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# Examining School Social Workers' Perceptions of Mckinney-Vento Act Implementation

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THE FLORIDA STATE UNIVERSITY

COLLEGE OF SOCIAL WORK


EXAMINING SCHOOL SOCIAL WORKERS' PERCEPTIONS OF MCKINNEY-VENTO

ACT IMPLEMENTATION



By

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I dedicate this dissertation to everyone and anyone who has ever helped me, both directly and

indirectly. Thank you.

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# TABLE OF CONTENTS

# LIST OF TABLES

# LIST OF FIGURES

**ABSTRACT**

Objective: Homelessness can have a deleterious impact on educational opportunities for children. The US government has enacted the McKinney-Vento Homeless Assistance Act (MVA) to combat the challenges that children experiencing homelessness face when attempting to obtain education. Despite the importance of this policy, studies examining perceptions of its implementation are scant and research is needed to determine what hinders or facilitates school social workers' understanding of MVA implementation as a public policy. This study examines school social workers' perceptions of MVA implementation and proposes a conceptual model for understanding of school social work practice with homeless school children. Method: Data were collected at a regional school social work conference using a 77-item questionnaire which included sections on barriers to practice with children experiencing homelessness and measures on school social workers' experience, awareness, geographical location of practice, and a validated instrument designed to measure perceptions of MVA implementation. In addition, several cross tabulations were analyzed to attain a deeper understanding of respondents' characteristics. Results: Findings indicate that barriers do not individually influence perceptions of MVA implementation; however, when grouping barriers into those "general to homelessness" and those "specific to school" there is a significant association with levels of perceived implementation among respondents. Membership in a group of practitioners perceiving higher levels of barriers indicated significantly lower levels of perceived MVA implementation. Awareness of homelessness mediated the relationship among geographic location, practitioners' levels of experience, and their perception of MVA implementation. Conclusion: Findings from this study support a proposed conceptual model for school social work practice with this population. Implications for practice and future research are presented and discussed.

**CHAPTER ONE**

**INTRODUCTION**

For school-aged children, homelessness is an experience that may hasten the onset of or exacerbate mental health problems, spur malnutrition, increase the probability of arrest, and lead to a host other social problems (Buckner, 2008). An estimated 2.3 to 3.5 million individuals experience homelessness throughout the course of a year (National Coalition for the Homeless, 2009). Forty percent of these individuals are thought to be children (Urban Institute, 2000 in National Coalition for the Homeless, 2009). These numbers reflect neither the current housing crisis, which is expected to increase the homeless population, nor the numbers of homeless individuals who do not seek services (National Coalition for the Homeless, 2009). Because these numbers are expected to increase as the current economic forecast remains bleak, examining the implementation of policies designed to ameliorate the impact of homelessness has much importance.

Homelessness is often conceptualized as a status—either one is or is not homeless. However, research demonstrates that homelessness should be thought of as a multi-faceted experience, with different factors or systems influencing a homeless individual or family's situation (Rafferty, Shinn, & Weitzman, 2004; Nooe & Patterson, 2010). For school-aged children, homelessness is often characterized as a period of transience manifesting itself as unplanned school mobility (Julianelle & Foscarinis, 2003). Unexpected moving between schools places homeless children behind their peers in academic achievement through missing school days, delaying the diagnosis of learning disabilities, and/or other problems associated with changing schools (Julianelle & Foscarinis, 2003). These problems stem from difficulties in accessing education along with other personal or familial barriers to education (Biggar, 2001; Cunningham, Harwood, & Hall, 2010; Julianelle & Foscarinis, 2003; Jozefowicz-Simbeni & Israel, 2006).

Homeless school-aged children and youth face unique difficulties in pursuing education (Rafferty & Shinn, 1991). They face many challenges which prevent them from either enrolling in school or from maintaining enrollment and attending school (Julianelle & Foscarinis, 2003). These barriers may be school-specific, such as presenting proof of residence in a school district, providing immunization records, or procuring previous school records. In addition to this, policies of school administration regarding school enrollment may create or compound school

1

challenges barriers homeless school-aged children face in attaining school access (Biggar, 2001). The challenges stemming from transience or from the general experience of homelessness, such as school enrollment or transportation problems, prevent homeless children from attending school and obtaining an education and prevent access to the school and educational services (Jozeefowicz-Simbeni & Israel, 2006).

The McKinney-Vento Homeless Assistance Act (MVA) is the primary policy of the US federal government crafted to address the educational needs of homeless school-aged children through ameliorating barriers this population faces (42 U.S.C. § 11431, *et seq.*). The original purpose of the policy was to ameliorate problems homeless children faced when enrolling in school (Biggar, 2001). Through subsequent reauthorizations, the MVA has grown to include provisions which address barriers homeless children face when both enrolling and attending school. Examples of provisions designed to ease enrollment are allowing homeless children to enroll in school without proof of immunizations, previous school records, or proof of residency (42 U.S.C.§11432(g)(3)(C)). In addition, school districts are required to provide transportation for homeless school children, placing the onus on the district to locate and identify children experiencing homelessness (42 U.S.C. §11432 *et seq.*). The MVA provides many provisions that are designed to improve educational opportunities for homeless children.

School social workers are often at the forefront of implementing the MVA. The legislation requires school districts to employ homeless liaisons to identify and advocate for homeless school children (42 U.S.C. §11432(g)(1)(J)(ii))—a position school social workers often undertake in practice with homeless school children and youth (Jozefowicz-Simbeni & Israel, 2006). Due to the dearth of literature on the legislation's implementation, and because school social workers often play an integral role in implementing the MVA, examining their perceptions on the implementation of MVA provides a valuable method in determining the utility of the policy and school social workers' understanding of its provisions.

The thoughts and understanding of a problem by those applying the policy in practice influences how a policy is implemented (Spillane, 2000; Spillane, Resier, & Reimer, 2002). Because school social workers often serve in liaison capacities to carry out the intended aims of the MVA, their perceptions of homelessness, specifically their awareness of homelessness as an issue, can influence how the MVA is perceived to be implemented into practice. In addition to this, external systems or factors such as geographical location and experience, influence practice

(Buckner, 2008; Teasley, Baffour, & Tyson, 2005), and thus how homelessness is perceived and approached in a given service area. Practice with homeless school-aged children and youth may be a complex process impacted by a multitude of factors.

Barrett (2004) describes three types of implementation studies: policy analysis, policy evaluation, and organizational studies. Organizational studies examine how a system operates in implementing a policy (Barrett, 2004). Because school social work practice with this population is largely guided by the provisions within the MVA, this study will examine their perception of the policy's implementation by describing the operations of school social work practice with homeless school-aged children and youth. To do this, three research questions are proposed and will be answered by this study:

1. What are school social workers perceived knowledge of MVA implementation in their school setting?
2. What are perceptions of barriers to school social work practice with homeless school-aged children?
3. What impact does school social workers' experience have on practice with homeless school-aged children and MVA implementation?

**Overview of this Manuscript**

The following sections of this manuscript describe a study designed to answer three research questions. Chapter 2 of this paper reviews the literature on children experiencing homelessness and school social work practice. It provides a description of a theory and concepts from which this study is grounded. Definitions of homelessness are provided and followed by an examination of how implementation is conceptualized and studied in related fields. A section on school social work is followed by a description of the MVA. A description of barriers to school social work practice and factors which may influence MVA implementation is provided, and the chapter concludes with a rationale for the study based on the literature presented. Chapter 3 is the methodological description of this study, which includes a description of the dataset, sampling methods, and analysis. A key portion of this chapter provides the operationalization of the concepts discussed in Chapter 2. Chapter 4 outlines the results of the analysis conducted. The manuscript concludes with Chapter 5 which is the discussion, interpretation, and implication section of this study.

# CHAPTER TWO
## REVIEW OF THE LITERATURE
### Defining Homelessness

In discussing policy, defining the population of need is very important. For homelessness, there is no clear conceptualization in defining this population (Lee, Tyler, & Wright, 2010); however, there are several competing perspectives on the conceptualization of homelessness. Inconsistencies in conceptual approaches may confound research and make it difficult for policy makers to adequately address the needs of this population. On a rudimentary level, "homeless" implies a literal status: being without a house or home. The term "homelessness," with the suffix "–ness," would then be defined as the state of being without a house or home. This definition implies that either one is or is not without a home and thereby undercuts the complexity of the homelessness—complexity discussed in the following section.

Conceptually, homelessness has been difficult to define, and scholars have debated several definitions and approaches (Lee, et al., 2010). The approach to defining who is homeless, and by default, eligible for homeless services, affects the social policy formulation for this social problem. This section will define homelessness beginning with a federal definition standpoint and explore several other approaches to conceptually defining homelessness. To begin the discussion of the conceptualization of homelessness, the federal definitions will be discussed.

### Federal Definitions

The two federal agencies involved in homeless policy have similar definitions of homelessness. The United States Department of Housing and Urban Development (HUD) defines a homeless person as:

> an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is: 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), 2) an institution that provides a temporary residence for individuals intended to be institutionalized, or 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (2007).

This definition covers a wide range of situations where someone may be considered homeless.

The definition used by the United States Department of Education (DOE) is slightly different, and it includes a wider range of situations where an individual is considered homeless. The phrase "individuals who lack a fixed, regular, and adequate nighttime residence" remains the same, as do the three parts of the HUD definition (temporary living accommodations, institutions, and places not designed for regular sleeping accommodations) (Congressional Research Service, 2005). The DOE extends the definition to include individuals sharing housing with others, those awaiting foster care placements, migratory children, and those abandoned at hospitals (Congressional Research Service, 2005). These two definitions—from HUD and the DOE—serve as a basis for defining homelessness in both policy and research. However, there are several definitions that can be found within the research literature. These approaches are discussed below.

**Approaches to Homelessness**

### Literal Approach.

In general, there is ambiguity in the literature about how to define who is homeless (Lee, et al., 2010; Mawhinny-Rhoads & Stahler, 2006). Definitions such as the two used by HUD and DOE provide a basis for two approaches for viewing homelessness: literally or experientially. Literal approaches in the literature define the homeless as those who fit the federal definition of homelessness, though it belies the complexity of this population and their status. This approach is often used in studies involving the homeless, especially in those comparing homeless youth with their impoverished yet housed peers (Buckner, 2008). In this approach, anyone fitting the definitions is considered "homeless," regardless of their location (shelter, car, public park, etc). While this approach is internally consistent and may "make sense," it can lead to confounding results in the body of knowledge on homelessness. For example, there may be systematic differences in the situations of homelessness when the federal government definitions are approached literally. Buckner's 2008 systematic review of articles comparing homeless children with their impoverished but housed peers found inconsistent results in determining which population was "worse off." A possible reason for this is that one may experience different situations while homeless. These different situational experiences may be influenced by factors such as the amount of time experienced while homeless or the number of different nighttime accommodations. For instance, transitional housing supplemented with case managers may provide different risk factors than emergency shelters, while residing in one's car may be an

altogether different experience than temporarily residing with a family member. Environmental factors inherent to differing situations may offer different risk and protective factors to numerous outcomes (Rafferty, et al., 2004). Taking a literal approach without accounting for variances or dimensionality in the homeless experience may confound comparative results.

**Experiential Approach.**

The experiential approach understands homelessness as a complex and differentiated one in which specific mitigating circumstances (micro & macro, temporal, housing status, etc.) play an important role. The HUD and DOE definitions provide several different situations where someone may be considered homeless. These different situations, such as sleeping in a public place or residing in a transitional house, may offer different risks, stressors, or other factors inherent to each experience. In fact, the phenomenon of homelessness can result from numerous risk factors ranging from individual factors to macro-level policies (Nooe & Patterson, 2010). Therefore, Nooe and Patterson (2010) propose a four point conceptualization of homelessness to explain both the etiology and experience of homelessness. In this conceptualization, individual and structural risk factors may lead to someone experiencing homelessness. Individual and social outcomes affect both temporal aspects, the time spent homeless, housing statuses, and different homeless situations such as shelters or public places (Nooe & Patterson, 2010). This conceptualization may seem all inclusive, but it highlights the complexity of homelessness.

The etiology of homelessness is often viewed through one of two lenses. In the first, either individual factors such as mental health or substance abuse lead to homelessness (Nooe & Patterson, 2010; Sosin, 2003). In the second, homeless is caused by structural economic factors such as lack of affordable housing (Nooe & Patterson, 2010). Furthermore, similar explanations are given when those experiencing homelessness obtain permanent housing—either individuals are able to remove themselves from homelessness or programs or policies aid individuals in leaving homelessness. Nooe and Patterson's (2010) model combines both structural and individual factors in explaining both entering and leaving homelessness.

This complexity highlights the need for school social workers to have an understanding of factors which influence the homeless experience. Experience and licensure can have a major influence when practicing (Teasley, et al., 2005); when performing social work services with a complex population, this relationship is of much importance. Because public policy may address

6

the different aspects of Nooe and Patterson's (2010) model, understanding factors influencing policy can instrumental in crafting future model development.

Nooe and Patterson's (2010) conceptualization and perspective of the issue may have important implications for social work, because there are numerous areas for interventions both at the micro and macro levels. However, this conceptualization may also be problematic because of their focus on individuals. Because familial and child homelessness accounts for 40 percent of the homeless population (Rukmana, 2008), and because that number is increasing (National Coalition for the Homeless, 2009), a different model may be needed for this specific type of homelessness. A proposed model for child and familial homelessness would most likely maintain the structural aspect, but supplement the individual risk factors with familial risk factors. Homelessness should be viewed as an experience with both micro and macro factors affecting both the entrance and exit of the episode. Furthermore, a model specifically for homelessness and its relationship with education, especially focusing on homeless policy, is needed. However, the scant literature on this subject may hinder development. Exploratory studies examining relationships involving homeless policy implementation and factors involved in implementation may be provide a valuable foundation for future model development.

**Temporal Aspects of Homelessness.**

Temporal aspects of homelessness must be included in the discussion of a conceptualization of homelessness (McAllister, Kuang, & Lennon, 2010). Originally, the McKinney Act of 1987 was designed to provide funds for emergency shelters (Larsen, 2002). At that time, homelessness was viewed as an emergency situation during which an individual or family would enter a shelter for temporary respite (Congressional Research Service, 2005). Shelters were intended to be the main form of support for the homeless—a sort of short-term stopgap between periods of housing. However, viewing homelessness as an emergency situation undercuts the causal and temporal complexity of the homeless experience. The shelter approach would imply that everyone entering homelessness enters for essentially the same reason (temporary housing crisis) and needs the same form of aid (emergency shelters).

Hule & Culhane (1998 in McAllister, et al., 2010) propose three temporal typologies to homelessness. They characterized homeless individuals unaccompanied by minors as either being transitional, episodic, or chronic (Hule & Culhane, 1998 in McAllister, et al., 2010). Transitional homelessness is a short period before a transition to housing. Episodic individuals

shuffle in and out of homeless situations, and chronically homeless individuals experience homelessness permanently (Hule & Culhane, 1998 in McAllister, et al., 2010).

However, a conceptualization of homelessness must also include a reason for people experiencing transience—that is, moving between situations (Sosin, 2003). Therefore, McAllister, et al. (2010) argues that the pattern of episodes of homelessness offers a better portrait of the phenomenon than focusing solely on temporal typologies. For example: consider comparing an individual experiencing homelessness four times over a month each with decreasing frequency and duration compared to an individual experiencing the same number of homeless episodes but with increasing frequency and longer duration. In the three typology approach, they may be classified similarly. But their experience may be different, as one is leaving homelessness while the other is entering. McAllister, et al.'s study (2010) used cluster analysis to statistically divide cases into naturally occurring groups. Their analysis identified ten different groups based on the pattern of homelessness (McAllister, et al., 2010). The temporal aspect of homelessness is important to social workers because different interventions may work for different types of homelessness. A large volume of research has been conducted on chronic homeless individuals (Sosin, 2003); therefore, research findings may not apply to those experiencing different typologies or to homeless families.

Conceptually, homelessness must include a temporal aspect and an experiential component covering micro and macro factors. Therefore, public policy should also address these different aspects of homelessness. For the purpose of this study, U.S. homeless policy must be broadly viewed as the *federal approach to those experiencing a period or periods of a lack of fixed and permanent nighttime residency in different situational environments across individual and structural systems.* Current federal homeless policy may not be viewed this way or approach the phenomenon in a way that addresses the different factors in the etiology and exit of homelessness. However, future research and policy formation should use a conceptual definition addressing the multiple aspects.

### Policy Implementation

Segal (2010) defines policy implementation as putting legislation into action; however, the reality is much more complex than putting legislation into action. This section reviews the literature on policy implementation, particularly as it relates to education legislation. Focus is

given more to how researchers have conceptualized policy implementation and the methods in research on this topic rather than findings.

**Conceptualization of Policy Implementation**

### Goals and the intent of a policy.

Legislation has goals and intended consequences, and how provisions are carried out in practice reflects the conceptualization of a problem (Spillane, et al., 2002). Furthermore, the meaning behind the intent of a policy is contingent upon the conceptualization and perception of a problem (Spillane, 2000; Spillane, et al., 2002). Thought and understanding of a problem influence the goals of public policy and how it is implemented (Spillane, 2000). Successful implementation of a policy relies on the congruence between the goals and understanding of policymakers and those carrying out the aims of the policy (Lundin, 2007). Differing approaches to understanding and goal formulation can influence the intent of a policy and influence how legislation is implemented. For school social workers', understanding both policy and the problem of homelessness will influence the implementation of services to aid homeless school-aged children and youth.

