

# **Housing Needs of Pregnant and Parenting Youth**

Literature Review

Adolescent Pregnancy Prevention Campaign of North Carolina

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## **Introduction**

Approximately ten percent of homeless youth are pregnant.<sup>i</sup> Homelessness among pregnant and parenting youth affects educational outcomes and mental health while increasing the risk for repeat pregnancies, interpersonal violence, substance abuse, and unstable environments for their children. Although community support and programmatic opportunities have improved for this population over the past decade, pregnant and parenting youth continue to experience marginalization as well as difficulty accessing and obtaining safe housing. Safe and secure housing for pregnant and parenting youth is often disregarded and further compounded by nominal statistical data. Conflicting definitions of homelessness obscure the real need for housing services among pregnant and parenting youth. More importantly, disproportionate rates of homelessness among this population are perpetuated due to the lack of housing options, limited funding, and increased housing closures throughout the state of North Carolina.

## **Definition of Homelessness**

Definitions of homelessness are varied and differ based upon policies, context, and the data source or service provider. This multiplicity of definitions creates ambiguity among service providers, confounds program evaluation, and impedes access to appropriate housing resources.

The McKinney-Vento Homeless Assistance Act of 1987 created a standard definition of homelessness and raised awareness around the issue of homelessness throughout the United States. In 2002, the act was amended to address the specific civil and educational rights of homeless children and youth.<sup>ii</sup> More specifically, the McKinney-Vento Act revision presented a clear definition of homelessness for children and youth. The McKinney-Vento Homeless Assistance Act states that youth should be identified as homeless if they meet the following criteria:

Homeless Children and Youth:

- A. *means individuals who lack a fixed, regular, and adequate nighttime residence... and*
- B. *includes:*
  - (i) *children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;*
  - (ii) *children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings*
  - (iii) *children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and*
  - (iv) *migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).*

*McKinney-Vento Act sec. 725(2); 42 U.S.C. 11435(2)*<sup>iii</sup>

Subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) requires public schools to prohibit the segregation and unequal treatment of youth living in homelessness. This is significant as it requires local educational systems to uphold the educational rights of this population which are often at risk.

The Department of Housing and Urban Development utilizes the McKinney-Vento definition but goes further to separate the homeless population into four categories in relation to their current housing situation. Each category relies on a specific situational definition depending on the current housing status of the individual and the imminent threat of eviction or bodily harm. Categories include those who are literally homeless, have an imminent risk of homelessness, those who are defined as homeless under other federal statutes, and those who are fleeing or attempting to flee domestic violence or other dangerous situations.<sup>iv</sup> This categorical definition of homelessness aids in providing individuals with the most appropriate services, which range from transitional housing to street outreach, however it also exacerbates the confusion that results from multiple, and increasingly complicated, definitions of homelessness.

The North Carolina Department of Health and Human Services (NCDHHS) broadly defines homelessness as “persons who live on the streets or in shelters, persons on the verge of eviction, those who lack resources to obtain housing, persons that live with relatives or in overcrowded settings, as well as those that live in substandard housing conditions.”<sup>v</sup> Although several components of the NCDHHS definition align with that of the McKinney-Vento Homeless Assistance Act, it remains imprecise and provides minimal information regarding homeless definitions specific to children and youth. This detracts from the efficacy of programs targeting homeless youth that rely solely on this definition by obscuring the parameters by which a youth or their children could be officially designated as homeless.

Homeless youth are described, in practice and literature, by a variety of terms. They may be labeled ‘runaways’, ‘castaways’, ‘pushouts’, ‘throwaways’, ‘street youth’, or ‘systems youth’.<sup>vi</sup> The differences between terms is often subtle; for all intents and purposes ‘castaways’ and ‘throwaways’ are practically synonymous, however within these varied terms lies a spectrum

of ways to describe a homeless youth's situation. Those who have been 'thrown away', meaning forced to leave their home by their parent or guardian, may face different obstacles than a 'runaway', a youth who has spent more than one night away from home without permission. Furthermore in these distinctions lies proof that homelessness among youth is a complex and multifaceted social issue requiring special attention and action on the part of community leaders, advocates, health professionals, and researchers.

The definition of homeless youth is further complicated by varying definitions of the defined age range of 'youth'. Researchers, scholars, and program evaluators vary in their appreciation for what ages delineate the youth population. One research study may define youth between the ages of twelve to twenty while another research article may define this population between the ages of fourteen to twenty-four. The various age ranges create inconsistency among data and increases the difficulty of tracking particular trends. Furthermore, inconsistency in defined age groups hinders proper program monitoring and evaluation and complicates inter-organizational referral processes.

Professional workers assisting pregnant and parenting youth in North Carolina have begun to assess the prevalence of homelessness within their population but have found the lack of clear definitions to be an obstacle to service provision. While housing facilities for pregnant and parenting youth seek to assist this population, several facilities have a minimum age requirement of eighteen, excluding youth seventeen years and under. In addition, each housing facility has a different focus area (*i.e. domestic violence, substance abuse, transitional living*) and if a young parent does not meet the requirements for the facility, the agency may not be able to accept the homeless youth as a resident. The limited number of housing facilities, along with conflicting definitions of homelessness and restrictive admissions criteria, significantly limit

housing alternatives for this population. As a result, young parents continue to remain homeless, despite meeting the requirements for homelessness according to state definitions and the McKinney-Vento Act.

### Homeless Pregnant and Parenting Teen Statistics

Nationally, almost five percent of teens are newly identified as homeless each year.<sup>vii</sup> In 2002, approximately 1.6 million teens were identified as homeless or unaccompanied youth in the United States. Furthermore, the number of homeless youth is often underestimated due to difficulty in tracking the population. As a result, national data may not accurately reflect the true number of homeless youth.

