and wait for a home.

Our children are our future as we systematically destroy the hopes and dreams of children living in hotels and shelters, we also destroy large pieces of our future (Boxill, 1986)

Unlike research conducted on the effects of shelter life on children, insufficient research has been performed on the effects of Transitional facility home life. However, there has been research stating the need to incorporate Transitional homes into the scheme of finding a solution into the problem of homelessness.

The transitional home is designed for the homeless person who is motivated to find the means to live independently. The home would serve as a permanent residence in order for the homeless person to receive benefits. Moreover, so that the homeless child can meet residency regulations so that they may legally go to school. This type of shelter would make more demands on residents in terms of assuming self-responsibility and would provide longer-term social services.

Transitional shelters can take a variety of forms, but
it is usually more like permanent housing than emergency shelter. (Greer, 1987)

For example, the Seattle Emergency Shelter provides up to four months of shelter for homeless families in its "fourplex" within one building. There are four, two-bedroom apartments, each with private kitchen, dining and living areas. (Greer, 1987)

Greer (1987) stated that the transitional housing provides more services than the emergency shelters to the homeless population.

A descriptive study was conducted by Heskin (1986) discussing the services provided by the Transitional House. A team of counselors work with the residents by providing assistance in finding jobs, job training, mental health counseling and alcoholism programs, and helps residents qualify for benefits and obtain health care. (Heskin, 1986) Many shelters which are not state funded do not have the resources to provide these services. The majority of services in the shelter are performed by volunteers. (Heskin, 1986)
Depression and Anxiety Among Homeless Children

Depression and anxiety are themes that underlie in homeless children. Research on social cognitive affect of poverty throws light on the variables generating these high levels of depression for anxiety. "Children under 10 cannot recognize the disparity between needs and available economic resources; therefore, parents unable to provide for their children lose status in their child's eyes." (Siegel and Incaiardi, 1982 pg. 39)

Data collected in Providence, by the United States Conference of Mayors (1987) disclosed that children were unstable due to not having any friends, neighborhood or clubs in which to interact with. These reasons cited are known throughout the research to cause children to become depressed.

Research was carried on by the Citizen's Committee for Children (1984), using 83 families throughout shelters and homeless hotels. They found that two-thirds of the respondents reported that they had noticed behavior changes among their children. Most frequently reported were increases in acting out behaviors, with concurrent fighting and restlessness. "Next in frequency were depression, moodiness, and low frustration tolerance". (Citizens Comm. H.C. for Children, 1984) The parents believed that the problems were due to the influences of other children in the shelters, and also due to the stress of being in such cramped quarters.
The most comprehensive study to date was conducted by Dr. Ellen Bassuck of the Harvard University Medical School. "Data from this study clearly identifies children as the major victims of homelessness". (Boxill, 1986 pg. 1) The study was performed on homeless families in the Massachusetts area in two-thirds of family shelters state-wide. The researchers interviewed member of 82 families with 156 children (out of a possible 101 families and 160 children) were from the Boston area. (Bassuck, and Rubin, 1986 pg. 279)

Bassuck's study revealed that the majority of the children have developmental delays, severe depression, anxiety and learning difficulties were common among children.

Other findings in Bassuck's study indicate that:

1. 30% of the 50 children that completed the Children's Manifest Anxiety Scale indicated a need for psychiatric referral.

2. 54% of the 42 children who were assessed using the children's depression inventory Test are in need of referral and evaluation in a psychiatric facility.

3. These are the findings according to the Achenback behavioral checklist completed on 42 children:
   - 66% 6-11 year old boys
   - 50% 6-11 year old girls
   - 38% 12-16 year old children are in need of psychiatric evaluation.

4. On formal testing with the Denver Developmental Screening and pre-school children, five years and younger found delays 47% of the 81 children manifested one or more developmental delays. 33% had two or more and 14% had four developmental delays.
Another study conducted by Dr. Ellen Bussuck on 51 mothers and 78 children in Boston shelters, found the same devastating results.

The children we interviewed had severe medical and emotional problems. One child had failure to thrive and several others had multiple medical disorders, another child had not received any inoculations; a three month old was listless, depressed and unresponsive; a six month old girl was repeatedly fed spoiled milk and developed an infected rash because her diaper was changed only occasionally; a nineteen month old baby stopped eating and sleeping because of nightmares when he came to the shelter, a ten year old boy manifested his anxiety by pulling out his permanent teeth. (Bassuck, 1986 pg. 49)

Health and the Homeless Child

Many homeless children suffer serious health problems from the conditions of homelessness, some of the children's health conditions have cost them their lives.

According to the National Coalition for the Homeless (1985), homeless children had a great number of health problems. First of all, gastroenteritis, which is often caused by the ingestion of harmful bacteria from stale milk and unsterilized bottles. One of the most common reasons for homeless infants being admitted to hospitals. Other serious complications such as weight loss, infected diaper rashes, and staph infections among infants are also requiring expensive medical care and follow-up. (National Coalition for the Homeless, 1985)
Other studies conducted validate inferior health of the homeless child. This study was performed by Alperstein, Rappaport and Flanigan (1988) with homeless children under 5 residing in the New York area. They compared homeless children who attended St. Lukes-Roosevelt Hospital Pediatric Primary and Ambulatory Care Clinic for treatment with non-homeless children who also attend the same clinic. "They concluded that homeless children with lead levels greater that 30 mcgs/ml and the rates of reports of child abuse and neglect and hospital admissions were higher than those in the comparison group." (Alperstein, Rappaport and Flanigan 1988, pg. 232)

Furthermore, the researchers came to the conclusion that the homeless child's immunization schedule was lagging behind the comparison group.

