In their own voices: a mixed methodology study of an independent living program for foster and homeless youth

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In Their Own Voices: A Mixed Methodology Study of an Independent Living Program for Foster and Homeless Youth

by

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Abstract

The purpose of this study is to investigate the impact of an Independent Living Program in upstate New York on foster and homeless youths’ ability to successfully transition to independence. The quantitative portion of this mixed methodology study examines whether or not the program as a whole had any effect on the progress of youth in the domains of employment, housing and education. The results indicate that greater number of days in the program and a thorough discharge plan were associated with positive outcomes for youth. The qualitative portion of this study provides much needed descriptive data on youths’ attitudes and opinions regarding the provision of independent living services and what is needed by youth to prepare for the transition to independent living, and sustain independence post discharge. The results indicate that youth need a tailored plan for services and long term plans for financial stability in order to prevent homelessness. Results also explore several areas of discrepancies. This includes the behavioral health needs of youth at intake versus their perceived key service needs, and the reported positive experiences of youth versus their premature unplanned program discharge.
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Chapter 1

Literature Review and Research Methodology

Introduction

Although adolescence may be a tumultuous time for youth who have traditional families, it is even more difficult for youth from families who do not experience familial support. Two at-risk populations are homeless and foster youth who usually come from families who experience adversity. These two populations transition from adolescence to adulthood without the benefit of familial support, both financial and emotional, that most adolescents possess. In addition, many foster youths must transition into adulthood while simultaneously transitioning out of foster care. As a result, foster and homeless youth experience more hardships than adolescents who have the benefit of consistent familial support throughout adolescence, and even into early adulthood. Understanding their challenges and needs may help inform better services, programs and policy.

The purpose of this study is to first, present the literature on two at-risk populations: foster youth and homeless youth; second, to explore independent and transitional living programs as the primary social work intervention for these populations; and third, to introduce and explain the dissertation project, which is an evaluation of a transitional housing program for foster youth and homeless youth, run by a community based, not-for-profit social service agency in upstate N.Y.

This study will first present literature on two at-risk populations-foster care and homeless youth. Following that, independent living programs/transitional living programs will be presented as the primary social work intervention for these two populations. Next, the literature
around frequently measured domains used as indicators of readiness for independent living (housing, educational attainment and employment) will be presented.

After the above information is presented, the dissertation project will be explained, including the purpose of the study, research questions, and methodology. This project includes an evaluation of an Independent Living Program for foster care and homeless youth. The study uses a mixed methodology, that employs a quantitative one-group pretest-post-test, and a qualitative open ended survey design. The pre-test-post test involves data on 165 male and female foster and homeless youth, ages 16-21, who participated in the Independent Living Program from 2003-2007, using a pre-existing instrument found in the program’s case files, along with case record reviews. The qualitative survey collected data from in-person interviews of 20 youth who have gone through the Independent Living Program.

**Literature Review**

**Homeless Youth**

Homeless youth are defined as individuals who are under the age of eighteen and lack parental, foster, or institutional care (National Coalition for the Homeless, 2015). Despite the fact that the number of homeless youth are increasing, these youths remain one of the most vulnerable and least understood populations (Johnson, Whitbeck & Hoyt, 2015; Kipke, Palmer; LaFrance & O’Connor, 1997; Tyler & Johnson, 2006; Whitbeck, Hoyt, & Ackley, 2013). The homeless population is difficult to study due to their transience, and their tendency to hide from authorities (Greenblatt & Robertson, 2010). In comparison to homeless adults, Ensign and Santelli (2009) found that most homeless youth are more hidden and difficult to access due to their mistrust of persons in authority. Estimates indicate that, in the U.S., between 1.6 and 1.7
million people under age 18 experience homelessness each year (National Alliance to End Homelessness, 2015).

**Sexual and Physical Abuse**

Studies have found that homeless youth experience higher rates of sexual and physical abuse (Halcon & Lifson, 2004; McCormack, Janus, & Burgess, 1986; Tyler & Cauce, 2002; Tyler, Whitbeck, Hoyt, & Yoder, 2000). One study found that 35% (N= 372) of youth had been sexually victimized (Tyler, Whitbeck, Hoyt & Cause, 2004), while another found that 60% (N= 223) had experienced physical abuse (Powers, Eckenrode, & Jaklitsch, 1990). In addition, youth who have experienced physical and/or sexual abuse were at higher risk for running away (Fors & Rojek, 1991; Ginzler, Cochran, Domenech-Rodriguez, Cauce, & Whitbeck, 2003). The primary reasons youth cite for running away were: family problems, conflicts, maltreatment, and neglect (Dadds, Braddock, Cuers, Elliott, & Kelly, 1993; Ginzler et al., 2003; Powers, Eckenrode, & Jaklitsch, 1990; Zide & Cherry, 1992).

**Sexual Victimization**

Homeless youth who live on the streets face many perils. Because of their lack of access to family support, education and financial stability, many homeless youth do not have legal opportunities to earn money to meet their basic needs. In addition, many studies have found that homeless youth have engaged in survival sex; wherein, they trade sex for food, money or shelter (Greene, Ennett, & Ringwalt, 1999; Halcon & Lifson, 2004; Kipke et al., 1997; Kral, Molnar, Booth, & Watters, 1997; Tyler & Johnson, 2006). Engaging in survival sex is linked to increased exposure to sexually transmitted disease and victimization among homeless adolescents (Rice et al., 2007; Whitbeck & Hoyt, 1999). Because of this, homeless youth are at greater risk for contracting HIV/AIDS. One HIV prevalence study performed in four U.S. cities
found a median HIV-positive rate of 23% (n= 183) for homeless people under age 25 (Rice, Milburn & Rotheram-Borus, 2007).

Substance Abuse

Substance use has been found to be common among homeless youth (Kral et al., 1997; Martinez, Gleghorn, Marx, Clements, Boman & Katz, 1998; Slesnick & Prestopnik, 2005). One study found that 60.5% (N= 428) of homeless youth met lifetime criteria for at least one of the three substance disorders (alcohol abuse, alcohol dependence, drug abuse, and 48.1 % (N= 428) met 12-month criteria for at least one of the disorders (Johnson, Whitbeck & Hoyt, 1993). In addition, Kipke et al. (1997) found that 66% (N= 309) of their sample met the DSM-III criteria for either a drug or alcohol abuse disorder. Frequent use of illegal drugs is especially common (Baron, 1999; Johnson et al., 2005; Kral et al., 1997). One study found crack or cocaine usage between 16% and 65% (N= 1121) (Kipke, Montgomery & MacKenzie, 1993). Once on the streets, homeless youth also have high rates of alcohol and drug use and associate with peers who use alcohol and drugs weekly (Kipke et al., 1997; Koopman, Rosario, & Rotheram-Borus, 1994; Tyler & Johnson, 2006). Moreover, when compared to youth who have stable housing, homeless youth have been found to have much higher rates of substance use (Fors & Rojek, 1991; Johnson et al., 2005; Roenthal, Moore, & Buzwell, 1994). In addition, drug and alcohol use and abuse among homeless youth was two to three times higher than among youth attending school (Tyler & Johnson, 2006).

Many homeless youths were exposed to substance use at home. In a study of 375 youth, Ginzler et al. (2003) found that a large number of homeless youth were raised in families where either their father (55%), or their mother (45%) had problems with substance use. According to
Fors and Rojek (1991), growing up in substance-abusing families may predispose young people to becoming substance abusers themselves.

Substance use may also help youth cope with survival techniques in which they engage to stay alive on the streets. One study of homeless youth found that 75% (N= 775) of respondents reported being under the influence of alcohol or drugs while engaging in sex (Kral et al., 1997). Other studies found that methamphetamines allow homeless youth to stay awake for extended periods of time, which lessens their chances of being victimized (Ayerst, 1999; Ginzler et al., 2003). In addition, some drugs may be used to provide warmth during the winter, and as a method of coping with the stress of street life (Ayerst, 1999; Kidd & Kral, 2002).

