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A Part of the Community *Conceptualizing Shelter Design for Young, Pregnant, Homeless Women*

Homelessness is a rapidly increasing social problem in Canada and women, especially those with children, comprise a substantial proportion and the fastest growing proportion of those who are homeless. Young women who are pregnant, and/or new mothers, experiencing housing instability are a particularly marginalized part of an already vulnerable population. Shelter design and service delivery are a crucial component toward housing stability, safety, and health for dehousing young women and their children, yet little research is available meet their unique needs. The Optimal Shelter Design is a qualitative examination of homeless shelter design from the perspectives of 76 women shelter consumers across seven shelters in six Canadian cities (Halifax, Montreal, Ottawa, Toronto, Calgary, and Vancouver). In-depth qualitative interviews with twelve women in Toronto residing in a three-stage shelter/transition home for pregnant and young mothers were conducted to inform shelter design and enhance service provision for this population. Women discuss their needs and provide recommendations for “ideal” shelter in terms of themes related to site, situation and service, as they transition from a state of homelessness to one of being permanently housed.

A shelter to me, I don't see it like a shelter, I see it like a roof over my head and like a family. You don't have to be related to be a family just a family that's there for you, support you whether it's education wise, financially and whether it's work wise, health wise so, just in all aspects of your life that's my ideal shelter. (Shelly)

Homelessness is a rapidly increasing social problem in Canada. On any given night, 33,000 Canadians are homeless, and 8,000-11,000 of these people are youths (*101 Things you Need to Know About Youth Homelessness*, 2006). Young

women who are pregnant, and/or new mothers, experiencing housing instability are a particularly marginalized part of an already vulnerable population. Shelter design and service delivery are a crucial component toward housing stability, safety, and health for de housed young women and their children. For many young women this will be their first contact with a resource service (Pennbridge et al., 1991: 536). The process of consultation with service users is an essential element of the creation of shelter environments and services that best attend to needs and address barriers to accessing services. This paper will review the literature regarding shelter service provision for young homeless women and present the findings of a qualitative study exploring optimal shelter design and characteristics of an “ideal” shelter from the perspective of young homeless women who are pregnant and/or new mothers.

Definition of homelessness in Canada

Although the majority of people experiencing housing instability in Canada are men, the population of women and children experiencing homelessness is increasing and should not be overlooked. Past research has shown that the experience and needs of homeless women differ from those of men suggesting that specific services should be developed to best serve this population (Walsh, Rutherford, and Kuzmak, 2009: 315). This review uses the ETHOS¹ typology to describe the continuum of homelessness and housing exclusion in the physical, social, and legal domains. This typology classifies these three domains in four conceptual categories or types of exclusion. These are as follows: roofless, houseless, insecurely housed, inadequately housed (European Federation of National Associations Working with the Homeless). This definition attempts to encompass the myriad of physical conditions to which homeless people are exposed. These conceptualizations are further complicated by the circumstances and experiences of youths who are homeless. Situations that contribute to youth homelessness include family conflict, incompleteness of secondary education, the need for independence, and a lack of permanence in living situation (Miller et al., 2004: 740; Novac et al., 2002: vii). Drug use and lack of drug treatment have also been implicated (Rachlis et al., 2008: 10). Youths who have had experience with the child welfare system are also more likely to experience homelessness (Little et al., 2007: 459). Canadian researchers have identified several factors that contribute to housing problems for youths including a restructured labour market that has led to high unemployment, marginal employment, low incomes among youths (Statistics Canada, 1999: 3), as well as a lack of access to low cost housing and housing discrimination against youths and specific sub-groups of youths, such as pregnant females (Little et al., 2007: 462).

Among the population of homeless youths, young women constitute one third to one half in major urban areas across Canada (Novac et al, 2002: vii) many of whom have histories of physical and sexual abuse (Pennbridge et al. 535) and are more vulnerable to further experiences of abuse (Novac et

al., 2002: vii). Violence against girls and young women is a significant aspect of 'life on the street' and an essential for understanding the complexities of homelessness (Little et al., 2007: 458).

