**PROMISING PRACTICES FOR ORGANIZATIONS SERVING HOMELESS SINGLE MOTHERS**

by

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**Abstract**

This study examines promising intervention practices used by human services organizations that serve single homeless mothers in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. This study examines promising practices of organizations to assist women through their transitions from homelessness to acquiring and maintaining stable, long-term housing. Without these services, these single homeless women may not successfully transition to living independently and may not have the mental health needs they need to live independently. The research methodology in the reviewed literature was quantitative and qualitative research. A concise summary of the data analysis and findings included seven claims found in the literature. The seven claims are as follows: (a) the mother is stereotyped, (b) successful and inefficient support for mothers, (c) mental health impacts on mother’s well-being, (d) mothers’ need for resiliency, (e) mothers experience negative risk factors, (f) positive and negative parenting practices, and (g) mothers tend to avoid shelters. Future recommendations would be collaborating with services and organizations to strengthen housing placements and shorten the wait time for single mothers to locate permanent, stable housing.

*Keywords*: homeless women, homeless mothers, or women’s shelters, education services, promising practices, service models, interventions, shelter services, case management, employment programs, financial programs, strength-based services, program models, and mental health services.

**Dedication**

This is dedicated to my husband Ryan, who was always with me through struggles and moments of success. With all my heart, I always appreciate my dependable husband's support through this journey. To my son Brody and my daughter Aryah who have been patient and reminded me to be kind to myself because this is a process. Every time I wanted to quit this journey because it became hard, my remarkable children reminded me that we do not stop when things are hard; we take a moment to pause and continue, and we finish what we start! Lastly, this is dedicated to my parents Kurt and Kathy, and my in-laws Mary and Curtiss, whose prayers always surrounded me until I became what I am now and provided support and encouragement to keep up with the process. My parents have inspired me to work hard and aspire to achieve success.

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# SECTION 1. BACKGROUND

# Overview of Doctoral Capstone Project

This capstone project was an action research monograph that examined promising intervention practices utilized by human services organizations. Human services organizations that serve single homeless mothers residing in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. Most homeless families with young children are headed by single-parent mothers (Tosi, 2018). This is a significant fact to be considered when attempting to address the needs of families experiencing homelessness (Morse & Dell, 2021). Research has revealed the causes of homelessness among single mothers, such as job loss, mental health concerns, decreased motivation, and substance use issues (Boland, 2018). Yet few studies explore support networks in which homeless women become embedded (Johnson et al., 2017). It is unclear how families choose to enter a homeless shelter. Single moms are more at-risk regarding economics, social inadequacy, poor education, and mental distress, and around 25% of homeless families include single mothers (Swick, 2008).

Even though homelessness is primarily perceived as a rural issue, single mothers struggle with high-cost housing resulting in homelessness in rural areas (Danzy & Jackson, 2018). There are many homeless individuals in the United States; however, in rural areas, 7% of the entire population is homeless, making it hard to assess due to the homeless mothers residing in rural areas (National Alliance to End Homeless, 2017).  A deficit in mothers’ income and the shortage of affordable housing are the two consistent underlying causes that place mothers at risk for homelessness, regardless of their geographical location (National Alliance to End Homelessness, 2017). Homelessness is a substantial and growing problem throughout the United States. Up to 2 million people are homeless at any given time, and over 700,000 individuals and families are projected to be homeless (National Coalition for the Homelessness, 2016). Within the United States, men are among the highest homeless population; in contrast, women and families quickly grow in homelessness. Research suggested that 14% of the United States have been homeless (National Coalition for the Homeless, 2016).

Weinreb and Henderson (2010) suggested that compared to the policy, program, and resource variables, the qualities and traits of homeless families have very little influence on the entrance and exit from the homeless shelter. The resource factors have little bearing on entry and exit as well. Mental health symptoms such as trauma or depression also have little standing when families enter and exit the shelter. Given the frequency and the severe consequences for single mothers and their children, identifying effective techniques to manage mental health symptomologies in homeless mothers is vital.

# Alignment to the Specialization

This study examined promising intervention practices utilized by human services organizations that serve single homeless mothers in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. Sullivan and Olson (2020) examined homeless shelters in New York City and Philadelphia examined how many adults used shelters and the readmission over two years. The specialization of leadership and organizational management aligned with the program of study as the caliber of an organization's executives and their capacity to create a highly motivated workplace were vital factors in whether they can achieve their objectives within a homeless shelter. Burnout and high levels of turnover among managers and employees can hinder an organization's capacity to expand and succeed. The scholarly significance of this program of study is enhancing the improvement of interactions between individuals and social organizations to help people reach their full potential and find relief from stress. Additionally, the leadership and organizational management program of study provided services responsive to human needs.

According to the research, half the adults would have stayed in the shelters for fewer than 45 full days, therefore, the research showed predicting attributes for those individuals to exit the shelter (Leget, van Nistelrooi., & Visse, 2017a). McMillan (2015) claimed that after two years of the mother’s original admission, around 50% of men and 33% of women would be readmitted to the shelters. The statistics also highlighted the magnitude of the long-term sheltered population's magnitude and percentage of resource consumption. A small number of users, approximately 18%, stay in shelters for 180 days or longer at a time; these shelter users are using more than half of the available resources.

There is a need to understand how to leverage organizations’ promising practices, as individuals are unique in accessing resources from one organization to another. This study examines promising intervention practices utilized by human services organizations that serve single mothers in a homeless shelter to assist these women with their mental health needs as they strive to live independently in safe, affordable housing.

It is essential to explore how human services organizations utilize the services needed to serve the mental health needs of single mothers in a homeless shelter to assist these women in living independently (Paquette & Winn, 2016b). These single homeless women may not successfully transition to living independently without access to these services, leading to unmet mental health needs and continuing the cycle of homelessness (Sharman et al., 2016)

Services provided at the shelter may include the provision of shelter, food, recovery support, and education. Shelter services function within a broader context, determining how services are delivered in a shelter (Flatau et al., 2016). Shelter services influence single homeless mothers’ ability to rebuild their lives. Additional shelter support, including on-call crisis workers and case managers, help support individuals needing immediate attention, mental health services, substance abuse intervention and care, emergency shelter, transitional facility, or nutritional resources (Bond et al., 2022).

# Problem Statement

The research literature indicated that single homeless mothers might experience mental health problems (Herbers & Cutuli, 2018). Despite the plethora of treatments and healthcare resources available, the organizations may have difficulty using promising practices to connect the homeless population to appropriate resources and services (Foster et al., 2018). Gultekin and Brush (2017) noted that the barriers that prevent single homeless mothers from successfully transitioning from shelters to permanent housing are unknown. This instability threatens the overall health and well-being of single mothers. Roddy et al. (2017a) noted that homelessness is a public health issue uniquely affecting single mothers. Without education and appropriate interventions, these single homeless mothers will likely not secure the stability required for long-term accommodation in housing and the educational tools necessary for success (Robinson et al., 2020).

Homeless shelters are a continual and often hidden issue that homeless individuals face (Brown et al., 2016).  The individuals who need help the most frequently see places intended to be helpful as dangerous or even deliberately destructive (Cleary et al., 2021). This is due to several factors, some internal to the shelters and homes and others external, such as a lack of finance, incompetent management, or hostile employees (Currie et al., 2021). Even if the circumstances that led to the individual’s homelessness were beyond their control, homelessness has a stigma since homeless people are sometimes viewed as careless or lazy (Daley et al., 2018). Occasionally, services are withheld from people experiencing homelessness because of their appearances (Dickinson et al., 2017).

The gaps in current practices are identifying how services meet the needs of homeless single mothers with mental illnesses and substance use and understanding the areas for improvement within the organization. There are shortages in transportation, housing, and childcare availability for single homeless mothers to access the resources much needed, especially housing stability. The performance gap is in recommending services to how they can be applied to this population of single mothers who are homeless to find stable housing, food, and accessibility to resources within the community. The potential root causes of the problem include mental health issues, substance use, domestic violence, and underemployment or loss of job.

**Purpose of the Deliverable**

The purpose of this study is to examine promising intervention practices utilized by human services organizations that serve single homeless mothers residing in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. Transitional living facilities can aid in helping clients become independent while the individuals are learning to become more self-sufficient in finding stable employment and permanent housing (Malanfant, 2022). Transitional living facilities encourage participation in substance use and mental health services (Shinn & Richard, 2022). Lastly, transitional facilities aid in providing structure for clients to help them avoid behaviors and decisions which may lead to repeated incidences of homelessness after exiting the transitional living facility (Bond et al., 2022).

Information on the experiences of homeless single mothers in their efforts to secure housing is scarce and not well documented. This research will contribute to the knowledge base of human services and inform real-time practices within the community by reviewing issues of homelessness among single homeless mothers and the difficulties related to homelessness, lack of educational resources, and the potential risk of losing custody of their children to the child welfare system due to homelessness.

Lastly, shelter services available to single mothers assist those mothers in locating and applying for assistance while mothers seek employment and permanent housing. Shelter programs and services vary depending on the location of the shelter. By being more accessible and enabling homeless mothers to come as they are, shelter services can better support homeless mothers not in stable housing to access available shelter services. Homeless single mothers with more significant needs can use the available shelter services, such as case management, crisis assistance, coordination of mental health care, and referrals for drug use treatment, by decreasing entrance barriers.

# Evidence/Data Used to Establish Rationale for Deliverable

The current action research monograph is needed, and it is essential to explore how human services organizations utilize the services necessary to serve the mental health needs of single homeless mothers residing in a homeless shelter to assist these women in better living independently. Without these services provided, these single homeless women may be unable to transition living. They may not have their mental health needs met, which leads to a continuation of their cycle of homelessness.

According to the most recent estimates, there are approximately 190,000 unsheltered persons each night in the United States (Garcia & Kim, 2020). Homeless people suffering unsheltered homelessness are visible in almost every large city (Gilroy et al., 2016a). Issues found in the community of homeless shelters include mental illness not being addressed, family issues, economic hardships, and domestic violence. Homeless programs and services house most homeless persons. As of June 2020, 61% were housed. Nevertheless, there is much variation between populations and subpopulations. Children, for instance, are frequently given priority by homeless support programs (National Alliance to End Homelessness, 2022). Consequently, families with children had the lowest likelihood of homelessness, with 10% of those without shelter being raised in households with children. Young people who do not live with their families, however, may not have the same access to resources; in 2020, 50% of unaccompanied homeless adolescents were not housed National Alliance to End Homelessness, 2022). The number of homeless people nationally grew by 2% between 2019 and 2020. This modification represented the fourth year in a row of gradual population increase. Before the start of the current trend, homelessness had mainly been declining in eight of the previous nine years (National Alliance to End Homelessness, 2022).

The impact of this research project is an understanding of the current issues influencing single, homeless mothers with mental health challenges in securing housing so practitioners can better assist these women. Possible impact(s) of the monograph could include quicker, more improved community services for homeless single mothers, including permanent housing and opportunities for education and employment. Sattin-Bajaj & Jennings (2022a) claimed that housing insecurity is an indicator of many lingering issues that need more than short-term financial reinforcement.

This monograph examines promising intervention practices utilized by various human services organizations that serve single mothers in homeless shelters that assist these women in meeting their mental health needs as they strive to live independently in safe, affordable housing. Homeless mothers are less likely to use existing available resources and have fewer support systems available for them to use than mothers that have resources and supports (National Center on Family Homelessness & Health Care for the Homeless Clinicians’ Network, 2003). Because of the rise of homeless mothers, there is a much greater need for mothers to reach out for support, where they tend to lean on family and friends. However, mothers are more likely to use services by various providers to meet their individual needs due to concerns about the familial responses to requesting help in fear of being stigmatized by their family members for seeking help (Ross, 2017). Housing alone with no does not fix the issue with homelessness, especially among single mothers or families as the underlying issue for mothers needs addressed as to what happened for the mothers to become homeless. However, the addition of services, training, and financial support for these mothers will reduce the unfavorable outcomes by giving them resources and life skills needed to succeed (Danzy & Jackson, 2018). Likewise, adding promising practices and evidence-based practices to the shelters for the standard order of operations, will allow for integration of services and improved assessments for everyone entering the shelter and improve the outcomes, particularly single mothers (Dickinson et al., 2017).

# Historical Background of the Problem

This background information section will outline a client’s services when entering a shelter, goal planning for individuals in the shelter, community support services while in the shelter, and organizational experiences. This section will explain the collaborative relationships at a clinical-to-client level of collaborative relationships and organizational level of collaborative relationships. This section also describes the possible impacts and cultural concepts. In this study, the women experiencing homeless will be referred to as clients.

According to a recent research overview, relocated women typically receive little to no help from the local community (Barton, 2018). Mothers are less reluctant to rely on further services when assistance is there. Women's well-being, especially their mental health, is impacted by homelessness among single moms (Greenwood, 2020). When shelter employees acknowledged, shelter employees acknowledged their sentiments, mothers staying in homeless shelters found it easier to communicate their immediate needs (Peters et al., 2021). For mothers who are homeless, there are consequences. The aftereffects include a decline in physical and mental health, kid estrangement from the mother, and times when the mother feels defeated (Andermann, 2021). According to Moon et al. (2017), women who experienced more childhood trauma were likelier to experience more extended periods of homelessness.

Shelters are free programs for clients seeking assistance. When a homeless client enters the shelter, the stay will vary from overnight to 30 days. Many shelters offer advocates to help find food, clothing, employment, housing, mental health services, and drug and alcohol services. Some homeless shelters require applications, while others do not. For example, the homeless shelter in New York has an application process for the shelter available 24 hours a day, seven days a week (Coalition for the Homeless, N.D.). Shelters often have different curfew hours to maintain the safety of the other clients and families residing in the shelter. Many shelters have a policy on drug testing that includes breathalyzers, blood, and urine screens completed in the first 30 days of admission to help identify any substance use services (Chatterjee et al., 2017).

