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The effects of homelessness on children's education

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San Jose State University

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**THE EFFECTS OF HOMELESSNESS
ON CHILDREN'S EDUCATION**

A Thesis

Presented to

**The faculty of the Department of Sociology
San Jose State University**

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Vivian Anette Christensen

December, 1994

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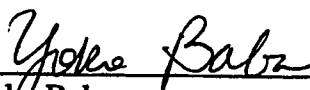
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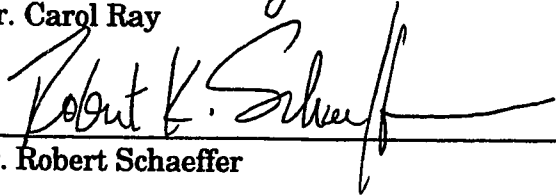
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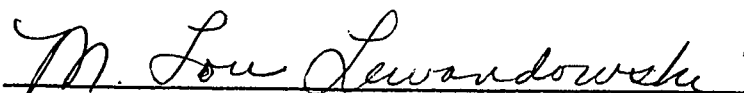


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ABSTRACT

THE EFFECTS OF HOMELESSNESS ON CHILDREN'S EDUCATION

by Vivian A. Christensen

This thesis addresses the topic of homelessness and its effects on children's education. The purpose of this study is to examine the impact of homelessness on children's school attendance and academic achievement. This study also investigates the effect of on-site after school tutorial services on academic achievement, emotional and behavioral problems, and lowered self-esteem.

By using a snow-ball sampling method, face-to-face interviews were conducted with 30 homeless parents and their children who were staying in a homeless shelter in Santa Clara County, California.

The research indicates that homelessness negatively affects school attendance and academic achievement. The negative effect homelessness has on academic achievement is due to lack of stability which makes learning a very difficult experience. Parents perceive after school tutoring as helpful in improving school performance. Tutoring, however, does not have an impact on children's behavior or emotional well-being. Moreover, the self-esteem of those participating in tutorial services declines.

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Chapter I

Introduction

Homelessness has become one of America's most pressing social problems as the number of homeless people has increased dramatically in recent years. In the United States, the number of people experiencing homelessness is estimated at over three million (Hughes, 1990). A decade ago, the stereotype of a homeless person was that of a white, middle-aged, urban, male alcoholic. The homeless person was seen as having chosen this type of life style and therefore deserved the poverty and misery that accompanied it (Hombs, 1990, 4). This description, however, no longer holds true. In fact, there has been a startling shift in the homeless population from homeless single men to homeless families.

Homelessness is defined by the County of Santa Clara as follows:

Homeless people are all individuals and families who are actually without housing of their own and perceive themselves to be homeless. This includes people: a) who may be living on the street, in a car, tent, garage, or any public or private place not designed for or ordinarily used as a regular living accommodation for human beings; b) who are housed on a temporary basis in a shelter, hotel, or motel because they have nowhere else to live; c) living in an accommodation with friends or others that is understood by both parties as a last resort; d) being released from or leaving hospitals, jails, residential programs, or emergency shelters with nowhere to go; or e) in an unstable and/ or unsafe living situation and needing to leave (Dornbusch et al., 1991).

The number of homeless families is estimated at 40 percent of the homeless population. This translates to approximately 500,000 homeless children in the United States, many of whom are deprived of food, shelter,

and education (Hughes, 1990). The National Coalition for the Homeless estimates that of the 500,000 homeless school age children, 57 percent do not attend school on a regular basis (cited from James, Smith, & Mann, 1991). It is important, then, to investigate the reasons why homeless children do not attend school on a regular basis.

Although previous research provides an extensive look at the social factors that may have a negative effect on homeless children's school attendance, the research generally does not include how the parents view education and whether or not they feel homelessness has had a negative effect on their child's education. Furthermore, previous research usually does not include how homeless children themselves view their education in relation to homelessness.

According to Killpatrick (1992), regular school attendance is one of the best ways for children to escape the trauma of homelessness and establish a stable routine. It is estimated, however, that only 43 percent of school aged homeless children attend school, which leaves as many as a quarter million children without schooling (Harrington-Lueker, 1989). The majority of studies investigating the effects of homelessness on children's education have been conducted on the East Coast, leaving the West Coast with little information regarding the effects of homelessness on the education of homeless children. Finally, virtually no research has examined the effects of after school tutorial programs on the children's emotional and behavioral problems as well as on their academic achievement.

The present study examines the effects of homelessness on children's school attendance and academic achievement. This study also investigates

whether on-site after school tutorial services provided by a homeless shelter have a positive effect on the consequences of homelessness, such as emotional and behavioral problems, lowered self-esteem, and academic difficulties.

The Causes of Homelessness

There are several causes of homelessness; the decreasing supply of low income housing and deindustrialization (the shift from manufacturing jobs to service jobs) often are cited as the primary causes. In addition, no-fault divorce has also been noted as a cause of homelessness for women and children.

The supply of low-income housing has been shrinking since the early 1970s. Throughout the 1970s and 1980s, national urban policy focused on the redevelopment of city centers. Redevelopment occurred in part because of the economic and social benefits of eliminating dangerous and decaying areas. At the same time, however, redevelopment conflicted with the housing needs of the very poor (Schutt & Garrett, 1992, 6). The impact of redevelopment and decreasing public housing subsidies has been dramatic. During the Reagan administrations, for example, subsidies for low-income housing were cut by 75 percent from 14 billion dollars in 1983 to 2.7 billion dollars in 1987. In 1970, there was a nationwide surplus of approximately 2.4 million low-income housing units. By 1978 the surplus was down to 400,000 units. By 1985, there was a deficit of 3.7 million low-income units (Schutt & Garrett, 1992, 7). Today, the United States faces a shortfall of low-income housing, which is estimated to be as high as 5 million units

(Harrington-Lueker, 1989).

At the present time only 25 percent of poor households in America receive any type of housing subsidy, the lowest level of any industrialized nation in the world (Dreier & Appelbaum, 1991). Currently, two of every five low-income households have no access to low-rent housing (Schutt & Garrett, 1992, 196). The average wait for subsidized housing in major cities is 21 months, once a person gets on a waiting list. In two-thirds of these cities, however, the lists are closed (Harrington-Lueker, 1989).

In 1990, the median rent in the San Jose/San Francisco Bay Area was the highest in the nation. The median rent for a studio apartment ranged from \$514 to \$617 (Dornbusch et al., 1991). According to Harvard's Joint Center for Housing Studies, in 1987 young single-parent renters paid on average, 81 percent of their income for housing. In Santa Clara and San Mateo counties, even a two-parent family, in which both parents work full-time at low-paying jobs, is a candidate for homelessness (Dornbusch et al., 1991). It is not surprising, then, to find that during 1990 out of a population of 520,180 living in Santa Clara County, 3,726 families sought assistance for shelter and 1,427 families living in San Mateo County, out of a total population of 241,914, sought assistance for shelter (HomeBase, 1990, 5). It is important to note that the number of homeless families mentioned above represent only those families seeking public assistance. Thus, homeless families who double up with friends or relatives, or live in abandoned buildings or cars are not included in these figures.

The growth of low wage jobs also has promoted more homelessness. Although the number of jobs has increased during the past decade, there has

been a shift from well paying manufacturing jobs to low paying service jobs. Between 1979 and 1983, for example, there was a net loss of 2.6 million manufacturing jobs. During the same time, there was an increase of 3.5 million service sector jobs (Renner & Navarro, 1989). Nationwide, in the past decade, 88 percent of all jobs that were created were service jobs, such as retail and restaurant jobs. The shift from manufacturing jobs to service sector jobs has had a devastating effect. More that 75 percent of the new jobs created in the past decade have been minimum wage jobs (Hombs, 1990, 8). Moreover, 60 percent of the new jobs that have been created nationwide since 1979 pay less than \$7,000 per year (HomeBase, 1990, 10).

In California, 30 percent of all workers earn less than \$12,700 per year. In addition, the California minimum wage of \$4.25 per hour has not kept up with the cost of living. Bay Area workers paid at this rate earn approximately \$8,840 per year (HomeBase, 1990, 10). Thus, a family of four with an income of \$8,840 per year in 1990 is living \$4,519 below the national poverty line (Bassuk, 1991). It is not surprising, then, to find that a survey released by the U.S. Conference of Mayors (1990) found that 25 percent of the homeless hold jobs (Dreier & Appelbaum, 1991).

Finally, no-fault divorce also has been noted as a cause of homelessness, especially for women and children. According to Lenore Weitzman (1985), one year after divorce, a woman and her children often experience a 73 percent decline in their standard of living. At the same time, however, the former husband will most likely experience an increase of 42 percent in his standard of living (Weitzman, 1985, 323). It must be noted that while these figures are disputed, the concept is not. In 1959 the number

of poor female-headed households was 1.9 million. In 1984 there were 3.5 million poor female-headed households, an increase of 83 percent (Rodgers, 1986, 17). Women and children who find themselves unable to secure housing because of lack of funds may find themselves among the growing number of homeless families.

Poor families deal with the housing shortage most frequently by doubling or tripling up in a single-family housing unit. The American Housing Survey in 1985 estimated that over one million households are overcrowded (Hombs, 1990, 8). Rosenman and Stein (1990) found that 50 percent of all homeless families lived with friends or relatives before seeking public shelter (cited from Boxill & Beaty, 1990). Other families are forced to settle for substandard housing conditions, that include major structural flaws, no heat or hot water, and rodent infestation. As families' alternatives diminish, homeless families may find themselves on the streets (Grant, 1990).

Review of Theory

Previous research that has examined the impact of homelessness on education has generally lacked theoretical explanations. Therefore, the present research is framed by motivation theory and labeling theory in order to analyze the effects of homelessness on children's education.

Abraham Maslow's theory of human needs and motivation may be applied to identify and explain the psychological effects of homelessness on individuals. Labeling theory and symbolic interactionism, including the

insights of G. H. Mead, help to analyze the process by which people in society come to view the homeless, and how children often internalize the reaction of others toward them. When applied to structural and institutional obstacles, these theories help explain why homeless children have difficulties obtaining basic education.

According to Maslow (1954, 38), human needs are organized in a hierarchy beginning with physiological needs such as food and shelter, moving upward through belongingness and self-esteem needs, ending with self-actualization. The most basic needs, physiological and safety needs, dominate the individual, when unfulfilled. Not only is the individual dominated by these needs in the present, but the individual's "philosophy of the future" also reflects these needs. In other words, the individual plans his/her future around satisfying these needs (Maslow, 1954, 37). Thus, for the homeless family pursuing educational goals may not be seen as an option, until these basic needs are fulfilled. The same holds true for those families who have at one time satisfied these needs. Once a basic need becomes "unsatisfied" an individual must re-satisfy these needs (Maslow, 1954, 38).

Labeling theory is applied to the issues of homelessness in order to examine the problem of stigma. According to labeling theory, stigmatization occurs through the process of being labeled as deviant. Once an individual is stigmatized, such as being labeled as homeless, that is, perceived as deviant, other generalized traits are likely to be assumed regardless of whether or not the individual possesses these traits (Becker, 1975). It has been noted that homeless children may be at a disadvantage in an academic setting because

others may feel they are not smart simply because they are homeless. Labeling children as poor achievers may lead to a self-fulfilling prophecy in which these students structure their behavior to conform with how they perceive that others see them (Weinberg, 1971, 43).

This type of behavior, whereby individuals conform their behavior to how they perceive that others see them, is central in George Herbert Mead's theory of the "I" and the "me." According to Mead, both the "I" and the "me" are necessary in order to relate to and make meaning out of social experiences:

The 'I' is the response of the individual to the perceived attitudes of others. The 'me' is the organized set of attitudes of others which one assumes. The attitudes of others constitute the organized 'me,' and then one reacts towards that as an 'I' (Coser, 1977, 388).

In other words, the "me" responds to self in terms of the perceived attitudes others have toward the individual. An individual's self-appraisal, then, is the result of what he/she assumes to be the appraisal by others (Coser, 1977, 338). This concept is an important element in the process by which an individual develops a self-concept.

Chapter II

Review of Related Literature

In the United States, education is an important element that can break the cycle of poverty and foster upward mobility. Poorly educated individuals usually only qualify for low paying service sector jobs in which wages do not keep pace with the rising costs of living. Even when they attend school regularly, children from low income families are at high risk of becoming poorly educated because they currently receive an inferior education when compared with more affluent children (Di Blasio & Belcher, 1990, 63).

Employment projections show an increase in the number of college graduates working in jobs that require only high school. In the 1980s, for example, one in five college graduates was working in a job that did not require a college education. Today, the figure is one in three (Jones, 1994). Because college graduates are competing with high school graduates for the same jobs, the qualifications for these jobs are increasing. This in turn creates a situation where those with less education are finding it harder to obtain employment. Academic success then, has become a very important factor in competing for jobs.

Homelessness often has a negative effect on the academic success of children. This literature review, using Maslow as a framework, explores how different aspects of homelessness often act as barriers to the educational process of homeless children. Two types of barriers, structural and administrative are identified and discussed in the following section.

Labeling theory and symbolic interactionist theory will be applied to discuss these obstacles and their effects. Because previous studies have paid little or no attention to the similarities between homeless children and migrant farm-workers' children, such as the transitory life and poverty that both groups often experience, migrant children will be included in the literature review.

Structural Barriers and School Attendance

Homeless children face several different types of barriers in trying to obtain an education. Structural barriers are those barriers that are derived from the condition of homelessness itself, such as not being able to meet basic needs and the constant relocation of the homeless family, which may influence school attendance. Education prior to homelessness may have been a priority, but as the family must learn to cope with the impact of homelessness, education often recedes into the background.

Physiological Needs

The lowest level of Maslow's "hierarchy of needs" is physiological, that is the need for food, water, sleep, and shelter. Until these needs are met, the individual or family will be preoccupied with trying to satisfy these needs (Maslow, 1954, 37). Homeless families struggle daily to obtain food and housing, which means family energies must be focused on getting through each day and meeting the most basic needs. Molnar, Rath, and Klein (1990) found that most public shelters do not have cooking facilities. Homeless

families, therefore, must often resort to cooking on illegal hot plates, eating meals at fast food restaurants, and consuming junk food as the main sources of their diet.

In addition, supplemental food programs such as food stamps are not available to everyone who is in need of them, usually because of a lack of needed documentation or a permanent address. A government survey found that at a New York shelter, among those who were eligible for food stamps, 49 percent did not receive them (Molnar et al., 1990). Those who do receive food subsidies often find their choice of food limited due to the fact that federal food allowances equal less than one dollar per person per meal (Rosenman & Stein, 1990).

Rafferty and Shinn (1992) found that inner city homeless people typically do not eat three meals a day. In a New York sample, 80 percent of homeless families reported eating only once a day. Furthermore, homeless children are more likely than housed poor children to go hungry (23 percent vs. 4 percent respectively) (Rafferty & Shinn, 1992). These families may turn to emergency food facilities, but it is important to note that of 27 cities surveyed, 20 cities reported that their programs must turn people away because of lack of resources (Rafferty & Shinn, 1992).

Lack of an adequate food supply can often lead to decreased school attendance because malnutrition often causes fatigue and other problems such as anemia (Molnar et al., 1990). Thus, children may be too tired or sick to attend school on a regular basis.

Moreover, along with finding food, homeless families must also locate shelter in order to satisfy their physiological needs (Maslow, 1954, 37).