### Top-down versus bottom-up.

Two distinct approaches arise in the literature on policy implementation. Early work and conceptualization of policy and its implementation is considered to have a top-down approach whereby an authority creates policy based on the perceived needs of a given area (Barrett, 2004; Harris, 2007). Top-down approaches rely on entrenched, traditional structures in place between systems to carry out the intent of a given policy (Honig, 2006). This provides clear goals and objectives of a policy, but does not give those carrying out the provisions a voice in deciding the aims of legislation (Harris, 2007). The opposite of this approach is the bottom-up approach whereby participants are given flexibility to influence the goals of a policy (Harris, 2007). More specificity is achieved as adjustments for individual systems can be made, but a broad policy that is intended to cover multiple service areas is difficult due to the variability in needs across locations. Both approaches offer benefits and drawbacks to implementing, but both stress that policy implementation is a process whereby systems interact with one another to achieve an intended goal (Barrett (2004).

### Implementation as a process.

Implementing a policy is a process of interactions between participants, systems or actors, to address a concern (Coburn, 2006; Spillane, 2000). Organizations are often made up of different systems and subsystems which interact with each other to implement a policy (Andrews, 2001). Joint efforts are made between different aspects within an organization to achieve the intended aim of a given policy (Lundin, 2007). This indicates that to fulfill the purpose of a policy, active interaction must take place because policies are not self-executing (Garn, 1999). Therefore, implementation is not a decree or an afterthought after a policy is created, but an act that continues on after the initial introduction of legislation. Implementation of the MVA would then be the joint effort between different systems within and outside the school to alleviate the barriers to educational opportunity children and youth experiencing homelessness face.

**Research Methods on Implementation**

Studies on policy implementation are typically qualitative in nature (Coburn, 2006; Garn, 1999; Harris, 2007; Honig 2006; Mabry & Margolis 2006). Some are case studies examining how policy implementation is perceived (Garn, 1999; Honig, 2006), while some are ethnographies intended to determine how a problem is framed within an organization (Coburn, 2006). Together, they provide in-depth understanding of the interactions between systems as a policy is implemented, but do not provide for the extent to which interactions between systems influence a given goal; nor do they elucidate the significant relationships between said systems. Quantitative methodology and analysis is needed to determine this and provide more generalizable information across different service areas.

Organizational studies of policy implementation examine the operation of a system as it applies a policy (Barrett, 2004). This approach dovetails well with systems theory in viewing how implementation is carried out by school social work practitioners. Understanding that the operation of a policy is a process influenced by multiple systems, subsystems, and their interactions, studies that determine and describe the operation of policy implementation as impacted by various systems provide a conceptualization of how a policy is applied.

**Theory**

A theory explains interrelated concepts to predict relationships (Shoemaker, Tankard, & Lasorsa, 2002). Theory in social sciences addresses three areas of focus: summarizing knowledge, practical application, and guiding research (Shoemaker, et al., 2002). This chapter

discusses two of these areas, summarizing knowledge and guiding research (the third, practical application is addressed in Chapter 5 in the discussion section) as it relates to general systems theory and school social work practice with homeless children and youth. First, this chapter provides a broad description of general systems theory and its key concepts and assumptions. Next, homelessness is discussed in the context of general systems theory. Finally, school social work practice with this population is discussed.

## General Systems Theory

### Brief description.

General systems theory in social work derives from a biological theory that states that all organisms are systems, participate in super-systems, and are made up of sub-systems (Payne, 1997). This theory suggests that social work practice should view a social problem as a collection of different factors rather than focus on the reduced parts of an issue (Payne, 1997; Turner, 1996). Homelessness would be viewed as a result of the relationships between a series of interrelated factors ranging from micro-level interpersonal factors to larger societal components (Nooe & Patterson, 2010). School social workers, whose practice setting is where the organizational focus is not on social services, often contend with a multitude of different factors which may influence practice (Allen-Meares, 2007). Practice with children and youth experiencing homelessness in the school setting must view this population holistically and take into account the different factors, both from components within the school and factors from a general experience of homelessness that may influence outcomes with this population. Specific concepts and assumptions of general systems theory can help summarize the conceptualization of school social work practice with homeless school-aged children and their perceptions of MVA implementation.

### Key concepts of general systems theory.

*Systems and subsystems.*

Systems are a key component of general systems theory. They are a set of interrelated elements that make up a whole (Zastrow & Kirst-Ashman, 2010). Pincus and Minahan (1973 in Payne, 1997) propose three kinds of systems in social work practice: informal systems (families, friends, etc.), formal systems (organizations, community groups), and societal systems (schools, shelters). Specifically, societal systems are those comprised organizations of people and may be influenced by formal and informal systems (Zastrow & Kirst-Ashman, 2010). Subsystems are

11

components of larger systems that make up a whole (Zastrow & Kirst-Ashman, 2010). Subsystems, such as individual barriers (e.g. transportation, school administration, identification), make up a larger system of practice influences that can impact how the MVA is implemented. School social work practice takes place in a societal system and the MVA requires practitioners, often serving as liaisons, to work with families (informal subsystem) and shelters (formal subsystem) to properly implement the MVA (42 U.S.C. §11432(g)(6)(A)(v)).

### *Boundaries.*

In general systems theory, boundaries are where one system ends and another begins (Zastrow & Kirst-Ashman, 2010). They can be physical, such as classrooms or a school building, or the result of understandings between different roles and positions. Boundaries delineate differences between various systems that still make up a whole (Allen-Meares, 2007). Implementation of a policy requires practitioners to understand the boundaries of different systems as they relate to roles between different structures that carry out a policy (Honig, 2006). Often, the congruence of goals between the different structures influences the application of a policy (Lundin, 2007) between the interactions of different systems (Honig, 2006).

### *Input/Ouput and Feedback.*

The information or communication that travels between systems is conceptualized as either input or output (Payne, 1997). A system receives input from other systems and then gives output (Zastrow & Kirst-Ashman, 2010). A specific form of input is the idea of feedback, which is input that a system receives about performance (Turner, 1996). Systems sometimes interface with one another where both systems receive feedback from the other. This creates a feedback loop where input and output are shared and both systems are influenced (Allen-Meares, 2007). School social work practice interfaces with schools, government, individual clients, and external factors outside of the school (Allen-Meares, 2007). These relationships highlight the complexity of practice and demonstrate that feedback between different systems may loop between each other. For example, barriers to practice are made up of subsystems that are both internal and external to the school and may influence MVA implementation. However, MVA implementation may mitigate the barriers, lessening the impact on implementation. Therefore, conceptualizing how school social work practice in the context of MVA implementation requires practitioners to understand the looping nature between different systems that implement the MVA.

### *Equifinality.*

Societal systems may reach the same ends, but through different means (Allen-Meares, 2007). Mainly, school social work practitioners may draw from many different resources to obtain similar goals. Service areas may present different subsystems or factors which can lead to different routes to similar or different results (Buckner, 2008). A clear example of the concept of equifinality in school social work practice with children and youth experiencing homelessness is transportation. School districts are required to provide transportation to and from school (42 U.S.C. §11432(g)(1)(J)(iii)), however the method by which this is accomplished can vary. Agreements can be made between school districts or an area may absorb the financial cost of providing transportation (James & Lopez, 2003). Furthermore, rural areas may use different resources inherent to the location to achieve the same means as urban locations (Cloke, Milbourne, & Widdowfield, 2001).

**Key assumptions of system theory.**

There are several important assumptions of systems theory (Turner, 1996). First, the whole is greater than its parts, meaning that a system is greater than the sum of the parts which comprise it (Turner, 1996). Subsystems contribute more to a system than just their presence; there are relationships, input, output, and feedback that go along with being a part of a larger system (Turner, 1996). Next, changing one part of the system changes other parts, highlighting the interrelated nature of systems (Turner, 1996). Systems and their relationships become more complex over time, a concept known as differentiation (Turner, 1996). In the context of the MVA and its implementation, the provisions under this policy have grown, and will grow more complex over time. More provisions will be created and added to the MVA in order to address problems resulting from homelessness; the legislation goes from simple policies eliminating administrative constraints to school enrollment to alleviating the problems associated from the transient nature of homelessness. Finally, systems will attempt to maintain homeostasis or stability in their existence (Zastrow & Kirst-Ashman, 2010). Change is possible through feedback, but it is incremental (Payne, 1997).

**Homelessness in the context of systems theory.**

Homelessness is characterized as the result of a constellation of systems which influence a given outcome (Rafferty, et al., 2004). Formal, informal, and societal systems all impact how individuals or families become, stay, or leave homelessness (Nooe & Patterson, 2010). As it relates to educational opportunities for homeless children, homelessness is conceptualized as a

13

series of barriers which prevent a school-aged child or youth from enrolling in school (Jullianelle & Foscarinis, 2006). Specifically, as children navigate the homeless experience, they confront multiple systems that influence their ability to obtain educational opportunities. These include healthcare, the school itself as a system, transportation, and other social welfare systems (Rafferty, et al., 2004).

The MVA addresses homelessness as a system of barriers that prevent a child from obtaining educational opportunity. Often barriers such as transportation are examined individually for their influence on a given outcome (James & Lopez, 2003). While this may be pragmatic, viewing barriers as an aggregate may be more accurate in terms of their influence on educational attainment. Individual barriers may be subsystems of a larger system of barriers that influence how the MVA is perceived to be implementation. Examinations are needed to determine the nature of barriers as subsystems of larger barrier types and if so, what similarities between barriers exist.

Inherently, the MVA takes a systems approach through the use of liaisons. By realizing that schools are limited in their ability to address homelessness, the school system is impacted by a larger social system (Allen-Meares, 2007). MVA liaisons work within these systems to ameliorate problems school-aged children and youth experiencing homelessness face (42 U.S.C. §11432(g)(1)(J)(ii)). School social work practice often revolves around liaison tasks (Jozefowicz-Simbeni & Israel, 2006), therefore practice mirrors the conceptual approach the MVA takes.

Currently, there are no peer-reviewed state-wide reports that analyze MVA implementation. The literature and policy conceptualize the different systems that impact educational opportunity for a child experiencing homelessness as either barriers or facilitators. However, perceptions of MVA implementation are influenced by factors outside of the school system (Jozefowicz-Simbeni & Israel, 2003). Formal subsystems, such as social work licensure, and informal systems, within different geographic locations, may play different roles in how MVA implementation is understood to be carried out by school social workers. This study views school social work practice with homeless school children as a sum of systems that influence how the implementation of the MVA is conceptualized by practitioners and allows researchers to make determinations on what subsystems (based on geographic location) significantly impact practice.

14

**School Social Work**

Social work in schools is a specialized area of social work practice. School social work takes place in a host setting, meaning that school social workers are not the primary professionals that practice in the school system (Allen-Meares, 2007). Practitioners in this field often undertake a myriad of tasks to address numerous issues students, families, or schools may face. School social workers may be called upon to perform case management with individual students as well as advocate on behalf of a population such as the homeless. Because of the secondary nature of school social work, practice paradigms shift and change are dependent upon the educational thought and theory at the time (Allen-Meares, 2007). Throughout the twentieth and into twenty-first century, the role and focus of a school social worker has changed from serving as a liaison between the school and home to individual casework and collaboration with outside agencies (Allen-Meares, 2007). Those practicing with children and youth experiencing homelessness straddle this focus by serving as MVA liaisons.

**MVA liaisons and school social work**

Schools are required to employ liaisons to address the needs of homeless school children (42 U.S.C. §11432(g)(1)(J)(ii)). The design of the MVA revolves around the work of the liaison and implementation hinges on the efforts of this position. The main duties of this position include identifying homeless children for services, improving awareness both in and outside of the school, and serving as an advocate for school-aged children experiencing homelessness (42 U.S.C. §11432(g)(1)(J)(ii)). Liaisons are responsible for ensuring homeless children are able to enroll and attend school, for providing referrals to outside agencies for homeless families and for advocating for upholding the right to educational opportunity (42 U.S.C. §11432(g)(1)(J)(ii)). The main provisions of this policy are centered on the work of liaisons, and they are key cogs in implementing the intent of this policy. Because school social work practice with homeless children often involves in serving as a liaison, or completing the duties of a liaison, the implementation of the MVA and school social work practice are closely related (Jozefowicz-Simbeni, & Israel, 2006). The perceptions of school social workers underpin the implementation of the MVA. How those carrying out the aims of the policy conceptualize the problems addressed in legislation will inherently influence implementation (Spillane, 2000). Therefore, school social work practitioners' perception of the MVA's implementation offers a valuable glimpse into how this policy is carried out in practice.

**The McKinney-Vento Homeless Assistance Act**

**Description of MVA**

Myriad federal, state, and local policies address homelessness, both directly and indirectly. For example, laws involving housing or shelters may have a direct impact on homelessness, while others—such as panhandling or trespassing laws—may indirectly impact homelessness. Because homelessness may be impacted by location-specific factors (Buckner, 2008), state and local policies may have particular importance in addressing homelessness. However, federal policy, because of its nationwide impact and the funding provided, dictates guidelines for which state and local policies must follow. One federal policy specifically addresses homelessness: the McKinney-Vento Homeless Assistance Act. This program authorizes myriad government agencies and programs designed to aid the homeless and provide funding for many services (Congressional Research Service, 2005). This legislation has specific provisions which address the educational rights for homeless children.  This portion of the paper will provide an overview of the general elements and history of the policy as well as provide a synopsis of the educational aspects of the Act and how it relates to both children and social work.

**Brief History.**

The McKinney-Vento Act began as the Stewart B. McKinney Homeless Assistance Act in 1987, and the policy originally provided an array of services ranging from shelter funding to educational policy mandates (Congressional Research Service, 2005). As it stands today, the MVA provides important provisions and programs to aid the homeless; it has undergone several amendments, expansions, and reauthorizations and was later named the McKinney-Vento Act in 2000 (Congressional Research Service, 2005; James & Lopez, 2003). Since its creation in 1987, the policy has provided programs such as housing and shelter funding and veteran's employment programs through agencies such as the US Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs. In addressing housing or employment needs, the McKinney-Vento Act serves mainly as a mechanism to provide funding. Arguably the biggest impact, through both funding and policy mandates, is in the area of education. Specifically, the policy provides important legislation to aid homeless children in obtaining an equal opportunity for education.

**Educational Provisions.**

The McKinney-Vento Act takes a "barriers" approach to addressing homelessness in schools. A barrier can be considered anything that hinders practice: in this case, the schooling of homeless children (Teasley, Gourdine, & Canfield, 2010). The intent of this policy is to ameliorate barriers to educational access for homeless school children face in obtaining an education. The MVA addresses these barriers through provisions across three concepts: preparation, accessibility, and collaboration, and each must be addressed in order to properly implement the policy (Canfield, Teasley, Abell, & Randolph, In press).

**Concepts within the MVA.**

*Preparation.*

To implement the MVA, service areas must have a plan to prepare for the needs of homeless children (Canfield, et al., In press). Policies and procedures should be made available to staff because the onus is on the school to take steps to mitigate problems associated with homelessness. These steps range from having a liaison appointed to defining how the service area will address transportation needs (42 U.S.C. §11434, *et sequentia*). By having these policies and procedures in place, service areas are preparing for the needs of homeless children, and thus implementing an aspect of the MVA.

*Accessibility.*

School accessibility is the major intent of the MVA and the major provisions within this policy address accessibility through requiring schools to adjust enrollment procedures to facilitate school admission thus reducing unique situational barriers a school-aged child experiencing homeless face (Biggar, 2001; Jozefowicz-Simbeni & Israel, 2006; Jullianelle & Foscarinis, 2003). School districts must allow homeless children to enroll in school and participate fully in all activities associated with being a student at a given school (42 U.S.C.§11432(g)(1)(I), (g)(7)). To do this, schools must provide for exemptions in providing immunization records, previous school records, proof of residency, and school fees (42 U.S.C. §11434, *et sequentia*). Along these lines, schools must allow students experiencing homeless to remain in their school of origin (the school they were enrolled in when their period of homelessness began) regardless of their current living situation (42 U.S.C. §11432(g)(3)(G)). Additionally schools must provide transportation from their new residence to the school (42 U.S.C. §11432(g)(1)(J)(iii)).

*Collaboration.*

Collaboration is a central aspect of the educational provisions of the MVA (Canfield, et al., In press). Schools are not social service agencies (Allen-Meares, 2007), and the multiple needs of homeless school children may fall outside of the scope of the purpose or mission of a given school. Furthermore, homelessness often falls outside the context of school (i.e. children are not homeless in school, they are enrolled and are experiencing homelessness). The MVA addresses this by requiring liaisons to connect to the outside community to provide services to homeless children (42 U.S.C. §11432(g)(1)(J)(ii)). It requires schools to collaborate with shelters and other facilitates where the homeless congregate to inform families and children of their rights to equal educational opportunities (42 U.S.C. §§11432(g)(6)(A)(i), (iv)). The MVA takes an approach to homelessness and its impact on educational opportunity as one that a school cannot solely address without a congruent set of uniform guidelines that regulate children's access to school. Through implementing this policy, schools are required to collaborate with outside agencies to address the needs of homeless school children (Canfield, et al., In press).

Canfield, et al.'s (In press) study examining a method to measure school social workers' perceived knowledge of the implementation of the MVA provides a basis to conceptualize and group the major educational provisions under the MVA in three domains: preparation, accessibility, and collaboration. Overall, the implementation of this policy through these three domains is shown to address many of the needs of homeless children (Canfield, et al., In press). Jullianelle & Foscarinis (2003) assert that homeless children are reaping the benefits of the provisions of the McKinney-Vento Act. Yet while this policy has admirable aspirations, actual examination of the degree to which the MVA has been implemented has largely gone undone. Because this policy is thought to play such an important role in the education of homeless children, and because school social workers are at the forefront of carrying out the provisions of the MVA, an examination of how well the policy is thought to be implemented is necessary. The following section will examine the existing literature on the MVA as a policy.

