

# Psychological Needs Satisfaction and Subjective Well-being among Sheltered Homeless Children

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**Abstract:** Despite the multiple psychological health problems that homeless children have suffered in their young lives, little attention has been drawn to their psychological needs satisfaction. The self-determination theory emphasizes the importance of satisfaction with autonomy, competence, and relatedness for a person's psychological growth and well-being. **Aim:** This study aimed to assess the basic psychological needs satisfaction and to investigate its relationship with subjective wellbeing among sheltered homeless children. **Setting:** The study was conducted at El-Horreya Institute for Community Development, a shelter facility for homeless boys in Alexandria, Egypt. **Subjects:** A convenience sample of 100 homeless children were recruited in the study. **Tools:** Data were collected using Basic Psychological Needs Scale (BPNS) and Satisfaction With Life Scale (SWLS). **Results:** The findings of this study revealed a decrement in the total mean scores of psychological needs satisfaction and its subscales. Autonomy satisfaction had the highest mean score among the study subjects. Whereas, competence satisfaction had the lowest mean score and was correlated significantly with relatedness satisfaction among homeless children. Although there was a decrement in the total subjective well-being mean score among homeless children, no statistical significant association was found in its relationship with the children's psychological needs satisfaction. **Recommendation:** Coordinated psychiatric and pediatric care plan should be developed for sheltered homeless children. Functional programs and counseling services should be developed and provided for sheltered homeless children. Educational program should be developed for the care providers in homeless service settings to ensure their contribution in psychological needs satisfaction of homeless children besides managing the immediate crisis of homelessness.

**Keywords:** Homelessness, Psychological Needs Satisfaction, Subjective well-being, Self-determination theory.

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## 1. INTRODUCTION

Homelessness has a devastating effect on children's mental health and personality development. It can be either a contributing factor to mental health problems, or the result of poor mental health. Homeless children face a variety of frequent and prolonged types of psychological adversity that require serious professional care<sup>(1)</sup>. Despite the implementation of various policies and services to assist homeless children over the last recent years, the problem of children who use the streets as their principal living space has not been curbed or much less eradicated. The numbers of homeless children are rapidly increasing worldwide<sup>(2)</sup>. The estimated worldwide population of homeless children is around 150 million. Egypt has around one million homeless children in Alexandria and Cairo<sup>(3)</sup>. Homeless children are the most vulnerable group who are deprived from basic needs for protection, guidance and supervision<sup>(1,2)</sup>. It has been found that 10-26% of homeless preschoolers had mental health problems, which increased to 24-40% for school age children.<sup>(4)</sup>

According to Erikson psychosocial development theory, children gain a sense of industriousness by becoming competent members in their lives and exercising their abilities. They learn the satisfaction of persisting at a task until it is completed and of using their skills to perform according to their own and other expectations.<sup>(5)</sup> Children who reside in supportive and safe social environments are experiencing psychological wellbeing as well as feeling of significance, success, and competence<sup>(6)</sup>. Showing affective love, spending enough time with children, sharing them in preferable activities or tasks, showing respect, accepting their point of view and encouraging successful friendship and peer relationship are valuable tools for dealing with the children's emotional struggles and raising emotionally healthy children<sup>(7,8)</sup>. On the other hand, children who have become discouraged from being able to attain competency and identity cannot experience well-being and are more likely to develop mental health problems<sup>(9)</sup>.

Psychological needs satisfaction plays a dual role on subjective wellbeing outcomes; the fluctuations in psychological needs satisfaction will directly predict fluctuations in well-being<sup>(10)</sup>. Self Determination Theory (SDT) provides a theoretical framework for the enhancement of psychological wellbeing; it investigates the connection between human developmental tendencies and innate psychological needs that drive motivation and personality<sup>(11)</sup>. This theory postulated that humans have three basic innate psychological needs namely; autonomy, competence and relatedness which are proposed as the essential requirements for a person's psychological growth. Autonomy refers to acting of one's own volition and having a sense of choice. Competence means the perception that one's actions result in the intended outcomes. Furthermore, relatedness refers to having a sense of belonging and feeling connected to others<sup>(12)</sup>. These needs are affected by the social environment people live in. People experience a significant psychological problems when they have to stay in situations that consistently block their self-determination as in the case of many homeless children<sup>(13)</sup>.

