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Late Adolescent Mothers' Homelessness and Pregnancy Experiences While Living in Transitional Housing

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Abstract

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MPA, Florida International University, 2001

BS, Florida International University, 1999

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The numbers of homeless adolescent mothers have been increasing over the past decade. Previous studies have focused on homeless individuals, but no studies examined late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing. Using a phenomenological methodology, this study explored the lived experiences of 7 adolescent mothers, 18 to 24 years old, who were homeless, pregnant, and living in transitional housing. The social construction of reality theory provided the framework and interpretive lens for this study. Social networking and snowball sampling were used for participant recruitment. Through in-depth interviews, data coding and analyses were conducted to identify 6 major themes: (a) unknown risk and coping, (b) improved outcomes, (c) hopes, dreams, and goals, (d) rules, rules, and more rules, (e) strain, mental illness, and abuse, and (f) good and bad family relationships. Two primary public policy and social change themes were examined in depth: (a) improved outcomes and (b) hopes, dreams, and goals. These 2 key themes illustrated the importance of implementing sustainable social service public policy and the influence of transitional housing access on the lived experiences of adolescent mothers' homelessness and pregnancy. Southeastern Florida policymakers, in conjunction with public and private sector collaboration, can facilitate positive social change by creating and funding proactive and preventive initiatives to help reduce adolescent pregnancy, reduce homeless, and provide sustainable, skill-building transitional living centers.

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Dedication

To all homeless adolescent mothers and children in the United States and around the world; may you be given the opportunity to make a positive social change in your life and the lives of your children.

To my late dad, Leroy St. George Hanson aka Caesar, who was once a part of the homeless population. Pa, I did it. Your determination inspired me to complete this dissertation. You left Jamaica, West Indies in the early 1970s with a single bag and your entire life saving to pursue your American Dream and to make a better life for your family. You struggled to find employment because you were undocumented yet very grateful to that Italian family in Bronx, New York who hired you to work in their restaurant. Not long after, you had to vacate that job because the immigration police raided that family's restaurant and you could no longer work there. Eventually, you ran out of money and could no longer afford to pay for the hostel, and you were forced to sleep in the street and ate from soup kitchen. Pa, I admired your tenacity. You went from being homeless to becoming the director of medical records at Riker Island jail in Bronx, New York City, a position you held for over 20 years. You are missed, Mr. Hanson, and thank you for paving the way for my siblings (Angela, Claudette, Leroy, Jr. and Michael) and I.

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Dr. M. has gone above and beyond to see me though my dissertation journey. In September of 2016, I drove from Miami, Florida and he drove from Sarasota, Florida, meeting halfway in Naples, Florida so he could review my dissertation. I will forever be grateful and thank you for diligently guiding me to the end.

The Golden Key International Honour Society, thanks for awarding me with the Golden Key Graduate Scholar Award in 2014. Also, thanks to Dr. M. for encouraging me to apply for scholarships since I paid for tuition out of pocket.

My children, Andrew (AJ) and Samarra (Sam), thanks for your daily support and encouragement, I love you both unconditionally. My adopted daughter Lebeka, thanks for your support. I love you.

My mother Norma who believed in me, thanks for your prayers and support.

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Thanks to my coworkers and my supervisors especially nurse Reeve from health services who always asked, "how's the thesis going Bev?" This statement encouraged me to push harder to get to the end.

My dissertation journey has been very long, but I made it. Thanks to everyone who helped me along the way.

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Chapter 1: Introduction to the Study

Each year, more than 2 million youth experience at least 1 night of homelessness in the United States, and approximately half are female (National Network for Youth [NN4Y], 2013). Given the variance in the definitions of homelessness, the transience of the homeless adolescent population, and their tendency to avoid adult service providers, it is difficult to accurately estimate the population of youth experiencing homelessness (Patel & Greydanus, 2002).

According to the National Coalition for the Homeless (NCH, 2014), young adults experiencing homelessness are more likely than their peers to be involved in high-risk sexual behaviors such as unprotected intercourse, multiple partners, prostitution, or survival sex that can lead to sexually transmitted diseases (STDs) and pregnancy. Also, they are at a higher risk for anxiety spectrum disorders, depression, posttraumatic stress, and suicide due to exposure to violence while living on their own. Youth experiencing homelessness often deal with chronic health conditions, which include asthma, high blood pressure, tuberculosis, diabetes, hepatitis, or HIV/AIDS (NCH, 2014). Furthermore, the NCH (2014) estimated that 5,000 unaccompanied youth die each year as a result of assault, illness, or suicide. Youth who engage in high-risk behaviors remain homeless longer and are more often resistant to change.

Adolescents become members of the homeless population for many reasons, including parental homelessness, parental neglect, or familial impoverishment. Many youth become homeless when their families fall into difficult financial situations resulting from lack of affordable housing or an inability to find or maintain a job. These

youth become homeless with their families but later find themselves separated from them or living on the streets alone, often due to shelter or children's services policies. Many adolescents become homeless because they became pregnant and were asked to leave while others left home to escape personal threats of physical or sexual abuse (NCH, 2014). Furthermore, there are youth who have been transitioned from foster care and other public systems without sufficient means to support themselves in traditional housing. These youth are likely to become homeless at an earlier age and remain homeless longer. Youth who age out of the foster care system have very little or no financial resources and limited housing options, thus they are at higher risk to end up on the streets. Youth who live in residential or institutional facilities often become homeless once discharged. In addition, very few homeless youth are able to seek housing in emergency shelters due to the lack of shelter beds for young people (National Conference of State Legislatures [NCSL], 2013).

In a study about the challenge of pregnancy among homeless youth in Berkeley, California, for example, homeless young women are almost five times more likely to become pregnant (Smid, Bourgois, & Averswald, 2010) and are two or more times likely to experience multiple pregnancies than housed young women (Halcón & Lifson, 2004). Also, very little is known about how these young women experience their pregnancies and how they cope with difficult circumstances during the process (Smid, Bourgois, & Averswald, 2010).

To better understand the challenges and difficulties experienced by homeless pregnant youth, I chose as this study's focus late adolescent mothers' homelessness and pregnancy experiences.

The following research illustrated and documented the facets, causes, and factors attributed to homelessness and served as the basis for a more in-depth literature review. According to the United States Conference of Mayors (2014), women with children are the nation's highest homeless population, and the fastest growing population of homelessness is families with children. On a single night in January 2017, 369,000 people experienced homelessness in the United States as individuals (67% of the homeless population) and 185,000 families with children, accounting for 33% of all homeless people. Twenty percent of people experiencing homelessness were children under age 18, 10% were between the ages of 18 and 24, and 70% were over age 24 (U.S. Department of Housing and Urban Development [HUD], 2017). In addition, 89,000 individuals and 8,000 people in families with children were chronically homeless (HUD, 2017).

DiMarco (2000) addressed homelessness and concluded that in recent years homeless families have significantly increased, as evidenced by the amount of emergency housing of families at shelters. Bassuk (2010), Fertig and Reingold (2008), and Morris and Butt (2003) found that the numbers of homeless mothers with children have been rapidly increasing, and they associated this with many conditions compelling these mothers to homelessness such as poverty, decline in public assistance, lack of affordable housing, unemployment, divorce, eviction, limited or no family support, and domestic

violence. Weinreb, Buckner, Williams, and Nicholson (2006) cited several characteristics of a typical homeless adolescent mother: young, high school drop-out, little or no job skills and working experience, never married, generally has two or three children younger than 6 years old, grew up in poverty, experienced domestic violence at some point, getting some form of public assistance such as food stamps and cash assistance, has had substance abuse issues as well as medical and mental health problems, at least one child with chronic health problem, left place of residency because of overcrowding, disagreement, or physical abuse, and lived with parents or a partner before becoming homeless.

Problem Statement

The issue of homelessness has been an intractable and highly potent social issue experienced all too frequently by single adults, families, and unaccompanied youth in the United States (Haber & Toro, 2004; NCH, 2009). Although there are many programs and services created to alleviate the problem, the number of homeless people is far from decreasing. Over the years homeless people were perceived to be male, alcoholic, mentally unstable, and living in large cities (Averitt, 2003) or as someone who is living in the downtown skid row areas, not having a responsible life, or voluntarily choosing this lifestyle (Hombs, 2001). However, the composition and demographic profile has changed.

For the past three decades, researchers documented the proliferation and persistence of homelessness in the United States, but data on the actual amount of people who are homeless are limited; however, this could be connected to the limitations most

studies have in counting individuals who are living in shelters and transitional houses, on the streets, in cars, parks, abandoned buildings, and other inhabitable places (National Alliance to End Homeless [NAEH], 2007).

Homelessness affects more than 100,000 Floridians over the course of a year (Florida Council on Homelessness, 2017). In 2017, Florida's 27 Continuum of Care (CoC) agencies carried out sheltered and unsheltered counts as required to produce a statistically-reliable estimate of the homeless in the community. These counts identified men, women, and children who met the HUD's definition of a homeless person. The CoC agencies reported the total number of homeless persons in 2017 was more than 32,000 compared to 33,000 persons in 2016. The 2017 count reflects a decrease of 1,000 homeless persons, a drop of just over 4% statewide (Florida Council on Homelessness, 2017).

In 57 Florida counties, the homeless population decreased about 33% from 48,000 to 32,000 when comparing 2013 to 2017. The Florida Council on Homelessness (2017) cited that the rate of homelessness continues to decline in Florida due to: (a) Florida's improving economy and job growth, and (b) increasing investments to improve homeless response systems (p. 18). Ten rural county areas did not conduct counts in 2017 (Florida Council on Homelessness, 2017).

Although Florida continues to make significant progress in reducing the number of people experiencing homelessness, there is still work to be done to make Florida a leading state in addressing the needs of the homeless population (Florida Council on Homelessness, 2016).

Research Question

To explore homelessness and pregnancy in late adolescent mothers' experiences in transitional housing in Florida, I posed the following research question:

What are the perceived impacts of public policies and social services provided by transitional housing programs on the lived experiences of homelessness and pregnancy in late adolescent mothers?

Nature of the Study

The nature of this study was a qualitative approach and a phenomenological design. Data were collected through audiotaped face-to-face interviews using a purposive sample of 10–12 late adolescent youth who were pregnant or have children and were living in transitional housing. Samples in phenomenological studies are usually purposive and often small (Patton, 2015). Ammerman et al. (2004), the Association of Maternal and Child Health Programs (AMCHP, 2013), and the National Health Care for the Homeless Council (NHCHC, 2004) all defined similar stages of adolescent development. Ammerman et al. (2004) and the NHCHC (2004) listed late stage of adolescence as 18–24 years whereas the AMCHP (2013) listed the late stage of adolescence/young adulthood as 18–24 years. For this study, late adolescents were defined as youth ages 18–24. The inclusion criteria were English-speaking adolescent mothers, 18 to 24 years of age, who were pregnant currently or prior to living in the transitional house or had at least one child living with her in the transitional house, and had the capability to express her experience.

Creswell (2013) noted that it is appropriate to conduct qualitative research if a social problem or issue needs to be explored, a complex, detail understanding of the issue is needed, empowering individuals to share their stories, hear their voices, and minimize power relationships between the researcher and the participants in the study, to write in a literary, flexible style that tell the stories, or theater or poems without academic writing restrictions, to understand the contexts or settings where participants address a problem or issue, to develop theories, when the statistical analyses do not fit the problem, and when qualitative approaches are simply a better fit for the research problem.

Theoretical Framework

In this phenomenological study, the theoretical framework was based on social construction theory. Social construction theorists contended that the reality of everyday life is socially constructed (Berger & Luckmann, 1966), and more specifically, Goodman (1978) pointed out that the world is socially constructed through various forms of knowledge. From individual perspectives, science, art, and everyday knowledge are different ways of world making. Creswell (2013) explained that social construction is a method of world building. In this world building, social construction theorists argue that individuals seek to understand the world in which they live and work, developing meaning from their varied life experiences, and qualitative researchers attempt to capture these different experiences through open-ended interviews (Creswell, 2013).

Flick (2014) stated that the construction of reality is basic. Participants with their views on a certain phenomenon construe a part of their reality, in conversations and

discourses, phenomena are interactively produced thus reality is constructed. Therefore, the reality studied by qualitative research is not a given reality but is constructed.

The multiple realities of how these adolescent mothers make sense of their lives and their experiences of homelessness were captured through in-depth interviews. The knowledge obtained from this study is a step towards gaining a better perceptive of late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing in Florida.

Operational Definitions

The following definitions are intended to provide an introductory understanding of the concepts discussed throughout this study:

Adolescent: The chronological age range of adolescence varies by culture and society (Fatusi & Hindin, 2010). Ammerman et al. (2004) and the NHCHC (2004) listed three stages of adolescence development as: (a) early (ages 10–13), (b) middle (ages 14–17), and (c) late (ages 18–24). This study focused on adolescent in the late developmental stage.

Chronically homeless individuals: Homeless individuals with disabilities who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last 3 years (HUD, 2015).

Chronically homeless people in families: People experiencing homelessness in families (with at least one adult and one child) in which the head of household has a disability and has either been continuously homeless for a year or more or has experienced at least four episodes of homelessness in the last 3 years (HUD, 2015).

Continuum of care (CoC): Local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state (HUD, 2015).

Emergency shelter: Facility that provides short term stays for persons experiencing homelessness (HUD, 2014).

Homeless late adolescent mother: An individual, 18–24 years of age, who is living on her own, without a parent or guardian, and is without a safe, stable living arrangement (NN4Y, 2013).

Homelessness: Described by HUD as any person living in nonpermanent, unconventional, unstable, or nonresidential dwellings (HUD, 2007).

Participants: Refers to the adolescent mothers whom were interviewed.

Permanent supportive housing (PSH): A housing model designed to provide housing assistance (project-and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD's Continuum of Care program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility (HUD, 2017).

Phenomenological research: A qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon as described by participants in a study (Creswell, 2014).

Phenomenology: The study of lived experiences and the ways we understand those experiences to develop a worldview. It assumes that there is a structure and essence to shared experiences that can be told (Marshall & Rossman, 2016).

Point-in-time: A survey that is intended to provide a quick glance of a community's homeless population (HUD, 2014).

Purposive sample: Focuses on selecting the participants, sites, or documents that will best help the researcher understand the problem and the research question (Creswell, 2013; Patton, 2015).

Qualitative research: Is a means of exploring and understanding the meaning that individuals or groups ascribe to a social or human problem. The process of research involves identifying emerging questions and procedures, collecting data in the participants' setting, analyzing the data inductively, building from particulars to general theme, and making interpretations of the meaning of the data. The final written report has a flexible writing structure (Creswell, 2014*).

Rapid rehousing: A housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing (HUD, 2017).

Sheltered homeless people: Individuals who are staying in emergency shelters, transitional housing programs, or safe havens (HUD, 2015).

Snowball sampling: An approach for locating information-rich key informants or critical cases (Patton, 2015).

Transitional housing: A residential program that enables homeless individuals who previously resided in shelters or other temporary residential settings to achieve independent living (Florida Council on Homelessness, 2014).

Unaccompanied youth: Youth who lack parental, foster, or institutional care under the age of 24 (NCH, 2014).

Unsheltered homeless people: People who stay in places not meant for human habitation, such as the streets, abandoned buildings, vehicles, or parks (HUD, 2015).

Assumptions of the Study

Creswell (2013) posited that "qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem" (p. 44), whereas Leedy and Ormrod (2010) stated that "assumptions are so basic that, without them, the research problem itself could not exist" (p. 62). Assumptions for this study included the following: (a) participants have unmet needs, (b) participants would share their experiences honestly and truthfully because anonymity and confidentiality would be preserved, (c) multiple realities would emerge, and (d) determining accuracy involved verifying the information with the participants or *triangulating* among different sources of information.

Limitations of the Study

Marshall and Rossman (2016) stated that there are no perfect designs, no proposed research project is without limitations, and limitations are influences that cannot be controlled by the researcher. Furthermore, Patton (2015) noted, "There are no perfect research designs. There are always trade-offs" (p. 256).

One of the limitations to this study was that the population was restricted to adolescent mothers 18–24 years of age, thus, would not be inclusive of all age groups

directly affected by the phenomena of interest. The limited scope of this study was to one geographic location—Southeastern Florida—might impede generalizability to other urban locations. Additionally, my study did not address participants in nonurban or rural settings. Other limitations were small sample size, nonrandom, and snowball sampling technique. Sampling biases could be likely because the participants self-selected for the study.

Delimitations of the Study

According to Simon (2011), delimitations are in the researcher's control and are those characteristics that limit the scope and define the boundaries of one's study. My first delimitation was choosing to research 18–24 years old, defined as late adolescent mothers, who have experienced homelessness and pregnancy while living in transitional housing in Florida. There are other populations experiencing homelessness with different problems in Florida such as homeless individuals with HIV/AIDS, mental health and substance abuse, and homeless veterans, and I could have chosen to study these populations but focused on adolescent mothers instead because of personal interest. On a single night in January 2017, there were approximately 41,000 unaccompanied homeless youth throughout the United States (HUD, 2017); 88% or 36,000 individuals were youth between the ages of 18 and 24, and 12% or 5,000 individuals were children under the age of 18 (HUD, 2017). According to HUD's national estimates of parenting youth in 2017, there were 9,400 parenting youth under 25 years; 99% or 9,300 were parenting youth between the ages 18 to 24 and 1.0% or 100 were parenting youth under 18 years of age (HUD, 2017). Adolescents are vulnerable to homelessness because of factors such as

poverty, low educational levels, unemployment, lack of affordable housing, mental health, and substance abuse (NAEH, 2010). My study is valuable and contributes significantly to the current available knowledge concerning the causes of adolescent mothers' homelessness.

Significance of Study

The gap in literature was related to a lack of knowledge regarding adolescent mothers being homeless and their unique circumstances regarding pregnancy. No one really knows the number of homeless adolescents who are pregnant or parenting in Florida and the United States.

This study aimed to fill the gap in understanding late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing programs, which provides a better understanding of the factors that contributed to their situation. The knowledge obtained from this study could provide the necessary tools to create strategic interventions to assist with preventing or reducing homelessness and pregnancy amongst adolescent mothers in transitional housing in Florida.

Also, having a more in-depth understanding of these issues in transitional housing programs could help clarify needed resources such as counseling, education, housing, and job training. In addition, this research may provide an evidence-based discussion for policymakers to bring different sectors to the table, such as family planning and child development, in an effort to collaborate with homeless services within Florida. Finally, my study increases available information to strengthen public and private organizations' resolve to get involved and raise awareness of homelessness and pregnancy of late

adolescent mothers in Florida. The social change aspect of this study was to provide information to develop more effective interventions that could reduce the human cost of homeless motherhood, increase access to the diverse supportive care services, draw attention to the role of social and public polices to address late adolescent mothers' homelessness, serve as an avenue to encourage further research, and provide a model for the exploration of these same themes in Florida and throughout the United States.

