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RESEARCH ON HOMELESS CHILDREN

The Interconnection of Childhood Poverty and Homelessness: Negative Impact/Points of Access

by *Cathryne L. Schmitz, Janet D. Wagner & Edna M. Menke*

Abstract

Child poverty negatively impacts the development of children; family homelessness compounds the issues. Both have dramatically increased over the last two decades with far-reaching, poorly understood consequences. The impact of the instability of poverty and homelessness on children is often hidden or difficult to comprehend. Few studies critically examine the impact on a child's sense of safety and security. Using mixed method inquiry, this research sought to examine the effects of poverty and homelessness on children 8 to 12 years of age. The voices of the children illuminate the underlying strengths and vulnerabilities. Results indicate that homelessness leaves children feeling a decreased sense of support and an increased sense of isolation.

THE HIGH LEVEL OF POVERTY among children of all ethnic groups in the United States negatively impacts their development and the nation's future. Poverty places families at risk (Belle, 1990), frequently negatively impacting the development and emotional status of children (Committee for Economic Development, 1987; Elmer, 1977; Tuma, 1989). As a result of structural changes (Center on Human Poverty and Nutrition Policy, 1995), the level of poverty facing children in the U.S. is the highest in the industrial world (Children's Defense Fund [CDF], 1991). Child poverty is currently 20.5% (CDF, 1998) with children in minority and female-headed single parent families experiencing the highest rates (CDF, 1991).

While the impact of homelessness cannot be separated from poverty, homelessness is a life event having traumatic effects beyond poverty. It is a systemic problem (McChesney, 1990), increasing as the shortage of affordable housing decreases and the level of poverty increases (Gulati, 1992; Martin, 1991; McChesney, 1990; Shinn & Gillespie, 1994). Family homelessness increased dramatically in the 1980s. It is still rising as "attacks on the social welfare system" continue (Gulati, 1992; Lindsey, 1998), pushing the

number of children (CDF, 1995) and female-headed households (Lindsey, 1997) experiencing homelessness steadily upward. The issues arising from this attack are also personal (Gulati, 1992). Homelessness is a condition which compounds the issues faced by families in poverty—frequently involving the loss of friends, belongings, neighborhood, school (Boxill & Beaty, 1990), and a place to "be."

Studies have shown mixed results in understanding the impact of homelessness beyond poverty. A study by Bassuk and Rosenberg (1988) suggests homeless children are different from poor, domiciled children. Other studies, however, conclude children who have been homeless may not be dramatically different from other very poor children (Masten, 1992; Ziesemer, Marcoux, & Marwell, 1994). Ziesemer, Marcoux, and Marwell (1994) found no significant differences between homeless and domiciled low-income children (Ziesemer et al., p. 658); and Martagon, Ramirez, and Masten (1991) found that children who are homeless "did not differ from other children in how far they are expected to go in school or general hopes for the future" (p. 1). In spite of the stress of homelessness in children's lives, it may be

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the long-term poverty which places children at greatest risk (Ziesemer et al.).

Missing in the literature is the child's perception of the situation of self and environment (Epps, 1998). Children's voices have the potential to give rise to a picture of their lives, dreams, aspirations,

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and needs. In listening, we may find ways to understand their experiences as a basis for designing empowering programs and policies (Chalhub de Oliveira, 1997). Mixed method inquiry was used in this study to add to our understanding of the impact of poverty and homelessness on latency age children in poverty (domiciled and homeless). Both a priori and grounded theory guided the design. The use of qualitative and quantitative methods increased the richness (Mitchell, 1986; Patton, 1990) adding voice to the data, clarifying the differential impact. The implications for practice are identified with a discussion of the strengths as a basis for intervention and remediation.

Defining Home and Stability

"Every child needs a place to call home ... a place of belonging and a place to keep one's things" (CDF, 1989, p. 108). Home, however, represents much more, implying "layers of meaning" (McCollum, 1990, p. 226) "A home provides far more than just a physical shelter against the elements" (CDF, p. 108). "It is a milieu that is safe, above all, but also strong, warm, enfolding, and reliable" (McCollum, p. 226); involving an expression of self, a place of belonging, and the embodiment of personal

and family history.