Finding emergency shelter, however, is often a very difficult process for many homeless families. In order to secure a space in an emergency shelter, homeless families often must stand in line several hours before the shelter opens its doors. Additionally, Rosenman and Stein (1990) found that over 30 percent of families are turned away because of shelters' lack of resources. These families often have no other choice but to turn to the streets. As a consequence of not being able to fulfill basic needs, such as finding food and shelter, school is often seen as something that must wait. As a result, homeless children often do not attend school on a regular basis.

Illness must also be mentioned as a barrier to education.

Homelessness often leads to unsanitary and overcrowded living conditions, poor nutrition, and under- or non-immunization. These conditions in turn may promote the spread of infectious and communicable diseases. Homeless children are sick at rates many times higher than those of average children. Homeless children, for example, are twice as likely to be treated for respiratory infections than the average population (Molnar et al., 1990).

Homeless families often are exposed to the unhealthy conditions which promote sickness during their stay at a shelter or welfare hotel. In "Rachel and Her Children" Kozol describes the deplorable conditions that typify many of the welfare hotels. In some cases sewage is backed up from the pipes onto the floor. Some of the rooms are without electricity and in many cases piles of garbage are in the hallways (Kozol, 1988). At one of the largest hotel shelters in Washington D.C., it was reported that plumbing regularly backs up into the rooms and days pass before it is cleaned up (Milhay, 1991). In addition, many rooms contain health risks such as lead paint and exposed

wiring (Robertson & Greenblatt, 1992, 282).

Furthermore, lack of health care often has been cited as one of the reasons homeless people have high rates of sickness. According to Molnar et al. (1990), 59 percent of a sample of 158 homeless children living in shelters in Seattle, Washington have no regular health care provider. Many families do not know whom to call or where to go if they are sick. The emergency room at a county hospital all too often becomes a homeless family's primary means of care (Molnar et al., 1990).

The consequence of poor access to regular preventive care is that minor conditions go untreated until they become serious and even life threatening, costing the public and homeless people much more than preventive care. The cost of a measles shot, for example, is eight dollars. Hospitalization for a child with measles is 5,000 dollars (Bassuk, 1991). Thus, higher rates of sickness among homeless children may further diminish school attendance.

Safety Needs

Already confronting the problems of inadequate diet, problems finding shelter, and health difficulties, many homeless families find it difficult to satisfy their safety needs. According to Maslow, safety needs include security, stability, freedom from fear, from anxiety, and from chaos (Maslow, 1954, 39). The experience of living in a shelter can be extremely stressful. Shelter life is chaotic, and there is a lack of privacy, structure, and routine. Homeless shelters may be located in dangerous neighborhoods and can be in great need of maintenance and repair for things such as broken heating

systems and broken plumbing. Shelters also can be a haven for drug dealers and drug addicts (Berck, 1992).

Berck's (1992) in-depth study found that homeless children living in a welfare hotel experience tremendous unmet safety needs. For example, Yvette, a 12-year-old, stated:

My mother is afraid to let me go downstairs. Only this Saturday the security guard at the hotel was killed on my floor . . . People are afraid to open the door even to look out (Berck, 1992).

Doreen, a 14-year-old, said:

I feel like I was never safe. Nobody was, really. It was the management's fault people were getting in. If you wanted to do drugs upstairs . . . you gave the security guard five dollars. Dealers would come in to count their crack, or store their goods . . . (Berck, 1992).

According to Maslow, children whose safety needs are not met will most likely use their energies in order to satisfy these needs rather than focus on higher needs. In other words, for children who lack security everything is perceived as less important than safety and protection (Maslow, 1954, 39).

Children seem to thrive in an environment with some type of predictable and stable routine in which they can depend on a regular schedule. Children who experience an unstable and unpredictable environment will often manifest a terror or danger reaction (Maslow, 1954, 40). If we apply this to homeless children who are experiencing a lack of security in their living arrangements, it is likely that this lack of security will

be an obstacle to fulfilling higher needs which might foster the attainment of educational goals. According to Koblinsky, Taylor, and Relkin (1992), the loss of a home, neighborhood friends, and personal possessions can be devastating to a child's sense of security, which often has a negative impact on a child's academic success.

According to Ziesemer and Marcoux (1992), homeless children often see life as temporary and beyond their control which according to Stronge and Tenhouse (1990, 17) creates a situation in which there is little chance for academic success. Thus, as homelessness places individuals in a position of sensing a loss of control over their own destinies, there is often a negative impact on their academic achievement.

The lack of stability that many homeless families experience also has a negative effect on school attendance. Homeless families move frequently, sometimes in hope of finding a better life and often because shelters limit how long families can stay, with the usual maximum at 30 days. As a result, homeless children might move several times a year, changing schools each time (Harrington-Lueker 1989). Thus, the constant relocation of homeless families acts as a barrier to educational attainment for homeless children. According to Wood, Hayashi, Schlossman, and Valdez (1989), the primary reason for school absence is "family transience" (cited from Rafferty & Shinn, 1992). For example, Rafferty and Rollins (1989, 79) found that on the average, children miss five days of school when relocating to a new shelter facility. Thus, the more often homeless families move from shelter to shelter, the more likely homelessness will have a negative effect on school attendance.

Lack of a permanent residence which leads to the problem of sporadic attendance is magnified as homeless children grow older. As homeless children increase in age, their school attendance decreases. In New York City, for example, elementary school age homeless children have an attendance rate of 73.6 percent compared to 85.5 percent of all New York City elementary school students. By the time these homeless students reach high school, their attendance rate is 50.9 percent compared to 83.9 percent among all New York City high-school students (Rafferty & Rollins, 1989, 80).

Belongingness Needs

According to Maslow, the satisfaction of belongingness needs includes, being part of a group and experiencing acceptance from it. Maslow also stresses the importance of neighborhoods and neighbors. As the mobility of families increases, however, there are increased feelings of social isolation (Maslow, 1954, 43). Homelessness often leads to diminishing cohesion with one's extended family and friends. Homelessness uproots family members and separates them from their network of social supports. Friends and family are often a strong emotional support during a crisis. They may provide, for instance, transportation or child care. When family members are uprooted from their place of residence, however, they are more likely to separate from their network of social support and lose these ties. When asked, single homeless mothers often name their minor children as their main social and emotional support (Bassuk, Rubin, & Lauriat, 1986).

Even those families who have strong emotional and social supports

prior to homelessness often report that these relationships no longer exist. This is often due to the environment in which homeless families are sheltered, which make contact with friends and family very difficult. Shelters, for example, frequently prohibit visitors and may have only one phone for several hundred people (Milhay, 1991). The consequence is that homeless families are often unable to depend on others when trying to cope with homelessness, such as relying on a friend to look after the children while trying to get required documents in order to register a child for school.

In addition, because families are transferred from one shelter facility to another, the development of cohesion with other homeless families becomes extremely difficult (Rosenman & Stein 1990). Furthermore, Rosenman and Stein (1990) found that among the homeless, community support is institutionally discouraged. During his research on homeless families, for example, Kozol found that the publication of a newsletter which shares useful information is prohibited (Kozol, 1988, 166). Thus, as homeless families lose their social supports, their children's education may become secondary to more pressing problems.

Homeless children, however, are not the only group to experience unmet basic needs. Migrant farm workers' children have lived this life for many decades. In an in-depth study, Robert Coles, who lived with a group of migrant farm workers and their families for several months in 1969, found that migrant children often lack basic necessities such as food and clothing. Families often reported that their children must wait their turn for the shoes and pants or dress that are shared by three to four children in order to attend school. As a result, on average, migrant children spend only eight days per

month at school (Coles, 1970, 38). Similar to the experience of homeless families, migrant families often must concentrate on providing basic necessities such as food, clothing, and shelter, which can make sending children to school a low priority. A young child of a migrant farm-worker pointed out that:

If we don't keep moving, we don't eat. That's what my daddy says . . . It's all right to go to school, my daddy says, but they won't feed you in school, and they won't give you a place to sleep, so first you have to stay alive, and then comes school (Coles, 1970, 49).

In addition, migrant children are frequently sick due to their poor living conditions which further decreases the amount of schooling they receive (Coles, 1970, 38).

Migrant children often attend school for a few weeks or even a few days before they move on to a new state and a new school (Coles, 1970, 37). The transitory life these children lead, containing so little security and stability, makes regular school attendance nearly impossible. This is true even for those children whose parents very much want their children to get an education. As one parent explained:

You don't realize how hard it is trying to make sure your kids get a little learning, just a little. I don't expect my oldest boy . . . to go on and finish school. The little schooling he'll get, it's no good, because he has been in and out of so many of them . . . (Coles, 1970, 39).

In addition, Coles found that the instability and constant relocation of migrant children causes psychological problems such as listlessness and indifferent behavior patterns (Coles, 60, 1970). Coles observed that migrant

children see everything as temporary, and as they grow older they tend to give up on the idea of having a better future than that of their parents. As a consequence, the youths become passive and display apathetic behavior (Coles, 1970, 60).

Additional Structural Barriers

Lack of transportation can also act as a barrier to homeless children's education. Children who attend school far away from where they are sheltered, for example, often must use public transportation. In some cases, students travel up to 120 miles per day in order to continue their education (Kozol, 1988, 88). Public transportation, however, can be costly adding to the economic burden of the homeless family. During his interviews, Kozol found that children may resort to illegal means in order to get to school, such as jumping the turnstile in the subway (Kozol, 1988, 75).

In addition to structural barriers, homeless children often do not attend school because their parents are frequently overly optimistic about how soon their homelessness will end. Assuming they will be settled in a few weeks, homeless parents often decide to wait before enrolling their children in school. Too often, however, the weeks become months, and school is forgotten (Harrington-Lueker, 1989).

Furthermore, homeless children may also have responsibilities that are not appropriate for their age, such as looking after younger siblings while parents work or try to obtain documents in order to receive benefits such as Aid to Families with Dependent Children (AFDC). These responsibilities

often hamper school attendance (Koblinsky et al., 1990).

In summary, the structural barriers that accompany homelessness, such as the inability to meet the basic needs of food, shelter, and safety, the reality of constant relocation, the loss of family support group networks, and transportation problems all have a negative effect on homeless children's school attendance. When several of these structural problems occur simultaneously, attending school on a regular basis may become nearly impossible. In addition to structural barriers, living in a homeless shelter also can act as a hindrance to children's educational attainment.

Shelter Life

There are three different types of facilities in which homeless families are housed; 11 percent of homeless families are in barrack-style shelters, 8 percent have private rooms usually with a kitchenette and a private bathroom, 6 percent have private rooms only, and 74 percent are housed in welfare hotels (Bassuk & Gallagher, 1990). Research, however, mainly has focused on barrack-style shelters and welfare hotels. Therefore, I shall restrict the discussion to these two types of shelters.

Barrack-style facilities include communal sleeping, bathing, and dining. Unless a homeless person has a documented illness that would prohibit barrack-style living, the first step into the emergency housing system is a barrack-style shelter. Homeless families are sent to barrack-style shelters partly because of the publicized discomforts, which city officials hope will discourage families that are doubled up or living in substandard

buildings from requesting shelter (Kozol, 1988, 15). Although this type of shelter is intended only for temporary use, with a maximum stay of 30 days, some families remain for several months, and some for over a year (Bassuk & Gallagher, 1990).

It is very common for barrack-style shelters to have lock out periods during the day. Regulations in 50 percent of the cities surveyed require families to leave shelters during daytime hours (Rafferty & Shinn, 1992). This means that many homeless families have no other option but to roam the streets during the day. This creates a situation in which those homeless children who are not in school, often receive little academic support. Children who attend school rarely have space or peace and quiet for homework. Children, for example, have reported studying in the family car, in the closet, or in the TV room at a shelter (Dornbusch et al., 1991).

This type of living arrangement can be a very dehumanizing experience. One resident in a New York barrack-style shelter explained:

The shelter is bunk by bunk . . . cots without mattresses . . . lined up two feet apart. Babies crying all night . . . then you go to the welfare office, and they send you back here. It's worse than being in jail. There's a reason for that. They're still holding on to those stupid precepts that is you give people, they'll not want to work . . . you can provide better for a dog than a human child in this society (Rafferty & Rollins, 1989, 27).

Living in a shelter often creates situations in which parents must give up their role of provider and decision maker because it is the shelter staff that determines how the family will spend its time in the shelter. In a shelter, for example, someone other than a parent decides when and where

the family will rest, bathe, and eat. Parents may also have their abilities as parents evaluated by support services (Boxill & Beaty, 1990). This adds to the pressures of public parenting in which any type of discipline or show of affection is in full public view. Thus, parents often feel like they are losing control over the situation. Research has shown that:

As homeless mothers become less assured of their abilities and opportunities to mother, children appear to become less confident and assured about the present and increasingly ambiguous about their future (Boxill & Beaty, 1990).

Living in a welfare hotel often can be more stressful than living in a barrack-style shelter. Welfare hotels are privately-owned commercial hotels that are paid by the local government to provide rooms to homeless families. These hotels generally include rooms with shared bathrooms but usually provide no cooking facilities or refrigerators. Rooms are typically small with little or no heat or hot water.

The relationship between shelter staff and homeless people is similar to that of mental hospital staff and "inmates" as described by Erving Goffman. During research in a mental institution, Goffman found a distinct difference between "inmates" and staff. The "inmates" displayed feelings of inferiority and blameworthiness. The staff, however, expressed feelings of superiority and righteousness (Goffman, 1962, 7). This type of behavior is also found in barrack-style shelters and welfare hotels. Kozol found that women often show feelings of helplessness and despair while hotel staff exerts power and control over the families. Guards at the welfare hotel Martinique, for example, decided who could have visitors, and when (Kozol,

1988, 165). In addition, shelter staff controlled needed supplies such as toilet paper, a small allotment of which the homeless must ask for at the front desk (Kozol, 1988). According to Goffman, this type of exclusion and control over the "inmate" gives staff a noticeable distance from them (Goffman, 1962, 9). Thus, the guards and shelter staff may use control as a means to distance themselves from the homeless families.

In addition, intact homeless families must fight to stay together because the system is structured into men's shelters and family shelters, which consist of women and their children (Ziesemer & Marcoux, 1992). In 17 of 27 cities surveyed, the U.S. Conference of Mayors found this to be the case (Rafferty & Shinn, 1992). Other families have been forced to provide documentation of marriage and parenthood or guardianship in order to be sheltered together (Rosenman & Stein, 1990). Kozol (1988, 33-48) found that couples must often sneak and lie if they are to remain together not only putting a strain on their relationship, but also possibly jeopardizing greatly needed welfare benefits.

In some cases, children also may be separated from a parent because of age and sex. A study conducted by the U.S. General Accounting Office found that 33 percent of the shelters surveyed, have age restrictions on boys over the age of 11. A homeless woman named Margaret stated that the social services agency told her that her eldest son, Kevin, age 14, would not be able to stay at the same shelter with her even though Margaret was dependent on Kevin for help with his younger siblings (Hall & Maza, 1990). Homeless children often manifest anxiety about the separation from a parent. McCormick and Holden (1992) found that homeless children often undergo

severe separation problems, characterized by panic states, hysterical crying, vomiting, and severe anxiety interfering with the ability to participate in routine activities.

Furthermore, Kozol found that in some welfare hotels, husbands and other family members must pay a fee to visit with children. During an interview, for example, a woman at the Hotel Carter in New York complained that husbands must pay \$12.40 in order to spend an evening with their families. Other relatives such as grandparents must pay \$16.70 (Kozol, 1988, 48). This creates a situation in which homeless families already under economic constraints, use their scarce resources to abide by the rules. If a family is caught breaking such rules, they may be evicted (Kozol, 1988, 48).