Along the same lines, additional studies have been done to support the hypothesis of poor health among homeless children. "A study conducted in Boston's shelters divulged children who comprise a growing population of the homeless, commonly suffer from asthma, anemia, malnutrition and serious emotional and learning problems." (Holden 1988, pg. 242)

Homeless people also suffer from nutrition-related illnesses, heart and respiratory diseases and ulcerated legs. A simple sprained ankle can, and often does, become a permanent disability for the homeless person because private hospitals and rehabilitative care is not available. Given the harshness of life on the street, it is the rare few among the homeless whose survival is all healthy. (Sloss 1987, pg. 18)
A study conducted by Wright, (1987) also found homeless children had many health problems. The data was gathered from 1,028 homeless children seen by the clinic. By far the most common disorders observed among children are minor upper respiratory infections, (approximately 20%), then ear disorders (mostly media, at about 18%), then gastrointestinal problems (15%) and then trauma (about 10%) eye disorders (8%) and lice infestation (7%) (Wright, 1987). Among boys and girls tested that are homeless, there is little difference.

Further results from the study were that "16% of the homeless children already have one or another chronic health conditions; cardiac disease (3%), anemia (2%), peripheral vascular disorders (2%), neurological disorders (2-3%)" (Wright, 1987). This rate of chronic disease was twice as high in homeless children, than non-homeless children.

Health problems for homeless children include poor nutrition, it is very rare for these children to have the opportunity to eat balanced meals. Moreover, alcohol and drug abuse and sexually transmitted diseases are health concerns of the homeless youth and now an even more serious condition is the Aids infection. According to Bucy (1987), Pimps, male prostitutes are engaging younger and younger children into prostitution hoping the young homeless children won't be diseased.
Research by Dr. P.J. Acker in New York City (1987) found that hotel and shelter homeless children do in fact have serious health problems. Homeless children in large numbers have immunization delays. Moreover, the study also revealed that children 6 months to 2 years are at increased risk for iron deficiency. According to Acker (1987) the overcrowding conditions of the shelter's place the children in high risk of the health problems.

The Self-Concept and the Homeless Child

The self-concept consists of sets of images organized and internalized according to group norms, communicated and reinforced over time through a variety of daily experiences and symbolic interactions (Haym, 1977). It is known that a positive self perception is critical to be able to function in one's surrounding. Without a sense of belonging a child develops a negative self-concept. Moreover, when a child's life experience is viewed as negative by society; then they feel as if they are unworthy also.

The incidents which precipitate a move can be both positive and negative - job promotion or unemployment, birth and deaths, marriage or divorce. Whatever the reasons, moving away from one's home can be a stressful situation for people at any age, but relocation maybe especially difficult during early childhood (Julongo, 1987). Moving has been re-
garded as a disruptive event for children due to the fact that they view their home as part of what makes them the person they are. It is not unusual for children to regress developmentally. The affects of homeless children range from awful to worse depending on how long they have been without a home. (McChesney, 1987)

In order to protect their self-concept, children hide their identity of being homeless at any cost. According to Nancy Boxill, (1987) school age children leave the shelter at 6:30 sometimes even in the dark. They avoid social interaction because they don't want to be identified as homeless. When school ends, they wait at the bus stop until all peers have left. They must at all costs avoid anyone knowing that they live at a shelter (Boxill, 1986).

A report done by the National Coalition for the Homeless (1987), determined through their study that homelessness is deteriorating the child's self-concept. The stigma of being a social outcast erodes a child's sense of self-worth (NCH, 1987). The study also stated that the homeless child needs contact with the community i.e. school, clubs and friends in order to build up their self-concept.

In conclusion, as documented by the literature, homelessness effects every aspect of the child's life. From their health to the way they feel about themselves impacted in a detrimental manner.
Every child in America needs a decent home in which to live. Adequate housing provides more than just a roof over a youngster's head, a warm place in winter, and a cooler place in summer. It is a fundamental form of preventative medicine. A child's frontline against illness. It is also an auxiliary educational aid, helping a child complete the necessary homework at night, have an opportunity to work with his parents or older siblings, and arrive at school well rested. And is the primary physical setting of a child's care and development, providing the necessary sense of security and refuge (Children's Defense Fund, 1987).
Statement of the Hypotheses

1. Ho There is no significant difference between children living in a night shelter versus those who live in transitional housing with regards to self-concept.

2. Ho There is no significant difference between children living in a night shelter versus those who live in transitional housing with regards to anxiety.
Theoretical Framework

Introduction

There are many theories and models attempting to account for the processes by which individuals become homeless. According to Ropers (1985), theories written before the 1980's implied that homelessness was caused by the individual person's weakness. However, this is not the case in the 1980's, the rationale behind homelessness no longer can be pinned to the individual; instead it is a societal problem. Therefore, the theories that have been chosen to describe the issues are developmental theory by Eric Erickson and Feminization of Poverty.

Feminization of Poverty

In view of the fact the majority of homeless children do not live in isolation, but rather in a family system, feminization of poverty will be addressed. The alarming increase in numbers of female-headed families suggests that we are witnessing the "feminization of homelessness". (Bassuck, 1986 pg. 46) The number of white and black female headed families has doubled since 1970. (Roper, 1987)

The number of families maintained by women grew more than 84% between 1970 and 1984. The increase is attributed to more marriages ending in divorce and more women having children without marrying. Between 1970 and 1982, the number of children living with divorced mothers doubled, the number of children living with never married mothers quadrupled. By 1984, almost 10.9 million children were being raised solely by their mothers. (Sullivan and Damrosch, 1987)
The factors that influence feminization of poverty according to Goldberg and Kiemen (1988), includes:

1. Labor market factors - differences in wages between men and women.

2. Government income transfers - to provide an income for women with children.

3. Extent of policies to promote economic equality to provide a task force to ensure women with the same opportunities as men.

4. Demographic factors - increase in rates of divorce and teenage pregnancy effect the number of female-headed households.