State and local level statistics on homelessness often fail to include the pregnant and parenting population. The North Carolina Department of Public Instruction (NCDPI) does not require the local education agencies (LEAs) and homeless education liaison to report data on specific subpopulations.<sup>viii</sup> Homeless Liaison Coordinators may choose to track specific data for their local school systems; however, local Homeless Liaison Coordinators are only required to report information on the total number of students experiencing homelessness each school year to the State Center for Homelessness. Undoubtedly this information may be useful for addressing the local needs of homeless youth. It would be helpful, however, to require reporting to the Department of Public Instruction in order to track trends, like adolescent pregnancy and parenting, which are associated with this population. Moreover, homeless students often have difficulty remaining in school due to frequent relocations and the inability to effectively remain on track with their peers.<sup>ix</sup> Nationally, seventy-five percent of homeless youth drop out of high school or will drop out of school each year. In the state of North Carolina, teenagers that are

sixteen years of age are able to voluntarily drop out of school. As a result, statistics on homeless youth within the North Carolina educational system may not be accurate due to the correlation between homelessness and increased dropout rates.

The North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) offers an additional source of data on pregnant and parenting youth. PRAMS collect data relating to birth outcomes and the pregnancy care of women throughout the state of North Carolina. In 1999, PRAMS reported that only eight out of 270 pregnant and parenting women under the age of twenty were homeless.<sup>x</sup>The low number of responses signifies that there is not enough evidence to make accurate statistical conclusions. Furthermore, the PRAMS survey does not explicitly describe or define ‘homeless’ as it is used in their survey. Participants are simply asked to check Yes or No if they were homeless in the twelve months before the birth of their child, leaving the interpretation of the word ‘homeless’ to the individual.<sup>xi</sup> While this is an important question to include, the vague meaning of homeless and the mail-in design of the survey are factors that may lower the number of responses from homeless youth. Furthermore, the transient nature of the homeless population and stigma surrounding homelessness could impede the survey’s ability to detect trends of homelessness among this population due to incomplete reporting and nonresponse bias.

In general, data regarding the housing needs of pregnant and parenting youth is insufficient. The lack of accurate data pertaining to this target population makes it difficult to confirm their lack of housing as a major issue, despite a multitude of qualitative and anecdotal evidence. The inability to utilize data in addressing this population’s needs only contributes to the continuous cycle of homelessness among pregnant and parenting youth. Improved data

collection and heightened awareness of the need to track characteristics of this population are needed to improve opportunities and decrease the prevalence of homelessness.

### **Risk Factors of Homelessness among Teens**

It is imperative to understand the pathways that lead to homelessness among youth. Family breakdown, economic problems, and residential instability can all cause homelessness, however some youth are particularly vulnerable to homelessness due to specific risk factors. In a 2008 paper J.R. Love stated that the lack of a supportive and functional family is the most common reason why youth choose to leave home.<sup>xii</sup> Other risk factors contributing to homelessness among youth include adolescent pregnancy, trauma and abuse, mental health diagnoses, having a parent with a mental illness, history of being in state custody, and substance use.<sup>xiii</sup>

Homelessness has been associated with numerous negative effects on cognitive, emotional, and physical development. Lack of transportation, a valid residence, immunization records, and health insurance threaten a homeless youth's ability to access health care, pursue their academic careers, and utilize social services. Living on the streets has been found to increase the risk of mortality by up to eleven times, and homeless youth are at greater risk of infectious diseases, sexually transmitted infections (STIs), diabetes, and dental problems.<sup>xiv</sup> Adolescence is a time of significant developmental changes. Rapid cognitive development and immature decision-making skills make youth particularly vulnerable to the harmful effects of living in a destructive environment. This type of stressful, and potentially life-threatening, living situation is further complicated by an adolescent pregnancy and/or being an adolescent parent.

Pregnant and parenting youth endure a variety of experiences that increase their likelihood to experience homelessness. Feelings of shame, stigma, increased financial pressures, and lack of support from family members and peers can compound already existing risk factors such as physical abuse, housing instability, or mental health disorders. Pregnant and parenting youth may choose to remain in an unhealthy environment due to the lack of alternative housing options and the pressures of caring for a dependent child. If the youth does choose to leave home without a stable alternative housing option they must navigate the dangerous world of homelessness while attempting to provide basic needs for themselves and their children. This translates into continuous stress, exposure to harmful environments, and impaired development for the parent(s) and their child.

### **Risk Factors among Children of Homeless Youth**

Being homeless can be particularly detrimental to the health and well-being of young children. According to the Department of Housing and Urban Development (HUD), the number of homeless families increased between 2007 and 2010 implying that an ever-growing number of children are members of the homeless population. In a 2012 report, McCoy-Roth, Mackintosh, and Murphey stated that, “homeless children are more likely than other children to have moderate to severe acute and chronic health problems, and less access to medical and dental care”.<sup>xv</sup> Further research suggests that early adversity and toxic stress, from being homeless for instance, can result in impairments in learning, behavior, and physical well-being.<sup>xvi</sup> These impairments can have long-term effects on a child’s educational achievement and emotional stability, exacerbating the daily stressors and struggles of a young parent.

Addressing the problem of homelessness among pregnant and parenting youth will help reduce the subsequent negative effects of homelessness on their children. Ensuring adequate and

appropriate housing, however, is the best way to ensure that children of homeless parents experience the stability and safety necessary to thrive. Other programmatic responses could include healthy play areas for homeless children that exist in the same spaces where homeless parents can access health, social, or educational services. Increased coordination between local, regional, and national agencies could promote information sharing, appropriate referrals, and broaden the bank of social resources available to homeless parents and their children. Improving data collection among homeless youth would clarify the scope of the problem and could assist in obtaining additional funds to support homeless pregnant and parenting youth and their children.

## **Housing Options for Pregnant and Parenting Youth in North Carolina**

### **Maternity Homes**

The U.S. Department of Health and Human Services (USDHHS) defines a maternity home as a group residency environment where pregnant youth may seek refuge until the birth of their child, or when adequate housing has been secured.<sup>xvii</sup> As of April 2012, the NCDHHS identified a total of eleven licensed maternity homes across the state.<sup>xviii</sup>

Maternity homes offer a wealth of services to expectant mothers. Most importantly they provide safe and stable housing. Additional services include housing stability, parenting education, counseling, and referrals to other local community resources and public support services. Additionally, licensed maternity homes work closely with residents to identify needs and develop housing goals. Most maternity homes allow a pregnant mother to reside at a facility until the birth of her child. Shortly after the birth of her child, the mother and her family are required to secure other living arrangements. As a result of the temporary nature of this support

system young parents are often placed back into the cycle of homelessness due to their vulnerability and lack of resources.

