Lifted: A Thematic Analysis of Homeless Youths’ Reflections on Their Lives Since Beginning A Multi-Faceted, Community-Based Intervention Called Starting Right, Now

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Lifted: A Thematic Analysis of Homeless Youths’ Reflections on Their Lives Since Beginning

A Multi-Faceted, Community-Based Intervention Called *Starting Right, Now*

by

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A thesis submitted in partial fulfillment of the requirements for the degree of Educational Specialist in School Psychology
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Keywords: homeless youth; unaccompanied youth; reflections from homeless youth; interventions for homeless youth; community-based interventions; thematic analysis

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Abstract

Although interventions that take an individualized, holistic approach to service delivery have been recommended for homeless youth, few such interventions have been described in the literature. This study sought to examine a unique, multi-faceted, community-based intervention developed in 2009 in Tampa, FL to provide services to homeless adolescents who are no longer living in the custody of a parent or guardian (i.e. unaccompanied youth). The intervention, titled Starting Right, Now (SRN), has served over 100 youth to date. The program provides residential, educational, recreational, and professional development services, as well as mental and physical health care. Each youth also receives a trained mentor who is in frequent contact with the youth. Other individualized services are provided as needed. Although SRN has been in existence for six years, the program has only been evaluated using measures such as changes in GPA, absentee rates, etc. In the current study, individual interviews with nine program participants who had been in SRN for at least one year were analyzed to explore how the youth themselves perceived that their lives had been impacted. Thematic analysis of interviews provided an opportunity to examine common themes among participants. Results showed that despite encountering some challenges, participants perceived that they had been lifted to higher educational and personal levels through obtainment of resources; adult and peer support systems; renewed trust in adults; increased hope; improved mental health; and a heightened sense of community. Practical implications for practice and research are discussed.
Chapter I

Introduction

In the United States on any given night, over 600,000 people experience homelessness. An estimated 18% of the homeless population is considered chronically homeless (National Alliance to End Homelessness, 2014). According to the U.S. Department of Education (2014), during the 2012-2013 school year, approximately 1,258,182 homeless students were enrolled in schools. Some students may become homeless with their families, while others who are homeless are no longer living with a parent or guardian. This latter group is referred to as unaccompanied youth.

Unaccompanied youth are individuals under the age of 25 experiencing homelessness who are unattached to a family household or not in the physical custody of a parent or guardian. Homeless youth do not have a fixed, regular, or adequate nighttime residence. Homeless youth live in motels, hotels, campgrounds, or friends’ homes. They also may be awaiting foster care placement and/or access community-based housing services (McKinney-Vento Homeless Assistance Act, 2002). The most recent data suggest there are about 47,000 unaccompanied youth in the U.S. (National Alliance to End Homelessness, 2014). In 2013, there were an estimated 3,461 unaccompanied youth at any given time in Florida, the third highest rate of unaccompanied youth in the U.S. This figure is likely an underestimate given that youth do not congregate in the same areas as homeless adults, and many do not interact with standard homeless assistance programs or government agencies (National Alliance to End Homelessness, 2014).
Homeless Youth: A Vulnerable Population

Homeless youth face a multitude of physical, mental, sexual, and educational risks. For example, research suggests that homeless youth are at greater risk than their housed peers to experience trauma, as 83% of homeless youth report experiencing a form of victimization (Stewart, Steiman, Cauce, Cochran, Whitebeck & Hoyt, 2004); 45% report being physically assaulted (Terrell, 1997); 37% report being sexually assaulted (Tyler, Melander, & Almazan, 2010); 23% reported being robbed; and 35% report being assaulted with a weapon since living on the street (Terrell, 1997). Such traumatic experiences often result in Post-Traumatic Stress Disorder (PTSD). In a multi-city study of homeless youth, Bender, Ferguson, Thompson, Komlo, and Pollio (2010) found that 24% of homeless youth met DSM-IV criteria for PTSD, which is significantly higher than rates for housed adolescents with a history of trauma (15%). Homeless youths’ use of substances also is highly correlated with experiences of trauma and development of PTSD. Bender, Thompson, Ferguson, Komlo, Taylor, and Yoder (2012) found that 68% of the homeless youth they interviewed met criteria for drug abuse and dependence, and 42% met criteria for alcohol abuse or dependence, with many youth (68%) describing using substances as coping mechanisms for traumatic experiences. Additionally, substance use places homeless youth at a higher risk for further victimization and sexually risky behaviors (Solorio, Rosenthal, Milburn, Weiss, Batterham, Gandara & Rotheram-Borus, 2008).

Also associated with PTSD, homeless youth experience disproportionately higher rates of mental health problems. By the age of 8, about 1 of 3 homeless children will have a diagnosable mental health disorder that impedes daily activities (National Center on Family Homelessness, 1999). Perlman, Willard, Herbers, Cutuli and Garg (2014) found that unaccompanied youth reported higher rates of self-injurious behaviors, suicidal ideation, suicide attempts, and
depression than their housed or homeless-with-parents peers. The National Center on Family Homelessness (1999) also found that nearly 50% of homeless youth suffer from anxiety, depression, or withdrawal, and that about 35% convey distress through aggressive or delinquent behaviors.

All of the aforementioned risk factors often compound or increase as the youth develops and affects academic performance and the ability to succeed in life. In a study comparing academic achievement among formerly homeless adolescents to low-income stably housed peers, Rafferty, Shinn and Weitzman (2004) found that formerly homeless students had more school mobility, more grade retention, poorer standardized academic achievement during residential disruption, worse school experiences, and fewer plans for post-secondary education.

**Interventions for Homeless Youth**

Due to the increased risk for numerous health, psychological, and educational problems, multi-faceted, holistic interventions have been recommended to address all aspects of the individual and span home, school, and community environments (Ferguson, 2007). Unfortunately, to date, there are few of such interventions and little research on their outcomes (Ferguson and Xie, 2008). Most commonly, unaccompanied youth turn to agencies that provide temporary emergency services to access food, shelter, clothing, or healthcare through interventions like drop-in centers, run-away shelters, and school-based services (De Rosa, Montgomery, Kipke, Iverson, Ma, Unger, 1999). The research on the effectiveness of such types of emergency services is still emerging. For example, in a study of 261 homeless youth, Thompson, Pollio, Constantine, Reid and Nebbitt (2002) found that youth who access runaway and crisis shelter services show improvement in short-term outcomes, such as number of days on the run, perceived family relationship, school behavior, employment, self-esteem, and sexual
behavior. However, effect sizes for days on the run, perceived family relationship, and self-esteem were relatively small (ES = .28-.42). In another study of 308 youth in the Netherlands, Altena, Beijersbergen and Wolf (2014) found that homeless youth who accessed shelter and community services rated the results of the services and the living conditions as the least positive aspect of their experience. In contrast, the client-worker relationship was rated as the most positive of their experience. Similar results were found in a qualitative study of homeless youth with mental health concerns conducted by Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond (2006) in Australia. Their results of in-depth interviews with 10 homeless youth (aged 16 to 24) showed that homeless youth described significant problems with the quality of healthcare services provided to them in hospitals and in the community. More specifically, they expressed concern with being labeled, receiving only brief assessments; lack of explanations and personal control regarding care; and having little coordination between services. On the other hand, they also described positive aspects that enhanced engagement in care, including having people who listened, made them feel like they mattered, and took a non-judgmental approach to care.

With regard to mental health care, researchers have found that homeless youth often do not access mental health services within community and emergency centers due to a variety of barriers like high transience (Dixon, Funston, Ryan and Wilhelm, 2011). Low service utilization can lead to the exacerbation of homeless youths’ mental health concerns, as well as chronic homelessness and social exclusion (Cauce, 2000). Barriers to mental health service utilization can be reduced through interagency collaboration, early intervention, outreach, and cultural competence (Dixon, Funston, Ryan and Wilhelm, 2011). Interagency collaboration also is a perceived barrier in school-based service delivery efforts, which are often hindered by lack of
continuity of consent and record-sharing procedures between the school and community agencies accessed by homeless youth (Miller, 2011a).

Collectively, these results indicate that while temporary, emergency community services may have beneficial short-term outcomes, homeless youths’ perceptions of the quality and effectiveness of such services can be important to service modification and impact. Additionally, factors like that of positive provider-client relationships, interagency collaboration, and mitigation of youth transience are important in providing services to homeless youth. Holistic, multi-faceted interventions for homeless youth aim to alleviate the various risk factors faced by this population through an emphasis on providing broad-based services (Ferguson & Xie, 2008), including medical, mental health, and educational services.

The Social Enterprise Intervention (SEI) is one of the few researched multi-faceted interventions for homeless youth to date. SEI provides an emerging model for intervention for homeless youth, with aims to reduce mental health symptoms and high-risk behaviors, increase social support, and enhance service utilization through the integration of vocational and business skill training; mentorship; and clinical services. Ferguson and Xie (2008) found that after 9 months of participation in SEI, homeless youth displayed significant improvements in life satisfaction, family contact, peer support and depressive symptoms.

**Purpose of the Study**

To date, there is very little literature examining the impact of holistic, multi-faceted interventions on homeless youths’ physical, mental, social, and educational outcomes, especially from the perspective of the youth themselves. The research on SEI indicates that interventions that address multiple risk factors hold considerable promise in improving the lives of homeless youth. The purpose of this study was to examine youth perspectives on a relatively new multi-
faceted, community-based intervention for homeless youth called Starting Right, Now (SRN). Developed in 2009, SRN provides multi-faceted services for unaccompanied youth and aims to end homelessness and improve outcomes for this population through providing residential, educational, recreational, and professional development services, as well as mental and physical health care. Services are individualized to meet the unique needs of the youth. To date, the pre-post data on school indicators including GPA, absenteeism, etc. examined by SRN staff looks very promising, but more formal program evaluation activities have yet to be completed. The current study provides information on how youth who have been in the program for at least one year perceive the impact of the program on their lives.

The framework undergirding this study is resiliency theory (Masten, 1989). According to this theory, even if a person has experienced considerable adversity in his or her life, there is always the potential to emerge with less damage than expected, particularly if protective factors are present or introduced into the individual’s life (Masten, 1989). In the case of the youth in this study, it is known from previous interviews conducted with them about their lives prior to SRN that they experienced very high levels of risk during childhood and adolescence. Gaining access to an intervention that provides an array of services potentially provided them with multiple protective factors (i.e., housing, mentoring, health care, access to other needed services), which may have resulted in changes in their own perceptions of their lives. The analyses of archival interviews for the current study provides an opportunity to examine how homeless youth perceive that their lives have changed after at least one year of receiving comprehensive, multi-faceted services.

The research question to be addressed in this study was: In what ways do unaccompanied youth perceive their lives as having changed since entering a multi-faceted, community-based
intervention for homeless youth called Starting Right Now (SRN)? The youth in the current study are considered unaccompanied youth because they are adolescents who have been voluntarily or involuntarily removed from the physical care of their parent or guardian. Pre-existing interview data conducted with nine participants from the ages of 17 and 20 who were in Starting Right, Now for a year or longer were analyzed for emerging themes regarding the impact of the program on youth outcomes.

**Definition of Key Terms**

**Homeless.** According to U.S. Department of Housing and Development (HUD) there are four broad categories of homelessness: (1) People who are living in a place that is not meant for human habitation, in an emergency shelter, transitional living, or exiting an institution where they temporarily resided. (2) People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. (3) Families with children or unaccompanied youth who are unstably housed and likely to continue to be so. (4) People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing. This definition affects who is eligible for various HUD- funded homeless programs (U.S. Department of Housing and Urban Development, 2011). Most schools in the state of Florida rely on the definition provided by the McKinney-Vento Homeless Assistance Act (2002) that states that homeless children and youth are individuals that lack a fixed, regular, and adequate nighttime residence. This includes those that are sharing housing or doubled-up with others due to a loss in housing; living in motels, hotels, trailer parks, camp grounds, parks, emergency or transitional shelters, abandoned
buildings, or other places not designated for regular sleeping accommodations; and those awaiting foster care due to lack of alternative accommodations.

**Unaccompanied youth.** Unaccompanied youth are individuals under the age of 25 who are voluntarily or involuntarily unattached to a family household or not in the physical custody of a parent, guardian or institutional care. Federal and local service agencies refer to these youth as unaccompanied youth (National Alliance to End Homelessness, 2014). The current study explored the effect of an intervention on the lives of unaccompanied youth.

**Multi-faceted service delivery.** Multi-faceted service delivery for homeless youth takes a holistic approach to providing care to individuals and is often individualized. It is contrary to the traditional model of service delivery to homeless youth that often provides services to youth in silos (Ferguson, 2010; Morse, Calsyn, Miller, Rosenberg, Gilliland & West, 1996; Kipke, Unger, O’Connor, Palmer, & LaFrance, 1997). Multi-faceted service delivery often spans a variety of domains of the individual including different areas of physical, medical, and mental health care (Ferguson, 2010). The intervention in the current study (SRN) provides multi-faceted, community-based care through providing unaccompanied youth with residency, educational supports, a trained mentor, healthcare, mental health care, and other individualized supports and services as needed.
Chapter II

Review of the Literature

Homeless youth face a multitude of risk factors from educational failure to substance abuse and mental illness. This chapter will broaden the reader’s scope of understanding of homeless youth and the types of services provided to them. First, the state of youth homelessness and the theoretical framework will be reviewed. Next, pathways to homelessness and risks for homeless youth will be discussed. Subsequently, the current services provided to this population and the challenges of service delivery will be addressed. Finally, current multi-faceted interventions will be described, including Starting Right Now, the holistic community-based intervention from which participants for the current study were recruited.

The State of Youth Homelessness in the U.S.

Each year, the Department of Housing and Urban Development (HUD) issues an Annual Homeless Assessment Report that identifies the state of homelessness in the United States. For the first time in 2013, HUD called for communities to conduct a count of the number of homeless youth and children. Per the 2014 Annual Homeless Assessment Report to Congress, on a single night in January 2014, there were approximately 194,000 homeless children and youth, making up one-third of the total amount of homeless people in the United States. Of all homeless children and youth, 76% were homeless with their families. However, approximately 47,000 children and youth were unaccompanied or individuals under the age of 25 experiencing homelessness and were unattached to a family household or not in the physical custody of a
parent or guardian. Unaccompanied youth make up about 8% of the homeless population (U.S. Department of Housing and Urban Development, 2014).

In 2014, there were an estimated 3,461 unaccompanied youth at any given time in Florida, the third highest estimate of all states in the United States (National Alliance to End Homelessness, 2014). The Tampa Bay area and vicinities ranked the highest in Florida for unaccompanied youth and third highest in the United States among similarly populated cities (U.S. Department of Housing and Urban Development, 2014). Although the state of Florida has high levels of youth homelessness, little is known about long-term services that provide a holistic approach to care for homeless youth. The current study is focused on unaccompanied youth’s perceptions of how their lives have changed since entering a Tampa-based program called Starting Right, Now, that seeks to end the cycle of poverty and homelessness by meeting the needs of the students holistically. The next section will explore the theoretical framework that undergirds the study.

**Theoretical Framework**

**Resiliency theory.** Resiliency theory is based on a strengths-based approach to understanding youth development and provides a framework for developing interventions (Fergus & Zimmerman, 2005). Resiliency is an individual’s ability to adapt within the context of significant adversity and emerge with less damage than expected (Masten, 1989). Protective factors are positive contextual, social, and individual factors that help individuals overcome risks of problem behaviors, mental distress, and poor health outcomes. Protective factors can be categorized as assets or resources. Assets are positive factors that reside within the individual like self-efficacy, self-esteem, executive functioning, and effective emotion and behavior regulation (Fergus & Zimmerman, 2005; Masten, 1989; Masten, Burt, Roisman, Obradović,
Long & Tellegen, 2004). Resources are protective factors that are outside of the individuals, such as adult mentors, parental support, bonding to prosocial organizations, and effective community resources (Fergus & Zimmerman, 2005; Masten, et al., 2004). Both assets and resources can serve as protective factors for individuals, especially at-risk populations like homeless youth, who are known to typically experience high adversity and risk due to risk factors like frequent transience, discontinuities in schooling, limited resources, exposure to trauma, low parental education, and stressful conditions in emergency shelters (Buckner, 2008; Masten, 1992; Masten, Sesma & Si-Asar, 1997).

Many studies have assessed resiliency among homeless youth (Fergus & Zimmerman, 2005; Masten, et al., 2004; Kidd & Shahar, 2008; Dang, Conger, Breslau & Miller, 2014; Cleverley & Kidd, 2011). For example, Lightfoot, Stein, Tevendale & Preston (2011) sought to determine protective factors for homeless youth with multiple problem behaviors like drug use, sexual promiscuity, and delinquency. The sample included 474 homeless youth between the ages of 12 and 24 years. Researchers administered a series of self-report scales hypothesized to address protective factors for homeless youth, including scales measuring self-esteem, social support, goal setting, decision-making, and self-reliant coping. Using confirmatory factor analysis and path models, researchers found that higher levels of problem solving and planning skills were related to lower levels of multiple problem behaviors, which suggests the importance of building such personal assets to promote resiliency. There were indirect effects of self-esteem and social support on multiple problem behaviors through the mediation of protective skills, indicating that other protective skills are needed in order for self-esteem and social support to truly impact resiliency. The effects of goal setting, decision making, and self-reliant coping did not impact specific problem behaviors but rather impacted the entire problem-behavior second-
order factor, implying that these factors are important life skills in a variety of contexts. Overall, results suggest that interventions aimed at curbing a wide range of maladaptive and risky behaviors should target interrelated life skills or protective factors, like decision-making and self-reliant coping. They also suggest the importance of developing self-esteem and social support as adjuncts and precursors to programs that develop life skills.

There are fewer qualitative than quantitative studies exploring resiliency among homeless youth. One of the few qualitative studies in this area was conducted by Kidd and Davidson (2007). These researchers sought to understand homeless youths’ resilience narratives through an analysis of interviews with 208 homeless youth who were on the streets and in agencies. The researchers conducted exploratory interviews of youth in streets, diners, and youth agencies; in individual and small groups. Through thematic analysis of the transcribed interviews, they identified several themes related to resiliency that help youth survive the various difficulties encountered while living on the streets. These themes included shifts in youths’ sense of self and identity; agency; self-worth; value systems; and connectedness to non-street contexts that help them cope and find ways off of the streets. Some youth described homelessness as a process of self-discovery where they had to confront their risk factors, like drug and alcohol abuse, in order to define their identity and values. Others discussed coping mechanisms, like emotional numbing, in order to get through their predicaments and learning “street smarts” or adaptive contextual knowledge and problem solving behaviors. Youth also discussed the importance of developing faith and supportive social relationships. Such findings have important implications for intervention with this population. It is important for interventions to empower youth and destigmatize homelessness through focusing on supports that help youth adjust values/schemas
that have failed them in the past, endorse positive aspects of society, and take youth out of street environments.

The current study focuses on homeless youths’ perceptions of an intervention that seeks to build resiliency and create positive change in this population through taking a holistic approach to ameliorating risk and providing protection through access to various services. It is known from previous interviews conducted by the USF research team in the context of a larger study that the unaccompanied youth in the current study experienced high levels of risk throughout their lives. Thematic analysis of their interview transcriptions will allow for understanding of how they believe their lives were impacted by an intervention that aimed to decrease risk and increase protection.

Pathways to Homelessness

For homeless adults and families, the most common causes of homelessness are a lack of affordable housing and a shortage of jobs that pay livable wages (Miller, 2011b). However, unaccompanied youth tend to become homeless for reasons that are beyond their control and leave them with very few options other than moving out on their own (Miller, 2011b).

