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Parents' Perspectives on Homelessness and Its Effects on the Educational Development of Their Children

Rita I. Morris, RN, PhD, PHN; and Rachael A. Butt, RN, MSN

ABSTRACT: This qualitative study explored parents' perceptions of how their homelessness affected the development and academic achievement of their children. Grounded theory with symbolic interactionism was the framework for this study. Data were collected through semistructured interviews with 34 homeless families in a variety of settings. Multiple factors were found, including unstable relationships, abuse and violence, abdication of parental responsibility, poor parenting models, and resilient children. The findings present a case for supportive educational services for homeless school-age children. School nurses play a dual role. They can ensure that school personnel and resource providers understand the culture of homelessness, and they can develop and implement innovative programs for parents and school personnel to help homeless children.

KEY WORDS: homeless children, homeless culture, homelessness, parenting, resilience

INTRODUCTION

Homelessness, one of the emergent social issues, is not a new phenomenon in America. It has increased in size and complexity over the past two decades. There are 750,000 homeless school-age children, and the overwhelming majority performed well below grade level (Nunez & Fox, 1999). Every year since 1993, the U.S. Conference of Mayors (1998) has reported that families are the fastest growing segment of the homeless. Increasingly, those sleeping in emergency shelters include parents and children whose primary reason for homelessness is poverty or some other condition, which causes family disruption.

The typical homeless family in America consists of a single mother, age 30, with two or three children averaging 5 years of age. Approximately 58% are African American, 22% are White, and 15% are Latino (Nunez & Fox, 1999). In the region of this study, it was estimated that there were more than 8,000 urban

and 7,000 rural homeless persons. Families account for 25% of the urban homeless. There are approximately 246 shelter beds for women fleeing domestic violence, and 835 permanent shelter beds set aside for family members. The lack of shelters is typical of most American cities (Regional Task Force on the Homeless, 1999).

The poverty rate for children in 1997 was almost twice as high as the poverty rate for any other age group (National Law Center on Homelessness and Poverty, 1999). Many Americans find it difficult to believe that families are homeless in the richest nation in the world. This collective denial of homelessness has resulted in a lack of social policies and programs to address issues that cause and sustain homelessness.

Very little research has been conducted to document the effects of homelessness on the thoughts and emotions of parents and children who live without permanent residences. This study addressed the educational development of homeless children from the perspective of their parents. It explored the expectations of the parents regarding the school system, the parents' acceptance of responsibility for their children's attendance in school, the importance of education in the minds of the parents, and the feasibility

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of regular attendance in school when the children lacked stable housing.

LITERATURE REVIEW

Research now indicates that a shortage of affordable housing is the basic macroeconomic cause of the higher levels of homelessness observed since 1980 (Burt, 1992; McChesney, 1993). LaVesser, Smith, and Bradford (1997) identify poverty and lack of affordable housing as the major causes of family homelessness. The growth in homelessness reflects the intensification of long-term problems, including poverty, discrimination, unemployment, and lack of comprehensive human service systems (Nunez & Fox, 1999; Seltser & Miller, 1993).

Reganick (1997) cited eight basic causes of homelessness: (a) lack of affordable housing, (b) unemployment, (c) deinstitutionalization, (d) divorce/abandonment, (e) substance abuse, (f) natural catastrophe, (g) physical abuse, and (h) eviction. Domestic violence is another contributing factor leading to homelessness and often generates stress that may lead to psychological and behavioral problems in children (Bassuk et al., 1997). Single women head the majority of homeless families, and approximately half are victims of domestic violence (National Coalition for the Homeless, 1999).

Federal directives to the states require the integration of homeless children into existing public education systems. The very fact of being homeless and having no fixed address makes it difficult to obtain school registration and health and welfare benefits (Stronge, 1993). Homeless children experience behavior problems and depression that may be related to the lack of routine and supervision associated with being homeless (Rabideau & Toro, 1997).

The stress of homelessness greatly diminishes children's ability to succeed in school (Kissman, 1999). Significant developmental delays have been observed among homeless children in the areas of cognitive ability, language development, motor skills, and social interaction, which places them at risk for academic failure. They score far lower than their housed peers on achievement tests and are less likely to be promoted at the end of the school year (Rafferty, 1995). Friedman, Svavarsdottir, and McCubbin (1998) discuss approaches to empower families, emphasizing their resilience and ability to recover from adverse events, and the strengths and capabilities that influence the process. The home environment, especially one that provides opportunity and support for parental participation in their children's activities, is the single most important influence on a child's school performance (Rafferty, 1997).