Home and place intertwine as a complex concept moving beyond the immediate family household. "Attachment to place is not holistic but multi-dimensional" (Gerson, Stueve, & Fischer, 1977, p. 156). Home "anchors a family in the community and provides children with the stability they need to develop and grow" (CDF, 1989, p. 108). The physical neighborhood, the people, and the actual dwelling all influence attachment. Families surviving amidst poverty in an inner-city environment often do not live in neighborhoods that offer the safety and security implied in "home." Further, low-income families live precariously, frequently spending up to 70% of their income on rent. They have no cushion for changes in income or housing costs. Therefore, all families living in poverty are at risk of homelessness at transition points (Mihaly, 1989).

Methodology

This analysis emerged from a comprehensive study of families living in poverty in Columbus, Ohio. Data were gathered by an interdisciplinary team (social work and nursing) on the physical and emotional well being of children and families living in poverty, many of whom have experienced homelessness. Data were collected on the health, mental health, support, and stability issues of the families in poverty. The health and mental health of domiciled and homeless children living in poverty were analyzed and compared.

Subjects

A purposive sample was drawn of 133 families with children living in extreme poverty; families having an income below the federal poverty line and receiving assistance from public services or entitlements. The female caretaker in each family (the mother or custodial grandmother) and one of the children between 8 and 12 years of age were interviewed. By design, half of the families involved in the study were homeless at the time of the interview using the definition outlined by Roth, Bean, Lust, & Saveanu (1985). A family was considered homeless if it was living in: (a) a shelter or transitional housing for the homeless, (b) a residence with an actual or intended stay of less than 45 days, (c) a cheap motel, (d) a car, or (e) the street. (Children living with their mother in a shelter for battered women were not included in this study.)

The homeless families were solicited primarily from transitional housing facilities working with homeless families, cheap motels, and soup kitchens. The domiciled families living in poverty environments were solicited primarily from soup kitchens, food pantries, human service agencies, and health clinics.

Data Collection

The mother and child participated in a face-to-face interview and completed a number of standardized instruments. Standardized instruments previously used with similar populations were selected to gather data on the child's anxiety, depression, behavior, and locus of control (see Table 1). Interview schedules based on formats previously tested by Wagner and Menke (1992) were used to gather data on attitudes and beliefs. The mother provided demographic and background information about the child. The following questions guided this analysis.

1. Did poverty affect child anxiety, depression, behavior, and locus of control?
2. What were the children's career goals? Did they understand the path to those goals?
3. How did the children—homeless and domiciled—view family finances?
4. Who did the children—homeless and domiciled—turn to with problems?
5. What were the major concerns of the children?

The semi-structured questionnaires/interview schedules used with the mother and child were designed to be administered verbally. Content validity was addressed by using a panel of experts (faculty knowledgeable about child development and/or the conditions for poor families) and conducting a field test. The field test also addressed the face validity. Reliability/credibility was assessed by having an independent observer review the transcribed answers for confirmation of the interpretation and analysis using the methods of Kirk & Miller (1986) and Lincoln & Guba (1985).

Data Analysis

Qualitative and quantitative data provided a basis for this analysis. Themes were identified and then coded using a combination of the methods described by Bogdan & Biklen (1992), Miles & Huberman (1984), and Strauss & Corbin (1990). Statis-

tical analysis involved primarily descriptive statistics with minimal use of inferential statistics. Relationships between this sample and large, national samples for anxiety, depression, and behavior were examined using *t* tests (see Schmitz, Wagner, & Menke (1995) for review of inferential analysis).

Results and Findings

Descriptive Data

All of the families participating in the study faced multiple risk factors due to poverty and instability. The families interviewed lived in extreme poverty with 90% relying on entitlement programs as their primary source of income (see Table 2). As a result, 53% were homeless at the time of the interview and 71% had been homeless at least once; only a quarter (26%) of the children had been homeless more than once. Many of the children had experienced instability beyond homelessness. The average family had moved 1-1/3 times in the previous 2.5 years with a third (33.9%) moving 2-5 times.

The mean age of the mothers was 32 years with 77% ranging from 27 to 37 years of age. The mother's education level placed many of the families at risk. In line with national data, which indicates that 50% of poor single mothers have not graduated from high school, approximately half (48%) of the mothers in this study had not graduated from high school. This is more than twice the rate (17%) for non-poor single mothers (Human Resources, 1991) and twice (23%) that of all adults (U.S. Bureau of the Census, 1991). A direct relationship existed between the mother's education and the child's reported academic performance with the child's performance increasing as the mother's education increased (Schmitz, 1993).

