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Listening to the voices of preschool aged children experiencing homelessness: a qualitative approach

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LISTENING TO THE VOICES OF PRESCHOOL AGED CHILDREN EXPERIENCING HOMELESSNESS: A QUALITATIVE APPROACH

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Maureen Turner, M.A.

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Daryl Rowe, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Maureen Eva Turner

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

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DEDICATION

To my parents,
Without whom this would not be possible.

ON CHILDREN

And a woman who held a babe against her bosom said, "Speak to us of Children."

And he said:

Your children are not your children.

They are the sons and daughters of Life's longing for itself.

They come through you but not from you,

And though they are with you, yet they belong not to you.

You may give them your love but not your thoughts.

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit,

not even in your dreams.

You may strive to be like them, but seek not to make them like you.

For life goes not backward nor tarries with yesterday.

You are the bows from which your children as living arrows are sent forth.

The archer sees the mark upon the path of the infinite, and He bends you with His might

that His arrows may go swift and far.

Let your bending in the archer's hand be for gladness;

For even as he loves the arrow that flies, so He loves also the bow that is stable.

(Gibran, 1965)

ACKNOWLEDGEMENTS

I would like to thank my dissertation committee. Dr. Rowe, thank you for the encouragement along the way. You always helped me to hold onto my vision for this research and my values. Thank you Dr. Harrell for reminding me that this is not just a project, but my work and my passion. Thank you Dr. Melina for your genuineness and guidance along the way. I learned so much from working with you.

I want to thank my husband, Ben, for reading every page of this manuscript (at least twice). Thank you for loving me and supporting me in every way that I needed.

I want to thank my mom, Barbara, for reading draft after draft. Thank you for the suggestions and for helping me see the progress as it moved along. I want to also thank my dad, Mark, for always believing in me and encouraging me to press on.

I would like to thank the transitional housing facility, all the families, and staff members for partnering with me in this project. I will cherish the relationships and memories that I made during those few months.

MAUREEN EVA TURNER

EDUCATION

09/06 - Present **Pepperdine Graduate School of Education and Psychology**, Culver City, CA
APA accredited Psy.D. program in Clinical Psychology, conferral May 2011
Dissertation Title: *Listening to the voices of pre-school aged children experiencing homelessness: A qualitative approach*, Dissertation Advisor: Daryl Rowe, Ph.D.

- Conducted research with children under the age of 6 years to inform a culturally sensitive therapeutic program to address the complex psychological, social, and educational needs of young children living in a homeless shelter

09/04 - 06/05 **Stanford University**, Stanford, CA
M.A. in Sociology, concentration in Psychological Processes/Interpersonal Relations
Thesis Title*: The jigsaw classroom: Classrooms that build children who believe in themselves***,** Thesis Advisor: Rebecca Sandefur, Ph.D.

- Integrated the fields of biology, psychology, sociology, and education to reformulate classroom dynamics to increase children's positive self-identity, academic identification, and motivation for academic performance

09/00 - 06/04 **Stanford University**, Stanford, CA
B.A. in Human Biology, concentration in Interpersonal Relations

- Interdisciplinary approach to understanding the human being from biological, behavioral, social, and cultural perspectives. Application includes formulation and evaluation of health, environmental, and public policies influencing human welfare

CLINICAL EXPERIENCE

08/10 - Present **Pre-Doctoral Psychology Intern**, Monterey County Screening Team for Assessment, Referral, and Treatment: Monterey County Children's Behavioral Health, Monterey, CA
Supervisor: Lesley Wilson, Ph.D.

- Administer and score psychometric measures for developmental, neuropsychological, and psychodiagnostic evaluations of children with histories of prenatal teratogen exposure, prematurity, congenital disorders, and/or trauma exposure
- Provide early intervention including dyadic treatments, play therapy and parental guidance for children ages zero to six years and their caregivers
- Consult with community agencies such as Head Start, Department of Social and Educational Services, and Individualized Education Program teams as well as with psychiatrists, treating medical practitioners, and occupational therapists
- Participate in monthly full day seminars on topics including brain based therapies, supervision, autism spectrum disorders, assessment, and anxiety disorders

08/10 - Present **Pre-Doctoral Psychology Intern**, Family Assessment Support and Treatment Team: Monterey County Children's Behavioral Health, Monterey, CA
Supervisor: Liz Perez-Cordero, Psy.D.

- Conduct comprehensive family mental health assessments for the Juvenile Dependency Court regarding children and families involved in dependency proceedings to determine appropriate placement and services for children removed from the home due to abuse or neglect allegations
- Conduct intake interviews, formulate treatment plans, and provide individual, dyadic, and family therapy to children and families impacted by abuse and neglect
- Collaborate with a multidisciplinary team regarding appropriate placements and comprehensive treatment interventions
- Participate in weekly didactic training that include such formats as case conferences and presentations on clinical and professional issues

08/09 - 05/10 **Pediatric Psychology Extern**, Childrens Hospital Los Angeles, Los Angeles, CA
Supervisor: Alessia Johns, Ph.D.

- Conducted intake interviews and formulated treatment plans
- Provided individual psychotherapy to children and adolescents in a wide variety of pediatric medical clinics including Plastic Surgery, Nephrology, and Hematology/Oncology
- Co-facilitated two eight-week long therapeutic groups, one for girls and one for boys with craniofacial differences such as cleft lip and palate, craniosynostosis, frontonasal dysplasia, hemifacial microsomia, and Apert syndrome
- Completed psychodiagnostic and psychoeducational evaluations for children and adolescents with learning disabilities, speech and language delays, developmental delays, autism spectrum disorders, and a range of behavioral and emotional problems including structured interviews, consultations, and school observations

08/08 - 03/10 **Neuropsychology Extern**, Childrens Hospital Los Angeles, Los Angeles, CA
Supervisor: Sharon O'Neil, Ph.D.

- Administered and scored comprehensive neuropsychological evaluations for children, adolescents, and adults to determine functional status
- Wrote integrative reports, including recommendations, and conducted feedback sessions with patients and families
- Worked primarily with medical population including diagnoses of brain tumors, leukemia, neurofibromatosis, Langerhans cell histiocytosis, and sickle cell disease
- Participated in weekly interdisciplinary neural tumors team meeting, including physicians, nurses, pharmacist, nutritionist, social workers, research assistants, and neuropsychologist
- Attended brain cuttings/autopsies with neurology residents, pediatric grand rounds, and adolescent medicine grand rounds
- Participated in weekly psychology didactics for the APA Interns in the University Center for Excellence in Developmental Disabilities (USC/UCEDD) at Childrens Hospital Los Angeles, with topics including trauma focused CBT, family therapy, play therapy, chronic pain management, and child development

04/09 - 05/10 **Neuropsychology Technician**, Los Angeles Neuropsychology Group, Los Angeles, CA
Supervisor: Charles Furst, Ph.D.

- Administered and scored a wide range of standardized neuropsychological measures for adolescents and adults following traumatic brain injuries and stroke
- Participated in feedback sessions with patients, families, and/or legal counsel
- Utilized culturally appropriate norms to standardize performance

08/08 - 08/09 **Peer Supervisor**, Pepperdine University, Culver City, CA
Supervisor: Aaron Aviera, Ph.D.

- Provided weekly peer supervision to first year doctoral students working with dual diagnosis clients in a residential substance abuse facility by assisting in the development of differential diagnosis, conceptualization, and treatment planning
- Received group supervision of peer supervision to develop effective skills for supervising and consulting with other professionals
- Attended and participated in weekly case conferences and provided evaluations of student's clinical progress

08/07 - 07/08 **Psychology Extern**, Bienvenidos Children's Center, Montebello, CA
Supervisor: Bruce Rush, Psy.D.

- Conducted intakes and differential diagnosis, formulated treatment plans, and provided brief and long term individual psychotherapy to improve multiple areas of adaptive functioning for children and adolescents in foster care
- Completed integrative psychodiagnostic evaluations, made recommendations, conducted feedback sessions, and consulted with outside service providers to assist children and adolescents, primarily in the foster care system, to access services
- Worked with children and adolescents with learning disabilities, behavioral disorders, post-traumatic stress disorder, anxiety and mood disorders, pervasive developmental disabilities, mental retardation, ADHD, and psychosis
- Experienced in completing Department of Mental Health (DMH) paperwork

09/06 - 07/08 **Practicum Therapist**, Union Rescue Mission, Los Angeles, CA
Supervisors: Aaron Aviera, Ph.D., Stephen Strack, Ph.D.

- Conducted intakes, formulated treatment plans, and provided brief and long-term individual psychotherapy to homeless, minority populations in a residential substance abuse recovery facility in the downtown Los Angeles Skid Row area
- Assessed mental health status, suicidality, and violence risk and consulted with psychiatrists and case workers to provide comprehensive care
- Utilized cognitive-behavioral therapy with a culturally diverse population for crisis stabilization, relapse prevention, anger management, and coping skills
- Worked with adults with substance abuse disorders, anxiety and mood disorders, post-traumatic stress disorder, psychosis, and personality disorders

RELATED PROFESSIONAL EXPERIENCE

02/06 - 05/07 **Case Analyst,** Woodsmall Law Group, Pasadena, CA

- Critiqued and analyzed documents for attorney use in Due Process Hearings, including assessments, previous IEPs, teacher recommendations, standardized tests, and school related concerns and communications
- Assisted parents in interpreting information provided in medical, cognitive, psychoeducational, speech and language, and occupational therapy assessments in order to empower them in advocating for their children
- Created a parent planning guide to increase comprehension of special education documents, organization of material for IEPs, and understanding of critical issues related to individuals with disabilities

11/05 - 02/07 **Special Education Advocate**, Woodsmall Law Group, Pasadena, CA

- Analyzed assessments, identified needs, and advocated for children with disabilities to develop appropriate IEP and 504 documents in order to access educational resources and ascertain appropriate services
- Informed parents about their rights, provided information regarding their child's disorder and needs, and explained the special education process to empower parents to advocate for their children
- Directed parents to appropriate resources available to address their children's needs
- Educated parents about potential stress related to raising a special needs child and provide coping skills to support the maintenance of health family relationships

01/03 - 06/05 **Instructor & Master Tutor**, The Princeton Review, Palo Alto, CA

- Instructed adolescents and adults on test taking strategies for standardized tests and timed essays
- Provided individualized advising to identify personal testing strengths and weaknesses and appropriate techniques to maximize student success
- Led marketing strategy sessions demonstrating test taking techniques, and provided basic college application information in schools, offices, non-profit organizations, and low socioeconomic communities

01/03 - 06/03 **Extern**, Private Practice, Palo Alto, CA
Supervisor: Laura Palmer, Psy.D.

- Organized research to develop a wellness program for residents in the Pediatric Oncology Department in Lucille Packard Children's Hospital at the Stanford University School of Medicine
- Developed a psychoeducational program targeting financial and relational satisfaction in marriage, in conjunction with Morgan Stanley financial services
- Managed an office by updating patient files, maintaining professional networks, processing billing, and corresponding with patients

RESEARCH EXPERIENCE

08/08 - 05/10 **Neuropsychology Research**, Childrens Hospital Los Angeles, Los Angeles, CA
Supervisor: Sharon O'Neil, Ph.D.

- Conducted neuropsychological screenings for national Children's Oncology Group (COG) late effects research studies (ALTE07C1and ACNSO331)
- Completed comprehensive neuropsychological evaluations for children under ten years of age for Head Start III protocol, eliminating or reducing irradiation in order to preserve quality of life
- Completed comprehensive evaluations for Neurocognitive Outcomes in Primary CNS Germinoma

04/07 - 04/08 **Research Assistant**, Childrens Hospital Los Angeles, Los Angeles, CA
Supervisor: Tamara Soles, Ph.D.

- Completed medical chart reviews, analyzed psychological evaluations, and coded data for research on the limitations in cognitive assessment tools with young Spanish-speaking children
- Conducted literature searches and wrote drafts of the results section

01/04 - 06/05 **Sociology Research Assistant,** Stanford University, Stanford, CA
Supervisor: Cecilia Ridgeway, Ph.D.

- Recruited subjects, participated as a confederate, analyzed and reviewed results as part of a sociological experiment studying the development and transmission of status in interpersonal relationships
- Participated in quarterly team meetings to evaluate data, interpret findings, and make adjustments to the experimental design

03/01 - 06/01 **Social Psychology Research Assistant**, Stanford University, Stanford, CA
Supervisor: Lee Ross, Ph.D.

- Worked with tenured faculty in the Psychology Department and Graduate School of Business to develop a survey to study the impact of framing on consumer choice
- Compiled and analyzed the results of a consumer buying patterns survey in the initial phase of an ongoing experiment

SPECIALIZED PROFESSIONAL EDUCATION

08/10 - Present **Alliant University**, Fresno, CA

- Participate in continuing education seminars on topics including brain based therapies, ethics in psychological practice, assessment and report writing, autism spectrum disorders, anxiety disorders, and working with the elderly

4/10 **20th Annual Butters-Kaplan West Coast Neuropsychology Conference: Advances in Neuropsychological From Toddlers Through School-Aged Children**, University of California, San Diego School of Medicine, San Diego, CA

- Participated in conference of latest findings focusing on learning disabilities, traumatic brain injuries, childhood cancer, fetal alcohol syndrome, and neuroimaging and related therapies for intervention in preschool and school aged children

4/09 **19th Annual Nelson Butters' West Coast Neuropsychology Conference: Advances in Neuropsychological Assessment and Treatment of School-Aged Children**, University of California, San Diego School of Medicine, San Diego, CA

- Participated in conference of latest findings related to neuropsychological assessment and remediation of cognitive and behavioral impairments in school-aged children

4/09 **Hands that Heal: International Curriculum to Train Caregivers of Trafficking Survivors**, Faith Alliance Against Slavery and Trafficking, Los Angeles, CA

- Trained to address issues of human trafficking including developing aftercare programs, considering cultural issues, addressing trauma, understanding medical, physical, and psychological needs of survivors, and contributing to awareness

3/09 - 4/09 **Ethics & Scientific Accountability**, Childrens Hospital Los Angeles, Los Angeles, CA

- Completed a course meeting the requirements for NIH ethics training that critically evaluated ethics in biomedical research, responsible authorship, involvement of human subjects, research with animals, and negotiating conflicts of interest

1/09 **FPR McGill Critical Neuroscience Conference: Challenging Reductionism in Psychiatry and Social Neuroscience**, UCLA Semel Institute, Los Angeles, CA

- Participated in an interdisciplinary conference that critically discusses the historical, cultural, and political context of neuroscience in order to incorporate critical awareness into practices that involve neurocognitive theory

3/07 - 4/07 **Seven Dimensions of Emotion: Integrating Biological, Clinical, and Cultural Perspectives on Fear, Disgust, Love, Grief, Anger, Empathy, and Hope,** FPR-UCLA Interdisciplinary Conference, Los Angeles, CA

- Participated in conference highlighting latest developments in emotion research and to explore points of interface across multidisciplinary fields

3/07 **Watch Your Language: How to Help Grieving Kids, Teens, and Adults**, Pepperdine University, Los Angeles, CA

- Participated in a workshop to learn about symptomology, therapeutic techniques, and resources for children, adolescents, and adults experiencing bereavement

11/06 **Practical Pediatric Pain Management and End of Life Care**, Childrens Hospital Los Angeles, Los Angeles, CA

- Participated in a conference that presented current research on pain management for children to better equip work with children with complex medical illnesses, disorders, or requiring end of life care

01/06 - 05/06 **Special Education Advocacy Training Program**, Childrens Hospital Los Angeles, Los Angeles, CA

- Participated in the first cohort of students to be formally trained to work in the field of special education advocacy. The program was organized through Childrens Hospital of Los Angeles in conjunction with USC Law School

TESTS ADMINISTERED / SCORED / INTERPRETED

Developmental

- Ages and Stages Questionnaires: Social-Emotional(ASQ:SE)
- Ages and Stages Questionnaires – Third Edition (ASQ-3)
- Autism Diagnostic Interview – Revised (ADI-R)
- Autism Diagnostic Observation Schedule (ADOS)
- Bayley Scales of Infant and Toddler Development – Third Edition (Bayley-III)

Intellectual Functioning

- Universal Nonverbal Intelligence Test (UNIT)
- Wechsler Abbreviated Scale of Intelligence (WASI)
- Wechsler Adult Intelligence Scale – Third Edition (WAIS-III)
- Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV)
- Wechsler Intelligence Scale for Children – Third Edition (WISC-III)
- Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV)
- Wechsler Nonverbal Scale of Ability (WNV)
- Wechsler Preschool and Primary Scale of Intelligence – Third Edition (WPPSI-III)
- Wechsler Test of Adult Reading (WTAR)
- Woodcock-Johnson Tests of Cognitive Abilities – Third Edition (WJ-III COG)

Adaptive Functioning

- Adaptive Behavior Assessment System – Second Edition (ABAS-II)
- Adaptive Behavior Inventory (ABI)
- Child Development Inventory (CDI)

Speech and Language

- Boston Naming Test (BNT)
- Clinical Evaluation of Language Fundamentals – Fourth Edition (CELF-4)
- Controlled Word Association Test (COWA)
- Expressive One-Word Picture Vocabulary Test (EOWPVT)
- Peabody Picture Vocabulary Test – Third Edition (PPVT-III)
- Preschool Language Scale – Fourth Edition (PLS-4)
- Receptive One-Word Picture Vocabulary Test (ROWPVT)

Attention/Executive Functioning

- Auditory Consonant Trigram (ACT)
- Behavior Rating Inventory of Executive Function (BRIEF)
- Conners' Parent Rating Scale – Revised (L) (CPRS-R:L)
- Conners' Continuous Performance Test – Second Edition (CPT-II)
- Delis-Kaplan Executive Function System (D-KEFS)
- NEPSY: A Developmental Neuropsychological Assessment (NEPSY)
- NEPSY: A Developmental Neuropsychological Assessment – Second Edition (NEPSY-II)
- Trail Making Test (TMT)
- Wisconsin Card Sorting Test (WCST)

Academic Achievement

- Wechsler Individual Achievement Test – Second Edition (WIAT-II)
- Wide Range Achievement Test – Third Edition (WRAT 3)
- Wide Range Achievement Test – Fourth Edition (WRAT 4)
- Woodcock-Johnson Tests of Achievement – Third Edition (WJ-III ACH)

Learning and Memory

- California Verbal Learning Test – Children's Version (CVLT-C)
- California Verbal Learning Test – Second Edition (CVLT-II)
- Children's Memory Scale (CMS)
- Rey Auditory Verbal Learning Test (RAVLT)
- Rey Osterrieth Complex Figure Test (ROCF)
- Taylor Complex Figure Test (TCFT)
- Wechsler Memory Scale – Third Edition (WMS-III)
- Wechsler Memory Scale – Fourth Edition (WMS-IV)
- Wide Range Assessment of Memory and Learning – Second Edition (WRAML-2)

Visual Motor Integration

- Beery-Buktenica Developmental Test of Visual Motor Integration (VMI)
- Beery-Buktenica Developmental Test of Motor Coordination
- Beery-Buktenica Developmental Test of Visual Perception
- Bender Gestalt Test of Visual-Motor Integration (BGVMT)
- Benton Judgment of Line Orientation Test
- Finger Tapping Test (FTT)
- Grooved Peg Board Test
- Hooper Visual Organization Test (VOT)
- Wide Range Assessment of Visual Motor Ability (WRAVMA)

Social/Emotional/Behavioral

- Adult Manifest Anxiety Scale (AMAS)
- Beck's Depression Inventory – Second Edition (BDI-II)
- Behavior Assessment System for Children – Second Edition (BASC-2)
- Child Behavior Checklist (CBCL)
- Children's Depression Inventory (CDI)
- Revised Children's Manifest Anxiety Scale – Second Edition (RCMAS-2)
- Reynolds Adolescent Depression Scale – 2nd Edition (RADS-2)
- Roberts Apperception Test for Children (RATC)
- Roberts 2
- Rotter Incomplete Sentences Blank (RISB)
- Thematic Apperception Test (TAT)
- Trauma Symptom Checklist for Children (TSCC)

Personality

- Millon Clinical Multiaxial Inventory – III (MCMI-III)
- Minnesota Multiphasic Personality Inventory – Second Edition (MMPI-II)
- Personality Inventory for Children- Second Edition (PIC-2)

Motivation

- Green's Word Memory Test (WMT)
- Rey 15-Item Visual Memory Test (FIT)
- Rey Dot Counting Test (DCT)
- Test of Memory Malingering (TOMM)
- Victoria Symptom Validity Test (VSVT)

ABSTRACT

This exploratory, three phase qualitative research project gives a voice to preschool aged children experiencing homelessness to identify the significant relationships in their lives. Goals of this research included the exploration of: the central relationships of children experiencing homelessness, who children identify as important people in those relationships, how they describe those relationships, and how those relationships were formed. This research approach utilized a community participatory model in which the children's mothers contributed to the direction of the research project through group interviews. Children were observed for four months and then interviewed while completing three activities. The results suggested three main categories of relationship: kinship, community kinship, and peer relationships. Additionally, staff and other supportive relationships in the community were considered and implications for community development were explored. Specific recommendations for family and staff at the facility were provided and methodological considerations were also discussed.

Introduction

Women and children are experiencing homelessness at increasing rates across the United States (National Center on Family Homelessness [NCFH], 2008a; National Coalition for the Homeless [NCH], 2007a). Economic shifts and a decrease in affordable housing opportunities have pushed more families beyond poverty into homelessness (Bassuk, 1993; National Alliance to End Homelessness [NAEH], 2007a; NCH, 2007b). The National Center on Family Homelessness (2008a) describes the causes of family homelessness as "combined effects of lack of affordable housing, extreme poverty, decreasing government supports, the challenge of raising children alone, the changing demographics of family, domestic violence, and fractured social supports" (p. 2). The following review provides information regarding demographic shifts and the impact homelessness has been found to have on children. As more families experience periods of homelessness, it becomes increasingly important for professionals to develop appropriate research methods to understand their experiences. Research outcomes could be used to inform decisions regarding the most effective supports, interventions, and processes by which to partner with families and help them to transition out of homelessness. My research project will utilize a qualitative approach using a relational framework to contribute to current knowledge about children's experiences of homelessness.

In this body of research, I propose an exploratory study to gain a greater understanding of young children's experience of homelessness and social supports. Specifically, I hope to look at the type, quality, and quantity of relationships described by young children as significant to them. This work will utilize a relational framework and

combine observational and interview methods to learn directly from children and their mothers about significant relationships in preschool aged children's lives and ways in which children are influenced by those relationships.

Trends in Homelessness

The face of homelessness has changed since the 1980s creating notable shifts in homeless demographics as women and children flood this population at alarming rates. Today, over 40% of the homeless population is comprised of persons in families, primarily single mothers and young children (U.S. Department of Housing and Urban Development [HUD], 2007; NCFH, 2008b; Rescorla, Parker, & Stolley, 1991). Almost half of these children are under the age of six years old (NCFH, 2008b). Current statistics suggest that the number of homeless families is continuing to increase, and in some states and counties families already make up the largest proportion of the homeless population (HUD).

All across America today an estimated 800,000 individuals are homeless on any given day (HUD, 2007; NCFH, 2008a). Of these, an estimated 200,000 are children in homeless families (NCFH; National Child Traumatic Stress Network [NCTSN], 2005). There are a number of challenges in accurately accounting for the exact number of women and children who experience homelessness (Bassuk, 1995). Some limitations of counting families in various types of shelters are discrepancies in counting methods. Some placements count families as a unit while others count the number of beds that a family may take up (Bassuk). Either way, these methods of counting may underestimate the number of women and children actually experiencing homelessness (HUD; Phelan & Link, 1999). Currently, estimates taking this information into account suggest that 1.35

million children will have experienced homelessness in the course of one year (NAEH, 2007b; NCFH, 2008a).

A number of social dynamics have made single mothers and their children increasingly vulnerable to experiencing homelessness (Bassuk, 1993). Of homeless women interviewed in one study, 90% had children and 68% had physical custody of those children (Lehmann, Kass, Drake, & Nichols, 2007). This circumstance leaves women with primary financial responsibility for themselves and their children (Bassuk & Rosenberg, 1988). In caring for their children's basic needs, women more frequently take time off of work, lessening the chances of maintaining employment and making housing situations precarious (Bassuk). For families with limited social and financial resources, even minor events, like a child staying home from school for a few days, can result in loss of work and consequently the loss of a home (NCFH, 2008b).

Children do not have many options to act independently of adult caregivers, consequently everyone comprising a family tends to frequent the same places and engage in the same activities together. In this way families are unique because multiple individuals typically act as a unit, causing the experiences of one to be similar to those of the others. This interplay of relationships on children's mental health makes it important to understand both mothers' and children's social supports in order to be able to accurately contextualize mental health issues faced by children experiencing homelessness today. The mental health of mothers and their children has been found to be so inextricably linked that some suggest that professionals should conceptualize homeless families as two generations at risk for related mental health problems (Zima, Bussing, Bytritsky, Widawski, Belin, & Benjamin, 1999). Notably, maternal mental

health was one of the most significant influences on a child's adjustment and mental health (Graham-Bermann, Coupet, Egler, Mattis, & Banyard, 1996; Zima et al., 1999) followed in impact by quality and availability of social support (Graham-Bermann et al., 1996; Graham-Bermann & Masten, 1990; Zima et al.).

Impact on Children

Health. Children experiencing homelessness are especially susceptible to a variety of health problems. Children experiencing homelessness are sick twice as often, have twice as many ear infections, four times the normal occurrence of asthma, and have five times more stomach problems and diarrhea as compared to non-homeless peers (NCTSN, 2005; NCFH, 2008a). This may be in part due to constant moving, limited access to proper health care and medications, poor sanitary facilities, and interaction with numerous other children who are also homeless and more likely to be sick (Rafferty & Shinn, 1991). Children may also have compromised immune systems as many children experiencing homelessness are twice as likely to go hungry each day (NCTSN; NCFH) and have limited access to the variety of foods necessary to meet their nutritional needs (Rafferty & Shinn).

Education. The impact of homelessness on children's access to education is staggering. For many homeless families, entering the school system can be problematic as they may live in a shelter for too short a time to make enrollment worthwhile, academic and medical records may not be easily available, and there may be problems with accessing transportation to and from school (NCFH, 2008a). Children experiencing homelessness tend to have high rates of moving (Bassuk & Rosenberg, 1988) and consequently even those enrolled in school may only attend for brief periods of time

before moving. A child may attend a number of different schools, due to frequent moves which uproot them from any support and services that have been attained. Children experiencing homelessness demonstrate higher rates of developmental delays, behavioral problems, and educational underachievement (Rafferty & Shinn, 1991). In addition to higher rates of diagnoses and identifiable problems, homeless families report lower rates of medical and mental health services (Rafferty & Shinn), school enrollment (Rescorla, Parker & Stolley, 1991), and access to supportive programs.

Children experiencing homelessness also demonstrate emotional and behavioral disturbances at rates three times those of other same aged children (NCTSN, 2005; NCFH, 2008a). More than 20% of children experiencing homelessness who are enrolled in preschool demonstrate emotional problems serious enough to require professional care; however, two thirds will never receive that care (NCTSN; NCFH). These emotional and behavioral problems interfere with children's abilities to fully access their education (Rafferty & Shinn, 1991).

