7 Building Community: Supportive Housing for Young Mothers

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Introduction

At a time when individuals need a strong support system to successfully address the complex and often challenging developmental tasks of adolescence, which are necessary for creating a stable identity and becoming productive and independent adults, an increasing number of adolescents find themselves dealing with an unrealistic test of independence – homelessness. Youth represent a unique subgroup of the homeless population with very specific needs – they face extreme alienation (from society and often family), and disadvantage during a life-stage that is tumultuous and difficult for even the most fortunate of young people (Hughes et al., 2010; Karabanow, 2004). Homeless youth are at risk for physical and mental health problems and are highly vulnerable to exploitation – both sexual and financial (Durham, 2003; Karabanow, 2004; Karabanow et al., 2007; Krauss et al., 2001). In turn, homeless/at-risk *female* youth are at particular risk for sexually transmitted infections (Hughes et al., 2010; Karabanow et al., 2005) and their pregnancy rates are significantly higher than those for housed young women (Greene & Ringwalt, 1998). In fact, mothers with children are the fastest growing group of shelter users in Canada (Rahder, 2006) and families account for approximately 40% of the homeless population in the USA (National Alliance to End Homelessness, 2007; U.S. Conference of Mayors, 2004). Not surprising, motherhood during adolescence carries its own set of challenges

for those who are homeless (Martin et al., 2007), including physical health problems (Craft-Rosenberg et al., 2000; Hatton et al., 2008), mental health problems (Tischler et al., 2007), risk of abuse (Du Mont & Miller, 2000) and suicidal behaviour (Styron et al., 2000). In turn, teen pregnancy carries higher risks for the newborn (Crawford et al., 2011), including multiple birth complications, as well as physical, neurological, and nutritional problems (Chapman et al., 2007; Little et al., 2005; Stanwood & Levitt, 2004; Stein et al., 2000). Homelessness makes it extremely difficult for a mother to nurture her children, often leaving her feeling depressed, anxious, guilty and ashamed (Paquette & Bassuk, 2009). Yet, relatively little attention has been directed toward understanding the particular needs of homeless mothers; they are marginalized by society, not well supported by the service sector and are generally left to fend for themselves (Benbow et al., 2011; de Jonge, 2001; Tischler et al., 2007).

To help address this concern, our chapter uncovers the experience of young women living in a supportive housing initiative intended specifically for mothers and their children. Supportive housing is one approach to accommodation that is designed to address some of the social inequities that contribute to housing insecurity, homelessness, and social exclusion (Golden et al., 1999; Jackson, 2004; Karabanow et al., 2010; Peters, 2004). Golden et al., (1999) broadly define supportive housing as a midpoint between institutional and independent living. It focuses on keeping vulnerable people housed, reducing the burden on emergency services and shelters, and re-establishing an individual's social networks within a community – all critical factors necessary for easing isolation. This is achieved through supportive services that may be live-in (e.g., group home), or 'portable' and available within the broader community (Pomeroy & Campsie, 2004). Collin, Lane and Stevens (2003) argue that a broad array of comprehensive services are needed (e.g., education, employment services, child care, health services, life skills training and parenting skills training) to provide individualized attention in multiple ways (through staff, discussion groups, home visits, peer interaction, ongoing education in birth control choices, counselling, transportation to office visits, and advocacy by staff and health providers). Services should be available over the long term, be comprehensive in nature (provide housing, educational programs, counselling, etc.), and build a collaborative relationship between staff and clients. In addition, supportive housing needs to offer mothers a voice and be supportive of their choices, rather than telling them what to do (McDonald et al., 2009). Likewise, supportive housing needs to offer one-on-one support to foster individual strengths (a sense of moral worth, belief in one's maternal capacity) in ways that nurture "the young mother's self confidence and self-esteem, providing a counter-weight to the social disapproval she experiences beyond, and sometimes within, the family and working to lessen the poverty and material disadvantages she faces" (Graham & McDermott, 2006:31).

Most of the supportive housing literature focuses on services provided to people with mental illness and/or disabilities, and seniors. The relevance of these models for diverse populations with different needs and capacities, such as young mothers, is rarely documented. Likewise, while numerous scholars have argued for more formal assessment of program efficacy, research fails to distinguish successful programs from those that fail to work for young mothers or meet stated goals (Benson, 2004; Collins et al., 2000). Our research begins to fill the knowledge gap by exploring these issues through in-depth discussions with the young mothers and staff/board members who are intimately familiar with the Nova Scotia supportive housing development.