Many studies revealed that homeless children demonstrated higher risk for physical and mental health problems<sup>(3, 4, 8)</sup>. The stress of being homeless can be manifested in negative behaviors such as withdrawal, aggression, regression or self-mutilation. It has been found that almost half of homeless children (47%) were diagnosed with anxiety, depression or withdrawal as compared to only 18% of children who were living in stable housing. Moreover, many of these children experienced poor self esteem, a sense of shame and stigmatization because of low social status and dependence on society<sup>(8)</sup>. Negative self-esteem among homeless children is found to be a risk factor leading to maladjustment, lacking trust, inability to handle daily problems and life dissatisfaction which in turn reduce their abilities to achieve maximum potentials and wellbeing.<sup>(13-15)</sup>

Homeless children have the same rights as other children. They are entitled to protection as well as services that enable them to live a healthy prosperous life<sup>(14)</sup>. They need empathetic support and assistance of all society members to help them to cope effectively with their threats. Positive and affectionate relationships help those children to build positive relationships<sup>(7,8)</sup>. Since dealing with those children need co-operative efforts from many professions, nursing as a profession has a crucial role in dealing with those children and their families. Establishment of a therapeutic relationship that conveys warmth, sensitivity, rapport, interest, concern and consistency on the part of the nurse is imperative for homeless children to create a positive psychological climate and promote their mental health<sup>(2)</sup>.

Psychiatric and pediatric nurses have shared responsibilities toward caring for homeless children. Nurses can adopt the basic psychological needs satisfaction perspective to support children in their experience of being homeless. They have a crucial role in the seamless provision of psychological health services and psychiatric care to homeless children. They can provide preventive services, early identification of the mental problems, psychological interventions, and referrals to foster children's mental health<sup>(2, 14)</sup>. Furthermore, inside residential home the nurse has many important responsibilities. Helping those children feel that they are needed, celebrating their achievements and successes, helping them learn problem-solving skills are very important psychological nursing interventions<sup>(14)</sup>.

Despite all the hardships and problems that homeless children have suffered in their young lives, little attention has been drawn to their psychological needs. The research literature in this area is scarce and many care providers within homelessness settings have a limited concern in relation to the importance of psychological needs satisfaction in promoting children's mental health and wellbeing, yet they have focused only on the immediate crisis of homelessness. Psychosocial support as well as pedagogical work for these children should take the satisfaction of their basic psychological needs into account. This study may be beneficial for the development or adaptation of existing interventions which could focus on strengthening these basic needs for homeless children. Hence, this study aimed to assess psychological needs satisfaction and to investigate its relationship with subjective wellbeing among sheltered homeless children.

**Aim of the study:-**

The aims of this study were to:

- Assess psychological needs satisfaction and subjective wellbeing among sheltered homeless children.
- Investigate the relationship between psychological needs satisfaction and subjective wellbeing among sheltered homeless children

**Research questions:**

- 1- To what extent psychological needs among sheltered homeless children are satisfied?
- 2- Is there a relationship between psychological needs satisfaction of homeless children and their subjective wellbeing?

**Operational definitions:****- Psychological needs:**

Psychological needs in the present study are measured by the responses to the items of the basic psychological needs for autonomy, competence and relatedness which are constantly moving towards self fulfillment based on the self determination Theory.

**- Subjective wellbeing:**

Subjective well-being in the current study is measured by satisfaction with life scale.

## II. MATERIALS AND METHOD

**Study design:**

A descriptive correlational research design was utilized in this study.

**Setting:**

The study was conducted at " El-Horreya Institute for Community Development", a shelter facility for homeless boys in Alexandria ". It is a governmental homeless shelter affiliated to the Directorate of Social Affairs. It is a center for receiving homeless juvenile children, providing a shelter, rehabilitative, educational and health services for homeless children. This facility was selected because it encompasses a large number of homeless children.

**Subjects:**

A convenience sample of 100 homeless boys, aged from 7-16 years was recruited for this study. The Epi info Program 7 was used to estimate the subjects' sample size based on the following parameters: population size was 150 (for three months), expected frequency 50% , acceptable error 5% , confidence co-efficient 95% . Accordingly the estimated minimum sample size was 76 children.

**Tools:****Three tools were used in this study:****Tool 1: Socio-demographic data structured interview schedule of sheltered homeless children:**

It was developed by the researchers to elicit data about child's age, birth order, educational level, current school attendance, living situation, area of residence, working status, family background and reasons of being on the street.

**Tool 2: The Basic Psychological Needs Scale (BPNS):**

This scale was developed by Deci and Ryan (2000) to assess the satisfaction of basic psychological needs namely; competence, autonomy and relatedness The scale consists of 21 items ; seven items for autonomy (e.g.: "I feel like I am free to decide for myself how to live my life"), six items for competence ( e.g.: "Often, I do not feel very competent"), and eight items for relatedness (e.g.: "I really like the people I interact with")<sup>(10)</sup>. All items were responded to on a 7-point Likert-type scale ranging from '1' (Not at all true) to 7 (Very true). Nine of the 21 items are negatively worded and

were reversed scored prior to analyses. Higher scores are indicative of a higher level of satisfaction of needs. Internal consistency for the subscales ranged from acceptable to good (autonomy  $\alpha = 0.65$ ; competence  $\alpha = 0.72$ ; relatedness  $\alpha = 0.82$ . The total of the three correlated subscales was  $\alpha = 0.87$ <sup>(16,17)</sup>.