Summary

This chapter provided an overview of late adolescent mothers' homelessness in transitional housing in Florida and the importance of capturing their lived experiences of pregnancy and parenting while living in transitional houses. The problems of youth homelessness were established through the literature reviewed in this chapter, and the knowledge gap was identified. This chapter also presented an overview of the plan to research the problem of late adolescent mothers' homelessness and pregnancy while living in transitional housing in Florida, using a phenomenological approach to explore their lived experiences. To assist with clarifying key aspects of this study, operational definitions were provided, and a more detailed literature review will be presented in Chapter 2. Chapter 3 presents details of the qualitative methodology. The discussion of the method of inquiry will include the selection of participants, data collection instrument and source, procedures for data collection, data analysis plan, ethical procedures, and how the results was described. Chapter 4 presents the data analysis, and Chapter 5 includes the summary of the study, interpretation of the findings, limitations of the study, recommendations, implications of social change, and conclusion.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing in Florida. To support this research, I conducted a review of literature, to establish a foundation for the study of homelessness. I conducted a literature search in publications ranging from 1961through 2018, in databases from the Walden University Library. These databases included but were not limited to CINAHL Plus, Dissertation Abstracts, Medline, ProQuest Dissertations and Thesis Database, PubMed, Sage, Science Direct, Social Sciences Abstracts, and Social Sciences Citation Index. I conducted additional searches for research manually, through reviews of bibliographies and references as well as Internet searches to identify gray literature and to access data repositories from conference proceedings of public and private organizations that provided services to homeless persons.

Additionally, I sourced local, state, and federal agency annual assessment reports and other public health data on homelessness to strengthen the foundation of this study. Health, physiological, and sociological books were examined for broader contextual information, and all references were recorded in Excel folders and Zotero Reference Manager. The initial search limiters included *homeless adolescent mothers, pregnant homeless adolescents, pregnant and parenting teens and homelessness*. Additional terms were included as they were identified.

Theoretical Framework Overview

The framework of a study is the key part of the research design and it serves as a guide and a tentative theory of the phenomena being studied (Miles, Huberman, & Saldaña, 2014). Creswell (2013) called the framework of a study the researchers' "own worldviews, paradigms or sets of beliefs which inform the conduct and writing of the qualitative study" (p. 15) whereas Maxwell (2013) stated that theory provides information to the researcher's design and helps with assessing and refining goals as well as developing appropriate questions, methods, eliminates validity threats to findings and justifies the study. Creswell (2014) provided other valid points for theory where qualitative research transformed to include theoretical lenses which guided researchers to important issues such as empowerment and the type of people that need to be studied for example, women, homeless, and minority groups.

For this research, I identified and reviewed previous studies on the history of homelessness and social constructions of marginalized adolescent mothers experiencing homelessness. . The limited scope of research devoted to this particular population could account for this marginalization. A social constructionist framework draws insights from various philosophies and social science theories such as phenomenology and ethnography to explain how one's perception of reality can be altered by sociocultural processes (Mercadal, 2014). Schneider and Ingram (2005) stated that in the governance process, "groups are identified and constructed as deserving and undeserving" (p. 2). Furthermore, Schneider and Ingram noted, "Homeless youth could be categorized as either dependent or deviant (or both) with very little political power" (p. 20). They pointed out that

dependents are often treated rudely and inefficiently, have limited recourse, insignificant, and must turn to families, faith-based communities, nonprofits, and local governments for assistance. Deviants view their problems as their own fault and believe "they deserve nothing but disrespect, hatred, incarceration and isolation from society" (Schneider & Ingram, 2005, p. 20).

I studied the intersection of experiences of homelessness and adolescent motherhood through the lens of social construction theory. Social construction theory is useful in studying social problems as well as the gathering of knowledge in a society (Mercadal, 2014). Also, researchers using a social construction theoretical lens view the processes of interactions among individuals and seek to understand specific contexts in which people live and work in order to understand the participants' historical and cultural settings (Creswell, 2014). The goal of research relies strongly on the participants' views of the situation being studied (Creswell, 2014).

The principles of social construction theory are formed from the discipline of sociology that reflected the work of sociologist Karl Mannheim's whose work in part was influenced by Max Weber and Karl Max (Sabatier, 2007). Explaining social construction theory, Mannheim argued there is no one view of reality, and social science must be considered interpretive in order to be useful and insightful (Sabatier, 2007) whereas Berger and Luckmann (1966) cited that if the reality of everyday life is to be understood, character accountability must be in place for proper sociological analysis. They stated that the foundations of knowledge in everyday life are best clarified through phenomenological analysis, a purely descriptive method.

Based on social construction theory, late adolescent mothers can be socially constructed as vulnerable to homelessness because many adolescents are unable to establish themselves as functional and self-sufficient due to age. Many are from an impoverished background with long histories of interpersonal and economic problems, as well as multiple transitions and numerous living situations, culminating in distinct patterns of unstable housing (Tyler & Schmitz, 2013).

Definitions of Homelessness

The definitions of homelessness vary and allow advocacy groups, charitable organizations, policymakers, service providers, and social scientists to employ definitions to fit their particular political strategies or needs. There is no single agreement on a comprehensive definition of homelessness; however, Hombs (2001) and Scheiner (2001) noted that the choice of definition has significant influence when estimating the size of the problem of homelessness and how the homeless population will be portrayed in policies, programs, and resource utilization.

The National Alliance to End Homelessness (NAEH, 2014) pointed out that a number of reauthorization of bills have refined and expanded the federal definition of homelessness, but a unified federal definition is not yet in place. Furthermore, by using different definitions, federal agencies create confusion in states, cities, agencies, and the public regarding estimates of the homeless population and eligibility of services and housing. Nevertheless, in many settings, the basic definition of a homeless person follows the one provided in the Stewart B. McKinney Homeless Act of 1987 which is:

An individual who (1) lacks a fixed, regular, and adequate nighttime residence and (2) has a primary nighttime residence that is: (a) 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), (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. (Office of Policy Development and Research, 1995, "Stewart B. McKinney Homeless Programs," para. 10).

Many government agencies and organizations adopted and used the Stewart B. McKinney Homeless Assistance Act definition as a guide to describe homelessness. According to the McKinney Act's definition, homelessness is more than being without a home; it represents the most extreme breakdown of the housing and social service system. The U.S. Department of Housing and Urban Development (HUD) considers individuals homeless if they live in an emergency shelter, transitional housing program, safe haven, or a place not meant for human habitation, such as a car, abandoned buildings, or on the street (NAEH, 2014). Blau (1992) described homelessness as lacking a fixed permanent nighttime residence or where nighttime residence is a temporary shelter, welfare hotel, or any public or private place not designed for sleeping accommodations for human beings. Blau further noted conflicting social meaning of homelessness; for instance, organized private charities defined homelessness as a violation of the social order, the product of failed policies such as rent control,

deinstitutionalization, and the permissive treatment of welfare clients. Subsequently, homelessness is a problem of governmental legitimacy which can be solved with some social services. Rossi (1989) merely noted homelessness as lacking conventional dwelling and thus living in emergency shelters, in public places, or on the streets.

Historical Perspectives on Homelessness in the United States

The issue of homelessness in the United States has received much attention since it first became visible during the 1980s—in the mass media, among social scientists, and in government—and responses to it have changed (Hombs, 2001; Rossi, 1989). People generally learn about homelessness through special events from the media during winter months and holidays periods. Now, stories about homelessness can be seen on television news and in newspapers and magazines. Furthermore, Americans started seeing homeless people during their daily travel between home and work or school. They became accustomed to sign of homelessness around common areas such as persons dragging their belongings or pushing a shopping cart or on the street corner with signs begging for money or asking for help (Hombs, 2001).

Homelessness is not a new topic for social scientists (Barak, 1991), but now there has been outpouring of recent research on the homeless, supported by private foundations and government agencies (Rossi, 1989). However, the history of opinion on the homeless has been quite diverse and varied, and one result of these variations has been the highly-differentiated literature reviews.

Blau (1987) provided an excellent historical analysis of the causes of homelessness in the United States between the late nineteenth century and the mid-1980s.

In chronological order, five distinct categories of literature on the homeless are (a) Social Darwinism and the homeless, (b) Progressivism and the first empirical studies, (c) the on-the-road genre, (d) studies of homelessness during the depression, and (e) functionalist sociological studies.

Social Darwinism and the Homeless

Social Darwinism became popular in the last quarter of the nineteenth century in the wake of the depression of 1873–1875, which left 3 million people unemployed and many more poor. This ideology was harsh and viewed charity to the homeless as "indiscriminate almsgiving," characterized the homeless as "deserving" and "underserving" poor, and stated that personal weaknesses such as alcoholism were the primary causes of homelessness (Blau, 1987, p. 32).

Progressivism and the First Empirical Studies

The Progressive era arrived when an ambiguous reform supported the establishment of a municipal shelter. Goldman (1952) described Progressivism as a kind of Reform Darwinism, meaning that Progressivism had more compassionate views of the homeless from a somewhat altered economic and political system. Also, Progressives were the first to examine, count, and conduct demographics analyses of the homeless (Blau, 1987). However, the establishment of labor colonies and work tests (a case work method that judged the homeless harshly) suggested that the Progressives were more lenient in their writings than their recommendations and actions (Blau, 1987). Barak (1991) and Blau (1987) stated that the last writing on the homeless of the Progressive Era, what became the first classic in the sociological study of Chicago's

homeless population, was Anderson's (1961) *The Hobo: The Sociology of the Homeless Men*. Anderson, a former transient worker who became a sociologist, drew upon his own experiences as a hobo supplemented by interviews with homeless men on Chicago's skid row to conduct one of the first studies that helped define the Chicago School of sociology (Rossi, 1989, p. 21).

Anderson (1961) viewed the homeless as individualistic and egocentric, as modern Ishmaels who refuse social norms and conventional social life. And, in a nonjudgmental fashion, Anderson listed six reasons why people become homeless: (a) seasonal work and unemployment, (b) industrial inadequacy, (c) defects of personality, (d) crises in the life of the person, (e) racial or national discrimination, and (f) wanderlust (pp. 85–86). However, Anderson acknowledged that a program on homelessness does nothing to address the causes of the problem; it only deals with the symptoms. A real solution would have to deal with the raw edges of capitalism and also human nature, racial inequalities, educational differences, and lack of opportunities (p. 86).

Anderson (1961) made some policy recommendations such as a public works program that would sponsor projects such as construction of irrigation, roads, and public buildings. Therefore, Anderson represented the culmination of the best in the American Progressive tradition, substituted his empathy and knowledge for an earlier reforming zeal, and engaged his subject with intelligence and sensitivity, which indicated he left the older Progressivism behind.

The On-the-Road Genre

On-the-road genre contained two major groups: the social activist as tramp and the tramp as social activist. Studies by Chesterton (1926) and Gray (1931) are good examples of the former. Both authors are from the upper classes in society who went on the road and documented squalid conditions of the homeless. They pretended to be homeless for a brief period and undoubtedly raised the public's awareness of the poor while the reforms they advocated were mild at best. Conversely, the tramp as social activist viewed homelessness as self-awareness and real. Nevertheless, this approach provided very little in the understanding of the possible causes of homelessness (Blau, 1987).

Studies of Homelessness During the Depression

Depression era studies were a response to the social and economic consequences of the Depression that left millions of people homeless and unemployed. Blau (1987) stated that men were usually the subjects of those studies. However, Sutherland and Locke (1971) saw something different. They distinguished between two main theories of the homeless, the economic/environmental and the demographic, which emphasized the personal characteristics of men in shelter and the structural changes in commercial and industrial orders. Economic/environmental theory is concerned with business failures, unemployment, loss of housing/shelter, loss or reduced wealth and incomes, and decrease in government benefits. Demographic theory explained why, given these circumstances, some individuals continued to work, have shelter, and accepted relief while others were the opposite. Sutherland and Locke (1971) suggested that modern society is not prepared

or organized to provide the basic needs for this population. Although there is no blame implied on these distinctions, value judgments still existed, resulting in negative stereotypes of the homeless.

The Functionalist Sociological Classics

Research interest on the homeless became dominant among functionalist sociologists in the 1950s and 1960s. A positivist approach, functionalist sociology assumed a homeostatic social system, and the homeless were of interest because they were regarded as residing somewhere beyond the system, not because they were either poor or free, but because they did not participate (Bahr & Caplow, 1973).

Bahr and Caplow (1973) argued that functionalist sociologists viewed the homeless as a threat because they are uncontrollable, lack social and family responsibility, and essentially withdrew from society. Their fear was that if one group can survive outside of the system then the system could still be in jeopardy.

Blau (1987) emphasized that in each historical period, people have made of homelessness what they needed to make of the homeless and this need has, in turn, shaped and been shaped by political and economic institutions.

Current Perspectives on the Homeless in the United States

Although the problem of homelessness has become more commonplace, Rossi (1989) stated the homeless have received little sympathy and are often looked down on with disdain, contempt, fear, hostility, and loathing.

Hombs (2001) suggested that the common idea about people who are homeless is that not much is known about them, they are anonymous and alone, and studies showed

that many of the homeless are single men, never married, and may have physical, mental, and/or addiction problems. However, Rossi (1990) stated that the meanings of homelessness used in studies of 1950s and 1960s eras were somewhat different from the current usage. Homelessness then meant living outside family units whereas today's meaning of the term is more directly associated with the lack of housing or living in shelters and related temporary quarters. Nevertheless, Hombs (2001) believed that the lack of consensus about the composition of the homeless population is significant, and its absence has undoubtedly hindered the development of sensible policies.

The homeless of the 1950s, 1960s, and 1970s were compartmentalized and segregated to focus on skid rows. And though inadequate by today's standards, most of these earlier generations of homeless had shelters, and very few slept on the street because they would be carted off to jail if caught sleeping in doorways or any entrants of downtown business area (Rossi, 1989).

During the ending of the 1970s and beginning of the 1980s, a new wave of homelessness emerged. These homeless were visible sleeping in doorways, in cardboard boxes, and other public places. Many lived in abandoned cars and bus stations (Rossi, 1989). The sheer visibility of these homeless was perhaps the most identifiable attribute and cause for great concern across the country.

Rossi (1990) stated that the homeless of the 1970s and 1980s displayed poverty to most Americans and showed that there were persons in society who had no shelter and who therefore lived, literally, in the streets (p. 956). Rossi (1989) explained that in the 1950s and 1960s, males dominated skid row areas; therefore, homelessness was seen as a

male problem. He further asserted that the plight of homeless men is one thing, but it is quite different with homeless women. Women with their children were at the doors of public welfare departments seeking assistance in finding shelter, triggering immediate sympathy.

The Changing Faces of the Homeless

For the past three decades researchers documented the proliferation and persistence of homelessness in the United States, but data on the actual numbers of people who are homeless are limited. This is a result of the limitations most studies have in counting individuals who are living in shelters and transitional houses, on the streets, in cars, parks, abandoned buildings, and other inhabitable places (NAEH, 2007). Stoner (1995) posited validity and reliability continue to distort research on homeless people because conventional census and survey data produce counts of homeless people who used or requested shelters services coupled with those who are visible on the streets. Those data excluded people who have not sought shelter services for a variety of reasons, those who doubled with families and friends, and those who are on the verge of eviction. Burt (2001) suggested that information regarding who are the homeless varies depending on the month the assessment was done, the geographic location assessed, participant recruitment, and the data collection methodologies.

The U.S. Department of Housing and Urban Development's (HUD) current method for counting the homeless is the point-in-time (PIT) survey. The PIT survey is intended to provide a quick glance of a community's homeless population. It is conducted on 1 night during the last 10 calendar days in January where communities are canvassed

by thousands of volunteers who count and survey individuals and families experiencing homelessness. Service providers nationwide are required to choose 1 day during this period to count people in their communities who are living in the streets, emergency shelters, transitional housing or domestic violence shelters. In addition, communities are required to identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under the age of 18. Also, communities must identify if a person is chronically homeless, long-time or repeated homelessness, or disabled. These numbers are reported to the communities' CoC (NAEH, 2014). The CoC is a community plan designed by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency (NAEH, 2014).

Nationwide, the PIT survey reported on a single night in 2017 there were approximately 554,000 people experiencing homelessness in the United States. Nearly 7 in 10 (65%) or 361,000 were staying in emergency shelters, transitional housing programs, or safe havens, while 35% or 193,000 were found in unsheltered locations (HUD, 2017, p. 8). Of the homeless population, there were 53,000 or 9.7% young adults between ages 18 to 24 years, 32,000 or 8.8% in sheltered locations, and 22,000 or 11.3% in unsheltered locations. Also, there were 115,000 or 20.7% under 18 homeless youth, 103,000 or 28.6% staying in sheltered locations and 12,000 or 6.0% were counted in unsheltered locations (HUD, 2017, p. 9). There were 9.0% or 17,000 more people homeless on a single night between 2016 and 2017 (HUD, 2017, p. 10).

The sheltered population is younger than the unsheltered population; nearly

115,000 or 20.7% of homeless persons are under the age of 18 years, 103,000 or 28.6%

are sheltered, and 12,000 or 6.0% are unsheltered (HUD, 2017, p. 9). States such as

California, Florida, New York, Texas, and Washington accounted for more than half of

the nation's homeless population in 2017 (HUD, 2017, p. 12).

Homelessness in Florida continues to be a growing concern. In 2017, there were

17 people experiencing homelessness per 10,000 people nationally, and in Florida there

were 16 homeless per 10,000 residents (HUD, 2017). In 2017, a statewide, 1-day and 1-

night count found more than 32,000 persons living on the street or in an emergency

shelter with 2,400 homeless individuals identified in Southeastern Florida alone (Florida

Council on Homelessness, 2017). Of those, 60% or 1440 were males and 40% or 960

were females; 23% or 552 were between the ages 0–18 years; 7% or 168 were between

the ages of 18–24 years, 70% or 1680 were 25 years and older (Hardigan, 2017).

Although these data may not accurately represent the number of homeless individuals, it

is a helpful baseline for the current available homeless estimates nationwide and in

Florida.