Methodology

This research used a case study approach to develop rich understandings of young mothers' experiences of living in SHYM (Supportive Housing for Young Mothers), a non-profit, community-based housing complex for young mothers who are homeless or at risk of becoming homeless. SHYM is a free-standing (detached) unit with 12 independent, furnished apartments that provide a range of infrastructure support: physical (facilities, offices, etc.), policy (housing regulations), human service (round-the-clock staff), and education (programs). SHYM accepts mothers, between the ages of 16 and 21, along with their children for up to 24 months. Mothers need to be financially supported through Income Assistance.

This research explored how tenants experienced SHYM, their quality of life, feelings of self-worth and hopes for the future. Two rounds of in-depth interviews were conducted six months apart with 10 tenants of SHYM (see Table 1). These tenants also completed the World Health Organization Quality of Life survey (WHOQOL-BREF) during each interview session. The study also explored staff and Board members' experiences working at/with SHYM, as well as their perspectives on the development and evolution of the non-profit organization. The study was guided by the following core questions: *What is the pathway through which young mothers become homeless and housed? How are young mothers experiencing SHYM? What are the strengths and limitations of this housing structure for young mothers? How do these young mothers understand themselves (their hopes, sense of self, health and social needs) in relation to supportive housing? How did SHYM evolve into its current housing form and what supports are needed to ensure that it is sustained and effective?*

Using a case study approach, we investigated the development of the organization and created a narrative of its evolution. Over a nine month period (August 2008 - April 2009), data collection and analyses were conducted in an iterative manner highlighting emerging themes (as described by Strauss and Corbin, 1990).

Table 1

Tenant	Mother's Age at T1	Baby's Age at T1	Length of Time at SHYM at T1	Time between T1 and T2	Length of Time at SHYM at T2
			Tenant/Interview Information		
1	17yr.	4 months	8 months	8 months	Left SHYM at 10 months
2	18yr.	5 months	3 months	No T2 interview	No T2 interview
3	18 yr.	5 months	8 months	9 months	Left SHYM at 12 months
4	18 yr.	13 months	7 months	8 months	15 months
5	18 yr.	2 years	1 week	No T2 interview	No T2 interview
6	19 yr.	1 year	10 months	7 months	17 months
7	18 yr.	5 months	1 month	8 months	9 months
8	17 yr.	18 months	2 months	No T2 interview	No T2 interview
9	18 yr.	7 months	1 month	5 months	6 months
10	22 yr.	1 year	2 weeks	4 months	4.5 months

Rethinking Teen Motherhood

Past literature on teen motherhood emphasizes the negative consequences for both baby and mother that result from early childbirth. These consequences include a lack of education and employment potential for the mothers, leading to poverty, poor maternal attachment (desire to protect and comfort) and sensitivity (awareness of infant signals, accurate interpretation of these signals, and appropriate responses) (Ainsworth et al., 1978), and behavioural problems for children (Basch, 2011; Beers & Hollo, 2009). Research suggests that teen mothers are often perceived as having compromised their human capital (potential) by dropping out of school or delaying entry into the workforce. Policies dealing with economic and social supports for teen mothers have always been based on this negative portrayal, seeing teen motherhood as a 'problem' that needs to be 'dealt with'.

More recently, however, research on teen parenting has begun to examine these issues more carefully. Rather than viewing teen mothering as "untimely, a disaster of relentless risks and losses," the issue is being reframed to address this populations' strengths, struggles, and challenges (Smithbattle, 2009:123). This new strength-based lens is not intended to suggest that there are no negative consequences of early motherhood; obtaining an education and breaking out of the cycle of poverty is indeed a struggle for teenage mothers. Rather, recent research argues that early childbearing is not directly responsible for these negative outcomes. In-