The living area in the shelters tends to be a communal living space (Santarone & Elkbuli, 2020). Therefore, clients are often assigned household chores to keep the collaborative living space hygienic. Advocates within the shelter create a physical environment that supports following the shelter’s established rules (Boland, 2018). Shelters also encourage self-sufficiency by assisting clients with goal setting and decision-making (Sammarco, 2016). Boland (2018) noted that advocates in the shelter would assist clients in creating safety plans when fleeing domestic violence for themselves and their children, if applicable. The advocates give information about resource programs and clients’ rights to parenting support and help pursue clients’ priorities. The time an individual or family can remain in the shelter will depend on the availability of beds and other resources specific to each shelter. In rural Pennsylvania, the average stay in the shelter is 30 days (director, personal communication, September 18, 2020). The shelter meets the basic needs model by allowing single moms to earn enough money to cover their first month's rent and a security deposit for permanent accommodation. Donations from members of the local community help mothers get accommodation (director, personal communication, September 18, 2020). Additional resources that assist in connecting single mothers to resources include Laurel Behavioral Health, CONCERN, and Crossroads Counseling. While individuals and families live at the shelter, their food is provided by the local food bank if they cannot afford food and do not qualify for food stamps. For family preservation programs to be effective, the parents need support in maintaining their families. Likewise, the family preservation programs aimed to work toward children not being placed into foster care or any other type of residential care centers. Lastly, the programs aim to improve family bonds and establish healthy relationships (Danzy & Jackson, 2018).

State and local child welfare agencies provide family preservation services to help meet this critical goal. Using the services offered by state and local child welfare agencies, families are supported in times of crisis. Children are prevented from entering the foster care system, and the bond between the child and the parent is preserved (Danzy & Jackson, 2018).

Services provided in the shelters vary regarding case management, educational services, parenting support, and primary and preventive care referrals. McCarthy (2019) noted that family programming and educational services were more prevalent in shelters than programming for help or therapy. McCarthy (2019) reported that 78% of homeless shelters mandated participation with support services, while providing basic food, shelter, and linkage to other social services helped support individuals.

There is a clear distinction between large and small homeless shelters; large agencies have more resources, more professional staff, and are long-established (Upshur et al., 2018). Rural homeless shelters are a type of agency providing temporary residence for clients and their families. Shelters work to lower the barriers to entry to serve more people better, allow the clients to come as they are, and help more people with higher needs (Flatau et al., 2016). Single homeless mothers may still struggle with obtaining and securing homes, despite using services and support (Gabrielian, 2018). Supports like case managers, clinicians, and information like friends or family can be formal. Positive social support within the population can help regulate one’s emotions, promote health, and lessen strain from life stressors (Gabrielian, 2018). Mothers who endure the difficulties connected with homelessness rely heavily on social assistance (Phipps et al., 2019). Individuals with a stable support system tend to have better outcomes than their mental and physical health (Monroe & Tiller, 2007; Waters & Moore, 2002). There continues to be a marked difference in self-esteem between women who reported low use of social supports versus women who reported high use of social supports (Waters & Moore, 2002).

In the next section, the exploration of literature will move from individual experience to organizational knowledge. A homeless person can be described as somebody that has been without stable housing for a lengthy time or has been without housing proper housing several times (H.R.558-100th Congress, 1998). Homelessness is described as the absence of a secure, permanent sleeping arrangement that is not a hotel room, a public space, or a shelter (H.R.558 - 100th Congress, 1988). Even preschool schools are given the opportunity to learn through the federal law known as The McKinney- Vento Homeless Assistance Improvements Act of 2011. This is a federal law that gives the directives that all states must provide all children with the same availability to gain knowledge through the educational process.

Each state has an appointed person to allocate funds to the public education which also allows the authorities at the local level be able to budget funds as well as allow for granting at least one-half to three quarters to the local educators. The state appointed coordinator for the homeless is responsible for the increasing numbers of children and kids facing homelessness that are enrolled in, remain in, and succeed in public school systems (Curran et al., 2017; Aldridge et al., 2018). The liaisons for the homeless population expressed their opinions about how the application of the McKinney-Vento Act as this would be able to close the gaps in the services to the homeless population. The results showed substantial disparities in how teachers and administrators were considered to collaborate, in the titles of liaisons, and in how much money was provided to schools by the federal Education for Homeless Children and Youth funding (Wilkins et al., 2016).

The liaisons for the homeless population expressed their opinions about how the application of the McKinney-Vento Act as this would be able to close the gaps for the services to the homeless population. The results showed substantial disparities in how teachers and administrators were considered to collaborate, in the titles of liaisons, and in how much money was provided to schools by the federal Education for Homeless Children and Youth funding (Wilkins et al., 2016). As reported by the National Coalition for the Homeless (2015), “Homelessness is a devastating experience for families”(para 3).

Elliot Liebow (1995) described in his book *Tell Them Who I Am*:

I do not mean that a man with a home and family can see and feel the world as homeless women see and feel it. I do mean, however, that it is reasonable and useful to try to do so. Trying to put oneself in the place of the others lies at the heart of the social contract and of social life itself. (p. xv)

This study aims to examine promising intervention practices utilized by human services organizations that serve single homeless mothers in a homeless shelter that assist these women with their mental health needs as they strive to live independently in safe, affordable housing. This study on promising practices may help improve women’s experience in the shelter and the effectiveness of the services they receive, which may, in turn, affect the women’s short-term and long-term outcomes. Lastly, the research may allow for a more unified partnership between the organization and single homeless mothers. Promising practices used in human services had improved outcomes to help policymakers and researchers better evaluate the use of promising practice (Weng, 2018). Without these services, these single homeless women may not successfully transition to living independently and may not have the mental health needs. Even when services are available and accessible, issues may arise in the homeless population's identification, access, and follow-through during finding and utilizing homeless resources and support systems. According to the literature, homelessness is a sign of a variety of persistent underlying illnesses that necessitate more than just short-term financial support (Woodhull-Melnik & Dunn, 2016).

This adds to the existing literature by bringing awareness to homeless individuals’ stereotyping and the stigmatization that occurs. There is an underreporting and lack of understanding of why individuals, particularly mothers, become homeless (Hughes, 2022). Additionally, this adds to the existing literature to show there are programs and incentives for those wanting resources. When mothers are involved with support, there is a higher importance placed on their maternal role (Forchuk, 2022). By examining issues of homelessness among single homeless mothers and the challenges related to being homeless, lack of quality educational resources, and the potential risk of losing custody of their children to the child welfare system due to homelessness, this research will contribute to the body of knowledge regarding human services and inform practices within the community.

**Organizational Context**

There is no organization for this study. However, a human services organization like a shelter or association that coordinates services for professionals and individuals would find this information helpful. This information would help people understand more about homelessness and the programs available to those who would not otherwise know about them and raise public awareness of such issues. It would provide a way to identify, evaluate, and recognize opportunities. Human care agencies and other organizations can better understand people by conducting research.

Homeless shelters are examples of nonprofit organizations that are frequently created to make a difference in people's lives or enhance neighborhood economic health. Most charitable organizations, such as homeless shelters, use services from the nonprofit organization to provide services to the sizable public and engage in humanitarian endeavors. These humanitarian endeavors include services from social welfare, healthcare system, and education for those single mothers residing in homeless shelter (Akesson & Hordyk, 2017).

To have donor accountability and to be able to eventually have sustainability in an organization, the nonprofit organizations need to have an individual appointed to authoritative control over the affairs of others and provide direction and careful guarding of operations within the organization. Having these management operations will have allowed for produce favorable to the accomplishment of the organizations mission, vision, and values. For each nonprofit organization, there are challenges that are faced to develop innovative ways to expand their capacity to bring in more money as well as enabling them to fulfil their mission (Morse & Dell, 2021).

Although power is often categorized in connection to reporting structures, leadership is an advantage that should not be taken for granted. Hence, regardless of organizational role or level, a leader's capacity to affect other people's conduct is crucial (Jones, 2020). The visibility of a more dedicated and influential workforce is produced when basic behavioral techniques that are adaptable, genuine, and personalized to engage others' power are developed. (Morse & Dell, 2021).

Leaders should be more proactive and productive in the context of providing human services. The ability to meet community interests and value their uniqueness is crucial. Intellect, perseverance, assertiveness, charisma, self-confidence, friendliness, ambition, and accountability are essential leadership qualities valued by peers, subordinates, and the company (Finn, 2020). A leader who creates a sense of unity within the team and expresses their aspirations for the future in such a compelling way that others desire to join the team to make the vision a reality (Jones, 2020). A leader must know and understand their people, understand what drives them to perform at their highest level, and have their interests at heart to effectively enlist others in the concept (Finn, 2020).

Achieving a goal is made possible through empowering others to act. A more engaged and passionate team is produced when a leader cedes control by enlisting the help of others (Bolman & Deal, 2017). Power sharing fosters collaboration, trust, and empowerment in others by empowering them to feel powerful, capable, and more accountable for their task. One of the fundamental requirements for organizational effectiveness is that leaders be willing and able to prioritize empowering others. This is because what matters most is not what an individual accomplishes on their own but rather what others can accomplish, thanks to the leader's facilitative relationship. Leaders who empower people to take action to promote various views, cooperation, engagement, trust, healthy conflict, and the capacity to implement changes and advance both individually and as a group. (Bolman & Deal, 2017).

# Theoretical Framework

This study utilized a Humanistic perspective in general (not specifically of learning or education), as exemplified by Maslow’s hierarchy of needs model (Maslow, 1954). t. Humanistic theory tends to look at the “person as a whole” and values personal and self-fulfillment that is reached by “making positive choices” and “taking responsibility,” which results in a person achieving self-fulfillment. Maslow’s model focused on his levels or stages of development, like in his pyramid of needs (Maslow, 1954). Maslow realized that people could not continue to the next level simply by “making positive choices and taking responsibility” due to the many internal and external barriers impeding personal progression (Maslow, 1954).

Maslow realized that a person could not simply move up the steps to self-actualization because of barriers that are often beyond the control of the individual (such as having to leave an abusive marriage with their children and having entered a shelter with trauma from the abuse.) (Maslow, 1954). Homeless single women must be informed of local services and interventions and the requirements to qualify for each available service or program based on their situation and individual needs. Many single homeless women lack the education to research what resources are available to them and how to access them. Often, caseworkers or other individuals need to help these women by walking them through the process step-by-by (Maslow, 1954).

Maslow identified self-actualization, esteem, belonging, safety and security, and physiological needs in his hierarchy of needs, which is depicted as a pyramid. Maslow conjectured that these five needs are consecutively met as a person develops from birth to adulthood. The person grows and moves up sequentially up the pyramid, creating personal and intellectual growth (Maslow, 1954 The belief that fundamental needs were supplied more frequently than higher demands. Finally, the more basic safety, security, and belonging requirements are met, the better the individual’s psychological health will be (Maslow, 1954). Higher conditions connected with complex and abstract elements, according to Maslow, are more likely to be dubious, perplexing, and unpredictable (Zavei & Jusan, 2017). Those who are homeless, seem to be fundamentally social creatures with rich personal histories and encounters who interact with other homeless and other individuals that are not experiencing homelessness in a variety of ways while living in certain locations (Somerville, 2013).

The shelter addresses Maslow’s hierarchy of needs basic needs model utilizing the homeless shelter on the east coast. It allows individuals to secure funds to pay their first month’s rent and security deposit when they find housing. With donations from local community donors, the shelter can aid individuals in acquiring funds needed to secure housing (director, personal communication, September 18, 2020). By being directed to Laurel Behavioral Health, CONCERN, or Crossroads Counseling, those in need of services can access additional resources such as counseling. These organizations provide mental health services, psychiatric care, and substance abuse therapy. Maslow's hierarchy of needs theory applies in this case since a person's ability to go forward with limited constraints is determined by their motives for pursuing change. This theory aligns with the homeless shelter in rural Pennsylvania to help individuals and families dealing with homelessness by providing a warm, caring, and safe environment. Individuals seek to meet their basic needs, with safety being the primary of these basic needs.

# Review of the Literature

The research examines how human services organizations serve single mothers in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. The topics to be covered in this section include changing trends in rates of homelessness, consequences of homelessness, their effects on single mothers,mother’s mental health, lack of resources, practitioner’s lack of knowledge about promising practices, and factors that affect the health of homeless mothers and their children.

On any given night, single mothers constitute about half of the population (Aldridge et al., 2018). For the first time in seven years, the number of single moms experiencing homelessness in the United States increased from 2016 to 2017 (Allan et al., 2019). While total rise was less than 1%, a 9% spike in homelessness among single moms contradicted a trend of reducing homelessness. This pattern emerged because of a scarcity of resources and services for the homeless population (Bolman & Deal, 2017). Pennsylvania had an estimated 13,512 individuals coping with being homeless on any given day in January 2018, as per the Continuums of Care report to the U.S. Department of Housing and Urban Development (HUD). There were 1,760 family households out of the total of 982.

Over six months, research on homeless individuals documented the use of various community services, analyzed services wanted, and determined factors associated with service utilization, preference, and satisfaction. Many basic needs were many basic needs that were difficult for individuals to meet, including affordable housing, safety, transportation, health care, dental care, and training for career chances. The results showed that those who were homeless, younger adults, people of color, those who had dependent children, and those who had few or no social supports had different expectations of their needs for services, had more difficulty getting help, used fewer services, that were not as satisfied with the services they occasionally received (Anthony et al., 2018).

Investing in reducing homelessness always pays out, especially on ethical and humanistic grounds. Six-month research of single mothers documented their claims for various community services, examined services desired, and identified characteristics linked with preference, satisfaction, and service use. Affordable housing, safety, transportation, medical and dental care, and training for employment chances highlighted as necessities that were too complex for single mothers to attain (Gilroy et al., 2016b). The literature on homeless single mothers focuses on the experiences of single mothers residing in shelter organizations. Organizations collaborating with single homeless mothers have found it challenging to fully understand the mothers they serve in the organization without understanding their various mental health needs (Cleary et al., 2021). Additionally, organizations could successfully meet the basic needs of single homeless mothers by identifying and assisting the women in accessing appropriate social and housing services (). Groton et al. (2017) believed that the problem’s scope is that the population of homeless single homeless mothers continues to rise steadily in the United States, representing approximately 40% of the entire United States population. An annual point-in-time count revealed that over 549,000 individuals were homeless across the United States on a given evening in January 2016. This annual point-in-time count included more than 62 countries worldwide (Chinman et al., 2018). Clifford and Piston (2016b) noted 29% of respondents reported being part of households with a minimum of two children or more, and 32% indicated that they were without stable housing. Homelessness in America has scarcely diminished since 2007 despite several initiatives by groups to increase public awareness of this issue of homelessness (Clifford & Piston, 2016b).