In the classroom, children with histories that include periods of homelessness are twice as likely to repeat a grade compared to other same aged peers. Homeless mothers describe their children as failing in school at a rate of 41% (Bassuk & Rosenberg, 1988), and feel a great deal of anxiety about their children's success and well-being (Meadow-Oliver, 2003). Such statistics show distinct differences in the experiences of children with histories of homelessness relative to other same aged peers.

Mental health. The experience of homelessness uniquely impacts children's mental health in a manner that is distinct from their housed, same aged peers. According to the National Center on Family Homelessness (2008a) approximately 47% of children

experiencing homelessness have problems including anxiety, depression, or withdrawal. This number comprises a high percentage and suggests the presence of a significant need for treatment. The impact of homelessness on these children is further highlighted when this percentage is compared to only 18% of other school-age children having to face similar issues. Other studies have confirmed such results, with children experiencing periods of homelessness consistently demonstrating higher clinical rates of depression, anxiety, and lower self-esteem than do other children (Bassuk & Rosenberg, 1988; Masten, Miliotis, Graham-Bermann, Ramirez & Neemann, 1993). By the time a child with a history of homelessness reaches eight years of age, he or she has a one in three chance of being diagnosed with a major mental disorder (NCTSN, 2005).

Having traumatic experiences was closely linked with depressive symptoms (Rayburn, Wenzel, Elliott, Hambarsoomians, Marshall, & Tucker, 2005) and anxiety (Padgett, Hawkins, Abrams, & Davis, 2006). Children experiencing homelessness are particularly vulnerable to traumatic experiences. The loss of stable housing often moves children into unsafe neighborhoods or streets where they are more likely to witness violence, crime, and assault. The National Center on Family Homelessness (2008a) reported that almost 25% of children experiencing homelessness have witnessed violence within their family. Over 60% of children (ages 8-17) who had experienced a period of homelessness reported direct experience as targets or witnesses of violence (NCFH, 2008b). In school-aged children, 64% were found to have experienced a major loss or separation from primary social supports (Zima et al., 1999), 34% had lived apart from their families (NCFH, 2008a), and 45% had lived in three or more places in the past year (Zima et al.).

Children experiencing homelessness have higher rates of depression, low self-esteem, and anxiety than other children (Bassuk & Rosenberg, 1990; Bassuk & Rubin, 1987; Masten et al., 1993) though boys and girls manifest symptomology in different ways (Rescorla et al., 1991). School-age girls showed elevated internalizing symptoms including depression, withdrawal, fears, poor self-worth, and anxiety, while boys were more likely to show academic, emotional, and behavioral problems such as disobedience, aggression, destructiveness, impulsivity, and temper outbursts (Rafferty & Shin, 1991; Rescorla et al.).

While strong social support correlates with lower rates of depression and other mental health problems, unstable housing often limits children's access to ongoing support (Zima et al., 1999). Approximately 90% of children experiencing homelessness report having moved at least once within the past year (NCFH, 2008b). Research by Bassuk and Rosenberg (1988) suggests that of the sample participating in their study, children moved an average of four times in the previous year with one quarter of children moving more than ten times in the previous five years. Moving often results in separation from extended family (Zima et al.), disruptions in school, less exposure and access to friends (Graham-Bermann & Masten, 1990), and fewer opportunities to develop close relationships. The lack of social support, particularly during periods of homelessness, was also related to problematic behaviors (Zima et al.) and problems with adjustment (Graham-Bermann et al., 1996).

Theoretical Research Framework

Research with children experiencing homelessness. Homelessness research was prolific in the late 1980s and early 1990s, and primarily reflected the experiences of the single men who comprised a majority of the homeless population. The past two decades has seen a shift in the demographics of this homeless population to include more families comprised of women and children (NCH, 2007a; NCFH, 2008b). In line with this change, the research completed in the past decade has increasingly begun to reflect the experiences of women, and even more recently that of children, experiencing homelessness (Bassuk, 1993a).

Review of the literature suggests that most studies focus on school aged children, typically six to twelve years of age (Graham-Bermann et al., 1996; Zima et al., 1999) and utilize quantitative measures using a combination of self report and parent report. The focus on a school-aged population may be in part due to sampling availability, norms of instruments used, and challenges that may arise when working with younger age groups (Chu, 2002). However, statistics show that 42% percent of children experiencing homelessness are under the age of six (NCFH, 2008b), suggesting the necessity for alternative types of research that can effectively gather information unique to the needs of this age group.

The lack of research with young children is particularly problematic in light of this age distribution among children experiencing homelessness (NCFH, 2008b). The dearth of information specific to this age group is not without reason. Many limitations exist with regards to research with young children. For those who hope to conduct quantitative studies, limited measures with normative samples for this age group exist

and those that do exist often involve time intensive administration by highly trained professionals (Sattler, 2001). Many measures that do exist for young children rely heavily on caregiver observation and report (Sattler), which captures an adult perspective of a child's experience rather than directly looking at the child's experience. Current research also suggests cultural biases within psychometric measures and inappropriate norms for diverse populations (Sattler). Additional ethical considerations of the long term impact of any research at such an impressionable age makes gaining access to and working with young children challenging (Graue & Walsh, 1998). In response to these challenges, a long-term relational framework was chosen to study preschool aged children directly in a manner that retains their voice. Through sustained relationship, the researcher can begin to know the personality of each child interviewed and interpret specific information in light of that knowledge (Chu, 2002).

Community based research. A community-based participatory research model was utilized to diminish the power differential that exists between researcher and research participants and to empower the participants to take an active part in the development of meaningful research (Lantz, Israel, Schulz, & Reyes, 2006). Through this approach both mothers and children participated in shaping this research on preschool aged children's significant relationships. Mothers had the opportunity to raise questions and areas of interest through maternal interview and the children's interests and preferences shaped the researchers interaction with them. This research project attempted to balance learning about children's relationships, both conceptually and practically (Christopher, Watts, McCormick, & Young, 2008; Dalal, Skeete, Yeo, Lucas, & Rosenthal, 2009; Israel, 2005). More specifically, research goals include gaining a deeper understanding of

children's significant relationships but also hope to provide specific recommendations for this community in order to support and foster these children's significant relationships (Israel). Research suggests that a participatory model may be a useful means of learning about children's relationships because it provides for multiple ways of learning about these relationships (Meyer, Park, Grenot-Scheyer, Schwartz & Harry, 1998) and engages community members in the research process (Israel).

Building authentic partnerships between researcher and community participants is a foundational component of conducting community based participatory research (Dalal et al., 2009). Personal investments are necessary components of developing a relationship because trust must not only be built, but also maintained. Honest self disclosure on the part of the researcher contributed to building trust and discovering shared interests between the researcher and community members (Dalal et al.). The researcher's self disclosure creates a more balanced relationship in which two individuals come together and experience vulnerabilities together along with mutual trust (Dickson-Swift, James, Kippen, & Liamputtong, 2007).

Building trust with a community involves learning about and respecting personal histories, being present and active in the community, taking time to listen to community members, and valuing the expertise of all members (Christopher et al., 2008). Learning about an individual and a community's history is an important first step to being sensitive to others needs and recognizing strengths. An attitude of cultural humility (Israel, 2005) is powerful for the researcher to develop to always seek to learn the cultural values of the individuals and community that they engage. This is done both by learning about collective histories as well as individual people. Taking time to be with individuals and

listen to them about the things important in their lives, rather than just things important to research, demonstrates a level of respect and genuine interest in the individual and community. This is important in building a relationship because, when genuine, it shows a researcher's commitment to the community rather than to their project. In addition to building trust and relationships, maintaining it is also essential (Christopher et al., 2008). Researchers should be careful that over time their actions in the community continue to align with how they interact with and what they communicate to the community (Christopher et al., 2008). This consistency both deepens and maintains existing trust, and builds a history of trust that is a positive experience for the community's choice to participate in the process of research.

Qualitative work with young children. Historically, qualitative work has been a central part of research in many disciplines, such as anthropology and sociology (Camic, Rhodes, & Yardley, 2003), and has been an integral component in the development of the field of psychology. Many of the earliest psychologists including Freud, Piaget, and Skinner, utilized this approach in the development of their psychological theories (Diessner, 2008). This particular method of research is particularly useful in studying a phenomenon in a new area (Krahn & Putnam, 2003). Due to the limited research with young children experiencing homelessness, in particular those under the age of six, an exploratory design may provide information that would be meaningful in directing future work with this population.

In addition to working with both the children and mothers in a participatory fashion, combining methods of qualitative research is often useful to grasp the complex phenomenon that may be too difficult to understand through one method alone (Eder &

Fingerson, 2001). When conducting research with children in particular it is valuable to combine observation and group interviews for various reasons. First, seeing children in a different context provides important information regarding how an interview context may influence their responses. Second, a different context may provide more information that illuminates the meaning of actions and words children express as part of an interview. Combining multiple methods of research results in more richly and accurately interpreted data, and is an advantageous design for quality research (Eder & Fingerson).

Understanding context is important in conducting research (Graue & Walsh, 1998). In working with young children experiencing homelessness, it is important to understand their environments including both the places and individuals that comprise those environments. Research suggests that when working with children it is imperative to create a safe and natural context in which they can express themselves (Eder & Fingerson). This may vary from one age group to another. Young children are often more comfortable when with their peers, familiar adults, or engaging in activities familiar and pleasurable for them (Baggerly, 2003; Chu, 2002). For that reason many researchers embed interview questions into contexts such as recess, play time, or classroom time at school which are already within a typical routine for most children (Baggerly; Chu).

Developmental considerations. While some theorists have hypothesized that growth and maturity result from an individuation from relationship (Freud, 1940), more recently research has considered how relationship is fundamental to children's growth and healthy development (Bowlby, 1988). The child's most primary relationship (with the mother) and the attachment developed between the child and mother impacts the child's reactions to and relationships with others (Ainsworth, 1979). From early

childhood, relationships have a significant influence on physical and emotional development. Such research on the importance of attachment and relationships is consistent with findings that suggest strong relationships and social supports for homeless children are a positive factor that negatively correlates with a number of mental health problems (Zima, et al., 1999).

By preschool-age children are developing patterns of interactions that can be evidenced through unstructured play (Parten, 1932). Children are observing other's behavior and modeling their own after patterns that they observe (Bandura, 1977). Most children acquire knowledge and gain social meaning through interactions; consequently, it is also the most natural way for them to communicate their experiences to others (Eder & Fingerson, 2001). This was taken into consideration when designing a research approach. A task that was engaging and allowed for meaningful interactions between the children and the researcher was selected to prompt children's vocalizations naming and or describing significant relationships.

Due to children's still developing verbal abilities and reasoning skills (Vygotski, 1962), a full understanding of how children are communicating their feelings through words and behaviors would be difficult to gain in a one day evaluation. This makes it unlikely that research conducted on a single day will be an accurate representation of their overall experiences. For this reason a long term qualitative method that requires relationship and experience with children over time was chosen to identify themes, patterns, and the difference between typical and atypical behaviors from day to day (Chu, 2002). Consistent contact over time seems significant in attaining the most accurate insight into the full experiences of children experiencing homelessness.

Voice-centered relational method & the listening guide. Relational psychology, specifically Gilligan's (1982) voice centered relational method of inquiry, considers the significance and impact of the relationship between researcher and participants on the research process. The relationship built by the researcher over time allows the interpretation of the words a participant uses to be more accurate and creates a space in which the participant is more comfortable and able to communicate their actual experiences without holding as much back (Gilligan; Chu, 2002). The combination of utilizing natural contexts for research, such as interviewing children in their home or during familiar activities, combined with the development of a relationship with the children over time, creates an environment in which children can feel comfortable and safe.

Use of the voice-centered method developed by Carol Gilligan at Harvard University utilizes a relational framework as the backdrop for clinical interviews in research (Brown & Gilligan, 1993; Taylor, Gilligan, & Sullivan, 1995). This method incorporates clinical research suggesting that the quality of the therapist-patient relationship impacts the development of the patient's voice and consequently the quality of therapy (Rogers, 1961). Gilligan generalized this idea to conducting clinical research by assuming that the quality of the research relationship will also impact the voice that those interviewed, in this case children, are able to have with their interviewer. The quality of the relationship impacts what information is shared or hidden and influences interpersonal behaviors.

Since this research seeks to understand children's experiences with homelessness and how their relationships have been impacted, it seems appropriate to utilize a

framework that considers not only the relational nature of people's experiences but also the fundamental component that relationship plays in the research itself (Brown & Gilligan, 1993). While research using the voice-centered relational method has been primarily with girls (Brown & Gilligan, 1993) and women (Gilligan, 1982), researchers have also expanded to using it to research the experiences of both boys (Way, 1997) and men (Bergman, 1995). More recently, this method has been utilized to study preschool aged boys between the ages of four and six years old (Chu, 2002).

Research utilizing this approach with young children suggests that children may behave differently in the presence of strangers or adults as compared to parents or familiar caregivers (Chu, 2002). To minimize the children's discomfort and inhibition of being with a stranger, the researcher will develop familiarity and relationship by having a consistent and engaging presence in their environment (Chu). Building positive relationships helps to minimize children's tendencies to alter their emotional and behavioral expression as they often do with strangers.

A relational framework was chosen so that a safe relationship could be built to enable children to more freely communicate spontaneously and openly about their lives and relationships. The researcher can build a safe and comfortable environment with children by developing a relationship with them. In this way, a researcher can become the safe context for the child (Graue & Walsh, 1998). Chu (2002) highlighted that in her research with young children in a school setting, increasing familiarity over time changed the dynamic between herself and the children to the point that they became themselves. She describes a major shift that occurred when the children explained to

her that they would act as though she was not there. In understanding the real experience of a child, it is this sort of unedited information that proves valuable. Forms of play for this age group and population were sought out to inform activities developed for the child interviews. Play is not only children's primary activity, but also an important way in which they learn and build relationships with others. Baggerly's (2003) work specifically utilizes play therapy techniques with children experiencing homelessness. She describes her approach as incorporating the following components to make the play therapeutic and meaningful: unconditional positive regard, openness to feelings, genuineness, and empathy. Unconditional positive regard allows the individual playing with the child to convey that all people, including the child, are valuable and worthy of respect. In this way the play builds up the child. Play involves a relationship and thus the individual playing with the child must be aware of the child's feelings as well as their own to build a meaningful relationship for both individuals. The individual working with the children must have a real belief in their abilities, potential, and future and thus by being genuine with the children they convey these attributes. The final attribute is empathy. One must have empathy for the experience of the children, and foster an awareness of how that experience may be different than one's own history. Learning about the life of the child and caring about that life contributes to building a positive relationship. Similar in some ways to Gilligan and Chu's work, Baggerly highlights the need for genuineness and relationship as fundamental components of positive change and therapeutic intervention. I would argue, in line with Gilligan's work, that these components are indispensible components of research with this population.

Gilligan also developed the listening guide as a method of interview transcript analysis. It not only allows for a unique reflection of the participants' voices in the research, but also provides a framework by which the researcher can consider the impact of his or her relationships and thoughts on the collected data. This method of data analysis involves multiple "listening" of transcripts to understand multiple layers of communication (Gilligan, Spencer, Weinberg, & Bertsch, 2003). Gilligan uses the term "listening" rather than readings to suggest an active engagement with the "voice" that comes through in the interview transcripts. She describes multiple "listening" as integral to have a comprehensive reading of interview material which would allow the researcher to truly listen to the experience of the participant (Gilligan et al., 2003). For that reason, this method of analysis was chosen for this project.

Research Goals

This dissertation sought to provide a deeper understanding of the experience of homelessness from the perspectives of children under the age of six years old. More specifically the researcher examined the role of significant relationships as contributing factors for young children's resilience in dealing with homelessness. Additionally, it sought to contribute to existing literature by listening to and analyzing the voice of children as they shared their experiences of homelessness. This complements existing research, which primarily utilizes parent report measures to assess the impact of homelessness on children in multiple areas of day to day functioning including mental health, physical health, and educational achievement (Rafferty & Shinn, 1991; Rescorla et al., 1991). Research currently suggests that positive relationships are correlated with lower rates of mental health problems such as depression, anxiety, and behavioral

problems (Graham-Bermann et al., 1996), while higher rates of these areas of concern are found among children with fewer supports. For this reason it is important to understand how young children begin to form the significant relationships in their lives. This knowledge can facilitate social support development in order to minimize the impact of homelessness on children. Goals of this research included the exploration of:

1. the central relationships of children experiencing homelessness,
2. who children define or identify as important people in those relationships,
3. how they describe those relationships, and
4. how those relationships are formed

Method

This research project reflected a qualitative research approach and combined techniques from both phenomenological and ethnographic research approaches to add depth to the current understanding of young children's relational experiences during periods of homelessness. A phenomenological research approach was used to gain an understanding of the lived experiences of children experiencing homelessness under the age of six by listening to their own descriptions of their experience and how that experience has impacted them and their relationships. Ethnographic research techniques including observations, informal conversations, and group interviews were utilized in hopes of better understanding the context within which data was collected and to inform interpretation (Tedlock, 2000). This took the form of a three phase study including phase 1: direct observation, phase 2: maternal interview, and phase 3: child interviews, all of which are discussed in greater depth below.

In line with the relational nature of the research questions posed and the voice centered relational approach chosen for data analysis, the researcher engaged with the children as a participant-observer (Graue & Walsh, 1998). Because this research sought to understand the experience of homelessness from the perspective of preschool aged children, it was integral to understand aspects of the culture of children, such as what they talk about or how they communicate, in order to be able to engage with them during the data collection phase and to best interpret that data (Chu, 2002). It was also important to understand their community, including the structure of the program, and relate meaningfully to members of that community, including staff members and

families. By engaging the community through a participatory model, I had the opportunity to learn directly from them about these aspects of their lives.

Context

The dynamics and types of homeless shelters available to families were carefully considered in order to select a location that would allow for this type of research. The researcher conducted numerous internet searches for family shelters in the Los Angeles metropolitan area. Many shelters for women and children were identified as emergency or transitional shelters, with limited stays up to 90 days. Some offered families beds and places to stay for the night, but do not allow guests to remain in the residence during the day. Other shelters provided emergency relief for those who had become homeless due to crisis situations. Neither of these types of facilities could provide a context for the relationally based research which required time, stability, and access to a consistent population. Consequently, a longer term program was targeted to increase the likelihood of observation and interview completion even with extended continued involvement. The site selected is a long-term transitional housing facility that allows women and children to live on site as they recover from the effects of their experiences leading to or resulting from homelessness.

For this reason, research was conducted at a local transitional housing facility for women and children. Families gained eligibility to live in this facility and to participate in the two year program following their continued residence in another short term emergency shelter. This research project occurred over a six month period, lasting from October 2009 to March 2010, during which time the researcher was present at the facility in a volunteer capacity. This facility provides child care services for preschool

aged children while mothers attend classes, therapy, or work study on site. Classes began in the mornings at 10:00am and ended at 11:30am. The researcher selected her volunteer times based on this schedule and arrived at the child care center at 9:30am to be present when all the mothers brought their children to the center prior to their classes. The researcher remained until 12:00pm to also be present while the mothers picked up their children after their class. All children were required to be picked up by noon at which time all the families went to the dining hall for lunch. The researcher also chose to volunteer only on Wednesdays in order to build relationships with the same group of children. The day and time during which the researcher volunteered was determined with the staff to maximally engage with the children while also minimally disturbing their typical routine.

Sample

As this study sought to provide in-depth information about the experiences of a very specific population (children under the age of six impacted by homelessness) sampling was purposeful. The sample consisted of both parents as well as children in this age group. For this reason, only families living in this transitional housing (who are by legal standards defined as homeless; NCH, 2007a) were considered for participation. For the mothers to participate in the parent interviews, they had to have at least one child between the age of 2 years old and 5 years, 11 months old. For the children to meet participation requirements, they had to be older than 2 years old and younger than 6 years old on September 24, 2009 which was the official beginning of the research process.

Two maternal interviews were conducted. As only mothers and their children are permitted to reside at the facility, the parent group consisted of only mothers and is referenced as the "maternal interviews." Consequently gender was homogeneous for this portion of the research. The first group consisted of three mothers, one of Latina descent and two of African American descent. Their voices reflected the experiences of five children in total (three 4 year old boys and two 2 year old boys). The second group consisted of four mothers, one of Latina descent, one of African American descent, and two of Caucasian descent. Their voices reflected the experiences of six children in total (one 5 year old girl, two 5 year old boys, two 4 year old girls, and one 2 year old boy).

Two samples of children were taken for the two phases of research. Mothers could consent for children to participate in either the observation phase, interview phase, or both. Mothers were informed about the upcoming interview phase, but were not given consent forms until a few weeks prior to the beginning of this phase. As a result there were a number of children who were consented to participate in the observational phase but did not participate in the interview phase. The researcher was given consent to observe eight children in total. However, one of the children attended preschool and was never observed by the researcher. The group who were all observed was comprised of one 5 year old boy, three 4 year old girls, one 3 year old girl, and two 2 year old boys. Overall there were four girls and three boys who participated in the study. Two children were of Latino descent, four children of African American descent, and one of Caucasian descent. All the children who participated in the group interview portion had also been part of the observed sample of children. They were a subset of the previously listed group and included a 4 year old Latina girl, a 3 year old

Latina girl, and a 2 year old African American boy. The children were not all present each week. Some children were only observed once, while others were present nearly every week.

The experiences described in this study are not intended to be generalizable characterizations of the experience of all children experiencing homelessness, but rather to provide an in-depth account of the relationships had by children experiencing homeless. Though the age, gender, and ethnic backgrounds of the children included in this study may vary, this study is not intended to make any cross cultural claims or generalizations.

Recruitment

As the relational framework was chosen as a foundation for this work, the researcher invested in spending time building relationships with community members through repeated interactions. The researcher's ongoing presence allowed for continued development of trust as well as an ongoing opportunity for mothers and their children to participate. Likewise, the recruitment process was also ongoing to allow families entry into participation at multiple points. It was important to extend this opportunity continually as some mothers may have developed interest in participating after becoming more familiar with the researcher. Allowing for multiple points of entry into the study was also important because new families move into the facility at different times of the year and may have an interest in participating in the project. Each phase of the study was introduced separately with a separate consent form and script. This was organized in such a manner to create maximal flexibility accommodating the mothers' preferences for

participation in the study. Providing separate consents and delineating each carefully allowed for participation in only one portion of the study or in multiple.

The researcher was introduced by the staff psychologist during the weekly Friday morning town hall meetings (see Appendix A). Attendance at town hall meetings is required of all guests staying at the facility. It is also the place where staff and guests are invited to give thanks to one another, praise each other for accomplishments, voice complaints, change schedules, and implement new rules. The researcher chose this time to limit disruption of the guests' schedule, to minimize interference with the dynamics of the facility and to reach the largest group of staff members and guests. The researcher attended three town hall meetings and explained during each meeting that the heart of her study was to learn about children's relationships in the context of their homeless experience (see Appendix B). Mothers who were interested in participating were encouraged to speak with the researcher following the town hall meeting or any time that the researcher was volunteering at the facility. They were informed that the researcher volunteered with the child care program every Wednesday morning until lunch time. While speaking with the mothers individually, the researcher presented them each with a consent form for observation of their children (see Appendix C) and reviewed the consent with them by following a script (see Appendix D). Only the first phase (child observation) was presented to mothers to avoid confusion.

The researcher also spent time with mothers during the lunch periods to build relationships, be available, answer questions, or review forms should mothers wish their family to participate in any stage of the research. Revocation of consent could be

completed by signing a form or by verbally informing the researcher. This form was made available and was carried by the researcher and left in the staff psychologist's office (see Appendix E). Parents could sign this form at any time and would no longer be participants in the study. They were informed that such a decision would have no impact on their ability to access services or fully participate in the programs of the transitional housing facility. During the course of this study, no one utilized this opportunity.

The researcher volunteered in the child care center for preschool aged children at the facility so that the recruiting process was also embedded in relationship. In this way she was able to develop trust and credibility with children and their mothers who were most appropriate for the study. During the first few weeks of volunteering three of the children who had been consented for observation did not attend the program. After speaking with the staff the researcher learned that the composition of the child group depended on the mothers' class schedules and children's preschool schedule. Consequently, while some mothers were interested in participating, either their schedules or their children's schedules prohibited them from being on site on the days that the researcher volunteered. For this reason the researcher also recruited participants by speaking with mothers who dropped their children off and picked their children up from the child care program on Wednesdays as these children were less likely to have persisting schedule conflicts and more likely to be observed at least once. In these cases the researcher described her overall research goals, presented the mothers with the consent form for observation and reviewed the consent using the script individually.

The researcher recruited mothers at a separate time for the maternal and child interviews. Primarily the researcher spoke with mothers whose children fell into the appropriate age range that brought their children to the child care program on Wednesdays. Since she had an established relationship, she not only encouraged them to participate but also to tell other women with children between ages 2 and 5 years to participate as well. The researcher informed the mothers two weeks in advance as well as reminding them verbally the week before. For those mothers who voiced interest in participating, the researcher left written reminder of the date, time, and location of the interview. The morning of the interviews, the researcher visited the scheduled classes to announce the interview occurring that afternoon. The researcher also spoke with women who had children in the appropriate age range during the lunch period immediately preceding the group interview session. Recent contact and informal reminders were identified by staff as a valuable component of improving participation. The researcher then reviewed the consent for maternal participation (see Appendix F) using the appropriate script (see Appendix G).

In recruiting for the child interviews the researcher utilized very similar methods as for the maternal interviews. Mothers who brought their children to the child care program during the specified time were approached individually and informed about the study. This allowed the researcher to approach the mothers in a one to one setting which maximized the opportunity to answer any questions the mothers may have had and to minimize possible social pressure to participate that may have arisen in a group. Approaching mothers who utilized the child care on Wednesdays was also a means of minimize the scheduling conflicts that had arisen during the

observation phase. The researcher then reviewed the consent for child participation (see Appendix H) using the appropriate script (see Appendix I) with any mother who was interested in allowing for her child's participation. When introducing the art activities to the consented children, the researcher introduced the project using a script (see Appendix J) in order to gain assent from the children. The script was carefully written with age appropriate language. Because preschool aged children are unable to read or write assent was provided orally and signatures were not required.

Data Collection Processes

The research questions posed here were addressed through a mixed-method evaluation process (Roberts & Ilardi, 2003) to increase accuracy and gain a more comprehensive understanding of preschool aged children's experiences. Research questions were addressed through the observation of children's interactions with one another and analysis of maternal and child interviews. By developing meaningful relationships with the children, the researcher sought to gain access to more spontaneous conversations and interactions between children (Chu, 2002). The observations helped the researcher to distinguish between typical versus atypical behaviors and between imagined versus actual narratives (Chu). This research occurred in three phases, one involving mothers and two involving children.

Phase 1: Ethnographic observation. The first phase of research was conducted over four months in which relationships were established with the children through interactions while the researcher volunteered in a childcare program. This phase was initially intended to last for three months from October to December after which the interviews were scheduled to take place in January. However, due to

changes in the mothers' class schedules which changed as the semester changed in January (which the researcher was unaware of) a number of children whose parents voiced interest in participating were no longer accessible. Another family who had voiced interest in their children participating left the program earlier than expected and was also unavailable. Since the composition of the group changed with the semester, the researcher extended the observational time frame by one month in order to build familiarity and relationship with the new children present.