Children become homeless as a result of their mothers not being able to take care of them, more than half of all children in female-headed families are poor. (CDF, 1987) Because of the absence of a second parent and the lack of child care in the majority of shelters, mothers often spend twenty-four hours a day with their small children. (Bassuck, 1986 pg. 51) Moreover, because of unavailable or unaffordable child care, the length of homelessness may grow, knowing that without someone responsible for baby-sitting, the parent cannot get to a job interview or housing application interview. (Dennis and Gamble, 1987) To better understand the effect of being homeless on a child, developmental theory will be addressed.
From the research, the effects of homelessness on children, cause a vast amount of psychological problems from anxiety to withdrawn behavior to depression. Using Eric Erickson's model as a foundation, the developmental process of childhood will be examined.

The first state is trust vs mistrust (Birth-two years of age). The process centered to a successful resolution of this crisis is attaining mutually with the caretaker developing a social attachment to another human being. (Steever and Woodanski, 1988). As the child begins to develop a sense of self, they develop trust in the care giver. It is important for consistency and warmth for the infant, moreover, to meet the child's biological needs. If a child's needs are not met, they develop mistrust. Reports that infants who are separated from a consistent caretaker for long periods of time tend to have retarded motor development, delayed language development and cold emotional responses. Moreover, these children often develop inadequate self images. (Steever and Wodanski, 1984 pg. 269)

In Erickson's second state of development, autonomy vs shame and doubt (Two-Four years), the key to this state is imitation. "In this developmental task the child masters such tasks as toilet training, independence and socialization
of anger, primarily through imitation." (Steever, and Wodanski 1984 pg. 271). The child develops self-confidence, independence, and language development. If parents recognize the young child's need to do what he is capable of doing at his own pace, and in his own time, then he develops a sense that his is able to control his muscles, his impulses, himself and, not insignificantly, his environment the sense of autonomy. (Munsinger 1987 pg. 503) When caretakers perform task that child is able to master, the result is also shame or doubt. If the child leaves this stage with less autonomy than shame or doubt, he will be handicapped in his attempts to achieve autonomy in adolescence and adulthood". (Munsinger 1987 pg. 503)

The third stage of Erickson's development theory is initiative vs guilt (five-seven years). In this stage the child engages in exploration of his/her world and strong sense of autonomy must have been reached. "He can thus initiate motor activities of various sorts on his own and no longer merely respond to or imitate the actions of other children. (Munsinger 1987 pg. 503) On the other hand, if the child is criticized for exploring his world or made to feel "bad" about new motor activity then a sense of guilt will result.
The last stage of Erickson's stages of development in childhood is Industry vs Inferiority (seven-twelve years). This stage is characterized by the child's attraction to the same sex parent. "It is also a period during which the child becomes capable of deductive reasoning, and of playing and learning by rules." (Munsinger 1987 pg. 503) The child that masters industry develops an awareness of how things are made and put together. In order to develop industry the parent must encourage the child to build crafts and to experiment with the environment. "On the other hand, the child who had his sense of industry derogated at home can have it revitalized at school through the offices of a sensitive and committed teacher." (Munsinger 1987 pg. 504) No longer is the development of the child solely effected by the parents, but also on other individuals i.e. teacher and ministers.
Chapter Three
Methodology

Introduction

It is evident from the Literature review that homeless children are subject to many hardships. Most often these children suffer detrimental effects that may last a life time. They may suffer from emotional and psychological issues that cause an obstacle in coping in their daily living. With this in mind, the research design chose aides in collecting data to eventually reach conclusions about the problems.

Research Designs

The research design that was used is a casual-comparative design or ex post facto design. The basic casual-comparative design involves selecting two groups differing on some independent variable and comparing them on some dependent variable (Gay, 1981) (See Diagram Number Two)

<table>
<thead>
<tr>
<th>Group</th>
<th>Independent Variable</th>
<th>Dependant Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case</td>
<td>(E)</td>
<td>(X)</td>
</tr>
<tr>
<td></td>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>Case B</td>
<td>(E)</td>
<td>(X1)</td>
</tr>
<tr>
<td></td>
<td>(C)</td>
<td>(X2)</td>
</tr>
</tbody>
</table>

Symbols

(E) = experimental group ( ) indicates no manipulation
C = control group (X) independent variable
0 dependent variable
From the two groups one must differ in a characteristic, i.e. one group must have been exposed to an experience that the other group lacked. The purpose of using a casual-comparative design is to distinguish cause effective relationships. The basic casual-comparative approach, therefore, involves starting with an effect and seeking possible causes. (Gay, 1981)

In this study the utilization of two groups will be employed. The first group consisted of children that dwell in a traditional night shelter. They were compared to children who reside in a transitional facility. Furthermore, the characteristic that the two groups differ in is a "home". In the comparison group the children are residing in a transitional housing facility which emulates a homelike environment. Therefore, the purpose of this study will be to determine if living in a transitional facility versus residing in a night shelter influences variables such as self-concept, and anxiety.

Settings

The settings that were used in order to gather data for the sample were drawn from the homeless population in the Atlanta area. In the Atlanta area there are about 37 night
shelters for women and their children; 4 day shelters for women; 1 day shelter for children. In contrast, there is about 1 transitional facility for women and children in the Atlanta area. The research took place in one night shelter and one transitional facility.

Shelter A

Shelter A was founded in 1988 to provide emergency shelter to homeless women and their children. The shelter is under the auspices of a private non-profit organization. The night shelter is located in DeKalb County, a suburb of Atlanta, Georgia. Approximately 100 persons reside in this shelter. Twenty-five women who have children, 50 women without children and 50 children. The demographics of this shelter include a varied background of homeless women. Their ages range from 17 to 75 for the women and from newborn to 12 years old for the children. Moreover, the ethnic background of the women and children are culturally diverse. There is a proportioned number of Anglo-Americans and black Americans in the shelter.

The services provided for the residents at the shelter include the following:

1. The shelter is open from 5:30 p.m. to 7:30 a.m. year round.
2. Provides two meals per day, breakfast and supper.
3. Provides a dormitory style living area in which to sleep.
4. Provides a bath area, ie. showers, and bathroom.
5. Laundry facilities available.
6. Nursing staff on duty.