As a growing component of the total homeless population, single homeless women reported having higher mental health concerns than women who are not homeless (Duke & Searby, 2019). The frequency of acute and chronic diseases is higher in families with unstable housing, including those homeless, than in families with secure, stable housing (Crisanti et al., 2017). Homeless single mothers often experience substance use disorders and high pregnancy rates and often share various other consequences of homelessness, including losing custody of their children, mental health issues, and loss of stable employment (Holtrop et al., 2005).

Transitional living facilities allow for several months to two years and offer various social support services that prepare families to re-enter conventional living situations (Toro et al., 1997). As mental health practitioners, the top-quality effort towards averting the increasing occurrence rates of chronic homelessness among homeless mothers lies within transitional living facilities (Gopikumar, 2017). It was theorized that mental health services and ancillary care significantly benefit homeless mothers and their children throughout their stay in transitional housing. This allowed the mothers to make the necessary change to become financially and emotionally stable, therefore helping to prevent the reoccurrence of homelessness (Krahn et al., 2018). Within the United States, more than one-third of the homeless population is made up of family members (HUD, 2016). A household comprises at least one adult and one child (HUD, 2016). According to the United States Interagency Council on Homelessness (2018), approximately 78% of families encountering homelessness are single mothers with one to two children under six years of age. Numerous health and social consequences may result from homelessness with young children under the six years of age. Kerman et al. (2018b) discussed how poor women with children experienced higher rates of mental health issues than women without children. In contrast to prior years, more American families are now without a place to live. Those single women have been at the head of these families in the past decade (Groton & Radey, 2019).

Homeless single mothers often face the consequences of homelessness, including losing custody of their children, mental health illnesses, and loss of work (Kim, 2019). Homeless mothers often suffer from substance use disorder and high pregnancy rates; however, well-documented studies of the experiences of homeless single mothers in securing permanent housing are scarce (Kim & Kim, 2020). Families involved in child welfare still have housing challenges, and screening and evaluation are crucial tools for enhancing comprehensive interventions (Fowler et al., 2019).

Frequent health and social consequences may result from homelessness with young children under the age of six. Poor women with children experienced higher rates of mental health issues than women without children (Pottie et al. 2020). Those single women have been at the head of these families in the past decade (Goten et al., 2019). Mothers who are homeless also have greater rates of depression and mental health challenges than the general population. For instance, the lifetime prevalence of PTSD is higher among mothers who are homeless (Guo et al., 2016). Lastly, single homeless mothers face financial stress, social isolation, and difficulty meeting their children’s basic needs (Fisher, 2014). Homelessness and mental illness often cause considerable anguish when experienced independently; however, when experienced concurrently, the combination can have devastating results. Mental illness is one of the main contributing factors resulting in homelessness among single mothers (Moorkath, 2018). Due to a variety of psychosocial circumstances, single homeless mothers with severe mental disorders frequently in shelters (Pleace, 2016).

The social support for homeless women often becomes progressively inadequate at the familial level, and these women are taken under response order to a mental health setting (Gopikumar, 2017). Homeless individuals often lack personal control over their lives. Research investigated whether personal power is the mechanism that connects services and positive mental health outcomes represented in research and policy-level initiatives (Peters et al., 2021).

There is a diversity that makes up the homeless mother population. Reintegrating them into the family was difficult for mental health specialists since some mothers are compelled to undergo long-term psychiatric hospitalization in mental health settings of financial challenges, familial rejection, stigma, and prejudice (Gopikumar, 2017). Many homeless women find themselves in shelter care homes since there are so few community-based rehabilitation programs.

The institutional setup accommodates the single mother’s basic needs (Moorkath, 2018). Homeless mothers are more likely to experience sexual and physical assaults compared to mothers that have stable housing. However, researchers discovered a similar degree of mental health problems experienced by homeless mothers and mothers in stable housing. Common mental health themes found among both groups of women included issues with substance abuse, depression, and posttraumatic stress disorder. Additionally, the sheltered and unsheltered mothers had poor outcomes for their mental health (Bassuk et al., 1998). Other studies have shown that homeless mothers have higher levels of stress and depression than mothers who are sheltered (Banyard et al.,  [1998](https://www.journals.uchicago.edu/doi/full/10.1086/684122#rf1); Bassuk & Beardslee, [2014](https://www.journals.uchicago.edu/doi/full/10.1086/684122#rf2)).

For families with parents struggling with mental illnesses, there is an increasing movement to give more accommodating alternatives that are supportive and helpful. Yet, there isn't enough evidence to support accurate models. Evidence suggests that homeless mothers with mental illnesses often require more comprehensive treatment than housing alone, although current housing approaches frequently undervalue psychological and parenting therapies (Marcal, 2016). Access to subsidized housing, as well as a more continuous source of income, were all associated to study participants achieving housing stability Researchers found that being a woman, living in better housing, and feeling in command contributed to better mental health, indicating that women unable to establish housing stability were significantly increased use of substances (Sharman, 2019).

Sharma (2019) interviewed women who were dissatisfied with existing dwelling circumstances as well as their mental health functioning. Being in shelters and day centers among consistently homeless women may have a distressing influence, impeding a more optimistic attitude toward their recovery. There were many difficulties with the functionality of preventions strategies and evaluative information to the programs to the homeless population that was founded by scholars in the United States, England, and Australia (Fisher, 2021). Since single homeless mothers deal with the numerous issues that come with living in unstable housing and the abundant difficulties that come with caring for their children, mothers who are homeless and have dependent children are particularly at risk (Fowler, 2017).  Homeless women were more likely to struggle with mental and physical health disorders as well as having to struggle with substance use than homeless women without dependent children (Thomas & So, 2016). A longer period of homelessness intensifies these problems (Fowler, 2017).

Without education and appropriate interventions, single homeless mothers will likely not successfully secure the stability required for long-term accommodation in housing and the educational tools necessary for success. Homelessness is a public health issue that uniquely affects homeless single mothers (Perreault et al., 2017). Unfavorable social determinants could impact the understanding of issues people face with finding resolutions to problems and believed that lack of education could negatively impact mothering if single homeless mothers lack a sense of competence (Polcin, 2016). Therefore, the lack of resources and practitioners’ knowledge about promising practices needs to be further known.

In this section, we will discuss the causal and natural factors found in the literature. The main elements affecting health care are limited and include high unemployment rates, rising crime rates, and the aftermath of natural catastrophes, which frequently leave individuals without secure shelter (Zavei & Jusan, 2017). Compared to the trends in 2007, international trends revealed growing numbers of homeless families in some regions (Warburton et al., 2018).

Since it is now well-known that homeless families deal with several serious issues, these trends are important. Subsequently the mothers must deal with the numerous obligations of raising their dependent children and the numerous problems brought on by unpredictable living arrangements, single homeless mothers are especially vulnerable (Warburton et al., 2018). In comparison to homeless women lacking minor children, mothers have a greater likelihood to have problems with their mental and physical health, including substance use disorders. Research indicates that these issues worsen when people are homeless for extended periods (Warburton et al., 2018).

Single mothers who experience homelessness are more likely to have disabilities, mental health problems, substance use disorders, and live in poverty (Herbers & Cutuli, 2018). In addition, Kim (2019) concluded that homeless single mothers often experience the consequences related to or because of their homelessness, including losing custody of their children, suffering from mental health illness, and loss of employment (Prins & Clymer, 2018). Homeless single mothers often experience substance use disorders and high pregnancy rates (Virgil, 2021). Despite these well-respected conclusions, published studies of single mothers’ experience securing permanent housing are scarce and poorly documented.

Evidence-based practices in homeless shelters have allowed the mental health system to tackle the complicated reality of chronic homelessness. The service of evidence-based practice provides opportunities for clinicians and providers to relate to the research results more efficiently, as the data can often be misconstrued and communicated in many ways. Evidence-based practice positively changed community-based care within the United States mental health system (Virgil, 2021).

The evidence-based practices provide service, treat, and empower patients, clients, or consumers in need (Bauer, 2002). In the mental health field and other clinical fields, there is a commonly held belief that there is valid evidence of a hierarchy (VanDongen et al., 2019). “The best evidence can be applied to produce the best practice,” and these evidence-based best practices promise substantial improvement in the lives of people with mental illness (Marcal, 2016).

Gutbits (2016) compared families who received conventional care of regular outpatient therapy for mental health services were compared with families who were in long term care in homeless shelters. These two groups were compared to discover which mental health programs should be targeted towards helping homeless mothers. The long-term primary group of families, which included 599 families, received priority offers of long-term housing support in the 20-month follow-up survey from 530 of those families. Families in long-term care in homeless shelters had more opportunities than families accessing outpatient mental health services (but who were not homeless) to get into long-term housing but was not easy to access services.

Despite the plethora of treatments and healthcare resources, organizations may need help using promising practices despite limited knowledge and resources (Foster, 2018). What barriers prevent single mothers from successfully transitioning from shelters to permanent housing is still being determined. This instability threatens single mothers' health and well-being (Gultekin & Bush, 2017). Research on homeless people's health status and living conditions has been published, showing that homeless individuals frequently encounter various mental health barriers and challenges. The published research demonstrated organizations that struggle to provide appropriate services to single, homeless mothers who lack a certain level of formal education perpetuate the cycle of homelessness (Hughes, 2020). Inpatient hospitalization rates for drug use and mental illness declined while people were in shelters but rose after the conflict (Marcal, 2016). Findings showed that temporary housing temporarily replaced regular services, but that overall service demand did not decrease (Gutbits, 2016).

Considering that stressful debts, addictions, and mental health problems were often reported, contact with social services by single women was often low, and encounters with medical services were even lower after becoming homeless (Minnesota Positive Supports, 2021). The study completed by Minnesota Positive Supports (2021) indicated that with most complications successfully identified before homelessness, these factors were reported after study participants achieved housing stability- except for substance use and gambling, which were concluded to decrease significantly.

Single mothers abusing substances are the most susceptible group needing immediate intervention (Kim & Crutchfield, 2004). Research suggests that matching appropriate interventions to single homeless mother’s needs may enhance treatment outcomes and improve client engagement throughout the therapeutic process. Hanrahan et al. (2005) detailed that 50% of homeless mothers had substance use difficulties during shelter intake. As opposed to Rog et al. (1995) conducted interviews with homeless single mothers that consisted of 781 homeless single mothers were interviewed, and it was found that in the first year after the interview, 12% were found to have been selling drugs, and 74% were using drugs during the same period. Therefore, it was determined that substance use treatment is essential and should be initiated immediately after entry intake so that substance use disorders do not exacerbate the severity of homelessness, which can have many subjective social, and economic costs (Rog et al., 1995).

This section will discuss the topic of housing instability. As previously noted, home insecurity has been a symptom of numerous persistent underlying difficulties that require more than temporary financial support (Ross, 2017). Particularly for people with chronic conditions, unstable housing, and low housing quality are linked to unfavorable health outcomes. They are crucial for managing people at shelters for the homeless (Stewart, 2021). Research conducted in various contexts has revealed that people dwelling in homeless shelters frequently experience both housing instability and poor housing quality (Stewart, 2021).

The most needed services within this cohort were health, justice, and welfare assistance programs, with the general population's rates of requiring these services. Regrettably, for the poor people not within the group that received these conditions, the introduction of those assistance programs did not prevent them from becoming homeless (Smiley, 2016). Significant programs have been improved to alleviate homelessness over the last ten years. To branch out and coordinate collaborative action across many federal agencies and local and state partners in the public and private sectors, the Interagency Council on Homelessness provided the United States with the first comprehensive strategy to prevent and eliminate homelessness in 2010 (Tsia & Kearney, 2017).

According to the Family Options Study findings, there is a directly proportional relationship between economic support and housing stability. Qualified financial aid, such as Social Security or Social Security Disability, predicted a lower likelihood of returning to an emergency shelter (Gubitis, 2016), likewise revealed that housing subsidies considerably lowered all forms of housing instability. Even though the drug misuse and lengthy unemployed anticipated self-reported readmission to homelessness, such connections should then be considered in the framework of structural impacts limit, work opportunities, and poor wages (O'Connor, 2001).

Before enrolling in the Family Options Study, homeless people used shelters more frequently than other families. Those who have previously doubled up with other family members were more likely than other families to do so again. These findings support earlier research indicating that recent housing insecurity predicts future insecurity. Research findings imply that previous behavior is a valuable predictor of subsequent behavior (Greer et al., 2016; Shinn et al., 1998). Single homeless mothers received more emotional support from practitioners and friends when compared to other people in the homeless population (O’Conner, 2001). However, partners and family members most likely supplied influential support, defined as providing money or childcare (Tsia & Kearney, 2017). Another result indicated that mothers seeking professional assistance were experiencing more urgent economic, social, and emotional situations. Similarly, single homeless mothers who had different relationships with support network members were more likely to have negative mental health outcomes (Hughes, 2020). The shared outcomes for the Homelessness Prevention and Rapid Rehousing Program in the United States resulted in permanent housing placement for homeless individuals (Brown et al., 2017). The data was reviewed from 2009 through 2015 to determine if the data would be impacted in the long term (Brown et al., 2017). The first two years after receiving services was the time frame where re-enrollment in homeless programs was more likely. This proposal focused on the efforts that increased follow-up activities during this critical period may be advantageous (Brown et al., 2017). The permanent supportive housing (PSH) model in which many services are provided by peers who have had personal experiences with homelessness. In their study, the authors compared the mental and overall health outcomes of those not housed to the same results of those who were stably housed. Longitudinal effects of housed programs: program participants receiving supportive housing were likelier to have good to excellent health outcomes (Brown et al., 2017).

A woman’s transition to becoming homeless is multidimensional, and research indicates numerous contributing risk factors, such as a changed lifestyle (Winfred et al., 2021). Domestic violence, drug and alcohol abuse, and unemployment are among the most common pathways leading to homelessness. At the same time, lack of higher education and domestic conflict were additional contributing factors, although less often documented (Weinreb, 2016). Today, homeless single mothers face an exceedingly difficult labor market and have sizeable family responsibilities to consider, often while coping with limited education and no financial assets for emergencies (Phipps et al., 2021).