stead, these outcomes could very well be the result of the personal histories of the mothers and the lack of resources and supports available to them when they become parents (Duncan 2007; McDonald et al., 2009; Savio Beers & Hollo, 2009). Indeed, Melhado argues that evidence shows teen mothers are more likely than their childless peers to have been "socially, economically and educationally disadvantaged by eighth grade," meaning that they were more likely to come from low-income families, have lower educational aspirations, have experienced behavioural problems and been held back in school (2007:184). Such factors, alone or together, heighten the risk that young mothers will lack effective parenting skills (Flaherty & Sadler, 2011). Research suggests that access to resources is a better predictor of educational success than young parenthood, with resource-rich teens obtaining one to two more years of education than resource-poor teens – regardless of whether they are parents (Melhado, 2007). Indeed, some longitudinal research indicates that teen mothers are able to catch up "with their peers in education, employment and personal relationships" (Melhado, 2007). Further, there is evidence to suggest that teen mothers who have access to supports (e.g., continue to live at home with supportive parents) are able to develop healthy attachments with their babies (Flaherty et al., 2011). The challenges faced have more to do with "having a child out of the usual social sequence" (McDonald et al., 2009:46). In other words, teens do not lack capacity for learning to parent; instead, they experience a tension between wanting to become independent and needing help to manage their responsibility to their children (Meadows-Oliver et al., 2007; Stiles, 2008).

Regardless of the perspective, most agree that homelessness puts teen mothers at a greater disadvantage than those who are housed. Despite these disadvantages, evidence shows that young mothers themselves consider parenthood more of an opportunity than an obstacle, and argue that their capacity to care for their children is limited only by poverty, and the social stigma they face (Graham et al., 2006; McDonald et al., 2009).

Introducing SHYM: Goals and Objectives

Supportive Housing for Young Mothers (SHYM) is located in Dartmouth, Nova Scotia, (urban core population 65,741 in 2001). Dartmouth is a city within the Halifax Regional Municipality (390,096 in 2011 Canadian Census, Retrieved 7 March 2012) on the Atlantic seacoast. Its population is highly Eurocentric and its economy is driven mainly by government services and private sector companies. The street youth population includes many youth from surrounding rural areas, yet the community has few street youth services (Karabanow, 2004). SHYM is a non-profit, community-based supportive housing complex for young mothers who are homeless or at risk of becoming homeless. Founded in 2001 by a group of concerned community members, academics and service pro-

viders, SHYM opened its doors to young mothers and their children in the late fall of 2007 following intense planning and development efforts. The primary mission and vision of the housing complex is to provide a supportive, affordable and caring environment to young mothers in order for them to build/rebuild their sense of self and develop/redevelop social and human capital (regarding parenting, family living, job skills, etc.) for their future. Program goals include:

- To reduce the risk of violence, addictions, inadequate prenatal and infant nutrition and care, child development delays and social isolation for young mothers and their children.
- To provide safe and secure housing where residents can learn the life management and parenting skills essential to independent living.
- To provide a safe and nurturing environment for the children involved in the program.
- To provide individually tailored action plans that address the specific needs of residents.
- To provide a supportive and nurturing environment that includes individual counselling, the development of support networks (accessing family resource centres, peer support groups, etc.) and access to training and educational supports.

Programs such as SHYM aim to do more than just provide a safe and affordable place to live *for the present.* They strive to develop skills, knowledge, awareness, confidence, resources, and social support networks in the belief that these attributes will prevent or buffer homelessness in the future, and promote overall health, safety, and stability for each young family.

SHYM was developed to fill a gap in housing options: while a young homeless woman without children could access housing locally through housing supports for youth, the same young woman with children would be left with few choices. In addition, given that the eligibility criteria for Income Assistance (also known as social assistance) at the time of the study required anyone under the age of 19 to live at home with parents or an appropriate guardian (approved relative, foster care, group home, etc.), the options available to this vulnerable teenage population became even more limited.

In the beginning, SHYM's Board of Directors determined that it wanted to offer housing to young mothers who were between the ages of 16 and 21 and homeless or at risk of being homeless. SHYM envisioned itself as a supervised program where tenants would live in their own apartments, have access to support staff during the day and live-in staff at night, and attend skill-building/

support programs developed and offered by SHYM. The SHYM directors imagined a building that could house six to eight families with a small staff team.

As SHYM developed from dream to reality, the Board of Directors had to make numerous concessions and compromises (not unlike most non-profits) that had considerable impact on the organization's mission and method. In negotiations with the government funder, SHYM's plan for a six to eight tenant program shifted to 12 units with a rate of funding considerably lower than the financing received by other similar youth organizations. These compromises resulted in a larger number of clients needing services and fewer funds to serve those clients. In addition, because young women had to be on Income Assistance in order to live at SHYM, these women needed to be referred to the program. Most were referred by the government funder. As a result, while SHYM was designed for 'less troubled' mothers aged 16 to 21, in reality the tenants referred to SHYM were almost exclusively under the age of 19, and many had mental health and behavioural issues that challenged SHYM's small workforce, leading to staff re-structuring (redefining roles, responsibilities, and work schedules) and several tenant evictions (SHYM was the only option for some tenants if they wanted Income Assistance).