**Transitional A**

The transitional facility that was used to collect the data is located on the Southside of Atlanta. Transitional A was founded in 1988 as an alternate to shelter living. The goal of the program is to provide assistance to the homeless women in order for them to secure permanent housing and permanent employment. All services offered at transitional A are performed by professional staff. The facility houses women and children, each family has their own room. Moreover, the facility is equipped with two central bathrooms and laundry facilities are on the premises.

**Services**

1) **Employment Counseling**
   Counseling provided by a trained professional staff person who links the women with jobs that are available in the community. Assist the clients in filling out applications and with the interview process.

2) **Training Classes**
   Provide adult education classes (G.E.D. classes) to all residents without high school diplomas or G.E.D. Moreover, provide secretarial training.
3) **Supportive Services**

Assist the women in getting services that are needed i.e. AFDC, foodstamps, and the Section B housing department.

4) **Medical Clinic**

On site nurse practitioners who perform physicals on all residents of the Transitional facility. Monitor the well-being of the clients and refer clients for extensive medical treatment when indicated.

5) **After Care Program**

Provide follow-up with clients after they have moved out of the transitional facility. Assist clients when problems arise such as day care, AFDC and transportation problems.

6) **Day Care Program**

Provide a structured program from newborn babies to school age children. The day care is operated by a professional staff person with 2 resident assistants. The day care is open from 7:00 a.m. to 9:00 p.m.

7) **After School Program**

This program provides a tutorial service for school age children.

**Sampling**

The population from which the sample was drawn consists of homeless children in the Atlanta area. The criteria that was set by the researcher in order to formulate the sample
was that the children must be presently residing in a night shelter or a transitional facility. Also, the children must be from 7 years of age to 11 years of age, in order to participate in the sample. Moreover, the sample included both male and females, as well as various ethnic backgrounds, i.e. Black, Anglo, Mexican-American.

Due to the fact of the nature of human service practice, it is not always possible to select a sample in which everyone in the population has an equal chance of being included. As a result, it is necessary to select a sample in which criteria is known about the problem.

The sampling method that was used was purposive or judgement sample. This sample was based on available data on the subject area. Under that board category accidental or coincidental method was employed in order to derive the sample. The purpose of choosing coincidental sampling is that it is less time consuming and less expensive in nature. However, the most important reason is that the population changes night to night in the shelter, therefore, other sampling methods would not be feasible. Coincidental sampling method deploys using clients that are using that particular facility at that time, as long as they meet the criteria set by the researcher.
INSTRUMENTATION

Questionnaire

This questionnaire consisted of 54 questions broken down in the following manner:

Section A: Demographics  <7 questions>
Section B: School  <4 questions>
Section C: Health  <5 questions>
Section D: Self-concept  <14 questions>
Section E: Anxiety  <24 questions>

Section A: This section consisted of questions in order to identify the population. Moreover, to identify length of affiliation with homelessness.

Section B: This section identified school performance.

Section C: This section consisted of questions to gain the perspective on how the homeless child views their health.

Section E: The self-concept scale and the Anxiety Scale in the questionnaire were based on well-known standard measurements, the Children's Manifest Anxiety Scale and the Lipsitt self-concept scale for children.

The children's Manifests Anxiety Scale was developed by Alfred Castneda, Boyd McCandless, Davis S. Palermo. The CMAS
consists of fifty-three items in which the child indicates agreement or disagreement regarding the applicability of the behavior to himself. (Luz and Ziv 1975) The self report questionnaire is broken down into two sections. Section A consists of questions that identify anxiety and Section L contains sections that verify responses on Section A. This scale has been used to test anxiety levels of children in various settings and various backgrounds.

Secondly, the Lipsitt self-concept for children developed by Lewis Lipsitt was a basis for the questions used in the questionnaire. The scale was developed to measure how a child feels about him or herself. The test consists of descriptive adjectives both positive and negative attributes, and the child rates how this describes them. The rating scale ranks from 1 to 5; not at all, not very often, some of the time, most of the time; and all the time. After extensive testing of the Lipsitt self-concept scale, the reliability rating was .73 to .91. Furthermore, has a correlation coefficient that reached statistical significance beyond the .001 level.

It should be noted, that both scales have been modified in order to meet the researchers' purpose. For example, the children's manifest scale was changed to a rating scale in order to increase the validity and reliability.
DATA ANALYSIS

The SPSSX batch system on the Atlanta University Vax system was used for the analysis of the data. The t-Test was employed to test the difference in means between the emergency shelter and transitional facility. The t-Test is used to determine whether two means are significantly different at a selected probability level (Gay, 1981). Along this line, the t-Test for nonindependent samples was employed to determine if the null hypothesis would be accepted or rejected.

In this study, the t-Test determined the difference between the mean score of the homeless child versus the child living in the transitional home.
CHAPTER FOUR

Presentation of the Results Findings

This chapter presents the statistical analysis and discussion of data for this study. It addresses the analysis of the data to help provide answers to the hypothesis. This chapter is divided into two sections (1) descriptive statistics, and (2) t-test analysis. Explanation of the data will be presented for each finding.
### Table Three

Frequency Distribution of Demographic Data

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 6 or 7 years old</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>2. 8 years old</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>3. 9 years old</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>4. 10 years old</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>5. 11 years old</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Male</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>2. Female</td>
<td>27</td>
<td>67.5</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
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<td></td>
</tr>
<tr>
<td>1. Black</td>
<td>33</td>
<td>82.5</td>
</tr>
<tr>
<td>2. White</td>
<td>43</td>
<td>10.0</td>
</tr>
<tr>
<td>3. Other</td>
<td>34</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>AFFILIATION WITH HOMELESSNESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 0-2 weeks</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>2. 3-4 weeks</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>3. 1-6 months</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>4. 6-12 months</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>5. 1-2 years</td>
<td>2</td>
<td>5.0</td>
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<tr>
<td>6. 3-4 years</td>
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<td>2.5</td>
</tr>
<tr>
<td>7. Other</td>
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<td>2.5</td>
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### Table Three Continued