### **Tool Three: The Satisfaction with Life Scale (SWLS):**

The scale was developed by Diener et. al (1985) as a measure of the judgmental component of subjective well-being and global cognitive judgments of one's life satisfaction. The scale consists of 5 items with a 7 point Likert scale that ranges from 1 strongly disagree to 7 strongly agree (e.g.: "So far I have gotten the important things I want in life"). Scoring was obtained by summing up scores on each item, the total score ranged from 5 to 35. Higher scores are indicative of a higher level of subjective wellbeing<sup>(18)</sup>. The SWLS is shown to be a valid and reliable measure of subjective wellbeing and life satisfaction suited for use with a wide range of age groups and applications, its internal consistency was good (Cronbach's alpha was .89)<sup>(19)</sup>.

### **Method**

- An official approval to carry out the study was obtained from the Directorate of Social Affair and the director of El-Horreyia Institute of Community Development in Alexandria after explaining the purpose of the study.
- Tool one was developed by the researchers.
- Tool 2 and 3 were translated into Arabic language.
- A jury of five experts in the related fields of Psychiatric and Pediatric Nursing examined the content validity of tool 2 and 3. The required modifications were made accordingly.
- Tool 2 and 3 were tested for their reliabilities. The reliability analysis of the scales revealed satisfactory Alpha coefficients for the three basic psychological needs subscales ( autonomy  $\alpha = 0.77$ , competence  $\alpha = 0.71$  and relatedness  $\alpha = 0.80$ ) and the total psychological needs was  $\alpha = 0.76$ . In addition, the SWLS Alpha Coefficient was 0.84.
- A pilot study was carried out on 10 children to ascertain the clarity, applicability of the tools. Accordingly, some modifications were done. Such number of the children was excluded from the study subjects.
- Before data collection, the researchers spent one week in the shelter sharing the children their recreational activities to develop rapport.
- Each child's record was reviewed to elicit further information related to the child.
- Each child was interviewed individually to collect the required information. The interview was carried out in a private place in an informal setting to put the child at ease. The researchers used to attend the shelter three times a week.
- Each interview lasted approximately 45-60 minutes.
- Data were collected over a period of four months from June to September 2016.

### **Ethical considerations:-**

- Official approvals were taken from the Ethical Committee of the Faculty of Nursing, Alexandria University.
- Oral informed consent was obtained from each child after explanation of the purpose of the study.
- Data confidentiality was assured.
- Child's privacy was maintained.
- The child's right to refuse to participate was emphasized

### **Statistical analysis of the data:**

Data were fed to the computer and analyzed using SPSS software package version 20.0. Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, and standard deviation. Significance of the obtained results was judged at the 5% level.

**The used tests were****1- Student t-test**

For normally distributed quantitative variables, to compare between two studied groups

**2 - F-test (ANOVA)**

For normally distributed quantitative variables, to compare between more than two groups

**3 - Pearson coefficient**

To correlate between two normally distributed quantitative variables.

-Crowding index was categorized into three levels according to following scores: low from 0-1.99, medium 2-4.99 and high 5 or more.

**III. RESULTS**

**Table 1:** illustrates distribution of homeless children by their socio-demographic characteristic. As shown in the table, more than one third of the children (36%) aged 12 to less than 14 years, children aged 14 year and more constituted 34%. More than half of the children (52%) were from Alexandria. Concerning their birth order, 36% of the children were older, while 34% were the middles. In relation to their scholastic achievement, 34% of the children did not attend the school at all, while 53% of the children reported that they left the school at the primary level and 12 % of them left school at the preparatory levels. Almost two thirds of the children (66%) reported that they never attend school currently. The reported reasons for leaving the school among the children were financial problem (43.9%), followed by lacking of interest in school education (42.5%) and family carelessness (13.6%).

**Table 2** reveals distribution of homeless children according to their labor or working status. More than two thirds of the children (67%) reported that they worked. Nearly two thirds of them (62.8%) worked for 8<12 hrs/day and 26.7% of them worked for more than 12 hrs /day. Almost all children (98.5%) were allowed to take rest during working time and all of them reported that they take one day off weekly. More than one quarter of the children (29.85%) had monthly income 50<100 pounds while 37.32% had monthly income from 100<150 pounds. Three quarters (76.12%) of the children expended their money on buying food and clothes.

**Table 3** portrays family profile and socio-economic status of homeless children. More than half of the studied children (57%) lived in large families with 7 or more family members and 36% of them lived in average family size (5 < 7). Nearly two thirds of the children (60%) lived in a limited number of house rooms with medium level of crowding index with a mean score of  $3.25 \pm 1.13$ . Nearly two thirds of the children (60%) reported that they did not live with both parents because of parental separation and death of one or both parents (51.7% and 36.7% respectively). More than half of children's fathers (54%) were only read and write while 35% of them were illiterate. More than two thirds of children's mothers (67%) were illiterate. As for their socio-economic status, More than three quarters of the children (78%) suffered from financial problems.

**Table 4** shows distribution of homeless children by their reasons of being homeless. Almost three quarters of the children (73%) leaved their homes due to family or step parents violence and 14% due to poverty. Half of the children run away from their homes from one to three times, while 43% of them run away from 4 to 7 times. The majority of the children (74%) reported that they did not have conation to return their homes.