Martijn and Sharpe (2006) sought to understand the individual transitions of homeless youth, including childhood experiences and psychological disturbance. Using a quasi-qualitative methodology and a sample of 35 Australian homeless youth (aged 14 to 25), researchers conducted semi-structured interviews and administered The Composite International Diagnostic Interview (CIDI) and The Schedule for Affective Disorders and Schizophrenia for School-Age Children—Present and Lifetime Version, Version 10 (K-SADS) to generate ICD-10 (International Classification of Diseases, revision ten) and DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) diagnoses. Factor analysis revealed five different
pathways to homelessness. The first pathway identified was (1) drugs and alcohol, trauma with or without additional psychological problems. All participants in this pathway experienced trauma with half describing trauma precipitating drug and/or alcohol abuse and the other half describing neglect, abuse, and/or family conflict. Some participants experienced psychological disorders prior to homelessness. The second pathway identified was (2) trauma and psychological problems (without drug and alcohol abuse). All eight of the participants in this pathway experienced trauma prior to the psychological disturbances (e.g. posttraumatic stress disorder and major depressive disorder). The third pathway (3) drug and alcohol and family problems included eight participants with substance abuse diagnoses and a history of family dysfunction where participants described a neglectful childhood and noted being ‘thrown out’ of the home. Pathway four (4) was family problems; the seven participants in this pathway described a history of neglect, physical abuse, emotional abuse, and witnessing domestic abuse. Only one participant met criteria for a disorder (major depressive disorder) and none met criteria for a substance abuse disorder. The last pathway was (5) trauma. This pathway included only two participants who experienced childhood sexual abuse with no psychological or substance abuse disorder. Additional major findings were that in the majority of youth, there was an increase in the number of psychological diagnoses once homeless. Additionally, following homelessness, criminal activity was common among youth. This study demonstrated that pathways to homelessness include multiple rather than single factors. However, results of this study may not generalize to homeless youth in the United States.

Tyler and Schmitz (2013) also explored family histories of homeless youth, the number of transitions experienced, and pathways to homelessness. In this qualitative study of 40 homeless young adults ages 19 to 21 in the Midwest, researchers also found that familial
histories were characterized by substance use, witnessing violence, and child maltreatment. Understanding such experiences provides a context for understanding why many youth ran away from home and 95% eventually opted to leave their homes to search for alternative living situations. Other youth were ‘pushed out’ of the home (17.5%) by caregivers due to perceived problematic behavior by youth; another 10% were removed by state agencies. Youth homelessness also was characterized by multiple transitions in and out of the home, with as many as 18 transitions for some. Such findings underscore the multifaceted nature of youth homelessness and provide an understanding of the instability and trauma faced by many youth before becoming homeless.

Results of the previous studies are consistent with research on contributing factors to youth homelessness. A literature review conducted by Thompson, Bender, Windsor, Cook and Williams (2010), found family conflict (e.g. lack of emotional cohesion and dysfunctional communication patterns), family transitions (e.g. transitions between foster care, home and temporary housing), maltreatment (e.g. physical and sexual abuse), and victimization while on the streets to be the primary contributing factors to youth homelessness (Thompson, et al., 2010). For youth who remain homeless, many describe an ongoing movement through emergency services, greater immersion into criminal and drug activities, incarceration, and fewer protective resources such as regular contact with family members and social connectedness when compared to peers who exit homelessness and move into more stable environments (e.g. family home, transitional housing, and renting sector) (Mayock, Corr, & O’Sullivan, 2012).

Findings from such studies indicate that pathways to homelessness are often characterized by familial conflict, abuse, substance abuse, trauma, and frequent mobility. Additionally, some youth may acculturate to the street and shelter lifestyle in ways that prevent
them from exiting homelessness. While there are many characteristics that transcend youths’ pathways to homelessness, they are not uniformly experienced. Therefore, each youth’s background and living conditions may have its own implications for that individual’s outcomes.

**Risk Factors for Homeless Youth**

**Substance use.** Although it is not clear to what extent substance use leads to unaccompanied youths’ homelessness, Salomonsen-Sautel, Van Leeuwen, Gilroy, Boyle, Malberg, Hopfer (2008) found in a study of 684 homeless youth in eight cities that rates of lifetime and recent substance abuse ranged from 60% to 90%. In this study, surveys were distributed across eight cities in six states, using a single “point-in-time” methodology”. Youth were accessed through a non-profit agency that serves the population. Data collected from youth between the ages of 14 through 17 and 18 through 24 was analyzed. Researchers found that the majority of homeless youth in both age groups used substances at sometime during their lifetime (79% for ages 14-17 and 90% for ages 18-24) and in the past 30 days (66% for ages 14-17 and 77% for ages 18-24). Lifetime and recent substance use was correlated with being Caucasian (ages 14-17); a suicide attempt (ages 14-17); not being African American (lifetime substance abuse) or Hispanic (ages 18-24); being male (ages 18-24), identifying as lesbian, gay, or bisexual (ages 18-24); using substances with a parent; using substances at a young age; and having a family history of a substance problem. Although causal relationships cannot be determined from this data, results suggest that substance use is prevalent among homeless youth and even more prevalent among youth with the above characteristics, suggesting that efforts are needed to intervene and treat substance use among these youth.

Research suggests that substance use and dependence also places homeless youth at risk for victimization. In a study of 601 homeless youth (ages 18-24) in agencies in Los Angeles,
Denver, and Austin, researchers conducted a quantitative retrospective study to assess street victimization among youth and how substance abuse patterns relate to victimization. Findings suggested that 36% of the sample fell into the low-victimization class where experiencing victimization was rarely reported. Twenty-three percent of homeless youth fell into the high-victimization class, who experienced extremely high rates of direct (e.g. assaults) and indirect (e.g. witnessing or experiencing threats) victimization. The witness class consisted of 42% of the sample who reported high rates of threats and witnessed violence (e.g. witnessing sudden death of a close friend and a severe assault). In regard to substance use, youth in the high witness and high-victimization classes reported higher rates of substance abuse than the low-victimization class. Further, youth in the high-victimization class reported higher rates of substance dependence than the witness class. Although it is unclear whether substance abuse precipitated or followed victimization, this study suggests that substance use and dependence is associated with victimization (Bender, Thompson, Ferguson & Langenderfer, 2014).

In another study of substance abuse and victimization, Bender et al. (2012) attempted to explore the interrelatedness of these factors through qualitative, semi-structured interviews with 50 homeless youth ages 18-24 in a Midwestern city. Results indicated that 68% of interviewed homeless youth met criteria for drug abuse and dependence, and 42% met criteria for alcohol abuse or dependence. Sixty-eight percent of youth described using substances as a “band-aid” to cope with memories of past trauma, which they described as placing them at greater risk for further victimization. Youth described that substance use helped them cope through escaping negative thoughts, improving mood, relaxation, and as a way to socialize and find support. Such findings can be used to inform prevention and intervention services for homeless youth.
Although little is known about substance use risk and protective factors, Ferguson and Xie (2012) used the California Healthy Kids Survey dataset of a sample of 2,146 high-school homeless youth to determine relationships between risk and protective factors associated with substance use. Using structural equation modeling, these researchers found that greater substance use was associated with risk factors such as partner abuse, gang membership, and truancy. On the other hand, lower levels of substance use were correlated with increased levels of reported adult support. Adult support also served as both a mediator and moderator between hypothesized risk factors and substance use. Therefore, interventions targeting additional adult support may be helpful in mitigating substance use and additional risk factors.

**Victimization.** Many homeless youth experience victimization prior to becoming homeless, which often contributes to the decision to leave home (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Rosenthal, Mallett, & Myers, 2006). Tyler and Cauce (2002) found that, while at home, 47% of the homeless youth in their sample experienced physical abuse, while 29% reported experiencing sexual abuse (Tyler & Cauce, 2002). Youth who experience victimization at home are also at an increased risk for victimization once on the streets (Slesnick, Erdem, Collins, Patton, & Buettner, 2010). Stewart and colleagues (2004) found that 83% of homeless youth in their sample reported experiencing some form of victimization while living on the streets, including direct physical and/or sexual victimization (e.g., being beaten up, raped or assaulted with a weapon). Homeless youth also experience indirect victimization once on the streets. For example, Kipke, Simon, Montgomery, Unger, & Iversen (1997) reported that 72% of the homeless youth they studied witnessed a physical attack, 20% reported seeing someone killed, and 16% indicated that they have seen someone sexually assaulted.
In another study of victimization among homeless youth, Steiman, Cauce, Cochran, Whitbeck and Hoyt (2004) sought to examine victimization and Post Traumatic Stress Disorder (PTSD), gender differences in rates of PTSD and symptom expression, and to test the PTSD model that separates avoidance and emotional numbing symptoms. Their study included 374 unaccompanied youth in the greater Seattle metropolitan area. Structured, individual interviews were conducted with all participants. Additionally, a physical and sexual victimization measure was created for the study that had a high internal consistency for the full victimization measure (Cronbach $\alpha = .95$) and for the Sexual ($\alpha = .98$) and Victimization ($\alpha = .93$) subscales. A PTSD measure that aligned with the DSM-IV symptoms also was created for the purpose of the study. The internal consistency for the full measure of PTSD was high ($\alpha = .91$), as were the symptom clusters for re-experiencing ($\alpha = .81$), increased arousal ($\alpha = .79$), and avoidance and numbing ($\alpha = .77$). Consistent with previous research, these researchers found that 82.7% of the sample reported one form of physical or sexual victimization since leaving home. Victimization rates did not vary by ethnicity ($\chi^2 = 2.78, p = .60$), but victimization was more likely to occur for youth who had experienced a history of child physical abuse (but not sexual abuse). Regarding gender differences, females reported higher rates of sexual victimization, while males reported higher rates of physical victimization. Of the 301 victimized youth in the study, 17.7% reported symptoms consistent with a diagnosis of PTSD. Although results of the $\chi^2$ analysis did not show a significant difference between PTSD symptom ratings for males and females, the results of $t$-tests indicated that females had higher ratings on six of the PTSD symptoms. Although the link between victimization and PTSD cannot be established in this study, many youth reported being victimized more than one time, and PTSD symptoms were not connected to one specific incident. Finally, the results of a Confirmatory Factor Analysis (CFA) indicate that the PTSD
symptoms of avoidance and numbing do not represent a unified factor but rather two distinct features of PTSD. This study demonstrates that unaccompanied youth are frequently victimized and have difficulty coping with real threats to their physical safety. Recovering from victimization and PTSD may be even more challenging for this population given that they are likely to encounter difficulty finding safe environments and financial and restorative resources.

**Mental illness.** In addition to PTSD, homeless youth report high levels of other psychiatric disorders including mood, depression, substance use, anxiety, and psychosis (Cauce, Paradise, Ginzler, Embry, Morgan, Lohr & Theofelis, 2000; Cochran, Stewart, Ginzler & Cauce, 2002; Yu, North, LaVesser, Osborne, Spitznagel, 2008). In addition, compared to their housed peers, homeless youth are approximately two times more likely to have a lifetime prevalence of a mental illness (Kamieniecki, 2001; Slesnick & Prestopnik, 2005).

Cauce and colleagues (2000) interviewed 364 homeless adolescents between the ages of 13 and 21 in the Seattle metropolitan area in order to determine the characteristics and mental health of homeless adolescents. Youth were assessed using private face-to-face interviews and included open and closed ended questions to determine their experiences before and after homelessness. Interviewers also used *The Diagnostic Interview Schedule for Children-Revised* (DISC-R) aligned with the diagnostic criteria in the DSM-III-R to assess the prevalence of mental disorders. Results indicated that two thirds of the sample had one or more psychiatric disorder based on the DSM-III-R. Overall sample percentages indicated that 53% of youth met criteria for Conduct Disorder and/or Oppositional Defiant Disorder, 32% for Attention Deficit Disorder, 21% for mood disorders, 21% for mania and/or hypomania, 12% for PTSD, and 10% for Schizophrenia. Additionally, 45% of adolescents reported that they had attempted suicide in the past, with more females (54%) reporting attempts than males (40%). The high prevalence of
psychiatric disorders indicates that homeless youth are in particular need of mental health resources and support.

In another study of 146 homeless youth interviewed from Los Angeles, Denver, and St. Louis, 24% met criteria for PTSD, and 57% of youth indicated that they had experienced a traumatic event (Bender, Ferguson, Thompson, Komlo & Pollio, 2010). These researchers sought to determine factors associated with trauma and PTSD among homeless youth ages 18 to 24. Results of a multinomial logistic regression indicted that alcohol abuse or dependence was the one risk factor that significantly predicted being in the trauma group. Additionally, youth who met criteria for alcohol use or dependence were five times more likely to be in the PTSD group, and those that met criteria for mania were six times more likely. Youth who were more transient were also significantly more likely to be in the PTSD group. Such results indicate that the highly transient lifestyle of many homeless youth may place them at risk for increased environmental and personal challenges that increase the likelihood of exposure to trauma. Youth with higher levels of self-efficacy were significantly less likely to be in the PTSD group, which indicates that self-efficacy may be a protective factor in the development of PTSD and may be beneficial to develop in youth through intervention.

**Academic underachievement.** Risk factors like that of frequent mobility, substance use, victimization, and mental health risk factors often interact to negatively affect academic success. According to the U.S. Department of Education (2014), during the 2012-2013 school year, only approximately 50% of homeless students enrolled in local educational agencies (LEAs) or school districts met or exceeded state proficiency levels in reading, math, and science. In the general population, frequent school mobility is a risk factor for academic failure (Heinlein & Shinn, 2000), and research suggests that upon becoming homeless, approximately 75% of youth transfer
schools at least once (Rafferty & Rollins, 1989). In a study conducted in Chicago, Dohrn (1991) found that 75% of 319 homeless youth indicated that in the past school year they attended three or more schools.

In a longitudinal study, Rafferty, Shinn and Weitzman (2004) sought to compare school experiences and cognitive abilities of 46 formerly homeless adolescents to 87 low-income stably housed peers based on their own and maternal reports. Based on interviews, the Wechsler Intelligence Scale for Children- Revised (WISC-R), and New York City standardized reading and math achievement testing measures, researchers found that both formerly homeless and consistently housed youth rated the importance of school as “very important”. Additionally, both were comparable in cognitive ability. However, formerly homeless adolescents had more school mobility, more grade retentions, worse school experiences, and fewer plans for post-secondary education. During maximal residential mobility, homeless youth had more declines in achievement; however, this was not found five years later, indicating a possible indirect effect of the stability of housing.

In another study, Obradović, Long, Cutuli, Chan, Hinz, Heistad and Masten (2009) sought to examine the longitudinal achievement patterns of homeless/high mobility (H/HM) children in a large urban school district, based upon a national norm-referenced test. Students were assessed in cohorts and re-assessed 12 to 18 months later. Controlling for sex, ethnicity, attendance, and English language skills, researchers found that compared to low-income, stably housed peers, H/HM students were at greater risk for low academic achievement. The gap between H/HM students and their low-income peers was present as early as second grade and continued through elementary school. However, results also indicated some variability in H/HM students, in that there was a range of resilient and maladaptive trajectories for these youth.
Although academic underachievement is a persistent risk factor for homeless youth, results indicate a need for research on protective factors that may contribute to academic success.

**Interventions for Homeless Youth**

**Drop-in centers.** Drop-in centers are often unstructured agencies that provide immediate services like food, shelter, clothing healthcare or sometimes case management (Joniak, 2005). While it is unclear how many youth access drop-in centers, DeRosa, et al. (1999) found that approximately 78% of homeless youth access drop-in centers, compared to 40% that access runaway shelters. However, the research on the effectiveness of drop-in centers is still emerging. One study assessed the impact of an urban southwestern drop-in center on 172 youth using semi-structured and self-report questionnaires. Results indicated that up to twelve months post baseline, youth had statistically significant improvements in mental health, substance use and percent of days housed. Specifically, an increase in days housed was associated with a decrease in substance use. However, researchers found that most youth did not find permanent housing and that their utilization of employment, educational and medical service did not change over the course of the study (Slesnick, Kang, Bonomi & Prestopnik, 2008). While drop-in services can have short-term positive outcomes for homeless youth; additional service provision, collaboration and support is needed to affect a more long-term range of outcomes for homeless youth accessing services.

**Runaway shelters.** Runaway shelters provide emergency crisis and residential services for homeless youth, including short-term housing, counseling, educational, vocational, referral and family reunification services (Thompson, Pollio, & Bitner, 2000; Rohr & James, 1994). Thompson, Pollio, Constantine, Reid and Nebbitt (2002) studied outcomes from 11 runaway and homeless youth emergency shelters across four Midwestern states. Agency workers conducted
interviews and data was collected from the Runaway and Homeless Youth Management Information System (RHY MIS) to determine short-term outcomes of youth accessing the agencies. Researchers found that homeless youth that utilize runaway and emergency shelter services show improvement in short-term outcomes, including the number of days on the run, perceived family support, school behavior, employment, self-esteem, employment, and sexual behavior. Effect sizes (ES) for days on the run, family support, and self-esteem were relatively small (ES = .28, .33, .42, respectively). Additionally, whether the youth lived at home before or after intervention lowered their attrition rates and increased the likelihood of a follow-up interview, potentially biasing the ending sample. Lastly, research shows that once discharged from runaway shelters, many youth often return to the shelter. Regarding recidivism, Baker, McKay, Lynn, Schlange and Auville (2003) found that within their sample of 166 youth that accessed a runaway shelter, 34% of repeat runaways and 18% of first time runaways returned within a year.

**Community-based agencies.** Community-based agencies often specialize in providing health, mental or social care services. In a qualitative study conducted by Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond (2006), researchers sought the perspectives of ten unaccompanied youth with mental health issues accessing health and social services in Australia. Researchers found that homeless youth did not describe access to healthcare services as a significant problem as much as the quality of services provided. Youth described experiences of labeling, ‘drive-by’ assessments, lack of explanations and having a lack of personal control. However, when describing aspects that enhanced engagement with services, youth described having a person to make them feel like they mattered and who listened. Such results are aligned
with the findings of other studies (Altena, Beijersbergen, Wolf, 2014; Heinze, Hernandez-Jozefowicz, and Toro, 2010).

Altena, Beijersbergen and Wolf (2014) administered measures to 308 homeless youth that have accessed shelter and community services. Results indicated that homeless youth perceive the results of the services and the living conditions as least positive. However, youth rated the client-worker relationship as most positive. Results of these studies indicate that homeless youth often perceive community-based agencies as needing improvements in access to quality care and service delivery, qualities that can often be met through holistic, multi-faceted interventions (Ferguson, 2007). However, results also show that provider-client relationships may be important in service to homeless youth and that youths’ perceived results of services should be paid attention to.

Within community-based agencies, homeless youth may also have access to mental health services. However, research has supported that youth experiencing homelessness and mental health problems, often do not access mental health services due to a variety of barriers (DeRosa, et al, 1999). Low service utilization can often lead to the exacerbation of homeless youths’ mental illnesses, as well as, chronic homelessness and social exclusion (Cauce, et al., 2000). Additionally, a criticism of the traditional model of service delivery for homeless youth is that while youth are able to access services for basic needs, they are still able to sustain deviant, high-risk behaviors (Ferguson, 2010; Ferguson & Xie, 2008). Dixon, Funston, Ryan and Wilhelm (2011) found that barriers to access may be enhanced through interagency collaboration, early intervention, outreach and cultural competence. However, they found that even in a program with these characteristics, a large barrier to linking homeless youth to on-going mental health services is their frequent transience. SRN seeks to enhance outcomes for
unaccompanied youth through providing permanent housing, interagency collaboration and individualized services, including mental health services. The current study seeks to fill these gaps in literature through exploring unaccompanied youth’s perspectives of the impact of a community-based intervention with a collaborative mentoring component that addresses various aspects of care, including supportive relationships through mentoring, and permanent housing.

**The child welfare system.** The child welfare system seeks to provide homes and services to youth who are not in the care of their parents. At the end of the 2012 fiscal year, 19,620 children were in foster care in Florida (Children’s Bureau, 2012). Unfortunately adoption rates remain low. In Florida there were only 3,276 children adopted in 2012, and approximately 80% of the children adopted were under 10 years of age (Children’s Bureau, 2012).