Frequency Distribution of Demographics Data

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<tr>
<th>SPENT MOST NIGHTS</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>1. Shelter</td>
<td>37</td>
<td>92.5</td>
</tr>
<tr>
<td>2. Family or Friends</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW LONG AT THIS FACILITY</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 0-2 weeks</td>
<td>18</td>
<td>45.0</td>
</tr>
<tr>
<td>2. 3-4 weeks</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>3. 1-6 months</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>4. 6-12 months</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>5. 1-2 years</td>
<td>3</td>
<td>7.5</td>
</tr>
</tbody>
</table>
DEMOGRAPHIC DATA ASSESSMENT

Age/Sex

Respondents' ages ranged from 6 to 11. The majority of the respondents 18 (or 45%) were 8 years old; one-fourth (25%) were 6 to 7 years old. The other respondents in the sample (15%) or 6 respondents were 9 years old, and very few (10%) or 4 respondents were 10 years old. The majority of the respondents 27 (or 67.5%) were male while 13 (or 32.5%) were female. (See Table Three)

Race and Ethnicity

Results of the race and ethnicity analysis are based on the respondent's self report. The large part of the sample was black, 82.5 percent (or 33 respondents). Whites constituted the second largest group 4 respondents (or 10%), followed by others 2 percent. There were no Mexican-Americans in the study.

Homeless Status

The majority of the sample 13 (or 32.5%) had become homeless for a relatively short period of time 0-2 weeks. Whereas 5 (or 12.5%) of the respondents were homeless for 3-4 weeks, whereas 11 (or 27.5%) were homeless for 1-6 months, and 7 (or 17.5%) were homeless for 6-12 months. Shelter facilities were the most usual place the homeless sample had spent the previous night; 37 respondents (or 92.5%); followed by family or friends home 1 respondent (or 2.5%). (Table 3)
Forty-five percent (or 18 respondents) had been living in the Homeless facility for 0-2 weeks, while 7 children (or 17.5%) resided 3-4 weeks. Also 11 respondents (or 27.5%) dwelled for 1-6 months; 3 respondents (or 7.5%) remained for 1-2 years. The smallest number of respondents 1 (or 2.5%) had been living in the homeless facility for 6-12 months. (See Table 3)
**Table Four**

Frequency Distribution of School Data

<table>
<thead>
<tr>
<th>GRADE IN SCHOOL</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 1st or 2nd Grade</td>
<td>16</td>
<td>40.0</td>
</tr>
<tr>
<td>2. 3rd Grade</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>3. 4th Grade</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>4. 5th Grade</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>5. 6th Grade</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>6. 7th Grade</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOL FUNCTIONING</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Good</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>2. Okay</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>3. Not So Good</td>
<td>19</td>
<td>47.5</td>
</tr>
<tr>
<td>4. Poor</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW MANY DAYS ATTENDED SCHOOL</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 5 days</td>
<td>30</td>
<td>75.0</td>
</tr>
<tr>
<td>2. 4 days</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>3. 3 days</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>4. 2 days</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>5. 1 day</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6. Do not go</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Table Four Continued
Frequency Distribution of School Data

<table>
<thead>
<tr>
<th>Reason for Not Attending School</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. School is too far away</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>2. No car or bus</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>3. No money or bus fare</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>4. Afraid to go to school</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>5. Other</td>
<td>32</td>
<td>80.0</td>
</tr>
</tbody>
</table>

SCHOOL DATA ASSESSMENT

In Table 3, we can see the largest number of respondents in the study sixteen (or 40%) were in the 1st or 2nd grade. Thirteen respondents (or 32.5%) were in the 3rd grade whereas six children (or 15%) were in the 4th grade. Three respondents (or 7.5%) were in the 5th grade, and an equal amount of respondents 1 (or 2.5%) were in the 6th or 7th grade.

To the question, "How are you doing in school", nineteen respondents (or 47.5%) of the population stated school performance not so good. Another thirteen respondents (or 32.5%) said they have been doing okay in school performance while six respondents (or 15%) felt that their school functioning was poor.
Homeless children were asked how many days they attend school. The majority of the respondents 30 (or 75%) indicated that they attend school 5 days a week, 4 days a week (15.0%), 3 days a week (5.0%), 2 days or 1 day a week (2.5%).

When asked the reason for not attending school (7.5%) or 3 respondents said school was too far away, whereas 2 respondents (or 5.0%) stated no bus or car to take them to school, or they were afraid to go to school.
Table Five

Frequency Distribution of Health Data

<table>
<thead>
<tr>
<th>HOW IS YOUR HEALTH</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Very Good</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>2. Okay</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>3. Not So Good</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>4. Poor</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>5. Other</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEIGHT CHANGE</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gained weight</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>2. No change</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td>3. Lost weight</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>4. Other</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHERE DO YOU EAT</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shelter</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td>2. School cafeteria</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>3. Family members</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>4. Other</td>
<td>10</td>
<td>25.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW MANY MEALS</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. One meal</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>2. Two meals</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>3. Three meals</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>4. Other</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>
HEALTH STATUS ASSESSMENT

General Health

The majority of the respondents 22 (or 55%) rated their overall health as okay. While 32.5 percent (or 13 respondents) rated their health as very good and 2 (or 5.0%) rated their health as not so good or poor. Thirty-seven percent had experienced weight loss (15 respondents), 35.0 percent (or 14 respondents) detected no change while 25 percent (10 respondents) gained weight.

Usual Source of Meals

Less than half of the same 42 percent consume the majority of their meals in the shelter. An equal amount of respondents (10 or 25%) ate their meals at the school cafeteria, and at an unspecified location. While 3 respondents (or 7.5%) ate their meals at a family members house. The majority of the respondents 21 (or 52.5%) consume three meals per day. Another 15 respondents (or 37.5%) ate two meals per day; whereas 3 respondents (or 7.5%) ate one meal per day.