Victimization

Homeless youth who spend more time on the streets are also at greater risk for victimization (Hoyt, Ryan & Cauce, 1999; Whitbeck & Hoyt, 1999). Youth who live on the streets have an increased risk of being victims, by coming into contact with offenders, if they resort to illegal action in order to survive (Baron, 1999; Hagan & McCarthy, 1997). Spending time on the street is associated with participation in dangerous activities (Janus, McCormack, Burgess & Hartman, 1987; Kufeldt & Nimmo, 1987; Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004). Baron (1999) found that 60% (N= 200) of homeless youth reported being victimized by either a friend, or an acquaintance, suggesting that many of the people with whom homeless youth affiliate are the same persons who are victimizing them. Moreover, because personal victimization is associated with the amount of time spent in public places at night, homeless youth are at increased risk, because much of their time is spent on the streets (Hindelang, Gottfredson & Garofalo, 1978).
Lesbian, Gay, Bi-sexual, Transgender, Questioning

Within the homeless adolescent population are lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. In New York City, one study found that of the estimated 32,000 homeless youth, approximately 25% to 40% identify as LGBTQ (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001), while another study found the percentage closer to 50% (N= 432) (Clatts, Hillman, Atillasoy, & David, 1996; Cochran, Mays & Sullivan, 2003; Mallon, 1998; Whitbeck et al., 2004). These high percentages are predominantly due to abuse that youth experience as a result of coming out, or even because of a suspicion that they may be LGBTQ (Elze 2002; Savin-Williams, 1994). Youth who reveal to their parents or guardians that they are LGBTQ face increased chances of being kicked out or abused in their homes (Earls, 2002). In addition, LGBTQ youth are more at risk on the streets than their heterosexual peers, because they also face homophobia, discrimination, and hate crimes (Cochran, Steward, Ginzler, & Cause, 2002; Whitbeck et al., 2004). Transgender youth who do sex work on the street are the most at risk because of transphobia from both customers and police officers (Feinstein et al., 2001).

Foster Care Youth

In 2016, there were approximately 415,129 children in the American foster care system (U.S. Department of Health and Human Services, 2016). Most of these children have suffered maltreatment, although not all are placed in foster care specifically due to abuse or neglect. Some are placed due to other factors such as parental death, or because of a child’s mental health service needs that the family cannot afford to address (U.S. Department of Health and Human Services, 2016).
Placement and Discharge in Foster Care

Even though preventing placements in care and shortening the length of stay in care is a priority of the child welfare system, many children will spend a substantial amount of their childhood living in foster care (U.S. Department of Health and Human Services, 2013; Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005; Wulczyn & Goerge, 1992). The average length of stay in foster care is 2 years, while nearly half of the children who are placed in foster care remain there for a year or longer (U.S. Department of Health and Human Services, 2014). In addition, an estimated 20,000 foster youth are discharged from care every year, with the expectation that they will be able to function independently as adults (Courtney & Piliavin, 1998; Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001; Courtney, Terao & Bost, 2004; Westat, 1991). This expectation of foster youth is greater than the expectations placed on most 18 year-olds in the general population, who usually continue to have access to familial resources and support beyond the age of 18 (Collins, 2001; Courtney et al., 2001; 2004; Goldscheider, 1997).

Adult Outcomes of Former Foster Youth

Many of the youth who leave care remain severely disadvantaged and often lack the skills to live independently (Barth, 1990; Cheung & Health, 1994; Courtney et al., 2001; Courtney & Dworsky, 2006; Festinger, 1983; Garnett, 1992). Compared to the general population, foster youth are at higher risk for experiencing multiple negative outcomes, including: homelessness; low educational attainment; employment and financial difficulties; mental and physical health problems; and involvement with the criminal justice system (Barth, 1990; Blome, 1997; Cook, 1994; Courtney et al., 2001; Dworsky, 2005; Dworsky & Courtney, 2000; Maunders, Liddell, Liddell, & Green, 1999; McMillen & Tucker, 1999; Metraux & Culhane, 2006; Naccarato, Brophy, & Courtney, 2010). Studies show that when compared to children from poor and ethnic
minority families, children in foster care are at greater risk for becoming involved in criminal activities and suffer from more frequent and debilitating mental disorders (Courtney et al., 2004; Minty, 1999). These detrimental outcomes are compounded by the fact that youth in foster care transition to independence earlier than their counterparts in the general population, and retain little or no financial, emotional, or social support from their families (Cashmore & Paxman, 1996; Courtney & Barth, 1996; Morrow & Richards, 1996).

**Readiness for Independent Living**

Even though each year in the U.S. more than 20,000 youth age out of foster care (U.S. Department of Health and Human Services, 2014), few studies have explored the factors associated with foster youths’ readiness for independent living and successful transitions out of foster care. In addition, use of brief follow-up periods (1 year after leaving care) and relatively small sample sizes of research studies involving youth transitioning from foster care (often less than 150 subjects) prevent researchers from drawing consistent and generalizable conclusions (Barth, 1990; Cuddeback, 2004; Holdaway & Ray, 1992).

Some studies have investigated the factors associated with foster youths’ readiness for independent living. Iglehart’s (1994) study of 152 youth transitioning from foster care found that readiness for independent living was associated with good school performance, fewer out-of-home placements, type of out-of-home placement, employment history, lack of mental health problems, caretaker perceptions, and contact with one’s father. In their study of life skills knowledge among 534 adolescent youth transitioning from foster care, Mech, Ludy-Dobson & Hulseman (1994) found that youth in scattered-site apartment placements scored highest on an assessment of life skills knowledge, followed by youth in family foster placements, and youth in group home/institutional placements. The authors concluded that type of placement may
significantly affect the level of readiness of independent living for youth transitioning from foster care (Mech, Ludy-Dobson & Hulseman, 1994).

One of the most recent studies of outcomes for former foster youth at age 19 reported findings on how young adults fare after they leave foster care (Courtney et al., 2013). This study included 736 baseline interviews of 17 or 18 year olds in three Midwestern states (63 in Iowa, 477 in Illinois, and 196 in Wisconsin) between May 2002 and March 2003, and 603 follow-up interviews with 18 and 19 year olds between March and December 2004. Data from the second wave of the study showed that one-third of the sample had neither a high school diploma nor a GED. Forty percent of the sample reported being currently employed, and three quarters of them had worked for pay during the last year, but their employment was often sporadic and seldom provided then with financial security. This finding is related to the hourly wages that the sample earned. The mean and median hourly wages reported by study participants who were employed were $7.54 and $7.00, respectively. In addition, of the study participants who reported any income from employment during the past year, more than three-quarters earned less than $5,000, and 90% earned less than $10,000 (Courtney et al., 2013).

Given their generally low level of educational attainment and limited employment, it is not surprising that many of the young adults in the study reported experiencing at least one economic hardship. The four most reported hardships were: not having enough money to pay rent; not having enough money to pay a utility bill; being evicted; and sometimes or often not having enough food to eat (Courtney et al., 2005).

Social workers have struggled with creating programs that can address the constellation of needs that homeless and foster youth have. This is primarily because these populations have concrete needs (housing, education, employment) along with psychological needs (addressing
potential abuse/neglect that led to their homelessness or need to enter foster care). To date, independent and transitional living programs are a primary social work intervention for both foster and homeless youth. Both independent and transitional living programs are designed to bridge the gap for youth who are transitioning from adolescence to adulthood without familial support. These programs generally have a case management component that focuses on assisting youth with employment, education and housing. In addition, youth are referred and connected to agencies in the community to address other needs, such as mental health or medical issues. A primary purpose of these programs is to provide youth with the skills that will enable them to live on their own, while building ties with community resources that may continue after the youth is discharged from the program.