Because of the fact that homeless children have no place to call their own and very little academic support, many children find the process of education an overwhelming experience. When discussing school a young boy living in a welfare hotel explained: "I'd tell my Mom I did my homework, but I just wouldn't do it. In our room it was too hard" (Berck, 1992).

In summary, living in a shelter entails more than not having a place to call one's own. Living in a shelter often means suffering from lack of privacy and security. It often means constant relocation as families must give up familiar settings. There may be a loss of personal identity as families are placed into shelters that offer no privacy and no protection from violence (Martin, 1991). In addition to the impediments of living in a shelter on children's education, there are administrative barriers that also may cause homeless children to be without schooling.

Administrative Barriers to School Attendance

The process of enrolling homeless children in school can act as a barrier in itself. Stronge and Tenhouse (1990, 9-15) found that homeless children experience many administrative barriers in trying to attain an education. Administrative barriers include laws and regulations that might prevent homeless children from attending school.

Prior to the McKinney Act (1987), homeless children in California and other states were denied education because of residency requirements. In the past each district was responsible for educating the youth who lived within its boundaries. If parents could not provide proof of a street address within the district, the child was denied admission (Hughes, 1990).

One of the most recent cases involving the denial of education to a homeless child was Orozco by Arroyo V. Sobol (Hughes, 1990). A student asked the court to issue an injunction and decide which school district he should attend. The two school districts in which the plaintiff wished to enroll both argued that the plaintiff should not attend school in their districts. The district in which the plaintiff and his mother were actually residing refused to enroll the child because they did not permanently reside within the district. The other district refused enrollment because the plaintiff did not physically live within its boundaries. The court ruled that the child was to attend school in the district in which he physically lived (Hughes, 1990). Because of this case and cases like it, legislation was created to help homeless children obtain an education.

In July 1987, Congress passed the Stewart B. McKinney Homeless

Assistance Act, the first piece of comprehensive national legislation to address the problems of the homeless (Eddowes & Hranitz, 1989). The Act contains approximately 20 separate initiatives to assist homeless individuals. Under Title VII-B of the act, states are now required to ensure that homeless children are guaranteed access to education.

Congress appropriated funding for the legislation during the first two years (1987-1988) of approximately \$700 million. Of this amount, \$9.3 million were to be appropriated for educational grants to states and territories (Stronge & Tenhouse, 1990, 18).

Title VII-B of the Act, the education portion of the legislation, is administered by the U.S. Department of Education. The Act authorizes the Secretary of Education to provide funding to states for the purpose of addressing the educational needs of homeless children and youths. Under this program each state received funding of no less than \$50,000 per year during the first two years. The states and territories were required in the first year to use the funds for the purpose of gathering data regarding the number of homeless children residing in their boundaries and to identify problems associated with educating these students. In the second year, the states and territories were required to develop plans for the provision of educational services to homeless children (Stronge & Tenhouse, 1990, 18).

According to the McKinney Act (Title VII-B), each child of a homeless individual and each homeless youth will have access to a free and appropriate public education consistent with services that are provided to children who are residents of the state and consistent with school attendance laws. The McKinney Act stated that state and local laws and regulations

must be revised if necessary to ensure that homeless children and youth are provided with a free and appropriate public education (Stronge & Tenhouse, 1990, 19).

States that receive funding under title VII-B of the McKinney act can no longer deny school access to homeless students who lack proof of residency within a school's zone. Homeless children, legally, then, have the same access to elementary and secondary education as children whose parents are fully established residents of the state. The revised residency requirements are as follows: The local educational agency of each homeless child or youth will either (a) continue the child's education in the district of origin for the remainder of the school year; or (b) enroll the child in the school district where the child is actually living, whichever is in the child's best interest (Stronge & Tenhouse, 1990, 19).

Title VII-B of the Stuart B. McKinney Act, however, is not without its problems. The Act is primarily an attempt at obtaining states' participation by funding minimal grants to support offices for carrying out congressional policy. The McKinney Act is neither written nor funded to be regulatory or seriously enforced, and it is not even sufficiently funded to motivate apathetic or reluctant state officials into compliance with the guidelines (Stronge & Helm, 1991). With an appropriation of only ten dollars per homeless student per year, and the future of funding and enforcement under the McKinney Act doubtful, the responsibility for protecting the educational rights of children is left largely to the individual states (Stronge & Helm, 1991).

At the present time, then, many cities and states still have regulations

and practices which make it difficult for homeless children to obtain an education. For example, out of 29 cities surveyed by the U.S. Conference of Mayors, 17 reported that homeless children were denied access to school (Hughes, 1990).

The requirements that homeless families often find very difficult to meet include: providing immunization and health records, a birth certificate, proof that the child has attended school, previous school records, and in some cases, proof of residency status (Eddowes & Hranitz, 1989). In addition, it has been noted that homeless parents may be reluctant to register children for school using a shelter as their address (Rosenman & Stein, 1990). Thus, the continuing cycle of registering a child for school every time a family is relocated may become a task that goes beyond homeless families' resources. Homeless families may in turn find that it is easier to keep children out of school altogether (Eddowes & Hranitz, 1989).

Homelessness and School Achievement

Homelessness has been found to have a negative impact on the academic performance of homeless children. Factors such as inadequate and unsafe living conditions, abruptly starting and stopping school attendance, adjustments to new teachers and new students, and new surroundings diminish the chances for academic success (Stronge & Tenhouse, 1990, 15). Thus, those homeless children who are fortunate enough to attend school may find that their troubles are just beginning.

The label of deviant and the stigmatization of homelessness are

common in communities and affects school personnel and teachers as well. According to Goffman, once institutionalized the individual "begins a series of abasements, degradations, and humiliations of the self" (Goffman, 1962, 14). This type of "self-abasement" can be found among the homeless population. Kozol (1988), for example, found that adults in welfare hotels showed signs of severe depression and some underwent transformations in the way they saw themselves, usually becoming helpless and ashamed of their condition. Bassuk & Gallagher (1990) found similar characteristics among those sheltered in a barracks-style shelter.

Part of the reason that living in a shelter or welfare hotel is often a negative experience is due to local policy. According to the New York City Counsel:

If homelessness is made too comfortable the homeless will want to remain homeless. The mayor believes that the welfare hotels have acted as a magnet. His concern is that families living in substandard housing will see shelters and hotels as the first step to better housing. For this reason, he explains, we are going to, whenever possible, put people into congregate housing, which is not something people might rush into. . . (Kozol, 1988, 96).

Homeless families find out very quickly that neither they nor their shelters are welcome in many neighborhoods. In Staten Island, for example, the borough president indicated a preference for building jails rather than homeless shelters. In his words: "A jail is preferable to a shelter because it is self contained. It doesn't spill over into the surrounding neighborhood" (Kozol, 1988, 157).

Concealment, then, is an important issue regarding the homeless. At

the Hotel Carter, a welfare hotel in New York City, homeless families are not permitted to stand in front of the hotel. In order for children to meet their school bus, they must exit the hotel through the rear exit, which is used primarily for trash collection (Kozol, 1988, 157).

Some cities have gone to great lengths to remove homeless people. In Tucson, Arizona police use German shepherd dogs to hunt for the homeless in skid row neighborhoods, which is part of a promise from the mayor to drive the homeless out of town (Kozol, 1988, 178). In Laramie, Wyoming the homeless are given one night's shelter and the next morning are given a one-way ticket to another town. Lancaster, Ohio offers homeless families one way tickets to Columbus, Ohio (Kozol, 1988, 177).

Homeless children often are stigmatized by other students and sometimes by their teachers because of differences in dress, appearance, and poor academic performance (Stronge & Tenhouse, 1990, 16). Many homeless children have reported feeling hesitant to attend school because they feel their clothes are below standard (Gewirtzman & Fordor, 1987). A homeless student named Robert, for example, stated that he had no friends and that he was worried that his classmates would find out that he was homeless. Robert also said that he was teased by his peers and criticized by adults with comments such as "You are dirty" (Bassuk, 1991). Angie, age twelve when discussing her experience with school, declared that:

School is bad for me. I feel ashamed. They know we're not the same. My teacher does not treat us all the same. They know which children live in the hotel (Kozol, 1988, 64).

According to labeling theory, once an individual is stigmatized, such as

being labeled as homeless, that is, perceived as deviant, other generalized traits will be automatically assumed regardless of whether or not the individual possesses these traits (Becker, 1975). It is understandable, then, that homeless children fear disclosure because others may assume they have behavioral problems or a learning disability. In this type of situation homeless children are at a disadvantage in an academic setting where others may feel they are poor students simply because they are homeless. Harrington-Lueker (1989) found that although many homeless children have learning disabilities and/or emotional and behavioral problems, it is important not to assume that all homeless children have these problems. Such assumptions can lead to a self-fulfilling prophecy in which people structure their behavior and identity to conform with how they perceive that others see them. If children learn, for example, that little is expected of them in the way of academic achievement, they are likely to perform at a level that is consistent with those expectations (Weinberg, 1971, 43). In other words, if, as a result of labeling, children see themselves as "stupid," their behavior will conform to this label.

The type of behavior in which individuals conform their behavior to how they perceive that others see them is central to George Herbert Mead's theory of the "I" and the "me." According to Mead, both the "I" and the "me" are necessary in order to relate to and make meaning out of social experiences. "The 'I' is the response of the individual to the perceived attitudes of others. The 'me' is the organized set of attitudes of others which one assumes. The attitudes of others constitute the organized 'me,' and then one reacts towards that as an 'I'" (Coser, 1977, 388). In other words, the

"me" responds to self in terms of the perceived attitudes others have toward the individual. An individual's self-appraisal, then, is the result of what he/she assumes to be the appraisal of others (Coser, 1977, 338). This concept is an important element in the process by which an individual develops a self-concept.

The development of a negative self-concept tends to produce lowered self-esteem which leads to feelings of inferiority, weakness, and helplessness (Maslow, 1954, 45). According to Covington, students who view their poor academic performance as a result of lack of ability are likely to suffer from shame as well as experience lowered expectations for success (Covington, 1989). Students who have repeated a grade, for example, are more likely than others to learn less the following year and to develop a negative self-concept (Rafferty & Shinn, 1992).

The stigmatization experience of homeless children while attending school has also been felt among migrant children. Peter, a migrant child, for example, reported being ignored and scorned. He reported feeling different from the other school children and that teachers often make him feel unwanted (Coles, 1970, 49). When discussing his experiences with school Peter stated:

We'll come in and they'll tell you you're special, and they'll do what they can to make you good, to clean you up . . . and give you better habits, they'll say. I don't like those kinds of teachers . . . [one] started in on what we had on, and how we could at least clean our shoes, even if they weren't good, and all that . . . She asked me what I was going to school for, and I told her it was because I had to, and she smiled. I think it was because I said what she was thinking, and she was glad, so she smiled. . . . if I'd gone and told her that I was there at school because I wanted to be a teacher, like her, or even the principal, then

she'd have come after me with the ruler or the pointer she has in her hand all the time (Coles, 1970, 51).

In a study of 733 housed elementary school students, researchers found that students who felt excluded by their teachers often developed feelings of isolation. Those students who felt excluded by their peers showed signs of powerlessness in which there is a feeling that situations are beyond their control concerning classroom tasks and peer relations (Weinberg, 1971, 321). Thus stigmatized homeless children are at least as likely to feel isolated and powerless in a school setting.

James Plant in 1937 also reported that economically disadvantaged children show more insecurity symptoms than children who come from economically advantaged homes (cited from Weinberg, 21, 1971). Thus, because homeless children have low economic status they are more likely to feel that they have very little control over their environment.

In addition to the stigma that is felt by many homeless children, homelessness also has a negative effect on academic achievement. Koblinsky et al. (1992) found that homeless children are likely to lag behind their peers in their cognitive, motor, and social-emotional development. Witman (1987) observed an 80 percent delay of speech and language development among a St. Louis sample of homeless children.

Rafferty and Rollins (1989, 83-84) discovered that homeless children who attend school are often lacking in reading and mathematical skills. In a study of homeless families living in Boston, for instance, 43 percent of the children attending school were failing or performing at below average levels, 25 percent were in remedial classes, and 43 percent had repeated a grade

(Bassuk & Rubin, 1987). A New York study notes the following case:

Eight-year-old Pamela and her family have been homeless for ten months. . . during this time Pamela has transferred to a new school six times. . . Pamela has recently been assigned to a program for learning disabled children. According to Pamela's mother, what she really needs is to stop going to a different school every month (Rafferty & Rollins, 1989, 75).

In a review of educational performance among homeless students living in the San Diego area, researchers found that on the Wide Range Achievement Test (WRAT), homeless students grades four through six averaged one year below grade level in reading, spelling, and mathematics. Students who were in grades seven and eight were averaging one to three years below grade placement (Stronge & Tenhouse, 1990, 15).

As grade level increases, academic success for homeless children often decreases. According to Molnar et al. (1990) in a study of 118 homeless youths aged 10 to 17 years, living in a New York City shelter, 55 percent of the boys and 47 percent of the girls had repeated a grade at least once. Sixteen percent of the boys and ten percent of the girls were reading at or below the fourth grade reading level.

As homeless children fall behind, schooling can become very unpleasant (Bassuk & Rubin, 1987), which may lead to an increase in the school dropout rate. According to Hess (1987), those children who are held back in school experience higher dropout rates than others, and have a higher chance of getting into trouble with the law (cited from Rafferty & Shinn, 1992). The dropout rate for the poorest children in New York is approximately 70 percent. It has been suggested that for homeless children

the rate is even higher (Stronge & Tenhouse, 1990, 15).

In summary, homeless children who attend school may be stigmatized by other students and teachers because of differences in dress, appearance, and academic performance. This tends to create feelings of powerlessness. For many children homelessness has a negative impact on academic achievement which can lead to poor self-esteem. The consequences of homelessness also may lead to lasting psychological and behavioral problems.

Psychological and Behavioral Effects of Homelessness

The negative impact of homelessness, which is often due to structural consequences such as lack of food, shelter, safety, stability, and belongingness, often create psychological problems that can interfere with children's ability to learn. The unsafe, chaotic, and stressful events that are associated with homelessness are often associated with developmental delays in the psychological development of children. Preschool-age homeless children have a higher risk of behavioral and emotional problems. They are also at a greater risk of developmental problems at crucial stages of development. When compared with low-income preschoolers, homeless preschoolers are much more likely to manifest at least one developmental delay (54 percent vs. 16 percent respectively) in the areas tested by the Denver Developmental Screening Test, an instrument used to identify gross developmental delays. The areas tested are gross motor skills, fine motor coordination, and language development. There is also a tendency for homeless children to lag in personal and social development (42 percent vs. 3

percent respectively) (Bassuk & Rosenberg, 1988).

Moreover, Rescorla, Parker, and Stolley (1991) found that preschool children living in shelters are much less likely to be enrolled in any kind of early childhood education program than were those in a low-income housed comparison group of preschool age children. Bassuk and Rubin (1987) found that only 17 percent of preschool age homeless children in a Massachusetts sample were attending any type of day-care. Thus, younger homeless children who do not attend school lack the important socialization benefits of a structured school program. Homeless preschoolers often spend their day in a chaotic environment at a shelter or out on the streets with their families.

