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Children's Housing Environments: Welfare Families in Iowa

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This study uses qualitative data to examine how rural low-income women confront the housing needs of their young children in the midst of changes in public policy. The focus is on the strategies employed and the difficulties faced in the provision of safe, affordable and stable homes. The data are drawn from in-home interviews conducted every 6 months with 13 mothers who were welfare-dependent at the start of the research. The investigation depicts several dimensions of the circumstances of poor children that have not had much previous attention in the literature: serial housing inadequacy and chronic mobility. Several families with children with disabilities reported severe housing deficiencies. This research provides initial evidence of the important role of housing in promoting the goals of family stability and economic self-sufficiency as well as the need to improve health and developmental outcomes for children living in poverty.

Keywords: *child welfare; housing; children's environment; low-income families; housing policy; family policy*

Inadequate housing can place children at risk for health problems, reduce their chances to form meaningful social relationships, limit access to important play opportunities, and add to psychological stress by damaging or ameliorating coping mechanisms. There is increasing evidence that neighborhoods shape the "geography of opportunity" and are important to children's life chances (Galster & Mikelson, 1995; Shlay, 1993, 1995). Like most resources available to children, the responsibility for the provision of housing lies with a parent or other adult. Among poor families, shelter poverty and distressed neighborhoods may mean that their children do not receive the same opportunities compared to children whose families are more affluent.

Debate on welfare reform has regularly fallen short in considering the implications of changes in policy on the housing needs of children in poor families. This is especially true of children living in rural settings. Children comprise 70% of all welfare recipients, and more than one third are younger than age 6 (U.S. Department of Health and Human Services, 1999, as cited in KIDS COUNT, 2000). Although only one fifth of the U.S. population lives in nonmetropolitan areas, about one third of all welfare recipients live in rural areas (Housing Assistance Council [HAC], 1997). Poor families, especially those in rural settings, face many obstacles in providing for their children's needs (Weber & Duncan, 2001): fewer and lower-wage jobs, longer distances to services and employment opportunities, lack of public or private transportation, and limited, affordable, high-quality child care options (Auh, 2000). The well-being of children in rural settings is potentially threatened by welfare reform

because of changes in family income, changes in parental stress and/or parenting styles, and changes in access to services and supports (Cauthen & Knitzer, 1999).

Rural families and their children who receive welfare are both similar to and different from other rural households and other welfare recipients (HAC, 1997).¹ It is striking that almost half of rural welfare households receive more than half their total household income from earnings. This is significantly higher than welfare households in cities. Like their urban counterparts, more than half of rural welfare households have at least one child younger than age 6 (HAC, 1997). Of the 7.7 million nonmetropolitan units with children present, 35% have problems with housing cost, crowding, or inadequacy (HAC, 1997). Of these problems, cost burden is the most common among rural welfare households, affecting 40%.² Doubling up is more common among welfare households than among others; 19% of rural households share a unit with two or more families. Housing inadequacy is more common in nonmetropolitan than metropolitan areas.³ For example, one quarter of nonmetropolitan households with children live in units built before 1950 when lead paint was widely used. Lead paint still presents hazards.

Concern for the health and developmental well-being of poor rural children should include attention to the housing and community contexts in which they live. The welfare-reform implications on recipient families' ability to house themselves have received very little research attention. Conversely, the role that housing plays in supporting goals for welfare reform and outcomes for children is complex and not well understood. Public policy in the United States has created a schism through the "bureaucratic separation of housing and welfare in congressional committees, executive branch agencies, and delivery systems" (Newman, 1999, p. 1). Although transportation and child care have been identified as barriers to the success of families leaving welfare, a discussion of the need for and availability of affordable and adequate housing has been largely unrecognized in early discussions of welfare reform. As welfare reforms have been implemented, advocates and research studies have begun to suggest that housing is necessary for families to transition from welfare dependency to economic sufficiency ("The New Face of Welfare," 2000; Pavetti, 2000; Sard & Lubell, 2000).

Often lost in the statistics on poor families are the experiences of children. Qualitative studies offer insight into the daily struggles of low-income women and the types of coping mechanisms used to provide for their families' needs. In the current study, the housing and community environments of 25 children from 13 low-income families were examined. These children lived in families who received cash benefits from the Family Investment Program (FIP) in Iowa at the study's inception in 1997. Data were drawn from four semistructured topical interviews conducted with the children's mothers. The goal of this research was to highlight low-income women's housing concerns as they relate to providing shelter for their children. The mothers' accounts highlight the barriers faced and strategies employed to house themselves and their families.

The first section of the article contains a review of recent research on the impact and importance of children's physical environment. Then the contextual milieu in which children's families live is briefly related, including a short background on the state's welfare reform initiative. Of importance are place-based factors such as housing availability, condition, and cost in the interpretation of the data. Mothers' "voices" are used to describe children's experiences and to improve understanding of rural, low-income children's housing and the small-town settings in which

they reside. The next section delineates the methodology employed, including descriptions of the 13 families. In keeping with qualitative methodology, the findings are organized around the themes that emerged from the data. The term “serial housing inadequacy” was coined to depict the movement in and out of rental units that are physically deficient. The perpetual moving from unit to unit is termed *chronic mobility* (Bartlett, 1997a). Finally, in the last section, policy recommendations and future research opportunities are suggested that underscore the importance of housing and neighborhood resources to support low-income families’ long-term independence and transition off welfare.

POOR HOUSING AND POOR CHILDREN

Most early childhood educators are well aware that young children learn by interacting with their environment (R. Wilson, 1997); however, many consider only the “social environment” (Evans, 2000). The potential role of the physical environment in health and psychological processes is often underrated. Homes continue to be the main setting in which the vast majority of young children are reared (Johnson, 1987). “Whether in a child’s own home or that of a family day-care provider, a neighbor, or a relative, the indoor and outdoor environments of a home provide the primary settings for child development” (Johnson, 1987, p. 139). Children’s home and neighborhood experiences contribute to their cognitive, socioemotional, and motor development (Evans, Lercher, & Kofler, 2002; Popkin, Eiseman, & Cove, 2004; Proshansky & Gottlieb, 1989; Weinstein & Thomas, 1987; R. Wilson, 1997).