Single homeless mothers who succeed in finding employment may be forced to leave their jobs. A lack of higher education can compound the lower skill level among single women heads of households (Buckner, 2014). Since there is a shortage of education or skills, additional single homeless moms in this category encounter difficulties while pursuing employment. Due to the poor economic climate, people with higher skills look for jobs requiring fewer skills (Duke & Searby, 2019).

Within the United States, Milwaukee is one of the top 10 poorest significant cities and the most segregated cities (Ake et al., 2018). The Milwaukee Women's Center and the Medical College of Wisconsin have worked together on the Homeless Outreach in Medical Education (HOME) Project since 2011 to provide health education on topics deemed essential for homeless women by the community (Ake et al., 2018). In order to help single homeless mothers, obtain employment, long-term housing options, counseling, and addiction treatment, Milwaukee Women's Center women who shelter homeless women and domestic violence victims collaborate with caseworkers in a relatively close manner (Ake et al., 2018). Also, as part of the HOME Project, medical students provide educational presentations on quitting smoking, preventing STDs, and reproductive health at the shelter for homeless mothers approximately twice a month. The medical students can provide these educational presentations with the direct guidance of the faculty mentors (Ake et al., 2018). Despite the shelters housing about three to four pregnant women daily and acknowledging the need for guidance, instruction, and ongoing support, no structured program is available for the women in the shelters (Ake et al., 2018). According to pregnant mothers residing in the homeless shelters, these educational resources, such as smoking cessation and preventing sexually transmitted diseases, would have been helpful during past pregnancies and deliveries and would continue to help enhance present overall wellness (Ake et al., 2018).

Lastly, inadequate access to physician appointments, childcare, and transportation were obstacles facing some homeless mothers. Some women realized that community support services, which was including the bus passes, made it simpler to get to sessions, various appointments however, for other mothers, the found bus rides too long and cumbersome and chose to use the option to use the taxi services (Winfred et al., 2021).

Phipps et al. (2021) confirmed that some single homeless mothers wanted to attend college or enroll in vocational schooling to help improve their job prospects; however, many needed tuitions aid to help them start or finish a degree (Phipps et al., 2021). There often needed to be more data for the single mothers regarding available resources within the community. Still, often due to the lack of knowledge, mothers needed to be made aware of how to access the available resources (Phipps et al., 2021). Some single homeless mothers frequently reported a lack of knowledge of technology and basic computer skills, which was a barrier that hindered some mothers’ computer access to online information (Phipps et al., 2021). Finally, several mothers reported the need for assistance in preparing and maintaining a budget and that even when some help was available, it took work to access. Some mothers have developmental delays or learning disabilities that affect them cognitively, making it challenging to learn the necessary skills to effectively keep a regular budget (Phipps et al., 2021).

Single homeless mothers face everyday challenges of marginalization and stigmatization, which cause many mothers to suffer from low self-confidence, low self-esteem, and low self-efficacy. Single homeless mothers who succeed in finding employment may be forced to leave their jobs (Loosemore & Bridgeman, 2021). The value of training and learning has impacted activities that single homeless mothers experience daily. The skill-building, meaningful activities, and educational activities that were indicated through empirical research in Britain demonstrated the value and pathway for homeless single mothers. Loosemore and Bridgeman’s (2021) research that psychosocial advantages related to self-efficacy, self-esteem, and empowerment can be gained from such employment activities and knowledge of trade skills.

Many single homeless mothers struggled to obtain and maintain continuous employment (Winifred et al., 2021). Mothers reported reasons for unemployment ranging from individual level to structural level. Mothers identified additional barriers to securing jobs, such as criminal histories, lack of education, and lack of employment history, as barriers to obtaining employment (Winifred et al., 2021). Due to periodic recessions, there were limited job opportunities for single homeless mothers, negatively impacting the job market and making few jobs available (Cronley et al., 2020). Additional concerns were presented in the literature regarding the hours available for employment positions. The single mothers repeatedly reported not having access to childcare or no one available, such as a friend or relatives, to provide childcare during the requested hours for their employment. Numerous mothers reported a need for access to a phone to communicate with potential employers and a vehicle or having the necessary funds to pay for gas, insurance, and repair costs (Cronley et al., 2020).

Interestingly, researchers discovered a greater prevalence of homeless mothers under the age of 35, which Researchers connected this to abnormalities in the mother's support community. Single homeless moms suffered economic insecurity during divorce, spousal violence, and a lack of a social network because of a lack of employment, job loss, or insufficient benefits, which will result in insecurity within the family household (Lehman et al., 2007). Key factors for single homeless mothers continuing to be homeless stem from mental health issues, physical health conditions, substance abuse, poor education status, lack of sufficient parenting (Lehman et al., 2007).

Rent subsidiary programs are a common way to get mothers with children out of shelters. Assertive Community Therapy is one type of rent subsidiary (ACT). Case managers or Assertive Community Treatment (ACT) teams help mothers in the program with the help they may need while residing in the shelters. Mothers can accept or reject services, so they may select how much or how little help they want (Kerman et al., 2019). Housing First is an evidence-based strategy that combines scattered-site housing with a rental subsidy and attendant support with no qualifying requirements (Aubry et al., 2014).

Recent research indicates that after 12 and 24 months, respectively, 73% and 71% of those who obtained Housing First with ACT support continued to live in their households (Aubry et al., 2016). As a comparison to those who got traditional treatment, a considerably more significant percentage of Housing First participants were successfully housed during both periods. Like the results of other research, 78% of single mothers undergoing Housing First treatments with Intensive Case Management (ICM) were already in permanent housing for 50% or more of the time between 12 months and 24 months as opposed to 39% in the usual care group during this period (Tsemberis & Eisenberg, 2000). The Housing First intervention has a comparable impact on how homeless persons use other programs. Housing First is associated with higher rates of housing stability and lowers demand for homeless shelters. Housing First has been shown to promote mental health service utilization habits (Brown et al., 2016).

In an experimental evaluation of Housing First, those who got interventions had much greater outpatient mental health service users in all areas, including medication management, treatment for mental health, therapy for drug use, and engagement in case management (Aubry et al., 2016). There were two shelters in New York that were test sites for a primary health clinic from 2010 to 2012 (Weinreb, 2016). Participants' psychosocial, physical, and mental health were measured at the beginning, three months, and six months of the study. One-third of the women tested positive for depression, according to the results of this pilot study. Following further primary care physician and care manager visits at three and six months, women in the intervention group were more likely to obtain depression therapy than women receiving standard care. International study has found disparities between homeless families and other homeless populations, implying that more specialized assistance and interventions may be required to successfully meet their specific housing and service delivery needs (Thomas & So, 2016).

A similar study created a screening strategy to help preventative programs give support to New York City families in danger of homelessness (Shinn et al., 2013). When services were distributed based on the model rather than worker judgments, a more precise forecast of 71% to 90% was produced while servicing the same clients. This study shows that anticipating housing insecurity is feasible but limited (Glendening & Shinn, 2017).

Public health experts and health practitioners who operate in community settings must sometimes adapt through imitation when situating robust and evidence-based practice and promising approaches in a new context. While creating and implementing these treatments, there could be discrepancies between the concrete evidence techniques and the features of the targeted demographic, the administering institution, or the community (Escoffery, 2018). There are inconsistencies in applying evidence-based promising practices, guidelines, and interventions in medical, public health, and social services contexts (Guo et al., 2016). To deliver the intended evidence-based or promising practices, agencies may require additional resources, financing, or expertise. As a result, public health experts frequently provide deliberate and unexpected program assistance (Escoffery et al., 2018).

According to the overall number of homeless moms in the United States, this country is home to a population that is marginalized and suffers from a variety of illnesses, such as mental health conditions or addictions (Mackie et al., 2017). Nevertheless, the public, policymakers, and mental health professionals put more faith in approaches like only focusing on either combating homelessness or addressing mental health problems separately, rather than jointly integrating the solutions (Lynch et al., 2018). Moreover, community service providers often focus their well-intended work where services are needed but concentrate on an individual mission rather than a collective one when implementing promising practices or using evidence-based practices (Moses & Janosko, 2019). Homeless mothers may face many consequences, such as increased mental health and substance use issues. A deficiency of resources and services available from these much-needed services and resources led to an above-average incidence rate of depression (Guo et al., 2016). In conclusion, despite many treatments and healthcare options, a mother’s mental health may continue to be impacted by homelessness.

The population under the study of single homeless females residing in shelters makes up about one-third of the homeless people in the United States (Moses & Janosko, 2019). For example, women experiencing homelessness have a history of abuse in childhood and adulthood and are more likely to be victims of violence while homeless (Henry et al., 2019). Women employ specific survival techniques, such as concealing their bodies, minimizing exposure, and relying on close connections and sex to stay alive (Dobson, 2022).

Prior research on the advantages and disadvantages of homeless shelters for single homeless women found both. Women who were homeless reported feeling disappointed by the attitudes and actions of service providers for homeless shelters in a scoping review of studies on this topic (Phipps et al., 2019). Women at a California family shelter described how the personnel treated them disrespectfully and labeled the mothers as unfit parents (Reppond & Bullock, 2020).

Homeless women said they were not questioned about the effects of their abuse on their physical and emotional health. Homeless shelters in the Detroit and Chicago regions found that the employees working at the shelters often missed the chance to acknowledge women as distinct persons with specific needs and histories by failing to inquire about women's histories of violent victimization (Huey et al., 2014). Shelters in Ireland and the United States revealed various homeless assistance settings where homeless individuals reported feeling demeaned and receiving childlike treatment (Mayock et al., 2015; Reppond & Bullock, 2020).

Women who are homeless and already single said they had problems locating information regarding resources and aid (Hamilton et al., 2012; Huey et al., 2014). Homeless women have commented about finding resources difficult to acquire and the lack of coordination between the many agencies offered when it comes to running shelters (Asmoredjo et al., 2017). Another possible drawback of the shelter system was the bureaucracy and strict set of rules seen at one spiritually centered homeless shelter in the Midwest (Dickinson et al., 2017).

There is a lot of information available about the benefits and drawbacks of shelter services, including job services, case management (Magwood et al., 2019), childcare (Hodgetts et al., 2022), mental health counseling services (Boland et at., 2018), medical care, and substance use treatment. Positive workplace cultures, including having friendly and supportive staff that takes the time to get to know the single homeless mothers, were linked to positive shelter experiences (Chatman & O'Reilly, 2016). For the health and well-being of women, the setting in which these services are provided, or the shelter's culture may be just as crucial (Virgil, 2021).

There are many factors that contribute to homelessness for mothers in rural settings. Many could be addressed with teaching and being open to having partnerships with a variety of services in many areas (Malenfent, 2022). The fight against homelessness can be addressed with the use of strategies and supporting the single homeless mothers with more educational tools and resources. Rural settings have lower amount of resources available to single mothers therefore, housing opportunities are less available and there is a tendency of privacy invasion (Lynch et al., 2018). In Ohio, homeless shelter agencies provide services to women experiencing homelessness or domestic violence (Mackie et al., 2017).

Mental health and substance abuse treatment were highly recommended for all single mothers residing in shelters, with 55% of the staff showing concern for these mothers’ participation. The recommendation from the shelter staff of 84% encouraged the utilization of case management and one-on-one daily supervision of each of the mother’s activities as added support while residing in the shelters (Mackie et al., 2017).

An example of the homeless shelter’s direction was eligibility criteria to classify women and direct services such as abused females, drug addicts, and survivors of violence (Williams, [2016](https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22579#jcop22579-bib-0093)). Single homeless mothers have witnessed the difficulty of getting help and not doing enough coordination of services from providers to providers for the women in need of aid (Smiley, 2016; Huey et al., 2014). Single mothers needed clarification on when and how to enter a winter emergency shelter in the United States. The information the mothers received often required to be more transparent and clearer to understand. The research found that older women in shelters throughout Canada wished for more home-like environments rather than institutional settings. Additionally, the research found that older mothers preferred to have one step to completed versus having many steps as it was overwhelming and time consuming (Reppond & Bullock, 2020).

Evictions and lockouts, for example, have been significantly related to the repercussions of homelessness, according to research by the Vera Institute of Justice on the characteristics of homeless mothers at a women's shelter (Stoner, 2017). The women are younger, have less education, do not spend as much time away from their homes, and more frequently rely on legitimate sources of revenue (Stoner, 2017). Programs and services have been developing to fulfill the needs of this long-ignored demographic, and organizations were starting to pay attention to the issues facing homeless mothers (Pavlova & Berkers, 2020). Organizations were forming to offer a growing support network for addressing the needs of the single homeless mothers living in shelters. Cities throughout America face a new dilemma as the growing amount of homeless single mothers rises quickly (Tosi, 2018).

Many physical and mental health issues are equally and cost-effectively likely to affect single mothers (Kim & Kim, 2020). Through the research, single mothers had financial difficulties, a lack of social support, and poorer physical and psychological health than parents with a partner. Lastly, the health of single mothers was at a low level compared to married mothers (Benisty, 2022).

Low education levels, no financial income or employment, and economic hardships resulting in poverty were all correlated to single mothers' deteriorating health

(Stoner, 2017). Single mothers often reported feeling like they were a disappointment to their families. This disappointment came from the newly single mother becoming a divorced mother. They were also dealing with the viewpoints of non-single-parent households casting judgment on them for their struggle (Kim & Kim, 2020).

The research comparing single mothers and married mothers differed. One study explained that single mothers were less pleased than married mothers. However, contradictory to the study found that research for single mothers was higher in countries that had family-oriented regulations and laws, which resulted in an improved level of life satisfaction and gender-equal opportunity for the mothers (Prins & Clymer, 2018; Sattin-Bajaj & Jennings, 2022). The research found single mothers had a higher level of depression varying from ages 25-50 (Prins & Clymer, 2018).

When mothers become homeless, local groups might know where they reside. In contrast, the federal and state authorities may not be aware of the mother who are still without a place to live and might produce uneven approaches and outcomes for the interventions and services offered to those mothers (Robinson et al., 2020). For treatments and services to be provided to homeless mothers, smaller local groups may in certain areas need additional funds and experience with navigating where to find resources and interventions (Finn, 2020).