The mothers' view of their children was assessed qualitatively. When asked to describe their children, almost three quarters (73.4%) viewed the child positively (interrater reliability = 82%). The mothers described their children with words such as "loving," "sensitive," "concerned," "caring," "bright," "energetic," "wonderful," "understanding," "helpful," "considerate," and "affectionate." As one mother, who was homeless when interviewed, stated about her 11 year old son, "He's charming, sweet, easy to get along with. He's inquisitive, understanding and lovable. He's the kind of child you

would like to have. The All American boy. He's not bad 'cause he don't like to be."

The children were evenly divided in gender and dispersed across age. Children of color were over represented with almost three-quarters (70%) African American, Native American, Asian American, or biracial. African American children comprised three-fifths of the sample. Life events and health problems in-

... withdrawal and denial were reported as ways to deal with issues that bother them by 47% of the homeless children ...

creased the risk for many. Almost half (46%) of the children had experienced a significant life crisis involving violence and a tenth (10.5%) had a significant health problem.

In spite of the risks, the children exhibited many strengths. They were frequently performing above average academically (as reported by the mothers) and generally scored within the normal range on the standardized tests (see Table 3). In comparisons between the homeless and domiciled children on the standardized test, the only significant difference occurred in anxiety. Children homeless at the time of the interview exhibited ($p < .05$) higher anxiety levels ($M = 55.06$) than domiciled children ($M = 51.37$).

Qualitative Findings

The qualitative data added depth in identifying the common struggles of the children and families, as well as the added emotional costs of homelessness. Strengths and vulnerabilities, similarities and differences (see Table 4) were uncovered. When asked if anything bothered them about their current living environment, there was little difference between the responses of the homeless and domiciled children. A quarter (25%) of the domiciled children and 23% of the homeless children said yes while 73% of the domiciled children and 61% of the homeless children said no. They had difficulty, however, expressing what bothered them. In addition, the children viewed homelessness negatively, with only six children saying it would be okay to be without a home. Many re-

ported they thought homelessness was "sad," "hard," "lonely," "embarrassing," "bad," or "scary" for children. When asked how children could handle being without a home, they gave responses such as "be brave," "be mad," "be sad," "be nice," "talk to someone," "don't tell anyone," and "don't give up."

Although 67% of the children said their living environment didn't bother them, a third of the children (30%) across environments were concerned about safety in their neighborhoods. Almost a third (30%) of the children—homeless and domiciled—were concerned about concrete housing and environmental/neighborhood safety and crime issues. The children mentioned issues such as "gun shots," "the streets," "school," "detention," "bad people," "getting hurt," "dying," "stealing," "moving," and "not having a home."

The majority of the children interviewed had concrete goals for their future and a vision of how to reach those goals (see Table 4). They believed that they and/or their parents could impact that vision. More than two thirds (64%) aspired to professional, skilled, or artistic goals. The children interested in a professional career talked about being a doctor, lawyer, teacher, judge, or nurse while those aspiring to a skilled profession mentioned careers in law enforcement, the fire department, the armed services, computer operation, airplane piloting, or trucking. The children understood the avenues to those goals. Fifty-nine percent of the children mentioned school, college, and/or education as the vehicle to reach their goal. More than a third (36%) discussed the need to "work hard," "get good grades," "study," "get a degree," "save money," "respect the teacher," or "get a job." Only one child responded with "marriage" as her only goal.

The major differences between the homeless children and those who were domiciled occurred in perceptions of money and support. When asked if their family had enough money, more than half (57%) said yes while almost a quarter (23%) said no. The two groups diverged in perception. Twice as many domiciled children (78%) as homeless children (39%) said their families had enough money. On the other hand, twice as many homeless children (32%) compared to domiciled children (14%) said their families did not have enough money.

The children were also asked who could help them with their problems or things that bother them.

Again, differences between the homeless and domiciled children surfaced. Homeless children were less likely to view members of their family as people who could help with their problems. While 94% of the domiciled children saw family members as people who could help, only 64% of the homeless children did. Half of the children mentioned parents. Parents were mentioned as people who could help them with things that bother them by 88% of the domiciled and 51% of the homeless children. In addition, withdrawal and denial were reported as ways to deal with issues that bother them by 47% of the homeless children but only 25% of the domiciled children. The domiciled children were more likely to tell someone about their problems while homeless children were more likely to withdraw. Finally, only 10% of the homeless children said they would try to work out their problems.