In a study of 937 street-involved youth between the ages of 14 and 26, 49% reported being in the custody of the child welfare system at some point in childhood. The cross-sectional study collected baseline data from the At-Risk Youth Study on all street-involved youth between 2005 and 2012. Using a multivariate logistic regression analysis, researchers found that youth that have had an encounter with the child welfare system are more likely to use a hard substance at a younger age, not complete high school, have a parent that drank heavily or used illicit drugs, and be a victim of physical abuse (Barker, Kerr, Alred, Fortin, Nguyen, Wood, DeBeck, 2014).

**School-based services.** Originally authorized in 1987 and reauthorized in 2002, The McKinney Vento Homeless Assistance Act (The McKinney Vento Act) was the first federal legislation to address the problems that homeless children and youth face in attending and succeeding in school. Specifically, Subtitle VII-B of the McKinney Vento Homeless Assistance Act provides a definition of who is considered homeless, as well as students’ rights and protections under the act. In summary, The McKinney Vento act states that children that lack a
fixed, regular and adequate nighttime residence are considered homeless (McKinney-Vento Homeless Assistance Act, 2002).

There are several staple rights and protections given to homeless students under the act. Every Local Educational Agency (LEA) or school district must designate a staff person to serve as the local homeless education liaison. This person must collaborate with schools, students, families, service providers, and state agencies to ensure the needs of all homeless and unaccompanied youth in the district are met under the stipulations of the McKinney Vento Act. Homeless youth, unaccompanied youth, and guardians have several rights related to school selection and enrollment. LEAs must immediately enroll homeless or unaccompanied youth, even in the absence of appropriate health, immunization, school, proof of residency, and guardianship records. Homeless youth must also be allowed to enroll in their school of origin or the school they attended when last permanently housed. Additionally, students may enroll in public schools within their current living area. Homeless students have the right to remain enrolled until the end of the school year.

Once enrolled homeless students must have access to educational and other school-related services that will allow them to meet standardized state academic achievement standards. Additionally, homeless youth and their guardians are required to be given information regarding fee waivers, free uniforms, and low-cost medical services. Transportation services must also be provided to and from school if requested by a guardian or local liaison. Additional transportation services must be provided that are comparable to that of other students. Lastly, every state must develop procedures for which guardians or unaccompanied youth may dispute the enrollment, transportation, or fair treatment of a homeless youth. All disputes must be referred to the local liaison to be handled expeditiously according to law and local policy. Unaccompanied youth
specifically must receive assistance from their local homeless education liaison related to school selection, transportation, legal rights, and appeal processes (U.S. Department of Education, 2004).

There have been studies that have examined the educational experiences of unaccompanied youth in their own words. For instance, Aviles De Bradley (2011) sought to investigate the educational experiences of six high school unaccompanied youth in Chicago public schools. From a series of interviews, four themes emerged. The first theme to emerge was that the term ‘homeless’ did not accurately describe the experiences of these young people. They were not living on the street nor sleeping on park benches. However, they described unstable housing with friends, family, or in shelters that were unsafe and uncomfortable. The second theme to emerge was that homelessness was not a choice. The participants were in the position of being unstably housed because they could not stay in their home due to legal restrictions, conflict, or financial insecurity. The third theme to emerge was a sense of agency. Participants were willing to fend for themselves, sometimes resorting to criminal acts if they deemed it to be necessary. Youth also reported that they were not made aware of the many services and rights afforded to them by the McKinney-Vento Act. Similarly, none of the participants received the Child Protective Services Rights of Homeless Students handout, a document that schools are legally required to provide to all homeless students. Finally, a fourth theme to emerge from youth interviews was the lack of a presence of caring adults in their lives. The participants did not have close relationships with familial adults and requested that schools provide resources like that of family therapy and parent trainings. The findings of this study suggest the importance of mentoring relationships and the need for students to have a school-based adult advocate to ensure access to resources.
Mentoring programs. Mentoring programs also have been developed to provide homeless youth with an adult who provides ongoing guidance, assistance, encouragement, and instruction. However, mentoring programs are often difficult to study in that they are usually part of a larger intervention program for youth. However, mentoring programs are thought to be effective particularly in building resiliency for youth with at-risk backgrounds (Rhodes, 2002). In the only study to examine the utility of mentoring programs with homeless youth, researchers developed a pilot study of 90 homeless adolescents receiving substance use treatment. Homeless youth were assessed at baseline, 3-months, and 6-months post-baseline using an interview for demographic data and homeless experiences; the Form 90 for substance use severity; the Beck Depression Inventory—Second Edition for depressive symptoms; the Youth Self-Report for internalizing and externalizing problems; and the Problem Oriented Screening Instrument for Teenagers to address problem consequences of drug use. Results of hierarchical linear modeling showed that only a few outcomes were associated with mentoring. Adolescents with a history of physical or sexual abuse were more likely to attend more sessions and mentoring was associated with a decrease in problem consequences associated with substance use. Fewer mentoring treatment sessions was associated with an increase in internalizing behaviors (Bartle-Haring, Slesnick, Collins, Erdem & Buettner, 2012). Due to the small sample size, the outcomes that could be attributed to the youth themselves and those that could be attributed to the mentee/mentor relationship could not be separated out. More research is needed to determine the critical components of effective mentoring for homeless adolescents.

Challenges of Providing Services to Homeless Youth

Although there are a number of service options that have been examined for homeless youth, the complex issues associated with youth homelessness can make service delivery and
coordination highly challenging. Research suggests that providing interagency leadership and collaboration is critical in addressing the needs of homeless youth (Miller, 2011a), although there are various factors that hinder school, shelter, and community agency collaboration. For example, prior to the 2002 reauthorization of the McKinney-Vento Act, there was no standard definition available to identify homeless students. School districts and states varied greatly in their conceptualization of homeless students and the extent of interventions provided to address their needs. The McKinney-Vento Act defined student homelessness to include preschool students and situations like children and youth living on the streets, in shelters, in motels, and with friends. A clear definition of children who are homeless provided a clear provision of services to students and a basis for creating infrastructure to provide support to them (Miller, 2011a).

Miller (2011b) conducted a review of peer-reviewed literature since 1990 in order to examine the many different factors that influence homelessness including the intersections of policy, people, places, and practices. Overall, he noted that homeless youth experience a variety of school-related problems in comparison to their housed peers, including academic achievement difficulties, poor school attendance, elevated school transfer rates, higher rates of disability identification, school dropout, and violent behavior. Additionally, the cumulative effects of poverty also affect most youth experiencing homelessness. Most research has concluded that school challenges are not solely due to experiences of homelessness but rather homeless youths’ placement on the extreme end of the risk continuum, where homeless children are far worse off than stably housed low-income children (Miller, 2011b). The multiple risk factors that many homeless youth face in comparison with their stably housed peers present challenges to schools.
and one-dimensional service agencies due to these students’ amplified need for multiple services that are not commonly found in such settings.

Miller (2011b) also noted that parental love, support, and guidance during periods of youth homelessness can serve as protective factors in preserving youths’ general well-being and school success. Although studies have found parent-child relationships to be stressed filled, being connected with a parental figure can provide a source of advocacy and navigation in school and community services. Given that unaccompanied youth are not in the custody of their parents, they do not have an adult to help navigate and advocate for them in school and community agencies. Additionally, given that adults can only access many community agencies, lack of parental support provides an added challenge to providing services to youth (Miller, 2011b).

Miller (2011b) further noted that shelters and residential facilities face challenges related to capacity, awareness, and mobility, hindering service delivery. In order to access services, community agencies must have space available for families and/or youth. Many midsized cities in the United States, in particular, have underdeveloped community shelters and agencies that have capacity restraints, especially during times of recession. In regard to awareness, many families and youth who are homeless are not aware of the presence of educational programs and supports that are provided to them by schools and community agencies. Along these lines, Hicks-Coolick, Burnside-Eaton, and Peters (2003) found that over half of the staff members in shelters in Georgia were unfamiliar with the McKinney-Vento Act and the rights and services that it stipulates for homeless students. As such, the lack of awareness by agency staff of policies and services afforded to homeless youth further hinders the facilitation of services to the homeless. Finally, the high rate of mobility among homeless families and individuals hinders service
delivery and benefits potentially derived from resources. Homeless individuals tend to be more mobile between shelters than families and do not stay long enough within shelters or agencies to derive the full benefit of educational resources (e.g. tutoring, mentoring, social skill development) and meaningful relationships with community professionals that could aid in the development of life skills, such as goal setting and postsecondary plan development (Miller, 2011b). A barrier within other community-based educational organizations such as university-based literacy programs, tutoring programs, and community art programs is that they only provide services during the school year, while research suggests that many homeless youth could benefit from initiatives servicing during the summer months in order to help youth make up for academic learning lost during the school year (Miller, 2011b).

A final issue discussed by Miller (2011a; 2011b) is the challenging nature of intra- and inter-organizational collaboration in supporting homeless youth. Providing services, for example through the McKinney-Vento Act is dependent on leaders’ and organizations’ skills in sharing resources, communicating, and developing mutual understandings. Additionally, differences in organizational culture and operation are often described as a barrier to organizational collaboration. Personnel within schools, shelters, and other community agencies often have different types of training, structures of support, and expectations for accountability that make it difficult for individuals and organizations to coordinate student services for homeless youth with efficiency as is called for in the McKinney-Vento Act.

Among the few qualitative studies focused on collaboration and leadership practices between shelters and schools, Miller (2009) examined perspectives of staff and administrators at three mid-Atlantic homeless shelters for women and children. Results of interviews, observations, and document analyses were aligned with the findings of the Miller (2011b)
literature review. Administrators and staff discussed that school service providers often characterize mothers as parental failures, while shelter staff make general assessments of mothers as not without fault but having to manage and prioritize basic survival needs, as well as problematic personal and social conditions. Shelter staff noted they often have deeper understandings of why students are underachieving or acting out in school, and without such understanding within schools, youth may be misunderstood or mistreated. Findings also showed that shelter staff and school personnel often were unfamiliar with each other’s ways of operating. Families also were unaware of the various policies and services provided by different agencies. Miller (2009) described the personal and professional relationships between shelter staff and school leaders as extremely limited in that staff often do not know leaders within the school, do not receive return phone calls or letters, and describe schools as bureaucratic in nature overall. Based on the above findings, Miller (2011a & 2009) suggests the development of homeless education networks that would coordinate services to include a common sense of purpose, structural webs of communication, deployment of collective resources in a strategic manner, and evaluation of effects and processes.

To address common barriers to service delivery of homeless youth, national organizations were created like the Education for Homeless Children and Youth (EHCY) and the National Center for Homeless Education (NCHE) (Miller, 2011a). The Education for Homeless Children and Youth is a homeless education policy group that was developed with the main responsibility of implementing the McKinney-Vento Homeless Education Assistance Act. EHCY program elements include designation of a homeless liaison in each school district; identification and enrollment of homeless youth; providing transportation services; eliminating barriers (e.g. residency requirements, school fees); developing partnerships with community agencies; and
ensuring the desegregation and destigmatization of homeless students (National Center for Homeless Education, 2015).

The National Center for Homeless Education is a contracted partner of the U.S. Department of Education that supports and evaluates the McKinney-Vento Homeless Assistance Act, as well as provides research, resources, and information to enable communities to meet the needs of youth experiencing homelessness. The center also provides training and awareness materials to assist educators and service providers, and provides regional and national trainings (National Center for Homeless Education, 2015). In conjunction, these organizations serve as consistent monitors and facilitators to the provision of service delivery to homeless youth.

**Multi-Faceted Interventions for Homeless Youth**

In addition to the services available to homeless youth through schools, shelters, the child welfare system, and other community agencies, there are a few multi-faceted, community-based interventions that have been developed specifically for this population. Multi-faceted programs are designed to address some of the barriers to service delivery and provide comprehensive supports across different domains of the child’s life.

**Social Enterprise Intervention.** While the majority of traditional interventions for homeless youth focus on isolated services in a mobile or fixed site (Ferguson, 2010; Morse, et al., 1996; Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997), the Social Enterprise intervention (SEI; Ferguson & Xie, 2007) is an emerging model for intervention for homeless youth that seeks to reduce mental health symptoms and high-risk behaviors and increase social support and utilization of services. SEI is a seven to twelve month, living skills/vocational intervention that incorporates vocational (e.g. graphic design and Photoshop training) and business skill training; clinical mentorship; and access to clinical services. SEI incorporates an
asset-based model of youth development that focuses on internal assets and strengthening commitment to learning, positive values, and social competencies. Vocational and business skill components aim to teach youth marketable job skills and supports to transition them into a more formal labor market, rather than just low-paying jobs.

Ferguson and Xie (2008) pilot tested SEI on 16 homeless young adults (ages 18 to 24) and 12-control group young adults who attended drop-in centers. Researchers and clinical mentors conducted structured interviews, as well as administered self-report scales measuring depression; self-esteem; life-satisfaction; and internalizing and externalizing behaviors. There were no significant differences between the SEI and control groups at baseline. However, after nine months of participation in SEI, homeless youth in the SEI intervention displayed significant increases in overall life satisfaction (Cohen’s effect size (ES)= .95); contact with family (ES= 1.16); peer social support (ES= .72); and a decrease in depressive symptoms (ES= -.59) compared to the control group accessing drop-in centers. Although this study has a small sample size, this is one of the few studies assessing a boundary-spanning intervention for homeless youth. Although this intervention targets multiple aspects of development for homeless youth, it does not provide access to long-term services related to housing or health care.

**Starting Right, Now.** Starting Right, Now is a unique, multi-faceted, community-based intervention for unaccompanied youth that takes a holistic approach to providing a continuum of care and services. SRN seeks to address the many needs and risk factors for unaccompanied youth through bridging home, school, and community based services, the lack of which often serves as a barrier to effective service provision (Miller, 2011a). SRN was founded by Tampa resident Vicki Sokolik in 2009 and is the only multi-faceted, community-based intervention of its
kind in Hillsborough County. According to Vicki Sokolik, it is the only intervention of its kind in the nation. To date, over 100 homeless students have received services.

School personnel, like social workers and counselors, refer students for admission into Starting Right, Now. In order to qualify for the program, youth must be identified as homeless. Potential applicants must undergo three interviews. During the first interview, program administrators meet the applicant to determine if SRN will be able to meet the needs of the youth. Administrators consider factors like that of the youth’s physical and mental health needs, motivation, ability for growth, and overall fit with the program’s culture and operations. In the second interview, program administrators introduce students to a potential mentor. At the time of the second interview, students do not know whether or not they will be admitted to the program, nor do they know that they are meeting their potential mentor. If the program administrators determine that they are able to meet the needs of the student, including providing the student with a well-matched mentor, a third interview takes place. During the third interview, new students learn about the benefits and requirements for remaining in the program. All students voluntarily enter the program, especially since many of them are considered unaccompanied youth and no longer living with their parents.

Once a student is accepted into the program, the youth is matched with a trained mentor; provided a furnished place to live; given access to mental and health care services; provided with a computer and Internet service; assisted with applying to college (including finding and applying for scholarships); and provided with individualized support services to help the youth reach his or her full potential (e.g. tutoring, organizational skills development, and additional accountability systems). For the first few years of the program, youth were given individual apartments in which to live. However, the program now provides a communal house for multiple
youths’ to live in with an adult guardian. Participants in SRN receive a mentor with whom they can build a close personal relationship. The director prefers for youth to have contact with their mentor at least once a week, with daily contact encouraged. Mentors are available to provide advice, accountability, guidance, and other support to youth as needed. Participants are also given the opportunity to participate in extracurricular activities and educational programs in which they may not have had the financial means to participate previously, like studying abroad and school sports. SRN students meet regularly to attend social events sponsored by SRN, such as holiday celebrations and sporting events. They also attend personal and professional development workshops, such as Dale Carnegie training, which focuses on the development of leadership skills and personal empowerment. Many also participate in Camp Anytown, a residential conference for teens focused on diversity training. Additional trainings provided target other areas of youths’ development like emotional intelligence, communication skills, managing finances, developing a resume, and resolving emotional and behavioral problems. To remain in the program, youth must attend school on a regular basis, maintain a job for 20 hours per week, contribute a portion of their earnings to their household, earn grades at or above a C, be involved in one extracurricular activity per year, and attend all mandatory SRN meetings and trainings. Youth are able to remain in the program indefinitely, as needed, if they continue to meet these requirements. SRN covers the cost of participation for these students in the program and provides them with a social support network consisting of SRN staff, volunteers, mentors and other students.

Currently, SRN is primarily funded through the director’s advocacy in obtaining private donors, sponsors, and grants from individuals, businesses and corporations. Research on SRN will not only help facilitate program modifications, but also assist in obtaining large scale federal
grants to help ensure the longevity and expansion of the program. To date, data analyzed by SRN staff members using pre-post data on school indicators, like GPA and absenteeism, looks promising; however, more formal program evaluation activities to determine the impact of the program on the lives of participants have yet to be completed. The current study was the first study to examine how participants perceive their lives as having changed since entering SRN.
Chapter III

Method

Purpose

The purpose of the current study was to explore the impact of participation in a multi-faceted, community-based intervention for homeless adolescents from the perspectives of the youth themselves. Specifically, the research question for this study was: *In what ways do unaccompanied youth perceive their lives as having changed since entering a multi-faceted, community-based intervention for homeless youth, called Starting Right Now (SRN)?* To achieve this goal, archival interview data collected by the University of South Florida (USF) research group, Vulnerable and At-Risk Students: Improving Trajectories for Youth, was examined. Interview data from nine participants was collected in the Spring and Summer of 2013 by one member of the research team, as a part of a larger project lead by the research team to examine the effectiveness of Starting Right, Now. The USF Institutional Review Board (IRB) approved the data used in this study to be collected as part of a larger study on February 24, 2013 and re-approved the use of the data for this study on July 30, 2015 (Appendix D).

Setting: Hillsborough County

Starting Right, Now provides multi-faceted, community-based services to unaccompanied youth in Hillsborough County, Florida, which is located on the west coast of Florida. Hillsborough County is comprised of the incorporated cities of Tampa, Temple Terrace, and Plant City, and is the fourth most populous county in Florida with 1,316,298 persons. Approximately 23% of the population of Hillsborough County is under the age of 18, and 16.8%
of the county residents are living below the poverty level. Eleven percent of these persons are between the ages of 12 and 17 (U.S. Census Bureau, 2010). According to the 2014 report from the Florida Council on Homelessness, on any given day in Florida there are approximately 41,335 homeless persons and 2,291 in Hillsborough County. Youth under the age of 18 comprise of about 19% of the homeless population. However, homeless rates are likely an underestimation given that “point-in-time” counts of homelessness only reflect one day of the year and accessibility of homeless populations are difficult.

The Hillsborough County School District is the eighth largest in the United States and the third largest in the state of Florida. During the 2012-2013 school year, the district identified 3,170 youth who were homeless, 9% of whom were considered unaccompanied youth. Hillsborough County School District includes 250 schools and 27 high schools (Florida Council on Homelessness, 2014). SRN provides services to any of the public high schools in the district.

Federal funds support the services provided through the McKinney-Vento Education for Homeless Children and Youth Program for homeless students. This program ensures that homeless students have access to public education by removing barriers such as transportation and residency requirements. Federal funds also sponsor various need-based programs for schools such as The National School Breakfast and The National Snack Nutrition Programs. At the county level, there are five homeless prevention agencies that help prevent families from losing their homes. There are also five cold weather shelters that provide temporary housing, as well as recovery services that provide homeless individuals and families with services to help regain housing (Hillsborough County Government Florida, 2014a). Homeless youth between the ages of 10 and 17 who are homeless due to conflict at home may be eligible to access the Children in Need of Services/Families in Need of Services Program (CINS.FINS) for up to 14 days. Located
at the Hillsborough County Division of Children’s Services at the Lake Magdalene Campus, the 
program provides residential services, counseling, educational services, physical and mental 
health examinations, and other services as needed (Hillsborough County Government Florida, 
2014b). To date, Starting Right, Now is the only multi-faceted, community-based program in 
Hillsborough County that provides long-term service to unaccompanied youth. According to the 
director of the program, it is the only program of its kind in the country.