Children’s environments, however, are not all equal. When environments limit opportunities to explore and manipulate and are “dull, disorganized, or impoverished, they suggest to children that they are not valued or respected” (R. Wilson, 1997, p. 191). Various sources in the physical environment have been found to directly or indirectly create stressors on children (Hambrick-Dixon, 2002). Poor environments can impact self-esteem and competence as well as physical health. DOC4KIDS (2001), an advocate organization of pediatricians, reported that poor housing puts children at increased risk of asthma and other respiratory diseases. Infestations of cockroaches, rats and mice, and dust mites from old carpeting are the cause of many of these problems. Minority children may be especially at risk (Hambrick-Dixon, 2002).

Moreover, poor children often live in old housing that has been poorly maintained. Faulty heating and electrical equipment and the absence or malfunction of smoke detectors are also common problems. Lead poisoning is more problematic in older homes, and recent research has suggested that the effects of poisoning—from abdominal pain to brain damage depending on the extent of exposure—may be irreversible (Farr & Dolbeare, 1996; Richardson, 2002). Drinking water or old paints in older rural homes are often the source of lead exposure. In a study of lead poisoning among children in rural areas, living in rental housing and having parents who are migrant farm workers were related to the high levels of lead in children’s blood (Shaffer, Kincaid, Endres, & Weitzman, 1996).

Parents of young children in low-income families have far less control over their housing environment as a lack of affordability limits families’ choices. For poor rural households, housing costs represent a large portion of their monthly

expenditures and can cause economic strain on the families. In rural communities, the availability of affordable housing units for rent is especially problematic. The high cost of utilities can precipitate chronic mobility among low-income families, and housing instability plays a role in decreasing children's school achievement and negatively influencing children's behaviors (Colton, 1996; Rubin et al., 1996). Residential instability also puts children at risk of becoming homeless themselves when they become adults (George, 2001). Other studies have shown that parental stress because of economic strain impedes children's development (Bassuk, Weinreb, Dawson, Perloff, & Bucker, 1997; Graham-Bermann, Coupet, Egler, Mattis, & Banyard, 1996) and that mothers' stress and stress-induced depression are related to problematic behaviors in children (Graham-Bermann et al., 1996).

Government-assisted housing, such as public housing and Section 8 certificates, can provide needed housing stability for low-income children (Bartlett, 1997a; Katz, King, & Liebman, 2001; Sard & Lubell, 2000). As long as housing that was adequate and affordable was available, "families remained in one place and families made an effort to cope constructively with other difficulties in their lives" (Bartlett, 1997a, p. 131). Housing permanence and reduced housing costs also affect other family decisions about consumption and resource allocation. These decisions, in turn, influence the availability of resources to meet children's needs. For example, a study of the relationships between housing subsidy and children's nutrition revealed that a lack of subsidized housing contributed to malnutrition in children from low-income families (Fisher, Sard, & O'Neill, 2004; Meyers et al., 1995; M. Taylor & Koblinsky, 1994). Another study by the same researchers revealed that children from families that do not receive housing subsidies were 50% more likely to report iron deficiency than children from families with housing subsidies (Meyers et al., 1993). Even though these families used food subsidies, a large share of their budget went to pay for housing (Meyers et al., 1993, 1995).

The need for quality outdoor-play environments also is critical to child development (Greenman, 1988). Child development experts lament the organized sports and ubiquitous wooden play structures that have replaced the "field and stream, rocks and vacant lots, tiny things that crept across or poked out of the earth's surface" (Rivkin, 1995, p. 2). For many children, "access to outdoor play has evaporated like water in sunshine" (Rivkin, 1995, p. 2). Vehicular traffic, a shrinking number of natural places, and school and adult work schedules have limited outdoor play. Children reared in small towns and rural environments may still have access to outdoor-play opportunities that are unavailable to their urban counterparts, but there is some suggestion in the literature that even in rural settings, children may lack adequate outdoor space to play (Bartlett, 1997b). Bartlett (1997b) found the absence of safe play spaces outside limited children's time outdoors, influenced parent-child interactions, and was detrimental to children's behavior and language development.

Whereas housing and outdoor-play spaces may be critical for young children's development, for older children, the community probably takes over as the milieu for developmental opportunity. Most previous studies designed to understand children's needs within the community have focused on adolescents in urban environments and the important influence of neighbors and neighborhoods on children's development (Galster & Mikelson, 1995; Goering & Feins, 2003; Katz et al., 2001; Morrow, 2003; W. J. Wilson, 1987). The notion that where a child lives defines the availability and quality of schools, services, neighborhoods, and peers

has received research attention since the publication of *The Truly Disadvantaged* (W. J. Wilson, 1987). In particular, the disadvantages experienced by children living in persistently poor communities have received increased attention (Galster & Mikelson, 1995; Simons, Johnson, Conger, & Lorenz, 1997). Friendships and social networks are a function of the community in which children play and go to school, and these associations can stymie or propel success. Dubrow and Garbarino (1989) compared environmental concerns of mothers from inner-city public housing and mothers from a suburban low-income community. The results showed strikingly different pictures of "community." The authors called inner-city public housing "the war zone" because of frequent shootings and the high rate of crime. The mothers from the war zone felt powerless because they could not control their environment. Mothers from the suburban low-income community told different stories; most community concerns were not different from those of middle-class residents (Dubrow & Garbarino, 1989). The mothers from the suburban low-income community worried most about kidnapping.

Conger and colleagues examined with longitudinal data the community influence on parenting and children's outcomes in rural communities (Conger & Elder, 1994; Elder & Conger, 2000; Simons et al., 1997). They found that high levels of poverty, underemployment, and low levels of educational attainment among community residents resulted in "community disadvantage" and influenced "community disorganization." Community disorganization included measures of difficulties in a community's economy and retail business environment, poor-quality public schools, a lack of availability of commercial and medical services, low turnover rates in housing, and low levels of community involvement. Community disorganization had direct impacts on negative parenting outcomes (Simons et al., 1997). The community economic context, poor employment opportunities for residents, and recent loss of income caused economic stresses within the family that, in turn, affected parenting (Conger & Elder, 1994).