### Existing Research on the MVA

In examining the literature on homeless school-aged children, policy emerges as an important topic. There is often mention of the McKinney-Vento Act and the provisions under the policy. However, there is a scarcity of studies evaluating homeless policy, provisions under the policy, or the implementation of the legislation. The following sections will review the current literature on the concepts and goals of the MVA and its perceived implementation.

**Major Findings**

      **Difficulties in identification.**

As described earlier, The McKinney-Vento Act is designed to mitigate the effect homelessness has on a child's educational experience. To do this, the policy aims to eliminate barriers to attending school. Problems in implementing these policies are a consistent theme in the literature on US federal homeless policy. Specifically, identifying homeless children in schools remains a difficult challenge to service providers (Dworak-Fisher, 2009; Glassman, Karno, & Erdem, 2010; Herrington, Kidd-Herrington, Kritsonis, 2006). Services hinge on the proper identification of homeless children and, without identification, services cannot be provided. Schools must actively search for homeless children within their locality (Dworak-Fisher, 2009), and the McKinney-Vento Act requires that districts employ a liaison to reach out to the homeless population (Dworak-Fisher, 2009; Herrington, et al., 2006). These liaisons must also be informed of the policies and provisions available to aid homeless children (Jozefowicz-Simbeni & Israel, 2006). Identification of homeless children is often mentioned the literature but has not been empirically studied. The use or effectiveness of liaisons in identifying homeless children is an avenue that deserves greater attention and should garner more research. Because the topic of identification plays such an important role in the providing of homeless services, the impact on implementation must be studied.

      **School mobility.**

Homeless children experiencing school interruption and unplanned school mobility may exhibit lower standardized test scores as well as poor academic outcomes (Cunningham, et al., 2010; Julianelle & Foscarinis, 2003). Problems homeless children may face—such as the inability to participate in extra-curricular activities or difficulties in making friends—can lead to emotional, mental, and social problems as well (Julianelle & Foscarinis, 2003). To combat this, the McKinney-Vento Act allows a child to remain in the same school during their episode of homelessness (42 U.S.C. §11432(g)(3)(G)). The policy furthers this notion by requiring schools to provide transportation, even if the child (this includes Pre-K students as well) has moved outside of the district because of homelessness (Educational Law Center, 2010). By allowing this, effects of school mobility can be minimized (James & Lopez, 2003; Julianelle & Foscarinis, 2003). Hamann, Mooney, and Vrooman's (2002) report on standards for McKinney-Vento programs indicate that increasing stability is necessary for quality intervention. Schools must

19

take an approach to identify homeless students and then remove barriers to their educational attainment (Cunningham, et al., 2010; Education Law Center, 2010).

In order to minimize school mobility, local school officials must agree to a response to homelessness (James & Lopez, 2003). This result can only be obtained with collaboration and agreement across schools and personnel (James & Lopez, 2003; Jozefowicz-Simbeni & Israel, 2006). Cunningham, et al. (2010) found in their literature review that there were no differences in attendance between homeless and housed but still impoverished students, possibly attesting to the effects of the McKinney-Vento Act. School mobility policy is designed to mitigate the effects of school mobility and to provide the agreement and collaboration between service providers necessary to fulfill McKinney-Vento's legislative mandates.

<div align="center">**Barriers to School Social Work Practice with Homeless Children**</div>

A section of school social work literature examines how practitioners contend with barriers to practice (Teasley, Canfield, Archuleta, & Crutchfield, In Press; Teasley, et al., 2010). Generally, barriers refer to anything which hinders practice; inversely, what does not hinder practice then facilitates it (Teasley, et al., 2010). Therefore, different aspects to practice can either further practice (facilitate) or impede (act as a barrier). Examining school social work practice in the context of barriers is consistent with the literature on children and youth experiencing homelessness and the approach the federal policy takes to address the needs of this population. The homeless experience, in reference to school social work practice, is characterized as a series of barriers, often due to transience, which prevent a child from obtaining an education (Jullianelle & Foscarinis, 2003). Despite the importance of understanding perceptions of barriers to practice with homeless school-aged children, Jozefowicz-Simbeni and Israel (2006) contend that few studies examine and identify what in fact does serve as a barrier for this population. Despite the lack of literature overall on barriers to school social work practice with children and youth experiencing homelessness, some can be identified. This section examines several general barriers practitioners may perceive and contend with when practicing with homeless school-aged children.

**Transience/Instability**

Transience is a major focus of homeless literature in general (McAllister, et al., 2010, Sosin, 2003). As stated earlier, transience manifests itself as notions of school mobility for homeless children. Unplanned moving between schools is detrimental to academic achievement

(Weckstein, 2003), and homeless children are at very high risk when unplanned movement occurs (Dworak-Fisher, 2009; Jozefowicz-Simbeni & Israel, 2006; Jullianelle & Foscarinis, 2003). This hinders the identification of homeless children and thus reduces their opportunity to receive school social work services.

**Identification**

It is intuitive that school social work practice hinges on the availability of clients. If clients are unavailable to be served, then practice cannot occur. Because homeless school children move unexpectedly between schools, maximizing the time a child may be enrolled in a given service area is important (Jozefowicz-Simbeni & Israel, 2006). Furthermore, in order to address the needs of homeless children, one must know whether a child is experiencing homelessness (Dworak-Fisher, 2009; Glassman, et al., 2010; Herrington, et al., 2006). Several factors, such as embarrassment or resistance, prevent homeless children from requesting services (Julianelle & Foscarinis, 2003). Therefore, the MVA highlights that identification—determining whether a child is homeless—is a major barrier to educational access (42 U.S.C. §11432(g)(6)(A)). Active identification, whether done by the designated liaison or within the service area as a whole, may improve the ability for school social workers to implement notions of the MVA (Dworak-Fisher, 2009).

**Attendance**

The MVA is supposed to help ameliorate attendance problems, therefore allowing school social workers the opportunity to practice with this population (Jullianelle & Foscarinis, 2003). Along with transience, attendance issues are a concern for those practicing with this population. Homeless school children are at risk for missing an inordinate amount of school days (Miller, 2009; Rafferty, et al., 2003). Transience, or unplanned mobility, is thought to be a major factor in why homeless school children have poor attendance (Dworak-Fisher, 2009; Jozefowicz-Simbeni & Israel, 2006; Jullianelle & Foscarinis, 2003). This relationship highlights why it may be more prudent to examine barriers as an aggregate rather than individually. If poor attendance is related to transience, then examining them both may yield a more detailed picture of practice and MVA implementation.

**Communication**

The MVA strives to provide information to children and youth experiencing homelessness by requiring school districts to search and enroll provision-eligible children (42

U.S.C. §11432(g)(1)(J)(ii)). Dworak-Fisher (2009) contends that schools must communicate with homeless families by providing information on the rights to education for their children. With emphasis on searching and communicating with those experiencing homelessness, communication is necessary for school social work practice with homeless school-aged children. The extent to which communication among school-based personnel concerning the policy's provisions is perceived to impede or promote practice and how it may impact the perceptions of MVA implementation is in need of examination.

**Personal Resources**

Homelessness is typically associated with poverty, and the resources an individual may have or utilize can impact the outcomes of practice (Buckner, 2008). Whether homelessness is an extreme version of poverty or its own social problem that is related to poverty is unclear (Buckner, 2008); however, it is clear that this population lacks resources to succeed academically (Rafferty & Shinn, 1991). These include limited access to adequate health care, proper school supplies, and transportation (Rafferty & Shinn, 1991). Transportation is a major facet of the MVA (42 U.S.C. §§11432(g)(1)(I), (g)(7)) and may impact attendance and minimize or exacerbate transience, strengthening the argument for examining barriers as a whole rather than individually.

**Cultural Competency**

Culturally competent social work practice addresses the needs of a diverse population through practitioners gaining skills, knowledge, and ability to work with and across different cultures (Zastrow & Kirst-Ashman, 2010). Homelessness is not always conceptualized as a diversity issue; because minorities experience higher levels of poverty working within different cultures, however, alleviating the problems associated with this experience is especially necessary in their case (Larsen, 2002). The MVA requires schools to serve in the best interest of a child (O'Leary, 2001; Wong, Salomon, Elliott, Tallarita, & Reed, 2004), and that may require working within the contexts of different cultural values and beliefs. With this in mind, if culturally competent practice cannot be achieved then the full intent of the MVA, with focus on the best interest of the child in upholding the rights to equal education opportunity, will not be perceived to be implemented.

**Family**

The dynamics of a homeless family may play an important role in facilitating school social work practice (Swick, 2003). Families present various risk or practice factors that may impact a given outcome. For homeless families, this may be from the etiology of how a family became homeless (disaster, violence, loss of job, etc), or the dynamics between the family members (Jozefowicz-Simbeni & Israel, 2006; Swick, 2003). Within the MVA, schools are required to actively search and collaborate with homeless families to inform them of their rights and provide services as needed (42 U.S.C. §11432(g)(1)(J)(ii)). Understanding the family dynamics of those experiencing homelessness may improve how school social workers both approach and then practice with these clients (Swick, 2003). Similar to other factors, interaction with families can either be a barrier or facilitator to practice as well as being influenced by other issues.

**Embarrassment**

Julianelle and Foscarinis (2003) provide anecdotes where homeless school children have academic problems associated with feelings of embarrassment. The authors contend that some homeless children do not wish to seek services for fear of being "outed," meaning their peers will find out about their situation. Part of the logic the MVA uses for its identification and search requirements responds to the fact that children and families experiencing homelessness may feel embarrassed and may not want to contend with the stigma of homelessness (42 U.S.C. §§11432(g)(6)(A)(i),(iv)). There is little literature as to the extent embarrassment impacts MVA implementation, or if it impacts school social work practice. This indicates that this is a gap that should be addressed in current studies.

**Policies**

In any given service area, there may be policies that mitigate or hinder the implementation of the MVA (Burt, 2003). Because school social work occurs in a host setting, policies may not be in place to provide appropriate services to a given population (Allen-Meares, 2007). James and Lopez (2003) highlight that policies, many within the mandates that the MVA provides, are specifically designed to ameliorate problems homeless children face and can lead to successful outcomes. While the MVA has good intentions and supplies broad provisions to address the needs of homeless school children, policy interpretation and implementation at state and local levels  may hinder the full intent of the policy's provisions (Miller, 2009).

**School Administration**

23

The secondary setting in which school social work practice occurs indicates that factors inherent to the host setting may influence how practitioners facilitate practice (Allen-Meares, 2005).  Similar to a service area's policies influencing school social work practice with homeless school-aged children and youth, the school administration may have a similar impact. The organizational structure of a school's administration may influence the extent to which the MVA is implemented (Miller, 2009). Furthermore, agreement to address the needs of this population between school administrators can have far-reaching impacts in educational access for homeless school children (James & Lopez, 2003).

**Student Compliance**

Homeless students may have difficulty in not only receiving services, but also in complying with school social work practice. Similar to feelings of embarrassment, homeless students may have various reasons for not complying with services (Jozefowicz-Simbeni & Israel, 2006). These reasons may range from internal reasons such as embarrassment or malnutrition, or from factors outside their control (ex. moving from a service area).

**Obtaining Records**

Waiving the requirements for homeless families to provide documentation or school records are original provisions of the MVA (42 U.S.C. §11432(g)(3)(C)). Even though the MVA has provisions designed to keep a student experiencing homelessness in the same school, sometimes moving to a different school is necessary. Because of this, ensuring a smooth transition is necessary for positive educational outcomes (Jullianelle & Foscarinis, 2003). Homeless students may have many unmet needs in regards to special education and placement into these programs is crucial for addressing these needs (Zima & Forness, 1997). The attainment of the appropriate records may either mitigate problems of school placement or exacerbate any time which a student may not be in the correct classes.

**Physical Well-Being**

It is well documented that homeless children and youth experience many problems with their well-being. Homeless children may exhibit problems associated with poor nutrition, poor mental health, and stunted physical development (Dworak-Fisher, 2009; Menke, 1998; Rafferty & Shinn, 1991; Shinn et al. 2008). These may all impact academic achievement, but the extent to which these challenges hinder school social workers' practice with this population is

understudied. Simply, are these factors problems that should be addressed through practice, or are they a larger problem that prevents from practice from occurring?

Taking a barriers approach in examining school social work practice with children and youth experiencing homelessness is consistent with the current literature on this population. The MVA conceptualizes homelessness as an experience of barriers that prevent a potential student from accessing an opportunity for education. Despite this notion, the study of how barriers impact school social work practice with homeless school children is largely undone (Jozefowicz-Simbeni & Israel, 2006). Because implementing the MVA is a major facet of school social work practice with this population, examining the influence of barriers and other factors have on perceptions of the implementation of the MVA fills a gap in our knowledge and understanding of how this policy is perceived to play out in practice.

## Awareness of Homelessness

The cognizance of a problem influences one to not only act, but how to act (Nordlund & Garvill, 2003). In general, the understanding of a policy's targeted population impacts how legislation is understood to be implemented (Spillane, 2000; Spillane, et al., 2002). Homelessness is a societal problem with many facets and school-aged children experiencing a homeless situation have many unique needs (Nooe & Patterson, 2010). Thus, the MVA requires school liaisons to create awareness in the community about services offered (42 U.S.C. §11432(g)(1)(J)(ii)). While there have been many efforts to increase awareness about the problems of homelessness, few studies have been conducted examining the impact that awareness of homelessness has on the perceived implementation of the MVA. Awareness of the different needs of homeless children, in addition to a general understanding of the available policies enacted to address the well-being of this population, should influence practitioners' understanding of MVA implementation.

In addition to the awareness of needs, attention should be paid to the policies and procedures that a service area has developed to address homelessness. Even if policies are in place and programs are ready to serve, if there is little awareness of the existence or utility of these provisions then implementation efforts aimed to address the needs of a population will be hindered (Cloke, Milbourne, & Widdowfield, 2001). How one perceives a service area, and the problems within it, can influence how policies are thought to be implemented (Spillane, 2000; Spillane, et al., 2002).

**Location**

  The experience of homelessness may be dependent on factors outside of the experience itself. In particular, geographic location may play an important role in outcomes for homeless school-aged children and youth. Studies which aim to answer questions about the homeless population as a whole often find conflicting results (Buckner, 2008). Buckner (2008) contends that the lack of a discernible pattern in the outcomes across studies examining the difference between homeless children and impoverished but housed children may result in the systemic difference inherent to a given location. Urban areas may perceive higher levels of homelessness and provide more shelters and infrastructure in addressing homelessness (Rafferty, et al., 2004). Likewise, rural areas may not perceive homelessness to be an issue and the awareness of services that may be available may be low and underutilized (Cloke, et al., 2001). While breaking down geographical locations into three broad categories does not lend itself to specificity, if differences are found in perceptions of MVA implementation or the factors influencing this policy's implementation across geographical location, then further studies should be enacted to examine exactly what are driving said differences.

**Experience**

  School social work practice with homeless children revolves around the MVA, and practitioners may exert influence in the extent to which this is done. Namely, experience, in the form of both years as a school social worker and licensure, impacts practice (Teasley, et al., 2005). A premise of the evidence-based practice model is that practitioners should bring skills and knowledge to make decisions in conjunction with client's attributes and the available evidence (Rubin & Babbie, 2010). How a practitioner has honed their skills through experience and obtaining different levels of licensure can influence how practice is carried out. Thus, school social workers' experience and level of licensure may influence practice with homeless children, therefore possibly influencing perceptions of MVA implementation.

**Rationale for the Study**

  Child homelessness is an increasing problem in America (National Coalition for the Homeless, 2009). This experience leads to poor outcomes in health, development, and education (Buckner, 2008). The US government has enacted the MVA as a policy to address the educational needs of children and youth experiencing homelessness. There is a dearth of

literature on the perceptions of MVA implementation and studies are needed to examine how this policy plays out in practice.

Conceptually, school social work practice with homeless children revolves around implementing the MVA, usually through designated liaisons (Jozefowicz-Simbeni & Israel, 2006). The conceptualization of an issue by the stakeholders or actors executing the aims of a policy influences the perceptions of a given policy's implementation (Harris, 2007). Therefore, school social workers' perceptions and understanding of the policy as well as their conceptualization of the needs of this population helps shape how this policy is perceived to be implemented. Question 1 of this study addresses this: what are school social workers perceived knowledge of MVA implementation in their practice setting?

Conceptually, homelessness is a constellation of factors which may hinder the educational opportunity for a child. Because educational opportunity is the main aim of MVA implementation, these barriers influence school social work practice with homeless school children. Question 2 of this study pertains to barriers to practice: what are school social workers' perceptions of barriers to practice with homeless school-aged children? This study will examine how perceived barriers individually may influence school social workers' perceptions of MVA implementation. However, drawing from systems theory, barriers may be subsystems making up a larger barrier system and analysis will be conducted to determine how barriers group together. Finally, Question 3, examines how school social workers' level of licensure and years of experience affects their understanding of MVA implementation.

# CHAPTER THREE

## METHODOLOGY

### Method

This study uses data collected from the use of survey methodology with a purposive sample to examine the perceived affects that barriers to school social work practice with homeless school-aged children have on perceived levels of MVA implementation among school social workers. A 77-item questionnaire, including demographic information, was administered to school social workers from a Midwestern regional school social work conference. The questionnaire measured perceptions of school social work practice; sections were devoted to practice with homeless children and a psychometric instrument designed to measure perceived levels of MVA implementation highlighted this. Several data analysis techniques were used to examine how barriers and other factors such as experience, practice location, and awareness of homelessness impact the perception of MVA implementation.