Adolescent Developmental Stages

The American Psychological Association (APA, 2002) stated that there is no

standard definition of "adolescent" (p. 5), and chronological age is just one way of

defining adolescence. Individuals can begin adolescence earlier than age 10 and as late as

older than 18 (e.g., ages 21 or 25). The World Health Organization (WHO, 2016) defined

adolescents as young people between the ages 10 and 19 years. Fatusi and Hindin (2010)

noted that the chronological age range of adolescence varies by culture and society. They

stated that adolescence is a period of transition, marked by physical, social, and cognitive development as well as age. Another definition of adolescence might be the period of time from the onset of puberty until an individual achieves economic independence (APA, 2002).

The National Health Care for the Homeless Council (NHCHC, 2004) and the Association of Maternal and Child Health Programs (AMCHP, 2013) defined similar stages of adolescence development. Ammerman et al. (2004) and the NHCHC (2004) provided an overview of the stages of adolescent development as: (a) early (ages 10–13), which is the onset of puberty, (b) middle (ages 14–17), which includes peer influences, risk-taking or exploratory behaviors, and dependence and independence issues against parents and authority figures, and (c) late (ages 18–24), which includes moral identities and achieving independence from parents. The AMCHP (2013) further defined three primary developmental stages of adolescence as: (a) early (ages 10–14), which involves physical growth and increased sexual interest, (b) middle (ages 15–17), as completing puberty, experiencing growth capacity, and becoming interested in life's meaning and moral reasoning and (c) late/young adulthood (ages 18–24), where one thinks about ideas rationally, delays gratification, and plans for the future. In this study, I defined adolescent as youth ages 18 to 24.

Adolescents Homelessness

No one really knows the number of homeless adolescents who are pregnant or parenting in the United States and in the state of Florida, and there has been no known

study or publication on late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing in Florida.

Adolescents are the most understudied group within the homeless population (Raleigh-DuRoff, 2004; Rice, Milburn, Rotheram-Borus, Mallet, & Rosenthal, 2005). Homeless adolescents are sometimes excluded and marginalized because these youth are predisposed to spending time in isolated locations such as abandoned areas of the city, hidden spaces in public buildings, and remote or inaccessible sites. They are prohibited from participating in society and limited in their use of societal powers and resources (Raleigh-DuRoff, 2004; Rice et al. 2005).

The NAEH (2017) revealed that over the course of a year, approximately 550,000 unaccompanied, single youth and young adults up to 24 years old experienced some homelessness for more than a week. Approximately 69% or 380,000 of those youth are under the age of 18 years (NAEH, 2017). However, government and nonprofit agency statistics on youth and young adults' homelessness vary because youth are mobile and transient and stay in groups, latching on to friends. Also, the variation of definitions of homelessness makes estimating youth homelessness difficult to obtain (National Coalition for the Homeless, 2008).

Abraham, Maida, Miller, and Pardy (2012) and Levin and Helfrich (2004) presented research findings that addressed homeless adolescent mothers with children, but only one study, Dworsky and Meehan (2012), investigated homeless adolescent mothers and mothers-to-be.

Abraham et al. (2012) interviewed 14 homeless adolescent mothers between ages 18 and 24 years with at least one child ages 0 to 5 years who were staying in three shelters located in the northern Midwest area of the United States. Specifically, Abraham et al. (2102) sought to identify: (a) existing services to children, (b) the type of services mothers were aware of, (c) factors that facilitated access to services, (d) barriers to utilizing services, and (e) services that did currently exist that they would like to have. Abraham et al. (2012) identified several overarching themes: (a) too much information distributed by shelter employees and often the mothers do not internalize it, (b) many mothers distrust shelter staff and other parents in the shelter, and (c) mothers are overwhelmed by the amount of responsibilities and tasks they must perform daily, causing them to address some priorities but neglect others.

Abraham et al. (2012) outlined specific themes from their research such as: (a) living in a shelter made parenting more difficult but tended to bring families closer together, (b) shelter residents wanted more shelter-sponsored activities for young children and family-building activities, (c) some mothers assumed they were judged in parenting class whereas other found them useful, (d) mothers wanted to improve their children's development, but many were not knowledgeable of comparative development milestones, and (e) young mothers relied on different child developmental information and used the early childhood developmental center.

According to Abraham et al. (2012), the following recommendations were suggested: (a) shelters could adopt a new parenting marketing strategy, (b) sponsor or promote additional activities for young children, (c) conduct further research on parent

and child behaviors monitoring in shelters, (d) help mothers connect with early childhood education and healthy child development, (e) encourage mothers to continue to use early childhood programs after leaving shelter, (f) provide childcare options for young children (g) facilitate 24-hour daycare so mothers can work nontraditional hours, (h) establish a plan to bring awareness of child health needs, (i) increase one-on-one family counseling, and (j) raise awareness of trauma-related services (pp. 3–4).

Levin and Helfrich (2004) interviewed seven homeless adolescent mothers with at least one child or were pregnant with their first child, living in a shelter in the Midwest, in order to capture their perceptions of their identity and competence in the role of motherhood. The identity construct included four themes: (a) developmental influences on the mother role identity, (b) role choice, (c) importance of the mother role, and (d) desired future as mother. Additionally, the competence construct revealed three themes: (a) personal performance standards for the mother role, (b) fulfilling role expectations, and (c) working towards goals. Levin and Helfrich (2004) suggested that the primary shaping forces on homeless adolescent mothers' perceptions of their identity and competence in the role of mother are developmental factors, family demographics, and relationships.

Levin and Helfrich (2004) found that all the young mothers had experienced unstable living environments and inconsistent family dynamics. They had no role models or trusted adults to communicate the expectations for fulfilling the role of a mother, and they accepted the unexpected role of a mother but felt that this role has prevented them from participating in other roles such as leisure/social participant, student, and worker.

The young mothers understood that being a mother was important but felt that increasing their competence in the role of a mother could be lessened with appropriate services such as childcare and housing assistance.

Dworsky and Meehan (2012) explored the parenting experiences of 27 homeless youth who were pregnant, parenting, or both while residing in a shelter in the Chicago area. Data from semi-structured interviews were used to obtain ideas about what it meant to be a parent, defining parenting responsibilities and skills, how lives changed since becoming a parent, challenges they face as adolescent mothers, their relationship with their child or children, and the parenting help, if any, from the child's or children's father.

From the interviews conducted, Dworsky and Meehan (2012) found that the common theme with the young mothers was putting their children's needs before their own. The young mothers understood their roles as parent and from their perspective, responsible parents teach their children to respect and obey rules. Also, the young mothers admitted that parenting was very stressful especially trying to juggle going to school and work while caring for their children with no support from the children's father.

Risk Factors Associated with Homeless Adolescent Mothers

According to Beers and Hollo (2009), 1 in 6 women nationwide become adolescent mothers while Halcón and Lifson (2004) reported repeat births and pregnancies are even more common among adolescents.

Adolescent homelessness and adolescent pregnancy are increasing problems in the United States (Halcón & Lifson, 2004). Although the pregnancy rate has declined

among adolescents since the 1990s, Levin and Helfrich (2004) found that the rate of pregnancy among females who were homeless was 25% for cohorts aged 16–19 years and 20% for 20–24 years old, about twice the national rate. Greene and Ringwalt (1998) found that homeless young women have a higher pregnancy rate than housed young women in similar demographics.

Homeless adolescent females were more inclined to be involved in high risk sexual behaviors, tended to initiate sexual intercourse at a much younger age, had multiple sex partners, rarely used condom or other contraception, may have had sex while drunk, and traded sex for drugs, money, or shelter (Thompson, 2004; Thompson & Pillai, 2006)

The increase in pregnancy among adolescents is alarming because pregnant adolescents encounter various risks of negatives outcomes such as medical and mental health problems (National Coalition for the Homeless, 2008) not only for themselves but for their children as well. Those risks are even greater when combined with homelessness. Many homeless adolescents are living in unstable and possibly dangerous situations (Rhule-Louie, Bowen, Baer, & Peterson, 2008) and are less likely to have a supportive adult who can offer advice and more likely to have unmet basic needs than adolescent mothers who are housed (Dail, 1990).

Pregnancy during adolescence has been associated with a variety of negative maternal consequences. Young mothers are more likely to drop out of school, remain unmarried, and live in poverty (Centers for Disease Control and Prevention, 2005), and their children are more likely to be born prematurely, have low-birth weight (Chen et al.,

2007; Klein, 2005), and experience complications in birth (Ginzler, Garrett, Baer, & Peterson, 2007; Johnson, Whitbeck, & Hoyt, 2005). Babies born to adolescents have higher infant mortality rates during the first year of life (Bensussen-Walls & Saewyc, 2001).

Richards, Merrill, and Bakah (2011) noted that during pregnancy many fetal health outcomes strongly depended on the maternal health behaviors of the mother. In addition, health risks associated with adolescent childbearing, substance abuse, smoking, poverty, and homelessness are cumulative, and poor birth outcomes for mothers and babies are often common especially preterm birth and small-for-gestational-age (SGA) infants.

Little et al. (2005) noted that homelessness and substance abuse as risk factors for preterm birth and growth restriction as compared to women with no risk. They found that one risk factor (e.g., substance abuse) was associated with 3 times the rate of preterm birth and SGA infants, and if both risk factors (e.g., homelessness and substance abuse) were present, the rate was 6 times higher for preterm birth and 5.6 times for growth restricted babies.

Early and consistent prenatal care have shown to reduce poor pregnancy outcomes for both mothers and babies (Little, Gorman, Dzendoletas, & Moravac, 2007; Richards et al., 2011). Although homelessness is a challenge in general, greater challenges exist for individuals to engage in healthy behaviors such as proper dietary intake and access to adequate medical care (Little et al., 2007; Richards & Smith, 2006).

A qualitative study conducted by Ensign and Panke (2002) of 20 homeless adolescent mothers in the U.S. Northwest revealed several reasons homeless adolescents have difficulty accessing health care. For example: (a) only a few clinics offers services to the homeless and in general clinics, homeless adolescents feel uncomfortable, (b) clinics do not open on weekends and evenings, (c) personal questions not related to current health needs were asked, (d) adolescents do not trust health care providers, (e) care can be refused because the adolescent has no identification or health insurance, (f) long wait time cut in time for seeking food and shelter, (g) transportation was often unavailable or costly, (h) pregnant adolescents often have no one to accompany them to the appointment, and if a member of their street family accompanies them that person was rarely acknowledged as a valid support person, and (i) some adolescents were reluctant in completing consent forms because they feared being reported to child welfare authorities.

Ensign and Panke (2002) stated that the attitude of health care providers is both an enabler and a deterrent to homeless youth accessing care. Young women labeled health care providers who remembered their names and treated them with respect as "inviting" whereas they labeled those who were judgmental, pushy, and rushed as "hostile."

Profile of Homeless Adolescent Mothers

There are several factors and conditions that contribute to adolescents' homelessness, but for most, becoming homeless is usually precipitated by a series of conditions and social crises such as lack of employment or income, shortage of affordable housing, changes in residence, schools, and services, loss of possessions, reduced

government support, disruption of social network, and exposure to extreme hardship (Bassuk et al., 1996; Dail, 1990). Still, no matter what circumstances contributed to homelessness, living on the street continues to be difficult for these young ladies who experience economic, physical, and social consequences.

The National Center on Family Homelessness (2011) described a typical homeless adolescent mother as fitting the following profile: young, high school drop-out, has little or no job skills and working experience, and never married. She generally has two or three children younger than 6 years old, grew up in poverty, experienced domestic violence at some point, is getting some form of public assistance such as food stamps and cash assistance, and has had some substance abuse issues as well as medical and mental health problems (NCFH, 2011). She has at least one child with chronic health problem, left a place of residency because of overcrowding, disagreement, or physical abuse, and lived with parents or a partner before becoming homeless (NCFH, 2011).

According to a 2003 study of 337 homeless mothers surveyed in New York City shelters, many young mothers grew up in an unstable environment, with 61% reporting negative relationships with their parents, and about 50% stressed the absence of positive family role models as contributing factors to their homelessness. Many of these young women sought companionship elsewhere and became sexually active very young (Institute for Children and Poverty, 2003).

The Impact of Homelessness on Young Children

Morris and Butt (2003) conducted a study of 34 homeless young parents in various locations in Southern California to inquire about perceptions of how

homelessness affected the development and academic achievement of their children. Multiple factors were found including failing on parental responsibility, abuse and violence, poor parenting models, resilient children, and unstable relationships. Three major themes were identified: (a) unstable relationships, (b) abdication of responsibility, and (c) perceptions of children's educational needs (Morris & Butt, 2003).

Morris and Butt (2003) found that homeless children's poor academic achievement is related to their experience of being deprived of security and parental attention. They suggested that supportive educational services are needed to assist homeless school-age children to maintain normal academic levels.

Based on most the recent data from the 2014 U.S. Department of Education's count of homeless children in U.S. public schools and the 2013 U.S. Census Bureau, approximately 2.5 million U.S. children experienced homelessness in 2013, which equated to 1 in every 30 children. From 2012–2013, the number of children experiencing homelessness in the United States annually increased by 8% overall, increased in 31 states including the District of Columbia, and increased 10% or more in 13 states including the District of Columbia (NAEH, 2014, p. 14).

In 2013, the America's Youngest Outcasts: State Report Card on Child Homelessness reported composed scores that rank (1 = *best*, 50 = *worst*) state's overall performance on four domains:

1. Extent of child homelessness (adjusted for state population)
2. Child well-being
3. Risk for child homelessness

4. State policy and planning efforts

Florida ranked 33 in the number of children who are homeless, 19 on child well-being, 42 on risk of child homelessness, and 34 on state policy and planning efforts (National Center on Family Homelessness at American Institutes for Research, 2014).

The U.S. Department of Housing and Urban Development (HUD, 2015) reported homelessness amongst families with children is the fastest growing homeless population nationwide and this is also true for the State of Florida. In the 2015–2016 school years, there were approximately 73,000 students identified as homeless by Florida's public schools. This included families who had lost their housing and were staying with family and friends (Florida Council on Homelessness, 2017).

Bassuk (2010) stated that the major causes of homelessness in children in the United States involved both structural and individual factors that included: (a) high rates of family poverty, (b) lack of affordable housing, (c) impacts of the Great Recession, (d) challenges of single parenting, and (e) the ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for families. According to Bassuk (2010), those factors can push the most vulnerable families out of stable housing onto a path to homelessness.

Research on the impact of homelessness on young children indicated that homeless young children are faced with significant threats to their well-being. Of particular concern are developmental delays, educational underachievement, and health and behavioral problems (Buckner, 2008; Chiu & DiMarco, 2010).

Developmental Delays

Whitman, Accardo, Boyert, and Kendagor (1990) studied 88 children from ages 5 months to 18 years from a homeless shelter and found that a majority were delayed in cognitive and language developmental. Chiu and DiMarco (2010) suggested that delays in development are generally reported among younger homeless children and proposed that homeless children should be screened early in life for developmental problems because homeless children are at an increased risk for compromised health and safety, as well as learning and developmental delays.

Educational Underachievement

Few studies have focused on educational achievements of children experiencing homelessness. What has been agreed on, however, indicated that homeless children often missed educational opportunities and the majority of these children have limited educational proficiency in math and reading and often required to repeat a grade (NCFH, 2011).

According to the National Coalition for the Homeless (2009) children experiencing homelessness are often prevented from enrolling in school because of residency requirements, guardianship requirements, delays in transfer of school records, lack of transportation, and lack of available immunization records. Homeless children and youth who are able to enroll in school still face barriers to attend school regularly. While 87% of homeless children are enrolled in school, only 77% attend school regularly. High mobility associated with homelessness has severe educational consequences. Every time a child changed school, his or her education is disrupted.

Ziesemer, Marcoux, and Manwell (1994) found that three quarters of school children experiencing homelessness were at an increased risk for academic failure. Hart-Shegos (1999) found similar results and asserted that nationally, 75% of homeless children perform below expected grade level reading, 72% perform below expected grade level in spelling, and 54% perform below expected grade level in math. Children experiencing homelessness are nine times more likely to repeat a grade, four times more likely to drop out of school, and three times more likely to be placed in special education programs than their housed peers (Hart-Shegos, 1999).

Health and Behavioral Problems

The NCFH (2011) stated that homeless children experience a higher rate of chronic and acute health problems. Children experiencing homelessness are sick four times more often than other children. They have four times as many respiratory infections, twice as many ear infections, and five times more gastrointestinal problems. Children living below poverty level are almost twice as likely to have asthma as those living above and one in nine homeless children is reported to have asthma related conditions (NCFH, 2009). The Grant et al. (2007) study of homeless children in the New York City shelter system found that 69% of asthmatic children had visited the emergency room at least once in the past year for asthma treatment.

The National Child Traumatic Stress Network (2005) reported that children experiencing homelessness have three times the rate of emotional and behavioral problems compared to non-homeless children. Among young children, one out of six has emotional disturbances, which is twice the rate of other children, and 16% of homeless

preschoolers have behavioral problems including aggression and hostility (NCFH, 2009). Among school-age homeless children, 47% have problems with anxiety, depression, and withdrawal, compared to 18% of other school-age children; 36% have noticeable delinquent or aggressive behavior, compared to 17% of other school-age children (NCFH, 1999).

Davey (1998) studied a group of 52 children between the ages of 5 to 11 years old who resided in a shelter in Florida and found the children to have increased stress, behavioral problems, and low self-image. Studies by Ceballo and McLoyd (2002), Davey and Neff (2001), and Menke (2000) found that older homeless children also suffer from behavioral and mental issues.

An Overview of Programs and Services for the Homeless

One of the first and most comprehensive responses to homelessness was through the Stewart B. McKinney Homeless Assistance Act of 1987. The McKinney Act funds aided the homeless by providing emergency shelters, transitional and permanent housing, and supportive services (Barak, 1991). Many organizations used their McKinney funds primarily to focus on ending homelessness. However, those organizations encountered obstacles such as differences in target populations, applicants' eligibility and activities, confusing timeframes, and regulations (HUD & Hoben, 1995).

The following is a listing of some of the McKinney Act programs with a brief description of the purpose of each:

- Adult Education for the Homeless Program: helps state education agencies so that they can provide a program of literacy training and basic skills remediation for adult homeless individuals.

- Community Mental Health Services Demonstration Projects: awards discretionary grants to community-based demonstration projects for homeless adults with severe, long-term mental illness and severely emotionally disturbed homeless children and adolescents.

- Emergency Food and Shelter National Board Program: supplements and expands efforts to provide food, shelter and support services to homeless people, creates effective and innovative local programs, and makes basic repairs to existing shelters or mass feeding facilities.

- Food Stamp Program for the Homeless: allows the homeless increased access to food stamps by providing expedited service, preluding homeless people from monthly reporting of income changes; and excluding from countable income rent paid to house the homeless in hotels. Also permits families who are living with relatives to receive their own allotments.