Participants

The current study included interview transcripts from nine participants who have been 
enrolled in SRN for at least one year and were considered unaccompanied youth. Participants 
chose a pseudonym to protect their identity. Participants’ ages ranged from 17 to 20 years old 
($M=18.66$). Five of the participants were in their junior year or entering their senior year of high 
school, and four were in their first year or entering their second year of college. Four of the 
participants were female and five were male. Participants’ self-identified ethnicities were 
Hispanic American (1); Caribbean American (2); European American (4); African 
American/Native American (1); and African American (1). The pseudonym, gender, ages, 
ethnicities and reason for homelessness of the participants are displayed in Table 1.

Table 1. Demographic Features of Study Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Reason for Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alison</td>
<td>Female</td>
<td>17</td>
<td>Hispanic American</td>
<td>Escaping abuse</td>
</tr>
<tr>
<td>Charlotte</td>
<td>Female</td>
<td>19</td>
<td>Caribbean American</td>
<td>Abandonment</td>
</tr>
<tr>
<td>Donald</td>
<td>Male</td>
<td>19</td>
<td>European American</td>
<td>Discord with stepparent</td>
</tr>
<tr>
<td>Erica</td>
<td>Female</td>
<td>19</td>
<td>European American</td>
<td>Escaping abuse</td>
</tr>
</tbody>
</table>
Participants within the current study were asked to undergo multiple interviews (refer to ‘Archival Interview Procedures’ section for further details). The focus of the current study is the analysis of interview data collected during the second and third interviews that focused on participants’ reflections of their lives since entering SRN. However, interview data collected during the first interview with participants was analyzed in a separate study and focused on the participants’ reflection on their lives before entering SRN (Raffaele Mendez, Dickinson, Esposito, Connolly, Bonilla, 2016). Results of the study give insight into participants’ common experiences prior to entering SRN and provide context for the impact of SRN on their lives as described in the results of the current study.

As indicated in Table 1, participants became homeless for a variety of reasons from escaping abuse to family homelessness. Prior to entering SRN, all participants described being shuffled around to different residences, often because a parent was unable to take care of them or meet basic family needs. As a result, participants experienced instability in parenting, schooling
and friendships. All participants also described experiencing some form of abuse by a caregiver, whether physical, sexual and/or emotional. Due to the abuse, some participants developed maladaptive coping techniques, such as, negative self-thoughts or anger outbursts. Another theme found in the study of participants’ lives prior to SRN was that of suppression. Specifically, Alison, Charlotte, Erica, and Isaac did not tell others about their abuse due to the fear of negative consequences or retaliation from their abuser. As a result of ongoing family conflict, some participants illustrated the development of the misconception that normal family life is characterized by turmoil and abuse. Within participants’ families, they noted that caregivers often prioritized romantic partners, desires and/or addictions over meeting the basic needs of the youth. All of the participants explained that they had unmet basic needs prior to entering SRN (e.g. inadequate food, shelter, transportation, unsafe neighborhood). Many participants also described how they had to shoulder adult-like responsibilities as youth, like taking care of siblings and earning money for the family.

Although the lives of participants in this study prior to SRN were characterized by many risk factors, participants described being able to find supportive friends that allowed them to live with their family or activities (e.g. sports, ways to make money) that afforded some relief from the overwhelming stress in their lives. Additionally, despite participants’ often tumultuous childhood experiences, all were able to demonstrate what the researchers called “unexpected wisdom” (Raffaele Mendez, et al., 2016). Specifically, all participants manifested remarkable ways of responding to their childhood circumstances and/or were able to express optimism that they could overcome their challenges to improve their life circumstances. An analysis of all of the life stories of the participants prior to SRN resulted in an overall essence called “Potential in Unexpected Places” (Raffaele Mendez, et al., 2016), titled as a reflection of the fact that despite
the turbulent childhoods of the participants, all were able to exhibit responsibility, determination, hope, and a vision for a better future. Nonetheless, prior to SRN, they all indicated that they needed resources that they did not have.

Participants in this study represent a unique subset of homeless youth who were accepted into SRN. Understanding the participants’ commonalities of life experiences helps paint a picture of the various risk and protective factors that youth in this study faced prior to entering SRN; providing context for the themes derived from their reflections. The current study seeks to examine their perspectives of the impact of this multi-faceted community-based intervention on their lives since entering SRN.

Archival Interview Procedures

The following describes procedures that took place prior to and during data collection of the archival interviews by the interviewer, the PI and the USF research team, which includes the author of the current study. All interviews were conducted during the Spring and Summer of 2013.

Participant recruitment and sampling. All participants were recruited through a flyer (Appendix B) that was provided by and displayed in SRN offices in Tampa, Florida. Interested participants shared their willingness to be interviewed with Vicki Sokolik, the program director, who provided them with a consent form (Appendix A) and provided the student’s contact e-mail and phone number to the research team. Participants were then contacted by the interviewer to make an appointment for an initial interview. Inclusion criteria for participants was (1) at least one year of participation in SRN and (2) current participation in the program. Participants were selected for the study based on the order in which they returned consent forms until researchers received consent from at least one participant of each gender and ethnicity served by the
program. Participants then completed a series of interviews approximately one week apart. Interviews lasted from 20 to 72 minutes. The focus of the current study is on the second interview, inquiring about participants’ lives since entering SRN.

**Interview setting.** Interviews took place in the SRN offices and the School Psychology observation labs at the University of South Florida. These locations were chosen in order to provide participants with familiar and safe environments given that some of the participants attended USF. One participant was interviewed via Skype due to being away at college. Participants could choose to be interviewed at either setting or via Skype if not available to meet in Tampa.

**Interviewer training.** The research team member who conducted the interviews was familiar with phenomenological interviewing techniques aligned with those explained in Bevan (2014) that focus on allowing the individual to tell his or her story in their own words. This approach is also aligned with best practices in unstructured interviewing techniques (Merriam, 2009). Before engaging in interviews, the interviewer underwent training with the PI regarding bracketing out her own pre-existing biases that may influence how interview data is collected and interpreted (Tufford & Newman, 2012). The interviewer also participated in mock interview sessions with research group members and received feedback prior to conducting interviews with participants. Additionally, the interviewer received extensive interview training through her Master’s degree program in Education with a concentration in Counseling and Guidance. She also worked as a therapist and guidance counselor where she applied interviewing skills.

**Pilot interviews.** Pilot interviews were conducted with the first two participants. Each participant completed three pilot interviews in order to determine the appropriateness of the total number of interviews needed and interview questions. For both participants, the interviewer read
the informed consent to the participants and allowed opportunity for them to ask questions or withdraw from the study. After the participant gave verbal consent to continue, the interviewer asked the participant to share their life story from the time he or she was born until entering SRN. Participants were asked to “Tell me about your life from the time you were born until you entered Starting Right, Now.” After the participant shared their life story up until entering SRN, the first interview was considered complete. The interviewer and the research team met to listen to the interview and discuss follow-up questions that should be asked in the next interview.

A week later, the second interview was conducted. The interviewer asked the participant to compare his life before and after being involved with SRN. After sharing all comparisons that came to mind, the interview was considered complete.

The third interview focused on asking the participant about specific domains that the participant did not mention in previous interviews. Domains that were inquired about in the third interview included: success in school, attitude towards school, courses the student attempted, how time is spent each day (in school, out of school), future goals, self-confidence, emotional state, trust in adults to help you meet your needs or accomplish goals, friendships, involvement in extracurricular activities, how much stress is experienced and how the participant copes with it, and physical health (how well the participant eats and sleeps, how often he/she gets sick).

After the PI and research group members listened to all six pilot interviews (3 interviews per participant), it was determined that the third interviews did not provide any additional information about the participants that was not already mentioned in the first two interviews. Therefore, it was decided to conduct two interviews for future participants. The first interview focused on the participants’ reflecting on their lives before entering SRN. The second interview and the focus of the current study, focused on participants’ lives since entering Starting Right,
Now, including comparing what their life was like before and after SRN. The interviewer asked questions to clarify events described, help the student to continue telling his or her story, and ask about any domains listed above that the student did not mention spontaneously.

**Instruments.** Interviews were conducted with unstructured interview protocols created by the research team (see Appendix C). Unstructured interviewing is used primarily in qualitative research when researchers do not know enough about a phenomenon to ask relevant questions. Less structured formats also allow respondents to define the world in their own way (Merriam, 2009). In the current study, given that the research team did not know about the lives of the participants prior to SRN or their perceptions regarding how their lives have changed since entering the program, unstructured interviewing was appropriate.

In the first interview, the interviewer told participants, “I would like you to tell me your life story from the time you were born, until the time you entered Starting Right, Now.” If the interviewees needed additional prompts, the interviewer said, “Imagine someone is making a movie about your life. What would be in the movie? Tell me about important people, places, things that happened, etc.” In the second interview, the focus of the current study, participants were told, “In this interview, I would like you to tell me about your life from the time you started Starting Right, Now to the present day. I would like to understand what your life is like now compared to what your life was like before Starting Right, Now.” If needed, the interviewer asked about the various domains once the student was finished telling his or her story.

Research group members transcribed five of the interviews; four others were transcribed by an outside transcription agency. All interviews were then reviewed by another member of the research team and checked for accuracy of transcription (i.e., the research group member listened to the tape and made corrections to the transcription as needed).
Ethical considerations. Several precautions were taken in order to protect the rights of participants. First, the USF Institutional Review Board approved the study. Additionally, consent forms were given to all participants and SRN administrators that often serve as guardians for many of the youth. Contact information for the researchers and the USF Institutional Review Board representative was provided on each consent form. Prior to interviewing, the interviewer read aloud the consent form and gave the participant the opportunity to ask questions. Each participant was also made aware that he or she could withdraw from the study at any point, and that withdrawal would not affect their involvement in SRN. To ensure that compensation for the study was not coercive, the SRN director and the PI collaborated to decide on compensation in which participants would receive a $75 gift card to Target. To ensure anonymity of the participants, pseudonyms were assigned to each participant and used during the interview and transcription process. If a participant’s real name was mentioned in the interview, research group members replaced the name with the assigned pseudonym during transcription review.

Overview of Analyses

In this interview study, the research question was answered through analyzing archival interview data collected during the second interview with participants. Interviews were collected in the context of a broader study by the USF research group.

Thematic analysis of interviews. Transcribed interviews were loaded into Atlas.ti, a database management system for qualitative research. Thematic analysis is a common form of analysis used within qualitative research to report patterns or themes within data. It is often used across a variety of research designs because it allows for flexible analyses from a variety of methodological perspectives (Braun & Clarke, 2006). Most aligned with the current study are the methodological perspectives of post-positivists and interpretivists. Post-positivism posits that
“the social world is patterned and that causal relationships can be discovered and tested via reliable strategies” (Hesse-Biber & Leavy, 2011, pg. 5). The interpretive position posits that group interactions construct the social world and can be understood through the perspectives of the actors that engage in the meaningful interactions and activities (Hesse-Biber & Leavy, 2011). The incorporation of both perspectives in this interview study was used to analyze the reflections of unaccompanied youth in SRN.

Additionally, throughout the thematic analysis process, both a deductive and an inductive approach to deriving codes and themes were used. The deductive approach, emphasized in post-positivism, utilized resiliency research with homeless youth to determine whether existing risk (e.g. trauma and substance use) and protective factors (e.g. mentoring and access to mental health care) known in the literature emerged in the archival interviews (Merriam, 2009). An inductive approach, characteristic of an interpretative approach, was also utilized by deriving codes and themes directly from interview data itself (Merriam, 2009). Utilizing both approaches aided in discovering and verifying themes and codes that emerged in the interview data of unaccompanied youths reflections of their lives after entering SRN (Merriam, 2009).

Using the basis of the six step guidelines for thematic analysis proposed by Braun & Clarke (2006) the author first familiarized herself with the interviews through auditory and visual review of all of the tapes and transcripts. Phase two consisted of creating codes for a codebook. The author developed initial codes and definitions to create a codebook to analyze interviews for themes based on a structure for team-based codebook development described by MacQueen, McLellan, Kay & Milstein (1998). The codebook consisted of definitions that included a detailed description of the content discussed by participants that was considered to be apart of the theme. Each interview was coded independently by two researchers--the author, another third year
a doctoral student of the research team, or the major professor. During coding, both semantic (explicit) features and latent (interpretative) features of the data were taken into account. Latent features often include non-verbal features of the data, like pauses, inflections, or omissions (Braun & Clarke, 2006). For example, pauses and inflections within some participant interviews often indicated sarcasm, which impacted the interpretation of the code. After coding four participant transcripts independently, researchers met to collaboratively agree upon the coding of transcripts. The researchers added to and redefined codes until the codebook was collaboratively deemed as acceptable and encompassing of all features of data. The researchers proceeded to code all of the interviews using the final codebook and guidelines. To ensure inter-coder agreement and credibility of the process, the author coded all interviews individually; then coding was collaboratively agreed upon by at least one other researcher. This collaborative process helped to ensure accuracy of coding of interviews and codebook development (MacQueen, et al., 1998).

The third phase of thematic analysis consisted of searching for themes or analyzing the codes at a broader level. Within this phase, the author sorted codes into broader themes that answered the proposed research phenomenon (i.e. the impact of a SRN from the perspectives of unaccompanied youth in the program). The author determined different levels of themes, including overarching themes and subthemes. At this phase, no codes were discarded (Braun & Clarke, 2006). For this study, many of the themes that emerged were very similar to the codes identified in the previous phase.

The fourth phase included review of themes, where the author and major professor met to devise a set of primary themes. Within this phase, as the researchers analyzed the data from a holistic and organic perspective, themes were re-evaluated, collapsed, separated and discarded. It
was ensured that data within themes cohered meaningfully but had explicit and identifiable distinctions between themes. The first level of this phase involved ensuring that all of the codes within the theme had a coherent pattern. The second level involved ensuring the validity of individual themes by confirming that each theme accurately reflected the data set as a whole. Therefore, participants that discussed each theme were identified by the author and verified by another researcher. This phase concluded when the researchers felt comfortable with the various themes that emerged from the data, how they connect, and the story they tell (Braun & Clarke, 2006).

Phase five entailed defining and naming the themes. In this phase, the author determined the essence of each of the themes by returning to the data extracts for each theme and organizing them into an internally consistent description of the accounts. When naming the themes, the author extracted direct quotes from the participants’ transcripts that best represented the overall concept of the theme. Theme names were then agreed upon with the major professor. Following, the author wrote a detailed analysis of each theme and sub-theme to describe the theme and it’s relation to the research question and other themes (Braun & Clarke, 2006).

The sixth and last phase of thematic analysis of the archival interview data was producing the report of results. Braun and Clarke (2006) recommended that the write-up of results include “concise, coherent, logical, non-repetitive and interesting accounts of the story the data tell--within and across themes” (Braun & Clarke, 2006, p. 93). Therefore, the results include vivid examples and excerpts to represent the essence of themes. Examples and excerpts are used to make a parallel between the data and the research question at hand (Braun & Clarke, 2006), in this case, the impact of a multi-faceted, community-based intervention for unaccompanied youth from the perspective of the youth themselves.
Credibility of thematic analyses. In order to ensure credibility of the analysis process, the current study utilized three credibility measures in qualitative research. First, the researchers adhered to the 15-point checklist of criteria for good thematic analysis throughout the analyses process (Braun & Clarke, 2006). Secondly, the current study utilized investigator triangulation through the use of several researchers throughout the research process that worked collaboratively to determine inter-rater agreement of coding and thematic generation. Lastly, the current study utilized thick and detailed description through reporting examples and excerpts that provide evidence for researchers’ interpretation of the data and themes (Brantlinger, Jimenez, Klingner, Pugach & Richardson, 2005; Cope, 2014).
Chapter IV

Results

This chapter presents the themes that emerged across the participants in this study. To ensure the representation of the voices of the participants, each theme is titled using their words and includes direct quotes that reflect the meaning of the theme. Using thematic analysis as proposed by Braun & Clarke (2006), the nine interview transcripts were analyzed to explore the proposed research question: *In what ways do unaccompanied youth perceive their lives as having changed since entering a multi-faceted, community-based, intervention for homeless youth (SRN)*? Interviews were analyzed through the lens of resiliency theory as well as the natural themes that emerged from the content that the participants chose to discuss. The author’s major professor and another doctoral level graduate student reviewed the master theme list to provide feedback on theme development and names. They agreed with the author that the themes generated accurately represented the interview data. Results included eight themes, one sub-theme and one overarching theme that captured the essence of how all participants perceived their lives to have changed since entering SRN. Table 2 summarizes the extracted themes and the participants who discussed each theme. The themes are listed in no particular order below. In each heading, the youth whose quote was used to name the theme are shown in brackets.
<table>
<thead>
<tr>
<th>Theme name</th>
<th>Description of theme</th>
<th>Participants discussing theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “Always there on my side”</td>
<td>Participants described the importance of their mentor and SRN staff in creating a support system that provided emotional support, advice, accountability, and guidance.</td>
<td>All</td>
</tr>
<tr>
<td>A. “What now?”</td>
<td>Gender differences in relationships with mentors and the type of support participants described needing. Males described difficulty bonding with mentors at start of relationship and/or a more distant, instrumental relationship with their mentor.</td>
<td>All males</td>
</tr>
<tr>
<td>2. “Now my goals seem a lot more achievable”</td>
<td>Participants described having increased hope and direction in achieving their goals. They described valuing education and/or being academically successful prior to SRN.</td>
<td>All</td>
</tr>
<tr>
<td>3. “Didn’t have to worry as much”</td>
<td>Participants described that through the provision of resources they had to worry less about meeting their basic needs (e.g. housing, food, healthcare), giving them more time to engage in self-development, like college readiness. Participants also described exposure to activities and experiences they may have never had without the assistance of SRN.</td>
<td>All</td>
</tr>
<tr>
<td>4. “You learn to trust”</td>
<td>Participants described initially questioning the intentions of SRN staff and mentors, but over time learning to trust adults again and ask for help.</td>
<td>Alison, Charlotte, Erica, Isaac, Lisa, Nathan, Martin</td>
</tr>
<tr>
<td>5. “Better ways to deal”</td>
<td>Participants described identification of maladaptive coping patterns and learning more adaptive coping mechanisms and viewpoints. Participants also described a restoration of their mental, physical, and emotional health.</td>
<td>All</td>
</tr>
<tr>
<td>6. “The point is getting back up”</td>
<td>Participants described setbacks since entering SRN, like transitioning from premature adulthood back into adolescence. However, they mention the ongoing support of SRN staff and mentors along the way.</td>
<td>Alison, Charlotte, Donald, Erica, Isaac, Nathan, Robert</td>
</tr>
</tbody>
</table>
Table 2. (Continued)

<table>
<thead>
<tr>
<th>Theme name</th>
<th>Description of theme</th>
<th>Participants discussing theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. “Better friends”</td>
<td>Participants described the development of more and better quality friendships.</td>
<td>Alison, Charlotte, Donald, Erica, Isaac, Lisa, Nathan, Martin</td>
</tr>
<tr>
<td>8. “Pay it forward”</td>
<td>Participants described how SRN inspired them to want to give back to the community, people in need, and the program.</td>
<td>Alison, Charlotte, Isaac, Nathan</td>
</tr>
<tr>
<td>Essence: Lifted</td>
<td>Overall, participants described that SRN gave them a better life quality and moved them to a higher personal and educational level.</td>
<td>All</td>
</tr>
</tbody>
</table>

**Theme One: “Always There on My Side” (Theme Name Source: Alison)**

One of the most prevalent ideas discussed in the interviews was the importance of the mentors and other SRN staff in the participants’ lives. Specifically, participants described how they appreciated having a support system that they never had before. Given their past experiences with neglect, abuse, minimal structure and/or poverty, they appreciated having someone that they knew would always be there for them. Charlotte explained,

> [The] biggest story right now, it gives me a big sense of security. I know that I have people that I can go to when I need help and I don’t have to feel alone or feel like I can’t talk to anyone.