THEORETICAL FRAMEWORK

Qualitative research methodology was selected as the most appropriate means of acquiring information

from the perspective of the homeless parents. Qualitative research allows the investigator to gather data in an area in which very little information is available (Strauss & Corbin, 1998). Symbolic interactionism was used to guide this study because it is directly related to grounded theory. Symbolic interactionism posits that people behave and interact based on how they interpret or give meaning to specific symbols in their lives. Nothing has intrinsic meaning; meaning comes from experience, and these meanings develop through interaction with others (Streubert & Carpenter, 1999).

METHODS

Research Design

The research design used for the study was a grounded theory approach developed by Glaser and Strauss (Strauss & Corbin, 1998). This methodology was chosen because it is most efficient for identifying sets of concepts and propositions that link the concepts. Open-ended questions were used to elicit data pertinent to the phenomena under study. Data were collected, transcribed, and analyzed using the constant comparative method. Data were collected until categories became saturated; no new information was found with repeated checking and questions (Glaser & Strauss, 1967). Demographic data were generated using an interview guide with structured questions.

Sample

The participants were homeless parents with children living with them. All parents volunteered for the study. The sample size was based on theoretical sampling, which guided the process of collecting data to examine categories and their relationships and assured that representativeness in the category existed.

This process led to a total sample size of 34 homeless families. Of these, 28 (82.4%) females and one (7.6%) male were single parents and 5 (14.7%) were intact families. The mean age of all participants was 37 years; they ranged from 18 to 50 years. The participants were either newly homeless, living in shelters or motels, or in crisis or transitional housing, and may have been there for any period of time up to 11 months. Seventeen families (50%) were White, nine (26.5%) were Hispanic, six (17.6%) were African American, and two (5.9%) were American Indian. Educational levels ranged from elementary school to junior college. The majority (73.5%) attended high school but only 41.2% graduated from high school. Among all participants, 41.2% had additional technical training. Annual family income was below \$10,000, derived from public assistance or a combination of public assistance and benefits. Joblessness was high. Although most parents had held jobs in the past, 58.8% listed sporadic employment in unskilled settings. Public transportation was used by 79.4% of the partici-

pants. Most families had lived in the area for more than 5 years and had moved three or four times in the past year.

The children living with the participants numbered 87, ranging in age from 2 months to 19 years with the mean age 8.2 years. The average family size was 2.7 children. There were 41 (47.1%) males and 46 (52.9%) females. Of the 60 (69%) children of school age, three (3.4%) were not enrolled in school at the time of data collection. Their parents' mobility was reflected in the number of schools the children attended throughout their school careers. Among the 60 school-age children, 9 (15%) attended one school whereas 20 (33.3%) attended two schools, 22 (36.7%) attended between three and six schools, and 9 (15%) attended between seven and nine schools. Twenty one (35%) children had been held back one or two grades.

Data Collection Procedure

The interviews were conducted at any location where the participants slept for the night, generally after dinner. Some were interviewed outdoors, others in the first-aid room, or any space that the participant chose for comfort and confidentiality. Arrangements for watching the children while the parents were interviewed were taken care of in a variety of ways. Babies were held in their mother's arms or slept in their strollers. In some cases, other mothers watched the children. Older children generally played in the vicinity within view of their parents. Interviews lasted between 1 and 2 hours and were audiotaped. The interviews began with the explanation of the study and the signing of the permission documents, followed by the collection of demographic data and broad data-generating questions.

Methods of Measurement

Data were collected through the field research method of semistructured interviews using an interview guide. The first 14 questions collected demographic data and were analyzed using the *Statistical Package for Social Sciences* (SPSS, Inc., 1988). The use of open-ended questions in the semistructured interview guided the exploration of the meaning of experiences, behavior, and environment. The data were analyzed using the constant comparative method of joint coding and analysis (Strauss & Corbin, 1998). The recorded data from these interviews were transcribed and formatted to allow the interviewer the ability to review, revise, and reformat questions in order to probe areas where contrast, similarities, and universal themes were noted. Inductive logic was used to search for similarities, differences, and deviations from what is generally known about the homeless and their characteristics.

Reliability and Validity

This study used a number of strategies that were included specifically to address the issue of validity. Some of the methods used included "persistent observation," the triangulation of data sources, and formal and informal member checks (consultation with faculty and peers). The document review provided data cross-checks against interview data (triangulation). Meetings were conducted with other researchers to discuss methods of data collection and the nature of the data generated in the study.