- Health Services for the Homeless: awards grants for health care delivery to the homeless, including primary care services, substance abuse treatment and mental health care services.

- Job Training for the Homeless Demonstration Program: provides funds for job training activities for homeless individuals, including remedial education, job search, job counseling, job preparation training and basic literacy instruction.

- Supportive Housing Demonstration Program – Transitional Housing Demonstration Program: develops innovative approaches to short-term (24 month or less) housing and support services to persons who are capable of making the transition to independent living, especially homeless families with children and deinstitutionalized homeless individuals. (Barak, 1991, pp. 108 – 109).

The McKinney Act programs were designed to encourage collaborative mechanisms, coordination and partnerships within states, communities, and nonprofit organizations (Barak, 1991; HUD & Hoben, 1995).

Profile of Emergency Shelters and Transitional Housing Programs

Nunez (2001) suggested that in order to end homelessness the nature of the current emergency-shelter system must be changed from short-term responses to long-term solutions. An example of a long-term solution may include changing an emergency shelter into a comprehensive residential-educational-employment training center that is child-centered and family-based. Nunez (2001) contended that in order for families to become independent and self-sufficient, they need education, family-preservation services, job training, and the support of social services.

Khadduri (2008) pointed out that housing vouchers are critically important to both preventing families with children from becoming homeless, and helping those who do enter the shelter system to leave it for permanent housing and exit homelessness for good. Khadduri (2008) argued that housing vouchers and other mainstream housing subsidies

are an effective way of addressing the shortage of affordable housing and reducing shelter demand.

Emergency Shelter

The first access point for those experiencing homelessness is the emergency shelter. Emergency shelters are facilities that provide short-term stays for persons experiencing homelessness (HUD, 2014). These shelters are often a homeless individuals' or family's first encounters when they find themselves dispossessed and alone on the street. Emergency shelters are free of cost and provide few if any services. The individuals using the shelters can stay usually for that night and are expected to leave in the morning and can only re-enter the facility when it reopens in the evening (Gilderbloom, Squires, & Wuerstle, 2013). Some shelters operate on a first-come, first-served basis; residents must leave in the morning and have no guaranteed bed for the next night. Some programs have a definite length of stay and only offer a specific number of nights to each person. Some programs serve only one group such domestic violence, mothers and children, families, veterans and youth, and some operate only during the winter months (Burt, 2006).

The state of Florida currently has 11,493 available beds in emergency shelters with 848 beds in the Southeastern location. Emergency shelters serve as the dominant form of assistance for those who are homeless (HUD Exchange, 2017). However, Appelbaum, Dolny, Dreir, and Gilderbloom (1991) stated that emergency shelters are overused and see the over-reliance on emergency shelters as a consequence of governments' inability to respond to the social and economic factors that cause

homelessness. These social and economic factors include, but are not limited to, deinstitutionalization of people with mental illness, rents increase, and unemployment. Also, there has been ongoing debate in the social science field as to whether emergency homeless shelters contribute to a reduction or elimination of homelessness (Culhane & Metraux, 2008).

Culhane and Metraux (2008) pointed out that shelters provide basic help to homeless persons by offering a bed for a period of time, a degree of privacy, and basic hygiene provisions such as showers, sinks, and toilet facilities. Still, many provisions and the quality of them are solely dependent on the funding received from charities, foundations, organizations, or public grants. Rossi (1989) noted that depending on the mission of the shelters, the quality of service varies in terms of those they are serving. For example, shelters can prohibit or exclude clients who are intoxicated or acting aggressively.

Emergency shelters vary and are difficult to classify in a meaningful way other than by function. For example, there are domestic violence shelters, halfway houses, men's shelters, pregnant women's shelters, runaway teenager's shelters, and women's shelters. These shelters can be funded by non-government organizations such as religious groups or through grants from government entities or foundations (Gilderbloom & Burke, 2010). In many cities, local governments provide grants to local shelters on a competitive basis. Some shelters occasionally go beyond the basic services and provide additional programs such as addiction, basic job and life skills training, counseling, and in some cases, employment (Gilderbloom & Burke, 2010).

Transitional Housing

Transitional housing was known to provide services in the fields of corrections and mental health decades before its application to the homeless community. Residential programs such as transitional housing were developed as a stepping-stone to assist people who are leaving mental hospitals or prisons adjust to regular housing (Burt, 2006). When homelessness became notable in the early 1980s, the initial responses to its widespread increases were primarily local. The Regan Administration viewed homelessness as a problem that did not require federal intervention and did not address homelessness through programmatic or policy actions (Burt, 2006).

Advocates around the country demanded the federal government acknowledge homelessness as a national problem requiring a national response. Needless to say, there was no transitional housing for the homeless. There were few emergency shelters, mostly operated by religious organizations in run-down areas of big cities, and services were mostly offered to single men. The initial expansion of help to the homeless was to offer more emergency shelters (Burt, 2006). However, after several years of people utilizing emergency shelters, it was apparent that for some people to leave homelessness for good they would need more than emergency shelters. With this recognition, the application of transitional and permanent supportive housing concepts emerged in the field of homelessness (Burt, 2006).

In 1986, the Homeless Housing Act was adopted and the federal legislation created the Emergency Shelter Grant program and a transitional housing demonstration program. Both programs were administered by HUD. Federal legislation supported the

development of transitional housing program for homeless people, and incorporated it into the first Stewart B. McKinney Homeless Assistance Act in 1987 as part of the Supportive Housing Program [SHP] (Burt, 2006). Culhane, Metraux, Park, Schretzman, and Valente (2007) studied homelessness in Massachusetts, Philadelphia, New York, and Columbus, Ohio and found problems with the use of transitional housing. Culhane et al. (2007) argued that transitional housing programs are well-intended and get families off the street, but families can get struck, staying for months. Some are ready to move on to permanent homes and cannot afford to do so. However, Culhane et al. (2007) concluded that services for the homeless often are not based on a "clear conceptual framework for the most cost-effective, optimal ways to the problem" (p. 22).

HUD Exchange (2017) noted that there were 8,366 beds available in transitional housing in Florida and 786 beds in the Southeastern location. Transitional housing is a residential program that enables homeless individuals who previously resided in shelters or other temporary residential settings to achieve independent living. It is a post-shelter placement for persons before moving into permanent housing. The programs are funded under the McKinney Act and allow a stay of up to, but no more than, 24 months in the transitional housing facility. During the time there, individuals are offered support services to promote self-sufficiency and to regain permanent housing. Transitional housing programs may have a specific target population such as persons who are homeless veterans, runaway youths, or victims of domestic violence (Burt, 2006; Florida Council on Homelessness, 2014).

Studies conducted on transitional housing programs and the effects services have on homeless mothers and children are few. Transitional housing programs that have been studied vary in size, scope, the type of clients served, how clients are served, and locations where clients live. Also, the definition of transitional housing or other types of temporary housing accommodations vary--what one service provider labelled as *transitional* may be described as *shelter* in another setting (Jackson, 2000).

Programs and Policies Implications

The process of policy implementation involves complex factors that interact over time. Normally there are hundreds of actors from interest groups, governmental agencies, legislatures at different entities of government, researchers, journalists, and judges involved in one or more aspects of the process. And in the process of public policymaking (e.g. youth homelessness), problems are conceptualized and brought to government for solution. Governmental institutions formulate alternatives and select policy solutions, and those solutions get implemented, evaluated, and revised (Sabatier, 2007).

Youth homelessness presented significant challenges for both case workers and policy-makers to develop better prevention and intervention strategies (Kidd & Davidson, 2006). Getting an actual number of homeless and unaccompanied adolescents is difficult, but national statistics (National Network for Youth [NN4Y], 2013) estimated that there are approximately 1.68 million homeless youth in the United States each year.

According to the NAEH (2007), prevention is an essential component of any strategy to ending homelessness; however, Shinn, Baumohl, and Hopper (2001) pointed

out that it is more difficult to implement effective prevention initiatives. Lindblom (1991) noted that the institutionalization of homelessness would occur because a prevention-oriented policy framework has not been implemented. Recently, there have been an increasing number of policies, focused from all levels on prevention-based initiatives to address homelessness (Culhane, Metraux, & Byrne, 2011). Kidd and Davidson (2006) suggested that research and public policy both have the potential to substantially improve the social conditions that contribute to youth homelessness.

The Runaway Youth Act was established in 1974 by Congress, and was amended in 1977 to become the Runaway and Homeless Youth Act (RHYA). This is the only federal policy that addresses youth and young adult homelessness across the country (NN4Y, 2013). Administered by the Department of Health and Human Services' Administration for Children and Families, RHYA authorizes federal funding for three programs to assist runaway, homeless, and unaccompanied youth:

- The Basic Center Program: drop-in centers that provides temporary shelter (up to 21 days), basic life needs such as food and clothing, counseling services for family reunifications and aftercare services.

- Street Outreach Program: allows workers to go out into the community to provide youth with services such as referrals to shelter and counseling.

- Transitional Living: provides longer term housing (up to 18 months) for older youth coupled with supportive services such as employment, education, and mental health to help the youth achieve successful and substantial self-

sufficiency. The program also funds group maternal homes (NN4Y, 2013, para. 2).

The goals of the RHYA programs are to address the needs of homeless youth by providing them with a stable foundation to connect with resources and services, reuniting them with families, and developing skills needed for independent living. Additionally, the program grantees help youth to set and achieve education and employment goals. The RHYA programs are not only the most cost–effective alternative, but they provide necessary supports to promote positive youth development (NN4Y, 2013).

Although RHYA programs are targeted to provide services to homeless youth, the programs are encountering an overwhelming unmet need. The NN4Y (2013) stated that in 2009, RHYA providers came in contact with 812,000 unaccompanied youth but could only provide shelter to approximately 5% and between 2009 and 2012. This meant that approximately 37,000 youth were turned away from Basic Center and Transitional Living programs due to lack of space.

In June 2010, the first and most comprehensive plan to end homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,* was presented to the president and Congress. This plan served as a recipe to be followed for collaboration with the 19-member agencies of the United States Interagency Council on Homelessness (USICH), along with local and state partners in the public and private sectors. In addition, it provided a reference framework for the allocation of resources and the alignment of programs for achieving the goal of preventing and ending homelessness in America (USICH, 2013). In September 2012, the plan was adjusted by the USICH to

address specific strategies to improve the educational and other outcomes for children and youth, and the steps needed to be taken to assist unaccompanied youth experiencing homelessness (USICH, 2013).

The plan included 10 objectives and 52 strategies and focused on four key goals: (a) finish the job of ending chronic homelessness in 5 years, (b) prevent and end homelessness among Veterans in 5 years, (c) prevent and end homelessness for families, youth, and children in 10 years, and (d) set a path to ending all types of homelessness. The council indicated that for true progress to be made, it is important to set goals. Also, the plan noted that working together to end homelessness would require connecting public and private resources, as well as collaborations by business leaders across the country, governors, legislatures, mayors, nonprofits, faith-based organizations, and community organizations (USICH, 2013). To date, however, there has been no study reported regarding objectives and strategies of the plan for preventing and ending homelessness among adolescent mothers.

Research Methodology

In order to decide on the most appropriate research inquiry for this study, qualitative, quantitative and mixed-methods research design were reviewed. The distinction between qualitative and quantitative research is framed in terms of using words (qualitative) rather than numbers (quantitative) or using closed-ended questions (quantitative hypotheses) rather than open-ended questions (qualitative interview questions) while mixed methods research is a combination of both qualitative and quantitative forms (Creswell, 2014). This research did not seek to measure the

relationship among variables (Creswell, 2014) so quantitative studies were not considered to be appropriate.

According to Creswell (2014), the selection of a research design should consider the worldview assumptions the researcher brings to the study, procedures, strategies, and specific methods of data collection, analysis, and interpretation. Also, the selection of a research design should be based on the nature of the research problem or issue being addressed, the researchers' personal experiences, and the audiences of the study (Creswell, 2014). After viewing each definition and approach to research, a qualitative research design was selected based for this study, based on the nature of the research problem being addressed and the social constructivism worldview.

Qualitative research means exploring and understanding the meaning of individuals' or groups' social or human problem through emerging questions and procedures, collecting data, analyzing data from themes, interpreting and reporting (Creswell, 2014) with common characteristics such as: (a) it takes place in the natural world, (b) uses multiple methods, (c) focuses on context, (d) is emergent rather than prefigured, and (e) is fundamentally interpretative (Marshall & Rossman, 2016; Rossman & Rallis, 2012).

Based on Creswell (2013) and Maxwell (2013) and their guidelines to qualitatively oriented research, this study adopted the qualitative paradigm and used a phenomenological approach to explore late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing in Florida. Creswell (2013)

noted that a phenomenological design was best in describing several individuals' lived experiences of a common phenomenon.

To ensure the best qualitative approach for this study, I explored case studies, ethnography, grounded-theory, and narrative approaches along with the phenomenological approach. A case study was ruled out because it explores an issue through one or more cases within a setting (Creswell, 2013), whereas this study focuses on the common phenomenon of homelessness experienced by different adolescents. Ethnography is a qualitative research approach in which the researcher studies an intact cultural group in a natural setting, collecting observational data over an extended timeframe (Creswell, 2013). The ethnography approach was not selected because this study used face-to-face interviews for data collection tool. Grounded-theory approach was ruled out because this study's research questions were not based on discovering or generating a theory (Creswell, 2013). The narrative approach, which is framed from several disciplines such as anthropology, sociology, history, and education, was explored and considered because homeless adolescent mothers were to be given the opportunity to share their stories (Creswell, 2013) and in essence have their voices heard. However, one of the major differences between the phenomenological approach and the narrative method was how information was obtained. The narrative format present stories about the participants' lives and this information was then retold or re-storied by the researcher into a narrative chronology (Creswell, 2013). The narrative approach was not a good fit because of its required element of chronological storytelling. The phenomenological approach used open-ended questions to capture the essence of human experiences about a

phenomenon as described by the participants in the study (Creswell, 2013) and ultimately yielded the best qualitative framework and lens through which my research inquiry was conducted.

Summary

This literature review described the historical and current perspectives of homelessness in the United States. It revealed the multiple factors that cause homelessness from Social Darwinism and the homeless to the *new homeless*. It profiled various aspects of emergency shelters and transitional housing programs and focused on studies whose populations of interest were homeless adolescents, homeless adolescent mothers, pregnant homeless adolescents, pregnant and parenting adolescents, and homeless adolescents with children. Homelessness among pregnant adolescents is an increasing problem in the United States, yet little is being done to address the comprehensive needs of this population. Policymakers and program providers are creating and implementing services that do not adequately address their needs. Moreover, homeless adolescents need support to reach a healthy adulthood and possibly prevent future homelessness. However, there is no known study on late adolescent mothers' homelessness and pregnancy experiences while living in transitional housing in Florida, and this qualitative study explored this gap.

Chapter 3: Research Method

Introduction

This study explored the lived experiences of late adolescent mothers'

homelessness and pregnancy while living in transitional housing in Florida. There was a

gap in the literature concerning these late adolescent mothers who are living in

transitional housing. In an effort to select the most suitable explorative research design,

diverse forms of qualitative research were reviewed.

Patton (2015) discussed 16 "theoretical traditions" such as ethnography and

grounded theory, which are familiar classifications, whereas others such as complexity

theory and semiotics are less common (pp. 97–99). Creswell (2013) presented five

approaches: case study, ethnography, grounded theory, narrative, and phenomenology (p.

70). Denzin and Lincoln (2011) provided a number of chapters on major "strategies of

inquiry" (p. xi), such as case study, grounded theory, interpretive theory, narrative

ethnography, and performance ethnography.

As this brief overview suggests, there are many choices and approaches to

qualitative design. Qualitative research is based on the belief that knowledge is

constructed by people in an ongoing fashion as they engage in and make meaning of an

activity, experience, or phenomenon (Merriam & Tisdell, 2016). I wanted to study

experiences of late adolescent mothers who have been homeless and experienced

pregnancy while living in transitional housing. The purpose of using a phenomenological

approach for this study was to gain the participants' perspectives of the research topics

and not the perceptions of the researcher.

Husserl presented phenomenology in the twentieth century as a key orientation to social science (Merriam & Tisdell, 2016). In more contemporary terms and philosophical point of view, Van Manen (2014) stated that phenomenology is a meaning-giving method of inquiry. It is primarily a philosophical method of questioning, not a method for answering or discovering, or drawing determinate conclusions. On the other hand, Schram (2003) stated that phenomenology is the study of people's conscious experience of their life-world; this is their "everyday life and social action" (p. 71).

According to Van Manen (2014), "phenomenology is the way of access to the world as we experience it prereflectively. Prereflective experience is the ordinary experience that we live in and that we live through for most, if not all, of our day-to-day existence" (p. 28). Merriam and Tisdell (2016) noted that a phenomenological approach is well suited to studying affective, emotional, and often intense human experiences. As an example, Ryan, Rapley, and Dziurawiec (2014) conducted a phenomenological study of the meaning of coping in psychiatric patients, and Trotman (2006) investigated imagination and creativity in primary school education. These two examples showed that phenomenological qualitative study is well suited to studying affective, emotional, and intense human experiences.

Research Design and Rationale

Frankfort-Nachmias and Nachmias (2007) compared a research design to a "blueprint" (p. 89) that enables the researcher to come up with solutions to problems and guides him or her in the various stages of the study, while Yin (2014) likened a research design to a road map, "a logical plan for getting from here to there, where here may be

defined as the initial set of questions to be answered, and there is some set of conclusions (answers) about these questions" (p. 28). Finally, Creswell (2013) described that a key driver for a methodological approach lies within the research question.

This study used a qualitative research design. Qualitative research is a broad approach to the study of social phenomena. It takes place in the natural world, uses multiple methods, focuses on context, is emergent rather than prefigured, and is primarily interpretive (Rossman & Rallis, 2012). In addition, qualitative research has clear roots in certain philosophical traditions, notably phenomenology (Rossman & Rallis, 2012).

The following research question was used to frame this study:

What are the perceived impacts of public policies and social services provided by transitional housing programs on the lived experiences of homelessness and pregnancy in late adolescent mothers?

Role of the Researcher

In qualitative research, the researcher has a special importance. Rossman and Rallis (2012) stated that a qualitative researcher needs to be aware of separating self from those being researched. The researcher needs to know who and what is being done in the setting. This self-awareness allows the researcher to distinguish their sense-making from the sense-making of those being studied (Rossman & Rallis, 2012). Eisner and Peshkin (1990) suggested that a researcher needs two attributes: the sensitivity to identify an ethical issue and the responsibility to feel committed to acting appropriately regarding that issue. Kvale (1996) stated that moral research behavior is more than knowledge and

cognitive choices. It involves the person of the researcher, their sensitivity and commitment to moral issues and action.