In addition to experiencing anxiety, the stress of homelessness may also have a negative effect on the psychological development of children. In a study of reactions to severe stress, children who experience such stress often suffer from terrifying nightmares and sleep walking, increased nervous tension, withdrawal, depression, and failing grades at school. The experience of overwhelming anxiety can place a significant burden on children's personality development. In studies where families are forced to move following a disastrous event, such as an earthquake or flood, and the family's home and social network are lost, the survivor is set even further at risk because the home is often seen as a safe haven (Anthony, 1986). If we apply this to the often long-term stressful experience of homelessness we are able to see how feelings of security are lost.

Furthermore, Gewirtzman and Fordor (1987), and Bassuk and Rosenberg (1988) found that aggressive, withdrawn, depressed, and anxious behaviors are often caused by the experience of homelessness. Children for

example, who are homeless, often display signs of withdrawal, temper tantrums, regression, aggression, eating disorders, sleep disorders, and phobias (Martin, 1991). In a study of 83 homeless families, 66 percent of the parents reported adverse behavioral changes, such as disobedience and fighting, in their children since becoming homeless (Rafferty & Shinn, 1992).

Part of this inappropriate behavior is explained by Bassuk, who found that when people are overwhelmed by stress, they frequently return to an earlier developmental stage (Bassuk & Rubin, 1987). Homeless children's behavior, then, is often a reflection of overwhelming stress as well as their need for nurturing and protection. Increased aggressiveness and other destructive behavior may be a way for homeless children to express anger at their homeless situation and at their parents for not being able to protect and provide for them (Bassuk & Gallagher, 1990).

Thus, the emotional and psychological problems that foster inappropriate behavior not only hinder homeless children's ability to learn, but may also adversely affect their chances of continuing their education as these problems may cause the homeless students to drop out of school or to be thrown out, instead of receiving the help that they need (Bassuk & Gallagher, 1990).

In older children and adults, the traumatic experience of homelessness may be followed by psychic numbing, depression, destructive acting-out behavior with drugs or alcohol, or suicide attempts (Martin, 1991). Martin (1991) also notes that older homeless children, exposed to the subculture of drugs and violence that exists in many of the shelters and hotels, may see these activities as attractive options.

In summary, the psychological and behavioral effects of homelessness may manifest themselves in many different ways. Preschool age children often show signs of withdrawal, regression, and sleep disorders. Older children may show signs of inappropriate behaviors such as aggression and impulsiveness. Adults exhibit signs of severe depression and feelings of degradation. As homelessness strips the family of its physiological and psychological supports, educational goals for homeless children become extremely difficult to attain.

Although research has documented the possible effects of homelessness on the academic achievement of homeless children, research has failed to explore whether after school programs alleviate the negative effects of homelessness on the educational attainment of homeless children. In addition, it is important to explore whether after school programs alleviate the emotional and behavioral problems homeless children experience.

Hypothesis Section

In order to investigate the effects of homelessness on children's educational experiences and to determine the impact of after school tutorial services on homeless children, five separate hypotheses were examined.

They are as follows:

- (1) The longer children experience homelessness the greater the negative impact on their academic achievement in school.
- (2) The more hours a week homeless children participate in after school tutorial services the more their parents think it helps their academic

achievement.

(3) The more hours per week homeless children participate in after school tutorial programs the more likely they will have higher self-esteem than those homeless children who do not participate in after school tutorial programs.

(4) The more hours per week homeless children participate in after school tutorial programs the more likely they will experience fewer emotional problems due to homelessness than those children who do not participate in after school tutorial programs.

(5) The more hours per week homeless children participate in after school tutorial programs the more likely they will experience fewer behavioral problems due to homelessness than those children who do not participate in after school tutorial programs.

Chapter III

Methodology

Data Collection Procedures

In order to investigate the effect of homelessness on homeless children's education and the impact of after school tutorial programs, face to face interviews were conducted with homeless families living in a homeless shelter in Santa Clara County, California. Interviews were conducted between October 1993 and February 1994 with a total of 30 families. Of the 30 families, 17 had access to on site after school tutorial services provided by the shelter. The remaining 13 children were either on the waiting list to receive tutorial services or had not been signed up by their parent. Both the parent and the child were interviewed separately. In the case where the family consisted of two or more children, the oldest child was asked to be interviewed. If the oldest child declined to participate, the child most willing to participate was interviewed. All interviews were conducted by the researcher of this study. Interviews were audio recorded and lasted approximately 30 minutes. All respondents were assured anonymity and interviews were conducted in a private setting.

The instrument used for data collection consisted of two survey questionnaires: a parent questionnaire and a child questionnaire. The parent questionnaire included both an open ended and a fixed response question format. The parent survey questionnaire focused mainly on the family's socioeconomic and demographic background, prior living

arrangements, respondent's social network, any emotional or behavioral changes noticed in their children, and children's educational experiences. The child questionnaire also included both an open ended and a fixed response question format. The child survey questionnaire focused mainly on feelings regarding homelessness, self-esteem, stigmatization, and educational experiences. The survey questionnaires are included in Appendices A and B.

The selection of shelters used in this study was based on three criteria: (1) the ability to gain entry into the shelter and conduct interviews, (2) the presence of school age children at the shelter, and (3) the availability of tutorial services. Respondents were chosen based on their availability (i.e. being present at the shelter during the time interviews were being conducted) and their willingness to participate in the study. Interviews were restricted to those families who had school age children, age six or older. Of those families eligible for participation, 15 declined to participate. Some families felt that I would turn them in to social services or the school board if they disclosed any information. Others simply did not want to speak to me. There was also a language barrier with a large percentage of the Hispanic shelter population and it is, therefore, underrepresented in my sample. In addition, because families were able to stay at each shelter for three months, once I had exhausted the eligible population at each shelter, I had to wait until new eligible families moved in and stayed a minimum of one week. Because of the above restrictions, all families who were eligible and willing to be interviewed were included in my study. In order to increase sample size, this study uses a snowball sampling method, which is a non-probability sampling method. Snowball sampling is constructed in stages. In the first

stage a few people having the requisite characteristics are identified and interviewed. These people are asked to identify others who qualify for inclusion in the sample. The second stage involves interviewing these people, who in turn lead to more people who can be interviewed (Bailey, 1994, 97). Because of the sampling method and the sample size, statistical results cannot be generalized and inferred to a larger population.

Shelter Characteristics

During my data collection, I visited two homeless family shelters in Santa Clara County, California which will be referred to as shelter A and shelter B. I interviewed 13 families from shelter A and 17 from shelter B. In order to be eligible to stay at the shelters, a family must have at least one child. Admission to either of the family shelters is on a first come first served basis, by which families are encouraged to call the shelter on a daily basis until there is an opening. Families are referred to the shelters either by organizations (e.g., churches, The Red Cross, etc.) or by self-referral in which they contact the shelter themselves.

Shelter A is located in a non-residential area among businesses, and houses a total of 37 families. There are 18 shelter workers, who work during the day, and 1 night supervisor. Families must pay 15 percent of their monthly income in rent. There is a lock-out period between 8:30a.m. and 4:30p.m. and an evening curfew at 10:00p.m. Sunday through Thursday, and at 11:00p.m. Friday and Saturday. Meals are free and are served in a cafeteria style setting in which all families eat together. Breakfast is served

between 6:30 and 7:30a.m. Lunch is served at 12:30p.m. and dinner is served from 5:30p.m. to 7:00p.m. Accommodations are made for those who work and cannot eat at the designated times. Each family is assigned a chore to help maintain the shelter. There is a weekly meeting at 7:00p.m. that parents must attend.

When entering shelter A there is a large room, with tiled floor and brown cafeteria tables, that is used for meetings and for dining. Against the far wall of the room are two pay phones for the residents' use. To the right is a set of offices that are used by the staff. Past the cafeteria is a hallway that has three corridors which lead out to three separate two story courtyards. Courtyard A has 17 rooms, courtyard B has 8 rooms, and courtyard C has 12 rooms. Each family is provided with its own room which has carpeting and consists of bunk beds and a dresser. The courtyards also contain small rooms which are used by the staff and residents; these include the mothers' club room, a computer room, a room that has used clothes for the residents, and tutoring rooms. There is one men's and one women's bathroom upstairs between courtyards A and B and one set of bathrooms downstairs. Each bathroom contains six stalls and four showers. Outside there is a small grass area and a playground for the children.

Child care is provided by the shelter for children up to the age of five for no charge. It must be mentioned, however, that this service has a waiting list and can only serve 13 children at a time. Other services include the mothers' club, which is for mothers who have infants, a workshop on making a resume and locating jobs, and tutorial services.

Shelter B is also located in a non-residential area, but has a large

grass field around it. Shelter B can house 32 families at one time. The shelter has a 28 day program which, after a family is reviewed, can be extended to a 90 day program. There are 10 daytime staff members and one night supervisor. Families consisting of up to three people must pay 35 dollars per week or 140 dollars per month for rent. Families consisting of four or more people must pay 45 dollars a week or 180 dollars per month for rent. There is no lock-out period; however, adults are not allowed in their rooms between 9:00a.m. and 3:00p.m. This is to encourage parents to look actively for work and housing. Meals are free and are served in a cafeteria-style setting at 7:00a.m., 12:00p.m., and between 5:00p.m. and 6:00p.m. If residents miss a meal they are provided with a bag lunch. Each family is assigned a chore to help maintain the shelter. There is a weekly meeting that parents must attend.

When entering shelter B there is a large carpeted room with a round table, two couches and a large-screen television. This room is used for weekly meetings and other activities. There is an office to the left that is used by the shelter staff. Across from the room are two doors that lead into the cafeteria which consists of the kitchen and brown cafeteria tables. Down the hall there is a women's and a men's bathroom and a large room used for day care and tutorial services. On the other side of the entrance are additional offices used by the shelter staff. All except four of the bedrooms are on the second floor. Each family is given its own room that consists of bunk beds and a dresser. Upstairs there is a women's and a men's bathroom which consists of six stalls and a set of showers. Outside there is a large grass field and a playground for the children to use.

Shelter B does not provide child care, but does have an on-site Head Start program for children ages three and four. Head start runs from 8:00a.m. to 4:00p.m. year round. During the school year the program is open for all families, but during the summer months only shelter residents are allowed. There is a waiting list for the Head Start program, but it only lasts for approximately two weeks before there is an opening. For children outside of this age group, parents may sign a waiver giving parental consent to another shelter resident. There are many other services provided by the shelter, which include computer classes for the adults, help in getting a job, a teen club, Boy Scouts and Girl Scouts, and tutorial services.

Tutorial Program Characteristics

During the time of my data collection, children at shelter A were able to participate in the tutorial program two nights a week between 6:00p.m. and 7:00p.m. Tutorial services are located in courtyard B in two small rooms downstairs. The rooms consist of tables, chairs, a book case with books, and a chalkboard. There is approximately one tutor per two to three children. Activities include working on homework assignments, working on basic skills, and playing educational games. A total of seven of the 13 children who were interviewed at shelter A were participating in the program.

Children at shelter B were able to participate up to four nights a week between 6:00p.m. and 7:00p.m. Tutorial services are held in one large room. The room consists of tables and chairs. There is approximately one tutor per child. Activities include working on homework assignments, basic skills, and

playing educational games. A total of 10 of the 17 children who were interviewed at shelter B were participating in the program.

Demographic Characteristics of Parent Respondents

The following demographic characteristics of parents and children were found: As Table 1 indicates, parents ranged in age from 21 to 41. The mean age was 32 and median age was 32.

Table 1: Parent's Age

Age in Years	Frequency	Percent
21	1	3.3
22	0	0.0
23	1	3.3
24	0	0.0
25	1	3.3
26	2	6.7
27	2	6.7
28	0	0.0
29	2	6.7
30	3	10.0
31	2	6.7
32	2	6.7
33	2	6.7
34	2	6.7
35	1	3.3
36	2	6.7
37	2	6.7
38	2	6.7
39	1	3.3
40	0	0.0
41	2	6.7
Total	30	100.0

Table 2 indicates the gender of the parents interviewed. Of the 30 respondents 26 (87%) were female and 4 (13%) were male.

Table 2: Parent's Gender

Gender	Frequency	Percent
Female	26	86.7
Male	4	13.3
Total	30	100.0

Of the 30 respondents nine (30%) were white non-Hispanic, 12 (40%) were black, 6 (10%) were Hispanic, and 3 (20%) were of another race/ethnicity (see Table 3).

Table 3: Parent's Ethnicity

Ethnicity	Frequency	Percent
White	9	30.0
Black	12	40.0
Hispanic	6	10.0
Other	3	20.0
Total	30	100.0

Table 4 represents the educational attainment of the parents in my survey. At the time of the interview 12 (40%) had not completed high school, 11 (37%) had a high school diploma or equivalent, and 7 (23%) had a post high school education. The mean education level was 11.6 years and the median was 12 years.

Table 4: Parent's Education

Education	Frequency	Percent
6th Grade	1	3.3
7th Grade	0	0.0
8th Grade	1	3.3
9th Grade	0	0.0
10th Grade	3	10.0
11th Grade	7	23.0
H/S or GED	11	36.7
Trade Shool	3	10.0
2 year College	3	10.0
College Grad	1	3.3
Total	30	100.0

Table 5 indicates the marital status of the parents interviewed. At the time of the interview 13 (43%) were married and 17 (57%) were unmarried.

Table 5: Parent's Marital Status

Marital Status	Frequency	Percent
Married	13	43.3
Divorced	4	13.3
Separated	2	6.7
Widowed	0	0.0
Single	8	26.7
Other - Not Married	3	10.0
Total	30	100.0

Table 6 represents parent's total number of children ranging from 1 to 9 with a mean of 3.9 and a median of 3.

Table 6: Parent's Total Number of Children

No. Children	Frequency	Percent
1	1	3.3
2	6	20.0
3	9	30.0
4	6	20.0
5	3	10.0
6	2	6.7
7	0	0.0
8	1	3.3
9	2	6.7
Total	30	100.0

Demographic Characteristics of Child Respondents

As Table 7 indicates, children ranged in age from 6 to 16 with a mean age of 9 and a median age of 8.

Table 7: Child's Age in Years

Age	Frequency	Percent
6	5	16.7
7	8	26.7
8	4	13.3
9	1	3.3
10	3	10.0
11	3	10.0
12	1	3.3
13	0	0.0
14	3	3.3
15	1	3.3
16	1	3.3
Total	30	100.0

Table 8 indicates the gender of the children interviewed. Nineteen (63%) of the respondents were female and 11 (37%) were male.

Table 8: Child's Gender

Gender	Frequency	Percent
Female	19	63.3
Male	11	36.7
Total	30	100.0

Table 9 indicates that of the children who were interviewed, 27 (90 %) were attending school and 3 (10 %) were not attending school during the time of the interview.

Table 9: Child's Current School Attendance

Enrolled	Frequency	Percent
Yes	27	90.1
No	3	9.9
Total	30	100.0

Table 10 shows that grade in school ranged from 1st grade to 11th grade with a mean of 4th grade and a median of 3rd grade.

Table 10: Child's Grade in School

Grade	Frequency	Percent
1st Grade	6	20.0
2nd Grade	7	23.3
3rd Grade	5	16.7
4th Grade	2	6.7
5th Grade	2	6.7
6th Grade	3	10.0
7th Grade	0	0.0
8th Grade	1	3.3
9th Grade	3	10.0
10th Grade	1	3.3
Total	30	100.0

Characteristics of Homelessness

As Table 11 indicates, length of homelessness ranged from 1 week to 1 year with the mean at 9.9 weeks and the median at 8 weeks.

Table 11: Length of Homelessness in Weeks

No. of Weeks	Frequency	Percent
1	1	3.3
2	1	3.3
3	3	6.7
4	6	20.0
5	0	0.0
6	3	10.0
7	0	0.0
8	6	20.0
9	0	0.0
10	1	3.3
11	0	0.0

continued.