### **Homes for Teen Parents**

Homes for teen parents provide adult-supervised living in a safe and stable home. Key goals of these residential programs include the following: promoting self-sufficiency, increasing access to resources and housing stability, encouraging good parenting and healthy relationships, and helping teens reach their educational and employment goals and delay repeat unplanned pregnancies. The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) identified six programs in North Carolina that offer housing and residential services to teen parents and their children. Two of the newer homes for teen parents, My Sister Susan's House (Greensboro) and My Aunt's House\* (Winston-Salem) were developed. However, My Aunt's House has since closed. Both were a demonstration of what can be accomplished when dedicated leaders work collaboratively to address the reality of homelessness among young families in their communities.

My Aunt's House was at The Children's Home and provided homeless teen mothers (21 years of age and under) and their children a safe haven, adult supervision and guidance, and support services. Parents receive counseling, educational supports, access to child care, health services and education in child development, pregnancy prevention and employability skills ([www.tchome.org/MyAuntsHouse.htm](http://www.tchome.org/MyAuntsHouse.htm)).

My Sister Susan's House, operated by Youth Focus, is a transitional living program for young pregnant or parenting women (16-21 years old) who have been the victims of domestic or interpersonal violence. The staff works with residents to help them develop skills to become independent, empowered, and self-sufficient, specifically focusing on building healthy

relationships, healing from abuse and increasing personal resilience. On November 1, 2011, this program won the Housing North Carolina award for supportive housing and recognized their community partners, the YWCA Greensboro, UNC-Greensboro, the City of Greensboro, and Robert Charest (architect) and Susan Cupito (Teen Parent Mentor Program Director).

[www.youthfocus.org](http://www.youthfocus.org)

*\* My Aunt's House is now closed*

### **Transitional Living Programs**

Transitional Living Programs (TLPs) primarily focus on developing independence among youth.<sup>xix</sup> They rarely accept pregnant and parenting teens under the age of 18 as most abide by guidelines that would exclude minors below the age of consent. On occasion, however, a transitional living program may make an exception for a pregnant or parenting youth in a dire situation. This housing alternative seeks to provide youth with skills needed to become successfully independent and develop the ability to thrive as a young adult. TLPs' services to improve youths' independent living skills may include education about job skills, nutrition, child safety, apartment rental property search and maintenance, financial literacy, healthy relationship development, decision-making, transportation, legal rights, self-esteem, substance abuse treatment and counseling, and career exploration. For the limited number of pregnant residents, TLPs provide education on parenting skills and how to balance household duties, parenting, and employment. Approximately eighty-two percent of youth who leave transitional living programs have moved in to either a private residence or a residential program, rather than returning to homelessness. Currently the number of TLPs serving North Carolina is startlingly low, despite the fact that transitional living programs have proven to be successful at promoting self-sufficiency and independence among youth.

## **Domestic Violence Shelters**

A domestic violence shelter is a facility in which women and their children seek refuge from abusive or violent situations. The location of the shelter is kept confidential in order to keep the abuser from discovering the victims' new location.<sup>xx</sup> Domestic violence shelters generally provide meals, childcare, counseling, support groups, employment programs, financial assistance, educational opportunities, and housing search assistance. The length of time one can stay at the shelter is limited (maximum of two to three months) and typically accepts residents ages eighteen years and older. As a result youth under the age of eighteen are generally ineligible for this housing opportunity.

## **Foster Care**

The North Carolina Department of Health and Human Services defines foster care as a housing arrangement for children and youth ages eighteen and under who need a safe place to live when their parents or another relative is unable to take care of them.<sup>xxi</sup> This housing option only occurs when a judge and the Department of Social Services (DSS) order a child to be taken into custody. Foster families are licensed to care for displaced children temporarily, while their parents work with social work professionals to resolve their family difficulties. Relatives may be licensed as foster parents if they are approved by the foster care social worker. Many pregnant and parenting youth attempt to avoid foster care due to the fear of separation from their children and permanent isolation from family members. In addition, some Departments of Social Services are reluctant to take older teens into custody due to limited foster care funds and high risk for runaways. This is unfortunate because youth that age out of the foster care system are eligible for continued educational support funding and Medicaid services until the age of twenty-one. Some local Departments of Social Services, however, may provide foster care for a teen parent and her

child in the same home, if it is determined that the young parent or her child is neglected, abused, or dependent.

### **Maternity Housing Sustainability**

North Carolina has residential facilities for pregnant and parenting teens, but they are limited and do not fill the current demand for safe and stable housing for this population. Housing options available to pregnant and parenting homeless youth have decreased in the past few years. This trend is troublesome as the prevalence of homelessness among this population continues to rise. As a result, the current housing programs are unable to serve the increased number of pregnant and parenting youth experiencing homelessness.

### **Funding**

The development of new housing for pregnant and parenting youth is a lengthy process and requires sufficient funding. Homes that serve pregnant and homeless youth may be funded by a variety of sources that include private donations, federal and state grants, private foundations, contracted fees for services, and funding through the North Carolina Division of Social Services' State Maternity Home Fund. Most sustainable housing programs have a variety of funding sources in order to provide continued care for pregnant and parenting youth and their children. Funding available toward the development of new housing options for this population, however, is limited and funding opportunities continue to decline each year.

Over the past five years, several maternity homes have suspended services due to a lack of funding. Many of these homes were typically smaller in size (serving approximately three to four participants), located in rural areas, and relied heavily on the State Maternity Home Fund.

The State Maternity Home Fund provides reimbursement for agencies that operate housing facilities for pregnant and parenting youth. Maternity homes that relied too heavily on this option eventually faced budgeting dilemmas as the State Maternity Home funds were limited and often exhausted before the conclusion of the state fiscal year. Homes that continued to offer housing for parenting youth faced financial difficulties as they were unable to recoup programmatic costs. As a result, these smaller, rurally-located maternity homes lacked the financial means to provide services to this population despite positive outcomes among the young parents and their children. This depletion of housing resources makes it nearly impossible to support the ever-increasing number of homeless pregnant and parenting youth.