As a participant-observer, the researcher embedded herself in activities that the children took part of in order to build relationships with them. This included being involved in everyday activities such as helping the children glue a project together, playing hide and seek with them, holding one of their dolls, reading a book to them, or playing on the playground with them. The researcher let the children choose the activity and then played along with them. Through such activities the children developed trust and comfort with the researcher. By learning how the children interact with one another, respond to situations, and talk about things, the researcher adjusted questions to reflect aspects of life most relevant and significant to the children and engaged them in a manner that reflected how they naturally interact (Chu, 2002).

This manner of interaction put the researcher in a position in which she conformed to the children's tendencies and preferences rather than making them adapt to hers (Eder & Fingerson, 2001). By learning to be with the children in their experience, the researcher learned to couch her questions in related conversations, casually direct conversation, and utilize the children's preferred activities so as not to disrupt the natural flow of interaction (Chu, 2002; Eder & Fingerson). Detailed notes

were taken in a field journal on spontaneous comments or conversations related to the research questions. In particular, notes were taken on who children brought up, the relationship of those individuals, and the quality of those relationships either described verbally (e.g., "mommy is great") or non-verbally (e.g., grimacing when talking about a teacher) by the child.

Initially, a worksheet was also developed to organize observations, however the researcher quickly discovered that carrying the paper and jotting notes disrupted the flow of interaction between the researcher and the children. In part this was due to the fact that the researcher's focus while holding the paper was to make accurate notes and took attention away from being fully present in the moment with the child. Further, for practical purposes engaging with the children generally required two hands. The researcher was expected to hold a doll properly, sit with a child while reading a book, or run around a playground with paper and pen in hand. It became extremely difficult to fully engage with the children in the activities they chose while carrying the notebook. In making her choice, the researcher chose to be fully present with the children. Notes about the interactions of the day and the researcher's subjective experience were recorded following the end of the volunteering period each week. An effort was made to minimize the time between the events and the notes taken to preserve accuracy. When possible, such as important things the children said, the researcher would jot down quotes on a napkin, paper, art project, or anything convenient to accurately quote the children's voices.

Phase 2: Group interview with mothers. In the second phase of research, after consent forms were reviewed and signed, collaborative work in the form of a

focus group was conducted with the mothers to understand areas they felt were pertinent to the experience of their children. The first group was held in December as the gift card given to the mothers for their participation was thought by the researcher to be most helpful for the mothers prior to the holidays. However, the researcher was informed that many of the classes had been cancelled due to the holidays and consequently many of the mothers and children had left the premises. Since a few mothers had voiced interest in participating but were unable on the day the first interview was scheduled, a second interview was scheduled in January. The two mothers who had voiced strong interest in participating were able to participate in this second group. The two groups were held at the same time on Wednesday afternoons, and a time was chosen that alleviated schedule conflicts for most of the women.

During both interviews mothers were asked to express their thoughts regarding what they believed to be important about their young children's relationships. The researcher prepared exploratory and probing questions to prompt conversation (see Appendix K); however, the conversation of the group was driven by the mothers' experiences and thoughts as they brainstorm together important aspects of their children's interpersonal relationships. The mothers typically rotated answering the researcher's question. Otherwise they would continue with something related to the question that they felt was pertinent. The researcher in both interviews had the opportunity to discuss family and peer relationships as well as changes that the mothers noticed in their children's relationships and adjustment.

These meetings were intended to develop a sense of community and allowed the researcher the opportunity to learn from the mothers in the community. In that

sense, while the form was a group interview, the researcher hoped to build the dynamics of a research meeting in which the mothers' input was valued and utilized in building the last phase of the project.

Phase 3: Semi-structured interviews. The final phase of research was a series of three semi-structured group interviews. These interviews are considered only semi-structured because while the researcher had a number of questions available for exploration, she conformed the course of the interview to reflect the themes identified from the maternal group interview in phase two and the content that the children chooses to share during phase one (Eder & Fingerson, 2001). Group interviews were activity-oriented sessions during which conversation about significant relationships were prompted through the activity presented (Chu, 2002; Eder & Fingerson; Graue & Walsh, 1998). The informal group interview continued until the activity was completed, with an average 15 minute duration per activity (see Appendix L).

These activities were in place of the usual activity that the children engaged in during the beginning of their time in the child care program. Three activities were prepared and implemented with the children. One was a picture frame that the children glued together and then drew their family members. This was meant to act as a medium from which the researcher could ask the children questions about who the different figures in their picture represented. As this activity appeared to be very difficult for the young children with the youngest of the children involved in the interview completely disinterested in participating, the researcher revised the additional activities to be more age appropriate and reflect the types of cutting and pasting activities they were accustomed to participating in as part of their typical day.

Consequently, the second activity was to make cards for Valentine's Day for those special to them, which involved only coloring precut and prepared Valentine's Day cards. The final activity was creating a love tree by gluing together precut trunks, leaves, and fruits. On this tree the children were instructed to paste a fruit for each person that they felt was special to them. The researcher offered to write in the names of all their special people on each fruit that they chose to paste on the tree and a means of discussion and learning about these significant relationships. The activities were primarily to prompt discussion in a natural fashion, and the children were given all their art projects to keep.

Post-research. Since authentic relationships formed over the course of the research, it was important for the researcher to terminate these relationships gradually. This is important because many children who experience homelessness experience sudden endings to many primary relationships when they move (Zima et al., 1999). Following completion of the research project the researcher continued to volunteer in the same capacity every other week for two months. In this way the children were able to continue the relationship and termination was approached in a gradual manner.

Analysis of Data

The Listening Guide was chosen as the means of analyzing interview data due to previous success in using this method with similar aged children (Chu, 2002) and women (Gilligan, 1982). As a means of analysis, the Listening Guide involves multiple close reading of interview text with special emphasis on voice, language and relationship (Gilligan et al., 2003). The Listening Guide includes consideration of the

researcher's thoughts and feelings as well as the relationship between the researcher and participant.

This method of data analysis involves multiple listening of transcripts before developing a final analysis and stronger understanding of how interview responses answer the initial research questions (Gilligan et al., 2003). The following four steps were used to analyze interview data content. Final analysis of the parent interview data was used to inform questions for the children's group interviews.

Step 1: Listening for the plot. The researcher highlighted major themes, experiences, and significant ideas identified in the transcripts. The researcher also took into account her own feelings, relationships, and connections with the mothers and children as she read the transcribed interviews.

Step 2: I poems. The researcher pulled all "I" and "my" statements made by each participant during the interview. To focus on the children's voices the interviewer pulled quotes of the mothers imitating their children in various situations from the maternal transcripts. She listed all of these statements with related themes making a form similar to poetry. By reading these poems as a whole the researcher gained a greater understanding of the mothers' perceptions of their children's relationships.

Step 3: Listening for contrapuntal voices. In this listening, the researcher focused on different voices that the participants may have used and specifically looked at responses related to the research question. At times the same line or comment had multiple meanings or reflected both the voice of the mother and the child. Thus the transcript was read multiple times until all meanings were explored.

Step 4: Composing an analysis. The final step involved integrating all previous readings into a more comprehensive understanding of the transcript and person's voice as it related to the stated research questions. When working with the mothers, this related to what aspects of their children's social lives they felt were most important. With regards to the children, this stage worked to integrate children's perspectives of others, of themselves, and of relationships. This final listening which integrates all the information constitutes the discussion section.

Relationship Development

Developing relationships with the community. Awareness of how my perceptions may bias the research is an important aspect of conducting quality research (Cohen & Crabtree, 2008). Because my study is relationally based, there is an intentional awareness of how my relationships with the participants are an influencing factor in my interpretation of interactions (Gilligan, Kreider, & O' Neill, 1995) and data analysis. In particular I am aware that my interpretation of others in interaction will significantly impact how I develop my relationships with the community. Consistent with Baggerly's work (2003) I sought to develop relationships characterized by unconditional positive regard, openness, genuineness and empathy. For this reason I identified my first step in building relationships as a need to gather characteristic information about the histories and experiences affecting many homeless families. The preliminary research informed me of the range of challenges impacting many homeless families including but not limited to generational poverty, substance use, limited employment opportunities, domestic violence, and sometimes limited social support (NCFH, 2008b). This knowledge contributed to my sensitivity, direction, and patience in conducting my own

research. It also helped me to consider the resilience, adaptive abilities, and strength that characterized the families that I would meet.

Because I conceptualized myself as an active participant in the relationship, understanding the women and children's background helped me to interpret interactions in a less personalized manner. For example, when one woman approached me and asked what she could do to ensure her children did *not* participate, I did not interpret this as a personal rejection but rather a protective adaptation that this mother had likely employed in her past to protect her children. This interpretation resulted in my non-defensive response and a genuine respect for this particular mother that allowed for the growth of a meaningful relationship. Had I interpreted this response in a negative way, attributing her response to a negative personality or a dislike for the researcher, the relationship may have developed in a very different manner.

Knowing the high rates of trauma and domestic violence that plagues this population highlighted the integral nature of trust as a key component of my work (Ford, Reddick, Browne, Robins, Thomas & Quinn, 2009). Understanding that the development of trust would take time and may be difficult for many of the women and children, particularly those with traumatic backgrounds (Matsakis, 1998), helped me develop realistic expectations for recruitment. It also assisted to temper my own feelings of rejection that could have arisen from limited participation early on. I sought to develop trust on multiple levels, with the community as a whole as well as with individual women and children.

Following the research phase I partnered with the staff psychologist who provides ongoing services to the facility guests. I chose to utilize her knowledge and wisdom in

developing both the methodological considerations of the study as well as to better understand the community dynamics and the needs of this particular body of people. In many ways this was an important step as it was through this relationship that I learned to adjust both my language and conceptualization in a way that focused on the strengths of the community while being realistic about possible challenges. For example in my writing, as well as my thinking, I learned that guests at the facility did not identify as homeless families but rather families experiencing homelessness. This shifted my conceptualization from labeling and categorizing a group of people to understanding how an experience may impact any person who has gone through it. My research approach was also influenced by my desire to develop research questions and seek out the answers through a community participatory research process. I believe this created a synergy with those families who wanted to participate. This gave them a sense of ownership in the process as explored answers together in a community-based participatory research model.

Before I began conducting any research, trust needed to exist on varying levels between myself and the organization. There was a need for trust on varying levels to exist between myself and the organization before I began conducting any research. Once my proposal was approved I attended three town hall meetings. I elected to attend these meetings for two reasons. First, all guests were required to attend which afforded me an opportunity to introduce myself to all members of the community at once and not just those mothers and families that I would work with directly. In this way I hoped to highlight my desire to be a participator in and contributor to their entire community, not just a small subset. Second, this was a community forum for communicating joys, frustrations, and changes. In addition to learning about the families I hoped to work with

through literature, I wanted to be aware of what those individuals who comprised the community valued. I listened and learned about the issues the residents felt strongly about and learned how the staff and residence interacted. I attended town hall meetings for three weeks in a row. At the first and second meeting I was introduced by the staff psychologist, who gave credibility to my character and researcher status, and I had the opportunity to share for a few minutes the heart behind my research project. However, on the third meeting date the psychologist was ill and not present on site to introduce me. At this stage I introduced myself, which involved me more directly in the group.

To continue to develop relationships with the mothers, I spent time during lunch periods in the dining hall with the families. Because I was recruiting children in the age range of 2 to 5 years of age, I targeted families with children in this age range during lunch and introduce myself. I spent numerous days with families during this time. Most conversations were about their lives, how they felt about the program, and allowed for an opportunity for us to know one another better. This involved self-disclosure on my part as many mothers asked if I had children of my own or was married. I felt that honest and genuine self disclosure was a necessary component of building a real relationship and breaking down the power differential that often exists between researcher and participants who often share vulnerable parts of their lives without the researcher doing similar emotional work (Dickson-Swift et al., 2007). I chose to disclose personal details to build authentic relationships with the women as well as to demonstrate that I not only wanted to earn their trust, but that I was learning to trust them as well. The choice to engage in reciprocal disclosure allowed for the development of rapport and connection (Dickson-Swift et al.) rather than a one sided relationship, which was a integral

component of conducting relationally based research. Most of the time spent during lunch was for the purposes of building relationships through reciprocal disclosures between the myself and the participants, though occasionally time was spent discussing the research project and consenting families who were interested in participating.

While volunteering with the child care program, I arrived half hour early to allow for the opportunity to greet all the parents and children as they came in. I also remained for an extra half hour after the mothers' classes were released to have a chance to connect with each mother at the end of the day. At the end of each day I would highlight to each mother things that her child had accomplished during the day, such as completing an art project, sharing with another child, or participating nicely in an activity. I sought to build up the children by highlighting their accomplishments as well as communicating to the mothers that my relationship with their children was for their well-being by caring for their safety and building up of their strength and self esteem. These relational investments continued for the entirety of the 6 months during which I volunteered in the child care program. I wanted the mothers and children to know that their value to me was in whom they were and our relationship and not a function of their contribution to my study; consequently, I treated all the children and parents the same regardless of their age or decisions for participation.

The response from the mothers was mixed, and led me to have mixed feelings about the perception of my project within the group. Some mothers told me on the first day we met that they felt my research was valuable and needed and that they were interested in participating at every level. They agreed to rearrange their schedules and checked in with me about when opportunities to participate would be. They greeted me

and engaged me every opportunity they saw me and building a comfortable relationship with them was easy, as I did not have any fears of rejection. At the other extreme response, a mother approached me on the first day and asked me what she needed to do to ensure that her children would not participate in the project. As this was on the first day and I was still managing my feelings of stress about becoming part of a new community and wanting to feel accepted, and this was the embodiment of the rejection that I feared. Fortunately, after reflecting upon the literature previously reviewed, I was able to not be defensive in my response to her. Speaking with the staff psychologist and discovering this woman in particular had a painful domestic violence history helped me to temper my feelings of anxiety and rejection. As a result, instead of feeling intimidated by or avoiding this woman I develop a deep appreciation for her strength to approach me in what seemed to be an uncomfortable situation for her as well in order to protect her children. I developed a strong sense of respect for the woman and went on to have a good relationship with her over the course of the project. I continued to ask her how she was doing and tell her about the wonderful things her children had accomplished during the child care days and after about two months she asked if her children could participate in the observational piece. She went on to personally participate in the maternal interviews and to consent her children to participate in the child interviews.

Recognition that trust takes time encouraged me to continue talking with families, including those who did not want to participate, for the sole purpose of building relationship. It was important to me, and to them, that my relationship and interaction with them was not dependent on them meeting my desire for participation. My valuing of their relationship was not contingent on them behaving or responding in a particular

manner. I believe this is what contributed to development of real trust and relationship, which proved to be an integral part of the research outcome. For some the relationship changed their desire to participate, while for others it did not.

Developing relationships with the children. In addition to building relationships with the community and the mothers, it was imperative to build genuine relationships with the children directly. My relationships with the children were the foundation of the research. This relationship provided the children with a safe context to be open and taught me to meaningfully engage them and accurately interpret information gathered.

In order to build relationships with the children, I arranged my schedule to volunteer at the same time on the same day each week. Children often attended child care while their mothers were in class, and consequently by volunteering at the same time on the same days the child care class was comprised of a similar pool of children. While the individuals comprising the group remained the same, each week's group was a different combination of children. Some weeks only one or two children would be present while other weeks there might be up to eight children. Of these children, only about half were in the appropriate age range and consented to participate, and sometimes there would be none in my age group or none that had been consented to participation. I felt that on those days my presence in the group was important to demonstrate commitment not only to the children but also to the community. I could be counted on to be there every Wednesday and quickly became a familiar face.

My interactions with the children paralleled other staff members' interactions, and I participated with them in a primarily care taking role. I helped each child to open their

snacks, to clean up after themselves, and to follow the rules. In this sense my role was to provide for their needs and ensure their safety. In order to decrease the distance that an authoritative role creates, I also made efforts to engage fully in activities that the children chose. I was able to give them choice and influence over me as well. I sat with them during television time and mimicked the manner in which the children interacted with their favorite television shows. In this way I was learning what was of meaning to the children and how they chose to communicate their preferences, excitement, and interest. I learned about the activities that the children gravitated towards and incorporated those to maximally engage them. I played hide and seek, colored pictures, and helped with gluing projects since these were the important past times to the children. While only some of the children were participants of my study, I build relationships with them all equally during our time together.

Results

Observations

The first phase of this research centered on building relationships with the children and observing their interactions with one another and with me. I volunteered every Wednesday morning from 9:30am to 12:00pm with the children in the child care classroom for twelve sessions over four months. For safety and security reasons there were always one to two additional full time staff members who worked with the children in the program present during these volunteer sessions. This time was chosen because all classes that the mothers attended began at 10:00am and consequently most children were dropped off between 9:30am and 10:00am. Classes ended at 11:30am and mothers were required to pick up their children by noon for the lunch hour, during which the room was temporarily closed. Following lunch the children have nap time in the program schedule. After reviewing the schedule the staff and I agreed that volunteering in the morning would be most appropriate time to observe children's interactions and engage with them in activities. This was also the most helpful to the program as it was during these active times that they would benefit from an additional volunteer.

Consent was received to observe seven children who utilized child care services. Additional parents consented or showed interest in allowing their children to be observed, however these children were either in preschool or never utilized the child care services while the researcher was on site. Children who were never observed were not included in the demographic information presented here. This sample included two 2 year old, one 3 year old, three 4 year olds, and one 5 year old. Four of the children were African American, two were Hispanic, and one was Caucasian.

Attendance was variable. Not all of these children attended the program each week. On average the child care group was comprised of about five children (one child was the smallest group and nine children was the largest group observed). Each week the group consisted of some children who were in the targeted age group and some who were outside the parameters. There was a significant range in the number of times children (who had been consented to participate) were seen in the child care program. Two children were only seen a single time, while another child was observed for all twelve sessions. On average, children were seen six times during the observation phase.

The Wednesday morning routine was fairly standard. Just after 10:00 am the staff provided activities for the children to participate in. These were usually art related activities that involved coloring, cutting, and gluing to develop kindergarten readiness skills. The researcher modeled the projects she later integrated as part of the child interview process from these art projects to meet the children at their demonstrated skill level. At approximately 10:30am the children had a break for snack time and between 10:45am and 11:00am they all finished snack time, cleaned up their area, and had 15 minutes of television time. Following this time there was approximately 30 minutes of outdoor play time on the playground or if weather did not permit, play time within the lodge area or reading time. The classes the mothers attended ended at 11:30am and all children were required to be picked up by noon for lunch.

The observation phase of the research was intended to accomplish a number of goals. First, I intended to be a consistent presence in the lives of the children in order to develop familiarity and build rapport with each child. Second, I hoped to identify the age group, the typical daily schedule, and the activities that the children engaged in to inform

my choice of activities for the child interview phase. I hoped to learn how long activities normally ran and the best way to integrate research questions for the upcoming interview phase. Finally, I sought to learn directly from the children what relationships they naturally brought up during their interactions with one another and how they related to peers in the program.

I took the role of a participant observer, meaning that rather than observing an activity from the periphery, I participated fully while making observations. While I initially intended to write notes during my time with the children, this proved impractical. It became too difficult to full engage with the children and assist them with their activities while carrying a pen and paper. As a result, I wrote direct quotes down immediately, but noted situations and interactions after the volunteer time ended.

Most of the children responded positively from their first interaction with me. One 4 year old girl approached me on the first day, grabbed my hand and said "Come, be with me" (Observation, personal communication, 10/7/2010). She led me to the cupboard area to put down my purse, showed me where to place it, and then led me to the art table to do an art project together. While the boys also seemed to enjoy engaging with me, they did not seek out interaction in the same way the girls did. However, once I initiated an interaction the boys would make attempts to continue the activity throughout the day. For example, one day I showed two boys how to catch and throw a ball. The boys wanted to continue playing even past the allotted play time and continued to try to get my attention to catch the ball. However, they were not seen to initiate this interaction. Even on subsequent days when balls were present the boys played independently until I approached them. Once approached with the ball, the boys always

wanted to play with me. In contrast, the girls appeared to initiate more interactions with me, often approaching me and leading me to an activity that they were interested in and directing me to participate in some way. One girl always led me to the baby doll that she carried around. She would present the doll to me and make me watch as she fed the doll, rocked it to sleep, and placed it in the stroller. Every time the doll was a part of the toys available to the children this particular three year old girl would draw me into this care giving routine she had developed for the baby doll. Sometimes she would ask me to hold the doll for her and showed me how to carefully hold my arms to correctly cradle it.

A few themes arose from the researcher's observation of the children. The term theme is used here to describe interactions that occurred repeatedly during observation. Observed situations and interactions will be described here to exemplify these themes. Additionally, some situations arose with individual children that only occurred once. So while these situations were not repetitive, they seemed notable and will also be discussed in this section.

Relationships with mothers. The primary relationship that was observed was that between the child and mother. Typically mothers dropped off their children for child care in the morning and then returned to pick them up in the afternoon. In the instance that the child's mother could not pick the child up from child care, other mothers were designated by the biological mother to pick up their child. In general the children separated from their mothers easily. I did not have the opportunity to observe a child coming to childcare for the first time to observe how their initial responses to separation may have differed. Only one child, the five year old girl who was observed, demonstrated difficulty separating from her mother. Each time her mother would leave

her with child care the girl would sit alone and cry. It took significant effort to encourage and lead her to participate in activities with the other children.

Children demonstrated their affection for their mothers in their excitement when their mothers came to pick them up from child care. Many of the children carefully placed their art projects aside "so mom can see" and because "mamma will like it." They often grabbed these pieces of art while running to hug and kiss their mothers hello. While occasional tears were shed when a child was having fun and it was time to go, the vast majority of the responses to a mother's arrival was that of excitement.

Another time that children seemed to spontaneously mention their mothers was during snack time. Each child's mother was responsible to provide a snack for them. During this time, some children verbalized what their mothers had done for them such as making a sandwich, or remembering to give them a drink, or packing their favorite snack. One three year old girl participating in the study said "Mom love me. She give me snack. She love me." For this child service and thoughtfulness was a means by which her mother demonstrated love for her.

Relationships with older peers. While the child care was primarily intended to serve preschool aged children, at times older children also attended the program and participated in activities. This occurred primarily when schools gave children the day off or during vacation times. One recurring theme observed was that younger children modeled the behaviors of older children in a wide range of activities. For example, a five year old boy was engaging in a coloring activity. He was very focused on his coloring until a twelve old girl came in to join child care for the day. She was given the same coloring activity as the children were given. The boy stopped his coloring and watched

her color. Where he had before been coloring outside the lines haphazardly he now tried very hard to stay in the lines just like the girl he was watching. Not only this, but he would wait until she finished with a color and take the same crayon to complete the same portion of his drawing as she had used it for on hers. When the girl accused him of wanting to be like her, he looked a little sheepish but continued imitating her. The researcher told the girl that he was learning from her and that was a special thing and a compliment to her, not something to tease him about. Both of the children seemed happy with that response and he continued on to copy her picture until the activity was finished. On another occasion there was a large group of approximately eight children and the researcher engaged them in a game of hide and seek. Children from age two through approximately eight participated in this game. The older boys were very innovative in choosing their hiding places, where the younger children followed them around the room. Finally to solve the problem of the younger children giving away their position the older boys would hide the younger children first and then hide themselves. The young children were noticeably delighted as the older children engaged them rather than running away.

Relationships with peers. An interaction among three girls was the only spontaneous discussion between the children about friendship. Three 4 year old girls were involved in this conversation. The three were sitting down at a table for activity time. One of the girls said to the other about the third, "you are my friend, not hers" (Observation, personal communication, 10/21/2010). The other girl responded to her saying "Yeah, I'm your friend. Not hers" (Observation, personal communication, 10/21/2010). They went on to look at the third girl telling her that she could not be friends with them because they were friends with one another. Their interactions did not

change; they were still sharing the same materials and working on the same activity in the same positions sharing the table. But the comment made the girl who was now not a friend, feel very left out. She then asked the researcher who was also sitting at the table if the researcher would be her friend because no one wanted to be her friend. The researcher asked the other two girls if the three of them could all be friends with each other, to which the girl who initiated the interaction said "No. Duh. I can't be her friend, I'm her friend" (Observation, personal communication, 10/21/2010). Apparently she saw a contradiction with having multiple friends at once.

Familial and peer relationships were most evident through the observational research phase. In part these were highlighted because they were the relationships children had immediate access to and should not be taken as a comprehensive list of important relationships. However, the significance of these relationships was apparent in the children's responses to them. The maternal relationship appeared to be particularly important to the children. Children not only delighted in seeing their mothers and sharing their activities with them, but also described to staff members and other children ways in which their mothers demonstrated their love for them. These relationships are particularly interesting to observe because children's access to other peers, and even to their mothers at times, may be limited or impacted by homelessness or the circumstances leading to homelessness.

Maternal Interviews

Two group interviews were conducted with mothers living at the facility. These interviews were hosted on two Wednesday afternoons, but were spaced a month apart and spread over two different semesters to maximize the opportunity for more mothers who

were interested in participating. Two mothers who had expressed interest in participating in the first interview but could not due to scheduling conflicts were able to attend and participate in the second.

Since a few mothers had children within the target age range as well as younger and older children they were asked to focus the discussion on their children between two and five years old. The first group was comprised of the researcher and three mothers. Collectively the three mothers discussed five children within the target age group. Four of these children were boys and one was a girl. The second group was comprised of the researchers and five mothers. Collectively the five mothers discussed six children within the target age group. Three of these children were boys and three were girls.

Interviews were transcribed verbatim without any names and the original recordings destroyed to protect privacy and to maintain the highest level of confidentiality. In the following sections pseudonyms have been used whenever names were included in original quotations. The Listening Guide was chosen as the framework for analyzing interview data (Gilligan, Kreider & O' Neill, 1995). This method of analysis involves multiple listenings of the interview content to develop a comprehensive understanding of the rich information provided through this type of research. The four listenings include:

1. listening for the plot,
2. I poems,
3. listening for contrapuntal voices, and
4. analysis.

Listening for the plot. Though two separate interviews were read together for this listening, the themes and experiences identified by both groups regarding their preschool aged children's significant relationships were very similar. Major themes discussed by both groups included relationships with mothers, fathers or father figures, siblings, same aged peers, older peer role models, and other adults at the facility.

Consistent with research suggesting the experience of homelessness negatively impacts social support networks (Graham-Bermann & Masten, 1990; NCFH, 2008B; Zima et al., 1999), the life experiences of the mothers shared during the interviews seemed to also suggest the applicability of this research to this community. During one interview the mothers discussed changes in their children's relationships from the period prior to moving to the housing facility and changes they have observed since moving to the premises. To paint a picture of life before the housing facility one mother describes her experience in an emergency shelter,

> For him, was more like the first step was the emergency shelter; that we were there. It was 30 days we don't go out. We don't go see anybody else. We don't have contacts with anybody. You cannot call them outside; you cannot have contact with anybody. So for him there it was more like a prison. Ok, 30 days he plays in a room, because it was a little house, with little rooms, so you cannot go, you cannot have contact with anybody... we met the landlords of the house and he just get attached with the dog, with their kids, because they are oldest and they don't have like little kids so they always pay attention to Jack… So he was like attached to that place, and actually he is still talking or asking me for that. He just loved that place (Maternal Interview Participant, personal communication, 12/9/2009).