Table 11: Length of Homelessness in Weeks (continued)

No. of Weeks	Frequency	Percent
12	4	13.3
13	0	0.0
14	1	3.3
15	0	0.0
16	2	6.7
17	0	0.0
18	0	0.0
19	0	0.0
20	1	3.3
21	0	0.0
22	0	0.0
23	0	0.0
24	1	3.3
52	1	3.3
Total	30	100.0

Table 12 represents previous homeless episodes. Of the respondents interviewed, 18 families (60%) had been homeless previously, 9 of the 18 families had been homeless within the past 2 years.

Table 12: Any Prior Episode of Homelessness

Prior Episode	Frequency	Percent
Yes	18	60.0
No	12	40.0
Total	30	100.0

Table 13 indicates the time spent at the present shelter, which ranged from 1 week to 20 weeks with the mean at 5.6 weeks and the median at 4

weeks. The maximum allotted time each family is allowed to stay is three months. Two of the families, however, had successfully petitioned for an extension.

Table 13: Length of Stay at Current Shelter

No. of Weeks	Frequency	Percent
1	2	6.7
2	3	10.0
3	7	23.3
4	7	23.3
5	1	3.3
6	1	3.3
7	0	0.0
8	5	16.7
9	0	0.0
10	0	0.0
11	0	0.0
12	2	6.7
13	0	0.0
14	0	0.0
15	0	0.0
16	1	3.3
20	1	3.3
Total	30	100.0

Table 14 indicates the number of shelters families have stayed in during their current episode of homelessness. Of the respondents, 17 families (56.7%) had stayed in a total of one shelter, 12 (40%) had stayed in a total of two different shelters, and 1 (3.3%) family had stayed in a total of three different shelters.

Table 14: Number of Shelters Stayed in this Episode of Homelessness

No. of Shelters	Frequency	Percent
1	17	56.7
2	12	40.0
3	1	3.3
Total	30	100.0

Methods of Analyses

For this study, the method of analysis includes both qualitative and quantitative analyses. For each of the open-ended questions, notes were transcribed "word for word" by the researcher during the interview and checked against the cassette tape recorded version for accuracy. Statistical tests were conducted by using SPSS/PC. In order to examine the hypotheses, statistical techniques called factor analysis and regression analysis were used. By using triangulation, more than one type of research method to test the same finding adds strength to research. Research findings usually reflect the method of inquiry used (Babbie, 1985, 99). Thus, by using two different types of data collection methods, the current research will have both qualitative and quantitative analyses.

The basic purpose of factor analysis is to simplify the interrelationships among a set of variables. The correlation matrix shows whether there are relationships among variables. In other words, factor analysis determines if there is a common factor in several observed variables

which will enable the researcher to construct a scale which incorporates the values of the like variables to be used for analysis. The "eigenvalues" show how many factors are present within a group of variables. "Factor loading" is the correlation between variables and the respective factor. "Communality" indicates the amount of the variance of the variable that is explained by the factor analysis. Factor scores are created by taking each respondent's score on an item, multiplying it by the respective factor loading and adding the totals together (Bailey, 1994, 360-366).

Regression analysis is performed in order to make predictions and define the relationship between two or more variables. In other words, regression analysis enables one to determine a dependent value given an independent value. The " R^2 " is the amount of variance in the dependent variable explained by the independent variable(s). The regression coefficient "b" is the rate of change of the dependent variable with respect to the independent variable, while "B" is the standardized regression coefficient which is used to compare relative strengths of effects. The "P" is the probability of the regression coefficients being in error. The "SEB" is the estimated standard error of the slope and the intercept (Bailey, 1994, 405).

Operationalization of Variables

Independent Variables

(1) Homelessness is defined as living without housing of one's own. Length of homelessness is measured by the following question from the

parent questionnaire: "During this episode of homelessness, how long have you and your family been homeless?" The response category is measured in weeks.

(2) After school tutorial services are defined as help with children's academic performance outside of school. Participation in tutorial services is measured by the following question from the parent questionnaire: "How often does your child participate in the tutorial program?" Possible responses are zero to five days a week coded as a continuous variable in number of days per week. Those children who did not participate were coded as zero days. Each tutorial session lasts for approximately 1 hour.

Dependent Variables

(1) Academic performance is defined as school performance (i.e., grades and homework) perceived by parents. Academic performance is measured by the following question from the parent questionnaire: "Has the experience of homelessness had an effect on your child's academic performance?" Possible responses were, "child doing much worse in school" (scored 1), "somewhat worse" (scored 2), "no change" (scored 3), "somewhat better" (scored 4), and "child doing much better in school" (scored 5).

(2) Parent's perception of the tutorial program's influence on children's academic performance is measured with the following question from the parent questionnaire: "Has the tutorial program helped your child's academic performance?" Possible responses were, "not at all" (scored 1), "a little" (scored 2), "somewhat" (scored 3), and "yes, very much" (scored 4).

(3) Self-esteem is defined as how children view themselves. Self-esteem is measured by using Rosenberg's self-esteem scale (1979) with the following six statements from the child questionnaire: "At times I think I am no good at all," "I feel I do not have much to be proud of," "I certainly feel useless at times," "I wish I could have more respect for myself," "All in all I am inclined to feel that I am a failure," and "I am able to do things as well as most other people." Possible responses were, "strongly disagree" (scored 1), "disagree" (scored 2), "agree" (scored 3), and "strongly agree" (scored 4).

(4) Emotional state is defined as how children feel about themselves and their surroundings. Emotional state is measured with the following four questions from the parent questionnaire: "Since you and your family became homeless, have you noticed any changes in the level of anxiety with regard to things such as separation from you or other people?" Possible responses were, "child is much less anxious" (scored 1), "child is somewhat less anxious" (scored 2), "no change" (scored 3), "child is somewhat more anxious" (scored 4), and "child is much more anxious" (scored 5). "Have you noticed any changes in your child's temperament or mood?" Possible responses were, "much less moody" (scored 1), "somewhat less moody" (scored 2), "no change" (scored 3), "somewhat more moody" (scored 4), and "much more moody" (scored 5). "Have you noticed any changes in your child's outlook on life, that is changes in his/her feelings about the future?" Responses categories were, "much less positive outlook" (scored 1), "somewhat less positive outlook" (scored 2), "no change" (scored 3), "somewhat more positive outlook" (scored 4), and "much more positive outlook" (scored 5). "Have you noticed any changes in your child with regard to depression?" Responses categories were,

"much less depressed" (scored 1), "somewhat less depressed" (scored 2), "no change" (scored 3), "somewhat more depressed" (scored 4), and "much more depressed" (scored 5). For the above emotion questions, parents were also asked about specific changes in an open ended format.

(5) Behavior is defined as how children act towards other people and their behavior in general. Children's behavior is measured with the following four questions from the parent questionnaire: "Since you and your family became homeless, has your child had any eating changes such as having change in appetite?" Possible responses are, "child has much less eating problems" (scored 1), "child has somewhat less eating problems" (scored 2), "no change" (scored 3), "child has somewhat more eating problems" (scored 4), and "child has much more eating problems" (scored 5). "Have you noticed any changes in your child's sleeping patterns?" Possible responses are "much better sleeping" (scored 1), "somewhat better sleeping" (scored 2), "no change" (scored 3), "somewhat worse sleeping" (scored 4), and "much worse sleeping" (scored 5). "Have you noticed any changes in your child's behavior such as fighting?" Responses include, "much less fighting" (scored 1), "somewhat less fighting" (scored 2), "no change" (scored 3), "somewhat more fighting" (scored 4), and "much more fighting" (scored 5). "Have you noticed any changes in your child's level of aggression?" Responses include "much less aggressive" (scored 1), "somewhat less aggressive" (scored 2), "no change" (scored 3), "somewhat more aggressive" (scored 4), and "much more aggressive" (scored 5). For the above questions, parents were also asked about specific behavioral changes in an open ended format.

Control Variables

The control variable included in each hypothesis is child's age which is a continuous variable measured in years. A correlation matrix for all variables included in the analysis is presented in Appendix C.

Chapter IV

Quantitative Findings

As a first step of testing the hypotheses, principal components factor analyses were conducted to create a composite scale for the self-esteem, emotion, and behavior variables. Second, regression analyses were used to examine the effect of the independent variable on the dependent variable for each hypothesis.

Factor Analysis

Table 15 represents the factor analysis for the following six variables: "At times I think I am no good at all." (NOGOOD), "I am able to do things as well as other people." (WELLAS), "I feel I do not have much to be proud of." (NOTPROUD), "I certainly feel useless at times." (USELESS), "I wish I could have more respect for myself." (RESPECT), and "All in all I am inclined to feel that I am a failure." (FAILURE).

The eigenvalue shows that the variables constitute one factor which will be called ESTEEM. The factor loadings present the high correlation between the six variables and the factor ESTEEM. The highest loading 0.86 for FAILURE was followed by USELESS (0.80), NOGOOD (0.74), RESPECT (0.72), WELLAS (0.70), and NOTPROUD (0.68). The communality ranged from 0.74 for FAILURE followed by USELESS (0.65), NOGOOD (0.55), RESPECT (0.52), WELLAS (0.49), and NOTPROUD (0.47). The composite scale was created by multiplying each respondent's score on a four point scale

by the corresponding factor loading and then calculating the sum: (ESTEEM = .74* NOGOOD + .70 * WELLAS + .68 * NOTPROUD + .80 * USELESS + .72 * RESPECT + .86 * FAILURE). The composite scale represents the degree of each respondent's self-esteem.

Table 15: Factor Analysis for the Composite Variable: ESTEEM

Variable	Eigenvalue	Factor loading	Communality
NOGOOD	3.45	0.74	0.55
WELLAS	.83	0.70	0.49
NOTPROUD	.63	0.68	0.47
USELESS	.49	0.80	0.65
RESPECT	.30	0.72	0.52
FAILURE	.27	0.86	0.74

Table 16 presents the result of factor analysis for the following four variables: "Since you and your family became homeless have you noticed any changes in your child's level of anxiety with regard to things such as separation from you or other people?" (ANXIOUS), "Since you and your family became homeless have you noticed any changes in your child's temperament or mood?" (MOOD), "Since you and your family became homeless have you noticed any changes in your child's outlook on life, that is changes in his/her feelings about the future?" (OUTLOOK), and "Since you and your family became homeless have you noticed any changes in your child's level of depression?" (DEPRESS).

The eigenvalue shows that the variables constitute one factor which will be called EMOTION. The factor loadings present the high

correlation between the four variables and the factor EMOTION. The highest loadings for ANXIOUS and MOOD (0.81 and 0.81, respectively) were followed by DEPRESS (0.78), and OUTLOOK (0.53). The communality ranged from 0.67 for ANXIOUS followed by MOOD (0.66), DEPRESS (0.61), and OUTLOOK (0.28). The composite scale was created by multiplying each respondent's score on a five point scale by the corresponding factor loading value and then calculating the sum; ($EMOTION = .81 * ANXIOUS + .81 * MOOD + .53 * OUTLOOK + .78 * DEPRESS$). This composite scale represents the level of each respondent's emotion.

Table 16: Factor Analysis for the Composite Variable: EMOTION

Variable	Eigenvalue	Factor loading	Communality
ANXIOUS	2.23	0.81	0.67
MOOD	.85	0.81	0.66
OUTLOOK	.50	0.53	0.28
DEPRESS	.10	0.78	0.61

Table 17 shows the result of the factor analysis for the following four variables: "Since you and your family became homeless have you noticed any eating changes such as change in appetite?" (EAT), "Since you and your family became homeless have you noticed any changes in your child's sleeping patterns?" (SLEEP), "Since you and your family became homeless have you noticed any changes in your child's behavior such as fighting more?" (FIGHTING), and "Since you and your family became homeless have you noticed any changes in your child's level of aggression?" (AGGRESS).

The eigenvalue shows that the variables constitute one factor which

will be called BEHAVIOR. The factor loadings present the high correlation between the four variables and the factor BEHAVIOR. The highest loadings for both FIGHTING and AGGRESS (0.73 and 0.73, respectively) were followed by EAT (0.59), and SLEEP (0.59). The communality ranged from 0.54 for FIGHTING and AGGRESS (0.54) followed by SLEEP (0.35), and EAT (0.34). The composite scale was created by multiplying each respondent's score on a five point scale by the corresponding factor loading and then calculating the sum; (BEHAVIOR = .58 * EAT + .59 * SLEEP + .73 * FIGHTING + .73 * AGGRESS). The composite scale represents the level of each respondent's behavior.

Table 17: Factor Analysis for the Composite Variable: BEHAVIOR

Variable	Eigenvalue	Factor loading	Communality
EAT	1.77	0.58	0.34
SLEEP	.99	0.59	0.35
FIGHTING	.64	0.73	0.54
AGGRESS	.59	0.73	0.54

Regression Analyses

As a next step, a regression analysis was conducted on each of the hypotheses.

Hypothesis 1: The longer children experience homelessness the greater the negative impact on their academic achievement in school.

A regression analysis was conducted to examine the impact of length of homelessness on academic achievement. The results were significant

indicating length of homelessness has a negative effect on academic achievement controlling for age ($B = -.43$, $P = .03$). Children who are homeless for a longer period of time are less likely to do well in school. The impact of the child's age was insignificant ($B = -.16$, $P = .40$). The first hypothesis was supported.

Table 18: Regression Analysis for the Variable: ACADEMIC

Independent Variable	Unstandardized Coefficient (b)	Standard Error (SEB)	Standardized Coefficient (B)	Probability of Error (P)
CHILDAGE	-.04	(0.05)	-0.16	.40
WEEKSHL	-.06	(0.03)	-0.43	.03
CONSTANT	3.65			
R ²	.16			

Note. Standard Errors are shown in Parentheses.

Hypothesis 2: The more hours per week homeless children participate in after school tutorial programs the more their parents think tutoring helps their academic achievement.

A regression analysis was conducted to examine whether the number of hours a child participates in an after school tutorial program has an effect on parents' perception of the tutorial program's effect on their child's academic achievement controlling for age. The result was almost significant ($B = .49$, $P = .06$). It indicates that children's participation in tutorial programs fosters parents' belief that academic achievement is enhanced. Child's age was not significant ($B = .12$, $P = .62$). The second hypothesis was almost supported.

Table 19: Regression Analysis for the Variable: TUTHLP

Independent Variable	Unstandardized Coefficient (b)	Standard Error (SEB)	Standardized Coefficient (B)	Probability of Error (P)
CHILDAGE	.03	(0.06)	0.12	.62
TUTORDAY	.54	(0.27)	0.49	.06
CONSTANT	1.98			
R ²	.27			

Note. Standard Errors are shown in Parentheses.

Hypothesis 3: The more hours per week homeless children participate in after school tutorial programs the more likely they will have higher self-esteem than those homeless children who do not participate in after school programs.

A regression analysis was conducted in order to examine the effect of after school tutorial programs on homeless children's self-esteem. The result was significant controlling for age (B = -.44, P = .04). The direction, however, was the opposite of the predicted one. The finding indicates that children's participation in tutorial programs reduces their self-esteem. This result will be discussed in the following section. Child's age was not significant (B = .13, P = .49).

Table 20: Regression Analysis for the Composite Variable: ESTEEM

Independent Variable	Unstandardized Coefficient (b)	Standard Error (SEB)	Standardized Coefficient (B)	Probability of Error (P)
TUTORDAY	-.85	(0.39)	-0.44	.04
CHILDAGE	.15	(0.19)	0.16	.43
CONSTANT	12.46			
R ²	.27			

Note. Standard Errors are Shown in Parentheses.