The United States DHHS describes various federal funding sources available for supportive housing. Federal funding opportunities and resources for maternity home implementation and group home sustainability include Temporary Assistance for Needy Families (TANF) and Social Services Block Grants. Recent budgetary cuts have since been administered and an updated review of available funding resources is necessary to accurately inform interested agencies of the most accurate funding resources.

## **Licensing**

The rules governing the licensing and funding of maternity homes in North Carolina changed as of August 1, 2011. Currently agencies that want to open a maternity home must be accredited for three years before applying to be licensed as a maternity home. After the agency has been accredited for three years, the home needs to be operational for at least one year and submit an audit before any application for State Maternity Home Funds can be

considered. Alternatively, a maternity home could come under the management of an agency that has been accredited for three years and then submit an application to become licensed.

The goal of this policy change is to ensure that agencies opening maternity homes are qualified to operate them. An unintended consequence has been that prospective homes face more obstacles to opening at a time when the need for such housing has increased.

### **Conclusion**

The plight of the homeless pregnant or parenting teen has not garnered enough attention in North Carolina. Programs that aid this specific population have decreased since 2005 and remain vulnerable to budgetary cuts and restricted funding. Reliable data on the size and distribution of this population is severely limited making program implementation, monitoring, and evaluation nearly impossible. Meanwhile vulnerable teen parents continue to be denied housing and have their pathways to self-sufficiency blocked due to their age. Understanding the civil and educational rights of homeless pregnant and parenting teens is a first step in helping them access safe and stable housing. Further study is also needed to clarify the unique risk factors of this population that make it specifically vulnerable to homelessness. Increasing communication between service providers and the reporting of accurate data will attract the attention of decision-makers throughout the state and demonstrate that action must be taken to prevent homelessness. It is our belief that through a strengthened partnership of agencies, coalitions, and public service entities we may increase safe and appropriate housing opportunities for the thousands of pregnant and parenting youth that experience homelessness.

## **A Summary of Focus Group Responses and Preliminary Findings from the Adolescent Parenting Program Survey**

In North Carolina a growing number of pregnant and parenting youth lack safe and stable housing. Homelessness among this population affects educational outcomes and mental health while increasing the risk for repeat pregnancies, interpersonal violence, and substance use. Although community support and programmatic opportunities have improved for this population over the past decade, pregnant and parenting youth continue to experience marginalization as well as difficulty accessing and obtaining safe housing. Meanwhile research suggests that homelessness is associated with numerous negative effects on the cognitive, emotional, and physical development of youth and young children. Addressing the problem of homelessness among pregnant and parenting youth will help reduce these negative effects, but resources in North Carolina are limited and do not fulfill the current demand for safe and stable housing for this population.

In response to this issue the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) conducted focus groups with young mothers and distributed a short survey to all Adolescent Parenting Programs (APP) in North Carolina. The responses were honest, heartfelt, and at times very surprising. Below is a short summary of the information learned from the focus groups as well as some preliminary findings from the APP survey.

Through collaboration with local APP chapters, APPCNC was able to conduct **focus groups** with mothers aged 13-19 in various locations around North Carolina. Certain themes and experiences were mentioned with enough frequency to help illuminate the obstacles faced by pregnant and parenting teens in regards to housing. Living situations varied but most commonly the young women were living with their parents or the parents of their significant other. When asked why a pregnant or parenting teen might want to live independently, the main responses referenced overcrowding, a desire for independence following the birth of their child, and a strained relationship with their parents or current housemates. In response to our inquiry about the obstacles the young women faced when seeking out safe housing, there was resounding agreement that their age was the most significant barrier. Other notable barriers mentioned were lack of employment and income, the high cost of independent living, and long waiting lists for affordable

housing options. Perhaps the most revealing information came in response to a query about what would be the most important factor in considering a maternity home or residential facility. As alternative living facilities targeting young parents are gaining support nationally and statewide, it was imperative that we address the desirability of these residential homes and how they are perceived among young parents. Unfortunately almost every young woman stated they would not prefer to live in a group setting like a maternity home and cited the alleged lack of privacy and independence as the main reasons why. When asked what would be the most important factors in choosing a group living situation, if it were necessary, over their current situation the most common responses were safety, privacy, and access to support services. Furthermore, in response to the final question about what skills the young women would choose to learn in a residential facility, cooking, financial management, and employability skills were the most frequent responses. Although it did not appear that a residential facility would be the respondents' first choice, ultimately they did see it as a viable option and embraced the idea of being able to learn parenting and other life skills in their place of residence.

The main objective of the **survey** distributed to Adolescent Parenting Programs across the state was to gain information about the current living situation of pregnant and parenting youth in North Carolina. As of the end of February 2013 APPCNC had received over one hundred responses, about a quarter of those sent out. A few preliminary results are listed below.

<b>Factor</b>	<b>Overall Percentage</b>	<b>Percentage Stating They Desired Alternate Housing Option</b>
Age		
16	2.9	0
17	10.1	42.9
18	46.4	68.8
19	26.1	72.2
20	11.6	100
Parenting Status		
Pregnant	11.6	25
Parenting	84.1	75.9
Parenting and currently pregnant	2.9	0

<b>Factor</b>	<b>Overall Percentage</b>	<b>Percentage Stating They Desired Alternate Housing Option</b>
Current Residence		
With parents	65.2	68.9
With boyfriend	13	55.6
With grandparents	7.2	60
With parents (and other)	4.3	100
Independent	5.8	50
Other	4.3	100

Note: Seventy percent (70%) of survey respondents desired alternative living situations.

Though these results are not official, they are an interesting starting point for evaluating this respondent population. An additional notable finding was that fifty-five percent of those who responded that they desired alternate housing indicated that not getting along with family members was the primary reason. The second most common reason was overcrowding in their current residence. Furthermore, seventy-three percent of respondents noted that security was one of the two most important factors in considering an alternative housing facility.