**Table 5** illustrates distribution of homeless children by their recreational status. About two thirds of the children (63%) did not have a chance for recreation in the facility. Fifty percent of the children reported that they spent their leisure time with their friends outside shelter facility, while 35% spent their leisure time alone outside.

**Table 6** shows distribution of homeless children according to their unhealthy habits. More than one third of the children (39%) were smokers and almost one quarter of them (24%) had substance use problems.

**Table 7** portrays the attitude of the shelter facility staff toward children's unacceptable behaviors. About one third of the children (30%) were physically punished for their unacceptable behavior. While 24% were punished verbally and 25%

were secluded for their unacceptable behavior. Less than three quarters of children (71%) of them suffered from peer favoritism in the form of providing other children more chances to play (35.3%) taking much money (22.6%) not punished (30.9%) and receiving more attention and care (11.2%).

**Table 8** reveals mean scores of basic psychological needs and subjective well-being among homeless children. The highest mean score was observed in autonomy subscale (29.95+ 6.24) .Followed by relatedness subscale (26.24+ 6.10) ,while the competence need had the least mean score ( 15.04 +3.74), with a total mean score  $71.23 \pm 10.88$ . Regarding the subjective well-being, the children's scores ranged between 10-20 with a mean score of  $15.91 \pm 2.07$  that reflects a decrement in subjective wellbeing among those children.

**Table 9** illustrates the relationship between psychological need and subjective well-being among homeless children. Relatedness need subscale was positively correlated with competence need subscale ( $r=0.305, p= 0.002$ ) and the total psychological needs scale ( $r= 0.635, p < 0.001$ ) . Whereas, autonomy need subscale was positively correlated with the total psychological needs ( $r=0.485 p < 0.001$ ). Competence need subscale was also positively correlated with the total psychological need ( $r=0.694, p < 0.001$ ). However, no statistical significant relation was found between total psychological needs satisfaction and subjective well-being among homeless children ( $r = - 0.010, p= 0.920$ ).

**Table 10** presents the relationship between children's age, psychological needs and subjective well-being among homeless children. A significant positive relationship was found between autonomy need satisfaction and children`s age, The children who aged 14 years or above had higher mean scores of autonomy need satisfaction and total psychological needs than other age groups of children ( $F = 7.164, P < 0.001$  and  $F = 4.728, P = 0.014$  respectively).

**Table 11:** illustrates the relationship between current school attendance, psychological needs and subjective well-being among homeless children. Children who did not attend school got higher mean score of autonomy subscale ( $29.95 \pm 5.64$ ) than those who attended school ( $24.00 \pm 6.96$ ). A statistical significant difference was found ( $t = 2.140, P = 0.037$ ). The same was observed regarding total score of psychological needs, where children who did not attend school got higher mean score ( $76.89 \pm 10.79$ ) compared to those who attended school ( $72.00 \pm 10.48$ ). The difference was statistically significant ( $t= 2.170, P=0.032$ ). Whereas, no statistical significant relation was found between school attendance and subjective well-being among homeless children ( $t=1.445, P=0.152$ ).

**Table 12** shows the relationship between children working status, psychological needs satisfaction and subjective well-being among homeless children. A statistical significant relation was found in autonomy subscale where working children had got higher mean score of autonomy ( $38.01 \pm 6.33$ ) compared to  $26.82 \pm 6.16$  of those who were not working ( $t = 5.147, P = 0.003$ ). Regarding the relation between working status and subjective well-being among homeless children, there is no statistical significant relation was found between them ( $r= 0.106, p =0.916$ ).

**Table (1): Distribution of homeless children by their socio-demographic characteristics.**

Socio-demographic characteristics	No.& % (100)
<b>Age</b>	
8-	15
10-	15
12-	36
14- 16	34
Range	8.0 – 16.0
Mean $\pm$ SD	$12.27 \pm 2.25$
<b>Place of residence</b>	
Alexandria	52
Cairo	24
Others	24
<b>Birth order</b>	
Lonely	4

Older	36
Middle	34
Younger	26
<b>Child's level of education</b>	
Not attending school at all	34.0
Leave school at the primary level	53.0
Has primary education	1.0
Leave school at the preparatory level	12.0
<b>Attending school</b>	
Yes	34
No	66
<b>Reasons for school non attendance</b>	No (66)      %
Financial problems	29      43.9
Family carelessness	9      13.6
Lacking interest in school	28      42.5

Table (2): Distribution of homeless children according to their labor or working status.