Patton (2015) stated that in qualitative studies, the researcher is the key instrument. Rossman and Rallis (2012) referred to a qualitative research as quintessentially active because the researcher is involved, face-to-face, and with participants in the study. Qualitative studies take the researcher in the field into complex and varied interactions with the participants (Rossman & Rallis, 2012). The researcher collects data through examining documents, observing behavior, and interviewing participants (Creswell, 2013). Because of this, the researcher cannot adopt a neutral role in the field or with the persons to be interviewed or observed. Rather, the researcher has to take, or is allocated, "certain roles and positions, sometimes vicariously or unwillingly" (Flick, 2014, p. 158).

Patton (2015) pointed out that qualitative research is an interpretative inquiry and the researcher makes interpretation of what the participants express; however, the researcher's interpretation should not be separated from their own experiences and insights. In qualitative research, the role of the researcher as the primary data collection instrument necessitates the identification of personal values, assumptions, and biases at the outset of the study (Creswell, 2014). My perceptions of homelessness and pregnancy in late adolescent mothers' experiences while living in transitional housing in Florida have been shaped by my personal experiences. Since 2007, I have been working with at-risk youth and adolescent mothers living in a homeless shelter. It is my assumption that homeless shelters and transitional housing programs are viable resources for homeless

adolescent mothers. As the researcher, I interviewed the participants in a mutually agreed upon neutral location (i.e., a reserved room at the local library) that was safe for the participant and the researcher. Also, I did not use any settings with which I am associated, including through employment or volunteerism. Due to my current working experiences with at-risk youth and homeless adolescent mothers, I brought certain biases to this study; therefore, I took the necessary means to ensure participants' confidentiality and protect their privacy. To ensure objectivity as well as to reduce any influence of bias or prejudice within this study, the interviews were audiotaped and transcribed verbatim so that the participant responses were accurately captured. I provided a copy of the transcribed interviews to the research participants for review and feedback as a measure of validity, as well as to ensure participants that their individualized perceptions were reflected.

Participant Selection

The purpose of this qualitative study was to provide an understanding of the lived experiences of homelessness and pregnancy in late adolescent mothers while living in transitional housing in Florida. Participants were recruited from public social service locations such as Women, Infants, and Children (WIC) centers, Health Care for the Homeless center, Healthy Mothers and Healthy Babies centers, social networking sites such as Facebook, Instagram, Pinterest, and Twitter, and other public access locations believed to be frequented by my intended participant population. Study advertisement posters (Appendix A) were distributed in public spaces (e.g., public access bulletin boards) and were uploaded to social networking sites such as Facebook, Instagram,

Pinterest, and Twitter. Late adolescent mothers who were interested in volunteering to participate in the study contacted me, the researcher, to express their desire to hear more about the study and the requirements to become a participant. The interested participants notified me via telephone to follow-up. The use of snowball recruitment was used with each qualified participant who completed the interviews in an effort to obtain additional interview opportunities.

After approval from the Institutional Review Board (IRB), I spoke with the potential participants who agreed and met the inclusion criteria for the study, and I reviewed the elements of consent to participate in the study. Also, I coordinated with the interviewees' choice of time for the interview and reserved a room at the local library for the interview. At the start of the interview, each participant was asked to sign two copies of the consent form. Each participant was given one of the signed copies of the consent form. All participants who completed the interviews were given a thank you $25 merchant gift card as compensation for their time and participation in the study.

Fewer than 10 participants typically comprise the sample in a phenomenological study (Polit & Beck, 2004). For this study, my initial participant goal was 10 –12 participants; however, more participants would have been sought and interviewed if data saturation was not reached with the initial group. The inclusion criteria for this study were (a) adolescent females residing in a transitional housing program who have experienced homelessness while pregnant, have at least one child living with her at the transitional house, (b) 18 –24 years of age, (c) speak English, and (d) be able to express her experience.

Sample

Miles et al. (2014) pointed out that qualitative researchers normally work with small samples of people, nested in their context and studied in-depth, whereas Patton (2015) stated that in qualitative inquiry there are no rules for sample size. Sample size depends on what you want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with available time and resources. However, it is important to select participants on the basis of their ability to contribute to understanding of the phenomenon being studied. Therefore, the selection should consist of a series of intense, full, and saturated descriptions of the experience being investigated (Polkinghorne, 2005).

For this study, I set a minimum sample size of 10–12 participants based on my theoretical framework, research question, data-gathering method, time, and resources. However, I also determined the maximum number of participants, in case redundancy of information or data saturation was not obtained from the initial participants. Given the population being investigated, identifying and locating 10–12 participants who were residing in transitional housing and who had experienced the phenomenon being explored became a challenge because of the transitory nature of the homeless.

Patton (2015) made suggestions for sampling strategies and their significance to the quality of researcher's findings. Different studies, topics, and approaches require different sampling strategies as well as sample sizes. The outcome of a qualitative phenomenological study must contribute to the understanding of the phenomenon being studied. For this study, I used social networking sites such as Facebook and Instagram,

and snowball sampling to select participants. As stated above, participants between the ages of 18–24 years were considered for this study because there was gap in the literature, and these participants were those who could provide useful information and insight on the issues being studied.

According to the HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, on a 1-day and 1-night PIT count in Southeastern Florida CoC, researchers identified 2,097 homeless households: 636 in emergency shelters, 434 transitional housing, and 876 unsheltered with 413 persons with at least one adult and a child, and 31 persons between the ages of 18 to 24 with a least one child (HUD Exchange, 2017).

Data Collection

Creswell (2013), and Rossman and Rallis (2012), stated that the primary ways of gathering qualitative data are: (a) observations, (b) interviews, (c) documents, and (d) audiovisuals materials. Case studies, ethnographies, grounded theories, and narratives rely on multiple ways of gathering data whereas phenomenological studies typically use a series of in-depth interviews (Rossman & Rallis, 2012). This was a phenomenological study and data collection was done through in-depth face-to-face interviews. Kvale (1996) referred to an interview as basically an "*inter view*" (p. 2), an exchange of views between two persons talking about a subject in which they are both interested.

According to Marshall and Rossman (2016), phenomenological interviewing is a specific type of in-depth interviewing, grounded in the tradition of phenomenology. Phenomenology is the study of lived experiences and the ways we understand those

experiences to develop a worldview. It rests on an assumption that there is a structure and essence to shared experiences that can be narrated. The reason for this type of interviewing is to describe the meaning of a concept or phenomenon that several individuals share (Creswell, 2013; Marshall & Rossman, 2016).

Creswell (2013) and Patton (2015) stated that the researcher is the primary instrument in a study and creating a rapport with the participants is important to getting quality data; however, Maxwell (2013) disagreed. He believed that this *rapport* can also be problematic because a participant can be engaged intellectually in an interview while not revealing anything deeply personal. On the other hand, a participant may be more comfortable revealing personal matters to someone whom they may never see again. Patton (2015) cited the quality of information obtained during an interview depends on the interviewer. Regardless of Maxwell's (2013) belief, I established a rapport with the participants at the inception.

I built rapport with participants by showing them respect. I greeted them in a cordial and friendly way, used their first name, and told them my name. I thanked them for agreeing to participate in my study, smiled, and made direct eye contact. I told them briefly about myself, what I was doing, and what was expected in the interview. I told them that their answers were confidential and their identity would remain anonymous. I told them how long the interview would take, that there would be no right or wrong answers, and that they would be compensated with a $25.00 merchant gift card upon completion of the interview. Also, I reminded them that the interviews were being

recorded with their permission before I began. I asked participants if they had any questions, and if they did, I answered their questions truthfully.

Patton (2015) stated that interviews are interventions. They affect people, and good interviews open thoughts, feelings, knowledge, and experience, not only to the interviewer but also to the interviewee. Patton continued by stating that research interviews are to gather data, not to change people. Also, the purpose of interviewing is to allow the researcher to enter into the other person's perspective, find out what is on someone else's mind, and gather their stories

Data in qualitative research are often obtained from interviews, which was the primary tool of choice for this phenomenology study. To maintain confidentiality, the interviews were conducted at a reserved room at the local library. All initial interviews were conducted over a 4-week timeframe and were scheduled at least 1 to 2 weeks in advance. The timeframe for each interview was no less than 45 minutes and no more than 1 hour per participant, and was tape recorded. If for any reason a participant did not wish to be audiotaped, taking detailed notes would have captured the participant interview.

As the researcher, I handled all the data collected from the interviews. I entered the audiotaped transcripts and field notes onto my personal computer, which is password-protected. Each interviewed participant was assigned a file and the files were placed in a folder. The folder was encrypted using Windows' Encrypting File System (EFS) to keep information secure. In addition, I used a SanDisk USB flash drive as a backup storage device and it was also encrypted with EFS as a secondary layer of security. The flash

drive was placed in a compact safe, which was programmed with my personal three-digit code into the combination lock. I will store the data for a period of 5 years from completion of the study, after which time I will destroy the data by cutting up tapes, shredding papers, and reformatting digital media storage devices.

Data Analysis

Merriam and Tisdell (2016) viewed data analysis as the process of making sense of the data, which involves consolidating, reducing, and interpreting what people have said and what the researcher has seen and read. It is a process of bringing meaning to data gathered. This procedure includes moving back and forth between concrete units of data and abstract concepts, between inductive and deductive reasoning, between description and interpretation. These meanings or understandings or insights constitute the findings of a study.

Data for this study was analyzed by the generic analytic procedure recommended by Marshall and Rossman (2016) and Rossman and Rallis (2012), which typically fall into the following eight phrases:

- Organizing the data

- Familiarizing yourself with the data

- Identifying categories

- Coding data

- Generating themes

- Interpreting

- Searching for alternative understandings

- Writing the report.

The initial step started with organizing the data. All participants interviewed were recorded on a separate audiotape and transcribed verbatim using Microsoft Word. I organized the data into files and placed the files in folders. All folders were assigned a code, that is, a label with an assigned descriptive notation including a pseudonym name, age, and the date and time of the interview. I assigned each pseudonym name by using the first letter of the participant's name. For example, if a participant's name was Sandie and she was 20 years of age, I would type S and see that other popular names of adolescents in their 20s are Samantha, Sabrina, Sasha, and Sage so I would select one of those. By keeping the first the letter the same, I could easily remember the pseudonym and therefore I did not have to refer to them as participant 1 and participant 2. Also, this allowed for easy retrieval of a particular transcript as well as protecting the participants' confidentiality.

Following data organization, the transcripts were read in their entirety and re-read until I became familiar with the data. Creswell (2013) referred to this step as, "reading and memoing" (p. 183). This process began with reading the first interview transcript in the study. While the transcripts were being read, any significant statements and reflections were documented in the form of a memo in the margins of the transcripts. These memos were "short phrases, ideas, or key concepts that occurred to the reader (Creswell, 2013, p. 183).

According to Rossman and Rallis (2012), these phrases of data analysis represent the most difficult, complex, ambiguous, creative, and fun components, but few

descriptions of this process are found in the methodologic literature. The phrases identify

categories and generate themes, and are presented together because they are practically

inseparable: categories contribute to creation of themes and themes suggest further

categories (Rossman & Rallis, 2012). To assist with identifying categories and generating

themes, NVivo 11 was used. NVivo was chosen over other software packages because it

was easy to learn and use. Also, NVivo 11 allowed me to: (a) import interview transcripts

into the database, (b) type material, such as reading notes and memos, so I might capture

any reflection, query, confusion, or insight about the research material, (c) label and code

material that I identified as important, (d) assign more than one code, (e) file coded

material, identifying the source of the material and making the labeled material easily

retrievable, and (f) track every decision I made while working with the program

(Seidman, 2013). However, NVivo 11 does not analyze data--it is a data management

tool that supports and aids the researcher in the analysis process. Data analysis is done by

the researcher (Zamawe, 2015).

Identifying categories and generating themes began with breaking the data into

units that were descriptive and evoked given meanings of how the participants

experienced the topic. The number of categories constructed depended on the data and

the focus of my research, so I assigned codes to the units that described the essence of the

phenomenon. Richard (2015) stated that analytical coding goes beyond descriptive

coding, and is, "coding that comes from interpretation and reflection on meaning" (p.

135). By assigning codes to units of data, I began the construction of categories. Marshall

and Rossman (2016) described these categories as "buckets or baskets into which

segments of text are placed" (p. 224). I accomplished this by creating file folders, each labeled with a category name. I then coded each unit of data according to the category which was cut and put into the file folder. The folders included the original identifying codes (pseudonym name, age, date and time at the interview). This enabled easy return to the original transcripts if needed (Merriam & Tisdell, 2016).

As categories and themes were developed and coding was being done, I started the process of interpretation of what was being constructed. Marshall and Rossman (2016) referred to this as "telling the story" (p. 228). "Interpretation means attaching significance to what was found, making sense of the findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order" (Patton, 2015, p. 570). Part of this phase was evaluating the data for their importance and relevance, and then selecting the most useful data segments to support the emerging story, to illuminate the questions being explored, and to decide how important they were to the story that was unfolding about the social phenomenon.

I aimed to capture a rich, detailed story of what was emerging about the participants' lived experiences of the phenomena of interest. I attached significance to what was found and made sense of the findings. I used the findings to create something that made sense to others, and something that could be communicated to the relevant community of discourse.

Marshall and Rossman (2016) and Rossman and Rallis (2012) stated that alternative understandings always exist, and the researcher must search for other

plausible explanations. I searched for alternative explanations by asking the participants if they agreed or had different understandings of the interpretations I had made. In addition, I conferred with knowledgeable and available colleagues to get their reactions of the story, and whether the story made sense to others.

The final phase of the analytic process was writing the report. Rossman and Rallis (2016) stated that in a report, data transformation and interpretations are critical to the organization of the analysis. In this study, the overall form of the report discussed the nature of the problem investigated, the way the investigation was conducted, and the results of the findings.

Issues of Trustworthiness

In a qualitative research study, trustworthiness is judged by two interrelated sets of standards: (a) is the study competently conducted? And, (b) is it ethically conducted? (Rossman & Rallis, 2012). These standards are interrelated because a study can meet accepted standards for practice if it is not ethically conducted, and an unethical study is not a trustworthy study (Rossman & Rallis, 2012). For a study to be trustworthy, it must be more than reliable and valid; it must be ethical (Rossman & Rallis, 2012).

Trochim (2006) cited alternative criteria developed by Lincoln and Guba for establishing the authenticity and trustworthiness of a study. The proposed criteria are credibility, transferability, dependability, and confirmability. This study utilized these qualities to ensure that a quality research study was conducted.

Credibility

Credibility is to ensure that results of qualitative research are believable and derive from the view of the participants in the research (Trochim, 2006). This study's credibility was enhanced through: (a) solid phenomenological design, (b) collecting rich, thick data of the participants' experiences through face-to-face interviews, as well as taking notes during each interview, (c) having a colleague or peer review what was concluded and reported, (d) giving participants the opportunity to review the preliminary or emerging findings for validation, and (e) ensuring what was discovered and reported was intimately linked to the participants' understandings.

Transferability

Transferability requires the researcher to provide detailed background of what was being studied, to determine if the results of the study can be applied in new ways, or transferred to other settings (Trochim, 2006). This study's transferability was satisfied through: (a) specific methods, strategies, and tools such as the process of participant selection, (b) research questions, (c) data collection, and (d) analysis in which this study was guided and made available within this document.

Dependability

Dependability requires the researcher to report the study in detail, and includes any changes and how those affect the findings (Trochim, 2006). This study's standard for dependability was obtained from: (a) rich description of the research methodology (b) data collections and recordings, (c) development of themes, (d) interpretations, and (e) findings.

Confirmability

The concept of confirmability is the way in which the results of a study are validated or authenticated by others or another study (Trochim, 2006). This study obtained confirmability by: (a) ensuring data interpretations and findings reflected those of the participants and not biases of the researcher and (b) checking and rechecking data and written notes of the participants.

Ethical Concerns

Operating as an ethical researcher precedes perspective. It takes good moral principles and characters to determine the right or wrong of an action. Rossman and Rallis (2012) stated that field research by professional groups and social science disciplines have established formal codes of ethics guidelines. Any study that includes data collection from human subjects is required to obtain IRB approval. The IRB committees exist because of federal regulations that provide protection against human rights violations (Creswell, 2014). The IRB process requires assessing the potential for risk, such as physical, psychological, social, economic, or legal harm (The Belmont Report, 1979), to participants in the study. Also, the researcher needs to consider the special needs of vulnerable population, such as children, mentally incompetent participants, victims, pregnant women, prisoners, and individuals with AIDS (The Belmont Report, 1979).

This study involved vulnerable populations, specifically adolescent mothers in transitional housing who may be pregnant or have experienced pregnancy while homeless, and have a child or children living with them in a transitional house during the

data collection process. This study's data collection procedure was in-depth interviews with late adolescent mothers experiencing homelessness and pregnancy while living in transitional housing in Florida.

In accordance to the Walden University IRB standards, a signed informed consent is required from the research participants. This study was designed to gain knowledge and understand the lived experiences of these late adolescent mothers while living in transitional housing in Florida. To address the beneficence of this study, in-depth interviews were used to maximize the amount of knowledge and to minimize harms, the research participants were fully informed about the study's purpose and audience, were allowed to volunteer for the study, and were informed that they could withdraw from the study at any time without prejudice. This means that the participants are not deceived about the study (Rossman & Rallis, 2012). The potential benefits of this study were the acquisition of knowledge in an area that currently has limited knowledge. Also, the potential risks for the research participants were minimal and were identified in the informed consent form.

This study provided information on both the benefits and risks of the study to the research organizations and the research participants. Justice, in relation to research studies that involve human subjects, requires that the benefits and burdens of the research be distributed equally (The Belmont Report, 1979). My study also addressed the third component of human subject research, which is respect for persons. As the researcher and the primary instrument in this study, I protected all research participants' privacy and confidentiality, and ensured that all participants were treated with respect and dignity

(Rossman & Rallis, 2012). Also, to protect the participants and their families, pseudonyms were used throughout the study, and all recordings, notes, transcriptions or any personal identifiers were secured in a locked file cabinet. All electronically generated data were stored in password-protected files. No personal data regarding the participants were disclosed to non-participants. Data will be maintained for 5 years after the study is completed, at which time I will perform destruction of records. To protect the confidentiality of the research participants, all paper records will be shredded and audio-tapes will be erased and physically cut up.