She described feeling completely isolated during this time except for the kindness of those caring for the families at the shelter. The freedom experienced by the family when moving to this housing facility as compared to that placement was a positive change. It takes significant effort to maintain relationships once leaving an area. For

security reasons after fleeing from domestic violence, this mother describes it being extremely difficult to maintain relationships in a safe manner. She said, "I'm trying to keep that relation for them, but that for me is a little bit hard because they know my ex-husband and I don't want him to know, no body to know where I am. I don't trust, I don't trust too much" (Maternal Interview Participant, personal communication, 12/9/2009).

Another mother who has children in a wide range of ages describes the difficulty her school aged children had with leaving their friends. She describes the older children as having a more difficult time leaving as they had stronger attachments and relationships with their school peers as compared to her younger children. Commenting on how she tried to maintain these relationships this mother said,

> I think it was the same with friends. Especially with my older kids. Diana was only four months when we moved out. But the other ones all had their friends, they were already in school. So for a while they called. They exchanged phone calls. Then after a while it all just simmered down and now he has made new friends. It's like friends come and go and he's just used to it, with those they're not as attached too. But there are some, this one I want to hold on to and we get their name and number to keep in touch (Maternal Interview Participant, personal communication, 12/9/2009).

Since the children in this particular study are generally preschool aged children, classroom based peer relationships may be less important to consider when thinking about disrupted support networks. However, the older end of the preschool spectrum has begun establishing relationships in preschools and many children may have also attended a variety of day care settings while their mothers maintained employment. Understanding the types of group settings children were in and how those settings

changed is important to note as the children in this study under the age of five were sometimes able to identify and communicate their feelings about individuals they missed.

Both the causes and effects of experiences of homelessness contribute to strained social relationships (Letiecq, Anderson, & Koblinsky, 1996; Vostanis, Tischler, Cumella & Bellerby, 2001). Location changes not only strain peer social relationships, but may also impact familial relationships (Zima et al., 1999). Children experiencing homelessness experience a higher prevalence of participating in the foster care system than other same aged peers (Zlotnick, 2009). Additionally, children in foster care whose parents were identified as homeless, had lower rates of being placed in foster care with siblings or with other family (Zlotnick, Kronstadt & Klee, 1998). Mothers in this study referenced times when they were separated from their children and suggested that younger children were more flexible in re-establishing their relationship once the mother was able to return. As the maternal relationship was identified in each phase of the study as important, the ability to re-engage in this relationship appears to be an adaptive advantage that younger children have as compared to their older siblings.

When asked about the significant relationships in their children's lives, every single mother identified themselves as the primary relationship and influence on their children. Mothers discussed the mutual difficulty leaving one another in a new and unfamiliar situation. One mother describes her son's experience transitioning into school by saying "He keeps his attachment to me... But sometimes when I don't go for him to school I let him know in the morning because if he doesn't see me there he'll start crying" (Maternal Interview Participant, personal communication, 12/9/2009).

Many mothers described a period where it was difficult for them to leave their children with other mothers at the facility or even in the child care. A number of mothers quoted their children asking "But when are you coming back," each time they left their children. One mother put it this way, "I've always kept them with me. Giving them to (child care) was very hard for me. Because I'm very careful leaving my kids with people... Even now when I leave they'll be like, 'When are you coming back?'" (Maternal Interview Participant, personal communication, 12/9/2009).

Another major theme that arose as the mothers discussed their relationships with their children is that they felt that their younger children reconnected with them more easily than their older children. A few of the mothers referenced separations from their children due to addictions and other extenuating circumstances and described their young children as much "more forgiving" and able to "reattach". One mother felt that "that's why they have nothing against their parents even though they've been separated a long time because they don't have that understanding of what having an addiction is. So they right away say, 'Oh my mom's back or my dad'" (Maternal Interview Participant, personal communication, 1/20/2010). It seemed that the mothers felt that their younger children were just happy for them to return to them where as the older children had more complicated feelings about their parents return. Another mother stated that "the longer the time passes with my older kid the harder it is to reconnect" (Maternal Interview Participant, personal communication, 1/20/2010). In response to her, another mother explains why she thinks this is true of older children and adolescents. She responds, "But when they're older they're like, 'Oh, she's been away for so many years. I don't need her now. I don't need her no more'" (Maternal Interview Participant, personal

communication, 1/20/2010). During the second interview, the mothers unanimously agreed that re-establishing relationships with their younger children seemed much easier than accomplishing the same feat with their older ones.

While families at the facility are comprised of mothers and their children, fathers and father figures were identified by both interview groups as significant relationships in their children's lives. One mother described it this way, "What we go through children go through. That emptiness. That void. They feel that. Whatever we're going through they have their own issues that they struggle with. Especially if they don't have a father figure or a mother figure around, they see another kid playing with a parent and wonder about the absent parent" (Maternal Interview Participant, personal communication, 12/9/2009). Thus, for the families at the facility the parent whose absence these children experience the most is that of the father. It may be true from this that should they be in the care of the father, questions about the mother could be more prominent. However, in this community and within these two interview groups, the topic of fatherhood and the paternal relationship quickly rose as a particularly important topic to address when talking about the impact of relationships on young children.

In reference to the children focused on for this study, many had never known their fathers or had been separated from their fathers when they were very young. While many did not have active relationships with their fathers, they often initiated conversations about their fathers or sought out father figures. One mother recounts her surprise at how a discussion about fathers arose with one of her youngest sons,

> One day Benjamin, he said to me, we were playing, just playing, watching a movie and playing, and then he paused, and he says, 'Mum, what's my dad's name? Do I have a dad?' Everybody just froze. Because when I separated from

> my husband he was only eleven months. So he didn't remember much. He cried for the first few days, every day, asking, 'Where's daddy? Where's daddy?' But after a while it's like, that day, when he asked me, and I said okay. I said, 'Yes, you do have a dad. And his name is Nicolas and he's back in South Africa.' He said, 'Yeah, I have a dad. His name is Nicolas. Okay. Thank you.' And he went back to playing and we never talked about it again until this day (Maternal Interview Participant, personal communication, 12/9/2009).

Biological fathers were named by multiple parents as significant, albeit inactive (as described by this particular group) parts of their children's lives. One mother in discussing her three year old son stated "His favorite person was his dad. He really liked his dad. I don't really remember my son not being around…and his uncle. That's probably some people that are really important to him. One of his uncles and then his dad" (Maternal Interview Participant, personal communication, 12/9/2009). And another recounted that "Why doesn't dad live with us anymore?" is a perpetual question posed by her son (Maternal Interview Participant, personal communication, 12/9/2009).

Father figures, particularly men with whom the mothers were having romantic relationships, were also identified as playing a prominent role in the children's lives. One mother described her children's relationship with her boyfriend by saying "my boyfriend's in jail right now too. But they're just excited for him to get out. But for my kids, they fell in love with him. They got a connection. Maybe because they were in need of love, attention, because their father left, and they just wanted somebody to—like a father figure" (Maternal Interview Participant, personal communication, 1/20/2010). Another mother added that even though her daughter had never known her biological father she seemed interested in having a paternal relationship. She said that while she was in a drug abuse rehabilitation program her daughter approached the mother's boyfriend and said "Hey, I wanted to know if you would be my daddy?" Her mother

continued on to say "She made her own bond, out of something like—she just made it. She just created it. It seems like it's just a lacking place in their heart. If they're able to make it they'll find someone to fill it, but if it's not filled it's still there" (Maternal Interview Participant, personal communication, 1/20/2010). The mothers who are currently in relationships described how their children become "attached" to their significant others. One mother said "I know my kids are lacking of love and attention. They get it all from me. They get all of it. But I know they want a father figure. I know they do" (Maternal Interview Participant, personal communication, 1/20/2010). Another woman who is currently engaged said that her children wait for her fiancé to call every morning and every night. They wait by the phone eagerly, and while they understand he is not their biological father, they call him daddy. In particular, this woman has two children who participated in the study, a two year old boy and a four year old girl. Comparing her two children she stated that this relationship was particularly significant for her daughter. She said "Especially little girls. Yeah. Especially little girls. They want that father figure, somebody that they realize that's not there and that'll be something that they'll always bring up, but you best believe that little girls are always feeling that lack of a male figure in their lives." (Maternal Interview Participant, personal communication, 1/20/2010).

In addition to parents, mothers identified siblings as playing a significant role in one another's lives. For some families where the mother experienced addictions, children were taken out of the mother's care and at times lived apart from siblings as well. However, a few of the mothers commented that children reconnected quickly with one another after being brought back together. Siblings often engage one another, protect one

another, and model their behavior after each other (Sanders & Campling, 2004). One mother noticed that even with her youngest daughter, "When it comes to her sisters she's just like…she'll fight already, at five" (Maternal Interview Participant, personal communication, 1/20/2010). Another mother described her daughter's interests and attachments as shaped by her relationship with her sisters. She said, "she'll be attached to who her sisters are attached to. She'll just attach herself to them" (Maternal Interview Participant, personal communication, 1/20/2010). As this study looked particularly at younger children a recurring theme of modeling after older siblings emerged. One mother described her youngest daughter by saying "She's trying to be like her sisters" (Maternal Interview Participant, personal communication, 1/20/2010).

One mother described the other children at the facility as an extension of the family "Yeah it's good, like their relationships that they have established like with certain kids, it's just like they're drawn to certain kids. And um, they just, I guess they feel the love and affection... And then the other kids, they're like their cousins or their big brothers, you know, and they come in and protect them" (Maternal Interview Participant, personal communication, 12/9/2009). Akin to members of a family, each child in the facility played a variety of rolls in the lives of the other children present. Older children acted as role models, peers are protective, and unique individual friendships develop. In addition the mothers identified other mothers in the community as also becoming significant attachments for their children. In addition to the relationships the mothers developed with one another, they recognized that their children developed unique relationships with the other adults on site as well.

Older children residing at the facility were also identified as key relationships for children in the preschool age group. Mothers described these older children as both playmates as well as role models. Some mothers described the rich relationships between their children and older children in other families. One mother in particular shared her experience. She has five children, the oldest three are girls, and the two youngest (2 years old and 1 year old) are boys. In describing her two year old son she said "Yeah, they, like Jacob (Ann's son). Jacob and Ezra . Jacob is like Jimmy's big brother, he wrestles and plays with him. And that's what he needs, he's a boy. He's with his sisters all the time, you know, they are like 'hold this purse,' you know, and 'hold the baby,' and he's like 'NO!' So he gets to be able to be a boy with her sons, and they just show him love and everything" (Maternal Interview Participant, personal communication, 12/9/2009).

In addition to acting as role models for the younger children, older peers in the community also contributed to the development of the children's sense of identity. One mother describes her son as "looking to fit in already and he's only like five" (Maternal Interview Participant, personal communication, 1/20/2010). This included interest in similar activities and repeating verbal patterns and behaviors. Another mom describes her son's response to his peers by saying "He wants to be different already" (Maternal Interview Participant, personal communication, 1/20/2010). She describes the ways in which he wants to decorate his backpack in a similar design as the teenagers but in a way that is distinctly different than the other young children on campus. In this way he attempts to align with the older children rather than same aged peers. His influence then comes from close proximity and interaction with a wide range of age groups.

While children were described as having many friends, one mother eloquently described their tendency to "have one friend that they just cling to" (Maternal Interview Participant, personal communication, 1/20/2010). While they connect to many children, mothers described their children as very selective of who they spent time with and could identify one to two peers who their child spent a disproportionate amount of time with. One mother described her son saying "for like Chris, he's friends with everybody. He's friends with everybody. I think the one he's probably fond of the most is Laura… He spends more time with her" (Maternal Interview Participant, personal communication, 12/9/2009). Another mother describes her son as very deeply connected to another boy on site. She describes this relationships starting at school rather than at the site. However the two boys played a very important role for one another to be motivated to attend school and attending the same school brought them together at the shelter as well. The boy's mother describes,

> And he started preschool he and Ryan became a close friend. Because they were going to the same preschool they became close friends. Not only did they go to the same school but went to the same class. So it was really fun for him. The first week he wouldn't go. He'd say, "But mum I don't know anybody. I wanna go home. I wanna go home with you. I wanna go stay home with you and draw." Until the following week, "Okay mom! Get my things ready. I need to go. Ryan is waiting for me. We're going to be late." "Mom, we're going to be late. Ryan is waiting for me. Ryan is…" And then the mom tells him the same thing. The mom says Ryan tell her the same thing. "Hurry, Ryan is waiting for me. We can't be late." So it's just so sweet to see. Well you know, the moment you been here all this while for months with just a hi and a bye… and then you go to the same school. It's like now we're best of friends. Ryan has been here all this time. "Ryan is my friend now. We go to school together. We're in class. We do things together" (Maternal Interview Participant, personal communication, 12/9/2009).

Another mother recounted an experience with her son saying, "For Nathaniel it was funny because yesterday with Tina, she, Vanessa came to him and said, "Why are

you her friend and you aren't my friend?" He said, "No. We are friends. It's cool. But now here I'm Tina's friend, not yours" (Maternal Interview Participant, personal communication, 12/9/2009). What she identified as a funny response on the part of her son, that he couldn't play with one friend because he was playing with another, was also witnessed by the researcher during her observations. Three children were engaged in an activity when one looked at another and said "I can't do this with you because I am doing it with her!" On another occasion with a different group of three children a girl asked another girl "Are you her friend or mine?" forcing her to choose. When the researcher asked if they could all be friends the girl responded quickly saying "no." While the individual girl had been seen playing with both of the other two on separate occasions, she seemed to feel the need to limit the interaction to two rather than three people while engaging together in an activity.

Finally the mothers reflected on their relationships with other children at the facility and those children's relationships with them. One mother beautifully described this loving interrelationship saying "I have more than one son here. Yes, we all do. I have more than one. We all have adopted sons and daughters and adopted moms." (Maternal Interview Participant, personal communication, 12/9/2009). Another mother described the children that she looks forward to frequenting her home. She describes, "I have Sean and Tina. They're the ones to always go to my room. And Sean I think that is the more attachment to me. She's (Tina) not all the time here, but when he's (Sean) here he's just running around and hugging me. And I just like this. Because he wants to be with me" (Maternal Interview Participant, personal communication, 12/9/2009). Another mom described her children as also seeking out certain other adults. She said "My kids

do it all the time. They pick and choose. 'I want her to watch me'" (Maternal Interview Participant, personal communication, 1/20/2010). The children have a vested interest in who they want to spend additional time with and who they feel comfortable with. One mom felt she noticed a trend with her children saying they tend to "attach to people who are structured." Mothers described their children's attachments as not always mirroring their own. Their children may enjoy spending time with an adult that the mother does not feel particularly close to and in talking about this really highlight how their children's relationship development may at times be independent of theirs.

I poems. This listening highlights portions of the interview that begin with "I" to understand how an individual relates to herself. For the purposes of this study, to remain focused on the children, these poems are comprised of mothers quoting or imitating their children during the interview. Rather than "I Poems" these appear to be more "We Poems" as the mothers re-enact their children's responses to certain situations. In this way both the mothers' voice and the child's voice is integrated becoming a "we" statement. These poems have been separated into a number of topics that were particularly prominent across interviews.

On Mothers
When are you coming back?
Bye mom. Bye.
Yay there's mommy!
Mommy's coming, mommy's coming!

Thank you mom.
Yeah mom. It was cool!
It was fun, mommy.
Ohhhh, look bathrooms! Mommy!

Mommy.
Mom, I've gotta have this
Mom, mom!

Oh, she's been away for so many years.
I don't need her now.
I'm a teenager.
I don't need her no more.

The engagement of the children with their mothers throughout this poem shows many facets and emotions that may be felt in the maternal relationship. As some of the children had been separated from their mothers for periods of time, knowing when their mothers would return and that their mothers would return was particularly important to them. It may be for them a defining part of the trust that exists in their relationship. The second line following the question seems a sad acceptance of the need for their mother to leave, but is followed by an overjoyed response at their return. The second and third stanzas describe children pulling their mothers into their world. By communicating what they want, what they like, and how they feel, they are able to share their internal world and experience with their mothers. They are actively pursuing and building the relationship in these two stanzas as compared to the first one in which the mother's return builds the trust between them. While the last stanza is the voice of a teenage child, it reflects the relationship that results when the opportunity for the first, second, and third stanzas does not exist. The last stanza also alludes to a comment that the mothers made previously about it being easier to reconnect with younger children than with older ones after time away.

On Fathers
Where's daddy?
Where's daddy?
Why doesn't dad live with us anymore?
Oh, there is a dad.
Okay. Where is mine?
Mum, what's my dad's name?
Do I have a dad?

Hey, you don't have a dad.
I have a dad.
Yeah, I have a dad.
His name is Nicolas.
I have a dad.
His name is Nicolas.
And he's back in South Africa.
Yes I do.
My dad's name is Nicolas.
And he's back in South Africa.
I do have a dad.

Oh I got a letter from my dad.
Oh I miss my dad.
Oh my mom's back or my dad.

Mom, are you gonna marry Mark?
Mom, are you gonna be with Mark?
He loves us mom.
Oh he loves us mommy.

Hey, I wanted to know if you would be my daddy?
You wrote us a letter.
I got the letter you wrote us.

Dad's getting out this year.
Our dad is getting out this year.
My dad is out, duh.
I don't want to be here anymore.
I want to be with my dad.

Mom, dad's calling!
We love you daddy!

Across both interviews all the mothers discussed the issue of fathers in their children's lives. This was a topic that nearly every mother contributed to discussing and while others were sharing their experience the other mothers in the room were often nodding their heads in agreement. In the first few stanzas the children explore whether they have a father, who he is, and where he is. In considering preschool aged children it is important to consider that many may have been separated from their father at very young ages and may not even be expected to remember their fathers. However, even the very young children who were separated from their fathers before reaching their first birthday wanted to know more about this relationship. The third stanza describes a child's joy in receiving a letter from their father. As part of the poem the receipt of a letter almost seems an answer to the "who are you" and "where are you" questions posed. The child's response to the letter is feeling that he or she "misses" the father.

In the fourth and fifth stanzas the children are seeking a father figure. While the men mentioned here were not the children's biological fathers, their mothers describe a clear desire on behalf of their children for the boyfriends to take the role of father. In the fourth stanza the children repeatedly ask the mother if she will marry her boyfriend, which would make him their father. During the interview the mother described feeling hesitant because she knew her relationship was not healthy for her and described pressure from her children as they emphatically repeated that he loves them. Another little girl approached her mother's boyfriend and asked him to be her father. She actively pursued him independently to fill the place of the relationship she had been lacking.

The last two stanzas reflect a desire to reunite with the father. Both of these stanzas describe the possibility of being together or having the distance in the relationship

taken away. One child described her father getting out of prison, suggesting it was only the prison that kept them apart and a relationship would exist once the prison hindrance was removed. Another child wishes that he could be physically with his father when he became frustrated with living at the facility. His father is in that sense his place of refuge, to be away from here. The last line reflects the voices of two children whose mother was getting married. They called her boyfriend "daddy" for months and were anticipating building that relationship with their new daddy.

On Friends

But mom, I don't know anybody.
I wanna go home.
I wanna go home with you.
I wanna stay home with you.

Okay mom!
Get my things ready.
I need to go.
Ryan is waiting for me!
Mom we're gonna be late.
Ryan is waiting for me!
Hurry!
Ryan is waiting for me.
We can't be late.
Ryan is my friend now.
We go to school together.
We're in class.
We do things together.

Why isn't Ryan going to school with me today?
Ryan is going to a different school.
Why mom?
Why I am going if Ryan's not going?
I'm not going.
Why?
Why can't I go?

Why are you his friend and you aren't my friend?
No. We are friends.
It's cool.

But now, here, I'm Tina's friend, not yours.
I'm sorry Vanessa.
I'm going to be your friend again.
It's cool.

The mother's story recreates a child's transition from home to school. The first stanza shows a reluctance to go and the reason why, being alone. The second stanza shows how a friendship born at school but also maintained at the facility changes the entire experience of school. While the requirement to go is the same, the friendship transforms the reluctance to eagerness. And the child describes what defines his friend, they go to school together, go to class together, and generally do things together. He has a friend now. He is not alone and it is possible to face the unknown and a new situation. It demonstrates the power of a relationship and the value of at least one close peer relationship for children experiencing homelessness. The third stanza demonstrates the loss and the change in feeling, attitude, and situation because of it. The friend has gone to a different school and this child no longer wants to go to his school, but wants to change schools to be with his friend.

The last stanza demonstrates one child who decides not to be friends with someone because he is friends with someone else. In line with what was observed and previously discussed, one mother recounts her experience of her child limiting himself to only one friend saying "I'm Tina's friend, not yours." He says this to another girl with whom he plays often, but seems to feel that while he is Tina's friend he is not able to also be hers. His mother informs him that this may hurt the girl's feelings and that he can be friends with two people and the last three lines demonstrate how the boy remedies his situation by apologizing and acknowledging that they are able to become friends again.

Note that he emphasizes his belief that while he was friends with one person he could not be friends with another by re-establishing the friendship as opposed to saying that they never stopped being friends.

On Place
I have more friends,
I have a lot of friends in that place.
Because it's a big one.
I have a big house.

This is how it goes.
This is where we live.
This is our neighborhood**.**
Everyone's like us**.**
There's more people like us.
There's not always a daddy.

I hate this place.
When are we gonna get in our own house?
When are you coming back?
You're still coming back, right?

These series of comments about the children's living environment was included because it seemed to impact the way that children thought about some of their relationships. These children are all describing their experience living at the housing facility. One child described his new home as large in contrast to where he has lived before and another child described this facility as a place where she has more friends. During the second stanza the child seems to be accepting that this is how things are, and in that acceptance recognizes that many other families and children are in a similar situation to him. He goes on to add that there are other children who are also missing their fathers. This place that they live, this neighborhood, is also where he finds connectedness and similarity. The child's situation becomes less personal, no longer is he missing a daddy, but there's not always a daddy. The experience is normalized by the

environment and the community. The final stanza reflects discontent and desire to move to a different place. The last few lines speak to the child's need for the mother to return, and in this poem the mother is in this way connected to the child's sense of home.

Contrapuntal voices. Though the mothers in these interviews were asked to talk about their thoughts and experiences regarding their children's significant relationships, two distinct voices emerged throughout both interviews: the voice of the mother as well as the voice of the child. Rather than describing in a summary format previous experiences, the mothers often re-enacted experiences they thought were pertinent to the questions asked by the researcher. Consequently, throughout the interview is a rich combination of the mother's voice intertwined with how they perceived and remember their child's voice in the same situation. In the following section the researcher utilizes information gathered from the maternal interviews to listen to the children's voices.

Case Studies

A limitation in this approach arose immediately after the three month observation period in January. While I continued to volunteer at the same time, the children comprising the child care class on Wednesday mornings changed drastically because the class schedules for their mothers had changed with the semester. Thus just before the scheduled child interview time, I lost access to many of the children with whom relationships had been build for the past three months. Also, during this time period some children had been enrolled in preschool and were able to start with the semester. And yet another family made arrangements to leave the facility. While efforts were made to find the most stable and constant environment to conduct this time intensive research, even this site experienced significant changes in composition and transitions in the short

period I volunteered. Consequently, many of the children comprising the child care classroom were either unfamiliar or below the age limit required to participate in this study. For this reason I extended the observation phase to build relationships with the new children.

Three children were chosen for presentation as case studies. Two of the children (Kerri, age 3 years; Jimmy, age 2 years) had engaged with the researcher for the entire four month observation period and one child (Laura, age 4 years) was new in the classroom for the one month prior to the introduction of the activities and interviews. The varied age spectrum was not intentional but provided a contrast in the types of responses children at different developmental levels and verbal abilities are able have. It also highlights important considerations in learning from children of that particular age group about their experiences.

Jimmy. Jimmy was a 2 year old African American boy with whom I interacted for the longest duration. He was present almost every day that I volunteered and engaged consistently with me. Jimmy had limited verbal abilities when we first met at the beginning of October, but was beginning to express himself with single words by the end of the study. On the love tree activity, Jimmy colored the fruits and glued them onto the tree. However he was not able to express whom each fruit represented when asked "Who's on your love tree?" Likewise while coloring valentine's cards he was unable to identify any individual recipient. He was excited at the end of the day to give his crafts to his mother when she picked him up. The last project that the other children did was to make a framed picture of their loved ones. A modified version was given to him in which different cartoons of a combination of male, female, boy and girl faces were cut

out and Jimmy was instructed to glue people he loves into his picture like the model the researcher had. It is unclear whether or not Jimmy understood these directions, as he glued all of the pictures onto the frame and did not provide any verbal clarification. Though Jimmy enjoyed engaging in art activities, considering his developmental level and verbal abilities activity based interviews may not have been the most appropriate method to engage him.

I had the opportunity to engage Jimmy in twelve of my twelve volunteer observation sessions as well as the four weeks during which activities and interviews were being conducted. Even when the mother's class schedules changed, Jimmy continued to come to the child care program on Wednesdays. Of all the children, my time spent and familiarity with Jimmy was the greatest. Due to the extended amount of time I had the opportunity to spend with Jimmy I had the opportunity to observe him interacting in a number of different contexts. This includes how he played with peers, his interactions with his infant brother (who also attended the program), and his interactions with other staff.

Jimmy's interactions varied significantly depending on with whom he engaged. There were two other boys who were a little younger than him with whom Jimmy tended to play. His interactions with one were very positive, they would play together such as taking turns on a slide or run around together. Jimmy would share toys and laugh when they passed objects between them. Generally they engaged in semi-independent activities but appeared to do them together. With the other little boy, Jimmy did not play well. If they had to share any toy or space the two would end up hitting or kicking one another within a few minutes. They alternated initiating the physical aggression, and

both children responded aggressively until a staff member intervened. However, unlike the other boy who would calm down quickly, Jimmy would walk off and disengage from everyone else. He would pick up objects and throw them or kick chairs over. Even with staff trying to talk to him, comfort him, or distract him, Jimmy took a much longer time before being able to calm down and re-engage with others. This behavior and emotional dysregulation was witnessed on four separate occasions by the researcher and always followed a similar pattern.

Jimmy's family had a history of domestic violence which contributed to their experiencing homelessness. While Jimmy demonstrates the ability to play well with some children, his responses to frustration were often aggressive. He would kick chairs or throw objects and then look at staff members, seemingly as a means of communicating his feelings to them. Given his history, it is possible that Jimmy witnessed and learned to engage in aggressive behavior. Rather than seek out adults when frustrated or sad, Jimmy appeared to isolate himself. He would go off in the corner and cry for extended periods of time. Once thinking he wanted attention I attempted to approach him to sooth him but he only cried the louder. The other staff member informed me that he always pulled away when he was upset.

Two children from Jimmy's family were consistently cared for in the program, so I had an opportunity to watch him engage with his brother as well as peers. Jimmy would periodically take breaks while playing to walk over to where his brother was playing. His brother was approximately four to five months old and was in the constant care of a staff member. Jimmy would walk over, look at him, and typically would pat his head or stroke his hand. He was very gentle with his little brother. In every single observation

day, the researcher observed Jimmy to engage in this type of behavior. He always did it at least once, and up to three times on one day. While it is impossible to assume Jimmy's thoughts, and he was unable to verbalize what he was doing, he appeared to have a distinct awareness of the presence of his brother even while engaging in other activities. Consistent with research describing how homeless families may be conceptualized as a unit, this type of behavior demonstrates adaptive strengths that Jimmy developed to demonstrate loving behavior and seek out interaction to unify him with his brother.