Child labor data	No.& % (100)	
<b>Working status</b>		
Yes	67.0	
No	33.0	
<b>Daily working hours ( n=67)</b>		
4-	7	10.5
8-	42	62.8
12 and more	18	26.7
<b>Having break during working</b>		
Yes	66	98.5
No	1	1.5
<b>Having one day off per week</b>		
Yes	67	100.0
No	0	0.00
<b>Monthly income ( n=67)</b>		
Less than 50	8	11.94
50-	20	29.85
100-	25	37.32
150-	12	17.90
200	2	2.98
<b>Mostly spending money on:</b>		
Buying food and clothes	51	76.12
Buying cigarettes	5	7.46
Recreational activities	11	16.42

Table (3): Family profile and the socioeconomic status of homeless children.

Family profile	No.& %(100)	
<b>family size</b>		
3-	7	
5-	36	
7 and more	57	
Range	3.0 – 11.0	
Mean ± SD	7.0 ± 1.82	
<b>No. of house rooms</b>		
1	6	
2	60	
3	34	
<b>Crowding index*</b>		
Range	0.75 – 6.0	
Mean ± SD	3.25 ± 1.13	
<b>Living with both parents</b>		
Yes	40	
No	60	
<b>Reasons for not living with both parents</b>	No.(60)	%
Death of one of both parents		
Father's traveling	22	36.7
Parental separation	7	11.6
	31	51.7
<b>Father's education</b>		
Illiterate	35	
Read and write	54	
Secondary education	7	
University education	4	
<b>Mother's education</b>		
Illiterate	67	
Read and write	27	
Secondary education	4	
University education	2	
<b>Presence of financial problems</b>		
Yes	78	
No	22	

\* Medium 2- 4.99

Table (4): Distribution of homeless children by their reasons of being homeless.

Reasons of being homeless	No.& % (100)
<b>Reason for leaving home from child's perspective</b>	
Family or step parents violence	
Poverty	73
Peer pressure	14
Others	11
	2



<b>Frequency of running away from home</b>	
1-	50
4-	43
7 and more	7
<b>Child's conation to return home</b>	
Yes	26
No	74

Table (5): Distribution of homeless children by their recreational status.

Recreational status	No.& % (100)
<b>Having a chance for recreation in the facility</b>	
Yes	37
No	63
<b>Ways of spending leisure times</b>	
With friends outside shelter facility	50
Alone outside shelter facility	35
Alone at the shelter facility	15

Table (6): Distribution of homeless children according to their unhealthy habits.

Unhealthy habit	No.& % (100)
<b>Smoking</b>	
No	61
Yes	39
<b>Substance use problems</b>	
No	76
Yes	24

Table (7): Staff attitude toward homeless children's unacceptable behaviors.

Children's perception regarding staff attitude toward their unacceptable behavior	No.& % (100)	
Punishing the child verbally	24	
Punishing the child physically	30	
Secluding the child	25	
Communicating the child with respect	14	
Withdrawing privilege	7	
<b>Peer favoritism</b>		
Yes	71	
No	29	
<b>Ways of favoritism</b>	No.(71)	%
Providing more chances to play	25	35.3
Giving much money	16	22.6
Not punished	22	30.9
Providing more attention and caring	8	11.2

Table (8): Mean scores of basic psychological needs and subjective well-being among homeless children.

Basic psychological needs & Subjective well-being	Total range score	Min. - Max.	Mean ± SD
<b>Basic psychological needs</b>			
Relatedness	8-56	12.00 – 40.00	26.24 ± 6.10
Autonomy	7-49	10.00 – 41.00	29.95 ± 6.24
Competence	6-42	9.00 – 33.00	15.04 ± 3.74
Total BPNS	21-147	46.00 – 98.00	71.23 ± 10.88
<b>Subjective well-being</b>	5-35	10.00 – 20.00	15.91 ± 2.07

Table (9): The relationship between psychological needs and subjective well-being among homeless children.

Psychological needs and Subjective well-being		Relatedness	Autonomy	Competence	Total score of psychological need	Subjective well-being
Relatedness	r		-0.150	0.305*	0.635*	0.053
	P		0.135	0.002	<0.001	0.601
Autonomy	r			-0.008	0.485*	-0.166
	P			0.934	<0.001	0.099
Competence	r				0.694*	0.105
	P				<0.001	0.298
Total psychological needs	r					-0.010
	P					0.920
Subjective well-being	r					
	P					

r: Pearson coefficient

\*: Statistically significant at  $p \leq 0.05$

Table (10): Relationship between children's age, psychological needs and subjective well-being among homeless children.