### Dataset

**Population**

The Illinois Association of School Social Workers (IASSW) is the largest organization of school social workers in the country, and their annual conference provides an excellent opportunity to survey attending school social workers over a brief period of time. Conference attendees were members of this organization and were attending primarily to further their professional development. Furthermore, Illinois is a relatively diverse state: there are major metropolitan areas, outlying suburban areas, and very rural locales, all of which, however, are impacted by the same laws and guidelines, though these may be implemented differently across localities.

**Sampling**

Data collection took place October 21-23, 2010 at the 40th Annual IASSW Conference in Normal, Illinois. Prior to data collection, IRB and conference approval was obtained (Appendix A & B). Surveys were distributed during periods between conference sessions and at a conference-sponsored dinner. Participants returned completed surveys to a table the researchers used to serve as a central location for data collection. An IRB-approved preamble explained the nature of the survey and that consent was assumed through survey participation. To spur

participation, two cash prizes, in the amounts of $100 and $50 respectively, were drawn. Raffle tickets were given to participants returning a completed survey. Contact information was written on the ticket, but no identifying information was required, asked, or placed on the survey itself. There were 518 surveys administered and 226 returned with sufficient data for study inclusion for a response rate of 43.6% (226/518=.436).

**Data Entry**

After data collection, survey responses were entered into the Statistical Processing Software for Social Sciences Version 17.0 (SPSS). Each survey was given a code number. The six-digit code number began with the location where data was collected. The first number referred to the "wave" in which the survey was collected. The following three numbers corresponded with the order in which the survey was entered into the statistical processing software. After every survey was entered, twenty percent were randomly selected to ensure data entry accuracy. Data is kept in a secure location as per the IRB approval.

**Survey Instrument**

The questionnaire used for this study was designed to capture perceptions of school social work practice with homeless children. In addition, several items pertained to diversity in school social work practice. There were 77 items overall and the questionnaire took approximately 10-15 minutes to complete (see Appendix C). The format of the survey consisted of a demographic section (16 items), four sections (26 items) on MVA implementation, one section (15 items) on barriers, and three sections (14 items) devoted to diversity.

Each survey item was initially analyzed by viewing a frequency of its responses. Most questions were on a five-point Likert-type scale with scores ranging from one to five (see Appendix C). Any scores outside this range were examined for data entry errors, since the Likert-type response options did not permit a score outside of this range. Every item, when applicable, was also analyzed for normalcy using a skewness and kurtosis statistic, as well as a visual inspection of a histogram. Cut points were ±2 for skewness and ±2 for kurtosis scores respectively (Rubin, 2009).

## Operationalization

This section describes the operationalization of the key concepts discussed in the preceding sections. Specifically, this section describes the measures used to assess the concepts intended to serve as variables for analysis in this study. This section first describes the measure

used for the dependent variable: the McKinney-Vento Act Implementation Scale. A description of how the notion of barriers to practice is measured is provided. Next, the measurement of school social work experience and geographic location of practice are addressed, followed by awareness, and concluding the section, demographic information. Table 3.1 displays conceptual definitions and how each variable was operationalized.

Table 3.1

*Conceptualization to Operationalization*

| Variable | Conceptual Definition | Operationlization* |
|---|---|---|
| **Dependent Variable** | | |
| MVA Implementation | Perceptions of the process which school social workers practice within different systems to apply the provisions of the MVA | MVAIS** |
| **Independent Variables** | | |
| Barriers to Practice | Perceived factors which hinder school social work practice | |
| Transience/Instability | | Y1 |
| Identification | | Y2 |
| Attendance | | Y3 |
| Communication | | Y4 |
| Personal Resources | | Y5 |
| Transportation | | Y6 |
| Community Resources | | Y7 |
| Cultural Competency | | Y8 |
| Family | | Y9 |
| Embarassment/Resistant | | Y10 |
| Policies | | Y11 |
| School Administration | | Y12 |
| Student Compliance | | Y13 |
| Obtaining Records | | Y14 |
| Physical Well-Being | | Y15 |
| General Homeless Barriers | | Composite Sum Score*** |
| In-School Barriers | | Composite Sum Score*** |
| Awareness of Homelessness | | Composite Sum Score**** |
| Location | Geographical location of service area | I |
| Experience | Years practiced in a service area and licensure level | |
| Licensure | | H |
| Years in Service Area | | D |

Note: *Refers to question on survey item unless otherwise noted (Appendix C); **Sections U, V, W, and X of Appendix C; ***Sum score of factors from EFA of barrier items; ****Sum of items M, N, and O of Appendix C.

**Dependent Variable Measure**

      **McKinney-Vento Act Implementation Scale.**

A psychometric instrument or scale which accurately captures a given concept can have much value to researchers. Because scales must properly measure the intended concept to have utility in a study (Abell, et al., 2009), the McKinney-Vento Act Implementation Scale (MVAIS) is used in this study to measure the perceived levels of MVA implementation. The MVAIS is a 26-item scale designed to capture the perceptions of school social workers and other related services personnel. No other scale has been found which addresses the McKinney-Vento Act and perceptions of its implementation. Initial validation of the instrument found it to have high reliability ($\alpha$=.940) and both construct and factor validity (Canfield, et al., In Press).

The MVAIS can be divided into three subscales each measuring the perception of a different concept with relatively high reliability: preparation, accessibility, and collaboration within the MVA. Preparation ($\alpha$=.870), measured using the first five items of the scale, refers to the policies and procedures in place to address the needs of homeless children. Accessibility ($\alpha$=.906) in this scale is how well the school is perceived to make itself accessible given the needs of homeless children, and is measured using 14 items. The final subscale ($\alpha$=.924) is a seven item measure of Collaboration. This examines perceptions of how well a service area collaborates with outside entities to address the educational needs of homeless children. All together, the 26 items comprise perceived MVA implementation (see Appendix C for all subscale items).

In the initial study (Canfield, et al., In Press), an item bank based on items taken from the policy itself was created for each sub-concept. Practitioners in both the education and social work fields reviewed proposed items for relevancy, duplication, and clarity. The result was the 26-item measure with three subscales (Section U, V, W, & X of Appendix C). Each item is on a five-point Likert-type scale. Four stems were used overall, beginning with preparation: "In your opinion, how much do you agree with the following statements about your service area." Examples of items include: "The state in which I work has policy and procedures for working with homeless children and youth," and "The policies and procedures for working with homeless children are available to employees in my service area (Section U of Appendix C)" Accessibility used two stems: "Considering your service area's policies and procedures, how much do you agree with the following statements: It is easy for a homeless child in my service area to,"

followed by items such as: "Enroll in school," and "Obtain reliable transportation" (Section V of Appendix C). The second stem used for accessibility was: "How much do you agree with the following statements." Examples of this section are "My service area has someone assigned to locate homeless children and their families for school enrollment," and "My service area's policies and procedures allow a student who became homeless in the middle of a school year to remain enrolled in the same school even if the student moved out of the service area" (Section W of Appendix C). The final sub-concept, collaboration, used: "How much do you agree with the following statements? My service area consistently," followed by seven item options including: "Contacts other agencies on behalf of homeless children" and "Contacts homeless shelters on behalf of homeless children" (Section X of Appendix C).

**Independent Variables Measures**

        **Barriers to school social work practice with homeless children.**

        Fifteen items, each with the same stem, "In your opinion, how much do you agree that the following are barriers to practice with homeless children," are utilized to measure perceptions of barriers to school social work practice (see Appendix A, Section Y). The items were developed based on barriers to educational access for homeless children found within in the research literature. Examples of the items are "transience/instability," "transportation," and "identification." Each item was on a five-point Likert-type scale examining the degree of agreement with the statement: 1= strongly disagree, 2= somewhat disagree, 3= neutral, 4= somewhat agree, and 5= strongly agree.

        To elucidate the nature of the responses to barrier items, each was recoded to better reflect the perceptions of participants. Originally, the range of 1 to 5, with higher scores indicating an item was a barrier while lower scores indicated the item was a facilitator, and a score of "3" indicated that an item was neither a barrier or facilitator was utilized. A new range with scores from "-2" to "2" is now utilized. Participants' scores were reverse coded, meaning those selecting "5-strongly agree an item is a barrier to practice" were coded as "-2." Similarly, a participant selecting "1-strongly disagree" was recoded as a "2." This allows for a clearer picture of what is perceived as a barrier or facilitator. Positive mean scores now indicate an item is perceived to be a facilitator to practice whereas negative mean scores indicate a perceived barrier, while scores of "0" indicate an item is neither. This recoding allows for a clearer interpretation of results.

**Experience, location, and awareness of homelessness.**

Experience was measured in two self-reported methods: years of service in an area and licensure. First, participants were asked what level of licensure they hold (item H of Appendix C). Response options included: "None," "Beginner," "Intermediate," and "Advanced." Survey takers were asked to report the number of years practiced in their service area (Item D of Appendix C). Respondents had an open response option to self-report the number of years they had practiced. Item I of Appendix C asked participants to report the geographical location of their service area. Three response options were available: urban, suburban, or rural. Respondents were asked to circle the location of practice.

The awareness of homelessness is a composite variable of three items (Items M, N, and O of Appendix C). The three items were all on a five-point scale. Item M pertained to participants' level of awareness of the needs of homeless children, which ranged from not at all aware to extremely aware. The next item (N of Appendix C) used the same scale response and asked participants to report their level of homeless educational policy awareness. The final item in the composite variable (Item O of Appendix C) asked participants to report how often they interacted with homeless children in practice. Given the literature on the impact of thought and understanding of a given problem on perceptions of policy implementation (Spillane, 2000), these three items encompass different aspects of the awareness of homelessness.

**Demographics.**

Participants were asked to respond to several demographic items. Specifically, information on race/ethnicity, gender, and social work education was obtained. These items are located in section A in Appendix C.

<div align="center">

**Analysis**

</div>

This study aims to address gaps in the research literature on perceived levels of MVA implementation. Though notions of both the perceptions of MVA implementation and barriers to school social work practice have been identified in the literature as concepts important to homelessness, few studies have been conducted examining the impact barriers to school social work practice have on the perceived understanding of MVA implementation. First, this study will examine predictors of perceived levels of MVA implementation. Several identified barriers to practice with homeless school-aged children will be examined for their significance in predicting implementation scores. Other factors such as geographical location, licensure, years in

a service area, and awareness of homelessness will also be examined for their influence on perceptions of MVA implementation. After an initial examination of the impact different barriers individually has on perceived MVA implementation, this study will conduct further analysis on the nature of barriers to practice with homeless school-aged children as an aggregate. Further analysis will be conducted to examine relationships between groupings of perceived barriers and factors which may impact them and participants' understanding of MVA implementation. This section will describe the process and method used to analyze the data collected. Several statistical methods will be utilized to address the questions presented earlier.

**Multiple Regression Analysis.**

A multiple regression analysis examines how multiple independent variables predict scores for a dependent variable (Rubin, 2010). Because regression is an extension of correlation analysis, an examination of correlates for perceptions of MVA implementation was conducted. Possible predictors of perceived levels of MVA implementation which have an insignificant correlation coefficient with the dependent variable were eliminated (Rubin, 2010). An initial multiple linear regression analysis was conducted using only items with significant relationships ($p<.05$). After this analysis, predictors with insignificant slopes or beta coefficients were eliminated and a second analysis was conducted.

**Exploratory Factor Analysis.**

To further the knowledge on respondents' perceptions of barriers to practice with homeless children and how they are related, an analysis was conducted to examine if groupings of barrier items were measuring any latent factors. An exploratory factor analysis (EFA) allows researchers to determine what, if, and how many latent concepts a group of variables measure by examining the relationship among items to determine which are most closely related (Pedhazur & Pedhazur-Schmelkin, 1991).

**Extraction and Rotation**

An important step in conducting an EFA is to determine how factors will be determined or extracted and what type of factor rotation will be used. This study utilized principal axis factoring to extract latent factors from the fifteen barrier items. Because barriers to school social work practice with homeless school-aged children may be related to other latent factors than the ones identified in this study, this extraction method was chosen (Yun & Vonk, 2011). Rotation in EFA clarifies but does not improve findings (Costello & Osborne, 2005). This study uses oblique

rotation methods to aid in interpreting EFA findings. Though orthogonal methods are more conventional, oblique methods are chosen because factors are allowed to correlate with each other (Costello & Osborne, 2005). This study assumes that while there may be distinct types of barriers, they still are interrelated, thus justifying the use of oblique rotation methods. SPSS was used to conduct the EFA using both the principal axis factoring and oblique rotation methods.

**Number of Factors Retained**

An EFA determines what types of latent factors the barrier items are measuring. In order to determine the most meaningful latent factors, two analysis tools were used to determine the number of latent factors identified in this study. First, eigenvalues statistics will be assessed. Eigenvalues greater than 1 indicate factors which should be included in the study. This is a common method, but may be the least accurate and therefore a second method, a scree plot, was utilized (Costello & Osborne, 2005). A scree plot graphs eigenvalues of extracted factors. In determining the number of meaningful factors, those with eigenvalues graphed before the "bend" are included. Both tools were utilized to determine the number of factors extracted.

In an EFA, each variable is examined for how well each "loads," or how an item correlates with the latent factor (Pedhazur & Pedhazur-Schmelkin, 1991). Based on suggestions from Pedhazur & Pedhazur-Schmelkin (1991), loadings greater than .3 or .4 were considered to measure the factor. For each factor, all of the items with loadings greater than .3 will be considered to measure that factor. After this determination was made, composite variables were created by summing the items for a given factor together. Factors were then given names based on the types of items contained within that factor and composite scores were developed for each factor.

**Cluster Analysis**

A cluster analysis allows researchers to determine classifications or groupings of cases based on scores (Norusis, 2011). Once barrier composite variables were developed, a cluster analysis was conducted to determine groupings of cases. Cases were divided into different clusters based on the similarity of scores from the composite variable. Each cluster will have a "center score." A graph is provided in the following section displaying the distance a given case will have from this center. Tighter groupings indicate that the cluster has captured a grouping of similar scores. Differences between the groupings were analyzed as well as for any differences in MVA implementation scores.

# CHAPTER FOUR

## FINDINGS

### Results

**Demographic Information**

The sample consisted of 228 participants who attended the 40th Annual IASSW Conference in Normal, Illinois in October 2010. Table 4.1 displays the demographic information of participants. Of the 228 study participants, 205 (89.9%) were female and 23 (10.1%) were male. The vast majority of the sample were Caucasian (76.8%) followed by Black/African American (12.7%), Hispanic/Latino (5.7%), Asian/Pacific Islander (1.3%), and Native American/American Indian (.4). Five participants (2.2%) selected Other for race or ethnicity. An overwhelming majority of participants reported having earned an MSW (93.4%) while only six (2.6%) reported having either a Ph.D. or BSW. Eight study participants (3.5%) reported having a non-social work degree. Location was relatively evenly spread out across Urban (24.1%), Suburban (31.6%), and Rural (43.9%) locales. Many reported having some form of licensure, specifically 7.5% with a Beginner licensure, 18.9% with an Intermediate licensure, and 41.7% with an Advanced licensure, though 29.4% reported having no licensure. The sample reported having served an average of 12.09 years in their service area (SD=21.45).

Table 4.1
*Demographics*

| Gender (*n*=228) | Frequency | Percent |
|---|---|---|
| Female | 205 | 89.9 |
| Male | 23 | 10.1 |
| Race/Ethnicity (*n*=226) | Frequency | Percent |
| Asian/Pacific Islander | 3 | 1.3 |
| Black/African American | 29 | 12.7 |
| Hispanic/Latino | 13 | 5.7 |
| Native American/American Indian | 1 | .4 |
| Caucasian | 175 | 76.8 |
| Other | 5 | 2.2 |
| Education (*n*=227) | Frequency | Percent |
| BSW | 3 | 1.3 |
| MSW | 213 | 93.4 |
| PhD in Social Work | 3 | 1.3 |
| Other | 8 | 3.5 |

Table 4.1 continued

| Location (*n*=227) | Frequency | Percent |
|---|---|---|
| Urban/Inner City | 55 | 24.1 |
| Suburban | 72 | 31.6 |
| Rural | 100 | 43.9 |
| Licensure (*n*=222) | Frequency | Percent |
| None | 67 | 29.4 |
| Beginner | 17 | 7.5 |
| Intermediate | 43 | 18.9 |
| Advanced | 95 | 41.7 |
| Years in Service Area | *N* | *M (SD)* |
| | 226 | 12.09(21.45) |

To obtain a deeper understanding of the sample obtained, several cross tabulations were analyzed. As described in earlier in the demographic section, the respondents largely reported their practice was located in rural areas. Their reported licensure for each level across geographical location was roughly proportional to the sample in terms of locale (see Table 4.2). The same pattern was observed across both licensure and location. However, in terms of race/ethnicity, Caucasian participants reported similar distributions across geographic locations; the majority of Black/African American and Hispanic/Latino practitioners practiced in urban locales (see Table 4.3). Along with the differences in race/ethnicity and licensure (Table 4.4), a complex picture regarding the relationships between service area specific factors developed. The influence of licensure and geographical location may be moderated by other factors and should be taken into account in future studies.

Table 4.2

*Cross Tabulation for Location by Licensure*

| Location | Licensure | | | | Total |
|---|---|---|---|---|---|
| | None | Beginner | Intermediate | Advanced | |
| Urban/Inner City | 17 | 2 | 9 | 26 | 54 |
| Suburban | 18 | 6 | 17 | 30 | 71 |
| Rural | 32 | 9 | 17 | 39 | 97 |
| Total | 67 | 17 | 43 | 95 | 222 |

Note: $X^2$=3.985, *df*=6, *p*>.05.