Accidents or Illness

A large proportion of the respondents 70 percent (or 28 respondents) reported that they had either suffered an accident or an illness during the previous two months.
Section B

TABLE SIX T-TEST ANALYSIS

<table>
<thead>
<tr>
<th>Groups</th>
<th>Frequency</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>df</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>22</td>
<td>1.6818</td>
<td>0.477</td>
<td>-0.99</td>
<td>37</td>
<td>0.328</td>
</tr>
<tr>
<td>Transitional</td>
<td>17</td>
<td>1.8235</td>
<td>0.393</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self Concept

H(0) There is no Relationship between children residing in a transitional facility and night shelter in regards to self-concept.

The results from the T-test analysis of self concepts showed \( t = -0.99, \) df 37 \( p > 0.328 \) (see Table 5). Based on these results, we accept the null hypothesis that there is no relationship between children in night shelter versus those residing in transitional facilities.
TABLE SEVEM T-TEST ANALYSIS

<table>
<thead>
<tr>
<th>Groups</th>
<th>Frequency</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>df</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night Shelter</td>
<td>21</td>
<td>1.5238</td>
<td>0.512</td>
<td>0.19</td>
<td>37</td>
<td>0.886</td>
</tr>
<tr>
<td>Transitional Facility</td>
<td>18</td>
<td>1.5000</td>
<td>0.121</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Anxiety**

H(0) There is no Relationship between children residing in a transitional facility.

The results from the T-test analysis of anxiety showed $T = 0.14$ df 37 $p > 0.886$ (See Table 6). Based on these results we accept the null hypothesis that there is no relationship between children in a night shelter versus those residing in transitional facilities.
SUMMARY AND CONCLUSIONS

Highlights of the Present Study

The following results are based on the analysis of 40 homeless children who were sampled from a transitional facility and a night shelter in the Atlanta area.

Age: 65% were between the age of 6 through 8

*Range - 6 to 11 years of age

Race of Ethnicity: 82.5% were Black

Sex: 67.5% percent male
32.5% percent male

Length of Homelessness: 60% less than 6 months

School Grade: 72.5% 1st through 3rd grade
Range - 1st through 7th grade

Amount of Days Attended School: 75% attended school 5 days per week

Variables

Self-Concept: No significant difference between the night shelter and the transitional facility

Anxiety: No significant difference between the night shelters and the transitional facilities.

The purpose of this study was to distinguish the difference between children residing in a night shelter versus those residing in a transitional facility using A) Self-concept and B) Anxiety. The questionnaire was administered by the researcher to 40 children living in a transi-
tional facility and a night shelter in the Atlanta area.

The empirical findings presented in this study indicates that the majority of the children interviewed were between the age of 6 through 8. According to the Task Force for the Homeless (1987) the majority of homeless families in Atlanta have school age children.

The ethnicity of the sample was consistent with other studies conducted in that there was a disproportionately higher amount of blacks in the sample. According to Roopers (1985) blacks make up the largest and most over-represented minority group in the homeless population. In a study conducted on the Impact of the Homeless on Atlanta (1984) 63 percent of the respondents were black. Similar findings were obtained in New York, and Los Angeles, with 57% and 65% of the homeless being black respectively. Explanation for the over representation of blacks in the homeless population is the result of discrimination lodged against blacks in the housing market and also in the unemployment arena. Blacks have the highest rate of unemployment than any other minority. In 1983, Los Angeles unemployment rate was 16.4 percent for Blacks while 12.4% for Hispanics and 9 percent for Whites. (Roopers, 1988) According to Alphonso Pinkney in his Book The Myth of Black Progress housing is one of the in which blacks have faced the greatest amount of discrimination (Roopers, 1985). The Black family has twice the struggle as their white counterparts have in locating housing.
which blacks have faced the greatest amount of discrimination (Roopers, 1985). The Black family has twice the struggle as their white counterparts have in locating housing.

The average length of homelessness for the sample was a few days to six months, which consisted of 60% of the sample. According to the study on Atlanta's homeless, the majority of the sample were homeless for less than six months (62%) which is consistent with this study. Also, a study conducted by Rooper in 1985, concluded the majority of the respondents (66%) in Los Angeles were homeless for a year or less.

In this study the majority of the sample attended school 5 days per week (75%) in the minority was less than 4 days per week (25%). A study conducted by the Citizen's Committee on Children (1986) found that 95% of the children were in school. However, there are studies such as the Travelers Aide (1987) found that 43% of the children were not attending school. The reason for not attending is school is that it is too far away, no transportation and children make fun of me. this is not consistent with the findings in the literature. According to National Coalition for the Homeless (1986) the majority of the children were not attending school due to lack of documentation.
<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>TRANSITIONAL FACILITY</th>
<th>NIGHT SHELTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Located in a dangerous neighborhood i.e. known to sell illicit drugs</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>2) Regulations that state families are ineligible to reside in the same facility.</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>3) More than 50 residents under one roof.</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>4) Share restroom facilities with other residents.</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>5) Private dining and living area.</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>6) Access to kitchen facilities for the residents</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>7) Day care services for the children</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>8) Mental Health counseling for women and children. *Screens for women with emotional problems and doesn't allow them to live at this facility.</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>9) Programs geared for children i.e. tutorial programs</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>10) Supervised/structured after school programs</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>11) Access to Health care</td>
<td>Both facilities have nurses on staff.</td>
<td></td>
</tr>
<tr>
<td>12) Walking distance to school</td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>
From Table 7, both the transitional facility and night shelter are located in a dangerous neighborhoods i.e. known to sell illicit drugs. This is not uncommon for many shelters and transitional facilities that house homeless children, that they are located in dangerous neighborhoods where criminal activity such as prostitution and illegal drug dealing is part of everyday life. Lessons learned by the children are negative in nature. Regulations that split up family members breed family disruptions among homeless children according to the Task Force for the Homeless (1987). Both facilities lacked access to kitchen facilities so that children with special dietary needs are unable to have the meal they need. This regulation is consistent with other facilities nationwide according to Kozol (1988) residents caught with cooking devices in the homeless housing facilities would automatically be evicted. Along the same lines, neither facility had a private location for bonding with family members. According to Boxill (1986), bonding is important for a child to grow up healthy with an intact self-concept. Furthermore, it should be noted that even though the transitional facility had a daycare program, it was inadequate to meet the children's needs. The ratio of children to trained staff was inappropriate. The transitional facility on the surface provides more service than the night shelter, however, these services are geared to the adults. Neither place had identified programs for the chil-
dren. Both facilities lacked enough male figures with which the homeless males could identify, even though the vast majority of the homeless children were male.