Summary of Findings

The children and families faced multiple barriers. They were at risk due to income, housing instability, and mother's education. There were many similarities. Both groups were equally concerned about neighborhood safety; the levels of depression did not vary; there was no practical difference in behavior; and locus of control did not differ (Schmitz, 1993). Further, in spite of the risks, many strengths emerged. The mothers were overwhelmingly positive in their description of the children, the majority of the children were performing passably in school, and most had positive goals for the future.

Analysis of the relationships between the child's current domicile status and their emotional status and perceptions of safety, security, and stability revealed significant differences in anxiety and different perceptions about money, support, and safety. The children who were homeless expressed heightened awareness of financial and emotional vulnerability. They were more likely to feel like their families did not have enough money. Even though both sets of families were surviving on minimal income, twice as many domiciled children said their families had enough money. On the other hand, twice as many homeless children said their families did not have enough money. In addition, the homeless children were more likely to feel their parents could help them with their difficulties.

Conclusion and Implications

Understanding the goals and aspirations, as well

as the concerns, of children living in poverty is vital to building support programs. The findings indicate the need for both preventive and remedial programs targeting multiple levels—individuals, families, neighborhoods, and communities. There were a number of factors supporting the importance of individualizing intervention. Although most of the children were functioning within the normal range on scales measuring anxiety, depression, and behavior, a significant percentage scored in the range beyond the clinical cutoff point. Approximately a fifth of the children scored in ranges indicating the need for remedial intervention for anxiety, depression, and behavior. When we look at social competence, the percent operating outside normal ranges leaps to over a third, indicating the importance of social skill training which could be incorporated into neighborhood, school, and after school programs. The fact that few of the children would try to work out their problems underscores the importance of integrating programs teaching children surviving amid poverty to problem-solve and deal with conflict.

The needs of the children who were homeless and those who were not were similar in many respects. The major differences occurred in the higher levels of anxiety, increased sense of economic instability, and decreased sense of their parent's ability to help them. These data support the conclusion of increased perception of vulnerability among homeless children. An apparent sense of isolation also arises from the data, with the children who were homeless reporting an increased tendency to withdraw with problems and a decreased likelihood to view members of their family as people who can help with problems. These attitudes and concerns could easily interfere with the child's ability to perform academically, form supportive relationships, and develop emotionally and behaviorally.

The outcome of this analysis supports and extends beyond previous studies in uncovering the additive impact of homelessness on children and families. A review of the major findings and their implications intertwined with the conclusions and observations of related research and provides guidance in designing intervention models. Multi-level program development is suggested.

Families entering homelessness (often due to a crisis), arise from those families already at risk due to poverty (Masten, 1992). Low parenting stress and fewer major life concerns have been connected to better outcomes for homeless children in a study by

Dansec and Holden (1998) supporting the importance of strengthening and supporting parents and families. Shelters and transitional housing are not well suited to meeting the needs of families (Huttman & Redmond, 1992). Both fail to address the underlying need for safe, stable housing and employment; and there is a contradiction between transitional housing rules and "the goal of self-sufficiency" (Fogel, 1997, p. 131). While these data indicates that the children need assistance viewing their parents as people who can provide support, shelters often undermine parental authority with rigid rules and staff control. This study, however, supports the potential

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mediating effect of shelter (Rafferty & Shinn, 1991) which seems to buffer some of the most negative consequences reported in many studies (Bassuk & Rosenberg, 1988; Feitel, Margetson, Chamas, & Lipman, 1992; Polakow, 1998). Giving families control for "organizing their lives in the shelter" (Thrasher & Mowbray, 1995, p. 100) supports and strengthens the mother as the "head of the family."

Frequently, children living in poverty are considered high risk and approached from a deficit model. While the potential negative consequences of poverty and homelessness are well established (Bassuk & Rosenberg, 1988; Bassuk & Rubin, 1987; Danzig, 1997; Feitel, Margetson, Chamas, & Lipman, 1992; Polakow, 1998; Rafferty & Shinn, 1991), this study identified strengths that also exist in the families (homeless and domiciled). Supporting areas of positive functioning recognizes competencies (Thrasher & Mowbray, 1995), which can be built upon to empower children and families as they work toward the future. Supportive, family centered services provide the opportunity and context for families to rebuild their lives (Bruder, 1997).