Young parents face many obstacles in their pursuit of safe and secure housing in North Carolina. Cost of living, discriminatory policies based on age, and lack of alternative housing options are all reasons why a young mother or father might stay in an unsafe living situation. Unfortunately unstable living conditions contribute to mental and physical illness and can hinder cognitive development among teens and infants alike. Therefore it is imperative that we utilize the findings from the focus groups and APP survey to inform intervention strategies targeted at reducing homelessness among pregnant and parenting youth in North Carolina.

## Summary of APP Focus Group Responses

Throughout the three focus groups already conducted certain themes and situations occurred frequently enough to help illuminate the obstacles faced by a pregnant and parenting teen in terms of housing.

Why would a pregnant or parenting teen want to live independently?

- Overcrowding
- Desire for independence after the birth of their child
- Relationship with parents is tense, strained, or violent
- Feeling unsafe in their present situation
- Exposure to drugs, violence, and substance abuse
- Poor housing conditions
- Abusive relationship

What obstacles block a young mom from finding safe, affordable housing?

- Age restrictions of housing policy
- Lack of employment and/or income
- High cost of independent living
- Lack of car or transportation
- Immigration status
- Long waiting lists for affordable housing
- Lack of high quality and affordable childcare

What is important when considering a maternity home or a residential facility as an alternative to homelessness?

- Privacy
- Safety
- Receiving support and help acquiring more permanent housing and other social services
- Restrictive rules

What skills would you choose to learn in a residential facility if given the opportunity?

- Cooking
- How to drive
- Organizational skills
- Money management
- Employability skills – how to build a resume, find a job, and fill out an application

**Key Informant Interviews to Inform APPCNC's Strategic Planning and Task  
Force Development on the Problem of Homelessness Among Pregnant and  
Parenting Teens**

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## EXECUTIVE SUMMARY

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) and Master of Public Health (MPH) students from the Department of Maternal and Child Health in the UNC Gillings School of Global Public Health collaborated to conduct 18 key informant interviews to assess homelessness among pregnant and parenting teens (PPT) in North Carolina. Interview results were coded by themes and organized into the following three categories:

### Causes of Homelessness

- Declining economy
- Access to appropriate resources
- Teen/family conflict and dysfunction
- Inadequate family support
- Interpersonal violence
- Increased desire for independence
- Teen misperception of homelessness

### Barriers to Providing Adequate Housing

- Declining economy
- Limited and inadequate funding for support services
- Inadequate community capacity to support PPT population
- Staff capacity does not meet demand for services
- Community stigma towards PPT population
- Current foster care system
- Restrictive state policies for establishing a maternity home
- Restrictive maternity house rules
- Maternal age requirements for housing

### Successful Interventions

- Strengthen or maintain family systems
- Improve wrap-around community services
- Collaborate with foster care system
- Increase self-sufficiency
- Develop long-term goals with PPT
- Identify safe and adequate housing first

Based on these results, we recommend APPCNC and the Task Force on Safe Housing take the following actions:

- Work to improve homeless PPT data collection throughout North Carolina
- Develop a statewide provider network
- Explore alternative housing models

## FINAL REPORT

### Introduction

Homelessness among PPT has been perceived and identified as a significant problem in North Carolina. However, there is very little data available regarding the scope of the problem or the housing needs of this population. To begin assessing the causes of and barriers to homelessness among pregnant and parenting teens in North Carolina and identifying successful interventions, APPCNC collaborated with Master of Public Health students at the University of North Carolina in Chapel Hill to conduct key informant interviews with providers working directly or indirectly with PPT, homelessness, or both. APPCNC will use this data to inform the Task Force on Safe Housing whose mission is to address the housing needs of PPT.

### Background

Prior to conducting key informant interviews, APPCNC conducted focus groups with teen mothers to assess their perception of housing options for PPT in North Carolina. As a supplement to these focus groups, a key informant interview questionnaire was developed to obtain the perspective of key stakeholders working with the homeless and PPT population.

Based on the definition of homelessness outlined in McKinney-Vento Homeless Assistance Act of 1987, APPCNC defines homelessness among pregnant and parenting teens as persons age 13 to 20 who are currently pregnant or parenting who:

- Lack a fixed, regular, and adequate nighttime residence;
- Have a primary nighttime residence that is a private or public place not designed for sleeping accommodation such as cars, parks, public spaces, or abandoned buildings;
- Are living in an emergency or transitional shelter;
- Are living in substandard, overcrowded, or unsafe housing;
- Change residences more than three times a year;
- Have an imminent risk of homelessness or are on the verge of homelessness;
- Or those who are fleeing or attempting to flee interpersonal violence or other dangerous situations.

### Methods

#### Development

APPCNC collaborated with a team of three UNC MPH students to develop a 12-question survey for key informant interviews (See **Appendix B** for the interview questions). APPCNC developed a list of 24 key informants and made the initial contact to informants to request their participation.

## Key Informant Interviews

MPH students and APPCNC staff conducted interviews with 18 of 24 identified key informants (75% response rate). Information about APPCNC and the project, the definition of homelessness among PPT, interview questions, a consent form, and information about joining the Task Force on Safe Housing were sent to respondents prior to the interview. Interviews were either recorded, transcribed, or both. Once informants were interviewed, the interviews were transcribed and a summary sheet for each individual interview was created.

## Assessment

The MPH student team developed a list of common themes after analyzing interview transcripts. The team then coded each individual key informant summary based on the aforementioned list of common themes. Using this data, findings fell into three categories: causes of homelessness among pregnant and parenting teens, barriers to providing adequate housing, and successful interventions. Recommendations were provided based on these findings.

## Reporting

MPH students will report findings to the APPCNC Task Force on Safe Housing at the first meeting in May 2013.

## Major Themes

### Causes of Homelessness among Pregnant and Parenting Teens

Key informants were asked their professional opinion on the main causes of homelessness among pregnant and parenting teens. Several common themes that ranged from systems-level factors to family and interpersonal factors became evident during the interviews. Summary findings and typical responses included:

**The economy was identified as a major driver for the cause of and increased severity of homelessness among PPTs. A poor economy creates and exacerbates poverty, which contributes to homelessness among PPT.**

- “So, right now, it’s the economy drawing people out of their homes...”
- “Poverty is a big issue. With the way the economy has been the past few years, lot of families are suffering and living in crowded and unsafe living conditions.”