**Theoretical Framework**

For the purposes of this study, developmental theory will be used to help understand how and why independent living services can assist homeless and foster youth to successfully transition to independent living. In this instance, the ILP/TLP programs are conceptualized as an intervention designed to prevent, or diminish the multiple negative outcomes that homeless and foster youth face upon entrance into adulthood. The program acts as a buffer for the youth, providing them with services, skills and community connections that they may use to improve their chances of making a successful transition to adulthood. A successful transition to adulthood includes obtaining housing, employment and educational opportunities.

Developmental theory holds that the implementation of preventive interventions may modify the course of development for at-risk youth by reducing the risk of negative outcomes (Cicchetti & Rogosch, 1997; Coie, Watt, West, Hawkins, Asarnow, Markman et al., 1993; Kellam & Rebok, 1992). According to developmental theory, risk and protective factors have
the ability to influence the developmental trajectory of a youth in either a positive or a negative direction (Rutter, 1988). Key concepts of developmental theory are risk and protective factors and resilience.

Risk factors are those that modify the effects of risk in a negative direction (Luthar & Cicchetti, 2000). Risk factors are markers, correlates, or causes of a particular problem (Fraser & Richman, 1999). In this context, risk is defined as probabilistically any influence that increases the likelihood of the onset of a problem or maintains a problem state (Coie et al., 1993). The combination of several risk factors may lead to the conclusion that an adolescent is at “high risk” for a certain outcome.

Protective factors modify risk in a positive direction (Luthar & Cicchetti, 2000). Protective factors modify risk (Rutter, 1990). They compensate for risk by directly reducing a disorder, dysfunction or a problem (Coie et al., 1993). They may also provide resistance to risk, by moderating the relationship among risk factors and problems or disorders (Bryant, West & Windle, 1997). This is referred to as a buffering effect, because it buffers an individual against the full effect of risk (Burt, Resnick & Novick, 1998).

In conceptualizing risk and protective factors, it is important to note that levels of risk and protection should be assessed separately, because they are not simply each other’s opposites (Durlak, 1998). For example, it is a mistake to assume that decreasing financial instability (a risk factor for homeless and foster youth) will automatically increase community connections (a protective factor).

In the population of homeless and foster youth being included in this study, risk factors may include lack of familial support, low socioeconomic status and poor quality schools. Protective factors for these same youth may include access to services at the ILP, community
connections, and a family member/friend who may be supportive. The transitional/independent living program acts as a prevention program by assisting youth to maximize their protective factors and diminish their risk factors in order to be able to access the resources they need to successfully transition to adulthood. This is accomplished through the provision of services, the creation of community connections and independent living skills training.

Another concept integral to developmental theory, and related to risk and protective factors, is resilience. Resilience refers to a dynamic process encompassing positive adaptation with the context of significant adversity (Luthar & Zigler, 1991). Implicit in the concept of resilience are two conditions: (1) exposure to severe adversity and (2) the achievement of positive adaptation despite threats to the developmental process (Garmezy, 1990; Luthar & Zigler, 1991; Masten, Best & Germezy, 1990; Rutter, 1990; Werner & Smith, 1992).

Resilience implies a focus on both positive and negative outcomes. Even in instances where problems already exist, the resilience framework puts an emphasis not only on deficits but also on areas of strength (Luthar & Cicchetti, 2000). Resilience should not be viewed, in lay terms, as one person’s heroic efforts to overcome disadvantage. Rather, it should be viewed as interactions between individual and environmental conditions that come together to produce exceptional performance in the face of a significant threat (Fraser & Richman, 1999). From an intervention standpoint, the resilience perspective implies that positive change is accomplished not only by focusing on diminishing the “problem,” but also by harnessing strengths from populations who may be deemed “at-risk” (Luthar & Cicchetti, 2000). In this way vulnerable, or at-risk populations are viewed not only as people with significant problems, but also as people who may generate solutions.
The link between developmental theory and prevention programs is that prevention programs may positively influence the outcomes for at-risk adolescents by strengthening protective factors and diminishing risk factors. In this way, the developmental course of the adolescent is altered and the risk for negative outcomes is reduced. The most effective prevention programs address risk factors present in five domains: community, school, peer group, family and individual (Durlak, 1998). It follows that if risk factors exist on several levels, then multilevel prevention programs are more likely to be successful than single-level interventions (Durlak, 1998).

By using developmental theory for the purposes of this study, the ILP will be evaluated as a prevention program through the lens of the concepts of risk, resilience and protective factors. This will allow for researchers and practitioners to view the youth not only as people experiencing a myriad of challenges and problems, but also as people who have strengths and abilities that can be enhanced in order to improve their outcomes upon transition to adulthood.

**Chapter 2**

**History of Independent Living Programs**

Independent living programs for foster and homeless youth were created by separate federal legislation. For foster youth, Congress amended the Title IV-E program of the Social Security Act in 1985 by enacting the Independent Living Program (ILP) (Courtney et al., 1998; Courtney et al., 2001; 2004; Westat, 1991). ILP requires that when youth reach the age of sixteen, their case plan contains provisions for services to help them prepare to live
independently. These services are designed to assist youth with: earning a high school diploma, and learning daily living skills such as budgeting, finding a job and locating housing.

In 1999, the Foster Care and Independence Act was signed into law by President Clinton. This act doubled funds for ILPs from $70 million to $140 million annually and allowed foster youth to receive Medicaid support until they reach the age of twenty-one, while decreasing the age of eligibility for ILP to 14 years. In addition to federal funds, states provide a match of $25 million, and some states report that they raise additional funds from private sources (House Report, 1999).

Funds for transitional living services for homeless youth were first provided in 1974, when Congress passed the Runaway Youth Act as Title III of the Juvenile Justice and Delinquency Prevention Act to assist runaways outside of the juvenile justice and child welfare systems. The scope of the act was expanded in 1977 to include homeless youth through the Runaway and Homeless Youth Act (P.L. 93-415). The Runaway and Homeless Youth Act (RHYA) has since been reauthorized three times, most recently by the Runaway, Homeless, and Missing Children Protection Act in 2003 (P.L. 108-96). The law currently authorizes federal funding for three programs — Transitional Living Program, the Basic Center Program, and Street Outreach Program. The Transitional Living Program is targeted to older youth ages 16 to 21. Youth who use the TLP receive longer-term housing with supportive services, including counseling, educational and vocational training, and health care. Congress appropriated a total of $103.1 million for the three programs in FY2006. Most recently, in 2008, the Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110-351) was passed. This act allows youth who turn 18 in foster care without permanent family to remain in care, at
state option, to age 19, 20, or 21 with continued federal support to increase their opportunities for success as they transition to adulthood.

Social Work Research on Independent Living Programs

Researchers in the field of Social Work have begun to build a body of empirical research to assess the effectiveness of independent and transitional living programs. ILP was designed to enable foster youth to transition to adulthood and focuses on life skills needed for basic living. Despite the array of policy tools to promote transitional support to foster youth, little is known about the effectiveness of ILP (Montgomery, Donkoh, & Underhill, 2006; Naccarato & DeLorenzo, 2008). However, without basic needs being met, it is nearly impossible for anyone to maintain a basic standard of living that would allow them to care for their basic needs. Because of this, housing, educational attainment and employment are often used as markers of a successful transition to independent living.

Housing

There have been three studies that have explored housing as an outcome measure for youth transitioning to independent living. In their sample of 659 youth, Pecora et al. (2006) found that one in five alumni experienced homelessness for one day or more within a year of leaving foster care.