Human Subjects Considerations

The University Committee on Protection of Human Subjects approved the study's research protocol. Before the initiation of the interview process, the purpose of the research, procedures for data collection including audiotaping, coding for confidentiality, and dissemination of the results were discussed with potential participants. Signatures from those who agreed to participate were obtained. A combination of letters, phone calls, and personal contact with the county and private agencies working with homeless populations was used to recruit participants. The following inclusion criteria were used: (a) homeless adults with at least one living child and (b) residing in a homeless emergency shelter, transitional housing, hotels, or motels throughout San Diego County. It was not necessary to make provision for subjects who could not read because all subjects were literate.

Data Analysis

After each interview, field notes were written detailing the interview. These notes were analyzed and coded in order to formulate new questions and assist in guiding the direction taken during the next participant observations and interviews (Strauss & Corbin, 1998). Data from the transcripts were examined line by line. Open coding of the interviews was done where similar ideas, events, actions, interactions, and experiences were given a name. Concepts for similar data were formulated and clustered into categories, followed by an umbrella heading for each group of similar concepts. The final process was theoretical coding that allowed for the organization of categories. Emerging themes were determined and existing relationships among categories were identified. Six theoretical codes (causes, contexts, contingencies, consequences, covariances, and conditions) assisted in determining whether a relationship existed between certain categories (Chenitz & Swanson, 1986).

RESULTS

Three major themes were formulated from recurrent patterns and descriptors that contributed to the parents' homelessness and perceptions of their chil-

dren's academic, emotional and behavioral difficulties at school.

Theme 1: Unstable Relationships

This theme was imbued with the characteristics of abuse and addiction, poor parenting models, and an unstable home environment. The process of homelessness for these families began with one or a combination of crises, including separation, divorce, or death of a parent or caretaker; the head of household's loss of employment and declining household income; loss of extended-kin support system; and/or increased family conflict. Many participants were single mothers who became pregnant at a young age and received no financial support from their children's father. Domestic violence was often a precipitating factor that led to the termination of relationships. One mother spoke of her relationship with her husband: ". . . we'd get into it, I had a bad temper, and I'd attack and he'd finish it. All my scars are all from him." Another single parent stated that a member of her family was murdered in a domestic dispute: "My nephew was beaten to death with a two-by-four by a guy who was jealous because his girlfriend was flirting with him."

A parent described his childhood as a "colorful past." He was removed from his biological mother, who had custody of him after a divorce, because of violence:

My mother had a boyfriend who basically didn't know what to do with the kids, and she was all strung out on crystal meth or crack . . . She went out on her little binge and left us with him, my sister and myself. He got upset because I wouldn't stop crying and picked me up and threw me against the wall. So I was removed from that environment.

Most of the women voluntarily admitted addiction to drugs and/or alcohol by themselves, their partners, and/or their parents as described by their statements: "I was introduced to cocaine about 8 years ago. . . . I was smoking weed in the third grade." Another stated: "I was a drug dealer for 14 years, and this was the first time I was ever arrested . . . and I moved to jail."

All the families revealed tenuous relationships with their own parents and siblings since adolescence. Less than half of the women had lived with both of their parents. Some had spent most of their childhood with their single-parent mothers, while a small number had lived with grandparents or other relatives. Many of the women had psychologically and economically impoverished environments where they were abused as children and/or battered as adults. One participant stated: "Where my mom was living with my uncle wasn't a safe environment for me. . . . He was sexually abusive." Their only friends were those people they had met on the street or in shelters. Other common occurrences included previous Children's Protective Services (CPS) involvement, removal to foster care,

and lack of financial or emotional support from relatives.

Theme 2: Abdication of Responsibility

This theme emerged from the inclusion of the categories denial, blaming, and dependency. It was evident as families spoke about their children and school that the parents saw it as a place for their children to be cared for by others. This was seen throughout the following interview with one mother who was asked how she thought her drug addiction affected her children:

They stayed in school, and they were there every day because that way I had my time. . . . Actually, they weren't around and we had rules, you know, so they really didn't know. We were totally isolated, my husband and I, into this little world and made sure everyone else was, like, functioning and wouldn't even know. It's hard for me to talk about it because I felt I covered it so well that now talking about it is telling on yourself.

When asked if she had noticed any behavior changes in her children, she responded, "No, because I never let it affect them. I mean, I went out of my way to make sure. . . . It was a big hide thing." Denial of her behavior, followed by regret, was evident in her next statement:

My mother came to me more than once [about drug use], and I said 'I don't know what you're talking about, I wouldn't do that.' I would totally deny it. If I didn't hide it, maybe I'd gotten clean sooner. So I don't know if it was good or bad that I was able to hide it.