**PPT often do not have access to adequate and appropriate resources to prevent homelessness. Resources include education, job skills, transportation, emotional support, and fulfillment of basic needs.**

- “Giving them resources such as places where they can go, informing about prenatal care, WIC, nutrition. Informing about what they can do or what they can’t. Provide resources and options instead of trying to tell them to leave their situation. Informing them works better.”
- “Children go out and seek love, what they think is love, in other places and become pregnant.”
- “Being there instilling hope, morals, and enlightening the PPTs. Often times a lot of them feel like they have messed up with their life and are not going anywhere. Need to be there for them.”

- “PPT are so tired and so overwhelmed when they become pregnant and can’t think about getting job and saving money. They’re just, ‘oh my goodness how am I going to be able to do this?’ That makes them stop still.”

**Many key informants identified conflict and dysfunction within a PPT’s family and interpersonal relationship as a potential cause for homelessness.**

- “There’s constantly some clashing in the home, so the parent may get upset, can’t take it anymore, throw them out so the teen is going from one place to the next to the next to the next.”
- “Parents react to the pregnancy with anger and kick the teen out of their home.”

**Problems such as job loss, household poverty and homelessness, family dynamics and caregiver abilities affect the level of support a family can provide a PPT both before and after the baby is born.**

- “They don’t want to go back to their existing home because it’s really not home to them; they were neglected there.”
- “A pregnant teen may be in unfavorable situation, but stay there because they feel they don’t have anywhere to go.”
- “Homeless families are more likely to be single-parent families with one wage earner; this gives teens less support.”

**Interpersonal violence within a PPTs family contributed to risk for homelessness.**

- “If there’s abuse going on in the home, kids just run away, they leave.”
- “In my opinion, abuse is the main cause. Lots and lots of interpersonal violence from an early age on.”
- “... As far as the kids that we see that – and not always - but many of the teens that we see that absolutely need to go someplace else it’s because of abuse.”

**The increased desire for independence among teens – especially those who are pregnant and parenting - can lead to conflict within their home.**

- “They don’t want to be at home because they’re told what to do. They don’t want to be at program like ours because they’re told there’s rules and regulations. So they’ll go put themselves at risk to be homeless.”
- “But also at the same time with a lot of teenagers, it’s just them being adolescents and them growing up and the hormones with them being pregnant, because it’s always difficult being a parent to a teenager and being a teenager with a parent because they want to seek their independence, they want to have autonomy.”

**Many teens would not define their living situation as “unsafe” or consider themselves “homeless” because their perception of homelessness differs from the broad provider definition.**

- “I think you’re finding more and more, and I don’t know if many of these kids don’t consider themselves homeless or not, what we call ‘couch surfers’ living from friend to friend and sleeping on someone’s couch or blowup mattress.”
- “Teens don’t recognize it as homelessness if they are going from friend’s to friend’s house.”

- “Or if they do have a place, but it’s not in our definition of homelessness and is not adequate. If it’s a space shed with a kerosene heater; that’s not adequate and you can’t live there. But that’s what they consider what home would be... Their mindset of what is adequate and not being informed is the biggest obstacle.”

### **Barriers to Providing Adequate Housing**

Key informants were asked, from their professional experience, what they considered to be some of the major obstacles to providing housing for pregnant and parenting teens. Policy- and community-level obstacles were common themes, along with provider and community capacity and resources. Summary findings and typical responses included:

**Prior to the recession, providers had access to more services that functioned as a safety net for PPT in need of housing. The economy has led to a major reduction in the funding and availability of these programs.**

- “When I initially started the program, [there were] so many of the homes available, so that used to be my initial thing when I will try to find one of the pregnant/parenting homes. But now that they’re so scarce and it’s not as many...”
- “It affects DSS more. The shortage of housing for this population is part of a larger systemic issue: DSS Child Protective Services prioritizes younger children because there is a shortage of foster care homes, leaving older youth less likely to receive these services.”
- Many families are losing their homes due to the bad economy. Many of these families had access TANF and low-income based housing. Now, this type of assistance is extremely limited or no longer exists.

**Key informants identified limited and inadequate funding as a major barrier to providing adequate housing.**

- “You would think when you’re talking about homeless moms and babies that you would have the money flowing in to provide some assistance. That’s not the case.”
- “I give them all the resources that I have, but it’s just...the funds are not there.”
- “You have diminished resources while the need continues to grow.”
- “The need is much greater, much much greater than we can adequately address and always sliding backwards in terms of funding...”

**Many communities do not have the capacity to support the PPT population. The number of maternity homes, residential facilities and available beds are inadequate for the size of the PPT population, leaving many counties without resources.**

- “But the housing? It’s very difficult...because there’s just no housing available. [There’s] no place to go to where there use[d] to be
- “[There are] so many more calls for service than we can meet... We get 10 times more referrals than we can accept.”
- “We need more maternity homes for PPT. Service is not there for a community as they need it.”

**Lack of resources within many NC communities means providers are unable to find satisfactory housing for teens that allows them to remain in their home community.**

- "...So a lot of the teenagers don't want to leave their community and the support that they do have."
- "The other problem is so very few places within Greensboro, and it is very tough to leave everything that you know and all your support systems entirely and move somewhere far away."
- "When this intervention does not seem to work it's a location issue. If PPT is from the city there are more resources and it tends to work better. If they are in a rural location it doesn't always work."

**Sometimes providers are ill-prepared to care for PPT due to a lack of training and preparation, a lack of resources and a high demand for services.**

- "Agencies need to be trained to provide effective residential services for this population. Shelter directors need to be competent in services as well as administration and be open to change to sustain program when current programming is not working."
- "It's having the right staff, well-trained staff with the appropriate approach, will make a world of difference."
- "The problem is having enough options and enough staff, enough places for people for live, enough counseling to serve the need."