Summary

Chapter 3 presented the research design and rationale. It also (a) included the role of the researcher, (b) identified and stated the criteria by which the participants were selected, (c) presented the number of participants, (d) justified the sampling strategy, (e) provided the data collection instrument, (f) described the data analysis procedures, and (g) discussed issues relating to trustworthiness and ethical procedures. Overall, this phenomenological study explored the lived experiences of homelessness and pregnancy in late adolescent mothers while living in transitional housing in Florida. Chapter 4 will present the data analysis results, including the demographics of the participants, data collection and analysis, data recording, tracking, and results. Chapter 5 presents the interpretation of the findings, which includes limitations of the study, recommendations, social change implications, and conclusions.

Chapter 4: Results

Introduction

Figure 1. Word cloud inspired by the experience of the participants.

The purpose of this phenomenological study was to explore the lived experiences of homeless and pregnant late adolescent mother living in transitional housing in Florida. Using social construction theory as a guide, the following research question guided my exploration: What are the perceived impacts of public policies and social services provided by transitional housing programs on the lived experiences of homelessness and pregnancy in late adolescent mothers? The information from this study may assist social service providers as they help homeless and pregnant late adolescent mothers, by understanding their needs and implementing more effective service delivery methods. This chapter presents the results of the study, details related to the setting, the data

collection process, and the data analysis. Evidence of trustworthiness and emerging themes are discussed in detail.

Data Collection Process

Recruitment Approach

After submitting my research application to the Walden University IRB Committee, the application was returned to make several corrections, including corrections from the committee reviewer. The committee reviewer stated that several of the participant-facing documents (Appendices B & C) included the term *late adolescent* or the term was used in some other manner in the documents. The committee reviewer suggested that the terminology may be confusing to participants, since generally individuals over 20 years of age do not view themselves as being late adolescent, so I was asked to remove the term *late adolescent* from all participant-facing documents. The committee reviewer stated that since the term *late adolescent* may be used in research to refer to the participants' age, the IRB was not challenging the use of the phrase in the proposal or in the title of the study. However, I needed to use language that is reflective of what the general public would understand in the participant-facing documents. The term *late adolescent* was removed from participant-facing documents (Appendices B & C) and the application was resubmitted to Walden University IRB Committee.

Walden University IRB approval #12-13-17-0279907 was granted on December 13, 2017, and initially I had two transitional housing locations as resources for posting the study's participation recruitment flyers. The request was limited to posting only, no active recruitment by agency staff. Unfortunately, those organizations decided that it was

not in the best interest of the organization to allow access to their bulletin boards to post

the recruitment flyers. Each offered no additional information as to their withdrawal of

approval. As such, and through discussions with the dissertation chair, I reformulated the

participant recruitment locations to public access locations such as public space of social

service agencies in Southeastern Florida. Additionally, snowball recruitment from

interviewed participants was added as a method of recruiting additional participants.

Recruiting began in the middle of December 2017 in order to reach participants

who met the study criteria. I visited social service agencies such as Women, Infants, and

Children (WIC) centers, Health Care for the Homeless (HCFH) center, Healthy Mothers

and Healthy Babies (HMHB) centers, and public locations believed to be frequented by

the intended participant population, and handed out my recruitment flyers. I visited a

special location which is referred to as *Tent City*, which it is located by the local library in

Southeastern Florida. I spoke to many homeless women about the study and handed out

recruitment flyers. Unfortunately, the women I spoke to did not meet the study's criteria

because they were an older population, but I was told to return on the weekend because

that is when the younger homeless population comes around. After 2 weeks of handing

out and posting recruitment flyers, I had received no interest. Through additional

networking with professionals in the transitional housing and homeless field, multiple

suggestions were offered that I add Social Networking Sites (SNS) for participant

recruiting. A request for change in procedure adding SNS, such as Facebook, Instagram,

Pinterest, and Twitter, as an additional medium for recruiting participants was completed

and submitted to the IRB on January 1, 2018; approval was received on January 16, 2018

and recruitment flyers were uploaded to SNS. A few days after the flyers were uploaded

onto SNS, I received the first phone call from a 24-year-old inquiring about the study.

The potential participant stated she saw the study's flyer on Instagram and was interested

in volunteering to participate. The prospective participant was screened during the phone

call using my study's inclusion criteria and she was deemed eligible to participate. Plans

were made to conduct face-to-face interview in February 2018. The participant and I

completed the face-to-face interview at a local library in Southeastern Florida on

February 2, 2018 and she was provided with a $25 merchant gift card as compensation

for participating in the study. I proceeded to conduct snowball sampling by asking my

initial participant to help identify additional participants.

Patton (2015) noted that snowball sampling can be an effective and efficient way

to generate a sample through the Internet or social media but Taylor, Bogdan, and

DeVault (2016) indicated a potential drawback of the snowball technique, in that it can

limit diversity of the participants. Based on my study's population, research design, and

methods, there were limited ways of accessing my sample, thus making snowball

sampling a viable choice of sampling strategy.

Participant Demographics

The criteria for this study's participation were that volunteers must be (a)

adolescent females residing in a transitional housing who have experienced homelessness

while pregnant, and have at least one child living with her at the transitional house, (b) 18

–24 years of age, (c) able to speak English, and (d) be able to express her experience.

Demographic information for all seven participants is listed in Table 1. To preserve the

identity and privacy of the participants, pseudonyms were used instead of the

participants' actual names.

Table 1

Participant Demographics

Participant	Race	Age	# of Children	Education	Length of stay at TH
Catherine	Caucasian	21	1	High School Diploma	6 months
Isabella	Caucasian	22	1	Some College	12 months
Laura	African-American	24	2	GED	10 months
Lynn	Caucasian	24	3	High School Diploma	13 months
Sabrina	African-American	19	1	11th Grade	4 months
Tasha	African-American	19	1	Dropped Out	8 months
Yvette	Caucasian	21	2	11th Grade	3 months

Note. For confidentiality purposes, pseudonyms are listed instead of participants' actual names.

The participants were between the ages of 19 and 24 years old, and all the

participants resided in a transitional house in Southeastern Florida. Fifty-seven percent

were Caucasian and 43% were African American. Twenty-nine percent of the

participants completed high school, 14% obtained their GED, 43% had not completed

high school, and 14% reported having some college education. All participants were

employed, described their marital status as single, and the number of children ranged

from 1– 3 children. While 71% were native Florida residents, 29% were residing in New

Jersey prior to moving to Florida.

Setting

Following the plan presented in Chapter 3, I set a minimum sample size of 10–12

participants; however, only seven participants volunteered to participate in the study.

Face-to-face interviews were conducted in February 2018. All but one interview took

place at a private room at the local library in Southeastern Florida and lasted from 45–60

minutes. All who participated in the study did so voluntarily. Disclosures were provided

about (a) the voluntary nature of the study, (b) that the study was not affiliated or had any

contingency on the services provided by the transitional houses in which they were

residing, (c) their right to stop participating in the study at any time without needing to

provide a reason, and (d) the limits of confidentiality. Participants were also informed

that given my professional role and my role as a student researcher, I had a legal

obligation to report any suspicion of child abuse in the event an interviewed participant

described situations that were reportable under the Florida statutes. In addition,

participants were made aware that if they were not comfortable answering any question

asked, that they could skip answering the question. Also, I advised them that if they felt

distressed or tired during the interview process, I would stop the interview immediately.

No interviews were stopped due to distress or fatigue, and no content was discussed that

would require my mandatory legal reporting obligations.

Data Collection

Interviews

The interviews were arranged based on the participants' preferred times and dates,

and I accommodated their schedules. While the participants were asked screening

questions via telephone, they were prescreened a second time to ensure they met the inclusion criteria for the study. One participant was not qualified because she did not have her child living with her in a transitional house. I relied on age verification based on participants' stated age; participants also provided identification from the transitional house where they were residing.

Seven participants were interviewed face-to-face in February 2018. Before I began each interview, I thanked each participant for volunteering to be a part of the study, and then provided a brief overview of the study's intent, purpose, and the minimal risks associated with the study. I explained that they would have the right to not answer a question or to stop at any time, and I asked each participant if she were capable of reading, understanding, and signing the consent form to proceed. In addition, participants completed a demographic sheet (Appendix B). All of the participants gave their permission to audio-record the interview. Before I started each interview, I asked each participant to tell me a little about themselves and what they did the previous day. This allowed participants control of the interviews. Each participant started by telling their name, age, the number of children, and place of residence. I asked participants questions from the interview guide (Appendix C) and many were forthcoming with responses, although some were vague. When a vague answer was given, I probed with questions such as "can you tell me more?" and "can you elaborate?" For the interview final question, I asked the participants if there were questions that I had not asked, that would be important for me to know about their homelessness or transitional housing experiences. When the interviews ended, I thanked the participants for their time and

provided each one with a $25 merchant gift card as compensation. After each interview, I wrote field notes in each interview guide, including my overall perceptions and my thoughts about the interview. In addition, I had two audio-recorders as a backup--a Sony Digital Voice Recorder with USB, and a Sony M-560V Microcassette Voice Recorder. Both voice recorders were used during the interview process.

Data Analysis

Upon completion of the interviews, all seven audio-recordings were uploaded and saved to my personal, password-protected laptop. This allowed for a more manageable and retrievable data transcription process. Giorgi (2009) suggested that the first step when conducting phenomenological studies was to get a global understanding of the data. I was able to obtain a general sense of the data through the initial reading, re-reading, and verbatim transcribing of the interviews. While transcribing interview data, I listened to each recording in its entirety, and then I played small segments of the interview and manually transcribed the information. This process continued until all seven participants' words were accurately captured. Also, I wrote down any thoughts I had about what the participants were expressing. Each transcript was saved as an individual file and placed in a folder and saved on my password protected laptop as well as a SanDisk USB flash drive as a backup storage device, which was encrypted with Windows' Encrypting File System (EFS) as a secondary layer of security.

In Chapter 3, I outlined the steps necessary for conducting qualitative analysis: (a) organizing the data, (b) familiarizing myself with the data, (c) identifying categories, (d) coding data, (e) generating themes, (f) interpreting the data, (g) searching for alternative

understandings, and (h) writing the report–I followed those procedures. Additionally, to assist with data analysis, I collaborated with an expert in qualitative data analyses with whom I had a confidentiality agreement, to provide a secondary review of data coding and outputs prior to the final analysis. The expert received only the redacted data for review.

Seven transcripts were imported into NVivo 11 for coding. The thematic analysis consisted of open and axial coding. I completed data coding and analysis to provide answers to the research question. My first review involved reading through the entire set of interview responses to develop preliminary coding categories. I then conducted open coding using both line-by-line and sentence analyses. The first-level categories were generated based on the research question and from the answers given by the participants in the transcripts. A total of 80 first-level codes and 63 second-level codes emerged (Appendix D), which then yielded 17 primary categories based on the questions from the semi-structured interview: (a) homeless experience, (b) age first homeless, (c) support system, (d) background, (e) first sought assistance, (f) length of homelessness, (g) living arrangement before homeless, (h) number of times homeless, (i) emergency shelter experience, (j) transitional housing experience, (k) reason for being homeless, (l) places slept while homeless, (m) financial situation before homeless, (n) life events, (o) typical day, (p) work status before homeless, and (q) family.

I reviewed and grouped the coded data according to the similarities of the participants' lived experiences. Then, from the seven verbatim transcripts, I extracted the 17 significant categories from the participants' quotations. I first used axial coding to

assign and link the categories and subcategories of codes according to their properties and dimensions. Then I decontextualized data from each transcript, to allow for the development of patterns and sequences in the data. I used inductive and deductive thinking to draw casual relationships between the categories of coded data, and to explain the phenomena. From the emergent patterns, six themes were developed (Appendix E) from the participants' thoughts and conversations:(a) their emergency shelter negative experience, (b) the help they receive at the transitional housing organizations and the progress with improving their life, the lives of their children and their living situation, (c) their hopes, dreams, and goals, (d) the challenges of living in transitional housing, (e) the personal, mental, and physical issued that caused homelessness, and (f) their relationship growing up with their family (Appendix E).

Evidence of Trustworthiness

Trustworthiness in qualitive research can be tied to the rigor of methodology, whereas and the precision and accuracy of the data depend on the competence of those who collect and analyze the data (Patton, 2015). I established trustworthiness in this study through credibility, transferability, dependability, and conformability. The following sections describe the measures I took to ensure that trustworthiness was attained.

Credibility

Regardless of the type of research, Polit and Beck (2014) suggested that the most important criterion of a study was its credibility, or the confidence in the truth and therefore the findings. Merriam and Tisdell (2016) noted that credibility can be

approached through careful attention to the study's conceptualization and the way in which data are collected, analyzed, and interpreted, and how findings are presented. For my study, credibility was sought by audio-recording face-to-face interviews and transcribing them verbatim, as well as taking notes during each interview. Additionally, I enhanced credibility through member checking, by taking the interview transcripts back to the participants as a method for eliciting further information. However, given the transitory nature of the homeless, I was only able to locate four participants to review the interview transcripts. All four participants reviewed their individual transcript and confirmed what was transcribed.

Transferability

Transferability is another condition to attain trustworthiness, and the nature of transferability is the extent to which the findings of one study can be applied to other situations (Merriam & Tisdell, 2016; Trochim, 2006). This study used a sample size of seven late adolescent homeless mothers living in transitional houses in the Southeastern Florida area, so transferability of the findings is limited. However, I supported my study's transferability through rich, thick, descriptions of the participants' homelessness and pregnancy experiences, and by asking questions that required detailed answers which continued until all questions and sub-questions were discussed. Furthermore, I ensured that the report of the study provided detailed descriptions of the phenomenon in question for similar studies in the future. Also, information obtained from interviewing these late adolescent mothers experiencing homelessness can be transferred and used to create a larger platform on homelessness.

Dependability

Polit and Beck (2014) referred to dependability as the stability of the data over time and over the conditions of the study. Trochim (2006) described dependability as a researcher reporting a study's findings in detail, and it would be consistent if other researchers were to look over the data and arrive at similar findings. To ensure the dependability of this study, I thoroughly documented the research process. All data were properly recorded and stored, including the audio-recordings and transcripts of the interviews, informed consent forms, and other related documents. I imported the data into the NVivo 11 software, and checked and rechecked codes to determine categories. The NVivo 11 software also created an audit trail, which I used to verify my Chapter 3 methodology steps.

Confirmability

The concept of confirmability is the degree to which the findings from the study are consistent and could be repeated by another person or another study (Polit & Beck, 2014; Trochim, 2006). The confirmability strategies I employed included checking and rechecking the data and my written notes. Also, I ensured that the research examined the phenomena from the participants' point-of-view and not from my point-of-view by member-checking to confirm that the conclusions were consistent with the participants' experiences.

<div align="center">

Results

</div>

In the following section I present my study's findings, and I will be providing specific quotes to substantiate the themes that emerged. I sought to understand

homelessness and pregnancy in late adolescent mothers' experiences in transitional housing in Florida. Eighteen interviews questions with additional sub-questions (Appendix C) were used to answer the following research question: (RQ1) "What are the perceived impacts of public policies and social services provided by transitional housing programs on the lived experiences of homelessness and pregnancy in late adolescent mothers?"

A majority of the participants had a history of homelessness, and many had lived in more than one homeless shelter and struggled getting into the transitional housing program. Relying on the seven verbatim transcripts, data coding, and data analyses, I found that six themes emerged (see Appendix E) from the participants' conversations, that explained the perceived impacts of public policies and social services provided by transitional housing programs on these mothers' lived experiences.

Theme 1: Unknown Risk and Coping

The study participants responded to a series of questions regarding their emergency shelter experience before getting into the transitional housing program, and the following theme "unknown risk and coping" emerged. Eighty-six percent of the participants stayed in an emergency shelter, while 14% did not have any emergency shelter experience. All participants with emergency shelter experience discussed their experiences as negative and not ideal, with intolerable conditions. Figure 2 presents the emergency shelter experiences of the participants, wherein 43% described the shelters as crowded, 29% as terrible and unsafe, 14% as dirty and overwhelming, and 14% did not have this experience.

Emergency Shelter Experience
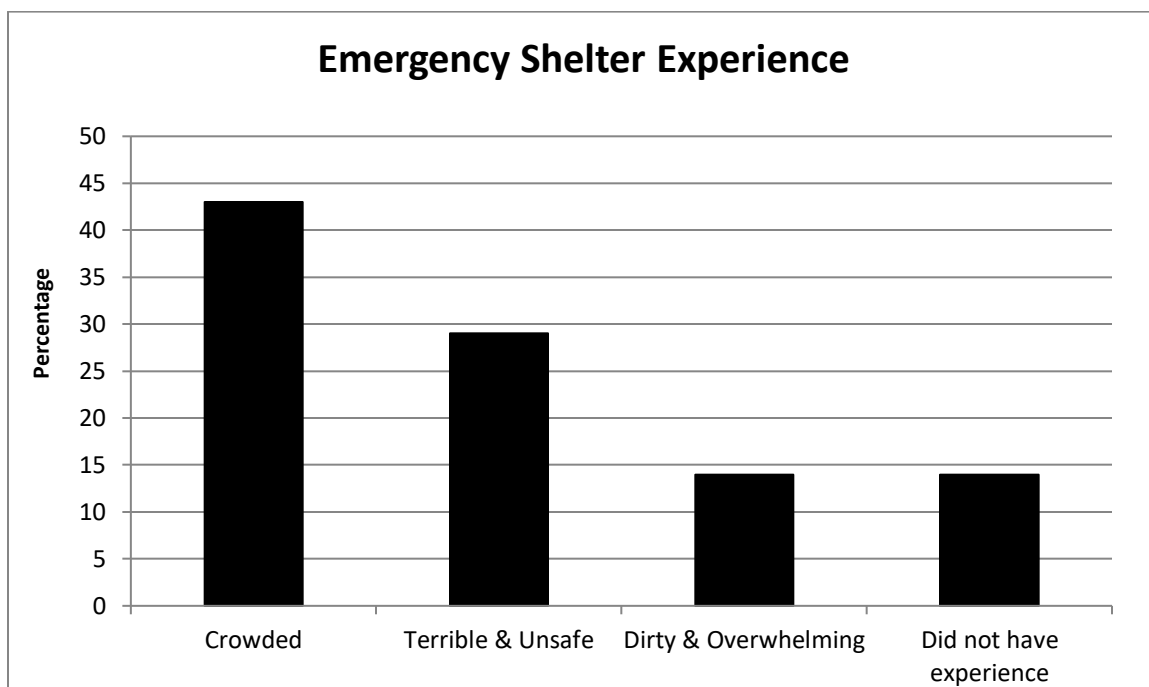
Figure 2. Emergency shelter experience.