Evidence suggests that the housing and neighborhood contexts in which children are reared have profound effects. The rural landscape for youngsters seems ideal to onlookers, but poverty, near homelessness, and poor conditions are often just out of view (Fitchen, 1992; Ziebarth, 2000). "A growing number of rural low-income people have housing that is so inadequate in quality, so insecure in tenure and so temporary in duration that to keep a roof over their heads is a pre-occupying and precarious accomplishment" (Fitchen, 1992, p. 173).

Iowa Context

It is useful to consider how the state and local context in which they live frame women's responses to housing and neighborhood questions. The experiences of children and the portrayal of those experiences by their mothers are "place bound." Political power, poverty, and public policy at the local, regional, and state levels exhibit important spatial variations (Tickamyer, 1995-1996). There are spatial dimensions to the availability of affordable rental stock and community resources that shape families' decisions about how and where to house themselves. Neighborhoods "have defined locations that create and limit individual and collective opportunities and outcomes" (Tickamyer, 2000, p. 807).

In the late 1980s, the state of Iowa began a study of its welfare system that culminated in the transformation of its welfare program. In 1993, Aid to Families

with Dependent Children was replaced with the Family Investment Program (FIP), which required families receiving cash assistance to outline steps to move them off welfare. At that point, Iowa began a comprehensive package of reforms that emphasized self-sufficiency and incentives for employment such as job training, child care, and transportation. Not unlike the reforms at the national level, no attention was given to housing needs or costs as part of the Iowa program (Newman, 1999). Beginning on January 1, 1997, Iowa's welfare-recipient families were required to comply with the 5-year federal lifetime limit on cash benefits (Fraker et al., 2002).

Children 10 years and younger comprise about 15% of Iowa's population (433,191; Iowa State University, 2003). In 2000, the poverty rate among young children 0 to 6 years (16.5%) was lower than the national rate of 23% (National Center for Children in Poverty [NCCP], 2001). However, nearly 44% of Iowa's young children live in a low-income family, one that has an income below 200% of the federal poverty guideline. Just more than 64% of these children have parents who are employed either full- or part-time compared to 51.5% nationally (NCCP, 2001).

Recent data suggest that families in Iowa continue to struggle with housing that is "out of reach" (National Low Income Housing Coalition, 2000, 2001). The estimated median family income in 2001 in Iowa was \$55,300, but it was less in rural Iowa, which reported \$50,100. An extremely low-income family whose income is 30% of the median income can afford a monthly rent of no more than \$376, but the fair market rent (FMR) established by the U.S. Department of Housing and Urban Development (HUD) for a two-bedroom unit in nonmetropolitan Iowa is \$445 and \$571 for a three-bedroom unit.⁴ A minimum-wage earner (\$5.15 per hour) can afford monthly rent of no more than \$268. This same minimum-wage earner must work 75 hours per week to afford a two-bedroom unit at the nonmetropolitan area's FMR. Alternatively, the nonmetropolitan Iowan must work 40 hours per week and earn \$8.56 an hour to afford a FMR two-bedroom unit.

As stated previously, the purpose of this study was to explore low-income mothers' housing concerns as they relate to providing for their children. Two research questions were asked: (a) What are the housing difficulties faced by low-income families with children? and (b) What are the influences of the contextual milieu on the well-being of children and their families? To answer these questions, qualitative interviews with 13 rural families were analyzed. Several themes emerged from the data.

METHOD

Qualitative studies offer insight into the daily struggles of low-income women and the types of coping mechanisms used to provide for their families' needs. This investigation offers an in-depth analysis of how, and the extent to which, children's shelter needs were met. Data for this study were drawn from the Family Well-Being and Welfare Reform in Iowa project that was conducted by Iowa State University Extension and the Iowa State University Center for Family Policy between 1997 and 2001. Data collection processes were reviewed and approved by Iowa State University's Human Subjects Committee. Data were collected and managed in compliance with Human Subjects requirements. The initial purpose of the project was to monitor welfare reform in Iowa by researching the influences of government

policies and social programs on communities and families within them (Fletcher, Winter, & Gaddis, 1998). Seven communities were selected across the state based on various demographic characteristics such as population, ethnicity, adjacency or nonadjacency to a metropolitan area, and geographic location (Fletcher et al., 1998). Families in each of the seven communities were randomly selected from a list of Family Investment Program (FIP) participants provided by the Iowa Department of Human Services (DHS). The families received a letter with information about the project and an explanation about the interview process.

Procedure

Beginning in 1997, Iowa State University Extension field staff conducted 60- to 90-minute interviews with 5 families from each community. A total of 35 families were interviewed in Wave 1. The questions in the first wave of the interview were adapted from the protocols of Edin and Lein (1997) and Weisner, Gallimore, Nihira, Bernheimer, and Coots (1995). Interviews were audiotaped and transcribed. The first interview probed various domains with an emphasis on general difficulties in living on welfare. Then these respondents were revisited at 6-month intervals during the next 3 years. The second wave of interviews focused on employment including current employment information and employment history. The third wave of interviews focused on experiences of child rearing, and the fourth wave focused on current housing and housing histories of participant families. The fourth wave of interviews took place in the spring and early summer of 1999. The fifth interview explored families' experiences with the welfare system. The sixth wave of interviews assessed child well-being.

By the fourth wave, only 21 families from seven communities were interviewed because some families had moved, could not be located, or were unwilling to continue. Thirteen families met the criteria for inclusion in this analysis: one child of age 10 or younger living in the household at Wave 4. Some data from each of the first four waves of interviews were used in the analysis. The data were examined to create profiles of these families with an emphasis on the housing conditions and community circumstances that they said impacted them or their children.