From these findings it is clear that in actuality the two facilities are similar in many aspects which may be used to explain the outcome. If the children are exposed to similar conditions, it stands to reason when tested would have comparable responses.

On the variables, self-concept and anxiety research done by Bassuck, Rubin and Lauriat (1987), and Bassuck (1987, 1988) have shown the detrimental effects of homelessness on children residing in a night shelter. In one of the studies, out of a sample of 150 children, half of the sample were in need of psychiatric evaluation due to their severe anxiety levels. Furthermore, researchers like (Wright, 1987; Whitman, 1987; and the Children's Defense Fund 1987) echo the damaging effects that shelters are having on the homeless child. Children are exposed to lead contamination in many shelters causing poor physical health. Also, they have a low self-concept from being different from their peers at school.

From the study it shows there is no significant relationship between night shelters and transitional facilities, therefore, it is possible for these damaging effects to be present in the transitional facility as well.
Secondly, the small number of respondents in the sample may have a bearing on the findings. It is possible with the small sample size that it may affect the generalizability of this study.

Conclusion

The 1980's will be characterized as the era of homelessness in the history book. Even though the United States has experienced other periods of homelessness, however, never has there been so many homeless as there are in today's society since the 1930's Great Depression. Today's homeless includes a unique feature which are women and children. The children are especially adversely effected by being homeless. Due to the fact they have not matured to the point of perfecting coping skills to protect them from the physical and emotional disruption of homelessness.

It was thought that the transitional facility that has come into popularity since the 1987's would alleviate psychological effects documented from living in a night shelter. However, this hasn't proven true according to the results of this study, since there is no significant difference between the two groups. What is the answer? It lies in permanent housing for children and their families. Studies have shown that the home provides safety and security in the child. Besides this it provides a sense of place and physical setting in which a child's care and development is provided.
Limitations of the Study

A. The use of accidental sampling may not represent the entire population.

B. The small sample size can affect the generalizability of the study.

C. The casual-comparative study's outcome may be linked to another factor other than the independent variable.

D. The use of two different questionnaires may hinder the validity of the questionnaire used by researcher.

Suggested Research Directions

A. To research the long-term effects of being homeless on children.

B. To evaluate and research programs that claim to be effective in working with homeless children i.e. a school to provide services exclusively to homeless children.

C. To compare transitional facility homeless children versus children residing in a night shelter using a larger sample.

D. To research the effects on children from being split up from a two parent family in night shelters and transitional facilities.
IMPLICATION FOR SOCIAL WORK PRACTICE

"The growing population of homeless women <and their children> holds immediate and far reaching implications for social work practice and for the design of effective social services" (Stoner, 1983 pg. 571). Young children and their mothers are the fastest growing segment in the nation's homeless population. The homeless children are at risk for potential emotional damage that could last a lifetime. For this reason homeless children are a special concern for social work practice. Children are the future of America's society, it is the duty of the American people to ensure that children grow up with their basic needs being met i.e. home and food. Also, that they grow up in a healthy environment, educated and with a job in their future. However, in order to assist the homeless child the family must be aided.

The goal of helping the homeless population goes beyond the Band-Aid approach that has been used in the past i.e. emergency shelter, soup kitchens and basic social services. To help the homeless, there must be an understanding of who the homeless are and where they came from. What is needed is a system that provides a permanent home and supportive services such as vocational training, health and mental health.
services. The goal is reintegrate the homeless back into mainstream society. However, there are no quick fixes in sight to end getting homeless people off the streets and into housing (Main, 1986). Even so, it is important for social workers to ban together and fight for legislation to provide services for the homeless. Also, advocate for the reevaluation of national political trends and policies that have had negative impact on the homeless population.
Recommendations

Based on the findings of the study, the researcher recommends that:

I. Those Social Workers in administrative positions should advocate for the homeless in the following respects.

A. The Federal Government should declare homelessness a national emergency so that immediate relief could take place.

B. The Federal Government should reverse its conversation, and provide low-income housing.

C. The Federal Government should increase the number of new and rehabilitated units under Section 8 to provide housing for the homeless population. There also is a need to preserve single-room occupancy hotels (SRO's).

D. The state and city government should renovate the housing stock already in existence to provide more housing for the homeless population. Also, to make vacant, tax-foreclosed buildings available to house the homeless.

2. Those Social Workers holding positions in policy making agencies should develop new innovative programs and intensify programs in existence for homeless women and their children.

A. Modifying AFDC eligibility requirements so that homeless women will be able to apply for aide without having documents i.e. birth certificate and social security card. Furthermore, AFDC payments will increase as the inflation rate increases.

B. To revise and enact new legislation aimed in providing the opportunity for education to all homeless children. Also enact new legislation to correct damage done by old policies. For example, after school/before school programs to provide tutorial services to assist the homeless child with school work.
C. To develop new policies to provide a national health care system so that homeless families and children can have access to adequate health care.

D. The Federal, State and local government should provide legislation to provide publicly funded employment to all that can work. Employment could include the building of low income housing needed by the homeless.

E. State and local government should provide job training programs designed to teach vocational skills especially aimed to assist women.