Lynn expressed:

> Oh Lord, I thought to myself, what have I gotten myself into? My first
>
> experience in a day shelter was terrible. The place was hot . . . stunk . . . crowded .
>
> . . it's a tiny cot and it's first come, first serve which means that if you're late,
>
> you're out of a bed. It's one big space with cots and it's like 45 women on one
>
> side and 45 women on the other side. It's just horrible, it's dirty, bed bugs, not the
>
> cleanest place. Just tough there (sighs).

Laura stated:

> Well, emergency shelters are tough and way too many people there and you have
>
> to protect your stuffs, hide them, or they may be stolen. Few shelters that I stayed
>
> provided lockers but you still have to protect your belongings otherwise they will

be stolen. This is common in shelters because they don't carefully screen their

residents.

Catherine noted:

> Where do I begin. Shelters are tough and they vary. They can be overwhelming
> because there are many people there. You get three meals a day, clean clothes,
> you can shower, and you have a bed to sleep. Some shelters you can only stay for
> 2 weeks, others I've stayed up 6 weeks, and another for 30 days. Oh yeah! They
> have curfew. You have to be back before curfew unless you're working. Also, if
> you late for curfew, you stand a huge chance of losing your bed. There's no
> talking or using your cellphone in the rooms past certain hours. You get a locker
> for your stuffs, if you don't have clothes, you'll get used ones. Be certain to lock
> you shit up because it will get stolen.

A third concern expressed by three other participants was that emergency shelters are

intolerable, with too many rules and guidelines.

Theme 2: Improved Outcomes

Another theme identified was *improved outcomes*. Almost universally,

participants identified positive outcomes regarding the transitional housing programs.

The most common experience was that they received help at the transitional house, where

they found support, resources, and intervention. Figure 3 shows the lengths of the stays in

transitional housing by the participants in this study.

Participants' Length of Stay at Transitional House

Participant	Months
Yvette	3
Catherine	6
Sabrina	4
Lynn	13
Laura	10
Isabella	12
Tasha	8
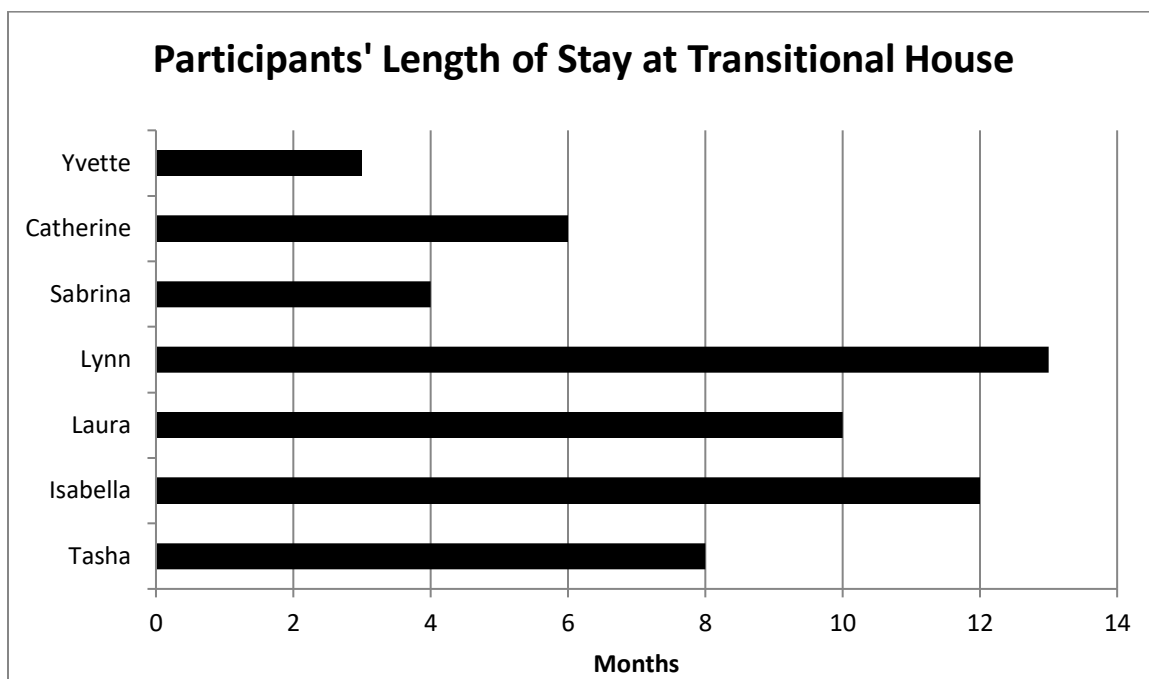
Figure 3. Length of stay at transitional house.

Additionally, the participants cited that they were making progress with improving their life, the lives of their kids, as well as their situation.

For example, Yvette said:

Awe! I am just here about 3 months and so far, it's not bad. They have many rules but I can work with their rules because I know I'm moving toward getting my own place and become independent. The apartment is supervised by the program I'm in, ChildNet. They helped me get in this program. The services they offer are like basic life skills stuffs. You know like job training, teaching you how to manage your money, help you with education like for me, I'm going to school to get my GED and they'll help you get into college too. They offer counseling plus case management.

Participants also identified common aspects of the transitional house life. They said that

living at the transitional house enhanced their life with their children. Being in their

current transitional house meant that their family could be together, rather than separated.

Tasha said:

> All I know it surely beats a shelter and I know I can live here for up to 24 months.
> I can also be a mother to child, be myself, unlike the shelter life where I've been
> judged on my parenting skills and where a case manager gives me a plan to
> follow and I have to stick to that plan otherwise there are consequences.

Isabella seemed elated, and commented how the transitional housing program helped her:

> (Laughing). I like this living arrangement because it is safe and stable housing
> where I can stay up to 24 months while I get financially stable, become
> independent, and have a chance of getting permanent housing. I share living
> arrangements with few other girls with their children but each one of us has our
> own furnished bedroom, but we share kitchen and living areas. The program helps
> with life and employment skills, educational stuffs like getting your GED, helps
> with getting you in a vocational program or even college. You can get referral to
> substance abuse and mental health resources.

Theme 3: Hopes, Dreams, and Goals

This third theme identified regarding the transitional housing programs was

hopes, dreams, and goals, and the perceptions among participants were stability,

progress, safety, and independence. Participants discussed their hopes, dreams, and goals

for a new start and a better future now that they were living in a transitional house. This

was desirable to the participants that they had structure in their lives. Lynn, a mother of three, said:

> Getting into this transitional housing program is good for me and my children. It's safe there, I have my own apartment, and I can stay here up to 24 months while I become stable and independent. The services I get are mostly life skills like budgeting, child care, and case management. They help with medical, dental, and mental health referral services too.

Whereas Sabrina stated, "Honestly, if you really want to do better for you and your child, it is a good environment because it's structured and they have rules."

Tasha agreed:

> This type of living arrangement is a good start for me because I get to get off the street, out of the shelter, and in my own little living space. And . . . and from here, I get a chance to find permanent housing.

Theme 4: Rules, Rules, and More Rules

Participants discussed the challenges that comes with living at the transitional house such as explicit regulations, governing behavior, requirements, and privacy. Participants were grateful and thankful for finding housing; however, many were concerned about their privacy. For example, Laura responded, "[laughing] Privacy? You really don't have much. They have cameras." Yvette mentioned:

> Like yes and no, um! There would be a couple of things that I feel like could change. There are cameras in the front, back and in living room. I feel like it's kind of invading my privacy, um! I know why they do it, yes, because a lot of the

girls like to sneak people in the house, which is understandable, I completely get

what they mean. They want cameras but at the same time I've been nothing but a

good tenant, so I don't see why they have cameras around me, it's a little weird.

Catherine was less concerned about privacy, stating, "Not really but privacy is

overrated." Isabella added, "Nah! There are cameras everywhere. It's like Big Brother is

watching you but I'm kind of okay with them." Lynn agreed with the other participants:

"Not really. You're sort of monitored like what time you should be back at the house, you

can't bring anyone inside the apartment, no guests can stay overnight, stuffs like that so I

would say not much privacy."

Theme 5: Financial Strain, Mental Illness, and Abuse

In this theme, *financial strain, mental illness, and abuse*, participants focused on

life issues and problems that caused their homelessness. They discussed personal, mental,

and physical issues attributed to their homelessness. Lynn stated, "I was living with my

folks and I was kicked out." Sabrina mentioned, "I aged out of the group home." Laura

stated that her homelessness began when she got sick. She said:

Well, because I had the stroke . . . and I was in the hospital and I didn't have any

family or friend that I could count on or to go live with so I either sleep on the

street or go sleep at Salvation Army or something like that, so that's what I did.

Tasha's homelessness started when her mother lost her job and their house was

foreclosed. She stated:

Financial issues. My mama lost her job, fell behind on the mortgage and though

everyone who was living in the house chipped in, she just couldn't catch up on the

payment and the bank foreclosed and just like that, we were homeless.

Isabella stated that her first homeless experience began because her mother was abusive.

Isabella said, "I was living with my parents and my mother was verbally abusive so I just

left." Catherine's first homeless episode started when she was 12 years old. She was in

foster care but had abusive foster parents so she ran away. Catherine said:

Well, my parents passed away. I was living with my mother and when she passed

I was placed in foster care. My foster family was not nice to me so I ran away. Of

course, I was too young to go to shelters because someone has to sign papers if

you are under age so I do what I had to do to survive.

Theme 6: Good and Bad Family Relationships

In this final theme, participants discussed, *good and bad family relationship* about

their family dynamics. The majority admitted to having dysfunctional families, and

characterized their family relationships as distant, with no connection, and no support.

Catherine was orphaned at age 9. She described her family support as her son and her

son's father. She stated, "I don't have anyone. It's just my son and I and his father who

helps out sometimes." Isabella reported not having family support and stated, "No, no

family here in Florida, I keep to myself. I have a case manager so I guess she is a support

system." Yvette had many siblings, but described her family as "weird" and "odd" so she

did not go around them. She said:

Um! I have six brothers and sisters and I am the youngest. My mom passed away

when I was young. My dad was Bi-polar/Schizophrenic so when we were young,

we were always in and out of foster care and they terminated his right because he

never came to court or anything. When my mom was alive she always cut the

medications and put it in his food without him knowing so he was better then. So,

I've been in failed adoption, I've been in different foster homes, it's just been a

lot and I aged out when I was 18.

Laura refused to discuss her family and stated, "Nah! I can't, I don't to want to talk about

my family." Sabrina noted, "My family . . . not my biggest fans . . . not my biggest

supporters," while Tasha described her relationship with her family as, "Awe! we are

fine, we are close."

Summary

This chapter presented the process used to obtain the findings from this

phenomenological study of the seven late adolescent mothers' homelessness and

pregnancy experiences while living in transitional housing in Florida. The research

question examined the perceived impacts of public policies and social services provided

by transitional housing programs. During the data analysis, six themes emerged that

comprised the essence of the lived experience for these participants. The themes

identified were: (a) unknown risk and coping, (b) improved outcomes, (c) hopes, dreams,

and goals, (d) rules, rules, and more rules, (e) financial strain, mental illness, and abuse,

and (f) good and bad family relationships (See Appendix E). The findings of this study

supported the perceived impacts of public policies and social services. The perceptions of

transitional housing programs were favorably and unanimously positive. The late adolescent mothers expressed that the program is helping them to become self-sufficient and independent. Also, the program assisted with education, life skills, and provided resources and referrals tools for them to maintain a stable living. The next chapter discusses the summary of the findings, recommendations for future research, and concludes with the implications for social change.

Chapter 5: Discussion and Recommendations

Introduction

For this research I used a phenomenological approach to explore the lived experiences of seven late adolescent mothers' homelessness and pregnancy while living in Florida transitional housing. The participants provided valuable feedback on their experiences of being unsheltered, staying in emergency shelters, and the processes of getting into the transitional housing programs. The participants discussed how the transitional housing programs impacted their lives and the lives of their children, and they offered suggestions on how the programs could be improved. This chapter interprets the findings using the themes presented in Chapter 4, discusses the limitations of the study, offers recommendations for future action and research, and concludes with some implications for positive social change.

Interpretation of the Findings

Adolescence is a stage of development when identity, habits, and coping strategies are formed (Lerner, Lerner, Von Eye, Bowers, & Lewin-Bizan, 2011). Zimbrick-Rogers et al. (2017) believed that gaining a contextualized understanding of

this marginalized and stigmatized population requires investigating the lived experiences

of these young people. Based on my study, late adolescent homeless mothers have

experienced many personal and social challenges. According to Samal (2017), homeless

adolescent mothers' survival in the street often relies on people whom they hardly know

because they lose connectivity with their own families. Most often, they are forced to

resort to nontraditional resources and internal strengths to navigate life events, often in

unsafe and hazardous street environments (Bender, Thompson, McManus, Lantry, &

Flynn, 2007). Since my study may be the first study to analyze the lived experiences of

late adolescent mothers' homelessness and pregnancy while living in transitional housing

in Florida, the results contribute to a more detailed understanding of the experiences of

adolescent mothers' homelessness, while also generating new questions. My proposed

research question served as a lens through which themes emerged, and I will interpret and

report the results by illustrating the importance that public policies and social services

have on transitional living programs and on the lived experiences of homelessness and

pregnancy in late adolescent mothers in Southeastern Florida.

Research Question

What are the perceived impacts of public policies and social services provided by

transitional housing programs on the lived experiences of homelessness and pregnancy in

late adolescent mothers?

The descriptions from the seven late adolescent mothers provided an

understanding of the life they lived before they became homeless, and their experiences

with social service organizations. Although there were differences in their experiences

and backgrounds, six themes emerged that comprised the essence of the lived experience for these participants. The themes identified were: (a) unknown risk and coping, (b) improved outcomes, (c) hopes, dreams, and goals, (d) rules, rules, and more rules, (e) strain, mental illness, and abuse, and (f) good and bad family relationships (Appendix E). Within these six themes, two of those themes stood out: *Improved Outcomes* and *Hopes, Dreams, and Goals*. These two key themes connected with my study's research question and illustrated the importance of implementing sustainable social service public policy and the influence of transitional housing access on the lived experiences of adolescent mothers' homelessness and pregnancy.

Theme: Improved Outcomes

This theme encompassed two important aspects of the participants' lived experiences in transitional housing programs: (a) making progress with improving their life, the lives of their children, and their living situation, and (b) benefiting from the support, resources, and intervention offered by the transitional housing programs.

Participants were asked two questions specifically regarding their impression and perceptions of services offered by the transitional housing programs. The first question asked participants about their first impression of transitional housing programs and the second asked which services they found most helpful. Fifty-seven percent of participants identified safe and stable environment for themselves and for their children and 43% of the participants cited that transitional housing programs were good programs that helped homeless youth and their children. Yvette described her impression of the transitional housing program as:

Umm! It's definitely a safe environment if you want to be living in somewhere safe for your children like . . .but at the same times they do have plenty of rules. So, lot of most young girls . . . we have a curfew and stuffs like that so a lot of girls don't really take well to the place. But for me personally, it was more important for me to have a safe environment for my daughter and I so needed to abide by these rules and to live right for her because not a lot of places would be able to take me in and stuffs like that.

Tasha added:

Umm! I think it's a good program and it helps get young homeless mothers such as myself get off the street and out of shelters into a safe place. The only problem is that they have lots of rules but from here you have a chance to get permanent housing.

Transitional housing programs provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing. The programs may cover the cost of up to 24 months of housing with accompanying supportive service (HUD, 2017).

Six of the seven participants identified life skills training (defined as running a home, managing money, cooking, cleaning, shopping, etc.) as the most helpful aspect of the transitional housing programs. Laura stated, "they offer lots of helpful services life and job skills," and Catherine expressed, "the program helps with services like life skills which are tools to help with personal growth, you know, think positive and no negative stuffs, and help with how you can become independent." One of the participants selected

educational assistance as the most helpful type of services. Participants were asked what additional services they believe would been helpful and six participants cited exercise classes and one participant had no comments.

Theme: Hopes, Dreams, and Goals

Gaetz (2014) cited that young people in situations of homelessness are a small group with various needs and their experiences during housing instability are very different from older adults and families. Based on their reasons for homelessness, the types of harm they experience, and the complex developmental transition of adolescence, they required services that were prepared to respond accordingly. All of the participants viewed transitional housing programs as positive and identified strongly with the theme hopes, dreams, and goals. Participants perceived the transitional housing programs as: (a) a new start and a better future, and (b) stability, progress, safety, and independence. Catherine and Isabella captured the sentiment common among the participants interviewed. Catherine felt she has been given a new start and stated:

> Oh man, I feel good. I feel like my son and I have been given a chance to be ourselves. Its tiring moving from one shelter to another. In the shelters, you are always on their schedule and do what it on your treatment plan and it's hard not being able to live your own life. Here, I have my little apartment and I establish my own routine. I get up and get my kid ready for daycare and if I'm schedule for work, I go to work. I'll pick him up from daycare and come home. I cook my own food, do my laundry when I want to, just everything here is just different plus my

son and I can relax in our own little space with no scheduled time when to eat or wake up.

Isabella stated:

Grateful. Safe. Blessed. And, it's like I'm given a chance to become somebody. Living in a shelter is no fun especially with a young child. Even though there are as many rules to abide by, being in this transitional housing program is very good for me and my child.

Laura's view of living in the transitional housing program was a start for her to gain independence. She stated:

The program helps you with life skills services such budgeting like how to manage your money and stuffs. Also, they help with your education like getting your GED. The only thing that I don't like as much is their rules and polices but those rules and polices are helpful, in my opinion.

My participants voiced their beliefs that transitional housing programs were an important strategy to address adolescent mother's homelessness. Participants in the programs shared two critical experiences: homelessness, and living in the transitional housing programs. Being homeless made them feel afraid, ashamed, isolated, unsafe, and with no independence. However, while living at the transitional housing program the stigma that accompanies homelessness was eliminated.

Limitations of the Study

My study's research design used a phenomenological approach that required capturing and describing individuals' lived experiences as a concept or a phenomenon

(Patton, 2015; Van Manen, 2014). To gather such data, I completed in-depth interviews with individuals who had directly experienced the phenomenon of interest. The limitations in my study included those that were generally associated with qualitative studies: (a) lack of generalizability and transferability due to the small size of the participants and the sampling method, (b) data was obtained from self-reporting participants, (c) the exclusion of older homeless women, and (d) the potential for bias.