**Often communities are reluctant to support services for PPT due to a lack of understanding and sympathy.**

- "They put themselves in a situation trying to survive in a world that's kind of not accepting of them and that's not ready [to accept them]"
- "So we get a lot of calls around that because sometimes when someone in that age category becomes pregnant people say "well you're an adult now, you handle it on your own", but the young person may not have the resources or the skillset yet to negotiate things on their own or do what needs to be done in term of their pregnancy or in terms of having a safe housing program."
- "Political nature of the problem; when doing work to support young girls is seen as incentive program encouraging the behavior. Some people see them as reward programs."

**The foster care system was seen as a deterrent for maintaining a strong mother-baby relationship**

- "Sometimes the foster homes set up rules for the moms that they cannot abide by so once they don't abide by the rules, they're out but the baby stays and they get separated from their baby, often permanently."
- "The moms avoid that, they don't tell what's happening because if they tell what's happening then DSS will get involved and they fear that they're going to lose their baby."
- "Worried that they will be separated from baby. Foster care system may not want them because they are a teenager, and [the teens] are worried that since they are pregnant they may be kicked out."

**Current North Carolina policies surrounding maternity homes and residential facilities make it difficult for new providers to establish new homes.**

- “...By North Carolina licensing standards, it makes it hard for an organization to open or to exist. Right now, unless you’re accredited through one of three organizations, you can’t open up a mother-baby program or a maternity home.”

**Often, maternity house rules come into conflict with a teen’s desire for independence and their self-identification as an adult.**

- “This population, especially the pregnant and parenting teens, they don’t like rules.”
- “So, for a young woman who has been living pretty independently even though not in a good place, I think it’s tough for her sometimes to go into a family and understand and adhere to their rules but also to feel like she belongs there and is wanted there.”
- “You have a teenager who wants to be in the role of mother, wants to be in the role of being the adult...it’s kind of like having two adults in the household trying to care for one child. It just doesn’t work well.”

**Maternal age determines the type of resources available to PPTs, which in turn creates inequities among various age groups in the population.**

- “Particularly I have been very persistent in trying to assist with under 18 where there really is absolutely no possibility of places for them to live if they are in a situation that is impossible for them to live in.”
- “If a person is under 18, someone needs to take care of you. They should be treated to some of the same services as someone who is over 18. However, this is not always the case...Parenting teens can make decisions for their own children but not for themselves.”
- “An adult girl is a little bit easier [to house], because you can come up under a shelter guideline. A minor, which they count as any young lady up to age of 21, that’s a licensing issue...So our resources are very limited because of that, incredibly limited because of that.”

**Successful Interventions**

Key informants were asked to describe some interventions or responses to the problem of homelessness among pregnant and parenting teens that they or others in their organization have tried. They were also asked what were the most effective interventions or responses. Summary findings and typical responses included:

**Interventions are successful if they aid in the building, strengthening and/or maintaining of relationships among PPTs and their families.**

- “And in particular to the housing, we would, when we encounter a homeless mom or a teen that needs to move, we pretty much surround her with support and try to help her make that transition in a safe way that is not cutting off her ties, but helping her move forward with her relationships with people.”
- “We need programs that allow parents to continue to parent.”

**Wrap-around services in a community that address the needs of PPT at multiple levels and within multiple settings are seen as successful interventions to serving this population.**

- “Our goal is to make sure pregnant and parenting teens can access education, graduate from high school and go on to higher education. This means they also need access to alternative educational options, child care, transportation and other supportive services.”
- “Staff has to be in touch and up-to-date on all the available resources in community and outside their community.”

**Foster care was seen as the most available and accessible intervention, but there was ambivalence surrounding its effectiveness.**

- “If we encountered a homeless teen who was pregnant or parenting, I would make a referral, or suggest an opportunity for foster care, as an option. If they are not 18 years of age, they could look into foster care.”

**Maternity homes that paired residential services with skills development were seen as successful interventions.**

- “What we focus on here is developing that relationship where we can begin to work with them around appropriate ways to problem solve, help them learn skills, engage in the education process and see how important that is to their future and also work with them on mending family relationships if there is appropriate family that can be involved.”
- “Offer shelter with skills to better selves for society such as life skills, managing money. Not just focusing on basics, working on skills to enhance and ensure have certain qualities.”

**The primary goals of skills development were to foster independence and autonomy and further self-sufficiency.**

- “Asking them what’s best for them and then working with them bring these things into change for themselves.”
- “So what we try to do is show them that there are other options for their future, and how you can get there, and this is how you need to do and we expose them to those options or opportunities throughout educational vocational program and just continue to work that.”
- “Without work and support for housing, finding shelter can be useless unless they have a way to keep it.”

**Domestic violence shelters were seen as an alternative shelter option for teens that approached our key informants.**

- “Case management services are provided and referrals are made to crisis centers and domestic violence agencies; each county has a domestic violence agency. Some don’t provide residence or temporary housing or support directly in the county. Sometimes the agency might serve multiple counties.”

**Interventions that attempt to overregulate PPT are typically unsuccessful.**

- “Programs at maternity shelter that are too structured don’t work.”
- “So to me, our experience has been, when you come down with that heavy-handed, then you’re going to lose that person. You have to meet kids where they are.”

**Interventions that focus on long-term plans and goals tend to be more successful than those that don't.**

- “Long-term interventions are almost 100% effective but have to have patience in order to see results. Ensuring mom and baby are safe are priority while attempting to find long-term solutions.”
- “A big part of our program at Florence Crittenton is helping young people to develop safe and sound discharge plans.”
- “We need rigorous evaluation that tracks long-term outcomes, not just outputs, to determine effectiveness. Shelters do not do this.”

**Focusing on long-term solutions benefits the teen, her family and her community over time.**

- “It’s definitely gotten worse but I don’t think people understand the repercussions of it, because although it’s just about housing, later on it’s going to be about a lot more.”
- “It’s trying to get people understand their need and what these young people need and understand that if we do this on the front end that all of us will realize savings later on, from kids not going into the system to kids not being dependent on the system. If you can pour resources into this situation early on, then the outcomes can be great.”

**Long-term prevention can also refer to the post-partum piece of serving the PPT population, which is often a challenge.**

- “But for us the challenge is around trying to find resources for the client after she’s had her baby.”
- “And what we see is the problems mostly begin after the baby is born; because you’re a young person and have some intolerable situation at home, you just take on [off?], and you can do that even while you’re pregnant. But once the baby is born, you can’t because if you drag the baby with you from place to place you can be charged with neglect, and if you leave the baby and go on your own from place to place you can be charged with abandonment.”