Psychological needs and subjective well-being	Children's Age				F (p)
	8-	10-	12-	14+	
<b>Relatedness</b>					
Range	22.00 – 33.00	10.00 – 30.00	12.00 – 41.00	17.00 – 41.00	0.428 (0.733)
Mean ± SD	27.07 ± 3.45	26.80 ± 7.19	25.31 ± 6.76	25.79 ± 4.48	
<b>Autonomy</b>					
Range	16.00 – 37.00	18.00 – 40.00	12.00 – 38.00	17.00 – 38.00	7.164* (<0.001)
Mean ± SD	26.13 ± 6.15	20.47 ± 8.05	28.72 ± 5.50	33.18 ± 5.86	
<b>Competence</b>					
Range	12.00 – 30.00	11.00 – 27.00	11.00 – 33.00	9.00 – 31.00	0.498 (0.685)
Mean ± SD	14.60 ± 5.75	15.47 ± 5.59	15.36 ± 6.27	16.59 ± 5.33	
<b>Total psychological needs</b>					
Range	61.00 – 89.00	46.00 – 89.00	55.00 – 98.00	62.00 – 95.00	3.728* (0.014)
Mean ± SD	70.80 ± 7.92	63.73 ± 12.08	72.39 ± 11.23	78.56 ± 9.79	
<b>Subjective well-being</b>					
Range	13.00 – 19.00	10.00 – 19.00	11.00 – 20.00	11.00 – 19.00	0.264 (0.851))
Mean ± SD	16.33 ± 1.76	15.87 ± 2.75	15.89 ± 2.23	15.76 ± 1.71	

F: F test (ANOVA)

\* : Statistically significant at  $p \leq 0.05$

Table (11): Relationship between current school attendance, psychological needs and subjective well-being among homeless children.

Psychological needs and Life satisfaction	Current school attendance		t (p)
	Attending	Not attending	
<b>Relatedness</b>			
Range	16.00 – 40.00	12.00 – 38.00	0.738 (0.464)
Mean ± SD	25.56 ± 7.13	26.59 ± 5.52	
<b>Autonomy</b>			
Range	10.00 – 33.00	12.00 – 41.00	2.140* (0.037)
Mean ± SD	24.00 ± 6.96	29.95 ± 5.64	
<b>Competence</b>			
Range	9.00 – 32.00	10.00 – 33.00	0.747 (0.457)
Mean ± SD	14.44 ± 5.86	15.35 ± 5.70	
<b>Total psychological needs subscales</b>			
Range	46.00 – 91.00	49.00 – 98.00	2.170* (0.032)
Mean ± SD	72.00 – 10.48	76.89 ± 10.79	
<b>Subjective well-being</b>			
Range	13.00 – 20.00	10.00 – 19.00	1.445 (0.152)
Mean ± SD	16.32 ± 1.63	15.70 ± 2.24	

t: Student t-test

\* : Statistically significant at  $p \leq 0.05$

Table (12): Relationship between children's working status , psychological needs satisfaction and subjective well-being among homeless children

Psychological needs and subjective well-being	Children's working status		t (p)
	Working	Not working	
<b>Relatedness</b>			
Range	12.00 – 38.00	16.00 – 40.00	0.310 (0.757)
Mean ± SD	26.37 ± 5.85	26.97 ± 6.66	
<b>Autonomy</b>			
Range	12.00 – 61.00	10.00 – 35.00	5.147 ( 0.003) *
Mean ± SD	38.01 ± 6.33	26.82 ± 6.16	
<b>Competence</b>			
Range	10.00 – 33.00	9.00 – 32.00	0.431(0.667)
Mean ± SD	16.87 ± 5.78	15.39 ± 5.74	
<b>Total Psychological needs</b>			
Range	46.00 – 98.00	61.00 – 91.00	0.031 (0.975)
Mean ± SD	75.25 ± 12.01	75.18 ± 8.30	
<b>Subjective well-being</b>			
Range	10.00 – 20.00	10.00 – 19.00	0.106 (0.916)
Mean ± SD	15.93 ± 2.06	15.88 ± 2.10	

t: Student t-test

\* : Statistically significant at  $p \leq 0.05$

#### IV. DISCUSSION

Homeless children have poor psychological health and engage in risky behaviors as a result of the environment in which they find themselves. Homelessness impedes children's development and deprives them of basic human needs<sup>(3,11)</sup>. It has come to be recognized that it is not enough to simply place these children in institutions, but that it would be more helpful to understand who these children as individuals. Knowing their psychological needs has profound implications for

interventions that aim at improving the quality of their lives<sup>(7)</sup>. Moreover, a full understanding of their psychological needs provides them with the opportunity to be included in decision –making process pertinent to their mental health and wellbeing as contributing members of society. Hence, the current study aimed to assess the basic psychological needs satisfaction and investigate its relation with subjective wellbeing among sheltered homeless children.

The results of the current study indicated that there was a decrement in the total mean score of the psychological needs satisfaction among the studied children. This could be attributed to the stressful living conditions inherent in their home life as well as their street life. The abusive, dysfunctional and neglected home environments that these children come from are responsible for being dissatisfied. The present study findings revealed that the majority of the studied children reported having dysfunctional families, poverty, loss of stability and safety, overcrowded living conditions, parental illiteracy, disrupted education, and increased exposure to violence. These stressful backgrounds have forced them to live on the streets as well as deprived them from attaining their basic psychological needs.