Characteristics of young women who are homeless and pregnant or new mothers

Education and Employment. The majority of young homeless women have either left school early or have attained a minimal standard of education (Novac et al., 2002: 13) resulting in fewer employment opportunities. Young, female-headed, lone parent families have less earning potential than any other family constitution (Fara-On, 2002: 3). For the majority of young women who are homeless, the primary source of income is government assistance, which is inadequate to support a family. The fathers of their children are usually absent from their lives and provide little or no financial support (Scappaticci and Blay, 2009: 21). Financial stress and instability are a constant in the lives of young homeless women and influences shelter choices.

Health. Youths living on the street are at the greatest risk of becoming pregnant, followed by those residing in shelters, which is again higher than youths who are housed (Greene and Ringwalt, 1998: 370). Compared to their housed counterparts, homeless young women report much greater involvement in high-risk sexual behaviours including early onset of sexual activity, inconsistent contraceptive use, sex while intoxicated, and "survival sex" practices, which are the exchange of sex for money, shelter, or food (Greene and Ringwalt, 1998: 371; Pennbridge et al. 536; Thompson et al., 2008: 126). Lack of access to birth control resources restricts informed decision-making and the high reported abortion rates among this population may constitute a form of birth control (Novac et al., 2002: 71). Young women who become pregnant often lack access to pre and postnatal care, which can result in health complications for the mother and infant and inadequate knowledge regarding infant care (Thompson et al., 2008: 125). Fear of child apprehension is a major concern for young homeless mothers and can contribute to a decision to avoid medical care (Novac et al., 2002: 69).

Motherhood and Services. A common thread in young women's stories of becoming mothers is that motherhood has advanced the process of "growing up" and of becoming more responsible (Keys, 2007: 106). Shelter living requires complex social identities and self-definitions that affect mothers' interpersonal relationships (Gerson, 2007: 185). In many cases shelter residents are forced to occupy the social location of "dependent" while simultaneously being expected to assert the identity of "head-of-household." This incongruence can contribute to conflict within shelters between staff and residents as well as act as a barrier to remaining in a shelter (Scappaticci and Blay, 2009: 23). Social factors related to connections, affiliations, and supports positively influence housing stability of young mothers (Laborde and Barrow, 2008: 166).

Young homeless women who are pregnant and/or new mothers face mul-

multiple levels of oppression, stereotyping, and stigmatization associated with age, gender, racialization, addiction, poverty, and/or sexual orientation (Gerson, 2007: 131; Little et al., 2007: 461). High self-esteem and self-confidence for young mothers correlate to positive relationships with others, which can enable greater agency in intimate relationships (Keys, 2007: 107). Services for young mothers need non-judgmental support to stabilize and build positive self-images and should not undermine the feeling of becoming more mature by treating them in a patronizing manner (Meadows-Oliver et al., 2007: 122-3). Young mothers who have healthy self-esteem and self-confidence are more likely to succeed in obtaining secure housing and employment (Laborde, 2008: 166).

Barriers to accessing services

A decision to enter a shelter can be motivated by autonomy and independence, particularly if one is leaving an abusive and/or unsafe situation (Gerson, 2007: 99). However, mothers may believe that by entering the shelter system they have failed as parents (Gerson, 2007: 135). Recognizing the strength it takes to enter a shelter can allow service providers to build opportunities for autonomy and independence into shelter design. Homeless young pregnant women and/or new mothers struggle to fill the gap between the resources available and their needs. The majority of shelter residents rely on donations and income assistance to acquire what they need and this can have a negative impact on their self-esteem (Gerson, 2007: 131). The expectation that this population should be “happy with what they get” contributes to a lack of consumer consultation in creation of services (Gerson, 2007: 134). Further, upon exiting a shelter, many homeless women experience difficulty in parenting their newborn and other children as they lose contact with resources developed in the shelter setting (Weinreb, Browne, and Berson, 1995: 497). Services for young pregnant homeless women need to be structured with long term stability and sustainability in mind as shelter use is ideally a stepping stone in a long term plan to change the direction of their life (Gerson, 2007: 116). Disempowering shelter design and services can contribute to relapse and decrease the chances of becoming permanently housed.