Data Analysis

The data analysis procedure for this research was adapted from S. J. Taylor and Bogdan (1998) and Krathwol (1998). Two investigators read the interview transcripts, then more than 100 pages of logs and learning journals were produced based on the readings of the initial transcripts. Tentative categories were developed based on the frequency of events, comments, and emphasis of the respondents, which then evolved into a coding scheme. A review of previous research was examined to assess the validity of the categories and coding as an effort in triangulation. In keeping with qualitative methodology, coinvestigators and research assistants analyzed the data and identified themes particularly meaningful for young children in rural settings: for example, housing inadequacy and chronic mobility. For reporting the analysis, verbatim quotes from the data were selected to represent each of the themes. One scenario based on families' responses was developed to illustrate chronic mobility. In reporting the data, pseudonyms have been employed to protect the identity of respondents.

TABLE 1: Characteristics of Families Interviewed

	<i>Frequency</i>
Age range of children	
2 months-1 year	7
2 years-4 years	11
5 years-7 years	6
8 years and older	1
Total	25
Gender of children	
Male	15
Female	8
Unidentified	2
Total	25
Type of home	
Trailer/mobile home	2
Apartment	5
House: Rental	5
House: Owner	1
Total	13
Frequency of moving ^a	
Never moved	1
1 or 2 times	4
3 or 4 times	5
5 or more times	3
Total	13
Parental status	
Two married parents	5
Single	5
Single with partner	3
Total	13
Parental education	
High school/GED	9
College or more	8
No information	1
Total	18
FIP participation	
Families on FIP	6
Families not on FIP	7
Total	13

NOTE: FIP = Family Investment Program.

a. Since the first child was born.

Sample and Community Contexts

Selected characteristics of the 13 families analyzed in this study are presented in Table 1. Among the 13 families, 1 was Latino, 1 was African American, one couple was interracial, and the remaining participants were Caucasian. Five families were headed by a married couple, and 8 were headed by single mothers, 3 of whom cohabited with partners. The mothers' ages ranged from 20 to 36 and fathers' ages ranged from 23 to 38. Of the parents, 9 had finished high school or had equivalency diplomas and 8 had 13 or more years of education.

The mean number of children per household was 1.78. Of the 25 children, 8 were girls, 15 were boys, and for 2 infants the sex was not identified. Children's

TABLE 2: Community Characteristics, 2000

<i>Community</i>	<i>Population</i>	<i>% Children < Age 10</i>	<i>Median Household Income</i>	<i>% Renters</i>	<i>% Vacant Housing Unit</i>
A	120,563	14.3	\$43,704	31.0	4.0
B	10,877	12.1	\$34,318	30.4	10.5
C	4,299	13.1	\$33,005	30.1	9.1
D	26,032	13.3	\$35,688	29.9	6.7
E	1,802	11.1	\$26,893	29.2	9.7
F	10,150	13.3	\$35,270	36.0	6.9

ages ranged from 2 months to 10 years old. Most of the children (18 of 25) were 4 years old or younger. Two children were both autistic and mobility impaired.

Only 1 family was a homeowner at the start of the study; the remaining 12 rented homes. Two families were living in mobile homes, 5 were living in small apartment complexes, and 6 were living in single-family dwellings. Nine families reported that their children had access to some outdoor play, but 4 families said there was no available place to play outside of the home. At the time of the fourth wave of interviews, 4 families received federal housing assistance, 2 families received only energy assistance, 2 received Supplemental Security Income (SSI) for their children's disability, and 6 families were on welfare (FIP).

Because the 13 families resided in six communities, only six communities' contexts were analyzed in this investigation. Five of the six communities in which respondents resided were in nonmetropolitan counties (see Table 2). These communities ranged in population from just less than 1,800 to 25,000.⁵ Most of the study respondents lived in nonmetropolitan settings; 11 of the 13 respondents lived in the five nonmetropolitan counties. Two of the 13 respondents resided in Community A, a city with a population of about 121,000. The median household income in Community A was \$43,704 in 2000. The median income in the nonmetropolitan communities was lower, ranging from \$26,893 to \$35,688 in 2000. The proportion of children younger than 10 years ranged from 11% to just more than 14% in the year 2000.

The stock of housing in Iowa is old; more than half of all occupied housing structures were built before 1950. Almost 90% of Iowa's total housing units were built before 1978 and are at risk of containing some amount of lead-based paint. According to estimates by the Iowa Department of Public Health (2001), about 233,575 low-income households lived in housing units containing lead-based paint that presents a hazard to occupants, particularly children.

Most low-income families in Iowa rent; however, the proportion of rental housing stock and the number of available units are small in most rural communities. Upward of 70% of the occupied housing in Iowa is owned. According to the 2000 census, the value of homes in the six counties⁶ in which respondents lived ranged between \$45,000 to \$99,400 (Office of Social and Economic Trend Analysis, 2003). Average rental costs in the counties in which respondents lived varied little, from \$367 to \$369 (HUD, 2003b).

RESULTS

As a result of this investigation, several dimensions of the circumstances of poor children were identified. Current housing environments as well as the previous

housing histories were analyzed and cited in this investigation. In this section, the identified themes will be depicted: family ties, serial housing inadequacy, housing safety, crowding, special needs children, and chronic mobility.

Family Ties

Most of those interviewed had extended family ties in and around the small towns in Iowa in which they lived. Although some families that were interviewed had moved out of state and then back to Iowa, the majority of those who moved did so between small towns within a very small radius. Respondents said that they are very attached to their communities because they were born or had grown up there.

Often women or their partners had parents or grandparents living in the same town. All but one of the families reported that they were renters, and several reported that they rented their homes from family members or friends. Some families also reported that they depended on financial support from kin to pay utilities or other housing expenses.

Jenny and her daughter lived in a house that belonged to her parents.

The renters happened to move out of my mom and dad's house. It wasn't something that we were working on; it just fell into place. I was looking for something different, and it just worked out perfectly at the time. . . . [The house] is 117 years old. . . . It's roomy and it's fantastic. . . . All of my neighbors have always lived here and are fantastic. In fact, one neighbor mows my lawn; the other neighbor moves my snow. I've got it made. It's funny, because I have a swing set out back. It's the neighborhood drop-off center for the children in a way because there are two other families on the same block that have children that are a little bit older. . . . they are always there. They are keeping an eye on Melody when she's outside if I'm in the house. If I need something fixed, I've got the neighbor I can always go and ask. I can't go wrong with it. Mom and dad actually lived across the alley until a couple months ago, too. They always lived [in this community], too. I always had them, too.