F. A national day care system which provides care of the children on a sliding scale fee system.

3. Social Workers in direct service should be involved in intensive case management in order to link the homeless population with services that are needed.

A. School Social Workers should link homeless children with programs to assist them with their special needs.

B. Social Workers should educate service providers about the needs of thee "New homeless populatin" i.e. women and children.

C. There should be a statewide national office for the homeless with branch offices located in each city. This organization would be responsible in linking homeless individuals with services needed.

4. Research is needed into the resolution homeless should be conducted. Also, extensive research is needed on the long term effect of being homeless on children. Most of all what can be done to alleviate the psychological effects of being homeless on children.
This survey is set out to analyze the difference between children residing in a transitional housing facility versus children staying in a traditional night shelter.

This is not a test, there are no "right or "wrong" answers to the questions.

Thank you so much.

SECTION A: DEMOGRAPHICS

1. PRESENT ADDRESS
   Name of shelter or transitional facility

2. AGE:
   1. 7 years old
   2. 8 years old
   3. 9 years old
   4. 10 years old
   5. 11 years old

3. SEX
   ___ Female
   ___ Male

4. RACE
   ___ 1. Black
   ___ 2. White
   ___ 3. Mexican-American
   ___ 4. Other

5. How long have you been homeless?
   ___ 1. 0-2 weeks
   ___ 2. 3-4 weeks
   ___ 3. 1-6 months
   ___ 4. 6-12 months
   ___ 5. 1-2 years
   ___ 6. 3-4 years

6. Where have you spent most of your nights?
   ___ 1. Shelter
   ___ 2. In your own home
   ___ 3. Street, (alley, park, buildings)
   ___ 4. Motel or Hotel
   ___ 5. Car
   ___ 6. Friend or other family member
13. Has your weight changed since being homeless?
   1. gained weight
   2. no change
   3. lost weight

14. Where do you usually eat?
   1. shelter
   2. school cafeteria
   3. friend or other family member
   4. fast food, cafeteria, restaurant

15. How many meals do you usually eat?
   1. one meal per day
   2. two meals per day
   3. three meals per day
   4. don't eat everyday

16. Have you had any accidents or illnesses?
   Accidents:
   1. broken bones
   2. cuts
   3. falls
   4. burns
   5. other accidents

   Illness:
   1. flu
   2. bronchitis
   3. cold
   4. sore throat
   5. headaches
   6. other
7. How long have you been at this Night Shelter or Transitional facility?
   ___ 1. 0-2 weeks
   ___ 2. 3-4 weeks
   ___ 3. 1-6 months
   ___ 4. 6-12 months
   ___ 5. 1-2 years
   ___ 6. 3-4 years

SECTION B: SCHOOL

8. What is your grade in school?
   ___ 1. 1st grade
   ___ 2. 2nd grade
   ___ 3. 3rd grade
   ___ 4. 4th grade
   ___ 5. 5th grade
   ___ 6. 6th grade
   ___ 7. 7th grade

9. How are you doing in school?
   ___ 1. very good
   ___ 2. okay
   ___ 3. not so good
   ___ 4. poor

10. How often do you go to school
    ___ 1. 5 days a week
      ___ 2. 4 days a week
      ___ 3. 3 days a week
      ___ 4. 2 days a week
      ___ 5. 1 day a week
      ___ 6. don't go

11. If you go to school less than 4 days a week, what is the reason?
    ___ 1. school is too far away
      ___ 2. no car or bus to take you
      ___ 3. no money or bus fare
      ___ 4. no clothes to wear
      ___ 5. children at school make fun of you
      ___ 6. afraid to go to school

SECTION C: HEALTH

12. How is your health?
    ___ 1. very good
      ___ 2. okay
      ___ 3. not so good
      ___ 4. poor
SECTION D: SELF-CONCEPT

<table>
<thead>
<tr>
<th></th>
<th>Not all the time</th>
<th>not very often</th>
<th>some of the time</th>
<th>most of the time</th>
<th>all of the time</th>
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</thead>
<tbody>
<tr>
<td>17. I am friendly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I am happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. I am kind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>20. I am brave</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>21. I am honest</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>22. I am good</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>23. I am lazy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24. I am popular</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>25. I am clean</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26. I am polite</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>27. I am shy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>28. I am helpful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>29. I am loyal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>30. I am proud</td>
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<td>2</td>
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</table>
### SECTION E: ANXIETY SCALE

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<th>most of the time</th>
<th>all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. I like everyone I know</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>32. At times I feel like shouting</td>
<td>1</td>
<td>2</td>
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<tr>
<td>33. I wish I could be very far from here</td>
<td>1</td>
<td>2</td>
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<tr>
<td>34. I am afraid of a lot of things</td>
<td>1</td>
<td>2</td>
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<tr>
<td>35. I have trouble making up my mind</td>
<td>1</td>
<td>2</td>
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<tr>
<td>36. I worry most of the time</td>
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<td>2</td>
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<tr>
<td>37. I get angry easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>38. I am always kind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>39. I worry about what my friends think of me</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>40. I have trouble eating</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>41. My feelings get hurt easily</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>42. I am always good</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>43. I worry about doing things right</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>44. It is hard for me to go to sleep</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>45. I am always nice to everyone</td>
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<td>2</td>
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<td>4</td>
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</tr>
<tr>
<td>46. I tell the truth every single time</td>
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<tr>
<td>47. I am afraid of the dark</td>
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<tr>
<td></td>
<td>not all</td>
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<td>some of</td>
<td>most of</td>
<td>all of</td>
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<tr>
<td>48. It is hard for me to keep my mind on my school work</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>49. I never get angry</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>50. often I feel sick in my stomach</td>
<td>1</td>
<td>2</td>
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<tr>
<td>51. I get headaches</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>52. I get tired easy</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>53. I have had dreams</td>
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<td>2</td>
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<tr>
<td>54. I never lie</td>
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</table>
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