Optimal shelter study

The Optimal Shelter Study examined homeless shelter design from the perspectives of 76 women shelter consumers across seven shelters in six Canadian cities (Halifax, Montreal, Ottawa, Toronto, Calgary, and Vancouver) (Walsh et al., 2009: 1). The overall aim was to create effective knowledge mobilization in order to inform service development and urban shelter planning. This paper is based on qualitative interviews with twelve women residing in a shelter/transition home in Toronto, Ontario for pregnant women and new mothers who are under the age of 21. This shelter, selected as a precedent shelter for serving this population (Graham, Walsh, and Shier, 2009: 203 using a theoretical sampling strategy (Draucker et al., 2007: 1137), consists of a three-stage transitional

housing where residents move through stages of housing which progressively build more independence before moving out into the community.

Grounded theory was chosen as an overarching approach as it offered the opportunity to understand the nature and complexity of shelter needs among homeless young mothers within the shelter setting, a previously little studied area (Glaser, 2002: 2). Two trained researchers conducted in-depth, face to face interviews using semi-structured, open-ended questions designed to gather information from the participants about their perceptions of the current state of shelters. Women were asked to identify their needs and to provide suggestions for optimal shelter design. Interviews lasting approximately one hour were conducted on-site. Information about the study was posted in the shelter and residents were invited by shelter staff to participate on a voluntary basis. Access to the shelters and their residents was facilitated by the shelter operators and women were theoretically sampled to increase diversity. In an effort to maintain participant confidentiality all women were given the option to choose a pseudonym or remain anonymous; some women chose to use their real names. Participants were provided a small honorarium (\$25 CAD).

The interviews were transcribed verbatim and analyzed independently using constant comparison techniques to identify relevant codes which were then organized into themes (Glaser, 1965: 438). The preliminary findings were presented to some study participants, other shelter residents and staff in focus group settings as a means of member-checking to increase validity (Glaser, 2002: 4-5). Written notes taken during the interviews and feedback sessions were incorporated into the database and analysis.

Findings

Women ranged in age from 16-21 years of age, with the average maternal age of 17. They self identified as Black, Jamaican, African Canadian, African American and Caucasian. Most women had one child; one participant had two children, one of whom was residing in foster care at the time of the interview. Five of the women had child welfare involvement as youth one of whom continues to be involved for concerns about her child and two additional women have child welfare involvement related to their own parenting. For eight of the participants this was their first time in a shelter; four women had used multiple shelters for more than a one-year period. Two participants identified as being in a relationship and ten participants identified as heterosexual. Three main thematic categories emerged in describing optimal shelter design—site, services, and situation, which are more fully described below with illustrative quotes, the author of which is indicated by a self-chosen pseudonym.

Site

The physical environment of the shelter was described as having an immense effect on the experience of residents. All of the participants noted the

desire to have their own private bedroom and bathroom when available: “My ideal shelter, ok. Um, I don’t know, um, ok, your own place I guess similar to like what’s here or your own space at least. Like you need your own room and your privacy.” (Brianna)

The two central subthemes surrounding the physical environment were identified as safety and mobility. Participants noted the importance of having an accessible space with elevators, ramps, power doors and outdoor storage space (i.e., for strollers). Women also appreciated surveillance cameras and locked doors after hours. The importance for having personal, locked space was also emphasized. Sophie noted:

A lot of people that I have seen go through ... a lot of problems with the people they share their room, with theft and everything else. Like they tell us to keep our doors locked but if it's the person that we're sharing a room with that's stealing from us it kinda (sic) doesn't work.