Most days were comprised of a small group of children; including two toddlers, an infant, Jimmy and one to two other children. However, on two occasions the child care program included a few older school aged boys between the ages of 6 and 8 years old. Jimmy responded particularly well to these older boys, often following them and trying to engage with them. As they played with a Mr. Potato Head, Jimmy picked one up and tried to put the pieces in the holes as well. He hadn't been observed to do this independently before this occasion. While he did not use many words to communicate, he tried to repeat words and make his sounds like those the boys were making while playing with each other. During a game of hide and seek with the researcher doing the seeking, Jimmy followed the other boys and once found helped the researcher to find them. He seemed to seek out these interactions with the older boys and not only engage them, but follow and mimic them in a manner similar to siblings. More so than with any of the other children or staff, Jimmy seemed to identify these boys as models and tried to learn from their communication and behavioral patterns. In contrast, when a girl who was also in this age group came to the child care program for a day, Jimmy did not have this response to her. He basically ignored her and played with the other children as he

would any other day. This suggests that his interest and engagement with the boys was not solely because they were older, but because they were older boys. He identified their behaviors as something he should be learning and was self motivated to do so. This highlighted in many ways the value of mentorship and children having access to others who are both older and younger than themselves.

Kerri. Kerri was a 3 year old Latina female who attended preschool three days a week but occasionally came to the child care program on Wednesdays. I had the opportunity to work with her during six of my twelve volunteer days and one out of three interview activity days while volunteering. Kerri was present for the activity during which we made love trees. For this activity, pre-cut trunk, leaves, and fruits were given to Kerri to glue onto her tree. The fruit was to represent the people she loved and there was no limit to how many she could glue on. Kerri put one fruit on her love tree and when I asked her who that special person was, she replied "mom." After placing this one fruit she put her materials away and placed her project in her cupboard to take home. Kerri seemed to have understood the directions, gave a clear response to the researcher's question, and completed the task, identifying her mother as the sole fruit on her love tree.

Compared to the other children Kerri tended to play independently. She engaged with the researcher often and typically sat down next to the researcher during television time. Kerri always had a snack packed when she attended the child care program. She did not ask the other children for snacks and did not share her snack with others. She did not wait to eat while others who did not have snacks waited for the staff to provide them with some. She seemed confident in having snacks that she liked. She would ask for

help opening her snacks and on more than one occasion said "Mom give me snack. Mom love me." She seemed to connected her mother's care taking behaviors to feeling loved.

Kerri liked to play away from the other toddlers and often played with a stroller and doll whose care occupied most of her free play time. She would cradle the doll and pretend to feed it. On rare occasion she would give the doll to the researcher and would show the researcher how to properly cradle the doll. She would only share this doll for a few minutes at a time. The only time I saw her cry was when someone took her doll. She quickly ran to me as well as the other staff member crying, "my baby, my baby" until the doll was returned to her. She responded appropriately to other children when they approached her and demonstrated an ability to play with other such as on a teeter totter, but tended to entertain herself independently of other peers.

Laura. Laura was a 4 year old Latina girl who began coming to the child care program on Wednesdays following the class schedule change. She began attending in January 2010. When Laura's mother consented to her participating in both the observation and interview phases, the researcher decided to spend a month building relationship with Laura prior to engaging her in the interview activities. Laura was present in three of four weeks of observation and for two of three days in which interview activities were introduced to the group. For the love tree Laura identified her mother, brother, and special friend as the loved ones on the tree. She asked the researcher to write their names on the tree. She did not provide a name for her special friend even when asked so the context in which she made this friend is uncertain. As Laura does not yet attend school and is limited in her social dealings, it seems possible that the special friend is another peer at transitional housing facility.

The second project consisted of making a framed picture of all those they loved. A frame was provided and the children could draw whomever they wanted to include. Laura did not want to participate in the activity until the researcher offered to draw the individuals for her while she provided directions about who should be in the picture and what they should look like. Laura stated that she wanted her mother, grandmother, brother, "the little children," and "my friend" to be in the picture. When asked further questions about who the little children and her friend were, she just looked at the researcher, laughed, and said "all the little children" while looking around the room. Laura also requested to be included in the picture next to her mother and grandmother. Her brother was behind her grandmother while all the little children were around the edges. She placed her friend next to her and identified him as a boy that should be "the same size as me."

These activities and Laura's ability to elaborate verbally on the individuals she included provided some insight into who she feels is special to her and contributes to her support network. Laura consistently identified her mother and her brother as well as a special friend across both projects. This is interesting as she spoke of this special friend in the singular and differentiated him from all the other little children in her picture. She also had a clear sense of what he should look like, described the size and details of his appearance, and described him as a similar size as she. This may indicate that her special friend is a same aged peer. It is also interesting that she identified other children as part of those she loves. Whether she meant all the children at transitional housing facility or other children in a more general sense, it seems she intentionally included these others under her purview of love.

Of all the children observed by the researcher, Laura was the first child that had significant difficulty with her mother dropping her off. Initially the researcher thought perhaps it was her first time attending the child care program; however the other staff members informed the researcher that Laura has struggled with leaving her mother and following directions for a long time and has not attended school though she is nearly 5 years old. The pattern of behavior observed the first time Laura was brought to the child care room was the same each time she was brought. She would cry as her mother left then separate from the other children and quietly cry to herself. She would resist the staff members' attempts to engage her in activities and pout when directed to particular activities that she did not want to do. She engaged with the researcher and was reluctant to share the researcher's attention with the other children. However, when an activity was completed when she did not want to finish she would pout and disconnect from the staff and other children again.

Discussion

This research sought to identify the significant relationships in preschool aged children's lives. As research suggests that support networks are negatively correlated with poor mental health and educational outcomes for children experiencing homelessness (Zima et al., 1999; Graham-Bermann et al., 1996; Graham-Bermann & Masten, 1990), intervention focused on development of relationships that were identified by the children as significant may be a valuable preventative measure for young children who experience homelessness. In addition to providing specific information about what relationships children identify as significant, this research also sought to identify how those relationships are formed and described by children.

The relationships identified through observation, maternal interview, and child interview can be organized into three categories: kinship, community-kinship, and peer relations. All three of these categories were represented across the three phases of the research. For the purposes of this research, kinship relationships refer primarily to biological kinship and include parental and sibling relationships as those were the primary relationships that children had access to at the facility and were discussed. However, it is important to consider that kinship is culturally defined and may vary significantly from family to family (McAdoo, 1993). A more in depth examination of an individual family or research conducted in a context that allowed for extended family members may have brought to light a number of other individuals included in this kinship reference. Community kinship refers to the communal relationships that mirror primary kinship relationships, such as communal mothering paralleling the caretaking role of the mother (Youcha, 1995). The third category of supports identified by the mothers and

children includes peer relationships. The children's observed interactions with one another and reported inclusion of other children in their social support list, suggests that this group also uniquely merits attention. The final relationships discussed are additional service providers and more diffuse relationships in the community that contribute to the opportunity for developing primary relationships identified.

Kinship

Research suggests that social relationships have been seen to impact people's physical and psychological health in significant ways. Healthy attachment between an infant and at least one primary caregiver is thought to be necessary for social and emotional development to occur (Bowlby, 1988). Statistics suggest that many families comprising the homeless population are single parent, maternally headed households in which the mother has primary custody of the children (Lehmann et al. 2007). Consequently, within this population, the mother is often the primary caregiver and the primary attachment relationship. The limited research available specific to maternal-infant bonding within homeless families suggests that homeless mothers are sensitive to their children's cues and distress, and respond with appropriate parenting behavior (Rich, 1990). This pattern of bonding interactions is thought to promote healthy attachment and socio-emotional development (Rich).

Consistent with research, mothers participating in this study identified themselves as the primary relationship in their children's lives. In both maternal interviews, the mothers discussed their children's "attachment" to them without the researcher presenting this term in the prompt. Attachment, or a variant of this term (e.g. attach, attached, etc.), was mentioned 44 times during the two interviews. This term was used primarily as the

mothers described their children's relationships with them, paternal figures, or other maternal figures in the community. A few mothers described their children's attachment to them with behaviors consistent with a secure attachment style (Ainsworth, 1979) in which they are were more comfortable exploring new situations with their mothers present, demonstrated some anxiety with separation, and re-engaged with their mothers upon their return.

This attachment, however can be negatively impacted by adverse circumstances or environments, high levels of maternal stress, or maternal mental health (Atkinson, Paglia, Coolbear, Niccols, Parker, & Guger, 2000; Hadadian & Merbler, 1996). Research with a sample of homeless mothers suggests that specifically maternal depression was negatively correlated with care giving behaviors (Gossett, 2004). As care giving responses to an infant's needs are an important component of building secure attachment (Ainsworth, 1979), this may significantly impact the development of secure attachments in families in which the mother experiences depression. One 3 year old girl who participated in the interview only identified her mother in her support system which suggests prominent placement of her mother with regards to the child's perception of her network. This same child repeatedly stated that her mother loved her and packed her a snack, connecting her experience of her mother's love with her mother's care giving behavior. Attachment may also be a contributing factor for the inextricable link between maternal and children's mental health (Zima et al., 1999; Graham-Bermann et al., 1996). As numerous studies suggest high levels of stress and mental health needs for mothers experiencing homelessness (Gossett, 2004; Zima et al., 1999), addressing maternal needs and supporting the development of secure attachment and positive relationship between

mother and child may be a valuable point of intervention. Some research suggests that preventative care may be a more appropriate model in order to encourage secure attachment (Hadadian & Merbler, 1996).

Another factor influencing attachment that arose during the maternal discussions related to children's separation from their mothers for periods of time. While no causal relationship is identified, research suggests a high correlation between family homelessness and incidences of foster care (Zlotnick, 2009). Out of home placements were more prevalent for school aged children to facilitate school attendance and provide consistency in home and academic placements (Zlotnick, Robertson, & Wright, 1999). While kin or non-kin foster care was not specified in every circumstance, multiple mothers alluded to drug and/or alcohol problems which contributed to their children's placement in foster care. The impact of such an experience on one child's attachment to her kin foster caregiver can be seen in one mother's narrative. She said "I think Kimmy is really attached to my mom because my mom took care of her during my addiction and stuff," and later alludes to difficulties her daughter has separating from her "*I* have to put her in the car. *I* have to be the one to see her off and hug her and give her a kiss and let her know that, 'I'll pick you up at school. I'm gonna be right here.' Because she freaks out" (Maternal Interview Participant, personal communication, 1/20/2010). Another mother commented on reconnecting with her daughters after a period of separation saying, "If you're separated from them at a very young age, but you get back right away, they're pretty good about just connecting again. The longer the time passes, like with my older kid, the harder it is to reconnect." Maternal reports suggest that younger children, such as these preschool aged children, demonstrate an adaptive ability to more easily

reconnect with their mothers as compared to older children in similar circumstances. It may be valuable for service providers working with families experiencing homelessness and those transitioning into permanent housing to include family preservation services and parenting classes (Zlotnick et al.) to support this important relationship.

Another important kin relationship that arose across the three phases was the sibling relationship. Positive sibling affection may act as a protective factor against major stressful events (Gass, Jenkins, & Dunn, 2007). During the child interview, the four year old girl identified her older brother as one of three family members to include in her love portrait. From observation, children with siblings engaged often with their siblings. Siblings demonstrated a tendency to engage with one another purposefully each day at the child care program. This was sometimes in the form of helping behaviors such as opening snacks or throwing trash away. When siblings were working together such as gathering their belongings to go home, they were able to complete their task more quickly and efficiently than they would have independently. Their relationship and interactions appeared to be to the benefit of all children involved.

As modeling has been established as playing a large part in children's learning of behaviors and attitudes (Bandura, 1977), siblings play a significant role in the development of younger siblings because they are often the most accessible and constant models. Research also suggests that modeling can be a valuable component of learning for infant aged children (Wishart, 1986) as well as children with special needs (Hancock & Kaiser, 1996), and can be utilized as a means of providing effective milieu therapy for children experiencing homelessness (Hancock & Kaiser; Hunter, 1993). This was demonstrated at the facility where this research occurred, as generational difference

between children allowed for modeling and learning experiences valuable in particular to the youngest children. During observation, the younger sibling of one dyad often wanted to sit near his sister during the art activities and would try to mimic her steps, such as trying to use scissors or glue. Not only did he want to complete the task as his sister had, but he would look carefully at her handling of the scissors and try to place his hands similarly. As he had grabbed the scissors with the wrong hand, this close observation of his sister led to self corrective behavior and increased success in learning how to handle the scissors. Their mother described the relationship between these two children, 2 and 4 years old, "And with my son it's her. It's his sister. Because he wants to do everything she does, and when she leaves if she's leaving him he does not like it. He has a fit… Because it's like she does something and he wants to do it…But it's amazing to watch and see how he looks up to her" (Maternal Interview Participant, personal communication, 1/20/2010). This example highlights the role of siblings in one another's growth and development through the processes of modeling and learning.

While this type of learning can be seen as a strength, it can also be a weakness for children if those that they are modeling after demonstrate problematic or aggressive behavior (Bandura, 1978). Children experiencing homelessness witness higher rates of violent acts than do their domicile peers (NCFH, 2008b). They also demonstrate higher emotional and behavioral problems compared to same aged peers (NCTSN, 2005; NCFH, 2008a). Thus, as younger children living in a shelter model their behavior after older peers in the shelter, they may model and learn behaviors and attitudes that are maladaptive, thus passing on such problems generationally among the children through peer interaction.

A final role arising from continued discussion of sibling relationships was the protective role that siblings had with one another (Sanders & Campling, 2004). This protective factor was both older children protecting the younger as well as younger children protecting the older ones. One mother described her youngest daughter who is currently five years old saying "She's got a lot of personality, and she's just… When it comes to her sisters she just like…she'll fight already, at five; like, somebody's bothering her sister she just runs up and like, you know… 'They hurt your feelings? Let's go tell them.' And they just came back from not living with us for over a year. She's just like, "Are my sisters coming home? Are my sisters? Are my sisters?" It's just amazing" (Maternal Interview Participant, personal communication, 1/20/2010). Not only did this child demonstrate a swift reconnection with her siblings after time apart, but she perceived her role with them as an active participant in the relationship. In this situation she actively engaged her sisters to learn about their feelings and stood up with them to assert themselves together.

The final relationship described by the mothers, though not mentioned directly by the children, was that of the paternal relationship. Unlike the other relationships described here, this was unique in that it was the absence of the relationship that was highlighted as important by the mothers. In both interviews mothers described their child's interest in knowing who their father was. For many of the mothers this was a surprise as their children had never known their fathers or had been separated from them as infants. One mother describes her child returning from preschool with the question "Do I have a dad?" Somewhat taken aback she responded, "'Yes, you do have a dad. And his name is Nicolas and he's back in South Africa.' He said, 'Yeah, I have a dad.

His name is Nicolas. Okay. Thank you.'... Apparently the other kids at school were talking about their dads and dads coming to pick them up… He just wanted the single one, his answer. It just gave him comfort and hope." Of the entire sample of mothers participating in the interview, only one child was described as having an ongoing relationship with his father and would ask his mother often "Why doesn't dad live with us anymore?"

The paternal relationship was not just one the children were interested in knowing about, but they also actively pursued the development of such a relationship. While one mother described how her older daughters "always talk about their dad, and the youngest one knows that dad's out there and our family's still not complete, so she's always, 'I hate this place.'" One mother described her children's attachment to her boyfriend, whom she did not identify as her ideal father figure for the children. She said, "But for my kids, they fell in love with him. They got a connection. Maybe because they were in need of love, attention, because their father left, and they just wanted somebody to—like a father figure." Another mother described a similar situation, "You see, I have all girls, and they still want a father figure…like when I was in rehab she went to him, just one day, 'Hey, I wanted to know if you would be my daddy?'" This little girl was approximately three years old at the time that she asked her mother's boyfriend to be her father. Her mother was surprised by her daughter's behavior at the time and said, "how can she be missing something that she never had?" Another mother described her fiancé and how her children already call him daddy and want to speak with him every morning and night. While the paternal relationship with the biological father does not appear to be an active

one for most of the children at the facility, their questions and behaviors suggest that the paternal relationship is an extremely important one nonetheless.

Community Kinship

While these families have overcome a number of challenges, their presence and involvement in a community is a testament to their resilience. The relationships between the children and others in the community reflect in many ways the kin relationships described above. As kin relationships influence the child's overall well being, the capacity for the children to develop similar types of nurturing and supportive relationships with individuals in the community is a highly adaptive quality.

Children's relationships with other mothers living at the facility were emphasized. In order to leave the facility without one's children, a mother was required to make a contract with another mother who would take responsibility for the children during the specified time period. From the interview, not only did mothers have a preference of who they would like to leave their children with, but their children had preferences as well. One mother described her daughter's preference saying "They pick and choose. 'I want her to watch me'" (Maternal Interview Participant, personal communication, 1/20/2010). The children had built relationships with other mothers in the community, separate from those their mothers built. Observing the children being picked up by their contracted mom for the day confirmed these relational dynamics. The children often shared their art and asked what they were going to do that day. While they recognized the change in their routine, their affect and engagement with the contract mothers suggested positive relationships and expectations.

In addition to these contracted mothers however, was an overarching sense of something more pervasive, a sort of communal mothering (Youcha, 1995). One mother described it this way "I have more than one son here. Yes, we all do. I have more than one. We all have adopted sons and daughters and adopted moms" (Maternal Interview Participant, personal communication, 12/9/2009). The mothers were often seen caring for more children than their own. During lunch time a mother may help someone else's child to serve their meal or try to calm a crying toddler. Another mother said "Because I would take care of yours [children] with love. I would clean their bottom, change diapers, do all of that you know, like I would take care of mine" (Maternal Interview Participant, personal communication, 12/9/2009). In addition to mothers, the researcher witnessed the staff also engaging in caretaking roles. For example, two children were running around without their mother and a staff member stopped them, asked them about their mother, and then escorted them back to their room. The staff who provided child care would change dirty diapers, clean toys, and provide snacks when mothers had forgotten to pack them for the children. In many ways the entire community played a role in mothering the many children that lived on site. As one of the children identified care giving behaviors connected to her feeling loved by her mother, it is possible that care giving actions on the part of other community members may also contribute to her sense of feeling loved.

The community kinship extended beyond motherhood, and many peer relationships were also seen to mimic those of sibling relationships. Older children in the community acted as peer models in ways similar to older siblings. For example, an older girl attended the childcare program on the same day as a five year old boy. During the

entire art project he would watch how she was completing the project and copy her every step. He cut and glued things in the same order, and colored pictures using not only the same colors but the same crayons. While he seemed almost embarrassed when the girl pointed out that he was copying her, he obviously continued. When the researcher told the girl he was learning from her, she engaged him in much the same way that the other siblings in the room did. She would hand her supplies to him when she was finished with them and help him in completing his project more effectively. This particular boy did not have an older sibling, and in the context of the classroom this girl was the oldest child present. Consequently, he chose to look to her to determine the best way to complete a task. This type of pattern could be very useful in minimizing trial and error learning and instead learning various skills by following positive and appropriate examples.

These particular relationships between younger and older children were conceptualized as resembling sibling relationships. This is because such relationships were described by the mothers to be especially prominent with regards to children who did not have older siblings or did not have same gender older siblings. In describing her two-year-old son's relationship with an older boy at the facility, one mother said, "Jacob is like Jimmy's big brother. He wrestles and plays with him. And that's what he needs, he's a boy. He's with his sisters all the time, you know, they are like hold this purse, you know, and hold the baby, and he's like 'NO!' So he gets to be able to be a boy with her sons and they just show him love and everything" (Maternal Interview Participant, personal communication, 12/9/2009). In this way, this young boy learns gendered behaviors from those in his community, despite not having any older same-sex familial relationships.

Peer Relationships

The observed children demonstrated elasticity in building relationships and connections with many peers in the community. Children had ample opportunity to engage with other children their own age in order to develop individual close friendships. These friendships were identified during the maternal interviews as valuable in adjustment and times of transition. In one art project, a five year old girl identified "all the children" as part of who she loved. Peers were mentioned both on an individual level as well as in a community context. Thus, a structured community may allow for children's adaptive development of social supports and networks with other children and adults in the community as demonstrated by the children in this study.

One pattern that emerged from the maternal interview was that while children played with many other children in the community, they demonstrated a tendency to gravitate to one particular child. This was also evidenced in one child's art interviews when she included her "special friend" in two art projects. While this special friend was not named, she referenced him in the singular and separately from "all the children" which were also included. Having one close relationship that one can invest more time and energy into developing may be very useful for children. In particular, these relationships as described by the mothers seemed to be between similarly aged children. One mother described her son's relationship with another boy on site as building quickly because they attended school together. While her son was initially resistant to attending school, having a close friend with whom he could transition made him not only willing to go to school but excited. This close friendship provided both children with an increased

level of security to manage a significant transition and respond to it more positively than they would be able to independently.

Interactions with others experiencing similar histories, particularly those involving trauma and major stressors, may be useful to normalize and destigmatize reactions (Foy, Eriksson, & Trice, 2001). In many cases individuals with unique experiences are brought together through group therapy to encounter others with similar backgrounds. However, in this housing facility families with similar backgrounds are brought together each day. As a result one of the benefits of children's more diffuse peer relationships with other children experiencing homelessness is that they provide a normative context for the child's experience. As previously mentioned, one mother described her child's interest in his father after seeing other children at school with their fathers. This context highlighted to him how he was different from the other children. Depending on what aspect is different from his peers and how others respond to it, differences can be isolating. However, involvement in a community where multiple families share with the experience of homelessness in common can normalize rather than stigmatized this experience (Kidd, 2007). One mother described how the community influenced her son's thinking about the presence of fathers. "They just think that this is a community. 'This is where we live. This is our neighborhood.' And so that's why they reach out to everyone, because they see it and they see our situation and say, 'Everyone's like us,' or, 'There's more people like us. There's not always a daddy'" (Maternal Interview Participant, personal communication, 1/20/2010). This shared experience contributes to the connection in the community as the children identify themselves as the same as others.

Methodological Considerations

From a methodological perspective, utilizing a relational framework proved to be valuable. This frame work increased the number of children the researcher was able to work with, created an empowering environment for parents to be participants in research (Everett, Homstead, & Drisko, 2007), and provided a contextual basis for interpretation. However, a number of challenges arose during the course of the data collection. The development of trust through the relational investment also contributed to recruitment and retention of participants (Ford et al., 2009).

In considering the relational component of the design the researcher recognized the need to build relationships with the community as well as the children. However, the gross majority of the time was spent developing the researcher's relationship with the children. While time was built in to attend meetings and join families for lunch, increased time spent with the mothers may have increased interest in the project or the mothers' comfort in participating themselves or allowing their children to participate. Similarly, increased investment in communicating with various staff members about the project may have also contributed to more wide spread knowledge of the process and project. Since the researcher was only present one day each week, collaborating with staff members may have allowed for more of the appropriate participants to have been informed about the project.

Considerations and adjustments to working with a transitory population were made in developing the research design for this study as well. In particular multiple opportunities for participation in the parent group were created, an ongoing consent process for child participation was open for the six month duration of the study, and

interviews, observations, and child activities were scheduled around peak times when families tended to be busy or off site. This was to accommodate changes in family composition of community as well as to give mothers multiple chances if they were unable to make an initial appointment.

However, the researcher was unaware of the schedule changes and transitions associated with participation in this specific program. For example, recovery and skill based classes occurred on a quarter system with fall, winter, spring, and summer. While the researcher volunteered on a weekly basis and had consistent access to generally the same group of children each week, she was unaware of when the mother's schedules would change and how they would affect the composition of children at child care. When the observation phase was ending and the interview phase was scheduled to begin the researcher arrived during her usual time to find a mostly different set of children attending the child care program. It was explained that with the parents schedule change their need for child care services changed as well. The researcher then invested an additional month building relationships with these children before going into the activity interview portion of the research. Even with this additional month, the researcher was not as familiar with these children and very few children within the appropriate age range as compared with the previous semester. This also impacted the researcher's ability to gain consent from mothers who were unfamiliar with the researcher because they had not seen her consistency in the way the other mothers had.

This transition also happened between the researcher's completion of the interview portion and scheduled winding down period in which she transitioned to volunteering every other week to terminate the relationship in a non-abrupt manner.

However, when the researcher arrived for her last day with the children at the facility, the schedule had once more rotated and none of the children that she worked with before was present during the same time slot. For this reason the original plan for the various phases may have aligned itself to accommodate the schedule changes had the researcher been aware of this process. Adjustments in design could have been made such as working with particular children rather than on a particular day. Even so there was some variation in how often children came to child care (even on their normally scheduled days) that would be unavoidable.

Developmental considerations proved to be challenging during the child interview portion of the study. Variations in verbal ability, both expressive and receptive language, made communicating with children and understanding their responses difficult. The older children were better able to understand and follow directions for activities. They were also better able to communicate responses to questions verbally. Without verbal affirmation it was difficult for the researcher to grasp whether or not the younger children understood the directions. Research also suggests higher levels of developmental and language delays among children experiencing homelessness (Rafferty & Shinn, 1991) which makes capturing the lived experiences of preverbal children in this age group even more difficult.

At the time the methodology was developed more preschool aged children were present at the facility. As the facility became more established in the area, preschool aged children were encouraged to attend preschool and that decreased the number of children available to participate in the study at the time of implementation. Consequently many children within this age group were not available for onsite study. To better

capture the experiences of young children, this study could have split up age groups and focused on specific age range, such as 2 year olds or 3 year olds. Compared to the group that had initially comprised the child care center, the mean age of the children remaining onsite in the child care program was decreasing as the older children transitioned to preschool. The older preschool aged children may be a valuable group to target as they have more developed linguistic communication skills. Future research may seek to observe these children both at the housing facility as well as at the preschool to gain the best understanding of the fullness of their social networks across contexts.

This exploratory study sought to provide in-depth information about the significant relationships of children who had experienced homelessness. Due to the limited number of participants comprising the sample, this sample is not intended to be an accurate reflection of the gender, age, or ethnic makeup of the homeless population. Similarly, this study will be conducted in Southern California and is not intended to describe the experiences of children living in other regions or states across the country who may have access to different resources or have different needs and experiences all together. The researcher hopes that the results might provide information that could contribute to existing findings and improve capacity to effectively research the needs of and serve this unique population.

Limitations

This study was exploratory, both in research question and in method, and was intended to provide in-depth information about the meaning children give to their experiences of homelessness and their relationships. The participants that comprised this group were limited and not intended to be an accurate reflection of the gender, age,

or ethnic makeup of the homeless population. Similarly, this study was conducted in Southern California and was not intended to describe the experiences of children living in other regions or states across the country who may have access to different resources or have different needs and experiences all together.

Recordings of observations were also made in hindsight rather than in vivo. This was decided to prioritize the relationship development between the researcher and children. However, recording in retrospect is based on recall and is less likely to be as accurate as in vivo recordings (Graue & Walsh, 1998). Thus the researcher's ability to recall events correctly is also considered a limitation in the research.