Many people reside in secure, stable dwellings in developed countries. Mothers who are homeless might still live in rough neighborhoods or on the streets. It is a topic of study, policy, and societal concern because there are a great deal fewer homeless mothers especially those living on the streets (Johnson et al., 2017). Having a better understanding of the moms' situation has increased awareness of homelessness as well as its repercussions, which has become a useful tool in teaching students about social concerns. Although there have been some improvements in the policy responses, our understanding is still not adequate (Pope et al., 2020).

The precariousness of mothers, structural issues, and unfavorable surprises were the three elements identified as causes of homelessness among mothers. Uncontrollable factors that impact a child's surroundings and possibilities are referred to as structural aspects (Malenfant, 2022). The affordability of public or inexpensive housing, the expense of rent, the state of the employment market, the availability of societal and housing services in the region, and the possibility of receiving welfare benefits are a few examples of these factors. Personal vulnerabilities are characteristics of the individual that may make it challenging for them to locate or maintain housing (Desmond, 2016). Some of these characteristics may be inherited, such as a history of abuse, neglect, or hardship, or they may be enduring characteristics, such as persistent physical and mental health problems (Fisher, 2021). In some cases, these characteristics may be inherited, such as a history of mistreatment, neglect, or impoverishment, or they may be enduring characteristics, such as enduring issues with both mental and physical health that are beyond the person's control (Fong, 2019). A mother might become homeless for a variety of reasons, including unplanned occurrences like losing her work or obtaining welfare assistance, accruing unexpected medical expenses, having her lease suddenly expire, or experiencing domestic abuse. Research has been done on all three factors, with studies on structural factors often focusing on homelessness. Studies on human weaknesses and shocks, however, tend to concentrate mostly on women (Clifford, 2017).

Families that are homeless or have unstable housing are a very diverse group with their own personal experiences, objectives, and beliefs (Stewart, 2021). Families also had different strengths and requirements for helping to find homes and lead stable lives (Stoner, 2017). These families had the potential to achieve their individual goals and find stable housing, as evidenced by the resilience of the parents and kids, many of whom continue to be positive in the face of enormous obstacles (Ataro, 2020). Understanding the circumstances of homelessness can help service providers create and provide more effective programs and service options to the homeless population (Johnson, 2022).

Despite the enormous difficulties brought on by chronic homelessness, there was a glimmer of hope that the winds of shift in policy as well as program development are injecting new life into the search for workable solutions (Narendorf et al., 2016). New strategies for providing housing and services catered to the homeless population have been developed (Pleace, 2016). In the past 5 to 10 years, representatives, and policymakers at all levels of the government have come to the consensus that persistent homelessness can be changed (Sharman, 2019).

Many people using homeless shelters every day are people who struggle with several disadvantages such poverty, criminality, prejudice, addiction, mental illness, health-related issues, and impairments (Johnsen et al., 2018). The practitioners and current service systems face difficulties from this group of people. Further flaws in the promising practices were noted, including case setting priorities, evaluation, and assessments of clients' readiness for housing as well as collaboration with their complex needs (Jego et al., 2018). The demands of people have less support because of stricter rules, according to organizational and policy literature (Kim & Garcia, 2019)

These findings suggest that early intervention services that provide education and support to mothers effectively prevent mental health issues and maltreatment and improve organizational involvement. These findings from the research monograph will show that the research is achieving the goal of improving the practices of homeless shelters. The findings were most effective in helping single mothers improve their social, physical, mental, and emotional support reducing mental-health relapses.

# Synthesis of the Research Findings

Stereotyping that mothers receive when they are homeless and seeking permanent housing tends to be asymptomatic and exclusionary. The stigmatization of single homeless mothers occurs because of the mothers participating in at a minimum of one service where the mothers are being monitored which could include case management or children and youth services. These single mothers are also judged based on their chosen living space. A stereotype is mothers without money are shoddy and let their children run wild. Another stereotype was single homeless mothers are probably lazy and negligent (Reppond & Bullock (2020). Single homeless mothers were characterized as compassionate, unselfish, and happy in completing their responsibilities, according to the data in the research. However, this data was contradictory to this information regarding single mothers. Further noted in the research were the concepts of stereotyping, whether it be racial, class, or social, were all tied together as a means of the mothers being left out (Weng & Clark 2018). Mothers who are homeless are face prejudice for not participating in programs and for couch surfing for a brief amount of time when homeless (Reppond & Bullock, 2020). Mothers' experiences in shelters have contributed to the notion that mothers utilize inconsistent discipline, which is associated with laziness (Holtrop et al., 2015). There is also the notion that moms suffer from mental diseases, are sick, and engage in substance misuse (Buck & McFadden,2022; Loopstra 2016). Mothers had a decline in mental health placing them at a higher risk for substance abuse and enduring physical harm (Biscotto et al., 2016). Mothers who have no money, are trashy, allow their children run wild, and are most likely lazy and neglectful were stereotyped (Reppond & Bullock, 2020; Kassenbrock, 2016). There is an underreporting of homelessness, a lack of understanding of the situations women come from, vulnerabilities, possibilities, and unfortunate surprises mothers confront when they become homeless (Pope, 2020).

There are effective and ineffective types of supports networks that work best for homeless mothers. The literature showed the mothers that keep social connectivity are less likely to isolate (Reppond & Bullock, 2020). Women with limited social networks are vulnerable to homelessness and lack strong support network (Reppond & Bullock, 2020). Women with a lack of income, limited or a lack of social support, and single parents tend to have tense relationships with their partners, and the mother’s mental health and growth are impacted.

Peer support can involve emotional, affirmational, educational, and practical assistance; nevertheless, research on its impact on emotional well-being during and after pregnancy is inconsistent (Anthony, 2018). Mothers reported feeling disempowered with their own abilities and reported to have the common experience with interventions from child protective services are being negative (Holtrop et al., 2015). Since the mothers did not have access to external assistance, their narrow social networks resulted in violent relationships (Hughes, 2020).

Those who are most at risk for homelessness should be the focus of effective homelessness prevention programs (Garritty et al., 2020). The evidence suggested that, despite limitations, prevention services for individuals increased the efficiency of the services offered. Similarly, research has suggested effective strategies have the greatest risks, yet yielded inconsistent results for interventions and services (Forchuck, 2022; Garritty et al., 2020). There are isolated external supports, limited social networks used by homeless mothers, which increased their vulnerability, predisposition to harm, death, and danger (Hughes 2020).

Mothers that are displaced from their home, but not homeless, tend to have less support and are more susceptible to homelessness than mothers in stable housing (Hughes, 2020). Hughes (2020) found that mothers in abusive relationships may have less social support and diminished networks that normally would support them. For some homeless mothers, going without permanent housing was acceptable as this was a way the mothers could have their support circle in place. Some of the mothers would stay with friends, even if it were for a brief period, before entering a shelter. These mothers that became homeless expressed concerns over relying on their support for additional assistance; this would ruin their connection to their support circle of friends. Since the mothers did not have an extensive support system as it was, they had expressed in their interviews most of the mothers’ family members were not informed of the mothers becoming homeless (Reppond, 2020). When moms are involved in support networks, they have a more positive mentality and place a higher importance on their parental role (Biscotto, 2016). The types of studies conducted throughout the literature review varied from qualitative, quantitative, and case studies for homelessness research (Kim & Garcia, 2019). Quantitative research found there to be poor outcomes into how mothers become homeless (Kim & Garcia, 2019).

Homelessness has significant effects on women's personal well-being, maternal responsibilities, physical assets, parenting surroundings, and support systems, according to both quantitative and qualitative studies (Biscotto et al., 2016). Single mothers created a few adaptive coping mechanisms to deal with the difficulties of raising homeless children, including maintaining a positive outlook, respecting the parental role, and creating workable plans and a backup plan as needed (Duke & Searby, 2019).

Mothers’ mental health affects their wellbeing and increases their vulnerability. Researchers have examined the impact of homelessness on mental health, parenting, authority, and material resources (Biscotto, 2016). Researchers noted that there were physical and behavioral outcomes, which included sadness, anxiety, confusion, withdrawal, depression, and higher level of mothers experiencing worse self-esteem (Anthony, 2018; Holtrop et al., 2015). There were persistent or recurrent episodes for mothers where they are more likely to experience trauma and have few adaptive methods to cope (Moon, 2017; German & Knight, 2021; Johnson, 2017). There were also more significant concerns with mental health with homeless mothers than the general population as the mothers shown to have misfortune and suffer in their mental health and have increase in their vulnerability (German & Knight, 2021; Mayock, 2016; Forchuk, 2022; Sylvestre, 2018). Compared to homeless males, single mothers continue to face more significant vulnerabilities (Sammarco, 2016). Since homeless single mothers may avoid the streets and shelters where community outreach is conducted, women's numbers were underreported (Fong, 2019). Single mothers in shelters are often overlooked and underestimated (Tinland et al., 2018). Significant risks for homeless single mothers encompass violent abuse and victimization, unwanted sexual contact, and traumatic experiences (Sammarco, 2016).

Attributes of a place can contribute to the mothers’ well-being and ability to fulfill their roles as a parent. The physical environment of a shelter for mothers who are homeless might be tense for these mothers (Kepper et al., 2019). Exposure to natural environments might help to expand parental well-being (Haas et al., 2018). Homeless shelters may be a source of stress for mothers, and the shelter can also be a place where mothers find it safe to be with their children. Homeless shelters can also be a place where mothers experience a loss in their ability to share and control their emotions. Mothers residing in shelters have experienced helplessness (Peters et al., 2021; Keppers et al., 2019). Mothers found it easier to express their needs and day to day events with shelter staff (Peters et al., 2021).

At the same time mothers who were seeking support, offering of accommodations from shelters, and to create a different setting than their previous experience with the concept of having goals and decision-making abilities for their services (Hughes, 2020). Mothers were seeking permanent housing that was safe, stable, and has support services available. Also, program modifications may need to be adjusted to fit the needs of the mothers (Williams, 2021).

Three causes of homelessness found in mothers included structural factors, mothers' vulnerabilities, and unfortunate surprises. Structural elements include things out of the mother's control that affect their environment and opportunities (Malenfant, 2022). Examples of these elements include the availability of public or affordable housing, the cost of rent, the status of the job market, the of social and housing services available in the area, and the option of obtaining welfare payment. Interpersonal shortcomings are characteristics of the individual that can make it challenging for them to locate or maintain housing (Desmond, 2016). Some of these traits could be inherited traits, like a history of abuse, neglect, or deprivation, or they could be ongoing traits, such as ongoing physical and mental health issues that are out of the person's control (Hodgetts, 2021). Unexpected events, such as losing a job or receiving welfare benefits, incurring unanticipated medical costs, having the lease expire unexpectedly, or experiencing domestic violence, are all causes of a woman becoming homeless. All three reasons have been researched, with studies of structural causes typically looking at homelessness (Wilson & Barton, 2021). In contrast, studies of human vulnerabilities and surprises are more likely to focus mainly on women (Wilson & Barton, 2021).

Homelessness has after-effects for families. The after-effects include the possibility of deterioration in their family members' physical and mental health, interference with family dynamics, and separation between mothers and their children (Sylvestre et al., 2018). Homeless mothers’ experiences before homelessness were characterized by susceptibility, instability, and isolation (Merrick et al, 2019). In the emergency shelter system, those single mothers faced new challenges in a restrictive, boisterous, chaotic environment (Narendorf et al., 2016). Single mothers described further troublesome relationships and changing their family practices and routines. Despite these challenges, the mothers stumble upon, and some mothers were optimistic about what the future holds for them (Currie et al., 2021).

There are problems facing single moms regarding social issues and public health. The impact of poverty, neglect, victimization, and trauma from early experiences have added to the problem of these single moms being homeless among these socioeconomic and public health issues (Moon et al., 2017). Single homeless women with more trauma as children are substantially more likely to experience longer periods of homelessness (German & Knight, 2021).

Finding strengths, hopes, and being able to leave homelessness was a second large theme found in the literature. Far fewer studies have examined strengths of single mothers who are homeless (Noremore et al., 2016). Attending to the homeless mothers' urgent needs for affordable housing comes before assessing their skills. Regardless of the causes for the paucity of studies on homeless single moms, nothing has been done to examine the benefits of fostering the strengths and well-being of the mothers. Due to the emphasis on the challenges mothers experience from a social and emotional aspect, there may not be as many studies on moms who are homeless (Perreault et al., 2017). There has not been enough research on how family and support may help prevent homelessness (Chatman & O'Reilly, 2016). Based on the factors that increase the chance of moms becoming homeless, there are also fewer studies on single mothers (Perrault et al., 2017).

There are services mothers need for resiliency and promoting effectiveness in services while residing in shelters. There are shortages in research, policy, and social concerns (Moon, 2017). Subsidiaries for case management used in conjunction with prevention skills demonstrated for better efficiency, and a limited understanding of the programs for the single mothers (Biscotto et al., 2016). Homeless mothers tend to use less of services in fear of there being a depletion of services (Mayock & Bretheron, 2016).

Women’s advocacy and shelter services were a primary resource available to women in homeless shelters. Women who used the advocacy and shelter services as a primary service through the shelter to support and offer accommodations have found to have more effectiveness of services that were offered (Hughes, 2020). Advocacy reports from the single mothers provided women residents time to become more secure, empower them to set their own goals as well as to make their own decisions (Hughes, 2020). The advocacy reports helped the single mothers to connect to other community resources (Robinson et al., 2020). The advocacy reports clarified that homeless shelters strive to provide temporary homeless moms with a calm, safe, and secure home-like environment. It was hoped that the encounters would not mirror the experiences of the single mothers previously encountered (Aubry et al., 2016). In the reports from the advocates these women identified the need to be able to feel comfortable, safe, cared for, respected, and not criticized for obtaining help (Bond et al., 2022). There are primary resources available in shelter services, however there are little to no descriptions available for the interventions, immense weight to participate in parenting classes, thus creating more stress for the mothers (Hughes, 2020).