Lindsey and Ahmed (1999) looked at housing outcomes one to three years after leaving care. They found that 68% of ILP youth (N=44, n=30) were living independently and 41% of non ILP (N=32, n=13) were living independently. Both groups had high rates of one or more episodes of homelessness since leaving care. Among ILP youth, the rate was 52% (n=22) and 53% (n=17) among non ILP youth. In addition, 30% (n=13) of ILP and 19% (n=6) of non ILP youth experienced difficulties paying all of their housing expenses. Biehal et al. (1994) also
examined homelessness. They found that 15% (N=183, n=27) of their sample, all of whom participated in ILP, were homeless within three to nine months of being discharged from care.

**Educational Attainment**

Eleven of the studies reviewed included educational issues as an outcome measure. Nine studies looked at educational outcomes at various points in time. Four of the studies (Cook, 20.6%1994; McMillen & Tucker, 1999; Pecora et al., 2006; Reilly, 2003) used samples of former foster youth who had been discharged from foster care. Pecora et al. (2006) found that 56.3% (n=371) of youth had completed high school, 30% (n=198) had earned a GED, 42.7% (n=281) had any type of education past high school, 18% (n=119) completed college or more and 20.6% (n=136) completed any degree/certificate beyond high school. In interviews with 810 former foster youth, Cook (1994) found that 54% (n=437) of the youth completed high school, compared to 78% of 18-24 year olds in the general population. In interviews with 105 former foster youth, Reilly (2003) found that 50% (n=52) of youth left foster care without a high school degree, 69% (n=72) were obtaining a high school degree and 30% (n=31) were attending or had attended college. McMillen and Tucker (1999) found in their sample of 252 former foster youth, 67% (n=168) had not graduated from high school before leaving care, and 5.6% (n=14) had received their GED prior to exiting care. Overall, 11% (n=28) of youth did much worse than expected, 25% (n=63) did somewhat worse, 26% (n=65) did somewhat better than expected and 7% (n=18) did much better than expected.

Two studies (Georgiades, 2005; Lindsey & Ahmed, 1999) compared youth who had received ILP training to youth who had not. Georgiades (2005) found that 8% (n=1) of the non ILP group compared to 16% (n=8) of the ILP group had no high school diploma or GED. No members of the non ILP group had a college education as compared to 31% (n=15) of the ILP
group who did. Lindsey and Ahmed (1999) found that 1-3 years after leaving care, 16% (n=7) of ILP youth were in college, compared to 0% of non ILP youth. Thirty-seven percent (n=16) of ILP youth had completed high school or a GED as compared to 18% (n=6) of non ILP youth. Twenty-one percent (n=9) of ILP youth completed a technical/vocational program as compared to 0% of non ILP youth, and 46% (n=20) of ILP youth were currently enrolled in an educational program as compared to 34% (n=11) of non ILP youth.

Mallon (1998) and English et al. (1994) looked at youth upon discharge who did not already receive ILP skills training. In Mallon’s (1998) sample of 46 youth, he found that 26% (n=12) had less than a high school diploma. Thirty-one percent of youth (n=14) obtained a General Equivalency Diploma (GED) and 26% (n=12) had a high school diploma. Of those with a high school diploma, 17% (n=8) had some college education. English et al. (1994) found that 54% (N=500, n=270) of the youth were in school and 36% (n=180) were attending special education classes. Of those in school, 76% (n=380) were performing at grade level, and 24% (n=120) were one or more year behind. One in five youth had completed a high school diploma or a GED.

Blome (1997) examined the high school and post high school experiences of a group of foster youth (N=167) and a matched group of youth living with at least one parent. Blome found that 37% (n=62) of foster care youth compared to 16% (n=27) of the matched sample dropped out of high school. In addition, two years after high school, 13% (n=22) of foster care youth were taking college courses compared with 29% (n=48) of the non foster care group. Five years after leaving high school, 23% (n=38) of the former foster youth had not received a diploma or certificate, compared with only 7% (n=12) of the non foster youth.
Poor educational outcomes are not primarily the result of a lack of aspiration on the part of the youth. Courtney and Dworsky (2006) found that by age 19, 37.1% (N=603) of youth had neither a high school diploma nor a GED. By contrast, 70% (N=141) of youth in foster care reported that they wanted to attend college (Courtney et al., 2001). The level of educational aspiration contrasts with the actual level of educational achievement for these youth. It is likely that although youth possess the aspirations to complete high school and attend college, there are circumstances that prevent them from following their ambitions. In the same sample of youth, Courtney and Dworsky (2009) found that by age 23 or 24, nearly 25% (N=150) did not have a high school diploma or a GED, and only 6 percent (N=36) had a 2- or 4-year degree, although nearly one-third (N=201) had completed at least one year of college.

**Employment**

Eleven studies used employment as an outcome measure. Five of the studies examined youth who were discharged from foster care. In their sample of 732 youth, Courtney et al. (2005) found that 47.7% (n=349) had ever been employed and 35.1% (n=257) were currently employed. In addition, 27.6% (n=95) of youth worked 11-20 hours a week, 30.2% (n=104) worked 21-30 hours and 23.8% (n=82) worked 31-40 hours. Pecora (2006) found that the employment rate was 80.1% (n=528), substantially lower than the national average at the time of 95% for youth ages 20-34.

Naccarato, Brophy and Courtney (2010) found that most youth in their sample were not earning enough to raise them out of poverty. Forty-nine percent of youth (N=291) had no earnings at the time of interviewing, while seventy-five percent (N=443) of youth earned $15,600 or less and only four youth out of 590 earned more than $50,000 annually.
McMillen and Tucker (1999) found that 38% (n=96) were employed and 29% (n=73) had never had a job. In a sample of 18-24 year olds 2.5 to 4 years after discharge, Cook (1994) found that the employment rate was 49% (N=810, n=397), as compared to 60% in the general population of 16-24 year olds. In addition, the median weekly salary for youth who held a full time job was $205, as compared to $261 in the general population of 16-24 year olds. Biehal et al. (1994) found that 13% (n=24) were employed full time, 36% (n=66) were unemployed within a few months of leaving care and 10% (n=18) were not working because they were caring for children. Three of the studies examined youth who were still in foster care. English et al. (1990) found that 48% (n=207) had been employed for more than 12 months, 44% (n=190) had entry level or semi-skilled (23%, n=99) jobs, and 46% (n=198) held more than one job. Mallon (1998) found that 72% (n=33) had full-time employment at discharge, 7% (n=3) had part-time employment and 21% (n=10) were not employed at discharge. Iglehart (1994) found that 14% (n=21) never worked and 17% (n=26) worked 40 hours a week.

Two of the studies compared outcomes post-discharge for youth who had participated in ILP with youth who had not. Georgiades (2005) found that 8% (n=1) of the non ILP group and 22% (n=11) of the ILP group were employed full time, while none of the non ILP group and 51% (n=25) of the ILP group were employed part time. In addition, 92% (n=17) of the non ILP group was unemployed, compared to 27% (n=13) unemployment for the ILP group. Lindsey and Ahmed (1999) found that 59% (n=26) of the ILP participants were employed either part or full time, as compared with 44% (n=14) of nonparticipants. In addition, 81% (n=26) of non ILP youth experienced unemployment for more than one month since leaving care, as compared to 63% (n=28) of ILP youth.
What Youth Think About Independent Living Programs

Although youth who age out of foster care often report that they have received some preparation for adulthood, many have indicated that the preparation they received was irregular and that they did not feel prepared for life on their own after exiting care (Stein, 2004; Courtney et.al., 2005). Multiple studies have revealed the problems and challenges that currently exist within the independent living services field.

Courtney et.al. (2001) found that 85% of youth reported being educated on personal health care and decision-making skills, and many youth felt that ILP did not offer training for “real-life” activities. Other studies showed that independent living skills classes or workshops did not provide a serious learning environment and that the focus of many ILP sessions was substance abuse and sexually transmitted diseases, and that few addressed education, career planning or relationship building (Youth Advocacy Center, 2001). Moreover, sessions were not tailored to the needs of individual youth, and that youth rarely received tailored independent living services (Youth Advocacy Center, 2001). In a study of former foster youth, Casey Family Programs (2003) asked them to describe the factors that were crucial to success when they left foster care. The respondents emphasized the need for financial support, money management and skills development, higher education, and the availability of ongoing services beyond age 18.