Hypothesis 4: The more hours per week homeless children participate in after school programs, the more likely they will experience fewer emotional problems due to homelessness than those children who do not participate in after school tutorial programs.

A regression analysis was performed to examine the effect of after school tutorial services on homeless children's emotional problems. The result was not significant indicating that children's participation in tutorial services has no effect on emotional problems (B = .06, P = .75). Child's age was not significant (B = .06, P = .69). The correlation matrix shows the relationship between EMOTION and TUTORDAY is unrelated (r= .04). The fourth hypothesis was not supported.

Table 21: Regression Analysis for the Composite Variable: EMOTION

Independent Variable	Unstandardized Coefficient (b)	Standard Error (SEB)	Standardized Coefficient (B)	Probability of Error (P)
TUTORDAY	.09	(0.28)	0.06	.75
CHILDAGE	.04	(0.11)	0.08	.69
CONSTANT	6.80			
R ²	.00			

Note. Standard Errors are Shown in Parentheses.

Hypothesis 5: The more hours per week homeless children participate in after school tutorial programs the more likely they will experience fewer behavioral problems due to homelessness than those children who do not participate in after school tutorial programs.

A regression analysis was performed to examine the effect of after school tutorial services on homeless children's behavioral problems. The regression analysis result was not significant indicating children's participation in tutorial services has no effect on behavioral problems (B = .13, P = .46). Child's age was almost significant (B = .34, P = .07) indicating that as age increases behavior problems may become more evident. The correlation matrix shows the relationship between BEHAVIOR and TUTORDAY is unrelated (r= .05). The fifth hypothesis was not supported.

Table 22: Regression Analysis for the Composite Variable: BEHAVIOR

Independent Variable	Unstandardized Coefficient (b)	Standard Error (SEB)	Standardized Coefficient (B)	Probability of Error (P)
TUTORDAY	.15	(.20)	.13	.46
CHILDAGE	.17	(.09)	.34	.07
CONSTANT	4.44			
R ²	.11			

Note. Standardized Errors are Shown in Parentheses.

The results of the quantitative analysis indicate that the longer children are homeless the greater the negative impact on academic achievement. Although parents view after school tutorial services provided by the shelter as beneficial to their children's education, it was found that tutorial programs do not play a beneficial role in children's self-esteem. Moreover, after school tutorial services did not have a significant impact on emotional and behavioral problems due to homelessness.

Chapter V

Qualitative Findings

The qualitative data analysis captures aspects of research that quantitative research cannot. In order to understand the complex issues surrounding homeless children and their education, further data obtained through open-ended interviews was examined.

Hypothesis 1: Homelessness and Academic Performance

As indicated in the quantitative findings, homeless has a negative effect on children's academic achievement. The negative effects of homelessness on children's academic achievement emerged in the form of three trends: (1) the stress and instability of homelessness, (2) the inability to concentrate because of distractions, and (3) problems in attendance. When asked, "Has the experience of homelessness had an effect on your child's academic performance?" 37 percent of parents felt their child was doing somewhat or much worse in their school performance. One father said his 9-year-old son:

. . . has gotten off track. They have no place to study. By the time he gets settled at a school then it is time to transfer again. He feels the vibrations from his parents and he worries where he is going to sleep the next day or two days from now.

Another mother worried about her 10-year-old daughter:

Her grades have gone down and her interest level has gone down. She is not responsible with her homework. She doesn't want to go to school.

Finally, one mother discussed her two boys and the academic changes they have gone through:

My oldest child has gone from B's to F's. This one here [her 7-year-old son, which was interviewed] hasn't been doing that good at all. His teacher has to teach him things over and over. He is in second grade and just starting to write his name. [This family had been homeless for six months at the time of the interview.]

Several of the parents viewed their child's decline in school performance as due to lack of ability to concentrate because of noise in the shelter and other distractions. For example, one respondent observed this about her 10-year-old daughter:

There are too many distractions. I usually end up letting her do her homework after 9:00 [p.m.] because it is a little bit more quiet here then. She often does her homework in the back of the van. They can't concentrate here. This you are hearing in the halls now, goes on to 10:00 at night.

Another respondent noted that her 10-year-old daughter: ". . . can't concentrate much. She had a book report due the tenth of last month and it's still not done . . ." Finally, one respondent commented that her 7-year-old son: ". . . just doesn't want to learn anymore."

In order to more fully understand the negative effects homelessness has on academic achievement, further qualitative data were gathered and analyzed regarding obstacles in sending children to school and school attendance rates which also can negatively affect academic achievement.

Obstacles in Sending Children to School

When families become homeless and move away from their residence, children are no longer able to attend the same school because of residency requirements. Re-enrolling and sending children to school, however, can become a burdensome and difficult task. Most of the children were re-enrolled during the time interviews took place. Several families, however, experienced obstacles when trying to send their children to school between the time of leaving their residence and moving to the shelter. Forty percent of the parents in my sample reported having difficulty sending their children to school due to lack of a permanent address. Lack of a permanent address can affect parents' ability to satisfy stability needs, making education a lower priority. For example, one father explained:

The main worry we have is for shelter. Even though you know the education for your child is very important, a roof over their head is a bit more important. My kids generally miss one day out of every two weeks. Things come up when you are homeless and it's impossible to send your kids to school every day.

Not having a permanent address also can hinder the availability of needed resources, such as special education programs. One respondent stated:

My youngest he is in special ed. It affects him because some schools don't have the resources for special education. The school that he is in now, they are just holding him for a while to see if I am going to be a regular, before transferring him to another school that will help him. They are not really helping him at this school.

After losing their place of residence, most families double up with friends or relatives. In most cases, however, this type of living arrangement only lasts a short while. Families usually stay in a motel until they no longer have the resources. Shelters are often seen as a last resort. Staying in a motel, however, can greatly affect children's school attendance which can lower academic achievement. One respondent explained the difficulties of sending children to school when living in a motel:

Living in a motel you never know how long you are going to be there. By the time they send you through all the red tape and all the paper work you may have to up and leave because your finances are not right. Motels are definitely not a sure thing. It was really difficult to get them in school at that motel. [This respondent's children missed three months of school during the time they were living in a motel.]

Transportation is also a barrier for homeless families trying to send their children to school. Over 55 percent of my sample had transportation difficulties that caused their children to miss school. A mother of a 7-year-old, for example, discussed her transportation problems:

She is late a lot because of transportation. Before we had to transfer four buses to get to school. She used to be an hour and a half late to school every day. I bought a cheap car to get her to school which has helped a lot, even though we have to get it jump started every morning.

Another respondent talked about busing her 7-year-old son:

I was busing him, it took three buses to get there. It took four hours a day to get back and forth. It was too long for me to get him to school. He missed three and a half months of school because of transportation problems.

School Attendance

Problems in sending children to school often hinder homeless children's school attendance which in turn can lower academic ability. Of the 21 families who experienced problems in sending their children to school, 56 percent of the children missed school because of these problems. Regular attendance is important not only for intellectual development, it also helps to make homeless children's lives more stable by creating a daily routine. During their homelessness, however, 83 percent of the children interviewed no longer attended the same school that they attended before they were homeless. Of my sample, 5 children had not transferred. Three of these children, however, were in independent study. Of the remaining children, 13 transferred once, 7 children transferred twice, 2 children transferred three times and the remaining 3 had not transferred back into school. On the average, the children in my sample missed five days of school each time they transferred. When asked about school attendance during the previous month, 26 percent of the children missed 10 days or more.

It must be noted that the number of times the above respondents have transferred only represent this episode of homelessness. Therefore, for those families who had been homeless previously, the number of total transfers is much higher. Of my sample, 60 percent (N=18) had been homeless at least once before, nine within the past two years. Homelessness tends to be an episodic problem rather than a one time occurrence. With each homeless episode the number of times children must transfer to a new school increases, which lessens time children are in the classroom.

Other children were not in school because their parent(s) felt that they would only be in this type of situation for a short while, or they found that registering their children for school is too difficult. For example, a respondent said in reference to her 14-year-old daughter:

There is no stability, there is no permanence about anything. I thought this was going to be a real short time, and I didn't want to put her in school where we were staying, so I didn't. . . Now, it's another short time that we are staying here because we were supposed to move from there [previous place] to our apartment.

Another respondent offered this explanation about her 6-year-old daughter:

When we stayed at a relative's, I couldn't put her in school because I had to wait until we had a permanent address. She missed about a month of school. She transferred when we moved here.

Because of the stress and distractions of living in a homeless shelter coupled with the obstacles of sending children to school which can interfere with learning, many of the parents expressed concerns about their children's education. These concerns focused primarily on the fear that their children would not complete their education, and the impact that the constant transferring from school to school would have on their education. One respondent, for example, fears her son:

won't get through high school. I know what I went through not having school . . . I got my GED and went to a vocational school, but that doesn't really seem to matter. You need a good formal education. Nowadays with just a high school diploma, I don't think will get you anywhere. There are a lot of people with college degrees that can't even get jobs. The more education you have the better chance you have of making it.

Another parent worries about her 11-year-old son's schooling:

I don't plan to keep him in independent study. He needs to be with other kids. When I get an apartment I will put him in a regular school. When we were homeless last time, he missed a lot of 4th grade, about three or four months, but they passed him. It was my choice to have him stay back that year.

A respondent also discussed the impermanence of homelessness:

I wish I could stay in a place more than one year so she can get used to one school. The kids get sick a lot around here that causes them to miss school too. At her old school, she was placed in a class to help her catch up, but this new school didn't do it.

Finally, a parent discussed her 16-year-old's constant transferring:

When we move he will have to transfer again. Now he will have to get used to a new school and a whole new group of kids. That messes him up a lot. Some kids can't adjust like that.

For some, problems in academic achievement and low attendance can lead to being held back in school. Of my sample, nine children had repeated a grade, six of them repeated a grade after their first episode of homelessness.

The children in my sample generally felt that their homelessness has interfered with their education, especially because of transferring from school to school. It is interesting to note, however, that only 20 percent of the children themselves reported that their grades were suffering as a result of their homelessness. It is possible that they did not feel comfortable discussing their school performance with me. Over 50 percent of the

children, however, expressed lowered expectations regarding what they want to become when they grow up versus what they expect to become. One 14-year-old respondent stated that he wants to become "a teacher," but expects to become "a roofer." An 8-year-old wants to become "a lawyer," but expects to become a "mail lady."

Hypothesis 2: Parents' Perception of Tutoring and Schooling

As indicated by the quantitative data, parents perceived the tutorial services offered by the shelters as helpful in their children's academic achievement. When asked, "Has the tutorial program helped your child's academic performance?" over 80 percent of the parents of those children who were participating (N=17), responded that tutorial services helped their child's academic performance either somewhat or very much. One mother, for example, discussed how the program has helped her 6-year-old daughter: "They do her homework with her. They actually teach her . . . not only with her homework, but they give here extra things to do." Another mother remarked about the services' effects on her 8-year-old son: "It makes him pay more attention to what he is doing. It makes him focus and helps him get from one point to another."

Hypothesis 3: Self-Esteem

The quantitative data indicated that children's participation in tutorial programs reduces their self-esteem (see Table 20). One possible

reason for this finding is that the instrument used in this study for testing self-esteem was not age appropriate. Several of the younger respondents did not fully understand the vocabulary contained in the questions used. It is also possible that participation in tutorial programs may give children a self image of not being smart. As a result, instead of increasing their self-esteem, it may lower it.

The stigma of homelessness can also hinder children's self-esteem. Homelessness often places a stigma on homeless children. During each interview, children were asked if any of their friends in school knew that they were homeless. Only three respondents volunteered this information to a friend or classmate. When asked, for example, how they would feel if their friends or classmates found out, almost all used words like "embarrassed" or "sad." For example, an 8-year-old stated: "It would make me feel sad because they will tease you." A 7-year-old explained: "I would feel sad because what if I moved and they [respondent's classmates] still think I live in a shelter." Finally, a 9-year-old said: "I don't want my friends to know I am living in a shelter. I don't tell people that I am homeless."

Parents also commented of the issues of stigma. One respondent discussed the generalizations that people make:

I want to comment on how people treat you when you are homeless. They think you aren't human or that you don't have human qualities. When you are homeless a few things always pop into people's minds: They think you must be illiterate, an alcoholic, a drug user, and just plain lazy. My son is very self-conscious because of his falling behind others in class due to the homelessness. It hurts him a lot. There are a lot of feelings of inadequacy and it will probably have long term effects with his self-esteem.

Hypothesis 4: Emotional Problems

Although tutorial services helped children complete their homework assignments etc., tutorial services had no effect on the emotional problems from which many of the children in my sample suffered (see Table 21). When discussing their homelessness, for example, many of the children addressed worries about their condition. A 14-year-old explained: "It's hard living on the streets. We are so used to having a home . . . it's kind of difficult. It's a crappy life." A 9-year-old respondent stated: ". . . sometimes we had to sleep in the car. The whole family was bunched up in the car." Because tutorial programs had no effect on the ability of children to satisfy their safety needs, several children in my sample suffered from the following emotional problems: Increased anxiousness, moodiness, more negative feelings about the future, and depression.

An increase in anxiousness was reported by 36 percent of the parent respondents. One parent explained:

She is much more stressed. She argues a lot and she doesn't like to see her parents argue. Not having her own place stresses her out. She gets mad at her mother. She does not want the family to separate.

Another mother stated: "They are scared we will be here forever. They say things like 'are we ever going to have a home?'"

Another trend was an increase in moodiness. According to parents, 76 percent of the children experienced moodiness since becoming homeless. One respondent, for example, noticed the following about her 14-year-old son: "His temper has really changed in here. He will fly off the handle at a drop

off a hat." Another mother commented about her 8-year-old daughter: "She has more of an attitude with me. She acts like she is supposed to be the adult and I am supposed to be the child." Finally, one mother discussed her 10-year-old daughter:

She is more sassy in her mouth. She talks back, she is quick tempered. She wasn't so quick tempered before. She is starting to say many mean things to the other kids that she doesn't usually say. My child was a nice child, but since she has been here, little bit by little bit she has been changing.

The homeless children in my sample also experienced a change in outlook concerning their feelings about the future. Twenty-seven percent had more negative feelings about the future. A parent, for example, had this to say about his 9-year-old son: "He has seen what can happen to families. He has seen the other side now, you know the negative side. He knows how hard you have to work." One mother spoke of her 15-year-old son: "He keeps on telling me that he never plans to be this way when he gets older. He wants to be 16 so he can get a job and a car, so he can be on his own." When discussing her 11-year-old son, another respondent explained:

He is scared because he doesn't know what his future holds. He is afraid he will end up in a real raunchy apartment where people sell drugs and stuff because that's all we will be able to afford. All we can afford is an apartment for 600 dollars a month. He wonders what we will get for that much. He really knows how far money will go. That's what scares him.

In addition, over 50 percent of the parents reported noticing changes in their children in the form of increased levels of depression. For example,

when discussing her 14-year-old son, one respondent stated: "He stays in his room. There are times when he doesn't want to associate with anybody, not even me. He picks up a book and huddles in a corner." Another respondent reported about her 6-year-old: "She has been crying a lot and doesn't want to talk about what is going on or why she feels that way. She doesn't want to express anything at all."