On the same line, several studies found that the majority of the street children exhibited severe psychological dissatisfaction<sup>(20-22)</sup>. The influential factors that draw children to the streets have an impact on their general wellbeing and place them at further psychological risk due to the adversities of the street life. High stress levels among street children due to the difficulties of their everyday lives and the need for survival have been reported whilst they are residing within the streets<sup>(23)</sup>. Moreover, Chen et al.( 2015 ) found that, there was a decline in psychological needs satisfaction in homeless children. They also found that the psychological need satisfaction was found to be functionally important above and beyond the effect of environmental or financial safety, which also yielded a unique relation to well-being<sup>(24)</sup>.

Regarding competence need, children who are encouraged and commended by parents at home and teachers at school develop a feeling of competence and belief in their abilities. Whereas, those who receive little or no encouragement from parents, teachers, or peers will doubt their abilities to be successful and competent<sup>(5,6)</sup>. According to the present study findings, the competence need satisfaction has the least mean score as compared to relatedness and autonomy needs satisfaction. This may be related to many struggles faced by these children in their lives. As clarified in the findings of the present study, more than half of homeless children leave school at the primary level and one third of them did not join school at all. In addition, almost two thirds of them reported that they did not have a chance to play in the facility. Moreover, more than half of the children lived in overcrowded homes within large family size and low socio- economic status. Furthermore, two thirds of homeless children reported that they worked to gain financial support. All of these struggles may deprive these children from the chances to satisfy their competence need. Consequently, their talents and skills have not been developed to achieve their maximum potentials, as well as feelings of failure and inferiority is prevailed.

The positive feedback and continuous encouragement from surrounding people interacting with the child either from parents or teachers are important to develop the child self efficacy and self esteem<sup>(6)</sup>. The present study findings supported this issue as a statistical significant relation was found between competence and relatedness needs satisfaction among the children. This goes in line with the findings of Leversen et al. ( 2012) who found that competence need satisfaction among homeless children was related closely to relatedness need satisfaction. They postulated that the negative feedback received from significant others may be an important contributor to decreased feelings of competence among these children<sup>(15)</sup>.

Educational commitment among children is associated positively with competence need satisfaction<sup>(9)</sup>. It is worth noting that the majority of homeless children in the present study had not completed their school education. Furthermore, the decrement in competence need satisfaction among homeless children may be the possible reason for school truancy among those children. According to the self determination theory, when competence need is satisfied, it enables the child to achieve optimal academic performance. In contrast, when this need is not satisfied, he fails to thrive<sup>(25)</sup>. Furthermore, Erikson theory proposed that the school-age children who become alienated from learning tasks may experience a sense of inferiority<sup>(6)</sup>.

Homeless children always experience many psychological and behavioral problems such as increased aggression, impulsivity, disturbed relation with others and social withdrawal. So, they always ridiculed and excluded from group activities<sup>(26)</sup>. In addition, lacking of parental or adult guidance and supervision may increase the tendency to these

problems. Consequently, these children usually lacking the feelings of being respected accepted and approved by others. Such problems deprive them from the opportunities to develop positive and affectionate relationship which in turn interferes with their sense of belonging<sup>(27)</sup>. These facts could justify the dissatisfaction of relatedness need among the homeless children in the present study findings.

There are many factors that could affect relatedness need satisfaction in the present study. As shown in the current study findings, nearly two thirds of the sheltered homeless children reported that they spent their leisure time alone, half of them reported that they suffered from either verbal or physical punishment due to their inappropriate behaviors, and nearly three quarters of them suffered from peer favoritism when they approached by homeless facility staff. Moreover, the majority of the children in the present study reported exposing to family violence and lacking the desire to return their homes. Additionally, nearly two thirds of them did not live with both parents. Living in such disappointed experiences may contribute to the dissatisfaction of relatedness need among homeless children.

The hardship of the street life was perceived by most of homeless children as an adventure, in which children have displayed an extraordinary capacity to live and thrive autonomously overcoming its hardship<sup>(4,10)</sup>. Based on Erikson psychosocial theory, children are not merely passive beings but they are active explorers, who seek to control the environment around them and to adapt with unpredictable conditions<sup>(6)</sup>. Myburgh et. al. (2015) found that homeless children displayed perseverance, resilience and a striving for autonomy because of the street hardship life<sup>(28)</sup>. Homeless children are forced to live autonomously rather than being abused by their families. They try to make their own money by begging or working to deal with their financial problems. In this respect, being a homeless child is a way of life, it is the only reality with no alternative lifestyle in mind. These children believe that 'they have a better chance to their own lives and assume responsibility by leaving home prematurely<sup>(29)</sup>. Moreover, Noblet (2013) found that children may have "push and pull" reasons for leaving home. The push included not feeling accepted in the environment where children supposed to feel safe and happy due to abuse by family members. The pull factor included factors that pull children outside homes like peers pressure, seeking freedom and independence<sup>(30)</sup>. These factors could interpret the current study findings where the autonomy need satisfaction had the highest mean score among homeless children.