Participants often felt so secure in the support system provided through SRN that they referred to SRN staff and mentors as ‘family’. Erica explained the importance of the support system for her, saying:
I can't imagine my life without them, honestly. They're kind of like a pseudo family… so again they're very supportive and they're always there for you. No matter what your problem is. It's nice having that safety net, you know? People that understand and don't judge you for your past or for your mistakes and help you as much as they can. I never had that before, until now.

In addition to the sense of security that having a support system provided the participants, many also noted the importance of the emotional support and accountability that their mentors and SRN staff provided. Throughout Alison’s interview, she frequently discussed the importance of her mentor in helping to support her along her journey of conflict with her family and helping her to push through the trauma of her past to stay accountable for reaching her full potential. She noted:

I know she is always there on my side, even if I’m wrong she’ll be there on my side. It’s good to have a system that is keeping up… ‘How are you feeling? Are you okay? You need a therapist? You need this? You need to come to the office? Hey, you need to start working harder in school. You need to do this.’ That kind of stuff. Yeah, it’s good to have that, like a parent… It’s nice.

Alison went on to also describe the advice and guidance that her mentor gave her regarding academics, interpersonal conflict, and lifestyle changes to help her meet her needs. Other participants also emphasized the support they received through the continuous advice and guidance offered by their mentor and SRN staff. While Isaac described feeling distant from his mentor in the beginning of their relationship, eventually when he entered college, he began to utilize his mentor. As he described it,

My mentor…because I interact with her more often, and it was [her] guidance to
the point where I went and talked to her about anything, to where I do not make any decision without asking her about [it] and [receiving] her input.

Overall, participants explained that the support system and safety net provided by their mentors and SRN staff was essential to their personal and academic development. Martin even described that having the support and encouragement of SRN staff facilitated his motivation saying:

When you know that you have help...[you] are at a point where you’re not getting dragged down. Somebody’s actually there with you, going through it with you, it give you more of a feeling to push through.

Whether participants expressed a more instrumental or emotional connection to SRN staff and mentors, they all noted that if they were to need anything, they knew that someone would always be there to provide emotional support, advice, accountability, and/or guidance to help meet their needs; a type of support system that many never had before SRN.

Sub-theme of theme one: “What Now?” (Theme Name Source: Donald).

A sub-theme that emerged out of participants’ discussions of the support system provided by SRN was a clear gender difference in the type of support participants described that they needed and their relationships with mentors. First, male participants described difficulty bonding with their mentors in the beginning of the relationship and/or described a more distant ongoing relationship. As mentioned, Isaac shared that he felt like his situation was different from other students in the program given that he still had a relationship with his family. He noted that he did not feel like he needed his mentor as much as some of the other students in the program. He stated:

My first semester...I did not start actually being really, I guess, ‘one’ with my mentor. That was after I left for college, because like most of the kids, they do not
have families and that mentor is like their support and like that [is] supposed to be their extension of family, where I had a family and I had a mom, and so like for the longest my mentor… we were not really the best… I did not really utilize her to her full potential.

Eventually, Isaac bonded with his mentor, and he fully accessed her support and guidance in college. Nathan also described a difficult start to his relationship with his mentor. Nathan shared that when he came into the program, he did not trust adults, and he had difficulty following the rules and taking direction. He did not want to check in with his mentor weekly, and overall had difficulty bonding with his mentor. As he described it:

> Me and her used to bump heads all the time. So she was like really strict…but you know she had her set ways of doing things you know. It’s like her way or whatever. And I was like, ‘I am not trying to hear that.’

As Nathan learned to trust SRN staff and broke down his emotional walls through the support and resources provided by SRN, he came to realize that SRN staff only wanted the best for him, which facilitated a better relationship between himself and the SRN staff.

Another gender difference that became apparent in the interviews was how the male participants often described a more distant and/or instrumental versus close and/or emotional bond with their mentor, as many of the female participants described. Aside from Martin who never mentioned his mentor specifically, all of the other male participants frequently described the support of their mentors in the context of them helping to meet specific momentary needs and goals (instrumental support), like access to resources (e.g. transportation, money, and jobs) or problem solving (e.g. encounters with law enforcement and enrollment in school). For example, Donald, who was assigned a husband and wife pairing as mentors, described a more distant
relationship with them. While his mentors helped him a few times with transportation and housing needs, he explained how he felt like he did not really need them as much as they wanted to help impact him, noting:

    They were there for me, but they were never there for me in any sort of profound way...so I was like, well, ‘what now?’ They are fantastic people...they helped me out, to a less extent, but they still helped me out.

Donald went on to say that he did not know how to further engage in a meaningful relationship with them. Robert also described a distant relationship with his mentors, also a husband and wife pairing. He noted that he felt like he was always independent prior to SRN and did not necessarily need his mentors for anything once he entered the program; however, if he did, he knew that he could contact them. When asked about his mentors, Robert responded,

    Unless I go through something, like bad, or like in need of something, I kind of think of them, and like I'll give them a call or something if I need something, or anything like that. Because they always say if you need something, call us...But other than that, it's like ... I mean I don't necessarily always need them, because I get along pretty good on my own, but they're a help ... if I need something at least I know they're only a phone call away. So that's nice.

“What now?” as quoted by Donald when referencing his mentors, captures the overall experiences that the male participants described in relation to their mentors. Whether in the beginning of the relationship or throughout the relationship, the male participants noted a more instrumental and/or more distant relationship with their mentors that begged the question of what more they were supposed to do to engage with their mentors. This was in contrast to female
participants who described an emotional closeness and friend-like attachments to their mentors, in addition to describing the instrumental support they provided.

**Theme Two: “Now My Goals Seem A Lot More Achievable” (Theme Name Source: Isaac)**

The next theme is focused on participants’ perceptions that they would now be able to reach their goals. All of the participants discussed having increased hope and direction in their ability to achieve their goals since entering SRN. Important to note is that seven of the nine participants shared that they already had future goals before entering SRN, but they did not know how to achieve them, or had little hope that they could be achieved. For example, Alison shared her feelings of hope prior to SRN:

Then school was like nothing… then when I was with my step-dad I was like, he may even send me back to Cuba. It was like survival mode, right. Then I lost a little hope there, but then once I came to SRN I was like … big aspirations and all these dreams that had been taken away from me renewed.

Charlotte also shared similar sentiments of a renewal of hope and direction. Charlotte discussed how she always wanted to go to college and become a nurse, but she always envisioned herself working at a fast food restaurant because she never had confidence that she could achieve her goals before SRN. She stated:

Instead of spending my time thinking about where I’m going to be or what I’d be, I’m thinking about how I’m going to do it and what’s going to propel me to meet my goals. I just wasn’t dreaming about goals, with SRN, now I have goals and I’m working towards them. I don’t spend time worrying about whether or not I’m going to be able to get there. I’m just worrying about how and what I have to do to get me to become a nurse…
Participants spoke of SRN helping to cultivate their goals through providing support and direction on how to achieve them. As more direction was provided, participants began to have increased hope that they could be successful. When asked about goals, Martin noted, “I can see more of a clear path.” Similarly, Isaac stated, “Now my goals seem a lot more achievable,” and Lisa noted: “Yes, I didn't think college was even possible for me, but I'm here now getting a degree, hopefully getting a Masters and be somebody.”

Additionally, contrary to common stereotypes of homeless youth, most of the participants described always valuing education and/or being academically successful prior to entering SRN. For example, Donald stated,

I always viewed school in the same light that I viewed SRN, which is, I wouldn't say an identical light, but I viewed school as always a ‘means to an end’. Given my family’s economic situation… I knew that there was no other way for me to achieve anything really, without education. So without, essentially, a high school diploma or any degree somewhere down the line, I knew there wasn't much options for me. I wasn't going to dig a ditch or maintain the burger flipping routine.

Charlotte also shared that she always prioritized being successful in school despite being homeless. When asked whether SRN had impacted her success in school, she responded,

My success in school, I don’t think it’s never been a problem, because even though I was going through the homelessness and stuff, I still managed to keep on the Honor Roll, so school’s always been my number one priority, because in order to have a future, you need to go through schooling and get the proper education, so I always knew that’s where I needed to keep my focus, and SRN just helps me
continue to do that.

While SRN helped to provide the direction to make these participants’ goals seem more achievable and facilitate a renewed hope for the future, their core beliefs about the value of education seemed to provide the foundation upon which SRN would build.

**Theme Three: “Didn’t Have To Worry As Much” (Theme Name Source: Lisa)**

Another large benefit of SRN noted by the participants was not having to spend as much time worrying about meeting their basic needs (e.g. shelter, food, and healthcare). This relieved their stress and gave them more time to engage in self-development, like focusing on educational and career goals. Donald explained that the main asset of SRN for him was the provision of resources so that he could continue to be successful in school, “Having an apartment and job, for what it was worth, and the food stamps, I was able to have a successful last semester. I was able to end with a high note. Pass all my AP classes.” Lisa also echoed how having resources to meet her basic needs allowed her to focus more on her education and relieved stress,

At first I wasn't really going to school because I worked until 11:30, midnight sometimes. I wouldn't want to wake up at six o' clock and go right back to school, I have to go right back to work… but I realized that if I didn't do it then my life wouldn't be where I am today…I guess I'm less stressed and more happy. I know before I was always stressed, worried about bills and school and all different stuff. Now it's just college worries, like I need to do this assignment, write an essay or something like that.

Lisa went on to iterate how with her basic needs being met, she felt like she could be a “kid again” and focus on age appropriate worries.

Aside from housing, participants spoke of being given college, school, and employment
resources and trainings that facilitated educational, career and personal growth. All participants described support in applying to and getting accepted into colleges or trade schools; obtaining scholarships; acquiring a job; preparing for interviews; and receiving tutoring. Some even mentioned the benefits of classes and trainings like that of the Dale Carnegie training program that helped them to build public speaking skills that they were able to use in interviews for schools and scholarships. Most students explained how prior to SRN they did not know how to approach applying for college and scholarships; however, SRN facilitated the entire process.

This was captured in a statement by Robert, who noted:

I mean they got me all of my scholarships pretty much. I mean, I went in, and had to tell them about stuff, and write essays for them, but they’re the ones who really got it going, because I don’t know how to do that. I’ve never done that.

In addition to assisting participants in applying for colleges and scholarships, SRN helped students obtain employment so that they could help support themselves while in school; helping them to become self sufficient. For example, Isaac shared,

[They] helped me get a job. Helped me get some money, some income to myself, because here I am, I am 18. I am on my own now, and up until this point I have never actually had a legal tax-deducting job. I have done stuff where I got paid… under the table…

Every participant in the current study was accepted to a college or trade school and received a scholarship. In addition to accessing educational and employment resources, they also described exposure to experiences, events, and activities that they felt they may have never experienced without the assistance of SRN. These included studying abroad, art classes, a Ropes course, meeting celebrities, and attending or participating in sporting events and extracurricular
activities at their respective schools (e.g. sports and clubs). As an example, Charlotte noted that:

SRN made it possible for me to go to Italy this summer…. I also got to learn basic Italian, which helped a lot. I know it was a small goal, but I was so excited when I ordered my first meal at a café in Italian. I never thought I would even learn…let alone be able to have a conversation in Italian.

Martin reflected on his enjoyment from attending sporting events, his growth in completing a Ropes course, and having the opportunity to attend many of the skill building courses offered. Simply stated, he said, “It feels awesome! …Feels awesome to know that you experienced stuff that you thought you wouldn’t even experience.”

Many participants also noted how before SRN they were not always productive in using their time due to the high levels of stress and a lack of daily structure. However, since they entered the program, SRN staff and mentors encouraged them to stay productively busy with school and other activities in order to maximize their growth. For example Nathan stated, “Well, I stay active because before like I didn’t stay active, I just ended up doing dumb stuff.” Alison expressed how SRN has impacted how she spends her time as follows:

It’s time management, it’s taught me a lot of that. From like applying to scholarships and doing this and doing that… How much time you dedicate to this and don’t spend too much time on TV and stuff like that. It’s definitely been productive…They always told me, ‘Don’t ever… go into your room until you have nothing to do. Don’t ever do that. Because if you want something to do, you come to the office and you are going to do something.’

Through having SRN provide basic resources like housing, food and transportation, participants were able to finally focus on their own self-development. Overall, participants
expressed much appreciation for the housing, educational and career resources given to them and admitted that they would likely not have ever been accepted to a college or had many of the extra-curricular experiences that they did without SRN.

**Theme Four: “You Learn to Trust” (Theme Name Source: Erica)**

Given past experiences with adults who had frequently let them down whether through experiences with poverty, abuse, neglect, broken promises, trauma and/or family conflict, participants described difficulty trusting other people when they first entered SRN. For example, Charlotte shared her experiences with trusting adults prior to SRN,

I guess before SRN, I didn’t trust anyone because I felt that they were only looking down on me, even my family. My aunt told me that I would never graduate from high school and I’d probably end up pregnant like my Mom did and just start the cycle all over again… I felt like everyone just wanted to break me down and they didn’t want to see me do better. But it was crazy how complete strangers who I didn’t know had … believed in me more than family who I grew up with my entire life, and they wanted to help me get to my goals instead of keeping me back and putting me down by saying harsh things about me and stuff like that. I don’t know where Vicki gets it from and her big heart, but I’m glad she has it…

Some participants described how prior to SRN, they only felt like they could rely on themselves. Upon entering SRN, participants even questioned the intentions of SRN staff and mentors. For example, when describing her thoughts when she first entered SRN, Lisa stated, “In the beginning I was like… these people don't want to help me, they don't know me. Why are they doing this?” Erica shared similar sentiments:
I didn't really trust adults, or anybody really, for most of my life. I think with good reason. So, at first being at the program, it's all a little off-putting at first. You're not used to it. You're not used to people wanting to help you in the first place. So, I was really suspicious at first like, "Oh, I know… is there a catch or something? Do you get part of my bank account or something?" A few months in, the longer with the program, the more you realize they really just want to help you. You start learning to trust people a lot more often because now you don't automatically assume that they're going to screw you over…I think through SRN you learn to trust…

From participants’ comments, it seemed that SRN staff and mentors proved that they could be trusted through being consistent, supportive adults in participants’ lives and expressing ongoing concern and care despite any resistance or difficulties that arose from the youth. Martin disclosed, “Coming here every day, getting things done, or having someone doing something for you that will help you out, you can trust them, knowing that they’re going to get it done, it’s always going to get done.” As such, over time participants shared that through SRN they not only learned to trust SRN staff and mentors but they also began to be able to open up and trust other people again. Isaac discussed how building trust in his mentor aided in his relationship with his family:

…if I did not trust, and that trust did not begin with my mentor, then I do not know that I would have had the relationship that I have with my mom… I did not really like my household. I did not like being there. [But now] I miss every one of them, I will be potentially be going there for Christmas…

Participants learned that they could begin to trust that some adults could have their best
interests at heart and could actually fulfill commitments to help them achieve their goals. They also learned that they did not only have to rely on themselves and that it was acceptable to ask for help from adults because, unlike in the past, these adults were not going to let them down. Alison shared that given how multiple adults—from pastors to her mother’s boyfriends to her own mother—had disappointed, abused, or misled her, she had difficulty deciphering the intentions of other people. Therefore, in order to protect herself, she learned not to trust anyone. She reflected on her ability to trust since entering SRN as follows:

It is that time and that effort that people are putting [in]. That they are adults and that I can trust them and that they are working to help me. It renewed my faith in humanity, Starting Right, Now and everybody in it… It’s taught me how that I’m not alone so that I can rely on other people if I need help. I don’t have to have the weight on my shoulders completely.

In listening to the stories of the participants, it was apparent why participants had emotional barriers to trusting adults. However, as the above quotes reflect, individuals from SRN were able to provide them with consistent, trustworthy relationships that proved to be an exception to their experiences with adults in their pasts. Through learning to trust SRN staff and their mentors, they were able to trust the world again.

**Theme Five: “Better Ways to Deal” (Theme Name Source: Nathan)**

Another theme that was heard through the interviews was the restoration of participants’ mental health, physical health, and emotional states since joining SRN. Participants described identifying their maladaptive coping and behavioral patterns and learning more adaptive coping and behavioral mechanisms through SRN staff, mentors, resources and/or classes offered through the program. Prior to joining SRN, participants often dealt with their stress and trauma
through overeating, emotional suppression, anger outbursts, worrying about situations out of their control, emotional breakdowns, negative self-thoughts, lowered expectations, isolation, and/or drugs and alcohol. Participants discussed how mentors and staff frequently helped them identify maladaptive behaviors and patterns as well as discover more adaptive coping strategies. For example, Alison shared that her family often teased her about being overweight, which made her overeat even more in an attempt to show them that she did not care how they perceived her. However, her mentor helped her identify and change her self-destructive way of coping. Alison stated:

My mentor helped me work through that and find out the reason why I gained like 50 pounds in a year… I realized that I was going to food as a comfort and as a rebellion kind of thing. Then I was finally ready to join something to lose weight and my mentor is going with me to every single meeting. [Refers to name of SRN staff member], she is a mother who, is oh my God, she does 100 jobs and still has time for her little girl. Vicki who is like a tennis player, she is like always so happy, and she runs, and so strong. My mentor, who was like superwoman. All those things have inspired me to get fit and get healthy.

SRN staff also connected some participants to mental health professionals in order to help restore their mental health. Erica spoke about her battles with Post Traumatic Stress Disorder (PTSD) due to the abuse she endured in the past. She noted that before SRN, she was taught to suppress her feelings, but through being able to turn to her mentor to talk about her problems, discuss healthy life habits, and access mental health support through SRN, she became renewed. Erica spoke about how SRN staff went the extra mile to find help for her. Erica described how the director of SRN identified mental health treatment for her at an inpatient
mental health facility:

[Vicki] never had a student before that had this kind of problem… she was really worried… She kept looking, and we found a place…I also met a couple of women that were also raped, like me…I had never, in my life, met someone else that had gone through it…So, when I went, I had someone to talk to…someone that understood my fear, my flashbacks, what it's like to go through them, and it was a world of help. I mean... I am so grateful to the program for sending me there. I don't know where I would be without what they've done…. I don't know what would have happened. I probably wouldn't be in a very good place I can honestly tell you. By that time, my PTSD would have kicked in, and I probably would be dead. If it wasn't for them and them giving me the help that I needed I probably would have succeeded in one of my (suicide) attempts I imagine.

Participants also referenced the helpfulness of trainings in helping change their negative behaviors and coping patterns. Frequently mentioned were trainings like the Dale Carnegie training, Camp Anytown (diversity training), and Frameworks emotional intelligence classes. Dale Carnegie training focuses on building self-confidence, communication skills, interpersonal skill development, teamwork, leadership skills and effective attitude management. Camp Anytown is a residential conference where teens have the opportunity to explore their identity and relation to friends, family, and the community. Lisa described how before entering SRN she used to turn to drugs and alcohol or scream and cry when faced with life stressors. She noted:

I was really shy before SRN. I didn't really like talking to people I don't know. I probably would've cried the entire time throughout this if it wasn't for SRN. Dale
Carnegie really helped. We had to get up in front of each other and do stories; sometimes we had to do plays.

When asked about how SRN has helped her cope with stress, she also responded that she now talks to her mentor and mother. Participants also credited other trainings like Frameworks emotional intelligence classes in helping change their behaviors and perspectives. For example, Nathan stated:

It affected it in a major way because the way I use to deal with stress is I will take my anger out on you… I kept a lot of stuff bottled up… But now when I am ever too stressed out or feeling angry, I just sit back and think or I go for a walk or something like that. I learned better ways to deal with it, you know, when it comes to letting stuff out and everything.