One mother moved in with a boyfriend after the death of her husband and the loss of her home to foreclosure. The boyfriend left her after a child was born, and she and the children subsequently became homeless. She moved between motels, leaving her children with other families while she worked the midnight–4 a.m. shift. She frequently stayed on the streets, leaving her children in the care of others at the end of the month in order to make it to the next payday.

Another parent explained that she was not coping well with her homeless situation. She had lost her strong source of support with the death of her mother. She was distracted trying to pull her life together and was not home to supervise her young children. Her oldest son had been living with her mother. She stated:

His credits were messed up between all the school changing. The school said he might have to stay back another year. I didn't know what was going on. He almost dropped out, but found out he could make up credits at a community college. He took the last test he needed to graduate the night before graduation. It was such a surprise. I didn't know he would graduate until the night before at 6 p.m. He has been through so much; I was so proud.

This example demonstrates the resilience of the young

man, his ability to persevere even though his mother was not providing guidance and a supportive home life. Without a grandmother to nurture him, he might have quit school.

Blaming was a method of distancing and shifting responsibility to others. A mother who was jailed for drug dealing placed blame on the agencies that intervened:

I think the schools are so overcrowded . . . he's not doing well in school. They were out of school for 4 months, because when they were in a court-appointed facility for 2 months followed by the foster mother [who] never put them in school, they missed 4 months of school this year.

Another mother stated that her daughter was not doing well in school. They had been homeless for 1½ years that coincided with her difficulties in school. Her mother stated that she had been in four schools during that time. All schools were the source of the problem. The mother further stated: "A lot of it was that the people at the school were rude and had lower standards. Teachers were intimidating her, and when she didn't do her work well, she got yelled at."

Theme 3: Perception of Children's Educational Needs

The pattern supporting this theme was derived from the subcategories of custodial care and self-centeredness, the children's performance in school, and barriers to attending school. Custodial care and self-centeredness were derived from comments that illustrated how parents perceived that their behavior had not affected their children.

I was what I considered a real responsible parent. You get up in the morning, you get them off to school, and you do what you have to do with them so that they are out of the way so you can do the bad things you do. They stayed in school, and they were there every day because that way I had my time.

Parents were aware of and could identify their children's academic problems. In general, they described their efforts as "mentioning the problem to the teacher," requesting help from CPS, and expecting the teacher to intervene and provide assistance. They perceived themselves as good parents, giving the teacher their problems to solve without further involvement. Many parents felt alienated from the school, and most were unable to reinforce school lessons for a variety of reasons. It was not until the child received a report card, failed a test or an assignment, or was sent home from school that the parent responded. By this time the parent had abdicated responsibility to the school and was angry that the problem still existed. When asked about their children, their schoolwork, and their behavior, parents generally responded that they were doing fine. When discussing her son's failure in school, one parent said, "I think the schools are over-

crowded." Another parent said of her son's school, "They were calling me every day to come pick him up because they couldn't control him."

The parents did not appear to see absenteeism as a priority problem. According to one mother, "The school feels he [her son] can read just fine, but he doesn't complete his work and is not working hard enough. The school does not want to promote him if he doesn't pass all his main courses." Her response was:

They passed a law and parents have no say whether they advance or don't. It used to be you could say. I know he is not doing well, but I say he goes! If he is set behind another grade, that will be devastating to him at this age, it really will.

This mother also described her son as doing poorly in school, and said, "It all has to do with reading. They just passed him through the schools." She initially attributed his school problems to the incompetence of the school nurse and his need for glasses. As more questions were asked, the problem changed: "We're fighting to keep him from failing sixth grade. If you can't read, being able to see the letters doesn't really help much." When asked further about special education services or evaluation for him, her response indicated dissatisfaction: "He goes to an extra . . . like, homework club, and they really don't get any extra help there." This mother was working at a part-time job in the evenings and was frustrated with the advice she was getting and her inability to help her child.

CPS told me to quit my job, that I needed to get home and help the kids with their schoolwork. Well, and so I do spend time with them in the evening, especially with Michael, but I'm not sure how to help him. . . . He really needs a reading tutor, and I asked CPS but it died there. The school has told me they will hold him back if he fails any one of three classes.

This parent identified problems and asked for help with no results. Earlier she had been frustrated and angry with the school for not allowing social promotion, and now that social promotion was no longer a possibility, she considered it wrong.