Hypothesis 5: Behavioral Problems

As noted in the quantitative findings (see Table 22), after school tutorial services had no impact on the behavioral problems due to homelessness. Many of the parents in my sample reported adverse behavioral changes in their children since becoming homeless. Behavioral problems included decrease in appetite, negative changes in sleeping patterns, increased arguing, and increased aggression.

Over 46 percent of the parents reported noticing a negative change in their child's eating patterns. A mother of a 7-year-old stated:

She is really restless, she wants to occupy her time and not sit down and eat a meal. We don't eat like we did at home, when we all ate at the dinner table. When you are living in a motel, you don't have that luxury of having a kitchen. We ate a lot of McDonald's, we are so tired of eating McDonald's.

Other responses dealt mainly with the quality of food served at the shelter, such as this response:

They say they are hungry, but they won't eat the food because it's

nasty. They don't like it. Even my baby, she is worse than my other two, she won't eat, period. I have to buy her cup of noodles and stuff [youngest child is 3 years old]. Now welfare is talking about cutting my food stamps completely off and cutting my check from \$824 to \$323 a month. My kids don't even hardly eat this food.

When asked if their children experienced any changes in their sleeping patterns, 36 percent of the parents reported noticing negative changes. One respondent stated that her 14-year-old son: ". . . tosses and turns, and talks in his sleep. He now started sleepwalking. . . and he fusses a lot. It's just not normal for him." Another respondent observed about her 7-year-old son: "With the kids and the noises it's hard for him to get to sleep. He has a lot of nightmares. I know he is worried."

There was a noted increase in the amount of arguing among the homeless children in my sample. Among the parents interviewed, 56 percent noticed an increased amount of arguing among their children. One mother, for example, observed the following about her 15-year-old son:

He has been arguing quite a bit. He only has one mother and that is who he is used to listening to. When you are in a place like this you have to obey all their rules too. Normally he is not like this. He is normally very easygoing.

Another mother observed of her 10-year-old daughter: "She turns on me because of fear."

Sixty percent of the parents observed that their children have become more aggressive since becoming homeless. A mother of a 10-year-old explained:

She is not the person that she was before she came. She has got this

'I'll do what I want' attitude. She has gotten a bit more wild. She is interacting with some of these kids that haven't had any parental training. It doesn't go well with me.

Another mother noted that her 8-year-old daughter:

. . . is more aggressive with me. She wants to do what she wants to do. She pushes for it, a lot. It goes right back to these kids. We are all so close, so everybody knows what everybody is doing and what everybody is getting away with. She knows what those kids are getting away with. It is harder for me to enforce rules that we started before we even got here.

Finally, hyperactivity among the children in my sample often increased. Sixty percent of the parents reported noticing an increased level of hyperactivity among their children. For example, a mother of a 6-year-old girl stated: "She is running around the facility . . . jumping on the furniture and that kind of thing. It's something that she wouldn't do before." Another respondent evaluated her 8-year-old daughter:

She has lost her foundation. She has got this energy . . . she wants to go here and go there. She has lost control. Her world has no control. She thinks she can get away with anything now because we are here and we are homeless.

The information contained in the qualitative data provides additional insight into why homeless children may find education to be an overwhelming experience. The results of the qualitative data support the findings of the quantitative analysis.

Chapter VI

Discussion

The generally lower academic performance of homeless children can be explained by the impermanence of homelessness, which hinders feelings of stability and limits regular school attendance. According to Maslow's hierarchy of needs, the most basic needs, physiological and safety needs, when unfulfilled, dominate the individual (Maslow, 1954, 37-38). Many of the children, for example, mentioned that the maximum time they would be able to stay at the shelter was three months. If they were frightened as to where they would be in one or two months, it is understandable, then, that homeless has a negative effect on academic achievement.

Tutoring may make children feel like they are not smart and as a result tutoring is likely to decrease self-esteem. In addition, previous studies have found homeless children are lacking in basic reading and mathematical skills (Rafferty & Rollins, 1989, 83-84). According to Covington (1989), ability is the most significant contributor to feelings of self-regard among students. Children who interpret a disappointing academic performance as the result of insufficient ability are likely to suffer shame and lowered expectations for the future. Diminished future expectations are likely to result in "learned helplessness;" the sense of losing power over events.

If homelessness is causing children to lag so far behind their classmates that they must repeat a grade, other problems such as stigma and lowered self-esteem may increase. Research has shown that children who are held back are more likely to learn less the following year and to develop a

negative self-concept (Rafferty & Shinn, 1992). According to Hess (1987), children who are held back in school also are more likely to drop out of school altogether (cited from Rafferty & Shinn, 1992).

In addition, the stigma and labeling of homelessness can foster lowered self-esteem. Labeling theory, centers around the idea that once labeled, ascribed stigma will be attributed to a group or individual regardless if the characteristics are true (Becker, 1975). Labeling children as poor achievers can lead to a self-fulfilling prophecy in which children structure their behavior to conform with how they perceive others see them (Weinberg, 1971, 43). Thus, children who internalize such labeling will tend to have a low self-esteem.

The children in my sample were quite aware of the stigma that is involved with homelessness. As a way of dealing with stigma many children concealed their identity, that is they did not tell friends or classmates outside of the shelter that they were homeless. Thus, children were trying to protect their self-esteem by not disclosing information that might cause them to feel ashamed.

Finally, the instability, stress and anxiety of homelessness can manifest itself in emotional and behavioral problems. According to Maslow (1954, 39), children who lack fulfillment of their safety needs may manifest a danger or terror reaction. The types of emotional problems found among my sample support this type of reaction. Emotional problems included increased anxiousness, moodiness, more negative feelings about the future, and depression. According to Maslow, having a stable and predictable routine such as going to school on a regular basis and participating in a tutorial

program is helpful in satisfying basic safety needs (1954, 40). The emotional trauma and lack of stability due to homelessness, however, may be more deeply rooted than an after school program could alleviate. It was found, however, that tutoring is not a determinant of emotional well being. It is also possible emotional instability can be a combination of factors such as, homelessness coupled with the long-term instability of poverty.

The types of behavioral problems discussed by parents seemed to be an outlet for or manifestation of stress, or a consequence of emotional problems because of the inability to meet their safety needs. Several respondents, for example, suffered from a decrease in appetite and/or problems sleeping. Although several parents remarked that their children were calm and more focused during the tutorial session, once the session was over behavioral problems would resume. Behavioral problems also were a reaction to having so many children around, such as problems with increased hyperactivity, arguing, and fighting.

Chapter VII

Conclusion

My research supports the findings of other researchers: Homelessness negatively affects school attendance and academic achievement. It seems that the negative effect homelessness has on academic achievement is to stress and lack of stability which makes learning for children of all ages a very difficult experience. After school tutoring does seem to help in terms of parents' perceptions of improved school performance.

The findings imply that the self-esteem of those participating in tutorial services worsened. The decline of self-esteem might be attributed to the fact that although parents perceived tutorial programs as helping their children with their schooling, tutoring could not overcome the children's decline in academic achievement. In other words, the benefits of tutoring did not fully alleviate the negative effects homelessness has on children's academic performance. Therefore, even with the help of tutorial programs, homeless children may still lag behind the rest of their classmates. Lagging behind others in class often results in feelings of failure and shame which would in turn promote lowered self-esteem.

This research also indicates that even with the provision of tutorial services, emotional and behavioral problems were not effected. Homelessness may be more devastating for children than previously thought. These findings suggest further research about the meaning of homelessness to children and their families.

In order to be effective in modifying emotional and behavioral

problems, after school programs should deal with the stress and anxiousness homeless children feel. In addition, after school programs may want to help children find ways of dealing with their feelings and how to express themselves in situations that may erupt into fights with other children. Moreover, it is important to implement programs focusing on the loss and instability associated with homelessness.

Schools need to become more aware of the trauma homelessness causes. It is also important to try to implement programs that would allow homeless children to remain in their original school, which would help create a sense of stability.

Finally, in order to solve the negative effects homelessness has on education, the issue of why low income families keep falling through the "cracks" needs to be addressed. Of my sample, 60 percent had been homeless before, half within the past two years. Affordable housing is a crucial step in stopping the cycle of homelessness. Lack of affordable housing and lack of housing assistance leaves poor families in inadequate living arrangements, which for many leads to homelessness. Because U.S. policy is to help families once they become desperately poor and not before, families must first become entirely impoverished before they can apply for assistance. In order to ameliorate the immediate problem of homelessness, families must receive extra support before they lose their homes and find themselves on the streets with nowhere to go.

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Appendix A.

Parent Survey Instrument and Consent Forms.

Agreement to Participate in Research

Responsible Investigator: Vivian Christensen
Masters Candidate in Sociology

Title of Protocol: The Effects of Homelessness on Children's Education

I have been asked to participate in a research study investigating homelessness and the effects homelessness has on a child's education. I will be asked to complete a survey questionnaire. During the interview process, some statements may be tape recorded with my permission. The research may involve personal questions which may create uncomfortable feelings. The magnitude of harm will be no greater than that of daily life. Your participation in the research will give you an opportunity to discuss your feelings and concerns over several different issues regarding homelessness. The results of this study may be shared with other researchers but no information that could identify your child as the respondent will be included.

If you have any questions regarding this study, please feel free to contact Dr. Yoko Baba, the chairperson of my thesis committee, at (408) 924-5334. Also any complaints about the research may be presented to the sociology department chair, Dr. Bob Gliner, at (408) 924-5320. Moreover, any questions or complaints about research, subjects' rights, or research-related injury may be presented to Dr. Serena Stanford, Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

If you chooses not to participate in the study, no service of any kind, to which you are entitled, will be lost or jeopardized. Your participation in this study is voluntary. You may refuse to participate in the study or in any part of the study. If you decide to participate in the study, you are free to withdraw at any time without prejudice to your relationship with San Jose State University or any other participating institutions.

I have received a signed copy of the consent form regarding my participation in the study.

Name of Respondent	Respondent's Signature	Date
--------------------	------------------------	------

Full Mailing Address

Investigator's Signature

Date

Dear Parent:

I am a graduate student at San Jose State University conducting research on homeless families and the effects that homelessness has on a child's education. I have no relation with social services or a school board.

I would appreciate it if you would take some time to answer the following questions during an interview with me. If you give me your permission, the interview will be tape recorded for the sole purpose of enabling me to focus my attention on what it is that you have to say and report your experiences in your words rather than trying to write down key words. All materials are kept anonymously and only I will have access to them. When my research is finished I will destroy the tape. If you do not wish to be tape recorded we can conduct the interview without it.

Your participation is entirely voluntary in which you have the right to refuse to answer any or all of the questions. **YOUR ANSWERS TO THESE QUESTIONS ARE ALL ANONYMOUS AND WILL BE HELD IN STRICT CONFIDENCE. BECAUSE YOUR NAME OR ANY OTHER TYPE OF IDENTIFICATION WILL NOT BE MARKED ON THE QUESTIONNAIRE THE COMPLETED QUESTIONNAIRE WILL NOT BE ABLE TO IDENTIFY YOU IN ANY WAY AS THE PERSON WHO WAS INTERVIEWED.**

If you choose not to participate in the study, no service of any kind, to which you are entitled, will be lost or jeopardized.

Principal Investigator

Date

DATE _____

PARENT QUESTIONNAIRE

ID _____

1) Age _____

2) Sex: Male _____ Female _____

3) Ethnicity White _____ Hispanic _____ Black _____

Asian _____ Other _____

4) Highest grade completed in an educational setting:

less than high school _____ attended college _____

graduated from high school _____ received A.A degree _____

received GED _____ graduated from college _____

trade school _____ other _____

5) Marital Status

Single _____ Married _____ Separated _____ Divorced _____

Widowed _____ Unknown _____ Other _____

6) How many children do you have _____

7) During this episode of homeless, how long have you and your family
been homeless?

Days _____, Months _____, Years _____.

8) What was the process that led up to your homelessness?

9) Where were you living immediately before you and your family became homeless?

Owned House/Apartment_____ Rented House/Apartment_____

Friend's House/Apartment_____ Relative's House/Apartment _____

Other _____

10) Is this the first time you and your family have been homeless?

Yes___ (Skip to Q.11) No___

If No, When was your most previous episode of homelessness?

From _____ To _____

11) During this episode of homelessness, how long have you and your family been staying at this shelter?

Days_____ Months_____

12) How many different shelter facilities including this one have you and your family stayed in during this episode of homelessness?

Number_____

13) Prior to your homelessness, did you have friends or relatives that you could count on in times of need?

Yes___ No___ Not sure___

If yes, Since you and your family became homeless, would you say, you have been able to rely on these friends/relatives

More than before____, The same as before____,

Less than before____, Not at all_____

14) If change, what is the reason for this change?

15) Do you talk or spend time with the other families at this facility?

Always _____, Frequently _____, Occasionally _____,

Rarely _____, Never _____.

16) Are you able to rely on other families at the shelter in times of need?

Yes, all the time _____, Most of the time _____,

Sometimes _____, Rarely _____, Not at all _____.

17) At the present time, who do you rely on most for emotional support when you are experiencing a crisis?

THE FOLLOWING QUESTIONS ASK ABOUT YOUR CHILDREN AND HOW HOMELESSNESS HAS EFFECTED THEM.

Have you noticed any changes in the following areas regarding your child since you and your family have become homeless?

18) Eating changes such as having a change in appetite?

Much more appetite ____, Somewhat more appetite ____,

Somewhat less appetite ____, Child has no appetite ____,

No change at all ____.

What type of changes have you noticed? _____

19) Change in your child's sleeping patterns?

Much better ____, Somewhat better ____, Somewhat worse ____,

Much worse ____, No change at all ____.

If yes, what type of changes have you noticed? _____

20) Changes in the level of anxiety with regard to things such as separation from you or other people?

Much more anxious ____, Somewhat more anxious ____,

Somewhat less anxious ____, Much less anxious ____, No change at all ____.

What type of changes have you noticed? _____

21) Changes in your child's temperament or mood?

Much more moody ____, Somewhat more moody ____,

Somewhat less moody ____, Much less moody ____,

No change at all ____.

What type of changes have you noticed? _____

22) Changes in your child outlook on life, that is changes in his/her feelings about the future?

Much more positive outlook ____, Somewhat more positive outlook ____,
Somewhat more negative outlook ____, Much more negative outlook ____,
No change at all ____.

What type of changes have you noticed? _____

23) Changes in your child's behavior such as fighting or arguing more.

Much more fighting/arguing ____, Somewhat more fighting/arguing ____,
Somewhat less fighting/arguing ____, Much less fighting/arguing ____,
No change at all ____.

What type of changes have you noticed? _____

24) Since you became homeless, is your child:

Much more depressed ____, Somewhat more depressed ____,

Somewhat less depressed ____, Much less depressed ____, no change ____.

What type of changes have you noticed? _____

25) Since becoming homeless, is your child: Much more aggressive ____,

Somewhat more aggressive ____, Somewhat less aggressive ____,

much less aggressive ____, No change ____.

What type of changes have you noticed? _____

26) Since becoming homeless, is your child: Much more hyper active ____,

Somewhat more hyper active ____, Somewhat less hyper active ____,

Much less hyper active ____, No change ____.

What type of changes have you noticed? _____

27) Since becoming homeless is your child's ability to concentrate:

increased a lot ____, increased somewhat ____, decreased somewhat ____,
decreased a lot ____, No change ____.

What type of changes have you noticed? _____

28) Does your child attend school?

Yes____ No____

If no, why _____

29) What grade is your child in school? _____

30) Has not having a permanent address effected your child's ability to attend school?

Attending school much more difficult____, Somewhat more difficult ____,
Somewhat less difficult ____, Much less difficult ____, Do not know____.