Life at SHYM: Independence and Structure

Many of the tenants at SHYM, like many homeless youth, came from tumultuous and often destructive home environments (Hughes et al., 2010; Karabanow, 2004; Karabanow et al., 2010). Many of the mothers who entered SHYM were essentially left with no other options: few could return home, they were ineligible for shelters (local shelters did not admit families), and were unable to rent their own apartments (because they were, for example, too young, had little income or due to landlord discrimination). Add to these realities the developmental stage of early adolescence (12-18 years) – a time filled with upheaval and role confusion during which many youth withdraw from responsibilities and rely on their peer groups for support as they search for an identity separate from that of their families (Steinberg & Morris, 2001) – it is not surprising that several tenants resented being "forced" into living at SHYM:

> I think it's not fair that I should have to live here… And believe me, I did not choose to live here. I was forced to live here, [By] Income Assistance. They, well I had no choice but to leave my mom's. So I called Social Assistance for some help and they told me that my mother's financially responsible for me until I'm nineteen and the only way they could help me is if they put me in supervised housing. I said no, I said frig that, I'd rather stay with my mom and then, because I thought that SHYM was like a group home... But then I called them back when I realized

> *that I really had to get out because it was just getting more unsafe as the days went on. I was really excited at first because I knew I was going, like I thought I was going to have a lot more freedom. I have more freedom being here, like not, I can lock my door and not have to worry about people being around but it's not the same as being on my own.*

Other mothers, however, expressed relief at finding housing:

> *I was so happy, I was so excited to have my own place and finally, not have to worry about where I'm going to lay my head or where my kid's going to sleep and just like a big relief.*

Indeed, for some, SHYM appeared to be a very attractive option, not only for its safety, reliability and affordability but, since mothers had their own apartments, and for its promotion of independence:

> *In SHYM you live on your own, it's a very independent kind of living area. You raise your child on your own, you have your own apartment to keep clean... but you have your own apartment, you pay your own bills and you just have, just like if you were living on your own in any other apartment. The only difference is that you have support here; you have programs to help you be a better parent…*

A sense of independence was highly important to the young mothers interviewed and closely connected to their self-worth. Just as Hallman (2007) noted that teen parents in classroom settings want to be treated as capable and competent students, teen mothers at SHYM emphasized their desire to be regarded as "good mothers," capable of raising their children independently. However, as many theorists argue (Meadows-Oliver et al., 2007; Stiles, 2008), while teen parents, like all youth, strive to develop an independent adult identity, they experience a tension between independence and a need for help, as their responsibility to their children keeps them dependent on others for assistance and support.

Part of SHYM's role was to offer structural supports (predictable organizational regulations) to its tenants. Hence, life at SHYM was governed by a number of house rules designed to create stable routines within a safe and respectful environment. For example, to encourage mothers to engage with their community, tenants had limits on the amount of time spent within the building. To encourage mothers to develop a sense of responsibility in caring for their babies, tenants were limited in the amount of time they could leave their children in the care of others, and in the number and frequency of guests they could entertain. According to staff, these house rules were designed to keep tenants safe, to support the development

of healthy relationships (maternal attachment with baby) and to maintain a clean, comfortable and respectful building. Not surprisingly, given their developmental stage, several of the tenants complained that these rules limited their independence. Both tenants and staff expressed concern that SHYM was on the brink of becoming – or had already become – a "group home" rather than "supportive housing."

In addition to the house rules regarding visits and general behaviour, tenants were required to attend programming intended to build life skills and more generally provide tenants with a structured routine. According to the organization, this routine was not only important for the babies, but also the mothers: "Having routine programming might alleviate the boredom of being home all day with a baby, but it can also help prepare the teens for a return to school or work" (SHYM staff). Most of the tenants resented the number of programs they were required to attend, suggesting that the programs were an "imposition on their lives," leaving them with little free time to spend with friends or family, or to complete necessary tasks (i.e. laundry, cooking, cleaning their apartments). While tenants enjoyed some of the programs – particularly those involving self-care – most complained that the programs were held at inconvenient times, interfered with their schedule, or had little relevance for them or their babies, particularly if their babies had passed, or not yet reached, the age for which a program was targeted. Clearly, finding ways to foster the transfer of knowledge and skills gained from one situation to another within this population was a challenge. In addition, finding ways to encourage *reflection* and *insight*, so that behaviour changes were internalized and maintained, was also a challenge. The most successful programs at engaging tenants were the ones that built physical and/or emotional relief/confidence.