The strengths identified form a basis for remedial and preventive programs. Hope provides a building block for coping and positive outcomes (Farran, Herth, & Popovich, 1995). The hopes of the children framed within the context of goals for the future provide a basis for intervention. The children had strong career goals and were able to discuss the steps to their goals. These children had positive hopes and goals with a realistic understanding of the work needed to reach those goals. "Good schools and good teachers can and do make a significant difference" (Polakow, 1998, p. 17). School social workers can be pivotal in providing or facilitating the services and resources, which strengthen the children and families. They can take the lead in developing collaborative efforts which respond on institutional and community as well as the individual and family levels (Wall, 1996).

For the vast majority of the children and mothers, their overall emotional status was good. The positive attitudes of the mothers toward the child, even under frequently stressful conditions, provides a basis for engaging the mother as a part of a team to help a child experiencing difficulties. The children's career goals in combination with the fact that four-fifths of the children were receiving passing grades and half were performing above average also indicate avenues for engaging the children remedially and preventively. The grades for the oldest children did show signs of slippage, however, emphasizing the importance of intensive intervention and support for latency age children.

Neighborhood, school, and after school programs provide ideal sites for preventive and remedial services. The preferences of the local residents provide an important source of information on program design (Goering, Durbin, Trainor, & Paduchak, 1990). Programs could build on the children's strengths while providing the services to address the needs and concerns of the children and families. The mothers' positive attitudes could be used by outreach workers to engage them in supporting their children. The children's goals could and should be nurtured and supported. Academic support and social skills training could help with long-term success. These programs could also incorporate methods designed to help the children learn to work out problems.

Staff in shelters and other social service agencies play a significant role in assisting mothers emotionally and instrumentally (Lindsey, 1996), filling a

gap resulting from the inadequate social supports available to homeless families (Khanna, Singh, Nemil, Best, & Ellis, 1992). A study by Lindsey found that mothers who have restabilized from homelessness have personal strengths and resources describing “themselves as independent, persistent, strong-willed, and tough” (p. 212). Looking back at their experience of themselves while they were homeless, they “described themselves as desperate, lost, confused, and uncertain ... Many were not able to attend adequately to their children’s needs” (p. 212). Shelter staff impacted the mother’s development of skills and internal resources helping them recognize inner strengths and abilities as well as develop skills and abilities (Lindsey). Involving the mother as an “expert” who is the most knowledgeable about her child provides a significant role. She becomes a member of the team in the design of a family plan and an active participant in the implementation.

The concern of many of the children with neighborhood safety points to the need for programs enhancing both the child’s sense of safety and neighborhood safety. Many of the families have experienced significant life crises and major health problems pointing to the importance of multi-disciplinary neighborhood programs. Easy access is imperative since low-income families have few resources for transportation. Finally, the fact that only half of the mothers completed high school is significant. This is twice the 23% national average (U.S. Bureau of the Census, 1991) and a major risk factors with changing welfare policies emphasizing parental employment. Neighborhood programs are ideal sites for adult education and training programs.

With high levels of poverty and increasing homelessness, the issues must be dealt with at multiple levels. While working at the community level to help families stabilize as they emerge from homelessness, we must also address the problems structurally (Lindsey, 1998). Both homeless and poor domiciled children are at high risk for developmental, health, and educational difficulties which require a public-policy agenda addressing housing, services, health care, and child poverty (Danzig, 1997; Rafferty & Shinn, 1991). Long term, the structural factors responsible for high rates of family poverty, inadequate housing, and homelessness must be addressed through major attitudinal and policy changes. Structural racism and sexism are responsible for high rates of poverty among families of color and female-head-

ed single parent families placing our children and our country at risk. Policies must attack the root causes—poverty and lack of adequate, safe housing that low-income families can afford (McChesney, 1990; Shinn & Gillespie, 1994).

Social work professionals and students need to be educated in the importance of multi-level assessment and intervention. The practice and policy implications are clear and interwoven. Poverty, safety/stability, and homelessness impact the level of stress facing families and neighborhoods, which in turn impacts the development of our children. Individual, family, neighborhood, and community programs can address the issues remedially and preventively.

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