In what way_____

31) Have you experienced any of the following difficulties in trying to send your child to school?

- lack of school records
- lack of identification for your child (ie. birth certificate)
- lack of immunization records, or not updated immunizations.
- lack of address for registration (proof of residency)
- lack of transportation
- other _____.
- none (Skip to Q.33)

32) If yes, did any of these problems cause your child to miss school?

yes _____ no _____

If yes, how much school was missed? number of days _____

33) Is your child attending his/her original school that she/he was attending before you and your family became homeless?

Yes_____ (If yes, skip to Q.37) No_____

If no, why is your child not attending his/her previous school?

34) Since becoming homeless, how many times has your child transferred to another school?

number of times _____ child has not transferred _____
(Not transferred skip to Q.37)

35) The last time that your child transferred to a new school did your child miss any school?

Yes, _____ If yes, number of days missed _____

No, _____ If no, what made it so your child did not miss any days of school? _____

36) Did your child have to transfer to a new school when you moved to this shelter? yes _____ no _____

37) In the past month how many days has your child been absent from school?

Number of days _____ Do not know _____

38) In the past week how many days has your child been absent from school?

Number of days _____ Do not know _____

39) If absent, what was the reason for these absences? _____

40) How does your child get to and from school?

School bus ____ Public transportation ____

Walks/rides bike ____ Transported by shelter staff ____

Other _____

41) How long does it take your child to get to school from the shelter?

less than 15 minutes ____

more than 15 minutes but less than a half hour ____

more than a half hour but less than an hour ____

more than an hour ____

do not know ____

42) Has the distance your child must travel to school ever effected your child's school attendance?

Attends school much more often ____, Somewhat more often ____,

Somewhat less often ____, Much less often ____, No change ____,

Do not know ____

43) Do you have any concerns about your child's education?

Yes ____ No ____ Not sure ____

If yes, what type of concerns do you have? _____

44) Overall how are your child's grades in school?

(As)Excellent____ (Bs)Above Average____ (Cs)Average____
(Ds)Below average____ (Fs)Failing____ Do not know____

45) What were your child's grades like before you and your family became homeless?

(A's) Excellent____, (B's) Above Average____,
(C's) Average____, (D's) Below average____,
(F's) Failing____, Do not know_____.

46) Has the experience of homelessness had an affect on your child's academic performance?

Child doing much better in school ____, Somewhat better ____,
Somewhat worse ____, Much worse ____, No change ____.

How, in what way?_____

47) Has your child ever repeated a grade? Yes____ No____

If Yes, when _____
Year and grade

48) Does the shelter have any special programs to help the children

with their education? Yes _____ No _____

If yes, what type of program is it? _____

49) How often does your child participate in this program?

5 days a week _____, 4 days a week _____, 3 days a week _____,

2 days a week _____, 1 day a week _____, Does not attend _____,
(If no skip to Q 51)

50) Has the program helped your child's education?

Yes very much _____, Somewhat _____, A little _____, Not at all _____,

Do not know _____

If Yes, in what way? _____

51) Is there anything we have not discussed that you would like to tell me about?

No _____ Yes _____

Thank you for taking the time to answer these questions, and again everything you and I have talked about will remain confidential and anonymous.

Appendix B.

Child Survey Instrument and Consent Form.

DATE _____

CHILD QUESTIONNAIRE

ID _____

1) Age _____

2) Sex: Male _____ Female _____

3) Grade in school _____

4) Can you tell me what it is like for you to be homeless?

(Questions 5-13 are from Morris Rosenberg's Self-Esteem Scale)

NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT HOW YOU SEE YOURSELF

5) On the whole, I am satisfied with myself.

Strongly
Agree _____ Agree _____ Disagree _____ Strongly
Disagree _____

6) At times I think I am no good at all.

Strongly
Agree _____ Agree _____ Disagree _____ Strongly
Disagree _____

7) I feel that I have a number of good qualities.

Strongly
Agree _____ Agree _____ Disagree _____ Strongly
Disagree _____

16) How did they find out that you are homeless? _____

17) How does/would that make you feel? _____

18) Since you and your family became homeless have you had to switch to a new school.

Yes____ No____

If yes, how many times have you switched schools? _____

19) Where do you do your homework? _____

20) What would you like to be when you grow up? _____.

21) What do you expect to be when you grow up? _____.

22) Has living in a shelter effected the grades you get in school?

Grades are much better _____, Somewhat better _____,

Somewhat worse _____, Much worse _____, No change _____,

Do not know _____

Why is that? _____

23) Are you in any type of after school program at the shelter?

Yes ____ No ____ (if no skip to Q. 47)

If yes, what type of program is it? _____

24) Does this help you in school?

Yes very much _____, Somewhat _____, A little _____, Not at all _____,

Do not know _____

If yes, how? _____

25) Is there anything that we have not talked about that you would like to discuss.

Appendix C.

Correlation Matrix of Variables Used in the Analysis.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis

VARIABLES	WEEKSHL	TUTHELP	TUTORDAY	ACADEMIC
WEEKSHL	1.0000	-0.3334	-0.1169	-0.3783
TUTHELP	-0.3334	1.0000	0.5117	0.1567
TUTORDAY	-0.1169	0.5117	1.0000	-0.0886
ACADEMIC	-0.3783	0.1567	-0.0886	1.0000
OTHERHLP	-0.0223	0.1985	-0.1569	0.2887
CHILDAGE	-0.3257	0.1770	-0.2547	-0.0103
CHILDSEX	0.0538	0.0379	-0.1183	-0.2505
EAT	-0.4279 *	-0.0780	-0.0647	0.2636
SLEEP	0.0191	0.6254 *	0.1718	-0.2443
FIGHTING	-0.0374	0.3770	0.1732	-0.0784
AGGRESS	-0.1221	0.2170	-0.1009	0.1037
ANXIOUS	0.0529	0.1365	-0.0947	0.1554
MOOD	-0.2311	0.0000	-0.1346	-0.1485
DEPRESS	-0.1639	0.2913	-0.0113	0.0896
NOGOOD	-0.0648	-0.3334	-0.3257	0.1013
WELLAS	-0.0848	0.0699	-0.1791	0.1791
NOTPROUD	-0.2046	-0.6974 *	-0.3998	0.3886
USELESS	-0.1095	-0.3424	-0.2881	-0.0385
RESPECT	0.0741	-0.3027	-0.2391	0.0741
FAILURE	-0.3238	-0.3220	-0.2581	0.1277
ESTEEM	-0.0501	-0.5028	-0.4998 *	0.2432
BEHAVIOR	-0.3363	0.3542	0.0506	0.0456
EMOTION	-0.2540	0.4026	0.0416	-0.0733

Note. 1 - tailed significant: * $p < .01$, ** $p < .001$.

continued.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis (Continued)

VARIABLES	OTHERHELP	CHILDAGE	CHILDSEX	EAT
WEEKSHL	-0.0223	-0.3257	0.0538	-0.4279 *
TUTHELP	0.1985	0.1770	0.0379	-0.0780
TUTORDAY	-0.1569	-0.2547	-0.1183	-0.0647
ACADEMIC	0.2887	-0.0103	-0.2505	0.2636
OTHERHLP	1.0000	-0.0187	-0.2536	0.0580
CHILDAGE	-0.0187	1.0000	0.3069	0.4282
CHILDSEX	-0.2536	0.3069	1.0000	0.2529
EAT	0.0580	0.4282 *	0.2529	1.0000
SLEEP	-0.1340	0.0677	-0.0626	0.0525
FIGHTING	-0.0922	0.0244	-0.2104	0.2269
AGGRESS	-0.1939	0.2766	0.2548	0.3443
ANXIOUS	-0.1416	-0.0504	-0.0947	0.0246
MOOD	-0.0464	0.2152	-0.1783	0.1455
DEPRESS	-0.0169	-0.0997	-0.1087	0.1324
NOGOOD	0.2282	0.0820	0.3778	0.1063
WELLAS	0.1144	0.3631	0.1124	0.0423
NOTPROUD	0.2157	0.3168	-0.1143	0.3760
USELESS	-0.1009	0.2917	0.2129	0.2877
RESPECT	-0.0385	0.4682	0.4621	0.2009
FAILURE	0.2868	0.2857	0.2115	0.4714 *
ESTEEM	0.1489	0.3057	0.3046	0.3164
BEHAVIOR	-0.1346	0.3070	0.0991	0.6314 **
EMOTION	-0.1172	0.0622	-0.1679	-0.0199

Note. 1 - tailed significant: * p < .01, ** p < .001.

continued.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis (Continued)

VARIABLES	SLEEP	FIGHTING	AGGRESS	ANXIOUS
WEEKSHL	0.0191	-0.3074	-0.1221	0.0529
TUTHELP	0.6254 *	0.3770	0.2170	0.1365
TUTORDAY	0.1718	0.1732	-0.1009	-0.0947
ACADEMIC	-0.2443	-0.0784	0.1037	0.1554
OTHERHLP	-0.1340	-0.0922	-0.1939	-0.1416
CHILDAGE	0.0677	0.0244	0.2766	-0.0504
CHILDSEX	-0.0626	-0.2104	0.2548	-0.0947
EAT	0.0525	0.2269	0.3443	0.0246
SLEEP	1.0000	0.3454	0.2338	0.0427
FIGHTING	0.3454	1.0000	0.3140	0.2554
AGGRESS	0.2338	0.3140	1.0000	0.3203
ANXIOUS	0.0427	0.2554	0.3203	1.0000
MOOD	0.1365	0.5807 **	0.1756	0.5656 **
DEPRESS	0.1834	0.5667 **	0.0098	0.5767 **
NOGOOD	0.0662	-0.3293	0.2656	-0.0647
WELLAS	-0.0954	-0.2953	0.1343	0.1048
NOTPROUD	-0.1525	-0.1979	0.1052	0.2287
USELESS	0.3935	0.0152	0.2624	0.2207
RESPECT	0.0774	-0.2986	0.2940	-0.2060
FAILURE	-0.0778	-0.2423	0.2168	0.0000
ESTEEM	0.0056	-0.4401	0.3319	0.1085
BEHAVIOR	0.5287	0.7281 **	0.7480 **	0.2634
EMOTION	0.1956	0.5301	0.1793	0.7885 **

Note. 1 - tailed significant: * $p < .01$, ** $p < .001$.

continued.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis (Continued)

VARIABLES	MOOD	DEPRESS	NOGOOD	WELLAS
WEEKSHL	-0.2311	-0.1639	-0.0648	-0.0848
TUTHELP	0.0000	0.2913	-0.3334	0.0699
TUTORDAY	-0.1346	-0.0113	-0.3257	-0.1791
ACADEMIC	-0.1485	0.0896	0.1013	0.1791
OTHERHLP	-0.0464	-0.0169	0.2282	0.1144
CHILDAGE	0.2152	-0.0997	0.0820	0.3631
CHILDSEX	-0.1783	-0.1087	0.3778	0.1124
EAT	0.1455	0.1324	0.1063	0.0423
SLEEP	0.1365	0.1834	0.0662	-0.0954
FIGHTING	0.5807 **	0.5667 **	-0.3293	-0.2953
AGGRESS	0.1756	0.0098	0.2656	0.1343
ANXIOUS	0.5656 **	0.5767 **	-0.0647	0.1048
MOOD	1.0000	0.5052 *	-0.0517	0.0779
DEPRESS	0.5052 *	1.0000	-0.1055	-0.2726
NOGOOD	-0.0517	-0.1055	1.0000	0.3504
WELLAS	0.0779	-0.2726	0.3504	1.0000
NOTPROUD	0.2641	0.0142	0.4156	0.4873 *
USELESS	0.3602	0.0634	0.5798 **	0.4083
RESPECT	-0.2854	-0.4256	0.4593	0.2537
FAILURE	0.0795	-0.2792	0.5636 *	0.5277 *
ESTEEM	0.0225	-0.2076	0.7476 **	0.6428 **
BEHAVIOR	0.4081	0.3393	0.0346	-0.0792
EMOTION	0.8516 **	0.7302 **	-0.1337	0.0884

Note. 1 - tailed significant: * $p < .01$, ** $p < .001$.

continued.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis (Continued)

VARIABLES	NOTPROUD	USELESS	RESPECT	FAILURE
WEEKSHL	-0.2046	-0.1095	0.0741	-0.3238
TUTHELP	-0.6974 *	-0.3424	-0.3027	-0.3220
TUTORDAY	-0.3998	-0.2881	-0.2391	-0.2581
ACADEMIC	0.3886	-0.0385	0.0741	0.1277
OTHERHLP	0.2157	-0.1009	-0.0385	0.2868
CHILDAGE	0.3168	0.2917	0.4682	0.2857
CHILDSEX	-0.1143	0.2129	0.4621	0.2115
EAT	0.3760	0.2877	0.2009	0.4714 *
SLEEP	-0.1525	0.3935	0.0774	-0.0778
FIGHTING	-0.1979	0.0152	-0.2986	-0.2423
AGGRESS	0.1052	0.2624	0.2940	0.2168
ANXIOUS	0.2287	0.2207	-0.2060	0.0000
MOOD	0.2641	0.3602	-0.2854	0.0795
DEPRESS	0.0142	0.0634	-0.4256	-0.2792
NOGOOD	0.4156	0.5978 **	0.4593	0.5636 *
WELLAS	0.4873 *	0.4038	0.2537	0.5277 *
NOTPROUD	1.0000	0.4868 *	0.1990	0.5553 *
USELESS	0.4868 *	1.0000	0.5689 *	0.5720 **
RESPECT	0.1990	0.5689 *	1.0000	0.5371 *
FAILURE	0.5553 *	0.5720 **	0.5371 *	1.0000
ESTEEM	0.7112 **	0.8186 **	0.6849 **	0.8524 **
BEHAVIOR	0.0705	0.3480	0.1148	0.1612
EMOTION	0.1135	0.1944	-0.3766	-0.0161

Note. 1 - tailed significant: * $p < .01$, ** $p < .001$.

continued.

APPENDIX C

Correlation Matrix of Variables Used in the Analysis (Continued)

VARIABLES	ESTEEM	BEHAVIOR	EMOTION
WEEKSHL	-0.0501	-0.3363	-0.2540
TUTHELP	-0.5028	0.3542	0.4026
TUTORDAY	-0.4998	0.0506	0.0416
ACADEMIC	0.2432	0.0456	-0.0733
OTHERHLP	0.1489	-0.1346	-0.1172
CHILDAGE	0.3057	0.3070	0.0622
CHILDSEX	0.3046	0.0991	-0.1679
EAT	0.3164	0.6314 **	-0.0199
SLEEP	0.0056	0.5287 *	0.1956
FIGHTING	-0.4401	0.7281 **	0.5301 *
AGGRESS	0.3319	0.7480 **	0.1793
ANXIOUS	0.1085	0.2634	0.7885 **
MOOD	0.0225	0.4081	0.8516 **
DEPRESS	-0.2076	0.3393	0.7302 **
NOGOOD	0.7476 **	0.0346	-0.1337
WELLAS	0.6428 **	-0.0792	0.0884
NOTPROUD	0.7112 *	0.0705	0.1135
USELESS	0.8186 **	0.3480	0.1944
RESPECT	0.6849 **	0.1148	-0.3766
FAILURE	0.8524 **	0.1612	-0.0161
ESTEEM	1.0000	0.0998	-0.0869
BEHAVIOR	0.0998	1.0000	0.3398
EMOTION	-0.0869	0.3398	1.0000

Note. 1 - tailed significant: * $p < .01$, ** $p < .001$.