Children served as the driving force for many of the tenants at SHYM. In fact, as studies of other supportive housing programs have found (Benbow et al., 2011; Karabanow, 2008), many of the young mothers at SHYM viewed their child(ren) as their reason for living and persevering through difficulties. Indeed, their new role as mother completely reshaped their sense of self. Nearly all of the mothers stated that "[my child] is my life," "[my child] keeps me motivated" and "[my child] keeps me stable." The mothers valued any program that directly and observably fostered their ability to be a "good mother", which, in turn, bolstered important feelings of self-esteem and self-efficacy – essential elements of resilience (ability to overcome adversity).

There was a delicate balance between SHYM's desire to foster independence and the need for rules: while the mothers *required* support and structure, they also required and *desired* choice. Along these lines, the primary complaint about rules and programming at SHYM was that they left little room for maternal voice and choice – important dimensions in the development of responsibility

and accountability (Hughes & Gottlieb, 2004; Martin et al., 2005). The capacity to exercise choice, known as autonomy, is critical to development (Bertrand, 1996; Doherty, 1997; Steinhauer, 1998) as it assists in building a sense of mastery, control, and security – essential elements for managing life in productive and satisfying ways (Deci & Ryan, 1985; 1991). Autonomy requires not only free choice, but also critical reflection (thinking over decisions made and actions taken). And while independence is an important element, autonomy does not require that all actions be carried out alone. Instead, autonomy involves knowing when help is needed and *freely choosing* to *work with others* as opposed to being forced. Such capacity does not come automatically, but rather needs to be built, tested, reflected upon and tried again after failure (Ryan & Deci, 2006). Several tenants acknowledged a desire to create a more participatory and collaborative environment in which mothers contribute input (designing house rules, selecting programs, etc.) and work together with staff.

Challenges at SHYM: Internal and External

Tenants struggled with the balance between independence and regulation at SHYM and expressed dissatisfaction with the rules and programming. Staff were well aware of these issues, but felt constrained by challenges both within and beyond the organization. Within SHYM, the rules had shifted and changed substantially from the organization's beginning, in response to the more demanding and younger tenant population. As one staff member noted:

> *We recognize that the needs for young women, particularly in that kind of 16 to 18 year old developmental place, are that they do need a level of kind of supportive, even parenting. And so you can't give them all the control for things, you have to be able to do a balance of providing support and providing parental expectations and that's really, yeah I think that really has changed.*

Not only did these younger mothers have challenging developmental needs, but their behaviours contributed to a house environment that was more volatile than expected. As is characteristic of young adolescents, every tenant referred to the "drama" of living in a building with a group of teenage girls. The drama – gossiping, backstabbing, sharing of boyfriends, and engaging in conflicts, which occasionally turned into bullying – was a significant part of their lives and a real challenge for SHYM staff to manage and support. As one of the staff explained,

> *I think the hard parts would probably be some of the interpersonal issues that can happen when eight girls of the same age all live together. And the idea that there's, you know, program expectations that they resist and*

> *sometimes, particularly if there's interpersonal stuff going on, it's hard to be wanting to be in a group of girls that you're having issues with.*

These internal conflicts were amplified by external complications. As mentioned, negotiations with government resulted in not only a more challenging tenant group, but also a lower rate of funding than necessary. Consequently, SHYM struggled to find the income to properly maintain its tenants. Interpersonal issues "escalated because at that time there was inadequate staffing" (SHYM staff) and the staff team was too small to cope with the needs of the tenants. Like many other not-for-profit agencies, while SHYM applied for – and received – additional grants, funding was limited and remained a fundamental struggle.