Despite these findings, there is a lack of research that asks youth themselves what would help them in the transition from foster care or homelessness into independent living. This is indicative of a child welfare system that does not afford youth the ability to make, or be involved in making decisions that affect their lives, while they are in foster care, nor in planning for themselves after discharge. Wilson and Conroy (1999) found that only 319 of 1100 youth in foster care (29%) reported that they had discussed with their caseworkers what their situation
would be after they left their families and were living elsewhere. Cashmore (2001) found that youth were not permitted even a minimal role in planning for themselves and that they found the service planning process to be a “frustrating and disempowering experience.” Finally, Chaifetz (1999) found that more that half of the youth (57%) were not invited to service planning meetings and that a large majority (70%) who knew about the meetings received less than 2 weeks prior notice; more than 75% reported that they were not told they could bring someone with them; and more than one half who brought someone with them to the meeting were told that the individual could not attend the meeting.

Scannapieco, Schagrin, and Scannapieco (1995) described the Baltimore County Department of Social Services Independent Living Program, and the 44 youth served during the five-year period 1993-1998. They found that 50% had completed high school, 53% were employed, and 36% were living independently at the time of discharge. Mallon (1998) described the Green Chimneys Life Skills Program. Among the 46 youth served during the six-year period of 1988-1994, Mallon found that 79% were employed, 74% had completed high school and 61% were living independently at the time of discharge from foster care. A 2008 study of the Community College Foundation’s Life Skills Training (LST) found that among 222 youth randomly assigned to the LST treatment group, 60% had competed high school, and 45% were employed at age 19 (Los Angeles County Administration of Children and Families). Most recently, Kroner and Mares (2009) examined the outcomes of 455 youth who received services at the Lighthouse Independent Living Program during the period 2001-2006. They found that at the time of discharge, 60% of clients had completed high school or obtained a GED, 31% were employed or had completed a vocational training program, and one-third (33%) were living independently, either by themselves or with a friend.
Chapter 3
Purpose of Study, Research Questions and Methodology

Purpose of Study

The purpose of this study is to investigate the impact of an independent living program in upstate New York on foster and homeless youth’s ability to successfully transition to independence. A “successful” transition, upon discharge, is defined as improvement in housing, employment and education/vocational domains.

The significance of this study is two-fold. The first is to examine whether or not the program as a whole had any effect on the progress of youth in the aforementioned three domains. The second is to more closely analyze the associations between program outcomes and particular services provided. The overarching research question is: What factors predict better outcomes in housing, education, and employment? “The variable “better outcomes” is operationalized as a statistical difference between program entrance and exit. The following specific research questions will guide the quantitative portion of the study:

1) Is there a positive relationship between the number and type of services received and better outcomes? A t-test statistic is used to compare the number and types of services with outcomes for each youth in the study.

2) What is the relationship between outcomes and demographics (sex, age, race); a Chi Square statistic is used to compare outcomes with demographics.
3) What is the association between discharge status (planned or unplanned) and program outcomes; a Chi Square statistic is used to compare the dichotomous variable discharge status (planned versus unplanned) with outcomes.

4) What is the relationship between type of placement (scattered site or a 24 hour staffed building) and better outcomes? A Chi Square statistic is used to compare the dichotomous variable placement (scattered versus 24-hour staffed) to outcomes.

5) Do youth who receive services for a longer period of time have better outcomes than those who receive services for a shorter period of time? A t-test statistic is used to compare the entrance data to the exit data.

The qualitative portion of the study will be guided by a 24-question, semi-structured face-to-face interview with youth (see appendix). The survey instrument is used to see what the youth thought of their experience in the ILP, what they would have changed, and if they feel they are prepared for independent living. It is paramount that this research reflects the voices of the youth who are the most affected by these services. Their experiences, expressed needs and thoughts on how to improve programming are a vital part of designing services tailored to the needs of each youth. By addressing these questions, this study will assist the ILP administration to evaluate their services and enhance their outcomes for the youth in their programs.

**The Independent Living Program**

The Independent Living Program examined in this study has been operating its program since 1982. The program is funded primarily by the U.S. Department of Health and Human Services, Family and Youth Services Bureau, with secondary financial support from various community grants. The program serves male and female youth, ages 16-21, who are homeless or exiting from the foster care system. The program provides housing for up to 18 months, along
with services that are provided either through in-house Case Managers or referrals to outside agencies. These services include: counseling/therapy; peer counseling; life skills training; employment services; substance abuse assessment and/or treatment; legal services; psychological or psychiatric care; parenting education, recreational services; and support groups. The program also provides connections to cash or non-cash assistance programs upon discharge. These assistance programs include: Section 8; TANF; SSI or disability services; Medicaid; Food Stamps or WIC; unemployment insurance and workforce development services.

The housing provided by the program includes 14 apartments, five which are located in the same building and are staffed 24 hours a day. These apartments are usually reserved for youth who may need more supervision and guidance. The other 10 apartments are scattered-site apartments located within an apartment complex. The youth in these apartments have 24 hour-a-day on-call access to a staff member, but there are no staff on-site. Four of the ten apartments are reserved for homeless youth and five are reserved for foster youth. These apartments have two bedrooms and are usually occupied by youth with children or youth who require less supervision. Both sets of apartments can house 25 youth at a time, or a mixture of youth and their children.

Methodology

Design

This study employed a mixed methodology design. First, a one-group pretest-posttest was used. Data on homeless and foster youth who have participated in the ILP were collected utilizing an instrument called the National Extranet Optimized Runaway and Homeless Youth Management Information System (NEORHYMIS) and case record reviews. The NEO-RHYMIS is a national tool used by the U.S. Department of Health and Human Services Administration for
Children and Families. It was created to “collect and report information on the young people served by its grantee agencies, including youth demographics, services provided, and youth status at exit from the Family youth and Service Bureau-funded programs” (U.S. Department of Health and Human Services, n.d.) Data from the Neo-RHYMIS were entered into a database using Statistical Package for the Social Sciences version 17.0 (SPSS).

Both univariate and multivariate analysis were performed on the collected data. Descriptive statistics were used to describe the youth in the study in terms of age, gender, race, and length of stay in the program. Multivariate analysis was also used to explore whether any of the characteristics of the youth in the study or any of the services the youth received were predictive of being able to obtain housing, employment or advancing educational status. The goal of the multivariate analysis was to identify any predictors to obtaining housing, employment and advancing in educational status.

Sample

The sample for the quantitative portion of the study consists of 165 male and female foster and homeless youth, ages 16-21, who participated in the ILP from 2003-2011. These data were obtained via case record reviews of entrance and exit information collected from the NEORHYMIS. Only youth whose case manager had filled out the entrance and exit versions of the NEORHYMIS are included in the study. The sample for the qualitative portion of the study includes 20 youth, ages 16-21, who participated in the ILP from 2003-2010. These youths were recruited by posting flyers at the agency.

The Board of Directors, The Executive Director, the Coordinator of the Transitional Living Program and the Director of Youth Services at the agency where the ILP is located
allowed access to data in order to evaluate outcomes for youth in the transitional housing
program. The primary purpose of the evaluation is to quantify outcomes for youth in order to
identify areas of strength and weakness and improve service delivery.

**Measures**

**Outcome Variables**

The three dependent variables are: housing, employment and education. All three
variables will be measured at two times: once before and once after involvement in the
transitional housing program. Improvement in any of these variables will be determined by
whether or not a youth was able to obtain housing, move forward in their educational level and
obtain employment if that was a stated goal.