Comfort and feelings of home were desirable attributes of shelter:

I would make it [the shelter] look really nice because if the house is really nice, like you want to stay there and you want to follow the rules and you want to participate in the programs. I like where I live ... it's a nice place so I try really hard to do my best to stay here. (Cinda)

These attributes, participants suggested, could be achieved through the decor, cleanliness, children’s playroom and outdoor playground, access to kitchen facilities and being able to have pets in certain housing areas.

Services

Many women had experience with accessing various services and resources in the community and were able to articulate clearly what did and did not work for them. Staff support was central to the participants’ visions of optimal shelter design and women reported appreciating staff who respected their autonomy while providing them with opportunities to increase personal agency and responsibility. As Cuba identified:

I think the things that make it work well is like, the staff they're one on one with you; if there's any problems or concerns they always try to figure it out to try and help you ... try to help better you so that when you go into the community you're like well grounded and you don't have to move back into another shelter.

Secondly, women recommended that service delivery facilities have amalgamated on-site services such as housing resources, counseling, public health nurses, daycare, access to computers, employment support, and online

courses. In responding to what were the desirable features related to shelter services Sophie stated:

...definitely everything is on site. We have the school, we have our own places, we have it's our own little community all in one little area. Which is really nice. Especially with having the school and the day care and everything so close, it makes everything so easy.

Women identified the need and the importance of life skills education—everything from budgeting to parenting skills to cooking lessons. Most of the young women interviewed have never been in the position to run a household on their own and, in order to succeed outside of the shelter, they require opportunities to learn these necessary skills. As one woman explains:

Every morning we come down here we do all our chores ... I think it's a good thing because some girls come here and they don't even know how to do laundry ... or they don't know how to cook their own food ... some of them have never been around a baby before, It's always just been them ... on the road all the time and now they're pregnant ... this is good preparation for them. (Marlina)

Situation

Community attitudes and shelter location affect residents and factor into the conception of optimal shelter design. The location of the shelter is very important to the participants in terms of proximity to shopping, community centers, transit, and the safety of the neighborhood. Although location is important, feelings of being connected to the community in which one resides were also raised. Most participants spoke about the stigma associated with being a young mother and of how that impacts their experience of connectedness of to the community. This was articulated by Shelley:

Like some people have the perspective all single moms are whores and sluts and everything like that. I disagree with that because I'm like, shouldn't we all be respected because we're only human beings but at the same time, we're taking responsibility ... we're actually having to go through the body changes, we're the ones that have to get stretch marks and we are actually taking care of our responsibilities.

According to participants feeling like part of the community helped to build their self esteem and self confidence. As one woman explained:

I feel that the, well, once I realized that I'm a part of the community is when people recognize my face. You know what I mean? Like I'll be walking

down the streets for example and I'll see the same person all the time. All the time, and they'll recognize me. (Anonymous)

The shelter assisted in this task by providing opportunities for the residents to engage with the community and by implementing public education campaigns. How young mothers are portrayed and perceived by the public was also understood by one mother in influencing her behaviour and self worth.

Always you know, moms are self sufficient they're being powerful, they're being you know, they're taking care, they're getting a place. They're being positive, focused on their goals they always give that positive image about the moms they don't—they try to fall away from, go far away from this typical stereotype of a mom, of a single young mom, especially. (Shelly)

The third central theme regarding situation is the importance of having the shelter blend in as part of the community and rather than having it be obviously visible as an institution. The participants felt that this was important to reduce stigma as well as to increase safety.