Table 4.3

*Cross Tabulation Location by Race/Ethnicity*

| Location | Race/Ethnicity | | | | | | Total |
|---|---|---|---|---|---|---|---|
| | Asian/Pacific Islander | Black/African American | Hispanic/ Latino | Native American/ American Indian | Caucasian | Other | |
| Urban/Inner City | 1 | 16 | 7 | 1 | 26 | 3 | 54 |
| Suburban | 2 | 11 | 3 | 0 | 56 | 0 | 72 |
| Rural | 0 | 2 | 3 | 0 | 92 | 2 | 99 |
| Total | 3 | 29 | 13 | 1 | 174 | 5 | 225 |

Note: $X^2$=46.68, *df*=10, *p*<.05.

Table 4.4

*Cross Tabulation Results for Licensure by Race/Ethnicity*

| Licensure | Race/Ethnicity | | | | | | Total |
|---|---|---|---|---|---|---|---|
| | Asian/Pacific Islander | Black/African American | Hispanic/ Latino | Native American/ American Indian | Caucasian | Other | |
| None | 2 | 13 | 7 | 0 | 43 | 1 | 66 |
| Beginner | 1 | 1 | 0 | 1 | 12 | 2 | 17 |
| Intermediate | 0 | 8 | 2 | 0 | 33 | 0 | 43 |
| Advanced | 0 | 7 | 3 | 0 | 82 | 2 | 94 |
| Total | 3 | 29 | 12 | 1 | 170 | 5 | 220 |

Note: $X^2$=39.342, *df*=15, *p*<.05.

**Descriptive Information**

Table 4.5 presents descriptive statistics, specifically the mean, standard deviation, range and number of participants for each variable. Using sum composite scores for perceived MVA Implementation, the sample had an average score of 86.712 (SD=18.067) with a range from 39 to 125. For the Awareness of Homelessness composite sum measure, the sample had an average

score of 10.673 (SD=2.663) and a range of 3 to 15. As described earlier, the barrier measures were recoded to clarify whether an item was perceived as either a barrier or facilitator. Each barrier item had a range of -2 to 2 with positive means indicating the item was perceived as a facilitator while negative means indicate the item is perceived as a barrier. Interestingly, every barrier item was each perceived as a barrier to practice with homeless children, with Transience/Instability being perceived as the most pervasive barrier (M=-1.438, SD=.873) and School Administration (M=-.107, SD=1.205) as closest to being a facilitator.

Table 4.5

*Descriptive Statistics*

|  | N | Min. | Max. | M | SD |
|---|---|---|---|---|---|
| Implementation Sum Scores | 219 | 39 | 125 | 86.712 | 18.067 |
| Barrier: Transience/Instability | 226 | -2 | 2 | -1.438 | .873 |
| Barrier: Identification | 226 | -2 | 2 | -1.071 | 1.022 |
| Barrier: Attendance | 226 | -2 | 2 | -1.292 | .990 |
| Barrier: Communication | 224 | -2 | 2 | -.996 | 1.057 |
| Barrier: Personal Resources | 226 | -2 | 2 | -1.12 | 1.041 |
| Barrier: Transportation | 226 | -2 | 2 | -.81 | 1.238 |
| Barrier: Community Resources | 226 | -2 | 2 | -.978 | .991 |
| Barrier: Cultural Competence | 226 | -2 | 2 | -.341 | 1.097 |
| Barrier: Family | 224 | -2 | 2 | -.692 | 1.024 |
| Barrier: Embarrassment/Resistant | 226 | -2 | 2 | -.673 | 1.095 |
| Barrier: Policies | 225 | -2 | 2 | -.16 | 1.169 |
| Barrier: School Administration | 225 | -2 | 2 | -.107 | 1.205 |
| Barrier: Student Compliance | 224 | -2 | 2 | -.179 | 1.056 |
| Barrier: Obtaining Records | 223 | -2 | 2 | -.596 | 1.114 |
| Barrier: Physical Well-being | 225 | -2 | 2 | -.484 | 1.102 |

| Table 4.5-Continued | N | Min. | Max. | M | SD |
|---|---|---|---|---|---|
| How many years have you practiced in your current service area? | 226 | 0 | 309 | 12.09 | 21.447 |
| Awareness of Homelessness | 226 | 3 | 15 | 10.673 | 2.663 |

**Regression Analysis**

Because regression is strongly related to correlation, correlates were examined for item inclusion in the regression model. Table 4.6 displays the results of the correlation analysis. Items with significant correlates to the dependent measure of perceived MVA implementation sum scores were included in the regression analysis. Only five items were statistically significant ($p<.05$) and included in the analysis: Policies ($r=.274$), School Administration ($r=.318$), Student Compliance ($r=.139$), Years in Service Area ($r=.138$), and Awareness of Homelessness ($r=.362$). Because categorical variables are not intended for use in correlation analysis, two ANOVAs were conducted to examine any significant differences in the perception of MVA implementation scores between both location, in terms of urban, suburban, and rural, and licensure, in terms of none, beginner, intermediate, and advanced, respectively. Both location (Table 4.7; $F(2, 215)=2.312$, $p>.05$) and licensure (Table 4.8; $F(3, 209)=1.825$, $p>.05$) had no significant differences between their categories and were dropped for consideration in the regression model.

Table 4.6

*Correlates of Perceived Implementation*

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | - | -.030 | .085 | .014 | .078 | .033 | .086 | .081 | .111 | .083 | .104 | .274* | .318* | .139* | .118 | .095 | .138* | .362* |
| 2 | | - | .349* | .586* | .431* | .451* | .258* | .309* | .238* | .305* | .262* | .185* | .104 | .314* | .303* | .336* | -.001 | .000 |
| 3 | | | - | .340* | .395* | .343* | .246* | .164* | .280* | .207* | .402* | .229* | .261* | .221* | .217* | .163* | -.041 | .104 |
| 4 | | | | - | .627* | .531* | .335* | .373* | .264* | .316* | .355* | .337* | .187* | .408* | .377* | .468* | -.047 | .047 |
| 5 | | | | | - | .598* | .339* | .359* | .489* | .421* | .425* | .360* | .347* | .355* | .449* | .446* | -.037 | .046 |
| 6 | | | | | | - | .435* | .502* | .357* | .472* | .448* | .325* | .253* | .293* | .418* | .477* | -.073 | .047 |
| 7 | | | | | | | - | .402* | .244* | .221* | .334* | .336* | .307* | .317* | .210* | .413* | -.070 | .026 |
| 8 | | | | | | | | - | .297* | .319* | .247* | .361* | .286* | .291* | .272* | .364* | -.095 | -.007 |
| 9 | | | | | | | | | - | .495* | .474* | .396* | .408* | .399* | .389* | .399* | -.062 | .168* |
| 10 | | | | | | | | | | - | .524* | .336* | .283* | .498* | .390* | .425* | -.064 | .158* |
| 11 | | | | | | | | | | | - | .473* | .428* | .499* | .426* | .442* | -.068 | .068 |
| 12 | | | | | | | | | | | | - | .606* | .459* | .441* | .428* | -.086 | .201* |
| 13 | | | | | | | | | | | | | - | .488* | .411* | .441* | -.089 | .113 |
| 14 | | | | | | | | | | | | | | - | .417* | .568* | -.086 | .204* |
| 15 | | | | | | | | | | | | | | | - | .525* | -.008 | .130 |
| 16 | | | | | | | | | | | | | | | | - | -.003 | .125 |
| 17 | | | | | | | | | | | | | | | | | - | -.013 |
| 18 | | | | | | | | | | | | | | | | | | - |

Note: 1=Perceived Implementation Sum Scores; 2=Barrier: Transience/Instability; 3=Barrier: Identification; 4=Barrier: Attendance; 5= Barrier: Communication; 6=Barrier: Personal Resources; 7=Barrier: Transportation; 8=Barrier: Community Resources; 9=Barrier: Cultural Competency; 10=Barrier: Family; 11=Barrier: Embarrassment/Resistant; 12=Barrier: Policies; 13=Barrier: School Administration; 14=Barrier: Student Compliance; 15= Barrier: Obtaining Records; 16=Barrier: Physical Well-Being; 17=Years Served in Service Area; 18= Awareness of Homelessness; *$p<.05$.

Table 4.7

*ANOVA Results for Perceived Implementation Scores Across Location*

|  | N | M | SD |
|---|---|---|---|
| Urban/Inner City | 51 | 89.922 | 20.27 |
| Suburban | 69 | 88.232 | 16.132 |
| Rural | 98 | 83.837 | 17.948 |
| Total | 218 | 86.651 | 18.086 |

Note: $F(2, 215)=2.312$, $p>.05$.

Table 4.8

*ANOVA Results for Perceived Implementation Scores Across Licensure*

|  | N | M | SD |
|---|---|---|---|
| None | 65 | 85.492 | 18.42 |
| Beginner | 17 | 78.824 | 16.482 |
| Intermediate | 42 | 84.786 | 17.664 |
| Advanced | 89 | 89.023 | 17.803 |
| Total | 213 | 86.296 | 17.974 |

Note: $F(3, 209)=1.825$, $p>.05$.

Two regression models were run, first using the items retained from the correlation analysis and ANOVAs, and then with insignificant predictors removed (see Table 4.9). Model 1 accounted for 23.4% of the variance in perceived MVA Implementation scores ($R^2=.234$). Three items significantly predicted perceived MVA implementation scores in this model: School Administration ($\beta=.278$, $p<.05$), Years in Service Area ($\beta=-.114$, $p<.1$), and Awareness of Homelessness ($\beta=.327$, $p<.05$). These three predictors were included in a second regression model predicting perceived MVA Implementation scores. The $R^2$ dropped to .221, a change of .013, accounting for 22.1% of the variance in MVA Implementation scores in the second model. Each predictor, School Administration ($\beta=.281$, $p<.05$), Years in Service Area ($\beta=-.115$, $p<.1$), and Awareness of Homelessness ($\beta=.320$, $p<.05$), remained significant.

43

Table 4.9

*Individual Barriers, Awareness, and Experience Predicting Perceived Implementation*

| | Model 1 | | | Model 2 | | |
|---|---|---|---|---|---|---|
| | B | SE | β | B | SE | β |
| (Constant) | 64.094 | 4.723 | | 64.832 | 4.580 | |
| Barrier: Policies | 1.440 | 1.190 | .094 | | | |
| Barrier: School Administration | 4.116 | 1.167 | .278* | 4.142 | .906 | .281* |
| Barrier: Student Compliance | -1.822 | 1.206 | -.109 | | | |
| Years in Service Area | -.093 | .050 | -.114** | -.094 | .050 | -.115** |
| Awareness of Homelessness | 2.224 | .424 | .327* | 2.160 | .413 | .320* |

Note: $*p<.05$; Model 1; $**p<.1$; $R^2=.234$; Model 2 $R^2=.221$.

## Exploratory Factor Analysis

### Number of factors included.

Table 4.7 displays the results of the initial EFA using all 15 barrier items. Three factors had eigenvalues greater than one and were included. Figure 1 is the scree plot of this initial factor analysis and confirms these results. However, one item, Obtaining Records, did not load onto any of the factors. Because this may confound factor structure, another EFA was conducted omitting this item. Results of the second EFA are provided in Table 4.11. Two factors had eigenvalues greater than one and were extracted. Again, the scree plot for the second EFA, displayed in Figure 2, confirms this finding. Both factors consisted of seven items and had high levels of internal consistency (Factor 1 α=.851 & Factor 2 α=.821).
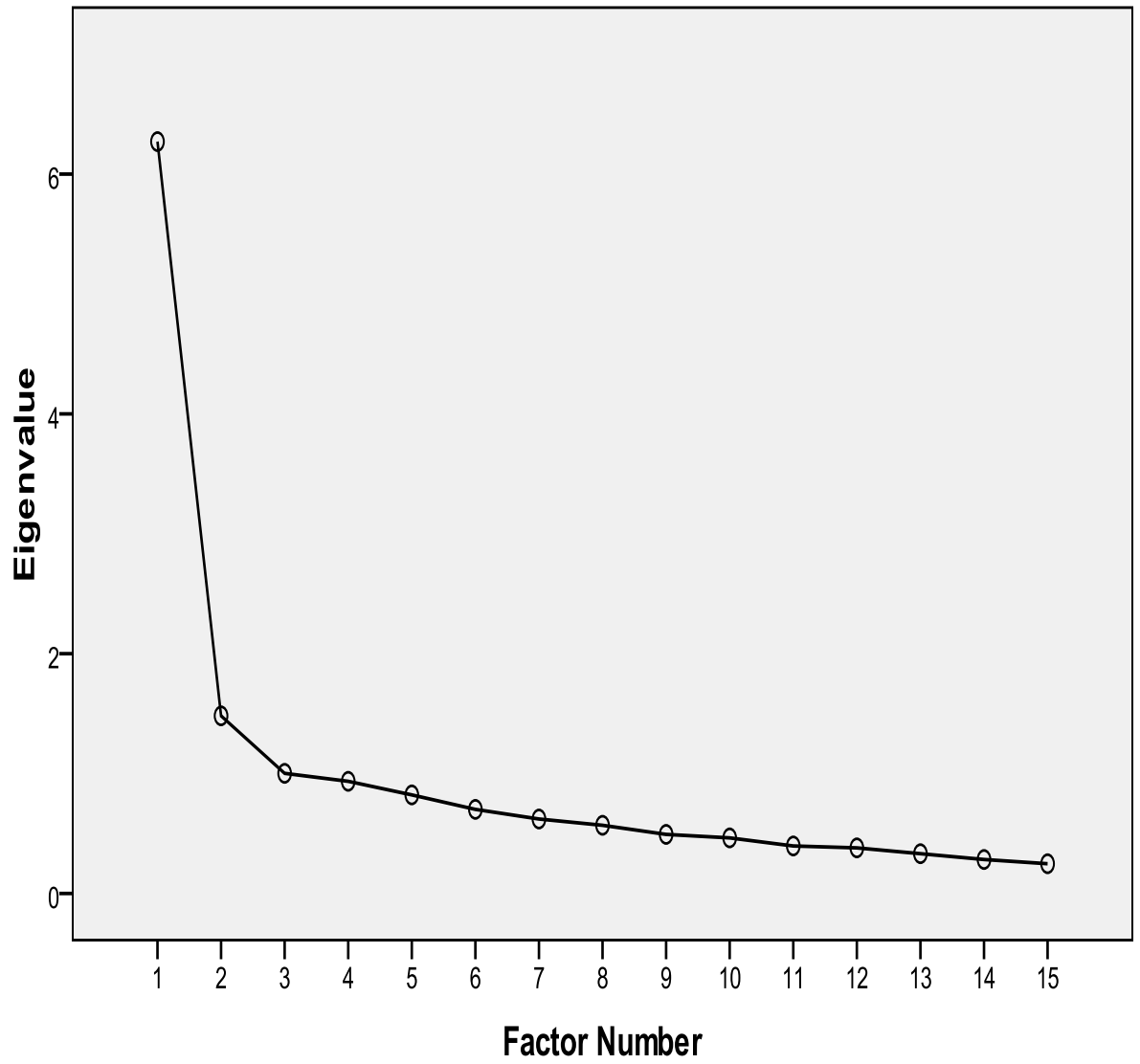
**Scree Plot**

Figure 4.1

*Initial Factor Analysis Scree Plot*

# Scree Plot
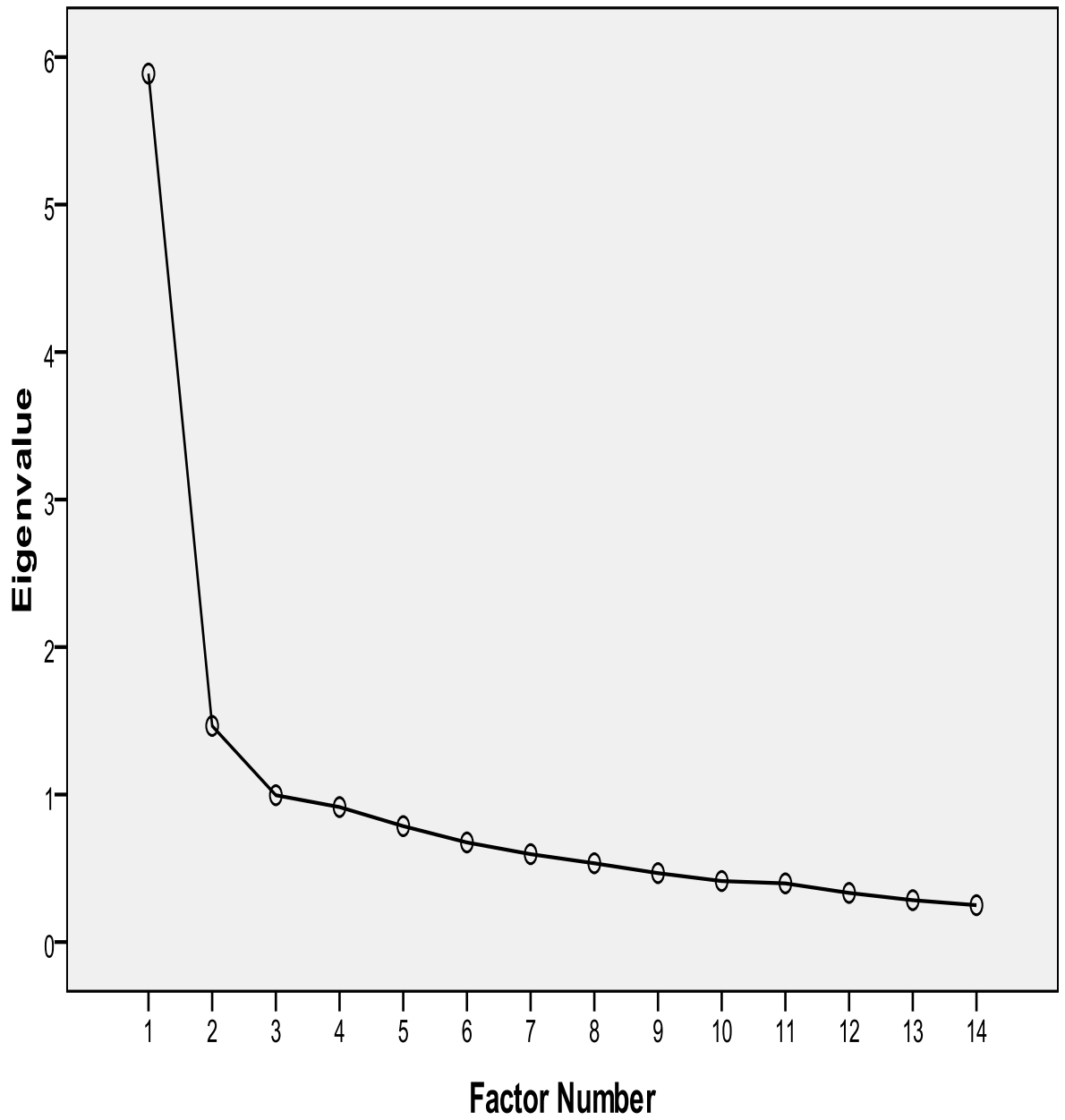


Figure 4.2

*Second Factor Analysis Scree Plot*

Table 4.10

*Initial Factor Structure for Barrier Items*

| | Factor | | |
| --- | --- | --- | --- |
| | 1* | 2** | 3*** |
| Barrier: Transience/Instability | .765 | | |
| Barrier: Identification | .388 | | |
| Barrier: Attendance | .888 | | |
| Barrier: Communication | .607 | | |
| Barrier: Personal Resources | .697 | | |
| Barrier: Transportation | .431 | | |
| Barrier: Community Resources | .479 | | |
| Barriers: Policies | | .702 | |
| Barrier: School Administration | | .947 | |
| Barrier: Physical Well-Being | | .302 | |
| Barrier: Cultural Competency | | | .542 |
| Barrier: Family | | | .940 |
| Barrier: Embarassment/Resistant | | | .552 |
| Barrier: Student Compliance | | | .449 |
| Barrier: Obtaining Records**** | | | |

Note: Extraction Method: Principal Axis Factoring; Rotation Method: Promax with Kaiser Normalization. *Eigenvalue=6.271;**Eigenvalue=1.482; ***Eigenvalue=1.002;****Did not load onto a factor.