The housing variable will measure living situation at entry to and exit from the program.
This variable is the most straightforward measure, because the youth who enter the ILP do not
have a place to live. Because they all start as homeless, improvement is measured by whether or
not they have stable housing upon discharge from the program. This variable is operationalized
as living in one of the following:

- In a shelter (including: a basic center; other youth emergency shelter; homeless family
center; homeless shelter; or other temporary shelter).
- On the street (including: as a runaway or homeless youth).
- In a private residence (living independently, parent/legal guardian’s home; relative or
friend’s home; other adult’s home; other youth’s home; foster home; partner/spouse).
- In a residential program (including: transitional living program; other transitional living
program; group home; independent living program that is residential; job corps; drug
treatment center; residential treatment center; educational institution; other agency
residential program; in a correctional institution or detention center; in a mental hospital; in the military; in another living situation; and do not know). These variables will be able to be collapsed into categories during analysis.

The educational variable will measure the grade completed and school status at entrance and at exit. The grade completed variable will be analyzed in conjunction with how much time a youth spent in the program. If they were not in the program long enough to complete a grade, this will not be used as a measure of change or improvement. School status, however, can be used to measure change because it does not rely on a certain amount of time passing to create an accurate measure. The grade completed variable will be operationalized as:

- less than grade 5, grades 5-12;
- GED;
- some college;
- school program that does not have grades;
- do not know.

School status will be operationalized as:

- attending school regularly;
- attending school irregularly;
- graduated high school dropped out;
- suspended;
- expelled;
- do not know.

The employment variable will measure whether or not a youth was working upon entrance and then upon exit from the program, in addition to the type of employment, if any, at
each point. This variable will be analyzed in conjunction with the education variable because they are related. For instance, if a youth is going to school full time, they may have gone from full to part-time employment to accommodate school into their schedule. What may look like a gain in progress may not be when all variables are taken into consideration.

This variable will be operationalized as:

- full time employment;
- part-time employment;
- seasonal/sporadic;
- not employed/looking for work;
- not employed/in school;
- not employed, unable to work;
- not employed, not looking for work;
- and do not know employment status.

**Independent Variable**

The independent variable is the services received by the youth through the ILP. The services youth receive are self-reported by the youth’s Case Managers and are operationalized as follows:

**Mental Health Services:**

- Counseling/Therapy - crisis intervention, individual youth counseling, home-based services, group counseling, outdoor adventure/challenge activities, art therapy.
- Psychological or Psychiatric care - provision of assessment or treatment services by a licensed, certified medical, mental health professional or psychologist.
• Support Groups - participation in one or more support groups such as Alateen, Alcoholics Anonymous, Alanon, or a faith-based group.

Support Services:

• Provision of food, clothing, shelter, transportation.
• Peer Counseling/Education - includes learning disability assessment, tutoring, GED preparation, local school enrollment, vocational education.
• Legal Services - legal services or guidance of an attorney.
• Parenting Education - services designed to build improved parenting skills that are provided either to the youth with children or the parent of a youth.
• Recreational Activities - includes sports, arts and crafts, field trips, nature hikes;
• Community Service/Service Learning - activities that involve youth in helping others in the community.
• Life Skills Training - includes formal and informal coaching and training in communications skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene.
• Mentoring - Were youth mentored during and/or after their time in the program?
• Pregnant or Teen Parent - Were services provided to a pregnant or parenting teen? If yes, which services were provided (prenatal, birthing care, post-natal, nutrition/WIC, child care).

Employment Services:

• Includes services related to helping the youth obtain and retain employment, such as: assessment, coaching, filling out job applications, interviewing, practicing and conducting job searches, referrals, and job maintenance skills.
Physical Health Care Services:

- Provision of general health care or surgical services. This may include prenatal testing and other types of health screening.

Substance Abuse Services:

- Substance Abuse Assessment and/or Treatment - comprehensive assessment of an individual’s current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse;

- Substance Abuse Prevention - includes activities related to alcohol and drug abuse prevention, such as education, group activities, peer coaching, refusal skills.

Transitional, Exit care or Aftercare Services:

- A plan developed for the period during and after the young person has exited the program. This includes: a written transitional, aftercare, post ILP or follow-up plan or agreement that the youth has understood and agreed to; advice about and/or referral to appropriate assistance programs; placement in appropriate, permanent, stable housing (not a shelter); due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter that can provide age-appropriate safety, security and services, and supervision if advisable; exit counseling has been provided, including a discussion between staff and youth of exit options, resources, and destinations appropriate for his/her well-being and continued progress; a course of future follow-up treatment or services have been prescribed and scheduled, via referral or an outpatient or drop in basis; a follow-up meeting or series of staff/youth meetings or contacts have been scheduled to be held after youth has departed from the program; a package with such things as maps, information about local shelters and resources, a
phone card, fare tokens, healthy snacks have been provided; other, the youth refused or declined and all of the above aftercare/exit care services (including any additional services categorized under “other”).

- Program Connection - The youth has been connected to other federal, state, local or privately funded non-residential cash or non-cash assistance programs. These programs include: HUD Section 8; TANF; SSI or disability assistance; Medicaid; S-CHIP; Food Stamps; WIC; Childcare (Non TANF); Unemployment insurance; Workforce development services; Mentoring program; National Service (e.g. AmeriCorps, VISTA); Nonresidential substance abuse treatment or mental health program; other public federal, state or local program, private non-profit charity or foundation support.

  Services will be categorized as those received directly while they are in the program; outside service connections/referrals made by the program upon discharge; number of days in the program; type of program setting (scattered site apartments versus a 24-hour staffed building); age of youth; and, planned or unplanned discharge status.

**Procedures**

The independent and dependent variables will be measured using data collected from the National Extranet Optimized Runaway and Homeless Youth Management Information System (NEORHYMIS) and a case record review. The NEORHYMIS was created by the federal government to track the progress of youth participating in federally funded independent living programs. The NEO-RHYMIS data are cited in the Family and Youth Services Bureau (FYSB) Reports to Congress, in annual performance reports required by the Government Performance and Results Act, in hearings and testimony, and in reports by others interested in youth issues, such as the media, national resource organizations, and researchers. Many FYSB grantees also
share NEO-RHYMIS data locally with State or municipal agencies, funding sources, legislative authorities, advocates, and others who care about young people. Case Managers at the ILP fill out the NEORHYMIS at two times; once, upon entrance and a second time upon exit. The NEORHYMIS includes demographic information, along with information about the educational, employment, and living circumstances of each youth.

The case record review was employed to obtain additional data including: which residence youth are residing in; whether youth are employed full or part-time; last grade completed at entrance and exit; and, whether the program discharge was planned or unplanned. It was necessary to obtain additional information about particular variables in order to add meaning. In particular, the NEORHYMIS inquired about employment at exit and entrance, but did not ascertain whether employment was full or part-time. In addition, the question regarding last grade completed at entrance and exit did not allow for the Case Manager to record a specific grade, but rather a range (e.g. 9-12). Without precise information about exactly which grade a youth completed, there is no way to track progress in educational attainment. Since employment and educational attainment are two dependent variables, it is necessary to conduct the case record review to have as much information on these variables as possible.

**Data Analysis Plan**

These pre and post-test data will make it possible to track the progress of youth in the three outcome domains. Frequencies distribution tables will be created to show the demographic data clearly, including age, sex, gender, number of months in the program, type of discharge (planned/unplanned), and where youth are discharged. Where the independent variable is dichotomous or categorical, Chi-square tests will us used. Where the independent variable is continuous (age, weeks in program, etc.) t-tests will be used. The relationships between the
independent variables on youth outcomes will be statistically examined using a dependent sample t-test and suitable multivariate analyses. In addition, logistic regression will be used to test multivariate models. The 3 models will include: 1) unadjusted with only one independent variable in the model at a time; 2) adjusted models that control for pre-specified demographic variables (e.g. sex, age, gender) and 3) multivariate models that include all predictors that were found to be significant in unadjusted models, to determine which have the strongest association with positive outcomes.