Mary reported that her husband's parents had moved to be near them.

They moved here after we moved here. Yes, it's usually the kids that follow the parents around, not the parents that follow the kids. [My mother-in-law] goes to the store for me sometimes when I can't go to the store. Or if we're low on money, she'll help out—not very often, maybe once it's happened, but other than that, not really. [My husband] and his dad work on the car together.

Three of the 13 families received government housing assistance (see Table 3), but more families relied on informal help, primarily from kin including parents and stepparents. Informal housing assistance from families included paying portions of the rent or renting a house or mobile home at a reduced rate. Some informal arrangements were made with property owners, and families completed needed repairs and general upkeep on the units.

Serial Housing Inadequacy

According to the American Housing Survey, structural soundness and adequacy are especially problematic in rural settings (HAC, 1997). Poorly maintained older housing units were common among families interviewed. Leaking ceilings, broken toilets, nonworking refrigerators, damaged windows, and the presence of rodents

TABLE 3: Housing Characteristics of Families Interviewed

Family Profile	Housing Type	No. of Bedrooms	Current Housing Cost (per month)	Current Housing Assistance	Utilities ^a	No. of Moves	Time at Current Address
1	Mobile home	2	\$250 ^b	None	NA	5 in 6 years	< 6 months
2	House	2	NA	None	\$100	9 in 12 years	NA
3	Mobile home	2	\$235	Informal	\$143 winter; \$48 spring	8 in 13 years	2 years
4	Apartment	2	\$46	Government	\$155	5 in 4 years	2 years
5	Apartment	2	\$355	Informal	\$65	22 in 10 years	9 months
6	Apartment	1	\$230	None	\$30	15 in 7 years	< 1 year
7	House	2	\$280	Informal	\$131-\$136	6 in 8 years	Just over 3 years
8	House	4	\$275	Informal	Included in rent	10 in 4 years	Several months
9	House	3	\$150	Informal	\$180	8 in 7 years	Just over 2 years
10	House	3	\$155	Government	\$145-\$155	10 in 8 years	4 years
11	Apartment	2	\$132	Government	Paid by payee	9 in 5 years	3 years
12	House	3	\$600	None	Plus utilities ^c	12 in 9 years	3 months
13	House	3	\$250	Informal	\$150	10 in 16 years	2 years

NOTE: NA = not available.

a. Includes gas, electricity, and water when reported.

b. Only case of homeowner.

c. Not specified by respondent.

and insects were often cited as problems even for some whose landlords were members of their extended families or who received Section 8 rental subsidies, for which housing inspections were mandatory. Commonly, mothers indicated a whole host of problems in each of the housing units, past and present. During the course of our 2 years of this investigation, these problems precipitated moves from one housing location to another. Nevertheless, in moving, families seemed to merely exchange one chronic housing problem for another, perpetuating a cycle of serial housing inadequacy.

When Ann was first interviewed, she gave a history of the housing units in which she had lived.

I didn't have a refrigerator for 4 months with a newborn baby. I got home from the hospital from having Garrett, and I couldn't even use the bathroom. I had to walk up to Stop and Go. There was a bathroom, but I couldn't use the toilet because it was plugged up. No refrigerator for four months. It was quite a deal. A friend of mine let me use a little one, which held about a half gallon of milk, and that was about it . . . and no freezer. I would shop a day at a time. It was fun, let me tell you.

Some families expressed concerns about indoor air quality and exposure of their young children to toxins. Terri, the mother of a 4-year-old child, described her experiences with radon.

One thing is that . . . we talked to Section 8. Section 8 is the one that moved us here. They did a radon test in the basement . . . they couldn't believe how high it was. They had never seen a number that high. Jimmy was under a year old at that time. They couldn't believe how happy of a baby he was considering all that toxin in the air. All they could figure out is the basement of that place . . . the window was broke, so it must have blew it out instead of into the house. So that was one thing bad about that place that made this much better. We didn't have to worry about those toxins.

Now, in a new Section 8 rental unit, Terri was asked by the interviewer, "When you first moved into this house you had roaches and you had trouble with the landlord. Can you look back and describe some other problems that you think you had?"

Quite a few times in the winter time the hot water heater in the basement . . . the pilot light will go out when it's real cold. Nobody seems to know why that happens. We try to shut the basement door. That sometimes helps, but not always. So that's a problem. We're without hot water sometimes in the winter. Now we have a leaky ceiling in the kitchen. Something upstairs has burst or something. Nobody seems to know. That's basically all the problems. Any problem we've ever had with this place, the landlord or anybody else just can't figure out where it's coming from . . . they don't know how to fix it. Even Section 8 . . . they see the problem, but when they come in and check it, it's fixed. But by the time they leave, it's broke again. I have this sink in the bathroom. It drips water. They have fixed it twice every 2 years. I swear to God, every time they fix it, it leaks worse afterwards. I don't know why. . . He's completely changed the whole fixture. It still leaks water.

Many of the interviewed families had problems controlling indoor temperature. The old structures in which they resided were often poorly insulated, or the heating/cooling systems needed updating and were not energy efficient. Control of indoor temperature has both a psychosocial and physical dimension. A lack of control of indoor temperatures can have a negative effect on children's health and also leave parents feeling helpless to regulate and control their environment. Becky, mother of a 3-year-old son and a 1-year-old daughter, said of her previous housing,

There was no heat upstairs. It just had holes in the ceiling that the heat is supposed to go through. It really wasn't that warm. Everybody had to sleep downstairs when it was cold outside.

In contrast, excessive heat in Becky's current apartment caused her to worry about her young children's health.