Benefits of SHYM

Despite all of the challenges, most tenants and staff agreed that SHYM was successful in two major and critical ways – it provided a safe housing alternative for mothers and children, which allowed them to remain together, and for both to thrive. As one staff member noted, "I don't know but I believe that SHYM is beneficial because these moms have [their] babies with them and they might not otherwise." Such observations reinforce the evidence that safe housing plays a key role in positive parenting (Anderson et al., 2003). A number of mothers reported a dramatic reduction in their stress and that of their child, since living at SHYM:

> *I've been less stressed. I've been around abuse, [my child]'s been actually a lot less stressed too. Like even for a newborn, he was really stressed and you could just tell and he's just been a lot easier, I can sleep better at night. Yeah, and that it's safe and I'm not going to run into anybody or anything.*

> *Yeah. It's just, I don't know, it just feels better. Like I'm feeling good about myself and about being a mother here, because now I'm not putting him in any bad, like he wasn't in any bad situations before but he was in a stressed out situation and just everything like that and now that we're here [SHYM] I feel like I can concentrate more on him and like be there and stuff with him.*

SHYM succeeded in removing mothers and children from the dangers of homelessness and/or abuse, in addition to providing an environment of support (emotional, structural and financial), encouragement, and educational resources. As a result, tenants at SHYM had an opportunity to gain critical insight that enabled them to begin to separate themselves from the destructive patterns of their lives (poverty, family violence, chronic chaos, addictions, etc.). One tenant explained:

I feel more positive now, living here, than I did living with my mom because when I lived with my mom, like for the first six months, I just didn't think that I was going to go anywhere. I thought that I was just going to be one of those young mothers on Welfare, until she's 25 or 30 or whatever and I felt that I wasn't going anywhere in life. But when I moved in here I started talking to people and everything changed. I think it's because I got away from the old pattern. Like I know if I would have stayed with my mom, I probably would have done, like I probably would have raised [my child] the same way she raised me, which was extremely unhealthy and unsafe. I guess it was just getting away from my old habits and realizing that I have something more important in my life than what I did have.

Tenants also commented that SHYM provided critical supports to assist in the development of reflection, problem-solving and other valuable life skills necessary for their growing independence:

So there's a difference between a safe home and then a safe, supportive home for where I'm at now. I don't know how to explain it, like if I was over here then I'd be like, okay now I got to pay bills, I got to worry about my child and I need to figure out what I'm doing and stuff like that. I'd be doing it alone. And then with SHYM, you've got your safe environment, I'm still paying bills but not as much as I would be over here, I've got the support systems and the information that I need to be able to further anything and like, there's two different kinds of safe environments. So with SHYM you've got a safe environment plus more, with the same environment, I could be in an apartment somewhere or living with a cousin or something.

Despite the conflicts between tenants, several mothers voiced their appreciation of the community and friendship available at SHYM. Many mothers agreed with the sentiment expressed by one tenant that, "at least, being here, I know people aren't looking at me funny because I'm 18 and I have a kid and that I'm not with the father and that the father's not coming around." Entering a community in which they were free of stigma, and not immediately viewed as "other", helped these teens build self-esteem and feel "not alone anymore."

Despite reported incidents of conflicts, tenants also appreciated their relationships with staff. In particular, many mothers cited specific staff members whose one-on-one support and coaching was crucial to their development at SHYM. One mother recounted that:

> *The thing that I like about SHYM is that the workers are here, so you can talk to them about anything. So if I get to the point where I feel I'm going to have a breakdown, or even before that, I just go down and talk to [staff members], whoever's in and then, well I just feel better because I get to talk.*

SHYM benefited its tenants by providing a physically and socially safe and supportive environment in which mothers could risk sharing their concerns with trusted others, and build the courage to try new skills, develop self-confidence, and break away from the destructive patterns of their past – all critical steps for building a sense of mastery, control, security, and autonomy (self-governance) in their search for an identity.

In addition, many mothers noted that SHYM allowed them "to focus on the future rather than the day by day survival" (SHYM tenant).

> *I know for a fact that if I wasn't in SHYM then I wouldn't be where I am today. I know that I would be more concerned about finding a place to live or just little things like that. Well not little but I'd be more concerned about kind of, in a way surviving every day but where I'm in SHYM and I have people to talk to and I have a place to live and the support system and whatnot, I'm able to focus on my future rather than taking it day by day.*

> *The thing about SHYM is that when I was living at [shelter] and at the other apartment and whatnot, well not to sound drastic or anything, but survive kind of thing and now that I'm in SHYM, I can actually think about starting a future for my child and me. So I'm like, I'm happily going to school and he's going to daycare, so I'm going to achieve things in life. So SHYM has given me the opportunity to reach my goals. So I think that when I do move out, I know that I'll be better prepared for the real world.*

By providing mothers the opportunity to focus on their goals, and think in terms of the future, SHYM broke the street-survival mindset of *living in the moment;* a day-to-day life of insecurity, uncertainty, and a constant search to meet basic survival needs (food, shelter, clothing). In contrast, SHYM allowed tenants the time and space to transition into a new phase of their lives.