The development of autonomy is closely linked to identity formation and is conceptualized as either a psychological or an interpersonal process<sup>(32)</sup>. Attaining autonomy and a sense of independence are fundamental tasks of adolescents. Fostering autonomy, power and control over themselves and their environment are vitally important<sup>(31)</sup>. The findings of the present study indicated that one third of the children aged 14 years and more. Furthermore, children who aged 14 years and more have higher increment in autonomy need satisfaction mean score than younger children .

Adolescents who develop a high sense of agency while retaining close connections with significant adults are likely to develop a healthy autonomous, relational self, which is likely result in relatively low risk-taking. When this process goes awry, the result is often increased risk-taking. So, many homeless children show more susceptibility to high risk taking behaviors such as cigarette smoking, substance abuse and early sexual behavior than others<sup>(33)</sup>. The current study results supported this issue where more than one third of homeless children were heavy smokers and about one quarter of them engage in substance abuse. Similarly, Garrett et al. (2008) found that over three-quarters of homeless adolescents mentioned that self-reliance and autonomy described as a matter of pride, respect, and survival. Also they found that drug abuse was mentioned by half of the children as a barrier to transitioning off the street<sup>(34)</sup>.

The ultimate goal of the children's growth and development is to promote their health and well-being. This requires certain psychological needs to be supported and fulfilled both in terms of their well being at the present time and in terms of their future potentials<sup>(13,20)</sup>. The quality and characteristics of the children's environment directly influence their healthy development<sup>(6)</sup>. According to the present study results, the dysfunctional family profile, poverty, poor scholastic achievement, lack of recreation and being homeless are attributed factors that may explain the reduction of subjective well-being among those children, yet no statistical significant relation was found between subjective well being and psychological needs satisfaction. Yet it has been well-documented that the decrease in psychological needs satisfaction was associated with psychological wellbeing among homeless children<sup>(24, 25)</sup>

Children labor and leisure activities are important factors that may influence their normative development and well-being. In relation to child labor, the present study findings revealed that around two thirds of homeless children reported that they have work. The nature of the work, the working condition and the meaning of the child's work are damaging to the

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children<sup>(27)</sup>. On the other hand, work may give children some degree of self esteem, sense of purpose and provides them with an escape from the daily drudgery of poverty<sup>(28)</sup>. These facts could explain the statistical significant relation that was found between autonomy needs satisfactions and working condition of homeless children in the current study results.

Concerning leisure activities, nearly two thirds of homeless children in the present study reported that they did not have the chance for recreation. Leisure activities among half of them involve social relations with their peers. Milyavskaya and Koestner (2011) showed that the relationship with peers and friends play an important role in psychological well-being and satisfaction at adolescence stage of life<sup>(35)</sup>. However, several studies have revealed connections between peer pressure and risk taking behaviors<sup>(36-38)</sup>.

In general, the present study findings shed the light on the importance of understanding the psychological needs of homeless children in order to develop appropriate nursing strategies for promoting their mental health. The lack of psychological needs satisfaction and subjective well being among homeless children illuminates the urgent need for the development of effective intervention programs to impact mental health literacy skills, thus may increase access and utilization of mental health services among those children who are living in transitional housing and are at high-risk for persistent unmet psychological health care needs.

**V. CONCLUSION**

Homeless children in this study had a decrement in the total basic psychological needs and subjective wellbeing mean scores, with no statistical significant correlation was found between them. The fulfillment of the need for autonomy among the studied children has the highest mean score, while competence need satisfaction has the lowest mean score. Autonomy was significantly correlated with increasing children's age, work and school truancy. Relatedness need satisfaction was significantly correlated with competence need satisfaction. The concepts of basic psychological needs and well-being help to understand the children's mental health problems more properly and to develop psychological interventions.

**VI. RECOMMENDATION**

- To optimally care for homeless children, preparation, ongoing education, and appropriate staffing levels of specialized psychiatric and pediatric nurses are needed in shelter facilities
- Coordinated psychiatric and pediatric care plan should be developed for sheltered homeless children to ensure that they are referred for additional evaluation and treatment for their psychological health problems.
- Integrative counseling services should be provided to homeless children on an individual and group levels to promote their mental health.
- .-Psychiatric and Pediatric nurses can offer direct support for homeless shelter facility staff by serving on wellness policy committees and continuing education.
- Psychological health of homeless children should be incorporated into the theoretical and practical curricula of psychiatric and pediatric nursing. .
- Drug and mental health services are urgently needed to improve homeless children's mental health.
- Further comparative studies are needed to compare between the level of psychological needs satisfaction and psychological wellbeing among homeless boys and girls.
- Future research efforts should be broadened to investigate the impact of implementing psychological care intervention programs among homeless children, focusing on the enhancement of self-determination, especially competence, to improve their psychological well-being and quality of life.

**VII. LIMITATION OF THE STUDY**

The current study has some limitations; there was a lack of specific data about the length of time spent on the street and the level of psychological needs satisfaction for each service accessed in the homeless facility. Moreover, the data were from boys and from a cross-sectional study so change over time was not possible to measure. The data were also obtained from a sub-sample of homeless children, those who were male and had sought out a shelter facility for homeless children.

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