Table 4.11

*Second Factor Structure for Barrier Items*

| | Factor | |
| --- | --- | --- |
| | 1* | 2** |
| Barrier: Cultural Competency | .534 | |
| Barrier: Family | .429 | |
| Barrier: Embarassment/Resistant | .587 | |
| Barriers: Policies | .750 | |
| Barrier: School Administration | .882 | |
| Barrier: Student Compliance | .655 | |
| Barrier: Physical Well-Being | .498 | |
| Barrier: Transience/Instability | | .782 |
| Barrier: Identification | | .377 |
| Barrier: Attendance | | .854 |
| Barrier: Communication | | .646 |
| Barrier: Personal Resources | | .730 |
| Barrier: Transportation | | .317 |
| Barrier: Community Resources | | .400 |

Note: Extraction Method: Principal Axis Factoring; Rotation Method: Promax with Kaiser Normalization; *Eigenvalue=5.888; **Eigenvalue=1.465; Factor 1 α=.851; Factor 2 α=.821.

**Factor interpretation and naming.**

Factor one consisted of seven items: Cultural Competency, Family, Embarrassment/Resistant, Policies, School Administration, Student Compliance, and Physical Well-Being. These items together are named *in-school barriers*. They are items that, for the most part, are regarding interacting with the school or are necessary interactions to occur between a homeless child/family and the school. The second factor is named *general homeless barriers,* and consists of seven items: Transience/Instability, Identification, Attendance, Communication, Personal Resources, Transportation, and Community Resources. This title was chosen because they are aspects of the homeless experience that may impact school social work practice, but are also barriers to practice with the homeless independent of the school. Because all fourteen items included in the EFA were on the same scale, mean scores were developed to standardize the

scores across both factors to maintain the -2 to 2 range (see Table 4.12). Using the same criteria for barrier scores earlier (positive scores indicate a facilitator, negative scores indicate a barrier), both factors were perceived to be barriers. A regression analysis was conducted to examine their impact on perceptions of MVA implementation (see Tables 4.13 & 4.14). Only the in-school barrier composite measure significantly predicted perceived MVA implementation scores (See Table 4.14).

Table 4.12

*Descriptives for Factor Composite Scores*

|  | N | Min. | Max. | M | SD |
|---|---|---|---|---|---|
| In-School Barriers | 226 | -2.00 | 2.00 | -.378 | .807 |
| General Homeless Barriers | 226 | -2.00 | 1.86 | -1.1 | .715 |

Table 4.13
*Association Between Perceived Implementation and Barrier Factors*

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1 | - | .226[*] | .075 | .362[*] | -.138[*] |
| 2 |  | - | .629[*] | .210[*] | -.088 |
| 3 |  |  | - | .055 | -.077 |
| 4 |  |  |  | - | -.013 |
| 5 |  |  |  |  | - |

Note: 1=Perceived MVA Implementation, 2=In-school Barriers, 3=General Homeless Barriers, 4=Awareness of Homelessness, 5= Years in Service Area; *$p<.05$.

Table 4.14

*Barrier Factors, Awareness, and Experience Predicting Perceived Implementation*

|  | B | SE | β |
|---|---|---|---|
| (Constant) | 63.989 | 5.093 | |
| In-School Barriers | 5.210 | 1.853 | .236* |
| General Homeless Barriers | -2.804 | 2.029 | -.114 |
| Awareness of Homelessness | 2.100 | .433 | .311* |
| Years in Service Area | -.105 | .051 | -.128* |

Note: *$p$<.05, $R^2$=.176.

## Cluster Analysis

Several cluster analyses were conducted to determine groupings of the participants across the two factors. Cluster solutions with the tighter groupings in a scatter plot displaying the relationship between the cluster membership and distance from the cluster center were selected. Tighter groupings were desired. Figures 4.3 and 4.4 represent the scatter plots used to determine cluster membership. Because the two-cluster solution displayed in Figure 3 displays tighter groupings than the three-cluster solution of Figure 4.4, it was selected.

After the two-cluster solution was selected, an examination of the differences between the clusters and each factor score was conducted. Cluster one consisted of 35% of the sample and scored lower on both of the barrier factors than cluster two, which accounted for the other 65% of the sample. This lead to cluster one named the *high barrier cluster* and cluster two named the reciprocal *low barrier cluster*. Furthermore, as Table 4.15 displays, participants in the *low barrier cluster* found factor two, *general homeless barriers*, to actually facilitate practice.
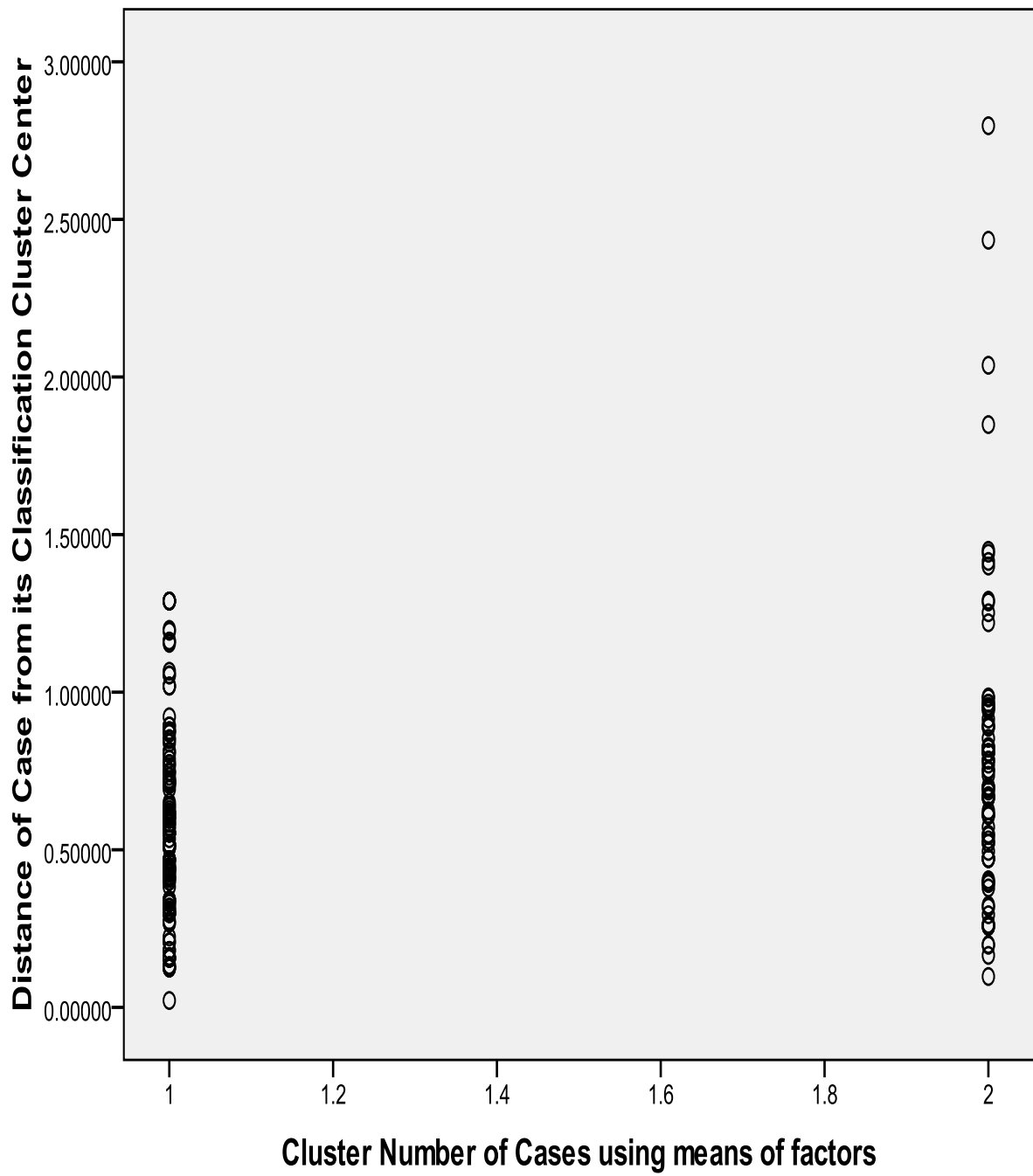
Figure 4.3

*Two Cluster Scatterplot of Distance from Cluster Center for Barrier Types*
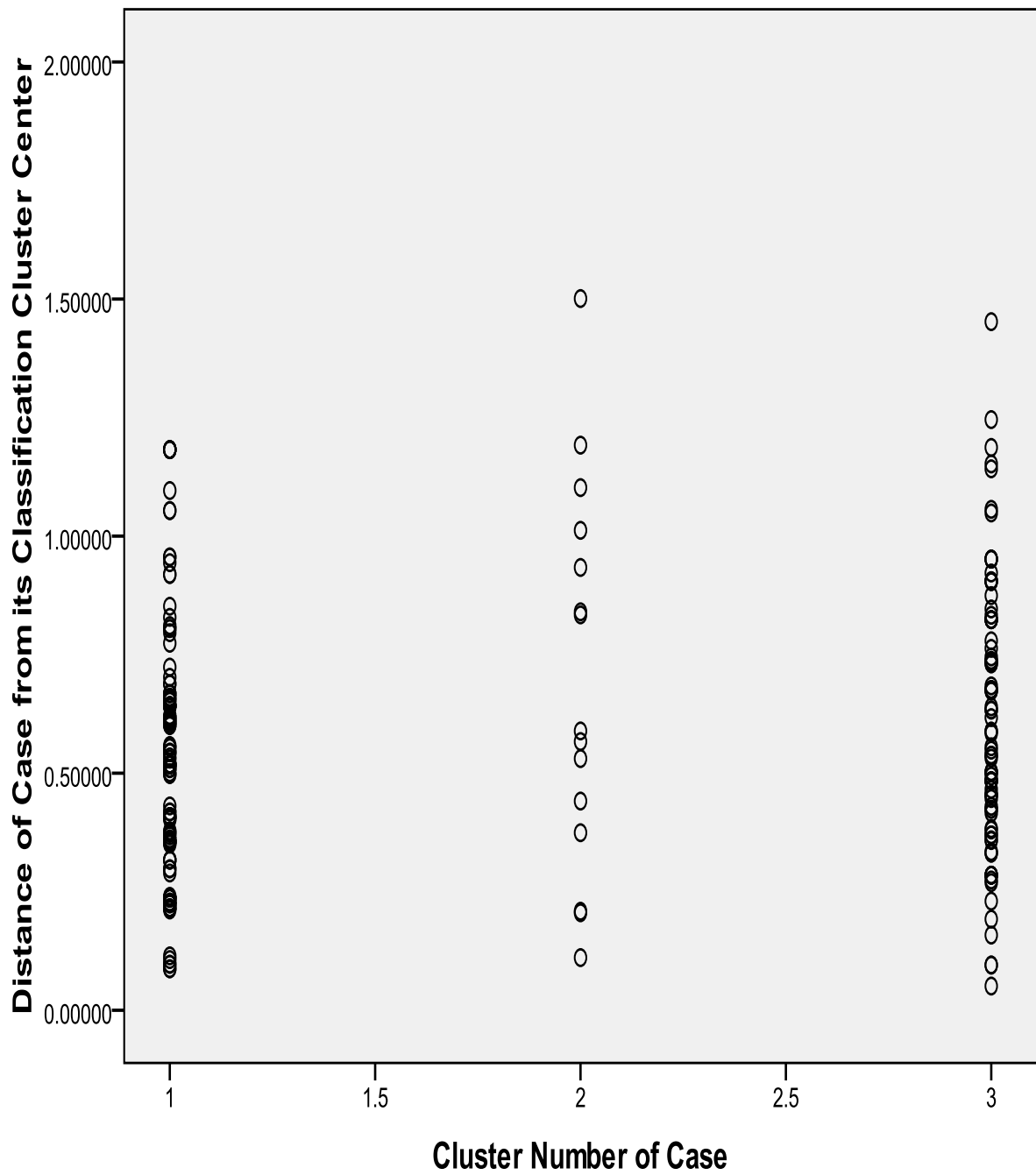
Figure 4.4

*Three Cluster Scatterplot of Distance from Cluster Center for Barrier Types*

Table 4.15

*Cluster Mean (SD) Scores for Standardized Factor Scores*

|  | Cluster 1 (N=80) | Cluster 2 (N=146) |
|---|---|---|
| In-school Barriers | -.839 (.507) | .463 (.524) |
| General Homeless Barriers | -1.44 (.405) | -.48 (.743) |

**Analysis using Cluster Solution**

Using the two groupings determined by the cluster analysis, a t-test was conducted examining the differences in perceived MVA Implementation scores across both clusters. The analysis found that the *low barrier cluster*, cluster 2, had significantly higher implementation scores than the *high barrier cluster* (t(190.621)=-2.486, p<.05; see Table 4.16). This indicates that participants who perceive higher amounts of barriers perceive lower implementation of the MVA. This coupled with the regression findings, indicate that barriers individually may not impact perceived implementation scores, but as an aggregate, the perceived level of barriers to practice does in fact lead to different perceived implementation scores.

Table 4.16

*Mean Difference: Cluster Membership and Perceived Implementation Scores*

|  | Cluster | N | M | SD | MΔ* |
|---|---|---|---|---|---|
| Implementation Sum Scores | High Barriers | 139 | 84.417 | 18.967 | -5.874 |
|  | Low Barriers | 79 | 90.291 | 15.38 | |

Note: Equal variances not assumed; *t(190.621)=-2.486, p<.05.

A t-test was also conducted examining any differences in the awareness of homelessness scores across both clusters (see Table 4.17). A significant difference was found between the two clusters (t(131.788)=-1.723, p<.1), though at the .1 level, indicating a higher probability of committing a Type I error. Using crosstabs and the $\chi^2$ statistic, an examination of differences across licensure and location were conducted and presented in Tables 4.18 and 4.19. The

distribution of cases across cluster membership and location ($\chi^2(2$, $N=225)=.418$, $p>.05$) and cluster membership and licensure ($\chi^2(3$, $N=220)=.101$, $p>.05$) were statistically insignificant.

Table 4.17

*Mean Difference: Cluster Membership and Awareness of Homelessness Scores*

|  | Cluster | N | M | SD | M$\Delta$* |
|---|---|---|---|---|---|
| Awareness of Homelessness | High Barriers | 144 | 10.417 | 2.37 | -.683 |
|  | Low Barriers | 80 | 11.1 | 3.075 |  |

Note: Equal variances not assumed; *t(131.788)=-1.723, p<.1.

Table 4.18

*Cross Tabulation Results of Cluster Membership by Location*

|  |  | Please indicate the geographical location of your service area | | | |
|---|---|---|---|---|---|
|  |  | Urban/Inner City | Suburban | Rural | Total |
| Cluster | High Barriers | 37 | 45 | 64 | 146 |
|  | Low Barriers | 17 | 26 | 36 | 79 |
| Total |  | 54 | 71 | 100 | 225 |

Note: $\chi^2(2$, $N=225)=.418$, $p>.05$.