Changes Observed in Second Interviews

Second interviews were conducted with seven of the ten tenants who were originally interviewed. Of these, five were still at SHYM, while two had left and were living on their own. The time between interviews ranged from four to nine months (see Table 1).

During the second round of interviews, some of the tenants suggested that the positive changes in their lives and the lives of their children (for the most part, greater stability and wellness) were a direct result of living at SHYM. Four of the five tenants still housed at SHYM at the time of the second interview spoke highly of their experiences at SHYM and described greater physical and emotional stability in their lives. While two of these tenants were positive about SHYM during both first and second interviews, two other tenants originally expressed negativity about SHYM but grew more positive over time, particularly with regard to the house environment, the meaningfulness of programs, and even the staff coaching approaches;

> To tell you the truth, I actually do like it more than like, more than when we did the last interview. A lot has changed and the girls in the building actually get along now, they're not like ripping each other's hair out of their heads [laughter]. Well, not literally but, it's a lot better than it used to be and, like the programs, some of them are more meaningful now. Like we had a Will program and we had to make up our wills, we got to do them for free and it was a really awesome program. So I'm starting to like a lot of the stuff that they're doing lately.

> I went to school, I'm still in school. I'll be graduating in June and I got accepted at [college] for September. Yeah, my child's in daycare and yeah, just a lot of different things. I'm fighting for sole custody of my child.

> And just about like it's, I know [staff] she's bringing me a long way because she pushes and she's like, go do this, go do that and then we'll sit in her office and she'll be like, you have this, this, this and this to do and we're going to get this, this, this phone calls done and boom, and I come out of her office and I'm like, oh my goodness I feel like I accomplished like the world [laughter]. She makes me do it all. So it's pretty good. Like I do get a good, yeah this place, like they help me out like besides if you need help, like in the most needy, you know what I mean. But yeah, besides that, but other than that, I feel like it's awesome being here. Yeah.

Quality of Life

During both interviews, tenants completed a 26 item survey regarding their quality of life – the World Health Organization's *Quality of Life* survey (WHOQOL-BREF; 2004) (see Table 2).

Table 2

Quality of Life Responses (WHOQOL-BREF): Time 1 and Time 2 (Mean Score)		
	Time 1	Time 2
Overall Ratings (1-5)		
Quality of Life	4.2	4.1
Health	3	4
Specific Ratings (1-100)		
Psychological	65	69
Social	69	63
Environmental	59	62.5
Physical	48	51.2

During the *first interview*, using a scale from 1-5, tenants scored their *overall quality of life* as good (average score = 4.2, range 2-5), but were neutral (neither *satisfied nor dissatisfied*) about their ratings of *overall health* (average score = 3, range 1-4). Likewise, in terms of specific profiles (scale 1-100), tenants gave positive scores to their *social* domain (personal relationships, social support, sexual activity) (average score = 69, range 31-100), and *psychological* domain (body image/appearance, negative/positive feelings, self-esteem, spirituality, thinking/memory/concentration/learning) (average score = 65, range 44-88). However, they gave mediocre ratings to their *environment* (financial resources, freedom/safety/security, home environment, opportunities for acquiring new information/skills, recreation/leisure, transport) (average score = 59, range 44-81), and less than average ratings to their *physical* domain (activities of daily living, dependence on medicinal/medical aids, energy/fatigue, mobility, pain/discomfort, sleep/rest, work capacity) (average score = 48, range 25-63). The tenants' initial survey scores were consistent with their interview discussions from the same time. While mothers perceived their *physical* and *emotional health* to be at least satisfactory during the early part of their stay, they were only reasonably satisfied with their *living environment* and most were frustrated with SHYM's mandated rules and programming – which they perceived as a restriction on their freedom.