**Some key informants mentioned that focusing on finding housing as the major priority then allowed for other successful interventions to take root.**

- “First, assess the situation, talk about history, how they got there, safety, where they will stay that night, who they are staying with, and what is the situation.”
- “It’s harder for them to concentrate on those major goals when you don’t have a place to stay... it’s difficult for them to concentrate on their goals and the things they want to do if they’re homeless.”
- “It is difficult to have effective programming if teen has no place to live. When basic needs not taken care of, it’s hard to get them to programs.”

## CONCLUSION

### Recommendations

#### Data Collection

- Develop and implement a statewide assessment form for providers to collect uniform data on PPT. Data may include race, ethnicity, age, region, homelessness status, etc.
- Data may be used to identify additional funding sources, support policy efforts, and gain a better understanding of PPT population in North Carolina.

#### Statewide Providers Network

- Develop a statewide providers network to foster collaboration and information sharing among providers working with PPT population.
- APPCNC could develop a Google Group and invite providers throughout the state to join to share information.

#### Alternative Housing Models

- Reevaluate traditional group home models and explore other models for independent living
- Collaborate with existing systems of care (i.e. foster care, domestic violence shelters, etc.) to improve current programs and incorporate innovative models.

### Limitations

The MPH team was not able to test the questions on a sample audience prior to conducting the interviews. As a result, it was noted that the ordering of some questions could have produced different results. Additionally, follow-up questions could have been asked to ensure the maximum amount of data was collected. In addition, interview coding was a subjective process carried out by MPH team members. It is possible common themes may have differed slightly per each team member. Finally, there is currently no comprehensive baseline data describing homeless PPT in North Carolina. Therefore, the overall analysis does not have sufficient quantitative data to support the qualitative findings presented in this report.

## Appendix B: Questions for Key Informant Interviews

### Instructions for Interviewer

We have provided a few prompts in the event that the respondent is confused by or unclear about the question. Please refrain from prompting the participant unless it is necessary as we would like their responses to be as free from bias as possible. After completing the interview please write a one page summary of the participant's answers and send it to us along with the recording or transcript of the interview. Thank you!

### Introduction

Good morning/afternoon. As you know the Adolescent Pregnancy Prevention Campaign of North Carolina is currently researching the extent and effects of homelessness among pregnant and parenting teens across North Carolina. We would like to hear about your experience with this issue and any insights you may have on how to address it. For the purpose of this interview, homelessness among pregnant and parenting teens is defined as persons age 13 to 20 who are currently pregnant or parenting who:

- a. lack a fixed, regular, and adequate nighttime residence
- b. have a primary nighttime residence that is a private or public place not designed for sleeping accommodation such as cars, parks, public spaces, or abandoned buildings
- c. are living in an emergency or transitional shelter
- d. are living in substandard, overcrowded, or unsafe housing
- e. change residences more than three times a year
- f. have an imminent risk of homelessness or are on the verge of homelessness,
- g. or those who are fleeing or attempting to flee interpersonal violence or other dangerous situations.

*Prompt for interviewer: Read aloud the above description and remind them that there is a written description of homelessness in their packet.*

### Questions

1. **Please briefly describe your role within your agency/organization**
2. **Please describe your professional experience working with,**
  - a. **pregnant and parenting teens**
  - b. **housing and homelessness**
3. **How often do you encounter a pregnant or parenting teen that is in an unsafe or unstable housing situation?**

(Often = 5+times/yr., Somewhat often = 3-5x/yr., Not very often = 1-3x/yr., Never = 0 x/yr.)

Often                      Somewhat often                      Not very often                      Never

*Prompt for Interviewer:*

*If they answer 'never' or 'not very often', go to question 3a.*

*If they answer "often" or "somewhat often", skip to 3b and 3c.*

- a. What would be your course of action if you did encounter a homeless teen that was pregnant or parenting?**
  
- b. What is your course of action when you encounter a homeless teen who is pregnant or parenting?**
  
- c. Tell me more about how much this issue affects your organization.**

*Prompt for Interviewer: Read some of the alternatives below that give examples of how the issue of homelessness for this population has affected their agency. "Your agency may have done nothing. Or, some examples of how this issue has affected your agency may include:*

- 1) increased staff activity to look for safe housing and make referrals,*
- 2) developed partnerships with other agencies to address this problem,*
- 3) Altered agency policy to allow minor youth to stay in our shelter temporarily*
- 4) Developed new housing resource(s) (e.g. supportive housing) for this population*  
*(Ask for the name of the supportive housing: \_\_\_\_\_)*

- 4. In your opinion what are the main causes of homelessness among pregnant and parenting teens?**
  
- 5. Please describe some interventions or responses to the issue of homelessness among pregnant and parenting teens that you or others in your organization have tried?**
  - a. What interventions have worked?**
  - b. What interventions haven't worked**
  - c. Why was this intervention not successful?**
  
- 6. In your experience, what are the most effective interventions or responses to this issue?**
  
  
- 7. In your experience, what are some obstacles to providing housing for pregnant and parenting teens?**

**8. Resources can be defined as time, goods, money, people, and space. Do you feel that you or your organization has resources to contribute to addressing this issue in North Carolina?**

**9. Have you noticed a change in the past five years in the severity of this issue?**

*Prompt for Interviewer: A change might include an increase or decrease of housing resources or an increase in the number of homeless teens*

**10. APPCNC is convening an interagency task force to begin addressing the issue of homelessness among pregnant and parenting teens in North Carolina. Would you be interested in participating in a short-term task force dedicated to this issue?**

*Prompt for Interviewer: Remind them that they received a description of the Task Force on Safe Housing for Pregnant and Parenting Youth that outlines the responsibilities of group members in the packet they received.*

**11. Do you know of anyone who may be interested in joining the task force?**

**12. Do you know of anyone else in North Carolina with whom we can speak about this issue?**

*Thank you very much for sharing your experiences with us.*

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