Table 4.19

*Cross Tabulation Results of Cluster Membership by Licensure*

|  |  | Please indicate your level of Social Work licensure? | | | | |
|---|---|---|---|---|---|---|
|  |  | None | Beginner | Intermediate | Advanced | Total |
| Cluster | High Barriers | 42 | 11 | 29 | 62 | 144 |
|  | Low Barriers | 23 | 6 | 14 | 33 | 76 |
| Total |  | 65 | 17 | 43 | 95 | 220 |

Note: $\chi^2(3$, $N=220)=.101$, $p>.05$.

**Further Analysis**

Because the awareness of homelessness measure was the strongest predictor of MVA implementation, extra analysis was conducted. An ANOVA examining the differences in awareness across location in terms of urban, suburban, and rural locales was conducted revealing significant differences within the model ($F(2, 222)=4.303$, $p<.05$; see Table 4.20). Post-hoc tests revealed that urban locations were found to have significantly higher perceived levels of awareness ($p<.05$) than suburban and rural locales, while there was no difference between suburban and rural locations. Furthermore, there were significant differences in awareness mean scores across licensure ($F(3, 216)=4.287$, $p<.05$; see Table 4.21), with those reporting an advanced licensure having significantly higher levels of awareness than those reporting no licensure. To further clarify the relationship between licensure and awareness, a t-test examining the difference in awareness scores and those with advanced licensure and all others was conducted. Results are presented in Table 4.22 and indicate that those with advanced licensure reported significantly higher awareness scores than those without ($t(218)=3.369$, $p<.05$).

Table 4.20

*ANOVA results for Awareness Scores Across Location*

|  | N | M | SD |
|---|---|---|---|
| Urban/Inner City | 54 | 11.593 | 2.43 |
| Suburban | 72 | 10.472 | 2.907 |
| Rural | 99 | 10.343 | 2.508 |
| Total | 225 | 10.684 | 2.663 |

Note: $F(2, 222)=4.303$, $p<.05$.

Table 4.21

*ANOVA results for Awareness Scoress Across Licensure*

|  | N | M | SD |
|---|---|---|---|
| None | 67 | 10.015 | 2.489 |
| Beginner | 17 | 9.706 | 3.177 |
| Intermediate | 42 | 10.524 | 2.501 |
| Advanced | 94 | 11.34 | 2.634 |
| Total | 220 | 10.655 | 2.669 |

Note: $F(3, 216)=4.287$, $p<.05$.

Table 4.22

*t-test results for Awareness of Homelessness Scores Across Licensure*

|  | Advanced Licensure | N | M | SD | MΔ* |
|---|---|---|---|---|---|
| Awareness of Homelessness | Yes | 94 | 11.34 | 2.634 | 1.198 |
|  | No | 126 | 10.143 | 2.588 |  |

Note: Equal variances assumed; *$t(218)=3.369$, p<.05.

These findings may not initially seem to be all related, but a conceptual model can be developed from the results of this analysis. Barriers individually may not significantly predict perceived MVA implementation scores, but different barrier types, specifically those related to school and those general to the experience of homelessness, can impact school social workers' perception of implementation. Awareness was found to be the strongest predictor of perceived MVA implementation and, coupled with the findings that urban locations and advanced levels of licensure impact awareness, allow for some preliminary statements on what practice with homeless school-aged children theoretically looks like in the context of perceived MVA implementation. The following chapter will further the discussion of the findings as well as the implications for both practice and research.

# CHAPTER FIVE

## DISCUSSION AND IMPLICATIONS

### Discussion

This study aimed to address three research questions proposed earlier in this manuscript: one regarding the perceived knowledge of implementation of the MVA, one inquiring about the perceptions of barriers to school social work practice, and a final question regarding the impact of experience on school social work practice. Findings indicate that barriers individually may not significantly predict perceived MVA implementation scores, but once grouped into similar types, groupings of barriers have an impact on the perception of implementation. Also, one measure of experience, years in a service area, in addition to the awareness of homelessness, were significant predictors of perceived MVA implementation. Two groups of participants are evident from these findings: one who perceived higher levels of barriers, and one perceived lower levels of barriers to school social work practice with homeless children. Between these two groups, there was a significant difference in perceived levels of MVA implementation. Based on this finding and the differences across the two groups, a conceptualization of school social work practice with homeless school children in the context of the MVA can be proposed. This chapter will discuss the findings of this study. First, limitations of the study will be presented. Next an interpretation of the findings will be examined. Finally, implications to both practice and research will be included in addition to concluding remarks on this study.

### Limitations

There are several methodological limitations to this study. First, the use of a purposive sample limits the generalizability of the findings. The sample consisted of participants who self-identified as school social workers from one state who attended a regional conference. A sample using participants from different states may yield different results. Furthermore, there may be systematic differences in the sample which arise from those who attended the conference and those who did not. Had the conference been held closer to a more metropolitan area in Illinois such as Chicago, a qualitatively different sample may have been obtained compared to the one obtained in more rural Normal, Illinois.

Second, the use of survey methodology lends itself to risks of measurement error and limits the conclusions drawn from this study. This study utilizes a one-shot design and does not

reflect the perceptions over time of participants. Findings should be interpreted with the understanding that the results reflect a point-in-time perception of MVA implementation. The sample obtained may not be representative of, at the least, the population of conference attendees, much less the population of school social workers as a whole (i.e. there may be systematic differences in participants who responded compared to those who did not). Because of the relatively esoteric nature of the survey utilized, participants whose practice does not include interacting with homeless school-aged children and youth may skew results inflating the risk of making a Type I or Type II error.

Next, the response options asking for agreement with a statement is robust to measurement error due to the notion of an acquiescent response set. This means that participants tend to agree with statements and the wording of a given item may impact responses. As an example, because the items on barriers specifically asked whether a participant agreed that an item was a barrier, the finding that each item was perceived as a barrier may result from this limitation. Furthermore, the sections of the survey, particularly the implementation scale, asked for perceptions on their service area and participants may have responded in a way to promote social desirability—a desire to make their practice or service area appear better may have influenced the results. The response selection for licensure is also problematic. Practitioners may hold the same licensure and/or title, but perceive themselves to be at different levels of licensure in terms of beginning, intermediate, and advanced. While the response options may be appropriate for a national sample where licensure titles may differ across states and locales, a sample derived from one state may more accurately be described using the actual licensure options available in that state. Finally, no direct practice observations were made. This study solely relies on the perceptions of participants who returned a questionnaire.

In terms of analysis, the relatively small sample size reduced the power to detect medium and small effect sizes (Cohen, 1992). The probability of making a Type II error is inflated in this study, as only the largest effect on the dependent measure could be detected. Items rejected as insignificant predictors in the correlation analysis and regression model may actually have an impact on the dependent variable and would be evident with a larger sample size. Also the subjective nature of determining cluster membership and the naming of latent factors lends itself to criticism. Further study is needed to confirm the relationships found in this analysis. Despite

the limitations of this study in both methodology and analysis, important implications for future research and school social work practice with homeless school-aged children can be made.

**Interpretation of the Findings**

**Each barrier item was perceived as a barrier.**

Given the limitations of the survey formatting and response set, the finding that each individual barrier item was perceived as a challenge to social work practice (had a negative mean) is still important to note. This finding addresses research question 2 regarding the perceptions of barriers by school social workers by providing initial evidence that perceived barriers identified in the literature are in fact thought of  as barriers. While much caution should be used given the limitations of this study and that this finding is based on descriptive statistics of a non-standardized instrument, it still brings attention to a gap in our understanding of practice with homeless school-aged children: a question should be posed as to what serves as a facilitator to practice with initial, cursory evidence of what is thought to be a barrier determined. Because of the inverse nature of barriers and facilitators similar studies can provide a more detailed picture of whether these findings stay consistent or whether new facilitators of practice can be determined.

**Barrier items individually did not significantly influence perceived MVA implementation.**

One of the more important findings from this study was the insignificant correlations between the fifteen barrier items and perceived level of MVA implementation. Again, caution should be taken with these findings given the limitations of the study, but this finding is important to note because it confirms the notions of Rafferty, et al. (2004) and Nooe and Patterson (2010) regarding the complicated nature of homelessness. Both studies highlight that homelessness is a constellation of risk factors, behaviors, etc. which all impact given outcomes with this population. This finding provides initial evidence that confirms that perceptions of practice should mirror this notion. Future research should not take a one-dimensional approach when examining school social work practice with children and youth experiencing homelessness and should instead focus on the dimensionality of practice. Furthermore, addressing only one perceived barrier to practice may not yield the desired impact that implementing procedures to ameliorate groups of barriers to school social work practice may produce.

**Barrier items factored into two groups.**

Two latent factors were retained from the exploratory factor analysis conducted to determine groupings of barriers. Similar to how insignificant findings from individual barriers impact our conceptualization of practice with this population, understanding the multi-dimensional nature of practice will help guide our understanding of school social work methods of addressing the needs of homeless school-aged children and youth. The finding of two factors, general homelessness barriers and in-school barriers, provides an initial foundation for future studies determining the inter-relationships between different perceived barriers. Further study should examine whether this structure holds up in other studies with different populations. Also, the inclusion of other barrier items may alter the findings.

Both factors were named based on the types of items comprising the factor, but great care should be taken when interpreting these findings based on those titles as naming the factors is a relatively subjective exercise. How one names the factors can impact the interpretation of the findings and future conceptualization. Given the limited list of barriers and the nature in which they were developed, this study provides an opportunity to expand our understanding of barriers to practice with children experiencing homelessness by including more items in future study.

**In-school barriers were significantly related to perceived MVA implementation.**

Once the two factors were retained, an analysis was conducted to examine the relationship between the two barrier groupings and perceptions of MVA implementation. Only the in-school barriers were significantly related to perceived levels of MVA implementation, which inherently makes sense due to the nature of school social work practice with homeless children: because MVA plays such an important role in practice (Jozefowicz-Simbeni & Israel, 2006) and that school social work occurs in a host setting, perceived barriers to this practice inherent to the location would be expected to be significantly related to perceived levels of MVA implementation. However, the finding that general homeless barriers do not impact the understanding of MVA implementation needs further exploration. Because MVA is designed to ameliorate barriers to educational opportunity children and youth experiencing homelessness, one would expect that perceived level of implementation would be influenced by barriers generally experienced by this population (e.g. transportation, identification, communication, etc.). Or is it that the understanding of MVA implementation has ameliorated general barriers to homelessness that they no longer influence perceptions of MVA implementation? Further study is needed to clarify this finding and expand the meaning of the results.

60

**High and low cluster groups were determined for barriers.**

Two groups of participants were identified by the cluster analysis utilized in this study. One group perceived higher levels of barriers for both in-school and general homelessness barriers while the other perceived both groupings of barriers as less of a hindrance, so much so that one cluster of participants viewed in-school barriers as an actual facilitator to practice. With one group perceiving both barrier types at a higher level than the other, determining the differences between the two provides an opportunity to advance our knowledge of how school social work practice with homeless school-aged children is perceived to unfold. Any systematic differences between the two groups can be factors which may also influence perceived levels of MVA implementation. Furthermore, factors which do not directly influence the perceived implementation of the MVA, may have their relationship mediated by membership in either group.

**There is a significant difference in MVA implementation between the two clusters.**

Question 2 of this study asks what are the perceptions of barriers to school social work practice with homeless children. Previous findings in this study have indicated that examining the perception of individual barriers may not be the most appropriate method of examining the relationship between barriers and perceived levels of MVA implementation. If we want to obtain a deeper understanding of the perceptions of barriers to practice with this population, then examining the way perceived barriers group together may more accurately reflect their differing effects on the perception of policy implementation. Using both barrier types, a cluster analysis was conducted resulting in two groups of participants: one group with high levels of both barriers, and one with lower levels. The difference in perceived MVA implementation scores between the two sets of participants was examined, finding a significant difference in perceived levels of MVA implementation scores. This finding adds another layer of complexity to the relationship between barriers to practice and perceived MVA implementation. This may provide more evidence that a holistic approach to school social work practice with homeless children may be most appropriate. Focusing on one barrier or set of perceived barriers again may not be the best avenue for practice and research. However, determining the differences between the two clusters of participants may provide initial information on developing a conceptual model of school social work practice with this population in the context of the MVA.

**Characteristics of the two clusters.**

The previous section described the relationship between cluster membership and implementation scores. Those who experienced high levels of barriers perceived significantly lower levels of implementation, therefore determining the differences between the two clusters can help develop a more detailed picture of practice. There was no significant difference between levels of licensure and geographical location and membership in either cluster. This indicates that factors such as these may not have a direct impact on perceived barriers to practice for this sample population. The relationship may be mediated by other factors. The findings in this study indicate that awareness of homelessness is such a factor. Those experiencing higher levels of barriers significantly perceived lower levels of awareness. This coupled with the finding that perceived MVA implementation scores were lower in the same group is noteworthy in developing a conceptual model to school social work practice with homeless children. Because of significant differences in awareness between different geographical locations and levels of licensure, awareness of homelessness may mediate the relationship between systemic factors and barrier cluster membership, and then perceived implementation.

**A conceptual model of school social work practice in the context of the MVA.**

Again, given the limitations of this study, strong causal statements cannot be made and there is no intention to do so, however, preliminary conceptualization of school social work practice with homeless school-aged children and youth in the context of the MVA can be proposed. A conceptual model is not meant to explain or predict relationships, but to describe or represent relationships (Shoemaker, et al., 2002). The literature on school social work practice with homeless school-aged children is scant, but does provide several major concepts which should be addressed in future research on this topic. However, the lack of understanding in the interplay between concepts or systems such as barriers and perceived MVA implementation prevents and hinders thought and future research. A model is needed to provide a basis to conceptualize relationships between different factors in practice with children experiencing homelessness. Findings from this study can provide a description of the relationships between several key concepts identified in the literature as well as identify factors which impact perceived MVA implementation.

*Structure of the model.*

Figure 5.1 is a graphical representation of the relationships proposed in the model. There are seven relationships between six concepts depicted. Five of the relationships are multi-

directional indicating the complex nature of the inputs, outputs, and feedback loops between the concepts. Perceived levels of MVA implementation are influenced by the membership in a high or low barrier service area. The level of awareness of homelessness also exerts its influence on perceived MVA implementation scores and mediates the relationship between perceived MVA implementation and both location and licensure.

Location

High Barrier Service Area

Awareness of
Homelessness

Perceived MVA
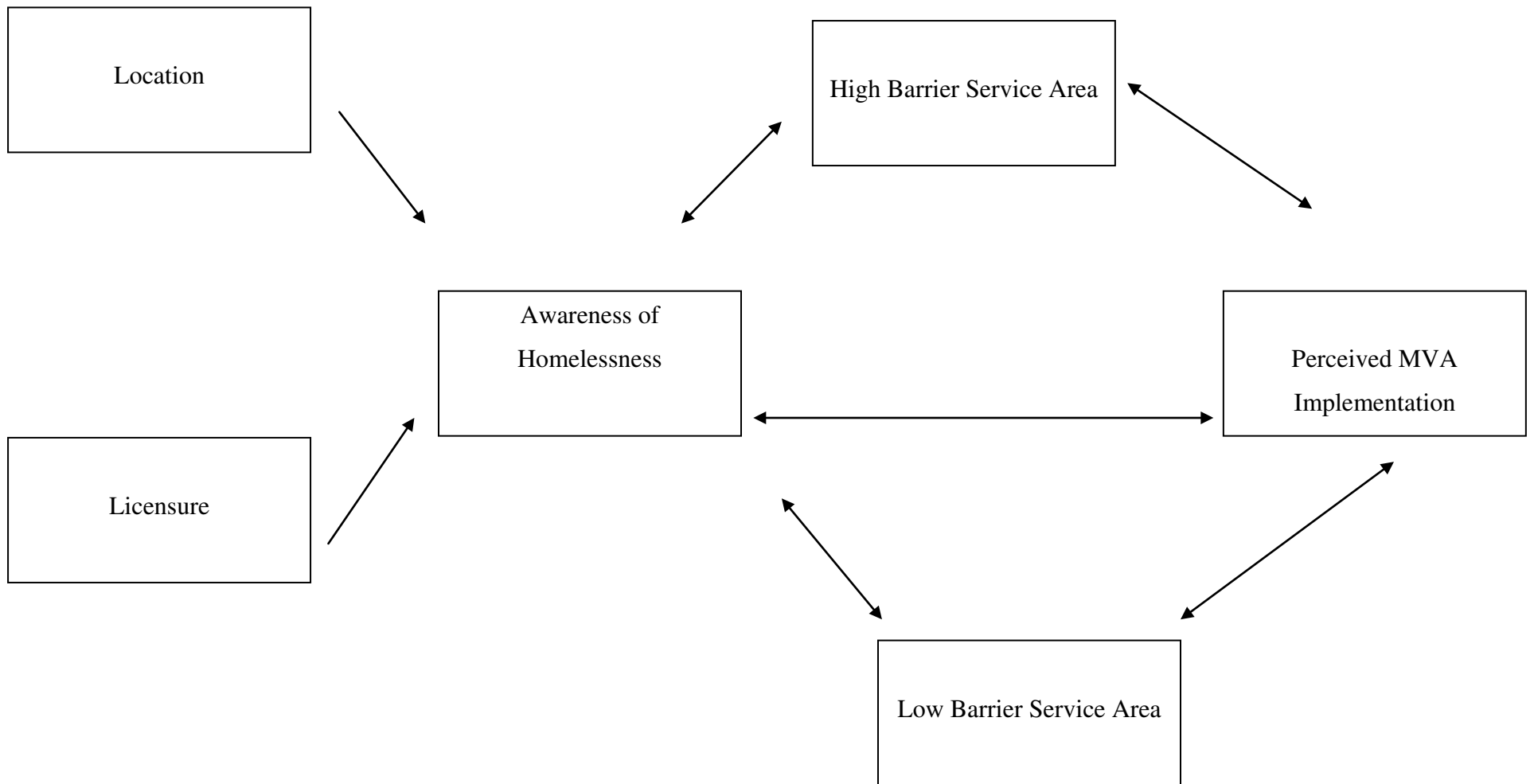Implementation

Licensure

Low Barrier Service Area

Figure 5.1. Conceptual Model for School Social Workers' Understanding of McKinney-Vento Act Implementation

This conceptual model argues that barriers make a difference in how the MVA is understood to be implemented, but that the overall influence of barriers may be a better indicator of policy application than individual barriers. Systems theory proposes that the individual components of a system, such as barriers, may not provide a strong individual influence as they do together (Turner, 1996). However, because the MVA is supposed to alleviate barriers to educational opportunity that in many ways mirror the barriers school social workers face, the nature of the relationship between perceived levels of MVA implementation and barrier group membership may be circular. High levels of perceived MVA implementation may ameliorate barriers, but with fewer barriers to practice, higher levels of perceived MVA implementation may be achieved. Considering implementation is a process with related systems influencing how provisions are executed, future research should follow this approach when considering perceptions of MVA implementation. A holistic approach examining practice as a system with interrelated subsystems influenced by internal and external factors may yield a more realistic picture of future school social work practice with homeless children.