A shelter that blends in, kind of hides it's purpose of others knowing what's happening, you know what I mean, it's kind of like housing, like you know, the colors one color, you know, we don't know, we'll be walking by there's, actually it's happened to me a couple of times, I'm wondering out of the whole place if this place stands out more than all the other places. (Anonymous)

Discussion

Implications for best practice and service delivery. Shelters purposefully designed for young women who are pregnant and/or new mothers are important to meet their unique and specific needs and overcome the considerable barriers to accessing resources. Successful intervention with young mothers can help to make the optimal transition from being homeless to that of being permanently housed. The creation of coordinated services for young homeless women that offer supportive medical care could contribute to lower rates of pregnancy and better health and birth outcomes and centralized services can create an environment for young women to build relationships and find support with other young women who have similar experiences. Programs that are most likely to succeed in the positive development of young women as mothers are those that involve integrated case management and coordination amongst service providers, link services to permanent housing, and provide resources and services specific to the needs to young pregnant women (Weinreb, Browne, and Berson, 1995: 497). Similar to the literature, women in this study emphasized the heightened insecurity and instability due to limited and inadequate funds for intrinsic needs. Consequently, independent living programs, which teach

participants how to find employment and housing, as well as how to care for themselves and their children, contribute to long term, sustainable change (Greene et al. 376).

Entering a shelter can be an opportunity to stabilize, which can promote the energy and motivation to access other resources, such as medical, education, and employment (Gerson, 2007: 107). Shelter design is also a critical element in successful intervention as it can provide an opportunity for young homeless women to build their self-esteem and self-confidence and thus promote positive future decision making. Shelter design matters because, when it is done so in a way that fosters respects the autonomy and independence of the residents, it can contribute to young women's sense of agency, which can have a rippling effect throughout all areas of their lives. Listening to and centering the voices of service users in the creation and design of services can result in more appropriate and useful resources (Weinreb, Browne and Berson, 1995: 500).

Further, a policy of integration of services as a tenet of optimal shelter design can provide a pathway in which to connect young homeless pregnant women and/or new mothers with services and resources they may not otherwise access. The site where this study took place had a regulation of one child only. This meant that in order for women who had more than one child to stay in the shelter they had to find alternative arrangements for any older children. This highlights the need for more emergency and transitional housing placements for families of various compositions. Also, there were many restrictions on the residents in terms of curfews, visiting hours, and the prohibition of overnight guests. Young women who are homeless are multi-faceted and occupy many different roles, including mother, partner, and friend, among others. It is important when creating the optimal shelter design that these multiple roles are taken into consideration and that there are opportunities to fulfill these roles in meaningful ways.

Coping with motherhood

Parenting an infant is a complex and challenging task; young mothers who are homeless have the additional challenge of balancing housing instability, poverty, violence, marginalization, addiction, stigma, and un/underemployment. Due to the social stigma experienced by young mothers, it is important to create opportunities to foster empowerment through building self-esteem and self-confidence. Optimal shelter design should create a supportive environment wherein young women can learn new skills, develop emotionally, and connect to relevant resources. The long-term outcomes of such designs can result in healthier children and families, decreased child welfare involvement, and the disruption of the intergenerational cycle of poverty. Ultimately, young mothers are like any new parent who is experiencing the joys and challenges of parenting and are looking for support to do the best for their children and themselves.

Limitations

This study was conducted in one location with young homeless women residing in a shelter for young pregnant women and/or new mothers. It therefore excludes the voices and experiences of young women who live in rural areas, or areas without services for this population. There also were no Indigenous participants in this study, who statistically comprise a large portion of young homeless mothers in Canada (Baskin, 2007: 32-3). Further research into the experiences of young homeless women from diverse backgrounds is warranted and could help to provide more appropriate services to a marginalized and potentially vulnerable population.

Conclusion

The experiences and needs of young women who are homeless and pregnant, and/or new mothers are rendered invisible in our society. The sexuality of young women is highly policed and regulated, locating young mothers as deviants for engaging in sex and becoming pregnant. Transgressing this social norm results in stigmatization. The paradoxical nature of the experience of young homeless mothers is one in which their “bodies” are highly visible while their “voices” are invisible. Bringing the voices of service users to the forefront of the development of optimal shelter design policy for this population will result in more effective and relevant service delivery. Services that are more applicable and address the needs of young homeless pregnant women are more likely to result in long-term stability and success in the transitions from homelessness to home.

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¹European Federation of National Organisations’ European Typology of Homelessness and Housing Exclusion

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