Evidence based interventions played an important role with single mothers. Evidence-based inventions available to support single mothers experiencing homelessness or at risk of homelessness, including tenant-based rental vouchers, permanent housing subsidies, case management, and social support services (Fong, 2019). Inventions of case management, social support services, permanent housing subsidies, and tenant-based rental vouchers would reduce homelessness, exposure to domestic violence, psychosocial distress, food insecurities, and greater self-esteem and improved quality of life for single mothers (Chatman & O’Reilly, 2016; McGeough et al., 2020). Additionally, there were many child partings and foster care placements, with improved school stability and child well-being (Andrews et al., 2022).

Hughes (2020) examined program initiatives that homeless shelters undertook in the lead-up to, throughout, then after their admittance. Findings revealed that the interventions from the shelter showed improvements in mental health outcomes, a reduction in abuse, and an increase in the mother’s social support. There was stronger hesitation among the single mothers as they shared disheartening interactions. Among the discussion amongst single mothers, there was more of a sense of alienation from the benefits and services available in the surrounding area. These mothers also noted rules and regulations set forth by the shelter staff were adhered to rigidly (Wood, 2015).

Some community organizations may know where homeless mothers stay when they become homeless. However, federal and state agencies may not know where the homeless mothers remain and may yield inconsistent methods and results for interventions and services available to those mothers in need of stable housing (Robinson et al., 2020). Smaller local organizations in some regions may require more funding and expertise to provide interventions and services to homeless mothers as there are limited resources available (Barton & Wilson, 2018).

Mothers experience negative risk factors and barriers while being homeless. Mothers expressed a great need for safety, medical care, parenting classes while they are less pleased about physical and mental health services which was often resorted to unmet needs and complications for inadequate healthcare (Reppond & Bullock, 2020). There were many barriers entering shelters including unexpected events such as history of abuse, neglect, deprivation, to which were all out of the mothers’ control (Jego & Desmond, 2016). Families with broken bonds, parents who have separated, and medical and mental health issues may affect single moms, families, and homeless people, thus resulting in consequences for the homeless (Jego & Demond, 2016).

Mothers also experience violence when they are on the streets (Kassenbrock, 2016). Mothers experienced healthcare barriers, weakened health, and struggled with providers to access health care because the mothers did not have proof of insurance (O’Shaughnessy & Greenwood, 2020). The financial constraints of supportive housing consist of three elements of unfortunate surprises, vulnerabilities, and structural factors (Hodgetts, 2020; Melanfant, 2022). Supportive housing does not cover the costs of housing, there is limited funding for mothers and advocation is limited to external finances for additional supports (Wilson & Barton, 2018; Buck, 2018; Hodgetts, 2022). Mothers had experienced not having money for food or essential items due to homelessness.

There are positive and negative parenting practices for mothers in shelters. Homelessness was found to be affecting children and the mother’s ability to parent (Marcal, 2016). Mothers use positive and proactive parenting practices (Holtrop et al., 2015). Mothers were self-sacrificing in comparison to men as they care more for the children than men care for the children (Desmond, 2016). Mothers reported a disempowerment experience in parenting (Perrault, 2017).

Quantitative research has found that emotional and social growth, mental and physical well-being, educational success, and family structure have adverse effects connected with homeless single mothers (Anthony et al., 2018). Comparatively, qualitative research might offer findings about previous single homeless mothers who ponder how their children's experiences and abilities to nurture their children were impacted by homelessness (German & Knight, 2021). Lastly, the research suggested that parents experience various emotions ranging from anxiety, depression, aggression, and struggles with those in authoritative roles. Some parents experience the inability to eat and withdrawal from people, places, and things they previously enjoyed (German & Knight, 2021). Single mothers talked about the disempowering experience of parenting while in the shelter. The bond between mothers and their children in a situation where the mother is homeless provided social service agencies, shelter staff, policymakers, lawmakers, and researchers an opportunity to gain critical insight into how single mothers’ experiences in homeless differ (Bradley et al., 2018). This information reflected the need for mental health treatment; however, their findings indicated the single mothers were at a higher risk than single women. This research provided conflicting results that make it appear the mothers are at a substantial high-risk factor than single women.

Many single mothers who suffer from homelessness feel a heavy burden of parenting stress and disempowerment in parenting styles and competencies due to life obstacles that placed the mothers in homelessness (Holtrop et al., 2015). The research noted that single mothers residing in shelters tend to use consequences that may be harsh and unpredictable as well as share a common experience working with children and youth services (Long, 2015; Holtrop et al., 2015). In contrast, mothers in shelters are noted to use parenting skills that are engaging to the children in a positive manner by giving encouraging praises for behaviors that show positivity and acknowledging the redirection of the parental request (Long, 2015). Mothers tend to avoid shelters and their reasons for the avoidance stems from the mothers consequences, risk of deterioration, and change in practices. Women’s homelessness tends to be more hidden than men. Women also use shelters as a last resort more than men and tend to postpone services (Devet, 2019; Moyote & Bretherton, 2016). Women avoiding shelters are more often overlooked, underestimated, and the population jumped from 8% to 39% in one year (Long, 2015).

Forchuck et al. (2022) conducted qualitative interviews to investigate pathways into and perceived consequences of homeless single mothers’ family shelter system. The research revealed that “family experiences prior to their homelessness were characterized by vulnerability, instability, and isolation” (p5). As a result of residing in a homeless shelter, single mothers revealed their interpersonal relationships were negatively impacted. The single mothers went on to further explain not only were their relationships negatively impacted, but there was a new need to change their routine and structure as a direct result of becoming homeless and residing in a shelter. Despite the challenges the single mothers faced in the shelter, some single mothers reported in the study a feeling of being optimistic and hopeful about the future (Sylvestre et al., 2018). This study provided the information needed for future research on ways in which shelters can be more welcoming, supportive, and beneficial for single mothers to give the mothers a speedier opportunity to stable housing while reducing the damaging consequences of being homeless and residing in a shelter.

# Critique of the Previous Research Methods

The utilization of qualitative and quantitative data for this study had advantages and disadvantages. Qualitative approaches have advantages in research since they focus on people's emotions and perspectives in depth as well as encourage discussion. Although this is valuable, there may be issues with the biased data (Gill, 2020). Qualitative research elicits attitudes from a specific target group, creating a bias in the sample selection. Quantitative methods have no constraints, and there is a lack of privacy. If the researchers cannot adapt the questions, the settings can be changed to improve the responses (Sharma, 2017). The disadvantages of qualitative research approaches pose whether sampling will produce a true reflection of the viewpoints. With qualitative research, there is a bias in the sampling selection as there may be a particular opinion about the subject researched (Paradis, 2016). The researcher will only be able to receive answers to the questions provided to the participants during the research. Qualitative research is for experimental purposes, and quantitative research will provide measurable results (Gill, 2020).

The methodological strengths for the qualitative research found in the literature were the capacity to probe for fundamental values, beliefs, and presumptions to cultural evaluation. The use of a qualitative method provides a wide-ranging and open-ended opportunity, enabling participants to highlight the problems that are most important to them. In the qualitative studies reviewed, most of the research was found to have at least 8-12 participants. There isn't a clear solution for how many participants should be used in qualitative research (Creswell & Poth, 2018). The qualitative research methodology, however, determines the participant count. Narrative comprises 1-2, phenomenology includes 3–10, and grounded theory covers 20–30 (Creswell & Creswell, 2018). In contrast to the case study, which contains five to six instances, ethnography only comprises one culture-sharing group. Yu et al. (2019) study mentioned bracketing was used to remove any distortions in the study and was a way to remove the researchers’ predispositions or bias.

Reppond and Bullock’s (2019) qualitative study used open-ended and semi structured interviews of 28 previously homeless mothers in the United States. The participants that were eligible to participate were those mothers that were in the shelter with their children for 30 or more days and had to be in the shelter within the past two years. The interviews were 100 to 195 minutes long. Reppond and Bullock (2019) used a variety of racially diverse populations. The conclusions were accurate based on the analysis. Sampling was completed until there was a level of saturation reached by the researcher.

Of the surveys used in the quantitative studies, the Cronbach’s alpha score was .70 or above, which gave a good reliability score (e.g., Holtrop et al., 2015; Aubry et al, 2016). Holtrop et al. (2015) noted a Cronbach’s score of .73 and Aubry et al. (2016) noted a Cronbach score of .93 in their studies.

Quantitative research, like qualitative research, has benefits and drawbacks. The sample size in quantitative research is more significant than in qualitative research (Yu et al., 2019). Quantitative research is more accurate and unbiased than qualitative research (Gill, 2020). The data for quantitative research is anonymous and provides consistent and accurate information (Yu et al., 2019). There is a limit set for survey responses, and the researcher needs to follow up with research responses. The study will not be conducted in their natural surroundings (Sharma, 2017). Much of the research in this study was stand-alone literature reviews. However, there was a minor fraction of the literature that was empirical in nature. Much of the empirical literature was quantitative with the use of qualitative interviews. For a proper review, the quantitative data employed a variety of approaches, including information from shelters, the Department of Housing and Urban Development (HUD), the United States Council on Homelessness, and census data.

The qualitative data evaluation comprised surveys, questionnaires, records, a needs assessment for patient-centered treatment, and an archival examination. The qualitative interviews included practitioners, mothers, administrators, homeless shelter personnel, and mental health providers. The practitioners interviewed worked for HUD programs, domestic violence shelters, homeless shelters, mental health providers, general medical doctors, government-funded agencies, and community-funded agencies.

The areas for improvement of the group perspectives in qualitative research are the inability to verify the results within the qualitative research. Qualitative research was more difficult to analyze, and data collection took time. The quantitative research group perspective tended to be a limited outcome for the research and in generalized form.

Overall, knowledge about successful decision-making and practices through collaboration with the government and public sectors may be more consistent depending on the region. The available data is likely to have underestimated the experience of mothers who are homeless or at risk of becoming homeless. Much less is known about mothers who are no longer intact with other family members, such as their partners, leaving the mother a single mother. A little research has provided insight into risk factors, housing needs, mental health needs, and the functions affordable housing plays in the lives of families. There was a diverse approach, participant selection, and geographic setting, which offered a basic grasp of the experiences of the homeless women and their needs at the time they entered the shelter.

**Ethical Considerations**

No ethical consideration was given to the topic as there were no human subjects in this research. The risks in the conclusions may include negative responses from the shelter staff working within the organization and the idea of not wanting changes to occur with the monograph presented to the organization. The resistance to receiving the information could be a factor in this research monograph. There was no direct contact or involvement with any participants.

# Theoretical assumptions

The theoretical assumptions of this capstone project were that homeless single mothers want a proper treatment for mental health but do not know how to acquire it while coping with homelessness. Using a Maslow’s Theory, the assumption was that homeless single mothers want adequate mental health therapy but don't know how to get it while homeless. Most homeless single mothers struggle to satisfy their basic needs for food, clothes, shelter, and treatment alternatives, including drug and alcohol treatment and mental health therapy, because of their fragile financial circumstances (Muggleton & Ruthven, 2012). With the presence of humanistic theory, it is assumed that homeless single mothers may adapt more readily to increase positive experiences.

# Topic-Specific Assumptions

The topical assumptions of this capstone project are that there are promising practices in human services organizations that serve single homeless mothers in a homeless shelter by assisting these women with their mental health needs. At the same time, they strive to live independently in safe, affordable housing. By not using promising practices in the organizations, single homeless mothers may not get the services they need resulting in a perpetual cycle of homelessness. Changing how organizations use suitable methods with single homeless mothers will increase the success of organizations in helping these women break the cycle of homelessness and result in stable, independent living. Allan et al. (2019) contended that homeless single mothers function with severe limitations affecting the fulfillment of Maslow's highest level of needs. These homeless single mothers must not be presumed to not be self-actualizing.

This project’s outcome is to understand better how promising practices are used in shelters at an organizational, clinical, and client-to-clinical level to assist single homeless women in finding stable housing. The benefits of understanding promising practices are reinforcing established effective methods that improve workforce skills, increasing the speed of responses to the job sector, developments resulting in a more supportive community, and improvements in decision-making. Using assessment data for improvement and decision-making while recognizing effective promising strengthens organizations. By taking a humanistic approach, organizations can use promising practices to achieve the best possible outcomes that focus on overcoming hardships, despair, and pain.

**Methodological Assumptions**

**Epistemological assumptions**

Epistemological assumptions are defined as how reality is known, and how knowledge is composed. Epistemological assumptions are how we know what we know and a way of understanding what we know and how we know (Alharahsheh & Pius, 2020). Epistemologies and the distribution of findings impact how research is received and understood within a research community, according to Godwin et al. (2021). In qualitative research, the researchers try to draw as close as possible with the participants. Additionally, evidence is constructed based on individual views. In contrast, quantitative research the researcher is independent from the researcher (Ataro, 2020).

**Ontological assumptions**

Ontological assumptions are defined as asking about the nature of reality. Reality is seen through many views. Researchers reported different perspectives as themes develop in the findings and cannot effortlessly defined by the researchers alone. Ontology is about answering the questions of what is there to be known and the nature of reality.  Ontological assumptions in qualitative research refer to the physical setting where cause and effect are believed to exist. Understanding ontology is essential to understanding how researchers interpret the data they collect. Ontological beliefs influence how one formulates research questions, comprehends their importance, and analyzes data (Creswell & Poth, 2018). Because reality is background-dependent, individuals constantly rebuild it using what they know (Fisher, 2020).

**Axiological Assumptions**

The function of values in research is addressed by axiological assumptions.

Axiology considers the value researchers assign to various elements, including audience, assumptions, and data. To shape the results of qualitative research, axiology values take center stage and are seen as inevitable (Molina-Azorin, 2016). In qualitative research, axiological assumptions are that the researcher openly considers values that shape the narrative and includes his or her own interpretation in concurrence with the interpretations of participants (Creswell & Poth, 2018). The assumption is that subjectivity is bad, and objectivity is good. According to Finnis (1980), axiology refers to the moral questions that should be considered while developing a study project.

In quantitative research, axiological assumptions take the positivity approach and make the distinction between the values and the facts of research. During the research process, the researcher is not to interact with the participants in the experiences and is to stay objective during the process (Park et al., 2020). As mentioned by Park et al (2020), it also entails assessing and comprehending ideas of ethical and unethical actions in relation to the research.