Since entering SRN, participants described how they were able to self-reflect and learn more adaptive coping mechanisms and behaviors such as how to ask for help, break down tasks into parts, take breaks, organize, communicate emotions, assert themselves, increase self-confidence, practice relaxation, engage in deep breathing, exercise, seek therapy, set high expectations, think optimistically and consider consequences of choices.

Participants not only changed maladaptive behaviors, but it became clear that they also changed how they viewed the world and negative situations. They frequently cognitively reframed negative situations into more productive and positive ways of thinking. Some participants described having to continue to deal with stressful family situations, but through the support of their mentors they changed the once maladaptive thoughts about the situations. For example, Isaac shared:
When I was younger, last year, I put a lot of stuff that was happening to my family on me unnecessarily... And my mentor had to help me realize that I cannot help other people until I have completely helped myself... I do not take care of my sister anymore, and you know I took that mentality, that like now I feel a lot less stressed about stuff that is out of my control.

Erica also spoke on how she now chooses to think more positively and create her own happiness, I don't know, just waking up and experiencing my day. Each new day brings something else, not something [always] good, but not something [always] bad. Each new day [can] bring good things. Yeah, that is a nice feeling.

Participants also discussed seeing life and the world very differently than they once did. For example, Alison shared how she used to have discriminatory views against other people from different walks of life and races due to her family beliefs, but since entering SRN, she has become a more accepting person of all types of people. When discussing his outlook on life, Martin stated, “I just...stay on a positive side, don’t really try to get in the way of stress... Living a healthy life or a very hopeful life.” Participants shared that they no longer carried the anger, pain and disappointment of the past and chose to walk a more positive path. Nathan stated, …because my whole outlook on life was negative. It was like me against the world. [Now, I] let them know that you don’t have to be alone out there. That the world is not full of evil, everyone is not going to let you down. So I really like that about the program...When I think about it, I can’t do nothing but smile... I just look back, and like you know, I use to get arrested for stupid things, like fighting security guards or fighting in school, going off on someone. Now it’s like you know why would I even do that, it’s not even worth it... Changed my whole
outlook on everything.

Participants also frequently shared mottos and self-reminders that they now live by that help propel them to cope with stress and be a better person. For example Robert stated, “I just take everything day by day…,” and Isaac discussed the importance of reminding himself that he wants to set a positive example for his younger siblings, which propels him to be a better person. Through a journey of self-reflection to change coping mechanisms and maladaptive behaviors, participants were able to begin to view the world as a more optimistic place and develop adaptive coping skills that they can use now and in the future.

**Theme Six: “The Point Is Getting Back Up” (Theme Name Source: Alison)**

Although participants described a lot of positive changes in their lives since entering SRN, they also described setbacks along the way. Every participant described some sort of personal setback or challenge that they had to endure or problem-solve since being in SRN. For example, some participants had difficulty transitioning away from their families when entering SRN. Isaac shared that although prior to SRN he was not close with his family, living apart from them was a difficult transition. He stated:

> Just not seeing my family every day, I mean, granted, I usually did stuff to stay away from my home just because I was not really fond of just my house...but after a while that adds up and you know you really start missing the people that you get tired of.

Isaac went on to explain how through gaining trust in his mentor, he was able to become closer with his family members and even reconnected with his estranged father. He also shared that while in college he inadvertently got into trouble with law enforcement through not properly registering his car and that he had to secretly move his sister and niece into his dorm because his
sister did not have the resources to provide for herself and her daughter. However, through his setbacks, he always mentioned how his mentor gave him advice and financial support in times of difficulty. Charlotte also expressed difficulty transitioning away from living with her friend and her mother. She stated:

It was hard because I never lived alone, so that first month was bad. I couldn’t sleep, because it’s like you’re going home to an empty apartment and I wasn’t used to that. I was used to going home to Denise and her family, so it took me a lot of time to adjust. Denise wanted to spend a lot of time with me, but it was hard because the rules say you can’t let anyone spend the night, and she didn’t really understand that. She thought that I just didn’t want to be around them anymore. I had to get her to adjust to that and understand where I was coming from.

Eventually, her mentor helped her find an apartment that was a block away from her friend and her mother, which allowed her to see them whenever she wanted.

Another common setback described by participants was difficulty transitioning from their premature adulthood prior to SRN back into adolescence, where there were more rules, expectations, and structure than they ever had before. Of the participants, Donald appeared to have the most difficulty with the rules and expectations set by SRN. He described the things he did not like about the program as follows: “Being treated as a child at the complex for instance with like 11:00 curfew or drug tests or all sorts of things…” Although Donald shared that he benefited momentarily from SRN due to the housing and college admissions resources, eventually he was removed from SRN due to a lack of compliance with drug testing rules.

Nathan also disclosed he had many setbacks when he first entered the program due to a lack of compliance. He noted:
I would just take my check and do whatever I wanted to do with it. I never saved money. As far as school-wise you know, you’re suppose to do your work and not get in trouble in school. When I first got into the program I got suspended three times.

Nonetheless, as he explained, due to the persistent support of his mentor, SRN staff, and the resources they provided, he was able to adapt and start engaging in more prosocial behaviors. He changed so much that he was accepted to college and received a preferred walk-on spot on the football team. Other participant setbacks included feeling overwhelmed having to care for family members; being displaced from collegiate athletic teams; difficulty navigating law enforcement; dealing with family conflict; enduring mental health issues; problems with self-efficacy in college; and mishaps in the application process to college. These challenges often occurred while participants were away at college and away from their mentors. Robert explained the many setbacks he encountered when he quit his job to start attending college. He encountered scheduling and application issues that left him both unemployed and not starting school until the following semester. He stated:

But when [the employment] fell through, and then the schooling fell through, so I was like, ‘Dang. There goes the money I was supposed to be getting, and the schooling I was supposed to start, and I have no job now, and I just left that other job I was working. So, I was like here we go again. Let's start over.

When Erica went to college she described how living in the dorms sparked her Post Traumatic Stress Disorder that developed from experiences of past abuse,
This is where it kind of falls down. Since I was far away, I wasn't really involved much in SRN because I was a whole state away. I didn't keep in contact with them. But, unfortunately when I was there, my PTSD started floating up...

Due to a suicidal attempt, she was hospitalized. However, she described how SRN staff and her mentor supported her through encouragement and access to resources like specialized mental health care resources.

Overall, despite the setbacks participants encountered, they described being supported by SRN staff and mentors along the way. Alison, for example, shared how her mentor helped mediate family conflict, stating:

The whole thing, that my mom just screaming at us and being violent. I said, ‘Please I need to breathe. Can I just go outside the apartment and just walk around? It’s a single apartment complex. My mom said, ‘You take on more step, I’m calling the police.’ It was really bad. I called my mentor hiding from my mom. It felt like I was back with my stepdad. She sat us down and we just talked through things and it was not more of that… it was more like [my mentor] was there so I wasn’t alone. They respect her and they knew that they couldn’t disagree with stuff and make no sense, because she was there to support me. She didn’t leave until 4:30 [am].

Through participant setbacks whether personal or interpersonal difficulties, SRN staff and mentors helped pull them through. This concept is best captured by Alison’s reflection:

No matter if you screw up a few times, the point is getting back up, and there is always a way. There is always a way with my mentor and Vicki. There is always a
way. There is no, ‘no’ for those two women, absolutely no, ‘no’. There is always a
way around it.

**Theme Seven: “Better Friends” (Theme Name Source: Erica)**

The seventh theme that emerged from interviews was the opportunity to gain more and
cleaner quality friendships since entering SRN. Given the stable housing and schooling afforded
through SRN, participants discussed that they were able to develop friendships that they were
never able to develop and/or sustain due to frequent mobility before entering SRN. When asked
how SRN has affected his friendships, Isaac noted,

More so, they helped me sustain friendships [and] relationships; something that I
never had done because the whole moving thing my entire life…My high school
career was the only time that I was actually at one school for all the grades and
they helped me with that.

Additionally, some participants expressed that their engagement in SRN activities and
events allowed them to meet new friends and sustain these friendships. For example, as
Donald described, I would say [SRN has] given me more friendships and that I was
friends with kids in the program.” Many participants even mentioned that they viewed
other students in SRN as extensions of their own family because through activities and
events, they all learn so much about each other.

Aside from gaining more sustainable friendships, participants explained that since
entering SRN they learned to develop better quality friendships by being open to making new
friends but also being selective. They tried to select friends who have goals and will help lead
them in a positive direction. When describing friendships, Erica said:
As I grew in the program, I think I just got more confident in myself. I learned to get a lot better friends. I had a lot of ‘not the nicest’ friends in high school especially in the beginning of my years... I made friends with people that really didn't treat me very well because subconsciously I just didn't think I deserved any better. So I just took the best of what I got.

As Erica’s quote demonstrates, as participants’ engaged in positive self-development in SRN, they wanted to surround themselves with people that would further enhance their quality of life. Some expressed even having to end old friendships because of the realization that the friendship was not adding to the positive lifestyle that they were trying to lead since entering SRN. Nathan stated:

And so I try to, you know, try to make a lot of good friendships. But like only with positive people you know people who really got goals in life, you know. I try to stay away from people who are just, you know, just doing things just to do it. I don’t really want to go back and end up doing something stupid and getting in trouble.

It seemed that as participants developed self-confidence, self-concept, goals and direction through SRN, they only wanted to engage in activities and with people that would allow them to meet their goals and maintain a good standing in the program.

**Theme Eight: “Pay it Forward” (Theme Name Source: Isaac)**

The final theme that emerged from the interviews is the idea of ‘paying it forward’. Many participants described that because they had been helped by SRN, they now wanted to help others. They described how SRN had inspired them to want to give back to people who are less fortunate and the program itself, as well as stay connected to the community. Alison described
how seeing Vicki start small by giving holiday presents to people and then working hard to build an entire non-profit organization dedicated to helping other people has motivated her. She noted:

> It’s definitely inspired me, because they have shown me that they are making a difference so I can do it too, in someone else’s life…. A lot of people do community service to do community service. I do it because it’s a passion of mine…

Other participants were even more specific, noting that SRN inspired them to target career fields that are dedicated to helping the organization or other people. For example, Donald shared:

> I would be much more open, even willing to start out and work in a non-profit organization... it’s about being fulfilled by something else other than profit…So in SRN, helping me in my kind of desperate situation, and my appreciation towards them, I think in the future, going forward, I’d be more prone to help other less fortunate people.

Nathan also expressed how the generosity of SRN has impacted his desire to give back to the program,

> So with mass communications, I can get a job with TV. It’s really good with non-profit organizations, which is what SRN is. It really helped me pick this major because I really want to help that program as much as I can.

Despite the turbulent pasts of the participants, SRN not only helped to provide hope, direction, resources and support, but through the program’s ability to lift the participants when they needed it the most, they also inspired them to do the same for other people.
The Essence: Lifted

Through repeatedly listening to the audiotapes and re-reading the transcripts of the interviews of the nine participants, it became apparent to me that SRN had undoubtedly positively impacted multiple facets of participants’ lives. Participants spoke of increased hope, goal attainment, having a support system, basic needs being met, personal and educational self-development, learning to trust again, obtainment of adaptive coping and life skills, overcoming setbacks, gaining friendships, and a desire to give back to others in need. When reflecting on the overall essence or big picture of how participants perceive their lives as having changed since entering SRN, the term “lifted” seemed to me to best encompass the change that participants described. Lift means: “to move (something or someone) to a higher position or condition”; “to rise up from the ground or some other surface” (Merriam-Webster’s, 2004). The term “lifted” implies that SRN was able to accept and meet the participants at the place of life that they were at, with all of their protective and risk factors, and lift them into better living conditions and to a higher personal and educational standing. Admittedly, one must recognize that in order to be chosen for the program, the participants must have already had attributes that the director deemed as beneficial or amendable to change; otherwise, they would not have been accepted into the program. Nonetheless, SRN was able to build upon participants’ attributes, both good and bad, and move them forward.

Through the provision of resources and supports provided through SRN, all participants were able to have their basic needs met and get accepted into a college, which has the potential to automatically move them to a higher societal standing. Every participant indicated that without the support system and/or resources provided by SRN, he or she may not have reached the same level of success. When reflecting on the impact that SRN has had on his life, Nathan
says,

Cause if they wasn’t there, I probably wouldn’t be in college right now, and I probably wouldn’t be playing ball. Probably be in the streets you know, selling drugs. Or doing something stupid… I feel like the program really saved my life.

Erica also recognized how SRN has lifted her emotionally and educationally,

I don't know, they just ... SRN has made me a better person. I feel without SRN I wouldn't be who I am and I wouldn't be where I am. That's how they affected me….It's helped me a lot…I was very much troubled. I probably would not have gone to college. I wouldn't have known that I could get a tuition waiver… I wouldn't have known I could get scholarships… I probably would have got a very simple job and made it by, just barely, if anything.

The reflections of Nathan and Erica represent the sentiments of the participants as a whole. Since entering SRN, all of the participants were able to achieve goals and be lifted to higher levels of success than they had experienced previously in their lives.
Chapter V

Discussion

The purpose of this study was to examine how a multi-faceted, community-based intervention for unaccompanied youth was perceived by the youth to have impacted their lives. The overall essence of the participants’ stories is best captured by the word “lifted,” which describes having been moved to a higher position or condition (Merriam-Webster’s, 2004). In this case, participants were lifted by SRN out of poverty and into a place where they could access the supports that would allow them to achieve their goals. Through a holistic approach to service delivery that afforded access to resources, trainings, and adult support systems, participants were able to begin to overcome the various mental health, academic, and victimization risk factors of their pasts. Specifically, SRN fostered many of the protective factors known to directly or indirectly build resiliency in homeless youth, including problem solving and planning skills, self-esteem, social support, goal setting, decision making, and self-reliant coping (Lightfoot, Stein, Tevendale & Preston, 2011). Participants’ reflections on how their lives had changed since entering SRN included most of the aforementioned protective factors that were directly or indirectly fostered by SRN. Specifically, they spoke of protective factors like supportive adult and peer networks; positive shifts in hope, values, trust and mental health; and resources and supports that targeted planning and problem solving. Although some participants described setbacks along their journey in SRN, the cumulative impact of the protective factors cultivated in the program helped them to overcome challenges. The current study is the first to provide insight into how youth believe their lives were impacted by SRN, the only holistic, community-based
intervention of its kind aimed at decreasing risk and increasing protection for unaccompanied youth.

In this chapter, the major findings of the study are described, including how the nine themes that were derived through the data analysis formed the overall essence of “lifted” and connect to the theoretical framework, resiliency theory. Each of these themes and how it fits with previous literature is described below. Subsequently, implications of the study for research and practice, limitations, and directions for future research in this area are described.

**The Importance of Supportive Adult Mentors**

The first theme identified, “Always There on My Side” represents participants’ reflections of the importance of having an adult support system as part of being “lifted.” All nine participants described finally having at least one adult on whom they could rely on once they entered the program. Most participants discussed having multiple adults within their support system from whom they could seek assistance, including mentors and SRN staff members. They noted the helpfulness of having mentors and SRN staff provide emotional support, advice, accountability, and guidance in order to help meet their needs.

Such accounts of the importance of having a supportive adult in the lives of homeless youth are similar to those noted in a qualitative study by Dang and Miller (2013), who explored youths’ perspectives of natural mentoring relationships from the youths’ perspectives. Natural mentors are influential non-parental adults like grandparents, teachers, or coaches who are not part of a more formal mentoring program. Dang and Miller found that homeless youth referred to their natural mentors as surrogate parents who cared about them and were available to talk openly with them. They also highlighted the substantial social support provided by their mentors, including emotional, informational (advice and guidance), appraisal (praise and encouragement)
and instrumental (tangible) supports. Results from the current study were similar, extending the findings of Dang and Miller (2013) by showing that whether assigned (as in the current study) or natural (as in Dang & Miller, 2013), mentors are highly valued by homeless youth. Having someone “Always There on My Side” is something that most had not had previously experienced and that they find to be very helpful.

Although research on more formal mentoring programs with homeless youth is minimal, there is research to support an association between formal mentoring and a decrease in problem behaviors like substance use (Bartle-Haring, et al., 2012). However, whether mentoring is through a formal program; a semi-formal mentoring program, like that of SRN; or through natural mentors, research supports that for high risk adolescent populations, having close connections with non-parental adults can result in better outcomes in areas like that of problem behaviors, psychological well-being, school attitude, and sexual behaviors (Hurd & Zimmerman, 2010; Greeson & Bowen, 2008; Rhodes, Ebert, & Fisher, 1992; Zimmerman, Bingenheimer, & Notaro, 2002). Having support has also been shown to protect youth from homelessness (Tavecchio, Thomeer, & Meeus, 1999). On the other hand, a lack of social ties has been found to be associated with increased substance use and risky sexual behaviors (Ennett, Bailey, & Federman, 1999; Gwadz, et al., 2009; Kipke, O’Connor, Palmer, & MacKenzie, 1995). Resiliency theory posits that protective factors (contextual, social, and individual) can help individuals to overcome risks of problem behaviors, mental distress, and poor health outcomes. Protective factors can help an individual adapt within the context of significant adversity and emerge with less damage than expected (Masten, 1989). Results of the current study indicating the importance of participants’ mentors and the support system fostered through SRN, adds to the literature suggesting that social support has significant protective effects for homeless youth.
(Lightfoot, et al., 2011; Kidd & Davidson, 2007). Specifically, all participants in the current study described positive changes in their hope, goal attainment, post-educational plans, coping mechanisms, and/or social networks since entering the program. Given the holistic nature of resources provided to participants, it likely that the combination of tangible support (housing, food and educational services), as well as emotional and informational support afforded through SRN staff and mentors provided a cumulative positive affect on participants. Although the direct benefit of mentoring and social support cannot be determined by the current study, it is known that for homeless youth who have access to both tangible support, as well as emotional and informational support systems (that can foster a sense of belonging and value), have increased optimal outcomes like improved self-efficacy, life satisfaction, peer support, and mental health (Cohen & McKay, 1984; Cohen, 2004; Ferguson & Xie, 2008). Nonetheless, from the perspective of the homeless youth in this study, most credited the support provided through their mentors and SRN staff in their advancements and successes, indicating a possible direct positive affect of adult social support on building resiliency in homeless youth in SRN.

**Gender differences in perceptions of mentors.** Although all students noted the importance of mentors, there were some notable gender differences in the types of support needed and the relationships with mentors found in the current study. This sub-theme’s title, “What Now?” reflects how male participants described difficulty bonding with their mentors at first and/or described a more instrumental (i.e. fulfillment of momentary needs), distant relationship with their mentor, rather than an emotional, close relationship, as described by the female participants. While this phenomenon has yet to be found among homeless youth specifically, results from studies on youth mentoring also suggest that girls may characterize mentoring relationships by the emotional support provided, while boys may characterize
relationships by the instrumental support (Rhodes, 2002; Sullivan, 1996; Liang, Tracey, Taylor and Williams, 2002). For example, Rhodes (2002) explained that girls often prefer talking to their mentors (emotional support), compared to boys who prefer participating in activities with their mentors (instrumental support). Additionally, it is known that girls (as compared to boys) are more likely to: (a) identify their personal relationships as being characterized by emotional closeness (Clark & Ayers, 1993); (b) seek emotional support from others (Greenberger & McLaughlin, 1998); (c) describe personal relationships as playing a role in their lives (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991); and (d) describe personal relationships as influencing psychosocial outcomes (e.g. depression) (Jack; 1991; Berndt & Keef, 1995). Given that girls are more likely than boys to value intimacy and connection in relationships, having a more close, emotional mentoring relationship may be better received and more advantageous for girls than boys (Bogat & Liang, 2005). Mentoring relationships described by young men versus women in the current study may naturally have gender-based differences in the value, connections, and function of the relationships. Given the results of the current study and the aforementioned literature on youth mentoring, boys in the program may benefit more from instrumental support provided from adults, while girls may benefit more from emotional support. Therefore, it may be important to assess the match between participants’ type of support needed and the mentors’ capability and willingness to fulfill those needs for support. Additionally, it known that due to availability, there are more female mentors in SRN than male. Given research on how women are more likely to value emotional support, the match between the mentee and mentor’s gender should also be taken into consideration.