While the research intended to capture and report the voices of children experiencing homelessness, the inferences made by the researcher are influenced by the researcher's biases (Chu, 2002). While not all biases are negative, such as those informed by the research reviewed, they are biases just the same. Information gathered through observing and human interpretation will reflect the researcher's thoughts, beliefs, and biases and for that reason will never be fully objective. Therefore, while attempts have been made to minimize biases and misinterpretations, the human nature of this project necessitates the consideration of how those that do exist may have influenced the resulting work.

Recommendations

Fostering existing relationships. The interconnectedness of the children's relationships to their biological kin as well as their community kin stood out as a significant finding in this study. As positive relationships are a valuable component of overall well being, and social supports seem to mitigate against some of the negative

consequences of homelessness, young children's capacity to develop such a breath of relationship is a meaningful and important strength. Such strength may be utilized as a key component for the development of programs for young children experiencing homelessness.

For both parents and agency personnel, this research provides information for the types of relationships that young children form. Primarily kin relationship, community kin, and peer relationships were identified as significant by mothers and their children while experiencing homelessness. As research suggests that social support is negatively correlated with some of the detrimental effects of childhood homelessness, it would benefit children in this community for the adults to facilitate the relationships identified here as significant.

In practical terms, this means listening to the children's voices in the community. During the interviews, some mothers identified that their children had preferences for adults that they liked to stay with when their mother was not available. If appropriate, a mother can use this information to choose the other mothers in the community with whom they create care taking contracts. Rather than rotating their child with numerous care takers, mothers may focus in on a few other mothers that they trust and with whom they feel comfortable for their children to build relationships.

To build on that, same aged peers and older peers were identified as salient individuals to children. If a family has same aged peers that the children connect with, a mother may choose to contract with that mother or arrange additional play times with her children to increase the children's opportunity for interaction with one another. With regards to older peer relationships, there is great potential for strength but also for harm.

It is important that mothers be aware of the behaviors of older children that their children may interact with in order to promote the learning of healthy and adaptive habits in their children. Mothers should try to gain an awareness of these types of behaviors and how older children behave before their younger children spend time with them in order to prevent the learning of maladaptive behaviors as well as to prevent the termination of a bond that a child may make in the case of an unhealthy relationship.

The facility staff can facilitate these relationships as well. Organized games or activities in which children can participate in small groups or dyads together can facilitate the "special friendships" identified by the children in the research. Increased, purposeful, and positive interactions can contribute to the development of healthy relationships. With Regarding the influence of older peers, staff can facilitate peer mentoring opportunities with children off site as well as adaptive relationships between children onsite.

If the children were to request what they wanted, I think they would say "let me play." Play allows them to organize information and learn about the world around them and as such is an integral component of children's healthy development. Play is also a means by which children engage with others and build relationships. So this seemingly simple request actually sets the foundation for most of the relationships that will so profoundly impact children's lives.

Community development. In addition to the relationships explored here, shelter staff members, social workers, nurses, and a variety of service providers comprise a fourth category of relationships that may be invisible to young children but are valuable in providing supports and promoting the other primary relationships identified through this research. These individuals become key relationships to mothers, and consequently

families, to identify resources and contribute to positive familial health through family empowerment. Research suggests that family empowerment services can increase family preservation rates and social supports while decreasing stressors and the occurrence of crises situations (Zlotnick, Wright, Cox, Te'o, & Stewart-Felix, 2000). The empowerment of women, as defined in one study as women's opportunity have meaningful personal, political, and economic influence, has been internationally associated with higher levels of overall community health (Varkey, Kureshi, & Lesnick, 2010). These authors argue that empowerment, in other words experiencing control in one's life, is related to both health and wellness (Varkey et al.). Service providers may provide resources, education, and supports integral to empowerment, and for that reason are foundational parts of the therapeutic community, as was seen at this particular facility. Carefully selecting staff and ensuring a structure that promotes well being and self-efficacy among the women are important components of developing a therapeutic facility.

Additional family members present outside of shelters and facilities may also play a key role in the lives of homeless families. One mother alluded to how a child's grandmother took care of the child while the mother was managing her drug habit. Another child during the interview mentioned her grandmother in her portrait of people who love her. However, due to a variety of reasons, extended family members may play a less active part in the lives of homeless families while they live in a shelter. Reasons may include limited transportation, financial difficulties, relational problems, or shelter regulations which may keep outsiders out. When considering how to support families in building support networks outside of the community to prepare for eventual transition it

may be beneficial to consider possible nontraditional family members and begin to facilitate those relationships prior to transition (Paquette & Bassuk, 2009). The facility could host family days in which outside family members are invited to participate in an activity or join families either onsite or at an outside place for security reasons. The facility could also encourage families, when appropriate, to contact and invest in relationships outside of the facility. For many women these relationships are non-existent, strained, or even toxic and may not be a viable option. But for some who may have access to positive familial supports, providing assistance in developing these relationships could be useful.

Combining the recognized need for connection, knowledge about how connections may be severed when families experience homelessness, and the capacity of children to reestablish meaningful relationships, the presence of a community itself stands out as an optimal means of intervention. A recent article by Eheart, Hopping, Bauman-Power, Thomann-Mitchell, and Racine (2009) describes the community as the *means* of providing support and service for others in the community. While many other interventions occur within a community and consider the dynamics of the community, few interventions have used the community as the process rather than the context for the intervention. Rather than utilizing a traditional model in which services are rendered by external professionals, Generation of Hope Community utilizes an Intergenerational Community as Intervention framework for meeting the needs of the individuals in the community (Eheart, Hopping, Bauman-Power, Thomann-Mitchell, & Racine, 2009). Thus it places the community at the heart of making positive changes in each member's life (Eheart et al., 2009). This model of intervention assumes that residents are not the

problem, but rather are ordinary people who need family and community. It also assumes that every individual has the capacity to care and ability to contribute (Eheart et al., 2009). This takes the form of an empowerment model that specifically utilizes the strengths of individuals comprising a community to meet the specific needs of others in the community. In this model, professionals and experts contribute to providing resources and supporting the development of the community so that it can act in a sustainable manner to provide long term intervention through real and ongoing relationships.

This may be a useful model to consider in addressing the needs of families, particularly children, experiencing homelessness because of the emphasis on building meaningful relationships between community members. This model is empowering on an individual and community level and utilizes community members' strengths and resilience. It builds self efficacy by assuming each individual is an integral part of an active community, has something valuable to contribute, and is capable of making this contribution (Eheart et al., 2009). This particular model requires the presence of three or more generations to diversify thought patterns and strengths that come with each generation. While younger individuals may have increased capacity to complete physical tasks, older individuals may demonstrate more wisdom in how to achieve a goal. Intentionally developing a heterogeneous community with respect to age provides a variety of physical and psychological resources that community members can share with one another. This facility in particular already has the presence of multiple generations and may increase aspects of its therapeutic capacity by connecting the elderly population more intimately with the mothers and children living on site.

Creation of a Generations of Hope Community must reflect ten components identified as critical to its success as intervention (Eheart et al., 2009). The following will consider how these ten characteristics already exist, may be developed, or may be difficult to develop at this transitional housing facility.

The first characteristic of a Generations of Hope Community is that the community is organized around a pinpointed few social challenges. This particular housing facility was created with the intention of providing transitional housing and recovery support to families comprised of women and children who are experiencing periods of homelessness. In addition to addressing the needs of families, the facility also serves elderly women experiencing homelessness. While the cultural backgrounds and experiences leading to their stay at the facility may differ, all residents have in common their experience of unstable housing resulting in periods of homelessness. Despite the differing needs for families and the elderly, the overarching focus for both could be to provide any necessary support to overcome the effects of their experience and attain stable permanent housing. The second characteristic is that the community must be characterized by the presence of three or more generations. While observing the families, the value of interaction between individuals from diverse age groups was apparent. Children engaged with older peers and other mothers at the facility. The benefit of one generation of children learning from an older generation was already present as preschool aged children were observed to model their behaviors after older children. Furthermore, this particular community also has an elderly population which if integrated could contribute to the richness of perspective and learning occurring at the facility. The presence of three generations already exists in the facility's current state.

The third characteristic speaks to implementing a more intentional integration of the generations present in the community. In order to promote integration, the facility itself must facilitate interactions and relationships by designing spaces that are accessible and practical for individuals from multiple age groups. This is both a strength and weakness of the current facility. Currently, the elderly women live in an area separate from the families at the top of a hill. This placement may make it difficult for these women to spend time with the families as they would have to come down the hill and return back up. The physical demands may be too burdensome for elderly individuals who may have medical conditions, fatigue, or other health concerns that would prevent such activity. A strength of the facility is the availability of multiple spaces that would allow for the needs of multiple generations being met. For example, a recreational area exists with a playground for children with nearby tables for adolescents and adults. These tables could also be accessible for elderly women and would put multiple generations in close proximity to facilitate relationship building. However, such integration does not depend solely on physical accessibility, but also on the desire and interest of the residents to do so. Surveys or an alternative gathering of information would need to occur to determine if the residents across generations had any desire to integrate and to learn about concerns that integration may surface.

The fourth characteristic of a community that serves as the intervention is that the practices used to build the community and facilitate wellness must be grounded in research and theory. For example research suggests that children benefit from nurturing, stable, and consistent relationships and older adults need purposeful engagement and meaningful relationships. Utilizing the research in this way can inform the staff and

community about community qualities that would be valuable to integrate. It can also prove useful by providing concrete information regarding the needs arising at different stages of the life span so that the community can be prepared and plan accordingly to meet the members' needs. Research such as this project can be utilized to determine the specific needs of the community and to consider what current research suggests may be best practices to meet such needs.

The fifth characteristic recognizes the need for flexibility. While it is important to utilize research and build a community structure that can promote resilience and empowerment, it is also important that the community remain flexible and aware of the changing needs of its members. With regards to this facility, the community is not always constant as this is a temporary housing facility as compared to permanent housing facility. Therefore while it may look different in function from a permanent community, flexibility and adaptability may be even more integral than in a more traditional setting. Consistent with their current model, ongoing town hall meetings during which residents have the opportunity to participate and voice their opinions and needs is valuable in continuing to accurately identify the needs of the current community and address those needs in an ongoing manner.

Since the community is the means of intervention, it is powerful to promote diversity on various levels. Diversity as the sixth characteristic is integral and varied life experiences provide varied perspectives on challenges and problems. In this way the community can provide a number of solutions when challenges arise. This facility in particular demonstrates a high level of diversity with regards to race and ethnicity and religious backgrounds. However, because the facility is for women and children,

diversity in gender by age is limited. While there are boys on site, they are all children or adolescents and in this way the community lacks the diverse perspectives of adult and elderly men. Some of these effects may be mitigated by having male staff in this missing age groups who can contribute to ongoing community development.

Utilizing the wisdom, experience, and time of older members of the community is the seventh characteristic that allows Generations of Hope Communities to function well. The role of the senior residents in this model is to be "givers" and primary volunteers in the functioning of the community. In this way the elderly have a clear sense of purpose and actively shape and influence their community, and the community benefits from their experience and wisdom. In return younger generations are able to provide them with assistance in completing tasks that are more physically demanding, such as moving furniture or maintaining a property. Eheart et al. (2009) suggests a ratio of 3.5 seniors to each family household. It would be valuable to see the ratio at the facility to ensure that too much is not demanded of a small population of elderly individuals. When a high ratio of seniors to families exists, the responsibilities and volunteer opportunities may be spread out in a manner in which does not exhaust or encumber those seniors volunteering. It would be important to understand the experiences of the seniors and their needs, including their desires to be active volunteers or not. Understanding their expectations for their living space is important to understanding the role they might take within their community.

Economics comprise the eighth characteristic. When making decisions as a community, it is important that economic issues be considered but that they do not take priority over other community values. It is crucial that the community maintain at the

forefront the goals and values of the community and ensure that these will not be compromised by fiscally related decisions.

The ninth characteristic of this form of community is to employ a professional staff that is responsible for determining the appropriateness of new community members before they are added to the community and for the implementation of the programs in the community. Staff could also play an important part in coordinating with outside service providers or financial supporters to enable the environment that allows for certain needs of the community to be met. The key difference however, is that while staff are present, they do not act as a governing power, but rather take the role of enablement to allow and support the development of a community that is able to meet many of its needs internally. The facility demonstrates a dynamic relationship between the leaders and the community members in making decisions for rules governing the residents. This relationship between staff and residents demonstrates the empowerment model which allows residents to control some of their circumstances.

The final characteristic of a Generation of Hope Community is that members are encouraged to both unify as a community and continue to nurture outside relationships. This would allow for increased social support and the exchange of ideas beyond the limited number of people comprising the community. By being involved with other communities as well as one's own the community is blended with surrounding areas and does not become stigmatized. It provides a means by which community members can education others outside of their community about the challenges faced by people in their community.

This Intergenerational Community as Intervention reflects the essence of an empowerment model. Change occurs through real relationships within the community. Research suggests that the empowerment process occurs over six stages: recruitment, engagement, involvement, retention, partnership, and leadership (Everett et al., 2007). Building relationships based on trust is a foundational component of at least the first two stages (Everett et al.), and could arguably be applied to the successful functioning of all the stages. Thus, through the building of such a community through the facilitation of authentic relations, not only are the individuals empowered, but so is the community as a whole.

Areas for Future Research

As research on children experiencing homelessness is still limited, and that focusing on preschool aged children even more so, there is significant need for further research. While existing research suggests that social support was correlated with lower rates of adjustment and mental health problems, how social support is defined still needs clarifying. For children, is quantity or quality more predictive of more positive outcomes? While this research identified children's significant relationships it would be valuable to know whether facilitating certain relationships would be more meaningful to the children than others. For example, are same aged peers more or less important than older peers? Does this change if a child already has older siblings? Answering such questions can significantly impact the ability of professionals and supports to facilitate relationships that would be most beneficial to each child. Are the relationships identified by preschool aged children the same or different than school

aged children? If there is a shift, at what point does that shift occur and what would that mean for service providers when looking at children's disrupted networks?

Implications

This research recognizes the problems that arise for families, including women and children, dealing with homelessness. Thousands of families are being impacted by this phenomenon annually. Numerous factors beyond individual control such as limited affordable housing, poverty, decreased government support, single motherhood, domestic violence, and limited social supports all contribute to increasing numbers of women and children flooding the streets (NCFH, 2008b).

The experience robs mothers of being able to make independent decisions for the best interest of their children because they must abide by rules set my any housing facility within which they live. Fear of losing food and shelter often take away women's voices in making the changes to their communities (Fonfield-Ayinla, 2009). This leaves a population without resources, independence, and hope. Fonfield-Ayinla (2009) describes her experience with homelessness and describes the process at various times as dehumanizing saying, "Homeless service programs would benefit by moving away from dehumanizing language. Labels like 'case manager' or 'client' are not helpful because they set up a hierarchy. The labels assume that 'clients' are passive recipients of services, and that 'case managers' or other clinicians know what is best for them. Anyone seeking services for their families would want to contribute to treatment planning for their children and themselves" (p. 300). She also advocates an empowerment model stating "Parents who face homelessness have a wide range of strengths and needs. Programs need to create individualized services plans to support

parents, children, and families. To do this well, it is critical to involve consumers as partners in their own treatment planning and recovery" (p. 300).

After reading dozens of articles from around the world on homelessness, this was the only one published by an academic journal that was written by an individual who had actually experienced homelessness. Most articles were quantitative, summarizing in numbers the results from surveys. Somehow I doubted those numbers would capture the lived experiences of those individual's lives. While some were qualitative and gave voice to actual experiences, none of these described the experiences of children who make up a large proportion of those experiencing homelessness. This work sought in design to empower families experiencing homelessness, but in particular to empower children. The researcher sought to give voice to their experience so that their values, perceptions, and relationships could inform decisions that so significantly impact them. It is an endeavor to give a voice to a group who rarely has one, but desperately needs one.

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APPENDIX A
Introduction Script

Good morning everyone. I (*staff psychologist*) just wanted to take a minute and introduce Maureen Turner. She is a doctoral student at Pepperdine in a psychology program and she has a love for kids. In the future she will be talking to you about a research project she hopes to do here with us and with our kids. She wants to learn about the important relationships in our kids' lives. Basically who is important to them, how do children experience those relationships, and how are those significant relationships formed. Until then, she will be volunteering and just generally around helping out where she can. She'll be here every week helping out with the [child care] program.

APPENDIX B
Recruitment Script

Thank you so much for your time and for sharing some of your time with me this morning. My name is Maureen Turner and I am a doctoral student at Pepperdine University. I'm here because I want to invite you to participate in my research project through which I hope to better understand, by listening to children, what their relationships with family, friends, teachers, and/or others that they feel are significant to them. The title of my project is "*Listening to the voices of pre-school aged children experiencing homelessness: A qualitative approach.*" I want to listen to your children's voices.

Right now we know some things about how the experience of homelessness impacts school aged children, but there is very little information available about how it impacts preschool aged children. So I am hoping to work with children who are under the age of six, as of September 15, 2009, and mom's who have children that are younger than 6 years old. It's ok if they turn six during the study. This study is exploratory, which means I don't know what I will find. I want to take the time to listen to them, and to you, and to learn from both. I believe that young children's experiences are precious and unique and they don't often have opportunities to tell their stories and have others listen to them. I hope that this project would be a place where your children feel safe sharing what is important to them and what isn't when it comes to their relationships with family, friends and others. I hope to spend the rest of my life working with children and searching for ways to improve their lives by offering them the best and most effective help. I believe that I can do that by committing to try to understand how children see their world and starting from there.

I also believe that you are the experts of your children. So I decided to make this a study involving interviews with both parents and children. During the first part, I would, with your permission, spend some time just observing your children and getting to know them and giving them the chance to get to know me. I want to spend time with them to make

sure that they feel comfortable with me and so that I can learn from their interactions and conversations how they feel about the people in their lives. During the second part, I would like to spend some time speaking with you about what you think is important to look at regarding your children's relationships and experiences. I hope to learn from you about your thoughts. And the last part would be directly interacting with your children. I will be volunteering with the [child care] program and would bring in art activities to engage with them. We would use the art activities to talk about the people who are special to them.

For those of you who are interested in learning more about the study, next week immediately following this meeting, I invite you to a smaller group meeting where I can provide you with more details and answer any further questions. Attending this meeting next week does not commit you to participating; it just provides more information that might help you make a decision if you are interested. For those of you who after reviewing details and answering questions do want to participate, we will meet for about one hour to talk about what you think is important. Like I said, I believe you are the experts of your children and I would really be honored to learn from you.

Participation is **completely** voluntary. If you would like to participate in one part but not in another, that is ok. And if right now you don't feel comfortable but later you do, there will be more opportunities to sign up to participate. I will be here weekly volunteering with the [child care] program on Wednesdays in the morning. After I am finished I will stay around for about an hour and you can feel free to drop by and I can answer any questions or we can talk about participating. I will hold a few parent groups and will announce them at your meetings the week before, so if you miss the first one but want to do one later you can. I will try to hold them about every 3 weeks if anyone shows interest in having additional meetings. If you have any questions right now, feel free to talk to me right after this meeting.

APPENDIX C
Consent Form: Child Observation (Phase 1)

9/17/2009

TITLE OF THE RESEARCH STUDY
Listening to the voices of pre-school aged children experiencing homelessness: A qualitative approach

PURPOSE OF STUDY AND INVITATION
You and your child(ren) are invited to participate in this research study because you are currently living at [the facility] and your child is under 6 years old (2 years, 0 months to 5 year 11 months old). The purpose of this research is to better understand by listening to children how experiencing periods of homelessness has impacted their relationships with family, friends, teachers, and others. There is some research describing the experiences of school aged children, but very little research related to preschool aged children. This study is exploratory in nature. It hopes to be a place where preschool aged children have a voice in describing their experience so that caregivers and service providers in the future can be informed by children's actual described experiences rather than assumptions in providing them with care. The information in this consent form is provided to help you decide whether to participate. If you have any questions, at any time, please do not hesitate to ask.

WHAT DOES THIS STUDY INVOLVE?
This study has three parts. The first part involves observing your children and taking notes on how they interact with other people and what relationships they mention in their day to day lives. The second part is where I hope to learn from you, the mothers. I will set up some time where I can meet with a few of you to hear your thoughts and opinions because I see you as the experts on your children. And the last part involves a group interview with your children while they do art activities. Giving consent for one part doesn't mean you are committing to all parts, although you are welcome to be involved in more than one part if you are interested in doing so.

This consent form is specific to the first part of the study (**child observation**). I will be volunteering with the [child care] program and helping out with all of the children, however I will only takes notes on children whose parents are comfortable with me doing so and who have signed this consent form. This phase will involve the researcher taking notes of how children interact with one another, with staff members, and with others in their community. I will also be taking notes of relationships children talk about as well. During this period, I will be building relationships with the children to make them more

comfortable, to learn to understand each child's verbal and nonverbal communication styles better, and to make observational notes regarding their interactions with the myself, one-another, and other members of the [facility] community. I will observe the children once per week for about two hours while volunteering in the [child care] program. This phase will last about 3 months, so for a total of about 12 times where I am just observing their interactions. I will also be available for an hour after each volunteering day so that any mom that has questions has an opportunity to ask.

If you are interested in either of the other two parts, please let me know and I would be happy to review those aspects of the study with you in detail to help you make a decision.

WHAT ARE THE POTENTIAL RISKS?

Participation in the study poses no more than minimal risk. Minimal risks that would be typical of the introduction of a new person to the community are possible. This may include some children feeling shy, or being initially uncomfortable in the presence of an unfamiliar person.

WHAT ARE POTENTIAL BENEFITS?

While the study may not provide direct benefits to all participants, it is likely that many of the children who take part will find it to be interesting and enjoyable. The relationship built with the researcher during this observation period may be a relationship that adds support and encouragement to the lives of children.

WHAT COMPENSATION WILL YOU RECEIVE FOR PARTICIPATING?

Each child participating in the child observation phase will be compensated with a $5 Walgreens gift card for any participation. The gift card(s) will be given directly to each child's mother.

WHAT ARE ALTERNATIVES TO PARTICIPATING?

Participation is voluntary. Since the families voluntarily agree to become subjects in the study, the alternative is to not participate in the research. You can choose for yourself or for your child(ren) to stop participating in the study at any point during the study without negative consequences. I will carry with me a form stating that you no longer wish to participate and can be approached on any of the days I am at [the facility]. You can also contact [the staff psychologist] who will have a copy of this form in her office. If this form is signed, the parent and/or child will no longer participate in the research. However, any data collected before the revocation may still be used as permitted by the original consent.

WHAT WILL HAPPEN IF YOU DECIDE NOT TO PARTICIPATE?

You can decide not to participate in this study or you can withdraw from this study at any time. Your decision will not affect your relationship with the investigator(s) or [the facility] in any way.

HOW WILL YOUR CONFIDENTIALITY BE PROTECTED?

The observational notes will be stored in a locked cabinet by the investigator and analyzed on a locked personal computer in a locked file. Any information obtained during this study that could identify you or your children will be kept strictly confidential. The only person who will have access to your research records are the study personnel, the office of the Institutional Review Board (IRB), and any other person or agency when required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the identity of you, your children, and the facility will be kept strictly confidential.

In accordance with the law, certain limits to confidentiality exist. Should information be shared that suggests child abuse (including physical, emotional, or neglect), a danger to self, others, or property, or elderly abuse (including physical, emotional, or neglect), the researcher is required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). This process would be completed in accordance with Hope Garden policy and would involve directly contacting you and [the staff psychologist] and completing the process together.

DOCUMENTATION OF INFORMED CONSENT

You are voluntarily making a decision whether to participate in this research. Your signature means that you have read and understood the information presented and decided to participate. Your signature also means that the information on this consent form has been fully explained to you and all your questions have been answered to your satisfaction. If you think of any additional questions during the study, you should contact the Maureen Turner at [phone number], [email address], or in person. If you have further questions, you may contact Daryl Rowe, Ph.D., at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, [phone number] or by email at [email address]. If you have further questions about your rights as a research participant, you may contact Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology; 6100 Center Drive, Los Angeles, CA 90045, [phone number], [email address]. You will be given a copy of this consent form.

Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Signature of Parent	Date
Signature of Witness	Date

I certify that all the elements of informed consent described on this consent form have been read out loud and explained fully to the participant. In my judgment, the participant is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate and to allow the minor children to participate in this research.

Signature of Investigator	Date

APPENDIX D
Review of Child Observation Consent Script

The information in this consent form is provided to help you decide whether to participate. I will read out loud each section and open it up to questions at that point. Please if you have ANY questions, do not hesitate to ask. I want everyone to feel comfortable and we can take as much time as we want making sure that everything is clear and everyone feels good about participating if they choose to do so.

(*Researcher reads "Title of the Research Study" and "Purpose of Study and Invitation" sections out loud to the participants*.)

This research project looks specifically at children under the age of 6 which is why you have been invited to learn about this project. This means your child was born after September 15, 2003 and is between the age of 2 years 0 months, and 5 years 11 months. Specifically, I want to learn about the significant relationships and people in your child(ren)'s life. Are there any questions about these sections?

(*Researcher reads "What does this study involve" section out loud to the participants*.)

Like I said, this study has three parts, but what we are talking about here today is just part 1. Part 1 is for me to observe how your children interact with other people so I can learn about the most comfortable way to engage them in a later part and so that I can learn about their relationships with others here at [the facility]. What it will include is me taking notes about some of their behaviors and the things that they say. I won't put any names on it so there won't be a way for anyone else to identify who I am writing about,

that is to protect your children's privacy. I won't be asking any questions at this point, just watching and noting the things they naturally do.

Allowing your child to participate in this stage doesn't mean you have to participate in the other stages unless you want to. If you are interested in participating in the other parts or just finding out more about them feel free to catch me and talk to me. Are there any questions about this section?

(*Researcher reads "What are the potential risks" and "What are the potential benefits" sections out loud to the participants*.)

Are there any questions about these sections?

(*Researcher reads "What compensation will you receive for participating," "What are the alternatives to participating," and "What will happen if you decide not to participate" sections out loud to the participants*.)

Here I also want to reiterate, that you do not have to participate if you don't want to. If you decide to participate and then change your mind that's fine. Your decision won't affect your relationship with me or with [the facility] in any way. Are there any questions about these sections?

(*Researcher reads "How will your confidentiality be protected" and "documentation of informed consent" sections out loud to the participants*.)

My goal is to keep everything you share private, except in the cases in which we are concerned for the safety of a child, in which case confidentiality will be broken in accordance with the law. If you decide to participate and sign this form, I will photocopy

it and give you a copy to keep. It has contact information for myself, my supervisor, and our review board in the case that you have any questions or concerns.

Also, there are limits to confidentiality that I am required to follow according to the law. If information is shared that suggests child or elderly abuse (including physical, emotional, or neglect), or that someone may harm themselves, others, or property, I am required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). I would do this in accordance with Hope Garden policy which involves directly contacting you and [the staff psychologist] and submitting the report together. Are there any questions about these sections?

APPENDIX E
Revocation of Consent

REVOCATION OF PARENT CONSENT

I no longer wish to participate in this research study. By signing this, I understand that research conducted up until today may still be used and will continue to remain protected as permitted by the original consent. I also understand that there will be no negative consequences to discontinuing my participation. I understand that my decision will in no way affect my relationship with [the facility] or the research project in any way.