I have a major problem. It's very hot. I live next to the boiler. There's no way of turning the heat down in this apartment. All winter long it's between 85 and 90, and the landlord will not turn it down. I can complain and complain and tell him, "Look, you need to turn it down. My doctor said that 72 is adequate for a child. They tell me, "You can adjust it in your apartment." But oh, no . . . one of the tenants turned off the boiler. [This tenant] said something about the Gas Company saying they only have to have the heat on until April 15. I called [the landlord] and asked him to turn it off. He said [that] there's a girl on the top floor who's got a medical problem—she's always cold. . . . It's not healthy for my children to live in hot temperatures. I don't feel it's healthy that I have to have my window open all winter.

Home Safety: I Don't Like It Here; It's Not Safe

Most people do not often associate fear and insecurity with small-town living, but there is increasing evidence that transformations are occurring in these communities because of economic restructuring and demographic changes. These new rural realities have increased the uncertainty about safety at home and in the community (Hedgers, 1996; Ziebarth, 2000). These community changes can be accompanied by a feeling of insecurity, regardless of actual crime rates. There are two important dimensions to safety in the home: one is the sociopsychological dimension, that of feeling safe inside one's home and outside in the community, and a second dimension is the physical soundness of the dwelling unit.

Becky lives in a first floor apartment with her two young children, and when asked about feeling safe, she said,

They don't have locks on all the windows . . . but the people on the top floor have locks on their windows. Imagine that. Why do they need locks? I would think that if the locks fell off down here, they should take them off up there and bring them down. One day [the window] fell out and it busted. I told the landlord, "Excuse me, but there's a problem. The window fell out." They are like, "Oh, well, we'll call Glass Emporium and have them come out sometime this week.

Similarly, Ann, the mother of two children, was worried about the structural safety of her apartment's windows.

We're moving again. I don't like it here. It's not safe. The windows are way too low to the floor. I don't like it. . . . Upstairs in the bedrooms, the windows are coming out of the frames. Once Johnny gets out of his crib, he can't be upstairs with the windows falling out. . . . The windows I was telling you about . . . one did fall out of the frame. It was 2 weeks before it got fixed. Johnny had to sleep with me for 2 weeks. Even with a crib, I couldn't keep him in there.

It's a Roof Over Our Heads

Poor children do not get the privacy they need to develop a sense of autonomy that comes from controlling social interaction (Weigel-Garrey, Cook, & Brotherson,

1998). Many of the mothers said that they need more space to meet their families' needs. Their children are doubled up or sleeping with parents. Ricky, a 3-year-old boy, shares his room with his little sister and is living with his mother and her boyfriend. The apartment is small and has just two bedrooms; the children cannot have separate bedrooms. There is a new baby due soon, and the family feels their space needs are critical.

Bedroom space is often how families establish their space needs (Morris & Winter, 1978). Morris and Winter (1978) suggested that there exist strong cultural norms prescribing bedroom sharing. Families are dissatisfied with their housing when "more than two persons share a bedroom; when a child must share the parental bedroom; when pre-adolescent children of the opposite sex share rooms and when older teenagers and single adults must share" (Morris & Winter, 1978, p. 98). Although it is tempting to say that poor children are not entitled to a bedroom, nor do they expect one, families mostly prescribe to societal norms regardless of income. Ilene explained her frustration with her current housing.

Since we don't have no where else to go, it's a roof over our head . . . it's not enough space. We need another bedroom . . . four bedrooms. On HUD, we cannot have Clay and Susan together because she's over 6. We can have Brenda and Clay together, but we can't do that either. So we're going to have to get another house and get HUD approval. I suppose we can get a medical note from the doctor saying Brenda needs her own room—because she does. She's very hyperactive, very strong-willed and destructive. There's no storage space. The living room . . . you can't arrange it because there is one big window, one small window, six doors off of the living room, plus the floor furnace and chimney sticking out. You can't do anything with it.

Although families often indicated problems with the quality, size, and cost of their housing, they were usually satisfied with the space for play outdoors. There were exceptions, however. Outdoor play was not perceived as safe for some children whose families lived in apartments or in trailers where there were no yards.

Special-Needs Children

The families whose children had special needs because of physical and cognitive disabilities most keenly felt housing space limitations. Tim is a 7-year-old boy with autism. At the time of the interview, he was recovering from his sixth hip surgery, and he spent most of his time at home. Tim lived with his parents and two other siblings in a two-bedroom house that they rented. Because of Tim's health condition, the structure of the housing was a problem for his family. There was no bathroom on the first floor and all bedrooms were located upstairs. His parents always carried him up and down the stairs.

I would like to have a ranch style house because [Tim] is well over 50 or 60 pounds. His cast adds another 15 to 20 pounds onto the child—so you're talking 75 pounds that I would be hauling in an "out stretch" of over 4 feet. . . . Plus I have to haul his wheelchair up and down that many stairs out front. . . . We need a bedroom on the first floor because hauling him up and down the stairs is not only going to be awful for him . . . because we're going to have to turn him upside down in order to get him around corners and stuff like that, because he shouldn't be stood on his own.

Eight-year old Matt is also mobility impaired and autistic. His bedroom and the bathroom are not on the same floor. This arrangement was problematic for Matt's

father, John, who has severe weight problems. Matt's mother wanted to move to another house, but it was impossible because they owned their current place. As the only homeowner in this study, she said, "Our taxes are low, our house is paid for, and that's about it. If I had the opportunity to move tomorrow, I would do it."

Chronic Mobility

The majority of children in this study had moved frequently from one home to another since birth. The search for cheap housing led families to the outskirts of town. A mother who resided in a small city (Community A on Table 2) described,

[The former home] was in the historical part—well, across the street was considered the historical part of the community. So it was easy on the eyes. Down the road was a bar . . . it wasn't the best neighborhood. We've always lived just on the outskirts of the bad neighborhood. I don't know why. That's where we can usually find the most affordable housing. There are two buildings in this [block], but just across the way there are a couple more buildings. That's the very edge of town . . . almost isolated. There aren't neighbors that way either . . . I was going to be at the Hillside apartments, but my social worker said to talk to this lady because she has cheaper apartments.