The small sample size and snowball sampling techniques combined to restrain the transferability of this study's findings. This was compounded by the restricted population of 18 –24 years-old homeless adolescent mothers and the geographic location of Southeastern Florida. Therefore, the results may not be representative of other Southeastern Florida homeless populations. The small number of participants limit the ability to generalize the results. Kvale (1996) stated, "if you want to know how people understand their world and their life, why not talk with them?" (p. 1). Interviews were used to collect data and participants were asked to recollect and reflect on their experiences; therefore, their stories could have been distorted to reflect socially desirable responses. Social desirability is a tendency where participants may answer questions untruthfully to present a favorable image of themselves in an effort to be more socially acceptable (Moshagen, Musch, Ostapczuk, & Zhao, 2010). Nevertheless, late-adolescent homeless mothers' experiences alone may be limited in understanding the perceived impacts of public policies and social services provided by transitional housing.

Another limitation was the exclusion of older homeless mothers from the study. It is likely that their lived experiences would be different from those of late-adolescent

homeless mothers. It is also likely that older homeless mothers' lived experiences could add a great wealth of information to the knowledge base about homelessness.

Finally, my personal biases and skills as an interviewer may have created some limitations. There are methodological issues particularly related to my role as the researcher conducting a study. I am a mother and an overnight case manager who has worked with adolescent mothers in a homeless shelter for over 10 years. I may have unintentionally reacted to participants' words and actions during the interviews – a concept known as reflexivity – the reactions that naturally occur through body language or facial expression or from the study's participants reaction to the researcher. Also, by my mere presence, I became a part of the participants' social world, and they could modify their actions accordingly (Patton, 2015; Rossman & Rallis, 2012). In addition, I offered a $25 merchant gift card as compensation to each participant. This may have affected the content and quality of their responses, especially if they felt obligated to prove themselves worthy of the compensation. Additionally, this $25 merchant gift card may have been the primary motivator for others to come forward through my snowball recruitment efforts.

Recommendations

This phenomenological study sought to gain insights on late-adolescent mothers' homelessness and pregnancy, and the perceived impacts of public policies and social services on transitional housing in Florida. My study's findings supported the social concept that public policies and social services are vital resources to help late-adolescent homeless mothers thrive in adulthood. Given the limitations of the current study, future

research should be conducted across a larger sample, including diversification of ages and geographic locations. Additionally, more research is needed to explore adolescents' motivation for repeat pregnancies and births and to examine relationships, if any, to these events resulting in or perpetuating homelessness and the need for transitional housing.

Recommendations for Actions

Knowing how many youths who are currently homeless is a critical first step in helping them. Pergamit et al. (2013) offered that no one really knows how many homeless youth exist today, as often this hidden population does not wish to be found since they may be fleeing abuse or afraid of being placed in foster care. Government and nonprofit homeless youth estimates vary widely, from tens of thousands to over a million (Pergamit et al., 2013). A recent count of homeless youth was completed by the United States Department of Housing and Urban Development (HUD), and stated that on a single night in 2017, there were an estimated 41,000 unaccompanied youth under the age of 25 experiencing homelessness in the United States. Youth between the ages of 18 and 24 account for most of the unaccompanied homeless youth population (88% or 36,000 people) while the remaining 12% (or 5,000 people) were under the age of 18. However, there were 9,000 parents and 12,000 children in families in which the parent was a youth (HUD, 2017).

While there is a growing body of academic documents on the impacts of youth homelessness, few empirical studies evaluated the effectiveness of a common intervention for homeless youth – transitional housing (Pierce, Grady, & Holtzen, 2018). In addition, studies regarding homeless adolescents in transitional housing programs

examined statistics on outcomes, or have considered these programs from the perspectives of the staff who work in transitional housing programs, but not from the voices of the adolescents (Kroner, 2007). There is no known study on late adolescent mothers' homelessness and pregnancy while living in transitional housing in Florida.

The findings of my study illustrate a need for additional public policy creation, coupled with social service organizations collaborating to maximize the services provided by transitional housing in Florida. Currently, there are many policy transitions at the state- and city-level nationwide. In Florida, as a part of a plan to prevent and end homelessness for families, youth, and children by the end of 2020, the Council on Homelessness made recommendations for state action to reduce the number of Floridians who are without a home. Those recommendations related to creating affordable and supportive housing to combat homelessness. One of those recommendations is: *Embrace best practices and incentivize the use of the best practices at the local level*. The best practices include:

- Housing first programs and polices geared at helping households move into stable permanent housing as quickly as possible, followed by the provision of appropriate support services;

- Permanent supportive housing for chronically homeless households and those with the greatest needs;

- Rapid re-housing for households with moderate to high needs;

- Diversion of those for whom the homeless system does not offer the best solution;

- Prevention services to keep people at imminent risk of homelessness stably housed;

- Coordinated entry to ensure data-sharing and appropriate prioritization for housing interventions;

- Data-driven decision making to ensure that resources are being used effectively and efficiently; and

- A focus on system-wide performance outcome so the system works well to effectively end homelessness for the community (Florida's Council on Homelessness, 2017).

Implementing effective private and public collaboration at the state and local levels, combined with strong community partnerships, are key to solving homelessness (Florida Council on Homelessness, 2017). The participants in my study were living in transitional housing for a period of up to 24 months. Beyond the 24-month mark there were identified needs for programs that specifically assist adolescent mothers transitioning to permanent housing.

The foremost recommendation is for social service organizations, public, private, and nonprofit leaders to set goals that foster long-term and multi-sector strategies to strengthen transitional housing programs. For example, make transitional housing programs more accessible to get in, minimize the wait time to transitional housing programs, provide financial resources for this vulnerable population to access and afford housing, and invest in continuous improvement.

Implications for Positive Social Change

Participants were given the platform to share their lived experiences through in-depth interviews, which allowed their voices to be heard and created positive social change. As I disseminate the knowledge attained from this research with scholars, community-based organizations, public and private sectors, policymakers, advocacy groups, and community leaders, my hope is for it to bring greater awareness about the need to implement better solutions and strategies to address the housing and services needed for late adolescent mothers and their children. There are no simple solutions to end late adolescent mothers' homelessness. However, any solution should involve building and preserving affordable housing.

My study results suggest the need for scholars in areas of youth homelessness to conduct interdisciplinary research and dialogue on this topic. For the well-being of late adolescent mothers and of their children, studies need to be directed to meet and understand their unique needs in a more wholistic manner, incorporating immediate housing and safety needs as well as sustainable program outcomes directed toward precipitating factors leading to pregnancy and homelessness. For example, create proactive and preventive initiatives to reduce the number of adolescents who become homeless and therefore require shelter services. Those initiatives could include coordinating city services and benefits to minimize disruptions of adolescents and families whose homelessness cannot be prevented. In addition, provide financial support for mission programs, and increase accountability for homeless programs and social service providers.

My findings also suggest that longitudinal studies of late adolescent mothers' homelessness may be an important area for future studies. Considering that late adolescent mothers can reside in a transitional housing program for only 24 months, it would be interesting to follow a group of late adolescent mothers for several years to investigate how they evolve into adulthood and what long-term impacts of homelessness have had on their lives. Future studies can evaluate whether, across the long term, these women are able to become independent and maintain a stable sense of self, or if their future involves a chronic state of homelessness and state dependency.

Conclusion

The word *homeless* generally brings up a mental image of a man with dirty, unshaved facial hair, wearing dirty clothing, apparently living in the streets, who may have mental health and substance-abuse issues. That stereotype represents a relatively small percentage of the homeless population, and the composition of those who are homeless varies widely. Homelessness includes families with children, young adults, unaccompanied youth, and veterans (Florida Council on Homelessness, 2017; HUD, 2017;), and on a single night in January 2017, 554,000 people were experiencing homelessness in the United States. Twenty percent of people experiencing homelessness were children, 70% were over the age of 24, and 10% were between the ages of 18 and 24 (HUD, 2017).

My study focused on late adolescent mothers' homelessness and pregnancy experiences in transitional housing in Florida, and how public policies and social services impact transitional housing programs. Homelessness is devastating for young people; it is

traumatic and daily survival alone is a challenge. Homelessness is a complicated issue that requires a wholistic view and multiple policy players in order to enact change.

Policy makers may consider the results of my study, along with a growing body of evidence on adolescent homelessness and pregnancy, to implement sustainable programs to address the issues of adolescents' homelessness. State, city, and local governments could offer practical work skills trainings such as resume writing, mock job interviews, proper dressing for job interviews, access to job fairs, and building connections with employers who are hiring. Furthermore, governments and nonprofits could sort out and provide new and updated policy information to those who work with and provide direct care to homeless adolescent mothers, namely advocates, case managers, community leaders, health care providers, outreach and social workers, scholars, teachers, and therapists. I hope that the information provided by my study can be used as a guide to policymakers and service providers to develop an in-depth understanding of homelessness from the perspectives of adolescent mothers.

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Appendix A: Study Advertisement Poster

WANT TO BE A PART OF AN IMPORTANT RESEARCH STUDY?

Are you between 18 and 24 years of age?

Are you pregnant or have experienced pregnancy while homeless?

Do you have least one child living with you at a transitional house?

Do you speak English and willing to share your homeless experiences with a graduate

student from Walden University?

If you answered **YES** to these questions, you may be eligible to participate in a

homelessness and pregnancy research study.

For your participation, you will receive a $25 merchant gift card as thanks for your help.

<div align="center">INTERESTED???</div>

Please contact Beverly Vxxxx at (XXX) XXX-XXXX for more information.

Student Researcher: Beverly Vxxxx, MPA

Walden University School of Public Policy and Administration

Research Supervisor: Steven X. Mxxxx, PhD

Appendix B: Demographic Sheet

Are you between the age of 18 and 24 years? Yes _____ No _____

Child/Children age (s) and gender _____, _____, _____

       Prefer not to say _____

Marital status: Single _____ Married _____ Divorced _____

       Prefer not to say _____

Are you currently enrolled in school? Yes _____ No _____

What is the highest grade of education you have completed? _____

How long have you resided in a transitional house? _____

How many times have you moved prior to residing at your present transitional house?___

Are you currently employed? Part-time _____   Full-time _____

       Prefer not to say _____

Appendix C: Data Collection Tool – Interview Guide

Study title: Late Adolescent Mothers' Homelessness and Pregnancy Experiences While

Living in Transitional Housing

Interview Protocol

Time of interview: _____

Date: _____

Location: _____

Name of Interviewer: _____

Name of Interviewee: _____

1. To begin, can you tell me a little bit about yourself? Tell me about what a typical day for you looks like? For example, what did you do yesterday?

2. How old were you when you first became homeless?

   (a) Where did you seek assistance during your first homeless episode?

   (b) How long have you been homeless?

3. Who were you living with before you became homeless?

4. Do you remember how many times have you been homeless in the past 2 years?

5. What are the reasons for you becoming homeless the first time?

6. What places have you slept or rested while homeless?

7. Describe to me your financial situation before becoming homeless?

   (a) Did you work?

(b) What was your job?

8. Describe for me some of your life events that you feel put you in this housing situation?

9. Describe for me about your experiences staying in an emergency shelter before getting into a transitional house?

10. Tell me about your experiences living in a transitional house and what services are you being provided with?

11. What is your first impression of the transitional housing program?

12. Tell me about your experiences in achieving housing in a transitional housing program?

13. What do you think is the hardest part in residing in a transitional housing program?

14. How do you feel about having to come to a transitional housing program?

(a) Do you feel you have any privacy?

15. What is it like living in a transitional house with your child/children?

(a) Describe for me your views and feelings, and any others perceptions about this type of living arrangement.

16. Tell me about your family?

(a) What was is like growing up in your family?

(b) Do you have any support system such as a family member or a friend?

17. Are there any questions that I have not asked which you think would be

important for me to know about your homelessness or transition housing

experiences?

18. Overall, how was this interview experience for you?

Thank you so much for participating in this study. That is all the questions I have.

Appendix D: Codebook

Code name	Description	Sources	References
Age First Homeless	**The age interviewees first became homeless**	**6**	**6**
18	Interviewees who stated the age of 18	1	1
19	Interviewees who stated the age of 19	1	1
16	Interviewees who stated the age of 16	1	1
12	Interviewees who stated the age of 12	1	1
20	Interviewees who stated the age of 20	2	2
23	Interviewees who stated the age of 23	1	1
Background	**The background of the interviewees**	**7**	**7**
Emergency Shelter Experience	**The experience interviewees had at an emergency shelter**	**7**	**7**
Crowded	Interviewees who stated it was crowded	3	3
Did not have experience	Interviewees who stated they did not stay at an emergency shelter	1	1
Difficult getting in	Interviewees who stated they had a difficult time getting in an emergency shelter	1	1
Dirty	Interviewees who stated the emergency shelter was dirty	1	1
Overwhelming	Interviewees who stated they felt overwhelmed	1	1
Rules, guidelines	Interviewees who stated there were a lot of rules and guidelines	1	1
Terrible	Interviewees who stated their experience was terrible	2	2
Unsafe	Interviewees who stated they felt unsafe	2	2
Family	**Interviewees who discussed what is was like growing up in their family**	**7**	**15**
Financial Situation Before Homeless	**Interviewee's financial situation and status prior to becoming homeless**	**7**	**8**
First Sought Assistance	**Interviewees who discussed where they first sought help when they first became homeless**	**7**	**7**
Agency	Interviewees who stated that they sought help from an agency	1	1
Nowhere	Interviewees who stated they did not seek help	1	1
Shelter	Interviewees who stated they sought help from a shelter	5	5
Homeless Experience	**Interviewees who discussed their homeless experience in general**	**3**	**5**
Length of Homelessness	**The length of time an interviewee was homeless**	**7**	**7**
9 years	Interviewees who stated 9 years	1	1
1 year	Interviewees who stated 1 year	3	3
3 years	Interviewees who stated 3 years	2	2
2 years	Interviewees who stated 2 years	1	1
Life Events	**Interviewees who discussed life events that caused them to become homeless**	**7**	**8**
Abusive parent	Interviewees who stated they had an abusive parent	1	1
Death of child	Interviewees who stated the death of a child	1	1
Death of parents	Interviewees who stated the death of parents	1	2

Lost job	Interviewees who stated they lost their job	1	1
Pregnancy	Interviewees who stated becoming pregnant	1	1
Sickness	Interviewees who stated they became who experienced a sickness	1	1
Living Arrangement Before Homeless	**Interviewees living arrangement before becoming homeless**	**7**	**7**
Friends	Interviewees who stated they stayed with friends	1	1
Grandparents	Interviewees who stated they stayed with grandparents	1	1
Parents	Interviewees who stated they stayed with their parents	4	4
Undisclosed	Interviewees who did not disclose where they stayed	1	2
Number of Times Homeless	**The number of times interviewees were homeless in the past two years**	**7**	**7**
5 or 6 times	Interviewees who stated five or six times	2	2
1 time	Interviewees who stated once	2	2
25 times	Interviewees who stated 25 times	1	1
23 times	Interviewees who stated two to three times	2	2
Places Slept While Homeless	**Places interviewees slept while homeless**	**7**	**8**
Family	Interviewees who slept at the home of a family member	1	1
Friend's home	Interviewees who slept at the home of a friend	2	2
Xxxx Park	Interviewees who stated they slept at Xxxx Park	1	1
Hotel	Interviewees who stated they slept at a hotel	1	1
Outreach center	Interviewees who stated they slept at an outreach center	1	1
Shelter	Interviewees who stated they slept at a shelter	4	4
Streets	Interviewees who stated they slept on the street	3	4
Tent city	Interviewees who stated they slept in a tent city	1	1
Under bridges	Interviewees who stated they slept under bridges	2	2
Under Xxxx Library	Interviewees who stated they slept under the Xxxx Library	1	1
Reason for Being Homeless	**The reason interviewees gave for becoming homeless**	**7**	**8**
Foreclosure	Interviewees who stated their home went into foreclosure	1	1
Kicked out of home	Interviewees who stated they were kicked out of the house	2	3
Mistreatment by foster parents	Interviewees who stated they were mistreated by foster parents	1	1
Sickness	Interviewees who stated the became ill	1	2
Verbal abuse by parent	Interviewees who stated they experienced verbal abuse by a parent	1	1
Support System	**Interviewees who discussed whether they had a support system**	**6**	**6**
Transitional Housing Experience	**Interviewees who discussed their experience living in transitional housing**	**7**	**7**
Challenges	Challenges interviewees experienced in transitional housing	7	7

Experience achieving transitional housing	Interviewees experience in achieving housing in a transitional housing program	7	7
Experience with children	Interviewees who discussed being in a transitional housing program with their children	7	7
Feelings about transitional housing	Interviewees' feelings about living in transitional housing	7	7
First impression	Interviewees' first impressions about living in transitional housing	7	7
Privacy	Whether or not the interviewees had privacy while living in transitional housing.	7	7
Services provided	Services provided by staff to interviewees living in transitional housing	7	7
Views, feelings, perceptions	Interviewees' views, feelings, and perceptions about transitional housing	7	7
Typical Day	**Interviewees who discussed a typical day in transitional housing**	**7**	**9**
Job Searching	Interviewees who stated they were job searching	2	2
Preparing children for school daycare	Interviewees who stated they began the day	5	6
School college	Interviewees who stated they were in school	3	3
Travel to an Independence Training and Education Center	Interviewees who stated they travel with the Center	1	1
Work	Interviewees who stated they work	3	6
Work Status Before Homeless	**Interviewees who discussed their work status before becoming homeless**	**7**	**9**

Appendix E: Table of Themes

Themes	Definitions	Axial codes	Codes	Aggregate references
Unknown risk and coping	Participants who discussed that their emergency shelter experience was negative.	Not ideal, tolerable conditions	Difficult getting in, dirty, overwhelming, rules, guidelines, terrible, unsafe, crowded, did not have	12
Improved outcomes	Participants who discussed that they received help at transitional housing organizations and were making progress with improving their life, the lives of their kids, and their living situation.	Support, resources, intervention	Services provided, experiences with children	14
Hopes, dreams, and goals	Participants who discussed their hopes, dreams, and goals for a new start and a better future now that they are in a transitional housing program.	Stability, progress, safety, independence	Transitional housing experience, experience at achieving transitional housing, first impression, services provided, views, feelings, perceptions	35
Rules, rules, & more rules	Participants' discussion of the challenges of living in transitional housing.	Explicit regulations, governing behavior, requirements	Challenges, privacy	14
Financial strain, mental illness, and abuse	Participants' discussion of personal, mental, and physical issues that caused homelessness.	Life issues, problems, hitting rock bottom	Foreclosure, mistreatment by foster parents, verbal abuse by parent, sickness, kicked out of home	8
Good and bad family relationships	How participants described relationships growing up with their family.	Distant, no connection, support	Family	15