_____ _____

Signature of Parent Date

_____ _____

Signature of Witness Date

REVOCATION OF CHILD CONSENT

I no longer wish for my child to participate in this research study. By signing this, I understand that research conducted up until today may still be used and will continue to remain protected as permitted by the original consent. I also understand that there will be no negative consequences to discontinuing my participation. I understand that my decision will in no way affect my relationship with [the facility] or the research project in any way.

_____ _____

Name of Child (print) Age of Child

_____ _____

Signature of Parent Date

_____ _____

Signature of Witness Date

APPENDIX F
Consent Form: Parent Group Interview (Phase 2)

9/17/2009

TITLE OF THE RESEARCH STUDY
Listening to the voices of pre-school aged children experiencing homelessness: A qualitative approach

PURPOSE OF STUDY AND INVITATION
You and your child(ren) are invited to participate in this research study because you are currently living at [the facility] and your child is under 6 years old (2 years, 0 months to 5 year 11 months old). The purpose of this research is to better understand by listening to children how experiencing periods of homelessness has impacted their relationships with family, friends, teachers, and others. There is some research describing the experiences of school aged children, but very little research related to preschool aged children. This study is exploratory in nature. It hopes to be a place where preschool aged children have a voice in describing their experience so that caregivers and service providers in the future can use children's actual described experiences rather than assumptions in providing them with care. The information in this consent form is provided to help you decide whether to participate. If you have any questions, at any time, please do not hesitate to ask.

WHAT DOES THIS STUDY INVOLVE?
This study has three parts. The first part involves observing your children and taking notes on how they interact with other people and what relationships they mention in their day to day lives. The second part is where I hope to learn from you, the mothers. I will set up some time where I can meet with a few of you to hear your thoughts and opinions because I see you as the experts on your children. And the last part involves a group interview with your children while they do art activities. Giving consent for one part doesn't mean you are committing to all parts, although you are welcome to be involved in more than one part if you are interested in doing so.

This consent form is specific to the second part of the study (**parent participation**). It involves a one hour group interview where I can learn what you think is important about your children's relationships. You know your children better than anyone and I hope to learn from you and use that to direct my work with your children. This will take approximately an hour. The interview will be audio taped and typed up into a transcript. The transcription will not include any names or identifying information and the audio tape will be destroyed following transcription, no more than three months after the interview date.

If you are interested in either of the other two parts, please let me know and I would be happy to review those aspects of the study with you in detail to help you make a decision.

WHAT ARE THE POTENTIAL RISKS?

Participation in the study poses no more than minimal risk. However, it is possible that for some discussing the topic of homelessness and changes in relationships may bring up feelings of loss or sadness and may be uncomfortable. If needed, you may speak with Dr. Paulette Melina or the investigator will share names of low-cost counselors/therapists in the area who you can talk to.

WHAT ARE POTENTIAL BENEFITS?

While the study may not provide direct benefits to all participants, it is likely that many of the mothers who take part will find it to be interesting and worthwhile. Mothers may have an opportunity to explore areas of interest/concerns related to their child's experience. They will also have the opportunity hear the interests/concerns of other mothers with children in a similar age group. This may contribute to the building up of community and help mothers connect more intimately with others in their community about particular topics. Mothers may also experience feelings of empowerment as they contribute to and help shape a research study looking at the experience of homeless children. Indirectly, findings from this research may increase the knowledge base for parents, programs, and service providers in creating supportive programs for children.

WHAT COMPENSATION WILL YOU RECEIVE FOR PARTICIPATING?

All participants of the maternal group interview will be compensated with a $10 Walgreens gift card for any participation in the group interview. Since this is an ongoing project and mothers may choose to participate in multiple groups, compensation will be given for only first time participants.

WHAT ARE ALTERNATIVES TO PARTICIPATING?

Participation is voluntary. Since the families voluntarily agree to become subjects in the study, the alternative is to not participate in the research. You can choose for yourself or for your child(ren) to stop participating in the study at any point during the study without negative consequences. I will carry with me a form stating that you no longer wish to participate and can be approached on any of the days I am at [the facility]. You can also contact [the staff psychologist] who will have a copy of this form in her office. If this form is signed, the parent and/or child will no longer participate in the research. However, any data collected before the revocation may still be used as permitted by the original consent.

WHAT WILL HAPPEN IF YOU DECIDE NOT TO PARTICIPATE?

You can decide not to participate in this study or you can withdraw from this study at any time. Your decision will not affect your relationship with the investigator(s) or [the facility] in any way.

HOW WILL YOUR CONFIDENTIALITY BE PROTECTED?

Any information obtained during this study that could identify you or your children will be kept strictly confidential. The only person who will have access to your research records are the study personnel, the office of the Institutional Review Board (IRB), and any other person or agency when required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the identity of you, your children, and the facility will be kept strictly confidential. The audiotapes will be stored in a locked cabinet by the investigator. They will be kept only until transcription of a session is completed and for a maximum of 3 months following an interview. The transcriptions will be kept on a locked personal computer in a locked file. They will be kept confidential.

In accordance with the law, certain limits to confidentiality exist. Should information be shared that suggests child abuse (including physical, emotional, or neglect), a danger to self, others, or property, or elderly abuse (including physical, emotional, or neglect), the researcher is required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). This process would be completed in accordance with Hope Garden policy and would involve directly contacting you and [the staff psychologist] and completing the process together.

DOCUMENTATION OF INFORMED CONSENT

You are voluntarily making a decision whether to participate in this research. Your signature means that you have read and understood the information presented and decided to participate. Your signature also means that the information on this consent form has been fully explained to you and all your questions have been answered to your satisfaction. If you think of any additional questions during the study, you should contact the Maureen Turner at [phone number], [email address], or in person. If you have further questions, you may contact Daryl Rowe, Ph.D., at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, [phone number] or by email at [email address]. If you have further questions about your rights as a research participant, you may contact Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology; 6100 Center Drive, Los Angeles, CA 90045, [phone number], [email address]. You will be given a copy of this consent form.

Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Name of Child (print)	Age of Child
Signature of Parent	Date
Signature of Witness	Date

I certify that all the elements of informed consent described on this consent form have been read out loud and explained fully to the participant. In my judgment, the participant is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate and to allow the minor children to participate in this research.

Signature of Investigator	Date

APPENDIX G
Review of Parent Interview Consent Script

The information in this consent form is provided to help you decide whether to participate. I will read out loud each section and open it up to questions at that point. Please if you have ANY questions, do not hesitate to ask. I want everyone to feel comfortable and we can take as much time as we want making sure that everything is clear and everyone feels good about participating if they choose to do so.

(*Researcher reads "Title of the Research Study" and "Purpose of Study and Invitation" sections out loud to the participants*.)

This research project looks specifically at children under the age of 6 which is why you have been invited to learn about this project and you are a mother of a child under the age of 6 years. This means your child was born after September 15, 2003 and is between the age of 2 years 0 months, and 5 years 11 months. Specifically, I want to learn about the significant relationships and people in your child(ren)'s life. Are there any questions about these sections?

(*Researcher reads "What does this study involve" section out loud to the participants*.)

Like I said, this study has three parts, but what we are talking about here today is just part 2. Part 2 involves you, the moms, joining me in a group and discussing together the things you find to be important when it comes to your children's relationships. Really it is an opportunity for me to learn from you so that when I have the opportunity to work with the children, I will have better founded questions to ask. I have a few questions, but mostly I will let the mother's lead the group discussion. You won't have to respond to anything that comes up if it makes you feel uncomfortable. I expect that our time together will last one to one and a half hours.

Your participation in this stage doesn't mean your child has to participate in any of the other stages, unless you would like them to. If you are interested in allowing your child to participate in the other parts or just finding out more about them feel free to catch me and talk to me. Are there any questions about this section?

(*Researcher reads "What are the potential risks" and "What are the potential benefits" sections out loud to the participants*.)

Are there any questions about these sections?

(*Researcher reads "What compensation will you receive for participating," "What are the alternatives to participating," and "What will happen if you decide not to participate" sections out loud to the participants*.)

Here I also want to reiterate, that you do not have to participate if you don't want to. If you decide to participate and then change your mind that's fine. Your decision won't affect your relationship with me or with [the facility] in any way. Are there any questions about these sections?

(*Researcher reads "How will your confidentiality be protected" and "documentation of informed consent" sections out loud to the participants*.)

My goal is to keep everything you share private, except in the cases in which we are concerned for the safety of a child, in which case confidentiality will be broken in accordance with the law. If you decide to participate and sign this form, I will photocopy it and give you a copy to keep. It has contact information for myself, my supervisor, and our review board in the case that you have any questions or concerns. Are there any questions about these sections?

Also, there are limits to confidentiality that I am required to follow according to the law. If information is shared that suggests child or elderly abuse (including physical, emotional, or neglect), or that someone may harm themselves, others, or property, I am

required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). I would do this in accordance with Hope Garden policy which involves directly contacting you and [the staff psychologist] and submitting the report together. Are there any questions about these sections?

APPENDIX H
Consent Form: Child Interview (Phase 3)

9/17/2009

TITLE OF THE RESEARCH STUDY
Listening to the voices of pre-school aged children experiencing homelessness: A qualitative approach

PURPOSE OF STUDY AND INVITATION
You and your child(ren) are invited to participate in this research study because you are currently living at [the facility] and your child is under 6 years old (2 years, 0 months to 5 year 11 months old). The purpose of this research is to better understand by listening to children how homelessness has impacted their relationships with family, friends, teachers, and others. There is some research describing the experiences of school aged children, but very little research related to younger children. This study is exploratory in nature. It hopes to be a place where young children have a voice in describing their experience so that caregivers and service providers in the future can use children's actual described experiences rather than assumptions in providing them with care. The information in this consent form is provided to help you decide whether to participate. If you have any questions, at any time, please do not hesitate to ask.

WHAT DOES THIS STUDY INVOLVE?
This study has three parts. The first part involves observing your children and taking notes on how they interact with other people and what relationships they mention in their day to day lives. The second part is where I hope to learn from you, the mothers. I will set up some time where I can meet with a few of you to hear your thoughts and opinions because I see you as the experts on your children. And the last part involves a group interview with your children while they do art activities. Giving consent for one part doesn't mean you are committing to all parts, although you are welcome to be involved in more than one part if you are interested in doing so.

This consent form is specific to the third part of the study (**child participation**). The third part of the study will involve three informal group interviews conducted while children are engaging in three different art activities during their usual time in the [child care] program. These art activities are expected to last about half an hour, but some children may finish sooner while others will engage for longer periods of time. For example, one group activity will include children drawing all their "favorite people" on a large poster and coloring it. All art supplies will be provided. Both activities and questions will be

relevant to learning about the significant relationships in your children's lives and will be used to stimulate conversations.

WHAT ARE THE POTENTIAL RISKS?

Participation in the study poses no more than minimal risk. Your child will be asked questions about relationships and his/her feelings and participate in art activities that also involve these themes. However, it is possible that for some children discussing relationships may bring up feelings of loss or sadness and may be uncomfortable. If needed, the investigator will share names of low-cost counselors/therapists to talk to.

WHAT ARE POTENTIAL BENEFITS?

While the study may not provide direct benefits to all participants, it is likely that many of the children who take part will find it to be interesting and enjoyable. Your child will have the opportunity to discuss their feelings and relationships in an open and direct manner. For some this may be their first experience putting words to or reflecting on significant people. Discussing relationships and his/her feelings about relationships may bring up positive feelings for a child. The art activities also provide a child the opportunity to see all together the various types of relationships and supports that they have. This could be a positive experience for a child to see all of these supports together. Also through engagement with the researcher and other children through activities, additional relationships may be built or further developed.

WHAT COMPENSATION WILL YOU RECEIVE FOR PARTICIPATING?

Each participant of the child group interviews will be compensated with a $10 Walgreens gift card for participating in this phase of the research, even if the child does not participate in all three activities.

WHAT ARE ALTERNATIVES TO PARTICIPATING?

Participation is voluntary. Since the families voluntarily agree to become subjects in the study, the alternative is to not participate in the research. You can choose for yourself or for your child(ren) to stop participating in the study at any point during the study without negative consequences. I will carry with me a form stating that you no longer wish to participate and can be approached on any of the days I am at [the facility]. [the staff psychologist] will also keep a copy of this form in her office. If this form is signed, the parent and/or child will no longer be allowed to participate in the research. However, any data collected before the revocation may still be used as permitted by the original consent.

WHAT WILL HAPPEN IF YOU DECIDE NOT TO PARTICIPATE?

You can decide not to participate in this study or you can withdraw from this study at any time. Your decision will not affect your relationship with the investigator(s) or [the facility] in any way.

HOW WILL YOUR CONFIDENTIALITY BE PROTECTED?

Any information obtained during this study that could identify you or your children will be kept strictly confidential. The only person who will have access to your research records are the study personnel, the office of the Institutional Review Board (IRB), and any other person or agency when required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the identity of you and your children will be kept strictly confidential. The audiotapes will be stored in a locked cabinet by the investigator. They will be kept only until transcription of a session is completed and for a maximum of 3 months following an interview. They will be kept confidential.

In accordance with the law, certain limits to confidentiality exist. Should information be shared that suggests child abuse (including physical, emotional, or neglect), a danger to self, others, or property, or elderly abuse (including physical, emotional, or neglect), the researcher is required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). This process would be completed in accordance with Hope Garden policy and would involve directly contacting you and [the staff psychologist] and completing the process together.

DOCUMENTATION OF INFORMED CONSENT

You are voluntarily making a decision whether to participate in this research. Your signature means that you have read and understood the information presented and decided to participate. Your signature also means that the information on this consent form has been fully explained to you and all your questions have been answered to your satisfaction. If you think of any additional questions during the study, you should contact the Maureen Turner at [phone number], [email address], or in person. If you have further questions, you may contact Daryl Rowe, Ph.D., at Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, [phone number] or by email at [email address]. If you have further questions about your rights as a research participant, you may contact Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology; 6100 Center Drive, Los Angeles, CA 90045, [phone number], [email address]. You will be given a copy of this consent form.

_____	_____
Name of Child (print)	Age of Child
_____	_____
Name of Child (print)	Age of Child
_____	_____
Name of Child (print)	Age of Child
_____	_____
Name of Child (print)	Age of Child
_____	_____
Signature of Parent	Date
_____	_____
Signature of Witness	Date

I certify that all the elements of informed consent described on this consent form have been read out loud and explained fully to the participant. In my judgment, the participant is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate and to allow the minor children to participate in this research.

_____	_____
Signature of Investigator	Date

APPENDIX I
Review of Child Interview Consent Script

The information in this consent form is provided to help you decide whether to participate. I will read out loud each section and open it up to questions at that point. Please if you have ANY questions, do not hesitate to ask. I want everyone to feel comfortable and we can take as much time as we want making sure that everything is clear and everyone feels good about participating if they choose to do so.

(*Researcher reads "Title of the Research Study" and "Purpose of Study and Invitation" sections out loud to the participants*.)

This research project looks specifically at children under the age of 6 which is why you have been invited to learn about this project. This means your child was born after September 15, 2003 and is between the age of 2 years 0 months, and 5 years 11 months. Specifically, I want to learn about the significant relationships and people in your child(ren)'s life. Are there any questions about these sections?

(*Researcher reads "What does this study involve" section out loud to the participants*.)

Like I said, this study has three parts, but what we are talking about here today is just part 3. Part 3 involves directly working with the children. In this phase I want to engage the children in art activities that relate to major relationships in their lives. For example, in one activity we will create a poster where the children can draw all the people they care about. I will provide art supplies and we will spend time in a group together creating these projects. The researcher will learn about their major relationships by asking them questions about their projects and finding a natural way for them to be

able to communicate about those individuals that are important to them. Are there any questions about this section?

(*Researcher reads "What are the potential risks" and "What are the potential benefits" sections out loud to the participants*.)

Are there any questions about these sections?

(*Researcher reads "What compensation will you receive for participating," "What are the alternatives to participating," and "What will happen if you decide not to participate" sections out loud to the participants*.)

Here I also want to reiterate, that you do not have to participate if you don't want to. If you decide to participate and then change your mind that's fine. Your decision won't affect your relationship with me or with [the facility] in any way. Are there any questions about these sections?

(*Researcher reads "How will your confidentiality be protected" and "documentation of informed consent" sections out loud to the participants*.)

My goal is to keep everything you share private, except in the cases in which we are concerned for the safety of a child, in which case confidentiality will be broken in accordance with the law. If you decide to participate and sign this form, I will photocopy it and give you a copy to keep. It has contact information for myself, my supervisor, and our review board in the case that you have any questions or concerns. Are there any questions about these sections?

Also, there are limits to confidentiality that I am required to follow according to the law. If information is shared that suggests child or elderly abuse (including physical, emotional, or neglect), or that someone may harm themselves, others, or property, I am

required by law to break confidentiality and report this to the Department of Children and Family Services (DCFS). I would do this in accordance with Hope Garden policy which involves directly contacting you and [the staff psychologist] and submitting the report together. Are there any questions about these sections?

APPENDIX J
Assent for Participation Script

9/17/2009

Listening to you.

My name is Maureen and I am doing a project that you can help me with. Your parents have said it is OK for me to talk to you about it. Before I tell you about it I want you to know that you can be a part of it if you want to, but that you don't have to. So if you don't want to answer my questions or be a part of the art projects I have planned that's ok. And if you want to in the beginning but change your mind later, that's ok too. Just let me know and you can stop.

Let me tell you about what you will be doing if you want to help me.

I want to learn a little about some of the people you care about and who care about you. So while we do some art projects that I've specially planned, today and later this month, is it ok if I ask you questions about those special people you include in your project? I might ask you questions about how you know them, how you met them, and how you feel when you are with them. I really want to learn about who is important to you and why they are so special.

When we have our art times, if you get bored or tired you can take a break. And you can do as many crafts as you want. So if you don't want to do any, that's ok, and if you want to do five that's ok too. If some of the things I ask you bug you, let me know so we can talk about that and so you can feel better. Most of the time, I won't tell your mom any of the stuff you tell me, unless it would be helpful to your mom to know what was going on. I'll tell you if there's anything I think I need to tell your mom before I do. Also, I may have to tell your mom or other people if I hear that you are being hurt by someone or you tell me that you want to hurt yourself or somebody else.

_____ _____

Researcher's signature Date

APPENDIX K
Questions for Parent Interview

INTRODUCTION

Thank you for coming and participating. I'm excited to be here with you today. I hope that this is a good experience for everyone.

I will start with a broad question. I have a few questions prepared but I am even more interested in areas related to your children and their relationships that you think are important. I think that will be more meaningful to you, to me, and ultimately to your children. So please, feel free to speak up if something crosses your mind as important. Also if there are questions I ask that you are not comfortable with, I want you to know that there is no expectation that everyone will answer everything, or really that anyone will answer anything. So if you don't like a question or you feel it does not apply to you, you do not have to say anything.

Just to remind you, I will tape this discussion. The reason I am doing this is so that I can transcribe what people say exactly. This helps me to be as accurate as possible in reflecting your thoughts and feelings. The transcript will not have any names and the tape will be destroyed within 3 months.

MAIN QUESTIONS

1. I see you as the experts on your own child's experience. What areas related to your children's relationships do you think it would be valuable for me to look closely at?
2. Who would you describe as being the most significant people in your children's lives and how are those people related to your children? Family? Friends? Teachers?
3. Have you noticed any changes in your child or children's relationships in the last year and after moving to [the facility]? There may be positive relationships that have developed or lost relationships, I'd like to hear about both aspects and anything else you've noticed change.
4. How would you describe the relationships between your children and the other families living here at [the facility]? What kinds of strengths and challenges arise from their relationships in this community?

PROBING QUESTIONS

1. Tell me more about that.
2. What gives you that impression?
3. What do you notice in your children?
4. How do your children talk to you about that?
5. How has that changed?
6. How did that stay the same?
7. What is that like for you?
8. What do you think it's like for your children?
9. Anything else cross your mind related to this topic since we started?

APPENDIX L
Activities and Questions for Child Interview

ACTIVITIES

1. ***Frame with loved ones***. Children were provided with a framed paper and art supplies and participated in a drawing activity in which they drew all the people who are important to them. They had the opportunity to tell one another about the people that they drew and what made those people special to them. This provided an opportunity to see who significant people are to the children as well as for them to see the different supports they have in their lives.

2. ***Valentine's Day cards***. Children were provided with precut cards to color and art supplies to make cards for people who are special to them to celebrate Valentine's Day. The researcher helped them complete the writing portion and like all the art projects, the children kept the cards.

3. ***Love tree.*** Children were provided with precut trunks, leaves, and fruit, and had the opportunity to glue their trees together. They were instructed to glue one fruit on their tree for each person who is special to them. The researcher discussed with them who each fruit represents and wrote in names at the child's preference.

QUESTIONS

Questions will fall into five categories. The categories of inquiry are listed below. The sub-questions reflect sample questions that may be asked. Questions actually asked will be related to comments made my children or themes that naturally present during interactions.

1. Central relationships of homeless children
    a. Who is this for?
    b. Who is this in the picture?
    c. When do you get to see ___?
2. Describe of those relationships
    a. Do you like seeing him/her?
    b. What do you like to do?
3. How those relationships are formed
    a. How did you meet ___?
4. Changes in the relationships since becoming homeless
    a. Do you still see ___?
    b. Is it different than before?

Additional themes and questions may be added that reflect information gathered through initial parent interview.

APPENDIX M

Literature Review Table

General information/Treatment approaches for homeless families.

Author	Title	Main Findings	Critiques/Thoughts
Buckner, J., Bassuk, E., & Zima, B. (1993)	Mental health issues affecting homeless women: Implications for intervention.	Stop trying to figure out if mental health needs should be addressed or if housing and basic needs need to be addressed first, both need to be addressed; Homelessness is not caused by mental illness, that is just a description of those who end up there, homelessness is caused by lack of housing.	Addressing mental illness is not the sole answer to minimizing homelessness. However the psychiatric needs of homeless women with children are shown to be greater than those who are housed. Need to show women how to access the resources and develop their own resources to prevent relapse into the population that is homeless (someone will always be in this group).
Levine, M., Toro, P., & Perkins, D. (1993)	Social and community interventions.	Service proposals generally advocate the coordination of a broad range of services including: intensive case management, job training, money management, and assistance obtaining and maintaining benefits to escape homelessness; The best predictors of obtaining housing and remaining housed were socioeconomic background, level of functioning, client-staff agreement on housing goals, and services oriented towards gaining financial entitlements and housing. *Psychiatric history, diagnosis, mental health, and other social services were not significant predictors.*	Efforts often focus on psychiatric disorders, mental health, and social services in attempting to help those in homeless situations to escape those circumstances. However, this article would suggest that level of functioning, client-staff agreement on goals, and services oriented towards utilizing financial entitlements and opportunities actually are the best predictors of obtaining and remaining housed.

Becker, J., Kovach, A., & Gronseth, D. (2004)	Individual empowerment: How community health workers operationalize self-determination, self-sufficiency, and decision making abilities of low-income mothers.	(1)*Self-determination* is realized when an individual sets a goal, follows through, and achieves that goal. Self-determination encompasses aspects of ambition, drive, and a perception of a future. (2) *Decision making* occurs when an individual can gather information, evaluate this information positively and negatively, and then make a choice based on the information. It implies a sense of personal responsibility in the decisions and a sense of mutual respect between the Advocate and client. (3) An individual who has *self-sufficiency* can define her own needs, decide what to do, implement that decision, and move on to meet the next need.	Unlike the underlying tone of many articles, this one had a sense of empowerment. It was a very different type of article that inspired hope and highlighted means by which homeless women can be encouraged and supported in strengthening themselves and making decisions and choices that will facilitate the move out of homelessness for themselves and their children.
Guarnaccia, V. & Henderson, J. (1993)	Self-efficacy, interpersonal competence, and social desirability in homeless people.	Do not report low self-efficacy or social competence. Are willing to initiate social interaction with the world and expect to be successful. Consider themselves willing and able to face adversity and manage conflicts with people.	The scales used may not have been appropriate for the sample. It is unlikely that it was normed using this sample and questions may not have been reflective of real experiences or expectations.
Nelson, G., Clarke, J., Febbraro, A., & Hatzipantelis, M. (2005)	A narrative approach to the evaluation of supportive housing: Stories of homeless people who have experienced serious mental health illness.	Looked at relationships, resources, and supports prior to current housing and after. Clients spoke retrospectively about past experiences. Overall, participants described major improvements in their quality of life. Participants described positive personal changes, such as a sense of increased independence and improved well-being since their move. They also stated that the quality of their relationships improved.	Main findings were very broad, especially considering the size of the sample. In addition, they also often contradicted themselves, for example saying people liked their housing placements while others didn't. It seemed to provide interesting quotes but limited information about themes across interviewees.

Bassuk, E. (1995)	Dilemmas in counting the homeless: Introduction	Homelessness is an atrocity. Over the years the methods of measuring have been starkly different and have resulted in measures in the hundreds of thousands to millions. Counts are often politically influenced and Dr. Bassuk brings that reality to the forefront.	Homelessness has had many different definitions and has been measured according to those definitions. Some study only those in shelters or soup kitchens, others include those who do not have their own home and rely on family/friends. Still another considers those who "double up", making ends meet by combining many families in what should be a single family home.
Council of Representatives, APA (1991)	Resolution on homelessness.	Psychologists working in various areas of psychology should allocate resources, including time and finances, to understanding better the impact of homelessness and finding effective interventions to minimize negative impacts.	Interesting to think how this type of "call" to action actually takes hold within a professional community. Mostly they restated facts and suggested that professional responsibility should guide professionals to this growing area of need.
Bassuk, E. (1993)	Homeless women-economic and social issues: Introduction.	The author postulates that some of the characteristics of homeless women that are frequently labeled as mental illness may, in fact, be the long-term manifestations of violent victimization.	It's alarming the rate at which families have entered the homeless population and the rates at which these numbers continue to increase. Many homeless women have significant histories of abuse; misdiagnosis of mental illness for women dealing with trauma would be a gross failure for psychologists and society.

DiBlasio, F. & Belcher, J. (1995)	Gender differences among homeless persons: Special services for women.	Found that homeless people wanted help in the following areas: affordable housing, housing location, transportation, job finding, social service benefits, food services, medical services, job training, educational services, service coordination, budget counseling, child care, individual and family counseling services, help in completing applications, alcohol and drug rehabilitation, psychological services, parenting-skills training, shared living skills, training in communication, conflict resolution, and sharing of responsibility.	Different needs weren't related to gender as previously thought; men and women had relatively similar service requests in the absence of children. Parents, primarily single mothers, had differing requests.
Padgett, D. & Struening, E. (1992)	Victimization and traumatic injuries among the homeless: Associations with alcohol, drug, and mental problems.	For both men and women in the sample consistently strong associations were found between depressive symptoms and certain types of victimization, particularly fear of being harmed in the present or in the future.	They attempted to look at trauma by looking at traumatic injuries, but only took into account physical injuries, not any kind of sexual assault, intimidating, abuse etc which is missing a major component in assessing women for trauma. Rape doesn't always leave physical scars.
National Alliance to End Homelessn ess (2007a)	Affordable housing shortage.	Income fail to keep pace with housing costs, cost burden is concentrated among the low-income households, incomes fail to keep pace, affordable housing stock is dwindling, losing housing vouchers, long waiting lists for housing subsidies, HUD budget trending downward	Often in professional and lay articles detailing homelessness and causes of homelessness, there is a "blame the victim" mentality in which personal characteristics are highlighted as causing homelessness (e.g. laziness, mental illness, etc.). It is rare that social and economic considerations are considered at the same level as personal characteristics as contributing to homelessness. This provided a very different perspective by focusing on the bigger picture.