Lastly, the match between race, ethnicity, and culture may also be important when developing mentorship pairs. Although the exact ethnicity of the mentors are unknown in the
current study, many of the SRN staff and mentors are Caucasian, whereas participants are from diverse cultural and racial backgrounds. Mentoring literature seeking to understand the influence of race, ethnicity, and culture are in the beginning stages and findings on the effectiveness of matching ethnically similar mentors and mentees is mixed (e.g. Ensher & Murphy, 1997, Grossman & Rhodes, 2002; Parra, DuBois, Neville, Pugh-Lilly, & Povinelli, 2002; Rhodes et al., 2002). However, Darling, Bogat, Cavell, Murphy, & Sanchez (2006) note that a complex interplay of cultural mistrust, ethnic identity, shared cultural background, and perceptions of similarity may be important in the mentoring relationship. Therefore, when matching mentors and mentees within SRN, considerations regarding an alignment of types of support, gender, and racial and cultural backgrounds may play an important role in adolescents’ perception and utilization of the mentorship relationship.

**Hope and Direction Regarding the Achievement of Goals**

The second theme, “Now My Goals Seem More Achievable” reflects how participants described having increased hope and direction in terms of how to achieve their goals; allowing them to find their way out of the cycle of poverty. Many discussed how before SRN they had goals but they never knew how to accomplish them or believed that they could achieve them. Since entering SRN, they had hope that their goals could be realized. It is likely that the combination of resources and support provided through SRN decreased negative mental health symptoms (which can often decrease a sense of hope for the future) and increased a sense of self, hope, and belonging (Cohen & McKay, 1984; Ferguson & Xie, 2008). As participants received resources (e.g. funding for applying to college and trainings focused on self-development), encouragement, and guidance (e.g. how to complete college applications and essays) regarding their goals, they likely began to feel more hopeful that they could actually reach them. In one
study measuring hope among fifteen street-involved youth, researchers found that after participating in a six-week intervention focused on social support, social networks, positive self-concept, resilience, emotional understanding and self-determination, participants experienced significantly higher levels of social connectedness and a trend toward decreased hopelessness as reported by self-report measures. Participants that received no intervention showed no improvement in these areas (McKay, Quesnel, Langley, Beanlands, Cooper, Blidner, Aiello, Mudachi, Howes & Bach, 2011). In reading the transcripts and listening to the participants in the current study, it became apparent that no single resource or person had impacted their sense of hope and direction; rather it was likely the holistic nature of the program that resulted in the changes observed. Participation in SRN inherently targets all of the components included in the aforementioned intervention for an extended period of time; therefore, it is probable that the combination of resources and support provided through SRN impact participants’ sense of hope and direction. The more hope and direction youth have in achieving their goals, the more likely they will probably achieve them, as evidenced by all participants getting accepted to college. Therefore, interventions for homeless youth should consider how to foster such hope, either directly or indirectly, through resources and support. Such results extend literature on homeless youth through the identification of increased hope and direction regarding goal achievement from the words of the participants who have participated in a unique, community-based program.

Another important trend emerged when participants were describing their goals, many of which were associated with career aspirations and attending college. They noted that even prior to SRN, they always valued education and/or were academically successful. Academic underachievement is a well-documented risk factor for homeless youth in that frequent mobility, substance use, victimization, and mental health risk factors often interact to negatively affect
academic success. Admittedly, I found it surprising, that many participants indicated that they were academically successful prior to entering SRN and had always believed that education was their way out of their negative situations. While academic achievement during periods of homelessness is uncommon for most homeless youth (Obradovic’, et al., 2009), valuing education is not. Rafferty, Shinn and Weitzman (2004) also found that formerly homeless youth rated the importance of school as “very important”. However, they also found that during residential mobility, homeless youth had more declines in school achievement, but this effect was not found five years later, indicating a possible indirect effect of the stability of housing. Therefore, for participants in the current study, the provision of housing, as well as other resources and supports may have served as protective factors that allowed them to continue their academic achievement. However, the value of education may also play an important role in building resiliency in youth. Valuing education may have also been a protective factor inherent to youth before entering that program that helped to facilitate their motivation to overcome their adversity. It is important to note that there may be a selection effect in that SRN staff carefully choose youth that they think could thrive in the program; therefore, as with any qualitative research, these experiences of academic achievement and values may not generalize to the majority of homeless youth. Nonetheless, the role of the value of education may be an important factor in building resiliency in homeless youth and is in need of further research.

**More Time to Engage in Self-Development**

The third theme that arose from the interviews, “Didn’t Have to Worry As Much”, reflects how participants described that since entering SRN, they do not have to spend as much time worrying about meeting their basic needs (e.g. food, healthcare, housing), giving them more time to focus on self-development. Participants describe being given college, school, and
employment support resources to help facilitate education, career and personal growth. For example, youth were given direct services and support to aid in the college application process and finding funding. Participants also spoke of engaging in experiences and events that they may have never experienced without the assistance of SRN, such as studying abroad, sporting events, and Dale Carnegie trainings that focus on leadership skills and personal empowerment.

Common interventions for homeless youth often offer a few services in isolation like drop-in centers or shelters. However, criticisms of the traditional model of service delivery are that youth perceive community-based agencies as needing improvements in access to quality care and service delivery (Altena, Beijersbergen & Wolf, 2014). Youth have also described a lack of presence of caring adults when navigating the educational system (Aviles De Bradley, 2011) and dismal interagency collaboration (Miller, 2011a; 2011b). Additionally, while homeless youth are able to access services for basic needs, they are still able to sustain deviant behaviors (Ferguson & Xie, 2008). SRN helps to address these barriers through providing mentorship, extracurricular opportunities, and educational/professional development resources that help participants minimize risk factors that are often faced when entering more traditional interventions. Participants in the current study spoke overwhelmingly positive regarding the direct help that they received from adults in the program to help them get accepted into college, as well as the extracurricular experiences that enriched their quality of life. This study adds to the body of literature on interventions for homeless youth in being the first intervention to provide a holistic, individualized approach to providing resources and care for homeless youth.

Specifically, results from this theme indicate that simply meeting the basic needs of homeless youth may not be enough to “lift” them to higher personal and educational standings. While participants indicated the importance of having access to food, shelter and healthcare,
such resources seemed to only serve as a pre-requisite for moving youth to higher levels and allowing them more time to develop themselves. The access to adult support and educational and career resources seemed to be critical factors in their advancement. Additionally, participation in extra-curricular events exposed them to people and experiences that many non-homeless youth have access to experiencing in their lifetime. Participation in extra-curricular activities can also serve as a protective factor for youth risk, like that of mental illness (Armstrong & Manion, 2015). Involvement in extracurricular activities has also been shown to moderate the impact of family conflict and school problems on behavior problems (Driessens, 2015). Further, in regards to the theoretical framework, results indicate that while meeting the basic needs of the homeless youth in SRN is an important protective factor in building resiliency, providing additional educational, career and personal development support may also be critical in helping to build resiliency, given that all participants in the study were accepted into a college and proctored funding through the help of SRN.

Learning to Trust

The fourth theme, “You Learn to Trust” focused on how participants had to learn to trust their mentors and SRN staff. Given their past experiences with trauma, abuse, and/or family conflict, many had learned to not trust adults. Participants described how when they first entered the program they questioned the intentions of SRN staff and mentors. However, as time progressed and adults proved themselves to be trustworthy, participants indicated that they learned how to trust SRN staff, mentors, and/or other adults outside of the program. They learned that they could ask for help and begin to trust people again.

The findings of previous research indicate that many homeless youth develop high levels of trust among peers, relying on each other as a source of support in the absence of adult
guidance (Bao, Whitbeck & Hoyt, 2000). As shown in the current study, it is not uncommon for homeless youth to have a lack of trust in formal adult professionals given their previous experiences (De Rosa, et al., 1999; Kidd, 2003). In one mixed methods study, researchers found that homeless youth seeking to find sustainable housing noted that their lack of trust made it difficult for them to establish new relationships (Kidd, Frederick, Karabanow, Hughes, Naylor & Barbic, 2015). The current study has expanded the literature by demonstrating that when adults are supportive, persistent, and dedicated, homeless youth were able to learn to trust. Similar results have been found with homeless youth who had natural mentors who gave encouragement, wisdom, advice, and resources (Dang & Miller, 2013). While a lack of trust might have served as a risk factor when entering SRN, staff and mentors were able to serve as models and protective factors to disprove participants’ existing notions of trust. In fact, learning to trust just one adult “lifted” participants in this study to trust other adults, including family members. Learning to trust and ask for help from others are skills that can serve as assets for personal and professional growth and resiliency. Therefore, having a trusting adult support system, in addition to direct services that teach emotional understanding, may have served as protective mechanisms in reshaping participants’ sense of trust.

**Better Ways of Coping**

The fifth theme, “Better Ways to Deal” focused on the transformation of coping skills. In addition to learning to trust, participants also spoke about being able to identify their maladaptive coping mechanisms (e.g. over-eating, anger outbursts, and emotional suppression) and learn more adaptive coping mechanisms (e.g. exercise, consequential thinking, communication skills, and self-care). Through access to mentors, mental health professionals, as well as personal, leadership, and emotional development trainings (e.g. Dale Carnegie Training and Camp
Anytown), participants described a restoration of their mental health, emotional, and/or physical states. Findings from the current study are similar to those of other studies of homeless youth (Martijn & Sharpe, 2006), in that these youth described a history of mental health issues and/or psychological disturbance. The current study has demonstrated that youth are able to learn new, more adaptive ways of coping to replace their previous coping strategies with the support of caring adults and exposure to mental health resources. It is important to note that due to a variety of barriers, homeless youth often do not even access mental health services (Cauce, et al., 2000).

Through provisions provided in SRN, participants were not only able to identify maladaptive thoughts and behaviors, and mental health diagnoses, they also learned more adaptive ways to cope and address mental health issues. From the perspectives of the participants, their mentors and the variety of aforementioned services directly “lifted” their emotional, mental, and physical health outcomes. Therefore, the combination of services provided through SRN likely served as protective factors for mental health resiliency. This result adds to the literature on positive mental health outcomes through interventions for homeless youth, like mentoring services, community-based agencies, and drop-in centers, by providing their perspectives of how receiving access to multiple mental health services over an extended period of time may impact the youth. Results from this study indicate that according to the participants, the impact of the wealth of mentoring, personal development, and mental health services undoubtedly increased their mental, physical, and emotional well-being.

**Setbacks and Challenges**

The sixth theme, “The Point Is Getting Back Up” focused on setbacks and challenges. Despite all of the positive changes noted by participants in the current study, they also noted that it was not all “smooth sailing”. Nonetheless, with their new coping strategies and adult support,
participants were able to effectively deal with the challenges that arose for them. In terms of particular rough spots, participants spoke of difficultly transitioning from premature adulthood back into adolescence where there were more rules, expectations, and structure than they may have had before. They also discussed difficulties like meeting the needs of their families; mental health issues; encounters with law enforcement; and college application mishaps. Nonetheless, most participants described that through their various individual challenges, they always had the support of SRN staff and their mentor. Setbacks and difficulties are not only age normative, but they are common for those youth who are exiting homelessness. In a study by Thompson, Pollio, Eyrich, Bradbury & North (2004), researchers interviewed twelve previously homeless youth to gain an understanding of processes that enabled achievement of stable housing. Similar to the results of the current study, youth described challenges regarding employment difficulties, mental health issues, personal motivation, and relationships with family/friends and service providers while exiting homelessness. However, also similar to the current study, youth highlighted the importance of relationships with family, friends, and service providers in securing stable housing. In the case of the current study, youth highlighted the importance of SRN staff and mentors in “lifting” them past the obstacles. It is likely that the assistance of SRN staff and mentors served as a protective factor to help mitigate the potential negative impact of challenges that the youth faced. This theme suggests that it is common for homeless youth in SRN to experience setbacks as they transition to new ways of living and that they should be prepared to expect challenges and learn skills to deal with them.

Making Better Friendships

The seventh theme, “Better Friends” focused on evolving notions of friendship. Since entering SRN, participants described that they were able to develop better quality friendships.
Through their journey of self-development, they were able to identify important characteristics of healthy friendships. In doing so, some participants noted how they had to end unhealthy and nonproductive friendships. Aside from shifting their understandings of quality friendships, participants also increased their number of friendships. For many youth in the study, having stable housing allowed them to sustain friendships for the first time in their lives. Additionally, exposure to other SRN students expanded or “lifted” their network of peer support.

Results of the current study are similar to findings in the literature that indicate the importance of peer networks among homeless youth. Within this population, youth often report family conflict and abuse (Martijn & Sharpe, 2006; Thompson, et al., 2010); therefore it is not surprising that they seek support from friends more so than family (Whitbeck & Hoyt, 1999). In a study exploring the strengths of homeless, street-involved youth through focus group interviews, researchers found that youth discussed that while their peers were a source of emotional support and protection on the street, they had to be cautious in who they decided to consider as a friend. However, aligned with other research, connections with deviant peer networks also served to perpetuate risky behaviors, like drug use (Bender, Thompson, McManus, Lantry & Flynn, 2007). Therefore, peer networks can serve as both protective and risk factors for homeless youth. SRN helps to enhance the protective factors and mitigate some of the risk factors associated with homeless youths’ peer networks through the provision of stable housing so that peer connections can be sustained in the neighborhood and school. However, SRN also provides exposure to a previously homeless, prosocial peer group that can provide additional support for participants. Lastly, participants also mentioned how they learned to make better quality friendships that are supportive rather than detrimental to their outcomes, which may
suggest indirect effects of lessons learned through self-development trainings or interactions with mentors.

**Giving to Others in Need**

"Pay it forward" represents participants’ willingness to give back to others in need, as well as the program since entering SRN. Participants described that being helped by SRN encouraged them to want to give back to other people that are also in difficult situations. Therefore, participation in SRN may have aided in “lifting” youths’ sense of community and philanthropy. A similar result was found in a qualitative study that sought to understand homeless youths’ decision-making and involvement within agency and community settings. One of the results of the study was that homeless youth highlighted the importance of giving back to society through engaging in community service programs, creating a reciprocal support process (Ferguson, Kim & McCoy, 2011). Developing a social network that involves the community may also help youth to gain a sense of self and build connections that could help them continue to be successful in their transition out of homelessness. Additionally, through participants giving back to SRN, they are providing extra support to recently transitioned homeless youth, which provides exposure to positive social networks that can serve as a protective factor for future youth in the program. This theme suggests that when homeless youth are “lifted” through interventions like that of SRN, they may begin to recognize the importance of the reciprocal cycle of giving that helps to ensure the sustainability and development of programs aimed to help our most vulnerable populations.

**Implications for Practice**

Results of the current study may have a variety of implications for practice within SRN, at a larger systems level, for current interventions comparable to SRN, and for individuals who
may have encounters with homeless youth similar to participants in the current study. While the purpose of this study is not generalizability, the reader may consider the appropriateness of transferability. The concept of transferability includes consideration of the specific characteristics of participants in this study and the program in which they participated. Notably, this study included a unique group of students (those who were perceived by SRN staff to have high potential for success in the program) and a multi-faceted, intensive intervention. As such, the results of this study may transfer to other unaccompanied youth under conditions and with characteristics similar to those in the current study and/or to programs that parallel SRN. However, they may not transfer to homeless youth with different characteristics or programs that differ in focus and intensity from SRN. The reader must ultimately decide whether the results and following implications are transferable to their own situations and conditions based on their alignment with the conditions of this study (Shenton, 2004).

In regard to implications for program development and modification for SRN, results indicate that multiple aspects of participants’ lives can be positively impacted through involvement in the program; from their mental health to peer friendships to their trust in adults. Providing an adult support system that fosters multiple aspects of support (e.g. tangible, instrumental, emotional, informational) is important to homeless youth in the program and may be a critical mediator in facilitating their success. However, given that male participants in the current study had more difficulty bonding with mentors and indicated needing a more instrumental support from them, SRN may want to closely consider the match in needs, preferred support, values, culture, race, and gender between mentees and mentors. For example, providing needs assessments and/or strengths assessments in order to enhance the match between mentors and mentees may be helpful. Additionally, results suggest that providing trainings and resources
that aim to increase extracurricular experiences, mental health, physical health, and educational outcomes may be also be critical components to positive development for participants. Further, results suggest that SRN should continue to identify common barriers to success in the program in order to determine where additional support may be needed. Special attention and additional supports may want to be given to transitional periods for youth in the program, including transitions into the program and into college. Nonetheless, providing consistent adult support may be the key to ensuring youth are able to persevere through and rise above the occasional challenges they may face.

At a systems level, considerations regarding funding allocation may be important when trying to optimize homeless youths’ outcomes. Rather than focusing solely on the development of programs targeting specific areas of risk for homeless youth (e.g. mental health and housing), it may be more effective to explore the development of programs like SRN, that are more holistic in nature and target a variety of risk and protective factors for youth. Programs similar to SRN may be able to impact multiple target areas and change homeless youths’ trajectories, possibly decreasing the need for ongoing intensive services and cost-per-student over time.

For service providers and organizations that provide direct services to homeless youth, it is first important to consider the development of pathways to interagency collaboration. Results from the current study and past studies (Dixon, Funston, Ryan and Wilhelm, 2011; Miller, 2011a) indicate that enhancing interagency collaboration may be beneficial in increasing homeless youths’ service utilization and outcomes. SRN inherently bridges the gaps between service providers through providing direct service and acting as an intermediary between the youth and outside providers. Participants in the current study indicated positive outcomes after experiencing the holistic nature of support and services provided through the program.
Furthermore, services targeting access to at least one positive adult mentor may have ripple effects through multiple areas of youths’ lives, including mental health, academic achievement, and social connectedness (Dang & Miller, 2013; McCay, et al., 2011). In the current study, all participants mentioned how their mentors and/or SRN staff directly impacted them in at least one type of support area, indicating a potential perceived benefit of access to adult mentors. However, as mentioned, it is important to consider multiple factors, like gender and preferred type of support, when developing mentorship pairs.

Given the often turbulent experiences of homeless youth, many may have life goals, but not believe they are achievable and not know how to achieve them. However, participants in the current study indicated that since entering the program, they developed renewed hope and direction in goal attainment. Additionally, many described valuing education prior to even entering the program. Therefore, it may be important for service providers in programs similar to SRN to consider fostering homeless youths’ goals and the importance of education through avenues like, mentoring and professional development workshops, that build educational and career readiness skills. It is likely that the combination of having a supportive adult that provides encouragement, accountability, and guidance, coupled with resources that walk the youth through the steps in achieving their goals, as well as, builds their skillsets, work together to optimize the likelihood of increasing hope and direction.

Interventions and programs should also recognize the importance of servicing mental health needs of homeless youth, which may affect the way they perceive and experience the world, relationships, goal attainment, and life satisfaction. Given the high prevalence of trauma and victimization experienced by homeless youth (Tyler & Cauce, 2002; Stewart, et al., 2004), service providers should recognize that without addressing underlying mental health needs,
homeless youth selected to be in the program may not thrive in other facets of their life, even when given resources and supports. For example, as seen in the current study, when one of the participants, Erica, went off to attend college on multiple scholarships, she had to leave for an extended period of time due to PTSD symptoms impacting her ability to function. However, providing an integrated system of care that helps alleviate barriers to access and navigation through mental health resources may be important to ensuring service utilization. As shown in this study, when youth are given an array of services to target mental health needs (e.g. mentors, connection with mental health agencies, emotional intelligence trainings, and personal development camps), they are likely to identify maladaptive coping skills and replace them with new, more adaptive skills, which could lead to a more self-actualizing life.