During the course of the 2-year study, it was not uncommon to meet families at a new place for an interview. Of the 13 families visited, only 1 family reported having never moved, 4 families changed residence once or twice since the birth of their first child, 5 families had moved three or four times, and 3 families had moved five or more times (see Table 1). In a few cases, families had moved every 6 to 9 months during the past several years. Of the 13 families interviewed in Wave 4, 7 families indicated that their children had experienced sharing housing with kin or nonkin at least once in their lives. Usually a mix of underlying causes precipitated the residential mobility: changes in space needs because of changes in family configuration—marriage, divorce, or the birth of a child. Moves were also precipitated by poor housing quality or when families experienced excessive housing costs. Dissatisfaction with neighbors or neighborhoods, surrounding people, or areas that were perceived as threatening prompted mobility. Families that discovered cheaper housing options, doubling up, or renting from family or friends also moved frequently.

One case is used to illustrate the chronic mobility that was prevalent among families that we interviewed. Janet was 5 years old when her family was interviewed in Wave 4 of the study. She had a new baby brother just 5 months old. Janet's mother, Mary, described her residential history. She was 16 when she left her parents' home: "My parents were having problems, and I was in the way, so I just moved out . . . [and] in with my boyfriend." Then she met her husband when she was "22 or 23." The couple lived with her parents in a trailer in another state. Jeff was very violent and so this marriage didn't last. Mary and her infant moved twice after the breakup of her marriage. By the time Janet was 2 years old, her mother had made a third move to live with her boyfriend, Tom. As in her previous relationship, Mary lived with Tom in a family-owned trailer.

It was my brother's fifth wheel trailer. We moved it out to his mom and dad's—on their property. We lived there a couple months. . . . It was too small. . . . Janet was there too. Janet had to sleep on the couch.

Later, the family moved again, this time to the suburbs. They lived in a two-bedroom apartment so Janet could have her own room. The family lived there for almost a year. In 1996, when Tom's parents decided to move to Iowa for their jobs, Tom and Mary decided to move too; Janet was 3 years old. After moving to Iowa, Mary wanted to stay home with Janet because she couldn't find affordable child care. To stay home, she applied for welfare benefits and did child care in her two-bedroom apartment. During the day, Janet shared her room with older children who were cared for by her mother. Mary said that the house was infested with cockroaches even though it was a brand-new apartment and cost a lot. Space problems and the cockroach infestation instigated another move.

At the third interview, the family moved into a three-bedroom house. The three-bedroom house was affordable and had a yard where Janet and the other children could play, but the landlord wanted the house back. After fewer than 6 months, Janet's family had to pack and move again. They moved into another house in the same town. When they moved into this house, Mary had a new baby. This house was a four-bedroom house, but it still did not seem to meet her family's needs. Mary complained that this four-bedroom house was unsatisfactory because of her growing family, the child-care business needs, the small outside play space, and its distance from Janet's school. Janet's walk from school was too far, so sometimes Mary sent a taxi to pick Janet up after school because she was busy running her child-care business. At the fourth interview, Janet and her family had moved to another three-bedroom house near the school she attends. This house was a two-story house and Janet's mother was satisfied with the structure because the family had privacy away from the child care space. At age 5, Janet had lived at most places for fewer than 6 months.

DISCUSSION

Rural Housing Conditions and Children's Development

As the place that families and children call home, the rural landscape has changed dramatically during the past 20 years. Many American families and young people continue to leave small towns and rural communities, and their exodus raises perplexing questions about those left behind. The impact of the rural community and housing context on young children, however, has been woefully missing from the literature. In general, poverty in rural settings has tended to receive less attention from policy makers than urban issues; consequently, the effects of welfare reform on rural families and children are generally not well understood.

This study focused on the housing and neighborhood environments of children in rural low-income families. The themes that emerged imply that the limited economic resources of families reduce their housing choices. Housing affordability exacerbated the economic difficulties that these families face. Although the current housing conditions and housing histories of respondent families varied, the common ingredient in each of the interviews is that children's physical surroundings were inadequate and that providing safe, secure, and stable housing was a constant struggle. The children's experiences, as portrayed by their mothers, suggest that the children are vulnerable to both health and emotional risks because of their housing conditions.

One of the striking findings from this study was the instability of children's housing: Frequent moves within the community or into a nearby community were common. Multiple factors precipitated the families' moves: changes in family structure such as divorce, cohabitation, and the birth of a child; economic hardships such as job changes; availability of social support networks; and dissatisfaction with substandard, poor-quality housing. The data revealed that families often moved to find cheaper housing and/or to reduce housing expenditures. The housing histories of these families showed that they employed strategies that reduced housing costs: Moving in with kin and renting from parents and friends were indicative of the families' attention to housing expenditures.

Previous research suggests that this kind of housing instability can negatively affect the development of locus of control, feelings of security, and attachment in young children (Evans et al., 2002; Popkin et al., 2004; Proshansky & Gottlieb, 1989; Weinstein & Thomas, 1987; R. Wilson, 1997). The data in this research, although spanning a 2-year period, did not provide the longitudinal nor quantitative data necessary to speak conclusively about child outcome measures. One can speculate, however, that without improvements, the unstable housing arrangements and the physical inadequacy of the housing will be detrimental to the children. Certainly, a child's quality of life and overall well-being appear threatened as schools, social networks, and communities change frequently. Compared to children with more stable housing situations, these children are at greater risk of negative outcomes. It is clear from interviews with mothers that they were cognizant of the risks associated with frequent moving and that they tried to prevent changing school districts whenever possible.

Families' appraisals of their communities were one of the interesting findings of this study. Even though they were very dissatisfied with their current dwellings, parents expressed attachment to their community. Often children were living in the same place where their parents were born, and kin lived nearby. Various forms of help from support networks were reported, either emotional or instrumental. Families relied heavily on these supports; they rented their families' trailer or house, and their kin paid for housing or utilities when families ran short of funds. It was not clear from the data whether family and friends feel burdened by these arrangements.