National Center on Family Homelessness (2008a)	The characteristics and needs of families experiencing homelessness.	Homeless families are 34% of all homeless; As the gap between housing costs and housing widens, more and more families are at risk of homelessness.	In the past two decades there has been a sharp increase in homeless families, which means a sharp increase in children experiencing homelessness. This may parallel many social changes as we see primarily young single mothers moving out of homes onto the streets. The average is a family with two children, and typically these children are very young.
The National Alliance to End Homelessness (2007b)	Family homelessness.	Statistical review of numbers of women and children moving to the streets and how the numbers have increased over the years. Also considers contributing factors to this phenomenon.	Provides interesting facts regarding number of families impacted by homelessness. Also a good review of other factors contributing to homelessness.

National Coalition for the Homeless (2007)	Who is Homeless?	Looks at multiple factors contributing to homelessness: Shortage of affordable rental housing and simultaneous increase in poverty; Age- children under 18 were 39% of homeless population and under 6 were 42% of that group. Gender- single men comprised 51% of population; Families- huge increase in last 5 years around 33% of homeless population; Ethnicity- minorities significantly overrepresented; Victims of Domestic Violence- 22-50% of women (and their children) move into homelessness because they flee DV; Veterans- 40% of homeless men are veterans; Persons with Mental Illness- 16% suffer from some form of severe and persistent mental illness; Addiction- previous estimates were overestimates, approximately 30%; Employment- minimum wage doesn't pay for available housing	"The education subtitle of the McKinney-Vento Act includes a more comprehensive definition of homelessness. This statute states that the term 'homeless child and youth' (A) means individuals who lack a fixed, regular, and adequate nighttime residence... and (B) includes: (i) children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings... (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (iv) migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii). McKinney-Vento Act sec. 725(2); 42 U.S.C. 11435(2)."

Kelly, J., Buehlman, K., Caldwell, K. (2000)	Training personnel to promote parent-child interaction in families who are homeless.	Changes in advocate feelings of competence and in mother-child relationships were noted.	This article was less applicable to the study I am proposing, but it caught my interest because multiple individuals are involved in the care of young children (some by encouraging and instructing the mother). It also was an example of a financially sustainable model that proved effective in improving mother-child interactions at an early age.
Phelan, J. & Link, B. (1999)	Who are "the homeless"? Reconsidering the stability and composition of the homeless population.	Conditions leading to point-prevalence bias: Turnover in current homeless populations Variability in persistence of homelessness, Associations between persistence and individual characteristics.	This is particularly interesting article as many speak to the difficulty in counting accurately the homeless population, but this article critiques the method of counting and considers possible biases that may result from current counting methods. It suggests that the chronically homeless are over counted and those "ordinary" American's experiencing homelessness are underrepresented in homeless descriptions.
U.S. Department of Housing and Urban Developme nt (2007)	The annual homeless assessment report to congress.	Research provides statistics on the number of individuals who are homeless. Provides comprehensive information about histories, backgrounds, gender, percentages, and consequences.	This was a strong report. The information as consistent with other sources. While the information was familiar, I particularly appreciated the way it was written for both a professional and lay audience and with the intention to have political impact. Given the social and economic factors that contribute to homelessness, this area of research seems to me likely to have significant impact.

Maternal mental health and experience of homelessness.

Author	Title	Main Findings	Critiques/Thoughts
Buckner, J., Bassuk, E., & Zima, B. (1993)	Mental health issues affecting homeless women: Implications for intervention.	Stop trying to figure out if mental health needs should be addressed or if housing and basic needs need to be addressed first, both need to be addressed; Homelessness is not caused by mental illness, that is just a description of those who end up there, homelessness is caused by lack of housing.	Addressing mental illness is not the sole answer to minimizing homelessness. However the psychiatric needs of homeless women with children are shown to be greater than those who are housed. Need to show women how to access the resources and develop their own resources to prevent relapse into the population that is homeless (someone will always be in this group).
Rayburn, N., Wenzel, S., Elliott, M., Hambarsoomians, K., Marshall, G., & Tucker, J. (2005)	Trauma, depression, coping, and mental health service seeking among impoverished women.	Documented connection between trauma and depression. Homeless individuals are more likely to be depressed, also more likely to be traumatized in the course of their experience of homelessness. Injury related trauma increased likelihood x2 of being clinically depressed at 6 month follow up. Same was true of living in a shelter/or the unmeasured factors that lead women to live in shelters x2 increase. "This finding supports the argument that the condition of homelessness itself represents an extremely stressful, potentially traumatic condition."	Particular types of trauma increase the likelihood of the development of depressive symptoms. Physical injury or threat of injury as well as staying in a shelter were both found to increase depressive symptoms x2. It is not clear whether the actual stay in a shelter caused the increase or if it was a result of the circumstances that eventually led to a stay in a shelter. More research had to be done to tease apart possible underlying causes.

Chronister, K., & McWhirter, E. (2006)	An experimental examination of two career interventions for battered women.	White women perceived abuse as greater barrier to a career, while black women identified lack of income and support as greater barriers. Critical consciousness was defined as becoming more aware of the self (identity), others (context), and the relation of self to others (power dynamics) and accordingly gaining a critical understanding of control and responsibility in one's life situations. Critical consciousness strengthens commitment to change. 6 strategies to increase critical consciousness: dialogue, group identification, problem posing and identifying contradictions, power analysis and critical self reflection.	The sample size was very small (which they mention in the strengths and weaknesses) and the attrition rate very high from their original sample suggesting that other confounding factors may have been reflected in the biased sample. Critical consciousness did show to significantly influence the progress made on goals which suggests that possibility that such incorporation could be useful in a program that encourages career development. This is population is specifically for battered women, the generalizability to homeless women is questionable, though research has shown that a high percentage of homeless women have become homeless due to domestic violence (possible overlap of appropriate services for this reason).
Becker, J., Kovach, A., & Gronseth, D. (2004)	Individual empowerment: How community health workers operationalize self-determination, self-sufficiency, and decision making abilities of low-income mothers.	(1)*Self-determination* is realized when an individual sets a goal, follows through, and achieves that goal. (2) *Decision making* occurs when an individual can gather information, evaluate this information positively and negatively, and then make a choice based on the information. It implies a sense of personal responsibility in the decisions and a sense of mutual respect between the Advocate and client. (3) An individual who has *self-sufficiency* can define her own needs, decide what to do, implement that decision, and move on to meet the next need.	Unlike the underlying tone of many articles, this one had a sense of empowerment. It was a very different type of article that inspired hope and highlighted means by which homeless women can be encouraged and supported in strengthening themselves and making decisions and choices that will facilitate the move out of homelessness for themselves and their children.

Ingram, K., Corning, A., & Schmidt, L. (1996)	The relationship of victimization experiences to psychological well-being among homeless women and low-income housed women.	Homeless women reported significantly more types of aggressive sexual behavior. 51% had been raped, compared to 39% of low income women. They reported higher rates of problems in the family environment and overall psychological distress.	Many of the women who were low-income had also been homeless at one point (1/3). Difficult to distinguish whether the experience of being homeless has lasting effects, or if effects are related to currently being homeless. 14% of homeless women did not consider themselves homeless. How does self-perceived homelessness affect experiences of homelessness?
Guarnaccia, V., & Henderson, J. (1993)	Self-efficacy, interpersonal competence, and social desirability in homeless people.	Do not report low self-efficacy or social competence. Are willing to initiate social interaction with the world and expect to be successful. Consider themselves willing and able to face adversity and manage conflicts with people.	The scales used may not have been appropriate for the sample. It is unlikely that it was normed using this sample and questions may not have been reflective of real experiences or expectations.
Nelson, G., Clarke, J., Febbraro, A., & Hatzipantelis, M. (2005)	A narrative approach to the evaluation of supportive housing: Stories of homeless people who have experienced serious mental health illness.	Looked at relationships, resources, and supports prior to current housing and after. Clients spoke retrospectively about past experiences. Overall, participants described major improvements in their quality of life. Participants described positive personal changes, such as a sense of increased independence and improved well-being since their move. They also stated that the quality of their relationships had improved.	Main findings were very broad, especially considering the size of the sample. In addition, they also often contradicted themselves, for example saying people liked their housing placements while others didn't. It seemed to provide interesting quotes but limited information about themes across interviewees.

Meadows-Oliver, M. (2003)	Mothering in public: A meta-synthesis of homeless women with children living in shelters.	**On becoming homeless:** many mothers were homeless before going into shelters, bouncing from family to friends. Events noted to precede homelessness include: drug dependency, domestic violence, unlivable living conditions/condemned housing, unaffordable rents/eviction, and divorce/separation. **Protective mothering:** guarding their children, often a shared activity between mothers. Concerns were for physical as well as psychological/emotional impact. **Loss:** of homes, privacy, freedom, parental authority, and respect. **Stressed and Depressed**: becoming homeless is extremely stressful and many women report symptoms of depression, suicidality, and sadness for themselves and their children. **Survival Strategies**: most common strategies were praying and support from others. Other mothers were great source of support, and children served as a distraction that helped mothers take a break from their constant worrying. **Strategies for Resolution**: most strategies centered on getting more education, finding employment, and securing permanent housing.	
Padgett, D., Hawkins, R., Abrams, C., & Davis, A. (2006)	In their own words: Trauma and substance abuse in the lives of formerly homeless women with serious mental illness.	Cross-case analyses produced 5 themes: (a) betrayals of trust, (b) graphic or gratuitous nature of traumatic events, (c) anxiety about leaving their immediate surroundings (including attending group treatment programs), (d) desire for one's own space, and (e) gender-related status loss and stigmatization. Findings suggest formerly homeless mentally ill women need (and want) autonomy, protection from further victimization, and assistance in restoring status and devalued identity.	Sample size was relatively small, however the authors did a good job finding themes throughout the narratives as well as describing racial differences that were found. This study especially brings to light the horrific nature of many traumas experienced. These should be properly addressed as mental health concerns as they may impact a woman's ability to build relationships and combat depression.

Klitzing, S. (2003)	Coping with chronic stress: Leisure and women who are homeless.	Themes that emerged included religiosity and positive thinking, problem solving, being alone, and being with others. Relational coping was a primary strategy as has been shown in previous literature as well. A woman might use one or more of these strategies for coping.	Interesting that they bring up different types of stress, particularly the difference between chronic stress, traumatic stress, and stressful events. It's interesting to think about how coping mechanisms might vary in their effectiveness based on the type of stress that one encounters. Leisure was found to help women in shelters deal with chronic stress, rather than working to resolve the stress, leisure was an adaptive coping skill that enabled women to deal with the constancy of their stress.
Nyamathi, A., Stein, J., & Bayley, L. (2000)	Predicting positive attitudes about quitting drug and alcohol use among homeless women.	A positive attitude about quitting alcohol was predicted by more addiction symptoms, fewer positive effects from using alcohol, and not having a partner who uses alcohol. A positive attitude about quitting drugs was predicted by more drug problems, greater drug use in the past 6 months, more active coping, more education, less emotional distress, not having a partner who uses drugs, and fewer addiction symptoms.	Lower self esteem, less active coping, and greater childhood abuse were related to greater perceived positive effects of alcohol. This also provides support for the need to address unresolved trauma to lessen the perceived benefits of alcohol use to promote sobriety.
Lehmann, E., Kass, P., Drake, C., & Nichols, S. (2007)	Risk factors for first-time homelessness in low-income women.	Unemployment, eviction, or move to a new county often preceded the months before homelessness. Those who experience family instability but lack personal risk factors are likely to be re-housed permanently, while those who do have personal risk factors are likely to be repeatedly homeless.	The majority of the women had children (90%) and most had physical custody (68%). Huge financial responsibility for a group who is less likely to have high paying jobs and more likely to have to care for children which could interfere with jobs.

Bassuk, E. (1993)	Homeless women-economic and social issues: Introduction.	The author postulates that some of the characteristics of homeless women that are frequently labeled as mental illness may, in fact, be the long-term manifestations of violent victimization.	It's alarming the rate at which families have entered the homeless population and the rates at which these numbers continue to increase.
DiBlasio, F., & Belcher, J. (1995)	Gender differences among homeless persons: Special services for women.	Found that people wanted help in the following areas: affordable housing, housing location, transportation, job finding, social service benefits, food services, medical services, job training, educational services, service coordination, budget counseling, child care, individual and family counseling services, help in completing applications, alcohol and drug rehabilitation, psychological services, parenting-skills training, shared living skills, training in communication, conflict resolution, and sharing of responsibility.	Different needs weren't related to gender as previously thought; men and women had relatively similar service requests in the absence of children. Parents, primarily single mothers, had differing requests.
Padgett, D., & Struening, E. (1992)	Victimization and traumatic injuries among the homeless: Associations with alcohol, drug, and mental problems.	For both men and women in the sample consistently strong associations were found between depressive symptoms and certain types of victimization, particularly fear of being harmed in the present or in the future.	They attempted to look at trauma by looking at traumatic injuries, but only took into account physical injuries, not any kind of sexual assault, intimidating, abuse etc which is missing a major component in assessing women for trauma. Rape doesn't always leave physical scars.
National Alliance to End Homelessnes s. (2007a)	Affordable housing shortage.	Income fail to keep pace with housing costs, affordable housing stock is dwindling, losing housing vouchers, long waiting lists for subsidies	Looks more specifically at how economic and social factors contribute to the rise in homelessness.

National Center on Family Homelessness. (2008a)	The characteristics and needs of families experiencing homelessness.	Homeless families are 34% of all homeless; As the gap between housing costs and housing widens, more and more families are at risk of homelessness.	In the past two decades there has been a sharp increase in homeless families, which means a sharp increase in children experiencing homelessness. This may parallel many social changes as we see primarily young single mothers moving out of homes onto the streets. The average is a family with two children, and typically these children are very young.
National Alliance to End Homelessness. (2007b)	Family homelessness.	Statistical review of numbers of women and children moving to the streets and how the numbers have increased over the years. Also considers contributing factors to this phenomenon.	Provides interesting facts regarding number of families impacted by homelessness. Also a good review of other factors contributing to homelessness.
O'Neil-Pirozzi, T. (2006)	Comparison of context-based interaction patterns of mothers who are homeless with their preschool children.	Research looked at mothers' interaction with preschool aged children across two different activities, reading a book and completing a puzzle. Found communications and interactions to be comparable across both activities (i.e., no significant difference)	Generally not applicable to the study. Appeared interesting as I was interested in *how* the relationship between mother and young child occurred. This article was more a technical evaluation of differences rather than commentary of meaning of the interactions.
Kelly, J., Buehlman, K., & Caldwell, K. (2000)	Training personnel to promote parent-child interaction in families who are homeless.	Changes in advocate feelings of competence and in mother-child relationships were noted.	This article was less applicable to the study I am proposing, but it caught my interest because multiple individuals are involved in the care of young children (some by encouraging and instructing the mother). It also was an example of a financially sustainable model that proved effective in improving mother-child interactions at an early age.

Children's mental health and experience of homelessness.

Author	Title	Main Findings	Critiques/Thoughts
Rescorla, L. & Parker, R. (1991)	Ability, achievement, and adjustment in children experiencing homelessness.	Preschool aged children were more significantly affected by homelessness than school aged children; Preschool aged girls showed internalizing symptoms such as depression and anxiety while school-aged boys showed externalizing symptoms such as behavioral problems.	How and when homelessness affects girls and boys is significantly different and might impact any preventative/treatment measures to address issues; Both homeless and impoverished children identified stability, home, and car as wishes. Not a lot of significant differences in the measures between the groups suggesting that a program that is meant to rehabilitate women and children must not only raise women out of homelessness but also out of poverty.
Zima, B., Bussing, R., Bystritsky, M., Widawski, M., Belin, T., & Benjamin, B. (1999)	Psychosocial stressors among sheltered children experiencing homelessness: Relationship to behavior problems and depressive symptoms.	School-age children in homeless shelters in this study had a high level of exposure to severe psychosocial stressors. Almost one half (48%) of those studied had been exposed to violence, and being a victim of violence was independently related to child behavior problems. Almost two-thirds (64%) of the children studied had lifetime histories of a major loss or separation, and 45% had lived in three or more different places during the past year; these levels are similar to those found in other homeless studies (Buckner & Bassuk, 1997; Masten et al., 1993). Three-fourths (76%) of the children in the present study had a mother who screened positive for probable lifetime major depression, schizophrenia, substance abuse, or high distress.	Greater risks of psychosocial stressors and fewer social supports. "These findings suggest that homeless families should be conceptualized as two generations at risk for mental health problems." Constant movement was also correlated with increased rates of reported depression, suggesting the need for consistent/stable transitional housing. Clinicians should be aware of this effect when working with children that have lived in 3 or more places in the last year or have become homeless.

Guarnaccia, V., & Henderson, J. (1993)	Self-efficacy, interpersonal competence, and social desirability in homeless people.	Do not report low self-efficacy or social competence. Are willing to initiate social interaction with the world and expect to be successful. Consider themselves willing and able to face adversity and manage conflicts with people.	The scales used may not have been appropriate for the sample. It is unlikely that it was normed using this sample and questions may not have been reflective of real experiences or expectations.
Graham-Bermann, S., Coupet, S., Egler, L., Mattis, J., Banyard, V. (1996)	Interpersonal relationships and adjustment of children in homeless and economically distressed families.	For children experiencing homelessness, a lack of social support and maternal depression were significantly associated with adjustment difficulties in the child. In the housed low-income group, behavioral adjustment problems in the child were associated with environmental stress. Perceptions of self worth were associated with the presence of supportive relationships for children in both groups.	Education and mothers' mental care are protective factors for children who are homeless. Many children are estranged from other family who can provide support, and often due to moving are taken out of school and lose peer support as well.
Peterson, P., Baer, J., Wells, E., Ginzler, J., & Garrett, S. (2006)	Short-term effects of a brief motivational intervention to reduce alcohol and drug risk among homeless adolescents.	Youths who received the motivational intervention reported reduced illicit drug use other than marijuana at 1-month follow-up compared with youths in the control groups. Treatment effects were not found with respect to alcohol or marijuana. Post hoc analyses within the ME group suggested that those who were rated as more engaged and more likely to benefit showed greater drug use reduction than did those rated as less engaged.	Excluded those who were not fluent in English- biased sample. Also an adolescent population which is not the group I am interested in. I read the article wondering about motivational interviewing with this population and whether it could be incorporated into my research. However, other research took my work in a different direction, so this was less applicable.

Rafferty, Y., & Shinn, M. (1991)	The impact of homelessness on children.	Areas of particular concern and impact include: health problems (access to health care, immunizations, lead poisoning), hunger (access to appropriate amounts of food throughout the day), poor nutrition (limited variability and nutritional value for children), developmental delays (higher rates of diagnosis, lower rates of services), anxiety, depression, behavioral problems, and educational underachievement.	Excellent article combining various disciplines to look at the larger impact o f homelessness on children. Considered physical, psychological, and educational impact as a whole.
Masten, A., Miliotis, D., Graham-Bermann, S., Ramirez, M., & Neemann, J. (1993)	Children in homeless families: Risks to mental health and development.	As expected, children experiencing homelessness were found to have greater recent stress exposure than housed poor children, as well as more disrupted schooling and friendships. Child behavior problems were above normative levels for children experiencing homelessness, particularly for antisocial behavior. Across the 2 samples, however, behavior problems were more related to parental distress, cumulative risk status, and recent adversity than to housing status or income.	Children in poverty face numerous challenges, particularly those who become homeless. There is evidence, for many theoretical reasons, that suggests that children's adjustment is related to parent’s mental health and other forms of stability after their homes and other factors become unstable.
Hall, T. (2000)	At home with the young homeless.	Discussion of methodological approach of living with homeless youth and immersing himself in the culture in order to fully understand the experience. He was an anthropologist who chose to study homeless culture, which he found in his own back yard.	Has been used a lot in anthropology, but influence crosses social science domains. Talks about how anthropologists leave local societies to study elsewhere in the world and the process of their place becoming 'home' provides rich information. He discusses a con of studying within one's community is that this process is shortened as one doesn't really leave 'home' and thus doesn't have to create it. It made me think

			of the assumptions and expectations I may carry into the work because I have not left 'home' in the sense that I am still in Los Angeles and a person which is challenging because I am not only trying to understand a different lived experience but also a different stage and experience of humanity.
Forum on Child and Family Statistics. (2008)	America's children in brief: Key national indicators of well-being 2008.	This organization reviewed all the states across the country and gave them ratings based on a number of criteria such as well-being, education, poverty rates, literacy rates, etc to see how "well" children are doing across the nation.	Very interesting to see nationally how different states have different challenges related to homelessness. Rural communities struggle with centralizing services whereas large cities like LA and NY have year long waitlists to allocate services.
The National Child Traumatic Stress Network (2005)	Facts on trauma and children experiencing homelessness.	Families make up 40% of US homeless population; Children experiencing homelessness are: sick 2x as much as other children; suffer 2x as many ear infections; 4x rate of asthma; 5x more diarrhea and stomach problems; go hungry 2x as often as non-children experiencing homelessness; More than 1/5 of homeless preschoolers have emotional problems warranting professional care, but less than 1/3 receive any; Children experiencing homelessness are: 2x as likely to repeat a grade, 2x the rates of learning disabilities; 3x the rate of emotional and behavioral problems.	This article indicates that the period prior to homelessness is often ridden with traumatic events for both parents and children, and the experience of homelessness often contributes to re-traumatization. The author highlights ways in which programs/service providers can provide trauma-specific services to families.

National Center on Family Homelessness. (2008b)	America's youngest outcasts: State report card on child homelessness.	In California 292,642 are homeless each year (122,902 are under age 6); 2.2 million children are in poverty; 1/28 households experience hunger; Homeless experience proportionately more moderate to severe health problems including asthma, traumatic stress, violence, and emotional disturbance.	This article highlights ways in which the state can initiate and fund programs that will support families experiencing homelessness. I suppose it in part reflects its purpose to provide an overview of how the state is handling this crisis as a whole, but I can't help but think about what kinds of programs would not only put money in the pockets of homeless families but also empower healing and psychological changes that would allow for sustained change and independence.
National Center on Family Homelessness. (2008a)	The characteristics and needs of families experiencing homelessness.	Homeless families are 34% of all homeless; As the gap between housing costs and housing widens, more and more families are at risk of homelessness.	In the past two decades there has been a sharp increase in homeless families, which means a sharp increase in children experiencing homelessness. This may parallel many social changes as we see primarily young single mothers moving out of homes onto the streets. The average is a family with two children, and typically these children are very young.
National Alliance to End Homelessness. (2007b)	Family homelessness.	Statistical review of numbers of women and children moving to the streets and how the numbers have increased over the years. Also considers contributing factors to this phenomenon.	Provides interesting facts regarding number of families impacted by homelessness. Also a good review of other factors contributing to homelessness.
Buckner, J., Bassuk, E., Weinreb, L., & Brooks, M. (1999)	Homelessness and its relation to the mental health and behavior of low-income school-aged children.	Homeless mothers reported more distress than housed mothers; Children experiencing homelessness more residentially unstable, moving an average of 3.4 times in a year (compared to 0.8 times for housed youth); Lifetime rates of sexual abuse were much higher for children experiencing homelessness;	Discuss that while homeless and housed but poor children experience similar types of stressors, children experiencing homelessness experience these stressors more frequently. Connections were drawn between homelessness and higher rates of anxiety and internalizing problems; however it could be

		Clinically significant concerns of depression and anxiety in both groups were consistent with the normative sample. When controlled for demographic variables, mother's distress was highly associated with child's behavioral problems; Housing was associated with internalizing behaviors but not externalizing ones	possible that these frequent stressors are a confounding variable. Though, in practical terms they are likely one and the same as it is possible (though not mentioned here) that many of the additional stressors are directly related to being homeless such as moving often. Methodologically it was interesting that they chose these measures to be consistent and have a basis for comparison with previous studies.
Ziesemer, C., Marcoux, L., & Marwell, B. (1994)	Children experiencing homelessness: Are they different from other low-income children?	Though homelessness is a stressful life event, long term poverty may e more appropriate marker of risk in children. 2/3 of both groups were below grade level in reading and mathematics. Significant behavioral and emotional challenges reported within both groups, 70% of students in both groups were at moderate or greater risk academically or behaviorally. Self report ratings of self-worth were in the normal range for both groups of children.	Ethnic composition of the homeless population was significantly different than the school in general.
Kelly, J., Buehlman, K., & Caldwell, K. (2000)	Training personnel to promote parent-child interaction in families who are homeless.	Changes in advocate feelings of competence and in mother-child relationships were noted.	This article was less applicable to the study I am proposing, but it caught my interest because multiple individuals are involved in the care of young children (some by encouraging and instructing the mother). It also was an example of a financially sustainable model that proved effective in improving mother-child interactions at an early age.

Anooshian, L. (2005)	Violence and aggression in the lives of children experiencing homelessness.	Measures of this family violence were reliably correlated with children's behavior problems as well as with measures of aggression in peer relationships (victimization, ease of resolving fights with friends). Family violence and economic distress contributed to problematic aggressive behaviors among children; that aggression, in turn, appeared to lead to social isolation and avoidance.	Thinking from a learning perspective, it was not surprising that children exposed to violence were then being aggressive and violent with peers. The interesting aspect of the article was considering how this behavior leads to increased isolation. This is particularly significant for children experiencing homelessness as relationships and social support contribute to better adjustment and lower rates of mental illness within this vulnerable population.
Baggerly, J. (2004)	The effects of child-centered-group play therapy on self-concept, depression, and anxiety of children who are homeless.	Pretest: T 56.75% of participants had low self concept and 35.14% had clinical levels of depression or anxiety before treatment Moderate improvement in sense of competence, large effect on negative mood and moderate effect on negative self esteem, and moderate effect on decreasing physiological anxiety	I found it interesting to consider how much of an impact play could have on the well being of children. It made me more certain about incorporating play into the research work that I do. Also it was interesting to read about her methodological challenges such as people leaving the program, etc.
Baggerly, J. (2003)	Child-centered play therapy with children who are homeless: Perspective and procedures.	Description of an appropriate therapeutic approach: 1) unconditional positive regard- must convey to children that every person is worthy of respect (must check their own feelings/guilt so they don't "blame the victim"), 2) openness to feelings- therapist must listen to themselves and accept their own complex feelings, 3) genuineness - developing personally belief in what brings hope so can genuinely share it with children, 4) empathy - consider the actual experiences of poverty and how that may be different from one's own experiences	Play therapy assumes that the therapist creates a psychological safety through their consistent presence, meeting a child's need for stability according to Maslow's hierarchy and allowing them to grow and develop. I find this particularly interesting in light of the relational method of inquiry which seeks to do much the same thing. Also I think that the consideration of Maslow's hierarchy and integration of his work into the therapeutic work is particularly interesting and valuable on a practical level to plan the children's play activities.

APPENDIX N

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