Aside from meeting the basic needs of youth through access to food, shelter and healthcare, it is important to note that homeless youth have multidimensional needs that are not often met through isolated services. While providing basic resources are necessary and critical to their development, it is essential to not forget that many homeless youth do not have the opportunity to engage in self-development, like planning for college and participating in extracurricular activities that help to shape the average non-homeless adolescent. Results from the current study indicate that aside from meeting basic needs, homeless youth similar to those in the current study may also benefit from resources and guidance in other areas of self-development, like learning leadership skills, how to write personal statements to apply for college, and how to obtain funding for college. Participants also expressed gratitude and excitement in being able to engage in common normative activities that they may not have otherwise experienced, like sporting events, Ropes courses, and studying abroad. Service providers should consider potential hidden benefits to affording homeless youth extracurricular
activities, like increased school engagement, hope and/or personal growth (Driessens, 2015; Armstrong & Manion, 2015).

Additionally, results from the current study add to literature stating the importance of peer networks for homeless youth (Whitbeck & Hoyt, 1999; Bender, et al., 2007). Given homeless youths’ often traumatic experiences with adults in their lives, it is no wonder that they may be more likely to turn to friends for support. However, given that an association with certain peer networks can help to sustain deviant behavior (Bender, et al., 2007), results of this study indicate that it may be important to help homeless youth foster a prosocial group of peers that can help serve as a support system. For SRN, they help to foster prosocial peer connections through avenues like access to other participants in the program and helping to engage youth with extracurricular activities in their schools. Additionally, given that homeless youths’ past experiences are often rippled with neglect, trauma and/or mistrust, it may be beneficial to help homeless youth better understand and reflect on what healthy relationships and friendships should look like, in order to help protect them from engaging in unhealthy relationships. As participants in this study indicated, as they began to accomplish goals and engage in self-development, they realized that they only wanted to surround themselves with friends that were going in the same direction; which likely helped to keep them on a positive life track.

When engaging with homeless youth like those in the current study, it is important to realize that setbacks along the way are to be expected. However, it is important to identify common barriers to success within the program and develop a plan to address them. For youth in the current study, they shed light on some potential setbacks, like family conflict and difficulties with law enforcement. However, all participants indicated that despite the challenges they faced, they knew that someone from the program would be there to help them. Therefore, providing
consistent adult support may be crucial in minimizing the impact of setbacks. Results also indicated that transitional periods into the program and into college may be times when youth are particularly prone to encounter hardship. While for each homeless youth, their setbacks and difficulties may look different, it may be vital to provide extra adult support and youth preparation during important life transitions.

When working with homeless youth, building connections with them may be difficult to develop in the beginning of the relationship due to their past experiences with abuse, trauma, conflict and/or letdowns. However, as participants noted in the current study, if adults do not waver in their support and effort to help the youth, they may become one of the first adults in that youth’s life to have proved worthy of trust. Results of this study show that learning to trust just one adult can help to restore the youth’s ability to trust other adults and confidence in asking adults for help. When homeless youth feel comfortable trusting other adults and asking for help, they may be more likely to access other supports and resources that may be available to them. Therefore, it may be important to provide homeless youth with consistent, trustworthy adults within similar agencies and interventions. Additionally, when homeless youth in such multifaceted programs feel like they have been helped, as participants in the current study expressed, they may be more likely to help others in need. Enhancing multiple areas of a homeless youths’ life, may in turn increase their sense of community and philanthropy. If homeless youth are able to give back to the community, they are not only adding to their own personal growth, but they are aiding in ensuring the sustainability of programs like SRN. Therefore, interventions aiming to replicate that of SRN may also want to target building a sense of community through having youth engage in activities like mentoring and volunteering.
For individual practitioners who may work with homeless youth in other capacities (e.g., as a teacher, principal, school psychologist, or community member) it is important to note that early identification can be essential to providing youth with the support and resources they need to overcome their circumstances. Simply understanding the plethora of risk factors faced by homeless youth can help aid in the identification of individual needs and appropriate intervention (Miller, 2009; 2011b). As described by participants in the current study and past research (Aviles De Bradley, 2011; Miller 2011a; 2011b), homeless youth do not always know how to access resources and supports to meet their various needs. They are also likely not aware of the provision of services afforded to them through the McKinney-Vento Act while attending school (Aviles De Bradley, 2011). Therefore, it is critical that adults that are more likely to have access to homeless youth on a daily basis, educate themselves on the various community and school resources in order to serve as an advocate and support for these vulnerable youth. Further, as exemplified in the current study, simply fostering the value of education and providing emotional, appraisal, and informational support for homeless youth may have an advantageous impact on homeless youths’ resiliency (Dang & Miller, 2013; McCay, et al., 2011). Whether at a systems level or an individual level, there is room for growth in servicing homeless youth. Given the unique set of risk factors faced by this population, it is imperative that multiple facets of homeless youth are targeted in intervention in order to maximize their opportunity to meet their full potential.

**Implications for Research**

Through allowing youth to tell their stories about how their lives have changed since entering SRN, this study was able to add to the literature on homeless youth by being the first study to enhance understanding of the impact of a unique, holistic, community-based
intervention for unaccompanied youth. Prior to the current study, the closest comparable intervention to providing holistic services was the Social Enterprise Intervention (SEI), which also sought to take an alternative approach to the traditional model of service delivery that frequently provides services to homeless youth in silos. The intervention is designed as a preventative intervention to curb disengagement with services, substance use, delinquency, high-risk behaviors, and mental health problems. SEI provides vocational training (e.g. graphic design and Photoshop training), small business skills, clinical mentorship, and connections to health and mental health services. SEI differs from traditional programs in that it aims to build street-involved youths’ entrepreneurial skills by teaching vocational and business development so that they may seek marketable employment. They also try to address the mental health needs of youth through providing clinical mentors trained in mental health counseling. Participants are in the intervention from seven to 12 months (Ferguson, 2007).

SRN differs from SEI in that one of the program’s main focuses is not transitioning youth into the job market but rather transitioning them into higher education. Participants are also allowed to stay in the program indefinitely as needed. Additionally, SRN provides resources to meet the basic needs of youth (e.g. housing, food and health), as well as, provides a variety of direct support services, trainings, and mentoring to address factors like educational planning, mental health concerns, self-identity, communication, and leadership skills. The mentoring program embedded within SRN allows youth to have an adult that may serve as a pseudo-parent to give tangible support, accountability, guidance, advice, and connections with employment or mental health resources as necessary. SRN also provides opportunities for youth in engage in extracurricular activities that facilitate personal growth and exploration like study abroad experiences and sports. All of the aforementioned services aim to build resiliency in the
unaccompanied youth by minimizing their risk; optimizing protective factors; and launching them into a successful life trajectory.

In addition to being the first study to examine the impact of this unique, multi-faceted, community-based intervention, results also serve as a foundation for further inquiry into alternative models of service delivery for homeless youth. Given an understanding of how homeless youth perceive the positive impact of a program like SRN, research can begin to explore the effectiveness of multi-faceted interventions and the interconnection of multiple factors that likely contribute to positive outcomes. Results also add to the literature positing that the traditional model of service delivery for youth may not address the variety of risk factors and barriers faced by homeless youth. The theoretical framework of resiliency theory can serve as a foundation for understanding intervention development and modification; however, just as SRN takes a holistic approach to care, the same approach should be considered when incorporating other theoretical frameworks (e.g. social development approach) to enhance service delivery for homeless youth.

**Limitations**

There are several limitations within this study. The first is that the data in this study is limited to self-report. Youth may have consciously not disclosed certain information that may have provided additional critical information into the impact of SRN. For example, participants may not have disclosed current drug use, for fear of disqualification from the program. They may have also been unwilling to share experiences that they perceived as not normative. Further, participants may not have disclosed information subconsciously due to forgetfulness or repression. For example, among youth experiencing PTSD, repression of certain traumatic experiences is not uncommon (Stewart, et al., 2004), which may have shaped the information
shared by participants. Nonetheless, the participants were viewed as experts in their own stories and clarification of information can be addressed in future research that may want to address the perspectives of other stakeholders, including family members and SRN staff, in assessing the impact of the intervention.

The second limitation to this study and any post-positivist qualitative study is the potential of researcher bias impacting what is considered as important in the data and how the data are interpreted and presented. As the researcher read through the transcripts and listened to the stories of the participants, she engaged in ongoing self-reflection of potential biases such as her own experiences and perceptions of poverty and her development of trust with adult figures. However, the researcher sought to minimize the impact of such biases through multiple processes to ensure credibility of the thematic analyses. First, researchers adhered to the 15-point checklist for good thematic analysis (Braun & Clarke, 2006). The study also utilized investigator triangulation throughout the research process to ensure collaborative agreement on coding and themes. Lastly, through the use of multiple examples and excerpts to represent the themes, the researcher provided evidence for interpretation (Brantlinger, Jimenez, Klingner, Pugach & Richardson, 2005; Cope, 2014).

**Future Directions**

Future studies are needed to explore the effectiveness of SRN on the lives of unaccompanied youth through the use of direct measures collected from youth, family members, and SRN staff. The current study may serve as a foundation for areas of further inquiry; including the effectiveness of SRN on youth mental health, coping, support, trust, and peer networks. Further understanding of the effectiveness of SRN may aid in procuring funding for additional holistic, multi-faceted, community-based interventions by showing increased benefits
compared to traditional interventions for homeless youth. Future research may also explore the replicability of an intervention like that of SRN in the public sector. Many of the resources accrued in the program were done so by the diligence and hard work of the program director. Therefore, in order to expand the impact of this model of service delivery, it is also important to explore the feasibility of the development of such a program on a larger public scale. A third direction for future research would be to investigate the critical components of SRN. Results of this current study indicate that access to a variety of resources, meeting basic needs, and support networks may be critical in changing the lives of participants. However, further research is needed in this area in order to inform program modification and optimize program effectiveness.

**Summary**

The homeless youth population is faced with countless risk factors from academic underachievement to victimization to mental health problems and beyond (Rafferty, Shinn and Weitzman, 2004; Cauce, et al., 2000; Heinlein & Shinn, 2000). Although there are a number of service options (e.g. drop-in centers and mentoring programs) that have been examined for homeless youth, the complex issues associated with youth homelessness can make service delivery and coordination challenging. The current model of service delivery that often provides one-dimensional services to address the multidimensional needs of homeless youth faces issues like that of inter-agency collaboration, service utilization, and continuity of care (Miller 2011a; Miller 2011b). Holistic, community-based interventions, like that of SRN, attempt to address the various barriers commonly encountered by traditional interventions and provide homeless youth with a variety of supports and resources to meet their complex needs.

Starting Right, Now is a multi-faceted, community-based intervention for unaccompanied youth that takes a holistic approach to providing a continuum of care and services. Based out of
Tampa, Florida, SRN provides a variety of services to meet the various needs and risk factors for homeless youth. Specifically, SRN matches youth with trained mentors and provides access to an array of mental health, educational, professional development, and extracurricular supports. Additionally, SRN meets the basic needs of youth by providing stable housing, and access to food and healthcare. SRN is the only holistic, individualized, community-based intervention for unaccompanied youth of its kind and prior to this study, had yet to be systematically studied to explore how the youth themselves perceived that their lives had been impacted.

The current study contributed to the literature on interventions for homeless youth by examining how unaccompanied youth perceived their lives as having changed since entering this unique community-based program. Research findings generated eight themes and one essence that illustrated the overall positive impact of SRN on various aspects of the youths’ lives since entering the program. The themes that emerged from the interviews are as follows: access to a support system afforded through adult mentoring; increased hope and direction in achieving goals; increased opportunity to engage in educational, extra-curricular and career self-development; learning to trust again; identification and modification of maladaptive coping mechanisms and viewpoints; experiences with occasional setbacks; obtainment of better quality and more friendships; and newly formulated aspirations to want to give back to those in need. The essence that best describes how participants’ lives have changed since entering SRN is described by the term “lifted”. SRN was able to meet participants at the stage of life that they were at and move them to a higher personal and educational level. In the words of one of the participants, Erica, “…without SRN I wouldn't be who I am and I wouldn't be where I am”. Through the resources and support afforded through SRN, participants were able to begin to overcome some of their risk factors and benefit from the various protective factors given through
the program. Future research should continue to explore the impact and effectiveness of SRN so that the program may continue to “lift” as many homeless youths’ lives as possible.
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Appendix A

Informed Consent

Informed Consent to Participate In Research
Information to Consider Before Taking Part In This Study
IRB Study # _10020________

You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researcher or study staff to discuss this consent form with you; additionally, please ask him/her to explain any words or information you do not clearly understand. We encourage you to talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

Please tell the study staff if you are taking part in another research study.

We are asking you to take part in a research study called:

*In Their Own Words: The Impact of Starting Right, Now On Student’s Lives*

The person who is in charge of this research study is Linda Raffaele Mendez, PhD. This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge.

The research will be conducted at the Starting Right, Now office in Tampa, Florida. This research is being sponsored by the University of South Florida Office of Community Engagement.

**Purpose of the study**

The purpose of this study is to:

- Assess the impact of Starting Right, Now on the lives of participants. Sharing your story with us will provide detailed information on how Starting Right, Now has impacted the lives of participants. This information will add to the research on interventions designed to assist economically disadvantaged youth in achieving their goals and breaking the cycle of poverty.

**Study Procedures**

If you take part in this study, you will be asked to:
- Participate in three interviews lasting approximately an hour each, that will ask you personal questions about what your life was like in the past, how you felt about your life then, how you feel about your life now, and how you feel when you think about your life in the future.
- The interviews will be conducted in three visits, each visit will be one to two weeks apart. During the first visit we will ask you questions about how you felt about your life in the past. In the second interview, we will ask you how you feel about your life now and the experiences you have had in Starting Right, Now. In the third interview, we will ask you how you feel about what your life will be like in the future.
- The interviews will take place after school hours on Mondays or Thursdays at the Starting Right, Now offices in Tampa, Florida.
- The interviews will be audio recorded so that other members of the study staff can help turn the interviews into written transcripts. An outside transcription service will have access to these recordings in order to convert the audio files into text. The information on the tape will not be identifiable. The recordings will be maintained until they are converted to transcripts by a designated transcription service. The recordings will be digital. Once the audio tapes have been transcribed, the audio recordings will be deleted. The transcripts will be kept for a minimum of five years after the close of the study. Once the recordings have been converted into written documents, you will receive a copy of the transcript of your interview in order to check that your statements were accurately recorded.

**Total Number of Participants**

10 individuals will take part in this study at Starting Right, Now.

**Alternatives**

You do not have to participate in this research study.

**Benefits**

The potential benefits of participating in this research study include:
The benefit to you of participating in this study is to give you an opportunity to share your story with a researcher who is interested in documenting your journey.

**Risks or Discomfort**

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

This study will ask you to think about past and future events. There is a possibility that you could become emotional or upset when talking about the past. Participants may choose not to respond to questions that make them uncomfortable.

**Compensation**

If you complete all of the study visits, Starting Right, Now will receive $75 to spend on anything you need to support your success in the program. If you withdraw for any reason from the study before completion, we will select another student from Starting Right, Now.
to participate in the interviews in your place, with the compensation for completion of interviews being awarded to Starting Right, Now to support that student’s needs.

**Privacy and Confidentiality**

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principal Investigator, study coordinator, and all other research staff.
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
- Any agency of the federal, state, or local government that regulates this research. This includes the Office for Human Research Protection (OHRP).
- The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

**Voluntary Participation / Withdrawal**

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Decisions to participate or not will not affect your enrollment in Starting Right, Now.

**New information about the study**

During the course of this study, we may find more information that could be important to you. This includes information that, once learned, might cause you to change your mind about being in the study. We will notify you as soon as possible if such information becomes available.

**You can get the answers to your questions, concerns, or complaints**

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, call Linda Raffaele-Mendez, PhD at (813) 974-1255.

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638.
Consent to Take Part in this Research Study
It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

____________________________________________
Signature of Person Taking Part in Study

Date

______________________________
Printed Name of Person Taking Part in Study

Statement of Person Obtaining Informed Consent
I have carefully explained to the person taking part in the study what he or she can expect from their participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the study is about;
- What the potential benefits might be; and
- What the known risks might be.

I can confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in the appropriate language. Additionally, this subject reads well enough to understand when the form is read to him or her. This subject does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed consent. This subject is not under any type of anesthesia or analgesic that may cloud their judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give informed consent.

_________________________________________
Signature of Person Obtaining Informed Consent / Research Authorization

Date

______________________________
Printed Name of Person Obtaining Informed Consent / Research Authorization
Appendix B

Recruitment Flyer

Have you been in SRN for at least one year?

If so, we’d like to hear your story.

Who: Students who have been in SRN for at least one year.

When: Whatever time is best for you. You will participate in a series of individual interviews lasting 30-60 minutes each. Interviews will take place in a private room at the SRN office.

Why: We are conducting a study of students’ life experiences before and after starting in SRN. This research is being conducted by Dr. Linda Raffaele Mendez from the University of South Florida.

Note: What you share with us is confidential. It will not be linked directly with you when we publish our findings. You will choose a fake name for the interviews, and we will use that name to refer to you when we write up the study. Specific information you share will not be shared with SRN staff, mentors, family members, or teachers.

If You Want to Participate: Please speak with Vicki Sokolik or Susan Guttentag to sign a consent form and schedule your first interview.
**Incentive:** Each student who completes the 3 interviews will receive $75 (to be given to SRN) to be spent on anything that SRN staff believes will support the student’s development.

**Research Contact:** If you have any questions, please contact Dr. Raffaele Mendez at (813) 974-1255 or Raffaele@usf.edu. This research has been approved by the USF Institutional Review Board (**IRB Study # 10020**).
Appendix C

Interview Protocol

Interview 1

“I would like you to tell me your life story from the time you were born, until the time you entered Starting Right, Now.”

If needed, “Imagine someone is making a movie about your life. What would be in the movie? Tell me about important people, places, things that happened, etc.

Interview 2

“In this interview, I would like you to tell me about your life from the time you started Starting Right, Now to the present day. I would like to understand what your life is like now compared to what your life was like before Starting Right, Now.”

Follow-up Domains

If needed, “Now I would like to ask you to compare specific areas of your life before Starting Right, Now to what your life is like now. Let’s start with…(insert domain here)”.

“Next, let’s talk about (insert domain not yet discussed or unclear) before and after SRN.”

Ask the student about each category below in the same manner:
Success in school (grades, credits earned, average test scores)
Attitude towards school
Courses in you were enrolled
How time is spent each day (in school, out of school)
Future goals
Self-confidence
Emotional state
Trust in adults to help you meet your needs or accomplish goals
Friendships
Involvement in extracurricular activities
How much stress you experience and how you cope with it
Physical health (how well participant eats and sleeps, how often he/she gets sick)
7/30/2015

Camille Randle
Educational and Psychological Studies
11303 N. 50th St.
Tampa, FL 33617

RE: Not Human Subjects Research Determination

IRB#: Pro00023160

Title: A Thematic Analysis of Homeless Youths' Reflections on Their Lives Since Beginning A Wraparound Intervention

Dear Ms. Randle:

The Institutional Review Board (IRB) has reviewed your application and determined the activities do not meet the definition of human subjects research. Therefore, this project is not under the purview of the USF IRB and approval is not required. If the scope of your project changes in the future, please contact the IRB for further guidance.

All research activities, regardless of the level of IRB oversight, must be conducted in a manner that is consistent with the ethical principles of your profession. Please note that there may be requirements under the HIPAA Privacy Rule that apply to the information/data you will utilize. For further information, please contact a HIPAA Program administrator at 813-974-5638.

We appreciate your dedication to the ethical conduct of research at the University of South Florida. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,
Kristen Salomon, Ph.D., Vice Chairperson
USF Institutional Review Board