CONCLUSION

The Critical Role of Housing Subsidies and Community Support

The data illustrate that both inadequate and unaffordable housing contribute to housing instability for poor rural children. A lack of affordable housing was a significant underlying problem that created housing difficulties for children in rural low-income families. Energy costs also affected families' decisions about consumption and resource allocation. Insufficient income limited parents' choices in housing regardless of their families' housing needs. The limited choices resulted in "serial housing inadequacy," an exchange of one housing problem for another. Cockroach infestations, broken toilets, nonworking appliances, heating and cooling malfunction, and a lack of space were common problems. Given recent research findings, it seems likely that these poor housing conditions will have long-term detrimental effects either directly, as on the children's education

(Colton, 1996) and health (DOC4KIDS, 2001), or indirectly because parenting will be compromised (Simons et al., 1997).

A common strategy of low-income families to save on housing costs was to double up with kin or friends. By sharing housing, families saved money or cut down on housing costs. The majority of children in this study experienced doubling up at least once during their lives. Whereas this type of living arrangement has economic benefits, it usually results in overcrowding and interpersonal tensions that can cause family stress. Families perceived doubling up as far from ideal and temporary in nature, and their housing histories suggest that the arrangement is fragile, often lasting fewer than 6 months.

Analysis of children's housing environments and housing histories provide some valuable insights into shortcomings in current policy on children and housing. The results highlight the need to (a) reinforce current policy in housing and energy subsidy assistance, (b) expand housing assistance for children with special needs, (c) provide help to landlords and tenants to rehabilitate existing housing, and (d) invest in community programs that support children's needs.

Like child-care subsidies, housing subsidies are essential to promote the welfare reform goal of family economic self-sufficiency. Of the 13 welfare families in this analysis, only 3 families were currently receiving federal housing assistance. However, even with the assistance, respondents still had to pay a large portion of their income for housing utilities—electricity and gas—that were often higher than their rent payments.

In general, federal housing assistance poorly serves children with disabilities. There appeared to be no immediate remedies available to families in this study who had children with disabilities. The housing available to them was not modified, so the bathroom and child's bedroom presented problems for families. Already in place is the 1989 Fair Housing Amendment Act, which enables renters some latitude for making unit alterations, but its provisions do not go far enough. Currently those who rent may make needed adjustments to accommodate family members with a disability. However, they must pay for these adjustments, and landlords can request that tenants return the unit to "its original state" on moving (HUD, 2003c). Again, the costs would be incurred by the family.

Grants to families and/or landlords to make needed adjustments would help. These grants could be generated from local, state, or federal funds. There is very little incentive to maintain old housing stock. In rural communities, poor families who rent had very few choices. They often rented single-family houses or duplexes that they indicated needed repairs. Perhaps families would be willing to do some repairs if funds were available. Arrangements with kin for housing often were premised on an exchange of housing maintenance for reduced rents. Funds available to tenants or landlords might assist with making housing more accessible for children with disabilities or simply improve the adequacy of the unit.

Previous studies indicate that the disadvantages that poor families experience can be compensated for in part by public intervention (Scarr, 1998). Community resources for children that include a library or book mobile, places to play outdoors and indoors, and public services for developmentally disabled children can be lifelines for poor rural families. A community service that provides public transportation, such as a volunteer effort like a "seniors van," would have helped 1 respondent whose home was too far from school for her young daughter to walk. She would often send a taxi to retrieve her when her child-care job prevented her from doing so. This inconvenience compelled the family to move after 6 months.

Public investments in rural communities for young children are needed. For example, the model for services and delivery could be what many small towns use for providing seniors with assistance—the seniors center, call-a-van services, and grants for housing rehabilitation.

Future Research Directions

Young children in rural settings need additional research attention. The data for this study were limited to Iowa. More representative and diverse data should be collected in studies that focus on children's housing and community needs. The authors believe that a grounded theory can emerge from additional qualitative studies on the particular risks of housing instability and serial housing inadequacy among children living in poverty. Furthermore, additional research is needed to understand the strategies that families use to provide shelter.

In short, more attention should be given to housing, recognition of its importance, and elevation to the same status as child care and transportation needs. It is astonishing that the housing of welfare recipients is not regularly cited as one of the significant barriers for families seeking economic self-sufficiency. Perhaps one of the most fruitful avenues of future research might be the examination of housing economic hardship, chronic mobility, and family stress. What is the mechanism by which housing costs and conditions affect family stress, and how does this stress influence family functioning and children's outcomes? Can improvements in housing alter parent-child interaction? If so, how? The research not only raises questions about the quality of life and well-being of young children in rural communities but also suggests that housing and community resources are part of the answer to those seeking improvements on their behalf.

NOTES

1. The terms *rural* and *nonmetropolitan* are used interchangeably even though census publications do not do this. In census publications, *rural* is a place of fewer than 2,500 people and *nonmetropolitan* areas are those outside Metropolitan Statistical Areas.

2. Housing cost burdens are measured as a percentage of income, "on what has become a slowly sliding scale. The Department of Housing and Urban Development (HUD) defines moderate cost burdens as those between 30% and 50% of income and severe cost burdens as those above 50% of income. The 30% of income has become the norm that housing subsidy programs require households living in subsidized housing to pay" (Housing Assistance Council, 1997, p. 35).

3. The American Housing Survey (1997) has defined physical housing problems as severely or moderately inadequate or adequate. For example, housing that is severely inadequate lacks hot or cold piped water or a flush toilet or has been uncomfortably cold for 24 hours or more because of heating equipment breaking down.

4. HUD annually estimates fair market rents (FMR) for 354 metropolitan and 2,350 nonmetropolitan county FMR areas (U.S. Department of Housing and Urban Development, 2003a). FMRs determine the eligibility of rental housing units for the Section 8 Housing Assistance Payments program and serve as the payment standard used to calculate subsidies under the Rental Voucher program. FMRs are gross rent estimates. The current definition used is the 40th percentile rent, the dollar amount below which 40% of the standard-quality rental housing units are rented. The 40th percentile rent is drawn from the distribution of rents of all units occupied by recent movers, renter households who moved to their present residence within the past 15 months.

5. The table contains only a few of the many community characteristics that could be deemed useful in understanding families' context. Additional community descriptions are in the report available online at <http://www.extension.iastate.edu/Pages/pubs/reform.html>.

6. The 2000 census data for each of the six communities were not available; county data are reported to provide the reader with economic characteristics of the places in which respondents reside.

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