The qualitative data will be collected via face-to-face interviews with youth. These data will be recorded with digital voice recorders for accuracy and transcribed soon after each interview. The survey questions will be used to guide the analyses and to organize the data. Every response to each question will be captured before the analysis begins. Once transcribed, a content analysis will be performed. These analyses will be carried out by coding the data for certain words or content, identifying recurrent themes or patterns and interpreting their meaning. This analysis will be completed for every question included on the survey instrument.

**Qualitative Data Collection**

**Interview Method**

This research is exploratory and the data for the analysis were gathered from an interview instrument designed to generate qualitative information about the experience of youth who received services from the ILP, including which services they found most and least beneficial, and if the services they received adequately prepared them for living independently. (Appendix: Interview Protocol).

Semi-structured face-to-face interviews were conducted by the researcher, a SUNY Albany School of Social Welfare Faculty member, and two of her Master’s-level Graduate
Research Assistants. The primary purpose of the interviews was to elicit not only the experience of the youth in the program, but also what the youth would modify about the program if they could and if the youth felt that they were adequately prepared by the program for independent living. The interview process gave youth the opportunity to speak for themselves and to articulate their own experiences as a recipient of services designed to prepare them for independent living.

As noted earlier, the literature reviews on both homeless youth and transitional age foster youth revealed that very few studies have focused on the opinions and experiences of the youth themselves. Only by directly asking youth what they need to prepare for independent living, can social workers and program developers create programs which will meet the stated needs of these youth. It is imperative that social workers who work with vulnerable populations ensure that the voices and experiences of individuals are heard, understood and meaningfully integrated into service delivery and policies governing such services. Face-to-face interviews allow the direct assessment of the experiences and opinions of youth rather than relying on researcher-based descriptions and proxy measures (e.g. ability to obtain employment, housing, education).

**Interview questions**

An interview instrument ensured that all topics were covered and provided prompts during the interview. While the instrument helped guide the interview, it did not take precedence over the open-ended nature of the questions. Allowing interviewees to diverge from the structured instrument permitted them to discuss issues they found important. Also, preliminary analysis was conducted upon completion of initial interviews so that unexpected areas of importance that emerged when interviewing early respondents could be included in subsequent interviews (Miles & Huberman, 1994; A. L. Straus, 1987). One implication of this flexible
approach was that categories for questioning are not always systematically applied in interviews with the total 28 respondents. Some respondents did not fully address all of the questions asked and others ended up talking about issues that were not specifically included in the survey instrument. So, the sample size changes because the interviews were sufficiently unstructured to evolve over time and react to unexpected discussions.

**Phrasing of questions**

The phrasing of a question influences the quality of information gathered. The development of the semi-structured interview protocol followed basic principles proposed in McCracken’s work, *The Long Interview* (1988). The first is that the goal of the interview was to let the respondent tell their own story in their own terms. To do this, questions were worded in a general and non-leading fashion. In practical terms this meant the question did not supply an answer to the respondent. For example, questions aimed at gathering information on factors that influence specific decisions did not read, “how did the ILP meet your needs?” This forces the respondent to reply in those terms. Rather, the questions read, “**did** the Transitional Housing Program meet your needs…and if so, in what ways did it meet or NOT meet your needs?”

Next, McCracken (1988) suggests that the interviewer have prompts, either written or “floating”, to follow the written question. Floating prompts are spontaneous and could be such devices as restating a word or phrase to push the respondent to expand on a comment. Both written prompts and the technique of restating information were used. Some prompts were foreseen, based on past literature. Another prompt suggested by McCracken is the “contrast” prompt, done by asking the respondent to explain the difference between several factors or variables he or she mentioned when responding to one question. The contrast questions were only used for categories that the respondent mentioned. In addition to non-directive and general
questions the wording was non-confrontational. Questions in the instrument were worded so that they did not say, “what was bad about this program” or “why didn’t you get your needs met.” Rather, the focus was on asking open-ended questions that were not leading or confrontational (e.g. “what services did you receive?”, and “what about the program was helpful to you?”

**Content analysis**

Initial analysis rested on the iterative process of content analysis. Data collection and analyses were interwoven as recommended by qualitative researchers (Miles & Huberman, 1994; Straus, 1987). Youth interviews were taped and during the interviews, notes were taken. Upon completion of interviews, notes and tapes were transcribed.

Data collection and preliminary analysis occurred during the same time period. A post-defined codes approach was utilized, where categories and characterization of responses were developed through data analysis and did not rest on preconceived notions (Becker, 1982; Miles & Huberman, 1994). Initially, transcripts were read and the location of responses to distinct questions from the interview instrument in the transcript was noted. Next, responses to individual questions were coded. After coding responses according to questions or topic areas (e.g. how did the program assist you, which services did you receive, do you feel prepared for independent living), transcripts were highlighted wherever any comments were located that were pertinent to the study but were not captured in direct response to a question. After highlighting comments, they were coded. The final codebook was organized into variables that corresponded to each section and question on the interview instrument and then variables that captured other comments.

Organizing the coding by discrete questions was done for two reasons. The first was that it was a means to arrange and simplify the large amount of data collected. The second was that
this study can be used to inform the general Social Work literature with the descriptive findings on what services youth find most helpful to prepare them for independent living and, if not, what they think they would need to be able to live independently. Sorting the data was the focus of the first stage of data coding. Grouping data was the focus of later stages of data coding where the goal was to measure a concept which could not be done well with a single indicator. So, responses were taken together to create broad conceptual areas such as “services that were the most/least helpful in preparing you for independent living” and “quality of treatment received by program staff”.

The second phase of analysis informs more theoretical questions. After developing the provisional concepts (which were those included on the interview instrument and those unexpected areas that came out during interviews) the next step was preliminary coding. This coding was done by hand in the margins of the transcripts and by highlighting comments. Next, a codebook that had variable names and values was created. The codebook and original variables are the result of data reduction, which is one level of coding. When the data are reduced, descriptive codes are developed, (Straus, 1987 calls them In Vivo) which do not include interpretation. The later stages of analysis involved developing themes and patterns that emerged across an entire interview and across respondents. These interpretive codes explain the descriptive ones and involve more of the researcher’s understanding. Last are the explanatory codes (Straus, 1987, refers to sociological constructs) which involve most of the researcher’s own interpretations and input and are used to pull all the material together (Miles & Huberman, 1994).
Limitations of the Method

Descriptive codes are not supposed to involve inference on the part of the researcher; this sort of thought is reserved for the interpretive and explanatory codes. However, not projecting one’s own beliefs into coding is unlikely and an often cited drawback of qualitative work. During the analysis phase the researcher’s own experiences, research skills, and knowledge of the field may influence response characterization, concept construction, and hypotheses development (Straus, 1987). While these are valid expectations, the same holds true for quantitative work. What researchers believe and expect to find may drive what they look for and measure. Further, Straus (1987) points out, personal experience and knowledge may be beneficial for qualitative work in that it enables one to mine the vast amount of data collected. An additional limitation may be that interviewing, coding, and analyses was done by one researcher. Several parties may see different concepts emerging or draw different inferences, which foster discussion and revision of ideas. Further, questions can be raised not from potential error on the part of the researcher but by the possibility that the responses of the youth could be unreliable. Respondents may withhold information if they did not feel comfortable with the interviewer or they may have withheld information if they wanted the interview to be brief. While these situations are possible, the interviews were as structured as possible to detect inconsistencies.

Study Limitations

The limitations of this study include issues related to data quality and generalizability. The qualitative data were taken from an instrument created by the federal government, and not researchers, to monitor the usage of services for youth who use independent living services. Because of this, the instrument lacks specificity and quantitative detail that a more research
oriented instrument may feature. In addition, there are no studies of the psychometric properties of the instrument. The generalizability of the data may be limited to a population of youth, ages 15-21, receiving independent living services in upstate, NY. A demographic analysis will be presented in order to compare the study participants with statewide and federal demographics in order to assess generalizability.