Another mother shared that she was gone from home from 7 a.m. until 7:30 p.m., and her 13-year-old daughter, an 8th grader, was responsible after school for three siblings ages 4, 5, and 7 years. The daughter picked them up from school, supervised their homework, did her own homework, and prepared the evening meal at the motel. She had dreams of college and was a straight-A student, according to the mother. The 7-year-old was having difficulties in school with peers and with reading comprehension, and she was a poor eater. The mother, who felt this child was lazy and worked too slowly, had not yet discussed any of these problems with the school counselors.

Barriers to attending school reflected the frequent change of residence, making it difficult to stay in a

school system over the course of an entire school year. All the families in the shelter system reported difficulties with transportation to their children's previous school or difficulty getting to the school in the shelter district. None of the shelter children attended school regularly.

Outside the shelter, a major concern for children was hiding their shelter life. Several mothers described the measures their adolescent sons took to keep their "home" a secret from their classmates. They made sure none of their classmates ever saw them enter or leave the shelter. One young man was homeless and found shelter and food where he could while his mother was in a treatment program. The shelter rules prohibited male children over 12 years old from staying with their families. He had nowhere else to go. An incident in school was a very painful experience for him. His teacher asked for his address. His answer was questionable, and in front of his peers she asked him: "Do you live in a car"? This started rumors among his classmates that he lived in a cardboard box.

Another mother said she never attended high school. Her mother home schooled her while her siblings attended the local public school. She was unclear when the home schooling stopped. She said:

My brother and sister, they went [to school] the whole time. My mom automatically assumed I couldn't go to school. I only know I couldn't read. She said I was dyslexic. My mom didn't have the time to teach me, and I couldn't do it on my own. I couldn't go to public school, so I didn't get it finished.

One woman explained how she had applied for help at a crisis center. The center had promised her food, shelter, and long-term housing, and asked her to be patient. After 6 months of waiting, she went to another agency for assistance. She expressed discomfort with the services and facilities at the previous agency, and said she had heard that accommodations were better at the current agency. The family was relocated, but her problems became worse. Her daughter was unable to attend school because of the change in school district. The mother was unable to work for several weeks because of the distance between her job and the shelter. She was waiting to be informed of her next location and her possible options, something she felt she had no control over.

DISCUSSION

The parents in this study talked easily about their homelessness and were hopeful that sharing their experiences would be beneficial to others. The respondents were in most cases unaware of any changes in their children. Some families were able to identify academic problems, whereas others were not aware of any problems or did not admit them.

The demographic characteristics of the participants in this study were consistent with the literature and

findings of the Regional Task Force on the Homeless (1999). The majority (82.3%) of the participants were single women, and 50% of the sample represented minorities. Burt (1992) found the average age of homeless mothers to be the early 30s, whereas in this study the average age of the participants was the late 30s. Nationally, homeless families have two or three children averaging 5 years of age (Nunez & Fox, 1999). Participants in this study had an average family size of 2.7 children with a mean age of 8.2 years.

Homelessness was a devastating experience for all the participants. Consistent with the literature, participants reported problems with domestic violence and substance abuse (Bassuk et al., 1997). Similar to Rabi-deau and Toro's findings (1997), this study found that homeless women typically had few if any close family members and friends, and they did not have support systems.

Some researchers have noted the relationship between increased parental stress and increased reliance on erratic styles of discipline (Weitzman, Knickman, & Shinn, 1992). They also see a lack of parental self-control. In this study, stress and depression were common factors. Depression has been reported in homeless women and children (Banyard & Graham-Bermann, 1998; Kissman, 1999).

Homeless parents in this study did not see the connection between their behavior choices, homelessness, and their children's academic, emotional, and behavioral difficulties at school. Even after revealing their own personal problems with school, jobs, drugs and alcohol, family abuse, and their homelessness, none of the families attributed their children's problems to the home life they were experiencing. The home plays a large part in meeting children's needs, and when children are homeless, many of the requisites necessary for normal development and learning are missing (Gustavsson & Segal, 1994; Hausman & Hammen, 1993).

Despite the fact that at least one child in every family was having difficulties in school, none of the parents were actively working with their children at home or at school to facilitate improvement. The majority of the parents felt that it was the school's responsibility to improve their child's performance, and they were dissatisfied with the help their child was receiving. They perceived their child's difficulties at school as the result of poor teaching and did not attribute their child's academic performance to their homelessness or recent changes in lifestyle.