Awareness of homelessness is center in this practice conceptualization. Understanding the needs of a population shapes how policy is implemented by placing value on different aspects of a social problem (Barrett, 2004; Spillane, 2000). Spillane (2000) explains that implementation is a process that is dependent on how those carrying out a policy's intentions conceptualize a given problem. To an extent, this study confirms this notion. School social workers who have high levels of awareness may feel that homelessness is an important issue in their service area and perceive themselves to take extra steps to implement the MVA. However, awareness itself is influenced by subsystems within practice. Cognition of a problem may not describe the entirety of practice, and other factors must be included to explain how a policy is understood to be implemented.

There are several benefits which arise from this conceptual model on school social work practice with homeless children in the context of perceived MVA implementation. This model provides an opportunity to further our understanding of what factors influence the perceptions of implementation for this important policy. Because the MVA takes the forefront in both practice with this population and the corresponding literature, providing a basis for the understanding of the relationships that impact perceived MVA implementation was needed. This model provides a

65

starting point for researchers to develop new research based on the relationships proposed in this model.

Even with a holistic approach, there is still room to examine the impact individual factors may play on the perceptions of MVA implementation. Namely, there is need to determine what other factors impact perceived levels of MVA implementation. With the small percentage of variance explained by the model, there is need for further study to determine what to other factors or systems to add to this model. However this model does provide an initial point to further our knowledge on this topic.

As stated earlier, the MVA and research literature on homelessness characterize it as a series of barriers and practice should mirror this notion while implementing MVA. While barriers holistically do influence the understanding of MVA implementation, awareness of homelessness is an additional concept which needs further study. Because of its relationship with every other concept in the model, how school social workers perceive homelessness in their service area may play a larger role than previously thought. Further investigations are needed to confirm these findings expand on the influence of education for homeless school-aged children and youth.

This conceptual model is missing a critical aspect school social work practice and research that fell outside the scope of this investigation: actual outcomes. Given the dearth of literature on whether the MVA leads to better intended or unintended outcomes, more investigation is needed. Primarily, does this conceptualization of MVA implementation remain consistent when addressing actual outcomes such as absenteeism, truancy rates, or grade promotion? Future studies can ground their initial hypothesis and questions around this model, but expansion is needed to capture the intended and unintended consequences of this policy.

**Implications for Research**

The findings from this study have implications in future research on this topic. This study provided findings for the basis of a preliminary conceptual model of school social work practice in the context of the MVA policy and starting place for future research. While this study is limited by several factors, future avenues of research and development to expand on these findings are evident. This section will discuss those avenues in the context of this study.

**Study replication.**

This study provided initial information on the nature of school social work practice in terms of levels of perceived MVA implementation. It focused on barriers that may impact how the policy is applied in practice and factors which influence this. Future studies should examine if these findings hold up over different regional locations. Because the sample used in this study consists of practitioners in one state, examining the difference between practitioners from different states and regions of the country may find slightly different interpretations of the policy. Different systems present in other locales may facilitate or hinder practice differently. What may serve as a barrier to practice in this sample may in fact facilitate practice in another region (Teasley, et al., 2010). Along this line, related services personnel such as school psychologists, guidance counselors, or truancy officers may have a different conceptualization of how this policy impacts their practice. Further study is needed to determine the similarities and differences across professions.

This study relies on the perceptions of self-identified school social workers. Future studies must make actual observations of practice. This will eliminate some of the limitations which arose from the survey items used in this study. In line with other studies examining policy implementation, qualitative studies may provide a thick description on how legislation is executed in a given service area. Ethnographies, case studies, or focus groups may provide richer detail of how MVA provisions are carried out. Examining case files or school records may provide an opportunity to determine whether the proposed conceptualization of practice does in fact fit the actual nature of practice. Is the actual implementation of the MVA impacted by the types of barriers found in this study, and do systemic factors such as licensure and location moderate the relationship between whether one service area experiences higher levels of barriers than another? Future study must unravel the complex relationships found in this study by making precise observations of practice.

The need to understand barriers are a common theme in the literature and conceptualization of homelessness, so much so that a federal policy, the MVA, was designed to ameliorate barriers as challenges to educational attainment. Given the importance, the lack of measurement instruments for this concept is major gap in the study of school social work practice with children experiencing homelessness. This study used a non-standardized measure to gather perceptions on barriers. A validated instrument specifically designed to capture the perceptions of barriers in practice may have improved the quality of this study. Psychometric

instrument validation studies are needed to provide a better method of gauging the barriers school social workers experience.

### What else impacts perceived levels of MVA implementation?

This study found several factors which are significantly related to perceived levels of MVA implementation however, the percentage of variance explained by the various combinations of variables was relatively low. This indicates that factors other than barriers to practice may best explain perceptions of MVA implementation. Because in-school barriers were significantly related to perceived levels of MVA implementation, other service area related elements may be a place to begin future examinations. This study did not discuss, to great extent, the influence of funding on the perceived level of MVA implementation. Subsequent studies on this topic should examine the role funding plays in executing the aims of the policy. Many of the provisions in the MVA are contingent upon adequate funding (Biggar, 2001) and may play a large impact in how the policy is perceived and understood to be implemented. Future studies should examine what factors best predict and influence the implementation of this policy.

## Implications for Practice

### Practice design.

Much of the literature on school social work practice with children and youth experiencing homelessness revolves around factors which serve as barriers (Rafferty, et al., 2004) and this study confirmed some of these notions. This is important to note for practice because of the inverse relationship between barriers and facilitators to practice. Something that is perceived to serve as a barrier currently can be changed to something that is thought to facilitate practice in the future. Determining methods of changing factors from barriers to facilitators is an avenue for future exploration. Furthermore, school social workers must be cognizant of this as they design practice. Practitioners, who may not actively participate in research, must design their practice in the context of research. The way they obtain, store, and document information on clients or outcomes must be mindful of research.

### Significant systems.

A criticism of general system theory is that models often include too many systems (Payne, 1997). This study presents only significant systems which impact perceived levels of MVA implementation. The cluster analysis provided two distinct groupings of participants. Differences in perceived MVA implementation scores between the two clusters of participants

highlight that understanding group membership and the differences between them can provide valuable information to guide practice. Areas with high levels of experienced school social workers that have a heightened awareness of the needs of homeless school-aged children can expect higher levels of perceived barrier amelioration in addition to higher levels of perceived MVA implementation. Extraneous systems related to this process have been eliminated. This allows practitioners to streamline practice by understanding areas of influence. Education and post-graduate professional development can focus on the significant aspects of practice with this population. By understanding the operation of MVA implementation as it relates to school social work practice, a better conceptualization of how practice unfolds can be made.

**Approach to implementing the MVA.**

A bottom-up approach may be an appropriate conceptualization of MVA implementation. This approach allows for more specificity in developing the goals and provisions of a policy (Harris, 2007). Because perceptions of MVA implementation are influenced by geographic locale and practitioners exert their own influence on perceived implementation, there may be a need for practitioners to influence how a policy is designed and carried out. A need for tailored interventions is necessary because of the notion that homelessness is a constellation of different barriers that may be influenced by service area specific risk factors.

## Conclusion

This study presented three broad research questions regarding perceived level of implementation of the McKinney-Vento Homeless Assistance Act and its education-related provisions. All three questions were answered to some extent by the analysis in this study. Question 1 examined school social workers' perceived knowledge of MVA implementation. The findings from this study answer this question by providing an understanding of how this policy operates within a school system. School social work practitioners' understanding of the MVA is influenced by the systems within their service area. Perceptions of MVA implementation are influenced by the membership in services areas that have higher levels of barriers. How school social workers perceive the needs of homeless school children also influences their perception of MVA implementation. This is consistent with the literature on homelessness as a series of factors serving as barriers to education (Rafferty, et al., 2004; Nooe & Patterson, 2010). Similarly, the implementation literature suggests that policy application is influenced by the perceptions of those carrying out the provisions (Barrett, 2004; Spillane, 2000; Spillane, et al., 2002).

Question 2 of this study is addressed by several findings regarding barriers. First, the individual items proposed in this study were all perceived as barriers, meaning on some level they are all thought to hinder practice in some way. However, they do not predict perceived levels of MVA implementation scores alone, but grouped together forming barriers that are general to homelessness and those that are found in-school, which significantly predicted perceived MVA implementation scores. However, service areas that perceived higher levels of both barrier groups perceived lower levels of MVA implementation. This indicates that barriers should not be viewed individually but as a whole.

The final question examined the influence of school social workers' practice experience on perceptions of MVA implementation. The findings from this study indicate that experience does influence implementation, but the relationship is mediated by awareness of homelessness. This indicates that experience may not necessarily have a direct influence on implementation, but this factor is important in an overall model of practice with homeless school-aged children.

The answers to the three questions of this study provide an overview of how school social work is perceived to operate within the context of the MVA. This study is consistent with the literature on policy implementation by finding that the perceptions of the needs of a population are important to how the policy is perceived to be applied. With the findings and the proposed conceptual model, future research on this subject can use this study as a basis for conceptualizing future research questions. While this study addresses important concerns in the literature on school social work practice with the homeless, future study is needed to determine if the intended consequences of this policy are impacted by the implementation of the MVA.

# APPENDIX A

"IRB Approval 1"

Office of the Vice President For Research

Human Subjects Committee

Tallahassee, Florida 32306-2742

(850) 644-8673 Â· FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 10/22/2009

To: James Canfield []

Address: 296 Champions Way, Suite C2500, Tallahassee FL, 32306-2570

Dept.: SOCIAL WORK

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research

Perceptions of School Social Workers on Homelessness and Mental Health

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR Â§ 46.110(7) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be

required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 10/21/2010 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Neil Abell, Advisor []
HSC No. 2009.3396

# APPENDIX B

"IRB Approval 2"

Office of the Vice President For Research

Human Subjects Committee

Tallahassee, Florida 32306-2742

(850) 644-8673, FAX (850) 644-4392


RE-APPROVAL MEMORANDUM


Date: 9/29/2010


To: Martell Teasley []


Address: 296 Champions Way, Suite C2500, Tallahassee FL, 32306-2570

Dept.: SOCIAL WORK


From: Thomas L. Jacobson, Chair


Re: Re-approval of Use of Human subjects in Research

Perceptions of School Social Workers on Homelessness and Mental Health


Your request to continue the research project listed above involving human subjects has been approved by the Human Subjects Committee. If your project has not been completed by 9/28/2011, you are must request renewed approval by the Committee.

If you submitted a proposed consent form with your renewal request, the approved stamped consent form is attached to this re-approval notice. Only the stamped version of the consent form may be used in recruiting of research subjects. You are reminded that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal

Investigator promptly report in writing, any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor are reminded of their responsibility for being informed concerning research projects involving human subjects in their department. They are advised to review the protocols as often as necessary to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

Cc: Neil Abell, Advisor []
HSC No. 2010.5013

# APPENDIX C

## "Survey Instrument"

Thank you for taking the time to learn about our study. We are surveying school social workers at this conference about homeless policy and mental health. Please read the following very carefully:

**What is this about?**

This is a survey about your views on how well your school or school district is addressing homelessness. This survey does NOT ask for personally identifying information about you or about individual children or families.

**Who is participating?**

School social workers attending this conference are being asked to participate in this study.

**Is my participation required for conference attendance?**

No, this survey is strictly voluntary. Study participation does NOT affect conference attendance and participation. However, if you agree to complete this survey, you are also giving your consent for your responses to be included in our study.

**What does participation require?**

All you have to do is complete the survey to the best of your ability. Though we would like you to fill out all of the questions, you may stop at any point without penalty.

**Is this anonymous?**

Yes. Individually identifying information is not asked on the survey. Please do NOT put your name, school, or district on the form. No one outside of the research team will have access to the information you provide. All responses are kept confidential to the extent provided by law.

**Will this be published?**

Yes. It is our aim to publish our findings. Please note that no individually identifying information is collected. Your responses cannot be associated with you in any way.

**Will my participation be helpful?**

Yes. Your participation will add to the knowledge on the implementation of homeless policy and mental health in schools. Your participation may inform policy on homelessness and mental health services for school children.

**Directions:**

Please fill out all questions to the best of your ability. Again, your participation is completely voluntary and you may stop at any time.

Again, thank you for your time and enjoy the conference!

**A. Did you complete this survey at last year's ILASSW conference? (Circle One)**

1. Yes                                      2. No

**B. Please indicate your Gender (Circle One)**

1. Female                    2. Male                    3. Transgender

**C. Please indicate your race or ethnicity (Circle One)**

1. Asian/Pacific Islander        2. Black/African American        3. Hispanic/Latino

4.Native American/American Indian                    5. Caucasian

6. Other (please specify) _____

**D. How many years have you practiced in your current service area?**
**(please write the number)** _____

**E. How many schools do you serve in your service area? (Please**
**write the number)** _____

**F. Approximately how many students do you serve per week? (Please**
**write the number)** _____

**G. Please indicate your highest level of education? (Circle One)**

1. BSW                    2. MSW                    3. PhD in Social Work

4. Other (please specify) _____

**H. Please indicate your level of Social Work licensure? (Circle one)**

1. None            2. Beginning        3. Intermediate        4. Advanced

**I. Please indicate the geographical location of your service area (you may circle more**
**than one response)**

1. Urban/Inner City                2. Suburban                3. Rural

**J. How often are you involved policy formation within your service area?**

1. Very Often      2. Somewhat Often      3. Sometimes      4. Rarely      5. Not at all

**K. What grade levels do you serve? (Circle all that apply)**

Pre-K  K  $1^{st}$  $2^{nd}$  $3^{rd}$  $4^{th}$  $5^{th}$  $6^{th}$  $7^{th}$  $8^{th}$  $9^{th}$  $10^{th}$  $11^{th}$  $12^{th}$

**L. Please indicate the approximate percentage of students**
   **receiving free lunch in your primary service area:**          **%**

_____

**M. On a scale of 1 to 5, with five being extremely aware and 1 being not at all aware, how aware are you of the needs of homeless children (i.e. free lunch, transportation, etc.) in your service area?**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all | | | | Extremely Aware |

**N. On a scale of 1 to 5, with five being extremely aware and 1 being not at all aware, how aware are you of homeless educational policy? (i.e. McKinney-Vento Act, etc)**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all | | | | Extremely Aware |

**O. How often do you interact with homeless children in practice?**

1. Never      2. Seldom      3. Sometimes      4. Somewhat Often      5. Very Often

**P. How much of an issue is homelessness is in your service area?**

1. Not at all      2. A little      3. Somewhat      4. A Lot      5. Very Much

**Q. In your opinion and in order of importance, please list four (4) barriers to practice with homeless children.**

1 _____    3 _____

2 _____    4 _____

**R. How often do you collaborate with teachers regarding the needs of homeless children?**

1. Never      2. Seldom      3. Sometimes      4. Often      5. All the time

**S. How often do you collaborate with school administrators regarding issues related to homeless children?**

    1. Never        2. Seldom        3. Sometimes        4. Often        5. All the time

**T. Do you agree with the following statements:**

**1. My service area is prepared for the needs of homeless children**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |

**2. My service area has policies and procedures to make school accessible for homeless children.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |

**3. My service area has policies and procedures to collaborate with outside agencies.**

| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |

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# BIOGRAPHICAL SKETCH

James P. Canfield was born to James and Kil Cha Canfield in an Army hospital in South Korea. He has a younger brother, Daniel, who is an accomplished college wrestler. James moved several times throughout his childhood, but was able to spend his entire high school career in a suburb of Cincinnati, Ohio and still holds strong family ties to the New York/New Jersey Metropolitan area.

James has attended The Florida State University since the fall of 2003 and has been a social work major during his entire tenure at FSU. His interest in children and youth experiencing homelessness developed during his field placement at a local transitional housing facility. This population has served as his research focus throughout the entirety of his doctoral education. His work in this field includes developing a psychometric tool designed to measure school social workers' perceived implementation of the major federal homeless policy. James is continuing his work on measurement and school social work practice with the homeless population. He has taught several classes at the College of Social Work which has resulted in nominations for campus-wide awards for teaching excellence.

James is an avid baseball fan and follows the New York Yankees. In his spare time he plays rugby and hockey. James is a connoisseur of music and plays several instruments. He is engaged to Miss Sabrina Hodge and the two have been together since the summer of 2004. James would like to take the time to thank once again his family, his mentor Dr. Martell Teasley, his love, and everyone else who has influenced his life.