During their *second interview*, scores on the WHOQOL-BREF survey (see Table 2) changed, similar to the change reflected in the tenants' stories. In terms of their overall ratings (scale 1-5), tenants continued to score their *quality of life* as good (average score = 4.1, range 4-5) and grew more satisfied with their *overall health* (average score = 4, range 3-5). Likewise, in terms of specific profiles (scale 1-100), tenants continued to give above average scores to their *psychological* domain (average score = 69.1, range 63-88), and marginally improved ratings for their *environmental* (average score = 62.5, range 56-88) and *physical* domains

(average score = 51.2, range 38-69). At the same time, while still positive, scores fell somewhat for the *social* domain (average score = 63, range 44-100), which may have reflected some continuing concerns about SHYM's communal environment and/or tenants' relationships outside of SHYM. Every tenant reported some change in scores from Time 1 interview to Time 2 interview. Further, while five of the seven tenants reported at least some positive movement, two tenants reported only negative change. Interestingly, of the two mothers who participated in the Time 2 interview after leaving SHYM, one mother, who left voluntarily, reported improved scores in overall health and on three domains (physical, psychological and social), while the other mother, who was asked to leave, reported reduced scores in the same three domains (see Table 2).

Conclusions

In many ways, SHYM's story is similar to those of other small, non-government and alternative organizational structures, attempting to survive within very turbulent economic and political environments. It took a long, complex journey of unexpected collaborative partnering among diverse stakeholders to reach its destiny and, once achieved, it was not quite the reality that the founders of SHYM had imagined. SHYM had to reinvent itself and compromise on some of its ideals in order to adapt to the realities of funding and building relations mandated by government systems. Despite the compromises and strains, the organization consistently resisted and fought to maintain its vision and purpose. What was so encouraging about this research was that staff and mothers alike did not remain fixed in their views, but instead, with time and reflection, were open to a shift in thinking. Such behaviour is a good sign for the next phase in SHYM's journey.

This case study provides several 'lessons from the field' regarding how supportive housing initiatives might be repeated or adapted in other environments. First, it appears to be essential that a project have a committed and focused steering group of innovators and supporters who are dedicated to the often long, tedious and frustrating journeys necessary to translate ideas into concrete realities. Second, all projects need to have a deep understanding of the complex systems at work, both internal and external to the supportive housing initiative, and of the complex relationships between these systems. In other words, the steering group needs to understand how the policies from formal systems dictate the internal operations of the non-governmental organization. In addition, the steering group must work with, and be flexible and adaptable to changes in both the internal (the housing initiative) and external (government and service providers) environmental systems. Third, it is critical that the supportive housing steering group have a solid understanding of the tenant population (in this case homeless mothers), and, despite inevitable shifts in focus, stay true to the project mission and vision. Fourth,

providing safe and affordable housing with meaningful programs/supports is an extremely powerful and efficient approach to helping marginalized populations build the resilience necessary to overcome adversity and re-enter mainstream culture with the skills, confidence, and resources needed to succeed. And last, the 'messiness,' nuances and complexity of grassroots, community-based initiatives should be celebrated – not only for being innovative and creatively mending the tattered social safety net, but for demonstrating a collective and local response to a problem that consistently lacks government attention.

Recommendations

A number of recommendations can be gleaned from the findings of our study, which explores a Nova Scotia supportive housing development (SHYM) designed for young mothers and their children.

- The need for separate, safe, supportive housing programs for young mothers is clear; however, strategies are needed to ensure that decision makers and funders are not only made aware of the evidence, but engaged in ways that ensure such initiatives are sustained.

- Supportive housing needs to be long-term/semi-permanent/transitional (with tenure of up to at least 2 years), rather than simply emergency or short-term. This will provide the time and supports necessary to address the complex consequence that face tenants.

- Young mothers, with lived experience and perspective, need to be included in the design of supportive housing.

- Supportive housing requires a safe structure that fosters a balance between the need for purposeful routine and the desire for autonomy (free choice).

- Supportive housing needs to include a variety of tailored, relevant, accessible programming (both on- and off-site) that fosters the development of life management skills in ways that build on strengths, are solution-focused, and treat conflict as an opportunity; include mastery, reflection, problem-solving (opportunity to fail safely, learn from mistakes); build self-esteem; and focus on the future.

- Supportive housing programs need to provide on-going supports (mentoring, networking, consultation) for staff and boards, in order to build a trusted partnership, meaningful commitment among stakeholders and to assist in working with the complex behaviours so characteristic of adolescent development.

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