The defense mechanism of denial was frequently used by the participants, possibly to distance themselves in order to make sense of and live with the fact that they were without permanent shelter. Most perceived external forces as responsible for their current situation. These behaviors deterred them from confronting the hard choices required to turn one's life around. Most participants failed to identify their chil-

dren's behavioral problems. They surfaced when inquiries about their child's educational performance were made, but were identified only as a school-related problem.

Many parents stated that the schools set up barriers to their children's academic progress. They felt inadequate to serve as advocates for their children in dealing with the schools. Parents may not fully understand the school bureaucracy and may feel helpless to use services the school district could provide (Reganick, 1997).

Homelessness for children resulted in disruption in multiple areas, including home life and school attendance, as well as contact with friends and relatives. Their homelessness required a major readjustment to a shelter or other living situation. Huston, McLoyd, and Garcia Coll (1994) point out that children experiencing homelessness have basic survival needs with respect to health care, food, shelter, and clothing, and they demonstrate academic, behavioral and emotional problems. Huston and colleagues also reported that adolescents have peer problems related to appearance and social stigma. This difficulty was shared by several of the families in this study. It is important to consider the implications of homelessness for children who appear to be holding their own academically despite extremely difficult life situations.

On the positive side, the homeless children in this study were perceived by their parents as socially competent. There were children in this study who, according to their parents, were doing reasonably well and had few classroom behavior problems. For example, one 13-year-old girl was an academic achiever despite the burden of "mothering" her siblings. In addition to attachment relationships with caring and competent adults, intellectual skills are probably the most widely reported protective factor in the resilience literature (Masten, 1994). Educational resilience among mobile, high-risk children is a critically important phenomenon that needs further examination.

Limitations

Several limitations of this study are noted. This sample of children was not randomly collected but represented the children "attached" to adults referred to a community agency. Academic records of the children included in the study were not reviewed. The research information gathered was based on parent report and subject to the parents' ability to recognize and accept behavioral and academic changes in their children. Using the parents as participants limited the accuracy of the reporting of the children's behavior to times when parents were available to observe the various behaviors.

CONCLUSION

This grounded study, conceptualized in a symbolic interactionist framework, generated information

based on the homeless parents' perspective of their children's behavioral and emotional changes and the effects of these changes on their educational development. The findings of this study indicate that homeless children experience deprivation in security and parental attention that contributes to poor academic achievement. These findings are consistent with the work of Kissman (1999), Reganick (1997), and Friedman, Svavarsdottir, and McCubbin (1998). The unstable relationships, often combined with physical violence, contribute to an overburdening of stress factors in the family matrix. The parents' behavior was characterized by abdication of responsibility, inability to take a proactive stance toward their children's education, and blaming school authorities for their children's failure to perform well academically. The frequent mobility of these homeless families, combined with inadequate living environments, no home address, and poor or no communication, raised barriers to the children's education (Banyard & Graham-Bermann, 1998; Bassuk et al., 1997). Service providers, especially school nurses, as advocates may be able to further study the problem with a view to instituting change.

IMPLICATIONS FOR SCHOOL NURSING PRACTICE

The findings of this study present a compelling case for supportive educational services for homeless school-age children to help them maintain normal academic achievement levels. The rapid rise in homeless families with very few resources in terms of money and social or family networks leaves a very vulnerable population in our communities.

As a community leader, the school nurse could facilitate a multidisciplinary team of concerned professionals from homeless agencies, including social workers, counselors, teachers, public health nurses, religious leaders, and community advocates for the homeless, in designing and developing workable programs. In addition, homeless parents must be mobilized to participate in resolving their own problems. In this study, they have expressed the desire to see their children perform successfully in school. Such positive motivation may be the impetus for change. Therefore, it may be possible to empower homeless parents to assume responsibility and to become proactive in seeking workable solutions for the educational advancement of their children.

Another area of need is a staff development program for professionals working with the homeless population. Few professionals understand the nature of homelessness or the culture of poverty. Their role in providing culturally sensitive care and creating positive experiences for homeless children needs to be addressed.

Homeless families need to be enrolled in parenting classes that address emotional issues in family sys-

tems. Information on the educational rights of homeless children should be made available to parents. Education in child development may increase parents' sensitivity to their children's needs. Training in interpersonal relations may help to bridge the communication gap between providers and the homeless and thereby enhance the educational and emotional growth of the homeless child. Innovative and creative programs to address the problems of this population are required to resolve this pressing social issue and to bring services to some of the neediest members of our society.

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