**Methodology Assumptions**

Methodological assumptions are the process of the research involved with procedures or techniques used to collect data as well as use of gathering data related to the research question or the hypothesis (Fowler, 2017). In qualitative research, the methodology assumption is about what reasons to believe an interpretation or how to justify the interpretation. Methodological assumptions are the beliefs the researcher holds about the techniques utilized in qualitative research (Baggett et al., 2010). The researchers' skill in gathering and evaluating data is the foundation of their inductive methodologies. Clear-cut links are recognized between research objectives and summary findings obtained from raw data. A framework of the fundamental structure of experiences or processes is developed from the raw data (Dey & Mishra, 2017).

The main question in methodological assumptions is: What is the research process? The researcher uses inductive reasoning, analyses the topic’s context, and utilizes the emerging framework (Dey & Mishra, 2017). The researcher works with the facts and particular information before simplifying. The researcher describes the context of the study in full detail. The research questions are repeatedly reworked through the researcher’s experiences in the field (Bertram et al., 2017).

**Limitations**

Limitations can be found in any research; this monograph is not an exception. There were some significant limitations regarding the analysis. The first limitation was the issue of finding articles online. The reports were outdated or very limited, with the information relevant to the topic. The way to address the limitation was to change the date range of the peer-reviewed articles for more current, up-to-date information.

The second limitation is potentially limited research and understanding the community’s culture and expectations are essential in making decisions. Sommers-Flanagan (2015) claims that all encounters are risky. Hence, understanding the level of risk you are ready to accept in your work life is essential to the considerations. They must also respect the various cultures and beliefs of their clientele. Single mothers will not have any personal values or biases imposed on them. The human inquiry, like any other human effort, may be incomplete and difficult. We must disclose how much of this incompleteness there is in our written work records (Stringer, 2014). Despite the limitations of this study, the literature examined the needs of single homeless mothers whose voices are often not heard. The top-down approach to interventions may create gaps between the researchers’ aims and the requirements of single homeless mothers.

Due to homeless mothers’ personal associations with trauma when they are not in safe homes, single homeless mothers stated it was difficult to depend on specialists. This holds true whether the assistance is in the form of therapy, medical treatment, or other services. In addition, mothers said that it was challenging for them to reach out to friends or family for emotional assistance because of their own trauma.

# Organization of the Remainder of the Study

The topic and purpose of this research monograph that was aimed to examine promising intervention practices utilized by human services organizations that service single homeless mothers residing in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. Through the research it was found that it is unclear how single mothers choose to enter the homeless shelters. It is essential to explore how human service organizations use the community resources to serve the mental health needs of the mothers. Without services in place, these mothers’ needs go unmet.

Limitations within this research monograph included missing data or unavailable data. The literature was reviewed and synthesized with the use of synthesis matrix. The remainder of the capstone report will explain the research monograph, methodology, the development process, evaluation plan, and the recommendations for this research monograph. Upcoming section 2 will cover the process, introduction, project design/method, project outcomes, and evaluation plan. Upcoming in section 3 will cover the application process, relevant outcomes and findings, application and benefits, target audience, institution/setting, beyond the local setting, implications for professional specialization, recommendations, and finally, the conclusion.

# SECTION 2. PROCESS

# Introduction

A systematic qualitative review, quantitative review, and rapid review were completed for this monograph to conduct this research monograph. The methodology used for this monograph included systematic qualitative review, quantitative review, and rapid review. The remainder of this section will provide specifics on the method of the project. The action research monograph will define the type of thematic literature review. There will be a definition of the method of searching and how the sources were found for the literature review. The identification of all databases and search terms will be defined. The explanation of how the combination of search terms or other search procedures is used, such as limiting searches to certain types of publications. A detail of how the literature review was conducted will be provided. It will also address the outcomes of this monograph, who will benefit from this information, and how. The purpose of this monograph and the need that it addresses are reflected in the next section.

The key themes or concepts from the literature were developed using a synthesis matrix. Using the matrix approach, it was possible to identify gaps and patterns in the research. On the matrix model, seven main themes or concepts were identified. These seven identified themes or ideas were (1) Stereotyping that mothers received when they are homeless and seeking permanent housing, (2) effective and ineffective types of supports that work best for homeless mothers, (3) mother’s mental health has impacts on their wellbeing and increase in their vulnerability, (4) services mothers need for resiliency and promoting effectiveness in services while residing in shelters, (5) mothers experience negative risk factors and barriers while being homeless (6) positive and negative practices for mothers in shelters, (7) Mothers tend to avoid shelters and the reasons for the avoidance. There is more description of the synthesis matrix in the project design section below.

# Project Design/Method

This monograph utilized a systematic qualitative review methodology. A systematic qualitative review compares research findings to integrate the results from a qualitative study (Grant & Booth, 2009). In the systematic qualitative assessment, the themes were found throughout the literature. A rapid review is a style of knowledge synthesis that works with a timeframe and systematic review process (Zarobe & Bungay, 2017). This means that to provide information in a shorter amount of time, the components or processes of the systematic review process are streamlined, sped up, omitted, or both. The aim of a rapid review is to offer actionable and pertinent evidence quickly and affordably, reviews must be conducted quickly to influence choices about health policy and systems (Zarobe & Bungay, 2017).

This qualitative monograph used archival information. The systematic qualitative review identified common themes throughout the literature. The data was compiled with a sources section that will locate the journal citations. Internet addresses relevant to the research were organized using spreadsheets and word documents related to the keywords. The collected archival data included organizational procedures about practices and participants’ trends or patterns within the data. Data was collected from reports, surveys, and questionnaires, including basic demographics, incidences of adverse childhood experiences, trauma, number of previous incidents of homelessness, and support.

This monograph utilized rapid reviews methodology.  Lack of timely and pertinent research is a significant obstacle to employing research evidence in decision-making; however, rapid reviews can get around this problem (Haby et al., 2016). When time, talent, money, or any combination of these constraints are present, rapid reviews are often evidence synthesis where parts of the systematic review procedure may be ignored or reduced to obtain information more quickly (Beecher et al., 2021). The limitations of the rapid review included that the search needed to be more comprehensive. In some cases, there may be only one reviewer. There needed to be more interpretation of the findings. Lastly, the review can impact policy and practice, but systematic reviews are still required.

The rapid review was completed in less than five weeks. This review provided more timely information for decisions and sped up the systematic review process (Garritty et al., 2020). The rapid review provided new and emerging research for single homeless mothers residing in shelters. The rapid review offered access to what is already known about a policy or practice related to single homeless mothers in shelters.

Generally, data sources and literature were researched in scholarly search engines and included data sources such as academic literature, peer reviews, and government sources. Specific data sources included search engines such as Google Scholar, Academic Premier, Proquest, social work abstracts, Psychlit, Medline, Refseek, and dissertations review. Government sources provided relevant information in policy papers and The Center for Disease Control reports. Articles were from North America, the most relevant to this study, and the search for articles was concluded after a minimum of 100 articles were designated for review. Reading articles was stopped when the information became saturated, leading to a repetition of information.

The literature review period was 4-6 weeks, with all relevant information being reviewed by themes related to promising practices. This information was organized by having a sources section for identifying corresponding journal citations and relevant internet addresses. At the same time, additional research data was collected on spreadsheets and Word documents relative to the keywords. The methodologies used for this research included a literature review within the last 5-7 years; therefore, any articles that did not meet the inclusion criteria were excluded. For the method of analysis, once the pieces were found, the information relevant to the research questions was transcribed into a Microsoft Word document. Information relevant includes emerging themes found. Finding themes was to search for patterns within the various literature reviews by keywords in contexts and word repetitions. Content analysis was used to categorize the meaning of words and phrases in the literature.

Themes or main ideas found when completing a synthesis matrix: (1) Stereotyping that mothers received when they are homeless and seeking permanent housing, (2) effective and ineffective types of supports that work best for homeless mothers, (3) mother’s mental health has impacts on their wellbeing and increase in their vulnerability, (4) services mothers need for resiliency and promoting effectiveness in services while residing in shelters, (5) mothers experience negative risk factors and barriers while being homeless (6) positive and negative practices for mothers in shelters, (7) Mothers tend to avoid shelters and the reasons for the avoidance. The synthesis matrix was created on a Microsoft Word document by taking the presented themes or main ideas of each of the keywords across the top of the chart, then along the left side of the chart was the articles relevant to the themes or main ideas found in each of the articles citing the authors last name(s) and year pf publication within the last 5 to 7 years. Lastly, in each of the spaces that were relevant to the source, was a paraphrase or direct quote from the source. The themes were added at the end as there were many emerging similarities. A synthesis matrix was used to find common themes and it was used until saturation was reached. There were 65 articles used in the synthesis matrix. The synthesis matrix was completed by reviewing the literature and then once the literature was reviewed, the information was organized by content. Then the information was mapped out and deduced themes were inferred, and a table was produced with a claims and evidence. From this point, the themes were developed after they were mapped out on the synthesis matrix.

# Project Outcomes

The purpose of this monograph was to evaluate how the human services organizations that serve single homeless mothers residing in homeless shelters assist these women with their mental health needs as they strive to live independently in safe, affordable housing. The monograph results indicate that the integration of mental health services and referrals with case management at shelters demonstrate a positive correlation resulting in more single homeless women achieving independent living in safe, affordable housing.

In addition, the available research on effective intervention strategies shows that line staff workers' transformational leadership as knowledgeable, imaginative, and unofficial leaders is essential for encouraging novel approaches to thinking, including willingness to participate in formulating research problems and practice-based scientific studies (Baggett et al., 2020). The developing literature showed promising practices for current mental health services for healthcare education. A key component of health education is disseminating knowledge about the psychological, economic, and environmental factors affecting psychological, economic, and environmental factors that affect health. Healthcare education directs at developing the knowledge, abilities, and confidence needed to implement measures to enhance health and transfer information (Loosemore & Bridgeman, 2021).

The general resource integration for single homeless mothers was an important measure for success in maintaining stable housing (Polcin, 2016). The literature suggested single homeless mothers that have access to educational materials would have promoted current health and wellness goals. Additionally, the engagement in primary care from single homeless mothers had a better change for retention of housing (Prins & Clymer, 2018).

The research revolving around the weaknesses of the promising practices available for educational services for single mothers showed the childcare challenges present a challenge for mothers. As previously mentioned in the literature, the challenges that single mothers face make it more difficult to assess educational services while experiencing homelessness (Ataro, 2020). Therefore, the risk of falling back into cycles is a possibility.

There was general resource integration for single homeless mothers. The single mothers’ engagement into services varied on the needs of the single mothers and resources available to the mothers. Based on previous results findings, the current practices found the mothers had a low underlying motivation which resulted in unmet mental health problems.

There is a need to understand how promising intervention practices are utilized by human services organizations that serve single homeless mothers residing in a homeless shelter, to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. According to the research, housing insecurity is a manifestation of numerous chronic underlying conditions that require more than temporary financial support. There is a need to understand how to leverage the promising practices used by organizations, as everyone is unique in how one accesses resources from one organization to another. There is a need to understand how to leverage the promising practices used by organizations, as everyone is unique in how one accesses resources from one organization to another.

Research into these promising intervention practices can help strengthen practice related to mental health or substance abuse services as there is a lack of knowledge and resources. The lack of resources in the organization not only affects the individuals, but the families dealing with homelessness, as well as struggling with a lack of resources. Lastly, this research can help improve support systems, improve mental health and substance use treatment options, and improve decision-making abilities with promising practices utilized. This monograph is beneficial not only for the single homeless mothers, but also the community, the organization, local homeless shelters, local social services and human service agencies, and child protective services workers. Single mothers experience lack of confidence and hardships being homeless, and their experience negatively impacted their ability to parent and the well-being of their children. Single mothers need more community and social supports to navigate through the challenging period of their homelessness. The more awareness that can be shared within the community and among local community programs will encourage an increase in early intervention services to be made available for single homeless mothers.

The intended outcomes of the monograph were to provide evidence that intervention services offered to single mothers residing in homeless shelters would reduce homelessness or recurrent homelessness. Prior to an incident of homelessness occurring, intervention programs were created to assist vulnerable households in finding or maintaining secure homes (Stratton et al., 2017). The goal was to compare program participation and the reports of single homeless mothers. Additional intended outcomes were to have information from all available intervention services and any partnership organizations that would assist with intervention services.

# Development Process

The development process for this action research monograph included a description of the data source. When the quarter-four of 2021 began, the Capstone Research/Doctoral Project Plan (DPP) was completed. The DPP underwent mentor review and approval when program and school approval were sought and received. Afterward, the Institutional Review Board (IRB) performed an ethics review finding that no IRB oversite was required for this action research monograph. Before quarter one, 2022, the data review was completed and began to work on the Deliverables and parts of the Capstone Report. Upon completion of the deliverable, a mentor review was performed and approved. The Capstone report rough draft was completed for a mentor to review. After the mentor’s approval was forwarded to the school and program reviewer for approval.to the Dean for final approval.

The data sources in developing this research monograph included academic literature, peer reviews, and government sources. The literature review through Google Scholar, dissertations, and academic resources was completed over four weeks. The revisions to the draft took four weeks. Revision of the draft, adding synthesizing additional data took ten weeks. Revising and finalizing the project for submission took 20 weeks. Specific data sources include search engines such as Google Scholar, Academic Premier, Proquest, social work abstracts, Psychlit, Medline, Refseek, and review of dissertations. Government sources include policy papers and the Center for Disease Control reports. Specific interview questions are not applicable in this research monograph. There is no site in this research monograph. This is a research monograph; therefore, no site permission is needed. There is no IRB required in this research monograph. There is no contact with participants for this research monograph.

The results and recommendations may catalyze review of organizational practices and determine where promising practices may be incorporated. The final research project with results, suggestions, and conclusions will be shared with the homeless shelter board, the shelter executive director, the practitioners, and the case manager. The proposal to offer staff training would also be included in the final research project. The findings and information will be shared using resources such as Facebook and homeless shelter websites. On the website, the information will be clear and straightforward to find. Information can be sorted through to show fresh or intriguing facts and provide straightforward suggestions. In addition to these actions, sharing the findings with other practitioners and scholars will provide opportunities to continue to share the information. The timeline was approximately three months.

# Evaluation Plan

The purpose of this study was to examine promising intervention practices utilized by human services organizations that serve single homeless mothers residing in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. The data used were the articles retrieved from scholarly sources. There was no raw data or data from any other participants. The information was organized on a Microsoft Word spreadsheet by using a synthesis matrix. The constructed matrix organized topics according to the sources that were found. Utilizing the matrix model, gaps in the literature analysis were revealed.

The articles were collected from the last five to seven years of primary research. The links from the journal articles were kept on a spreadsheet. Keywords that were searched are homeless women, homeless mothers, education services limitation of promising practices, promising practices, strengths and weaknesses of promising practices, service models for homeless shelter organization, interventions for homeless mothers, shelter services, case management services for homeless mothers, employment programs for homeless mothers, strength-based services for homeless shelter organization, program models for homeless shelter organization, and mental health Doctoral Project Plan (DPP) 25 Version 5.0 effective January 2020 of promising practices for homeless shelter organization. Criteria used to sort through articles will include articles written in the last five to seven years. The articles were from the United States, which were the most relevant to this monograph. The search for articles was concluded after at least one hundred and one and fifty articles were found for review. The number of articles reviewed was at least 100-150. Data was analyzed by themes based on the research questions. The data was compiled on spreadsheets. The time frame to review the literature was four to six weeks. Information was reviewed by themes related to promising practices. The data organization was compiled by having a sources section that will identify the journal citations. Internet addresses relevant to the research were organized using spreadsheets and word documents related to the keywords. The research has previously and continues to explore the homeless mothers and their mental health disorders that are responding to promising practices, develop approaches to the flexible, and acknowledge that it is equally important to understand when the utilization of promising practices in treatment planning within the organization with women coping with mental health concerns.

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# SECTION 3. APPLICATION

# Introduction

This research monograph revealed that single homeless mothers strive to live in safe, affordable housing with the utilization of interventions and practices. The findings of this research monograph will be helpful to support the need for community-based services providers and organizations to offer interventions and services to single homeless mothers. Further, the findings of this monograph shares interventions and services to provide to organizations to build rapport with the homeless mothers. The next sessions provide relevant outcomes and findings, applications and benefits, target audience, institutional/setting, beyond the local setting, implications for professional specialization, recommendations, and conclusion.

# Relevant Outcomes and Findings

There is a great need to examine promising intervention practices used by human services organizations that serve homeless mothers residing in shelters. These interventions used in shelters will assist homeless mothers with getting their mental health needs met as the mothers strive to live independently in safe, affordable housing. Without these services and interventions, these single mothers may be incapable of successfully transitioning to living alone. Mental health needs may go unmet and lead to more cycles of homelessness.

There are seven claims found in the literature review. The first claim is stereotyping that mothers receive when they are homeless and seeking permanent, stable housing. The second claim is that effective and ineffective types of support work best for homeless mothers. The third claim is that mothers' mental health impacts their well-being and increases their vulnerability. The fourth claim is services that mothers need and promoting effectiveness in services received while residing in shelters. The fifth claim is that mothers experience negative risk factors and barriers while homeless. The sixth claim is the positive and negative parenting practices for shelter mothers. The seven claim is that mothers tend to avoid shelters and the reasons for avoidance.

**Stereotypes and Experiences**

The first claim is about mothers and their experiences of being stereotyped. Mothers are stereotyped when they are homeless and seeking permanent residence, according to the themes found in the literature review (Baggett et al., 2020). Some assertions include that mothers do not participate in programs such as mental health or substance use treatment (Warburton et al., 2018). If a mother's mental health deteriorates, she is more likely to use drugs and be susceptible to harm (Virgil, 2021). Mothers’ experiences of stereotypes are exclusionary (Weng & Clark, 2018). Mothers are stereotyped for not using resources, and homeless mothers frequently jump from place to place while experiencing homelessness (Reppond & Bullock, 2020). A stereotype associated with mothers living in shelters is described mothers are lazy, inconsistent, and negligible in their parenting styles (Kassenbrock, 2016).

**Support Systems**

The second claim dealt with successful and inefficient support systems for mothers facing homelessness. Keeping moms socially engaged will help them stay connected to other people and prevent loneliness. When mothers are involved in a supportive network, they continue their engagement and have more positive outlooks (Reppond & Bullock, 2020). They also have a better appreciation for the parenting role. It was found that mothers typically don't have a strong support network when they face homelessness. The mothers identified a recurring theme: having had bad encounters with child protective agencies. The findings revealed that moms felt disempowered by their talents because of the mothers' contact with child protective services and their bad experiences (Biscotto, 2016).

**Impacts on Well-being**

The third claim is that the mother’s mental health impacts their well-being and increases their vulnerability. Mother’s mental health showed them to have misfortune and suffer from mental illnesses. Homeless mothers have more significant mental health concerns than mothers who are not lost. Mothers’ mental health showed them to have misfortunes and suffer from mental illnesses (Moon 2017; German & Knight 2021; Johnson et al., 2018). Mothers tend to experience physical and behavioral outcomes before and during their experience of homelessness. These physical and behavioral outcomes present sadness, depression, withdrawal, confusion, and anxiety (Howland et al., 2017). It was found that mothers experience more deterioration with their self- esteem (Holtrop, 2015). With an increase in their vulnerability, there is a higher risk of the mothers suffering from mental illness and have more misfortune (German & Knight, 2021).

**Resiliency**

The fourth claim of services mothers need for resiliency and promoting effectiveness in services received while residing in shelters. Although there are essential resources for shelter services, there are few or no explanations of fore interventions, and parenting carries much responsibility that adds to the stress (Hughes, 2020). Evidence-based interventions included vouchers for housing that is more affordable for the mothers. Evidence-based interventions play a significant role with mothers (Aldridge et al., 2018). Mothers tend to use less available services, fearing the services will be deleted (Mayock & Bretherton, 2016). There were subsidiaries for case management used as well as the use of prevention skills for to better understanding the programs that are available for single mothers (Biscotto, 2016).

**Negative Risks Factors and Barriers**

The fifth claim is that homeless mothers experience negative risk factors and barriers. Mothers have experienced violence while on the streets resulting in an experience with a negative risk factor (Kassenbrock, 2016; Reppond & Bullock, 2020). The obstacles for homeless mothers in shelters include unexpected events such as neglect, a history of abuse, and insufficient insurance proof, making it difficult to access health care services (O’Shaughnessy & Greenwood 2020). There were varied findings of divorced or married mothers compared to men and mothers in the support housing spending more time with family and friends before they became homeless (Hurburt & Ditmer 2016; Jego, 2018; Desmond 2016). Homeless mothers expressed not having enough money to make purchases for necessary items. Mothers expressed a great need for safety, medical care, parenting skills, while they were less pleased about physical health and mental health services which was often resorted to unmet needs and complications for inadequate healthcare (Reppond & Bullock, 2020). There have been mixed results on whether moms who are married or divorced spend more time with family friends before becoming homeless than mothers who live in supported housing (Jego, 2018).

**Positive and Negative Parenting Practices**

The sixth claim concerns positive and negative parenting practices for homeless single mothers in shelters. In the literature, it was found that mothers are more self-sacrificing than fathers (Jego 2018 & Desmond 2016). Whereas mothers dedicate more of themselves to their children than fathers, mothers are more selfless than fathers. Additionally, it was found that mothers’ ability to parent is negatively impacted by homelessness (Johnson, 2017). Mothers’ parenting practices include positive and proactive approaches; however, there were times when mothers felt disempowerment (Holtrop, 2015).

**Mothers Avoidance**

The seventh claim is that mothers tend to avoid shelters, and the reasons for the avoidance are explained in the literature. Homelessness has adverse effects, the potential to worsen, and the potential to influence how things are handled, and future research into shelters seems promising. Women are more likely than males to conceal their homelessness, utilize shelters as a last choice, and put off receiving aid (Devet, 2019; Mayote & Bretherton 2016). There is an underestimated and overlooked population of mothers that tend to avoid shelters (Melanfant, 2022).

**Application and Benefits**

Practitioners and organizations may use this research monograph to build references and applications to better serve single homeless mothers in shelters working towards finding safe, affordable housing. This monograph is beneficial for shelters, organizations, local social services, children protective services staff, the community, and practitioners as this provide an understanding of programs and interventions to better understand the effectiveness of these practices. The more awareness that can be shared within the community, clinicians, practitioners, health organizations, educators, and local organizations will foster the availability of early interventions and services for single homeless mothers. This action research monograph will allow the organizations to make and implement changes in complicated situations for single homeless mothers. This provides for the understanding of the need for change for single mothers and systems or organizations to use reflection on action needed. Lastly, for management to develop and improve the experience of the humans needs in single mothers.

From the practitioner’s point of view, what comes next will be an increase in awareness of single homeless mothers by encouraging organizations to work directly with local agencies to improve their ability to help homeless mothers. Practitioners can help the local community to help the homeless mothers by promoting the local shelters by fundraising, volunteering their time, collecting donations to help with clothes. Nurses and other healthcare specialists have the chance and opportunities to initiate social rehabilitation, encouragement for changes to the public policy for advocating for more addiction treatment procedures and housing options (Johnsen et al., 2019).

# Target Audience

The target audience for this action research monograph includes all fellow students, social workers, children, and youth protective services workers, researchers, educators, case managers, clinicians, mental health and drug and alcohol clinicians, government officials, medical practitioners, community-based services providers, health organizations, and the local homeless shelter staff and board of directors. The target audience will be the local human services agency, social services agency, colleges, and universities. Lastly, the local department of human services agency, health department, and the community are a part of the target audience.

# Institution/Setting

There is no institution for this study. However, the setting would be homeless shelters. Information applies to those working in the human services field or those working at homeless shelters. This information would be an area of interest to those working in the field. This information would increase the general public's understanding of such issues and help people learn about the causes of homelessness and the resources available to individuals who may have never heard about them. It would offer a means of locating, assessing, and recognizing opportunities. Research may help human services organizations and other businesses connect with people in an improved capacity. Institutions and settings that would be relevant would include children and youth services, outpatient setting for substance use or mental health treatment, emergency shelters, and transitional living places.

# Beyond the Local Setting

Breaking the stigma attached to single mothers asking for housing aid would be one of the policy reforms needed to be adjusted for programs such as Housing and Urban Development (HUD). The stigma associated with applying for benefits may make one feel unworthy of help or face discrimination. The state would benefit from changing policies to offer social inclusion to re-engage in the community and establish a social connection with the housing community.

A federal mandate to calculate individuals and families in public and private outdoor places that are not supposed to be used for sleeping accommodations. This would include airports, cars, parks, abandoned buildings, bus areas, and campgrounds. The data would be collected over more than one night of calculations and include broader segments of single mothers affected by the extreme shortage of safe, affordable housing. United States’ current laws and policies on housing are out of balance and minimizes the number of obstacles a homeless mother in crisis is facing when they become homeless.

# Implications for Professional Specialization

The study is needed, and it is essential to explore how human services organizations utilize the services necessary to serve the mental health needs of single homeless mothers residing in a homeless shelter to assist these women in better live independently. Without these services provided, these single homeless women may not be able to transition living independently successfully. They may not have their mental health needs met, which leads to a continuation of their cycle of homelessness.

For professionals to properly support single, homeless mothers who are struggling with their mental health, it is important that this study project's ramifications are clearly communicated. The study may have ramifications for the community, including the need for speedier, improved assistance and resource for homeless single mothers involving permanent housing. Also, this would allow for improved education and employment. Over the years, the issue has prompted a variety of societal and public policy responses, concurrent with changes in the poor's demographics and attitudes toward them.

The conclusions help us understand progress has been accomplished because of the community's hard effort in creating and implementing initiatives to address the problems associated with homelessness. More importantly, the outcomes of various initiatives, especially those aimed at reducing homelessness have shown to be a success for the community and organizations working with homeless individuals. Although the issues that homeless individuals describe have different outward manifestations, the underlying causes are the same. The evidence is consistent with the claim that while mental illness and drug misuse are frequently linked to homelessness, they are rarely the root cause. It is evident that there is a severe lack of affordable housing, along with the difficulty in finding employment, is the primary cause of homelessness. There are several complicated reasons that feed the expanding homeless issue.

# Recommendations

Recommendations would be to create collaborations with organizations and services to strengthen housing placements and to shorten the wait period for single moms to locate secure, permanent homes. To strengthen the housing system, supporting landlords must be recruited, retained, and found. The next step would be to create, test, distribute, and advocate the usage of intervention programs and techniques to local organizations to increase knowledge of what is available to the shelters.

Homeless shelters would have improved interventions for income assistance by having housing subsidiaries, rental supplement income, and assistance in finding housing with individualized placements and supports. Homeless mothers have varying needs that require support, therefore, addressing the issues of coordination amongst services will improve the integration of care for the homeless mothers. Even while homelessness and unstable housing continue to be associated with limited access to treatment, it emphasizes the importance of providing low barrier services near homeless populations and integrating housing supportive services for women who are homeless and have substance use disorders. Bringing public health programs within basic healthcare services, as well as enhancing the capabilities of staffs involved in these settings and changing organizational culture, can contribute to long-term advantages in health and social outcomes.

# Conclusion

The action research monograph examined how human services organizations serve single mothers in homeless shelters to assist these women with their mental health needs as they strive to live independently in safe, affordable housing. Human service professionals face ethical dilemmas and various courses of action while conducting their research and work. The human service field has expectations set forth by the National Organization of Human Services that address ethical dilemmas, problems, and courses of action. The crucial principles of the human services profession, according to the National Organization of Human Services (2015), encompass preserving people’s dignity and well-being, their ability to act independently, to commemorate diverse cultures, endorse social and economic justice, and act with truthfulness and integrity, authenticity, and impartiality.

This research monograph intended to provide strategies that support the design and intervention activities as tools to evaluate promising practices that help homeless women transition from and remain out of homelessness. Without these services provided, these single homeless women may not successfully transition to living independently and may not have the mental health needs met they need to live independently. Finally, single homeless mothers at shelters for the homeless want long term alternative and solutions rather than quick solutions that may not work out.

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