Subject Cooperation and Human Subjects Issues

Both the qualitative and quantitative portions of this dissertation project have been approved by the University at Albany’s Human Subjects Institutional Review Board (protocols # 06-373 and 06-149, respectively). The protocols approved by the IRB were adhered to during the duration of the study.

Chapter 4

Quantitative Results Section

The following section reports results based on data collected from the sample of 165 male and female foster and homeless youth, ages 16-21, who participated in the ILP from 2003-2012. As noted above, these data were collected from the NEORHYMIS, a data collection instrument created and used by the U.S. Department of Health and Human Services Administration for Children and Families, and from case record reviews of all 165 youth. Results Section I reports the findings for demographic and descriptive data for the population, including:

- Gender, sexual orientation, race, ethnicity, age
- Number of youth in foster care
- Number of youth who entered the program as a pregnant teen or a teen parent
- Who referred the youth to the program?
- Discharge Type- planned or unplanned
• Which ILP residence the youth lived in- scattered site apartments in the community versus 24/7 staffed apartment building
• Amount of time youth spent in program
• The youth’s stated critical issue (presenting problem)
• Services provided to the youth

**Demographic Data:**

**Gender:** Of the 165 youth, 33.3% (n=55) were male, 65.5% (n=108) were female and one person was transgender, male to female.

**Sexual Orientation:** Of the 165 youth, 86.1% (n=142) identified as heterosexual, 3.0% (n=5) identified as gay, 2.4% (n=4) identified as lesbian, 5.5% (n=9) identify as bisexual, .6 percent (n=1) identify as questioning/unsure and 1.8% (n=3) identify as not known or not determined.

**Race:** Most of the 165 youth- 61.8% (n=102)- identified as African American, while Caucasian was the second highest identified race (22.4%, n=37). Race was not identified for 14 youth (not provided or 999, which equals unknown), 2.4% (n=4) identified as mixed race, 1.8% (n=3) identified as Native Hawaiian or Other Pacific Islander and .6% (n=1) identified as American Indian or Alaska native.

**Ethnicity:** 14.5% (n=24) of the 164 youth identified as Hispanic or Latino and 75.2% (n=124) identified as Not Hispanic or Latino. For 7 of the youth, Ethnicity was reported as unknown or missing.

**Age at Entrance to Program:** The age of youth spanned from 16-23. Almost 80% (n=130) of the youth were in the 17-19-year-old age range. 10.3% (n=17) of youth were 16 years old, 8.5% (n=14) were 20 years old and 1.2% (n=2) were 21 years old at the time of entrance into the
program. There was one program participant who was age 22 and one who was 23 upon entrance into the program.

**Descriptive Data:**

**Number of Youth who were at one time in foster care:**

Information regarding status as a former foster child or youth was reported on 93 of the 165 youth included in the sample. The lack of reporting on this variable existed because youth either had a version of the collection tool that did not ask this (998) or it was not filled out by the case manager (999). Eighty percent of the 93 youth (n=74) reported that they had no history of being in foster care, while 20.4% (n=19) reported that they did have a history of being in foster care. Of those 19 youth, 7 had been in foster care for less than 12 months, and 5 had been in foster care for 1-2 years, 1 had been in care for between 3-5 years and 6 youth had been in care for more than 5 years.

**Number of youth who entered the program as pregnant or teen parents:**

This question was asked to both males and females upon entrance to the program. It was reported that 21 females or 8% of the 165 youth in the study were either pregnant or already a parent at the time they entered the program. Data were missing for 71 youth under this domain: 47 of these 71 had a NEORHYMIS version that did not ask this question and 24 of these 71 had a case manager who did not complete this information.

**Who referred youth to the Transitional Housing Program?**

There were data on who referred 143 of the 165 youth in the study. The greatest percentage of youth was referred from temporary shelters. Twenty-eight percent of the youth (n=45) were referred to the program from temporary shelters. Twenty-six out of the 45 youth were referred from a Family and Youth Service’s Bureau shelter, while 11 were referred from a youth
emergency shelter and 6 from homeless shelters. The second highest rate of referrals came from individuals. Thirty-six youth (or 22%) were referred to the program from individuals in their lives. Twenty-one out of these 36 youth were referred by a relative or friend, 7 were referred by a parent or guardian, 5 were referred by another adult or youth, 2 were referred by foster parents and 1 was referred by a partner or spouse.

The third largest group of youth referrals came from a residential program operated by the agency that operated the ILP or another agency. A total of 27 youth were referred by programs in this category. Ten youth were referred by other residential programs within the agency that operated the ILP, 3 youth were referred from outside agencies, 2 youth were referred from group homes, 1 youth from job corps, one youth from a residential treatment center, 5 youth from a residential drug treatment program and 5 youth from another residential program.

The fourth largest category of referrals came from other non-residential agencies or programs, from which 20 youth were referred. Twelve of these youth were referred from child welfare agencies, 6 were referred from agencies that provide services to youth, 1 was referred from a non-residential independent living program and 1 was referred from another non-residential program operated by the agency that operated the ILP. An additional 5 youth were referred from street outreach programs, 3 youth from juvenile justice facilities, 2 youth from law enforcement/police, 3 youth from the schools they attend and 2 youth from “other” organizations.

**Type of Residence Youth Lived in while in program (scattered site versus 24/7 supervised building).**

The data show that 89 youth (53.9%) lived in the supervised residence while 71 youth (43%) lived in the scattered-site apartments. There were data missing for 5 youth. The supervised
residence is housed in a building that the ILP owns that contains 14 apartments and is staffed 24 hours a day. These apartments are usually reserved for youth who may need more supervision and guidance. Tivoli refers to scattered-site apartments located within an apartment complex. The youth in these apartments have 24 hour-a-day on-call access to a staff member, but there are no staff on-site. Four of the ten apartments are reserved for homeless youth and five are reserved for foster youth. These apartments have two bedrooms and are usually occupied by youth with children or youth who require less supervision.

**Discharge Type:** Slightly more than 50% (50.3%; n=83) of the youth who exit the program do so with an “unplanned” discharge, while 47.3% (n=78) exit with a planned discharge. Discharge type is indicated by the caseworker upon a youth’s exit from the program. An unplanned discharge implies that a youth left before the caseworker had a chance to create a discharge plan or insure connection to services.

**Number of Days in Program:** The following numbers represent the number of days 158 youth out of the total 165 youth (data on 7 youth missing) spent in the program. The chart below delineates the number of days in the program, the number of months, and the number of youth in each category. The blue highlights the youth who have been in the program for between one and two years, the green highlights the youth who have been in the program for over two years. Twenty-two youth (14%) have been in the program for between one and two years and four youth (3%) have been in the program for more than two years. The two largest categories of youth are youth who stayed in the program for between two and three months (n=24; 15%) and youth who stayed for over one year, or 12-20 months (n=24; 15%).
<table>
<thead>
<tr>
<th>Number of days in Program</th>
<th>Number of months in Program</th>
<th>Number of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-31 (under 1 month)</td>
<td>&lt; 1 month</td>
<td>17</td>
</tr>
<tr>
<td>34-67 (between 1 and 2 months)</td>
<td>1-2</td>
<td>23</td>
</tr>
<tr>
<td>70-99 (between 2 and 3 months)</td>
<td>2-3</td>
<td>24</td>
</tr>
<tr>
<td>104-149 (between 3.4 and 4.9 months)</td>
<td>3.4-4.9</td>
<td>20</td>
</tr>
<tr>
<td>152-199 (5-6.5 months)</td>
<td>5-6.5</td>
<td>14</td>
</tr>
<tr>
<td>205-238 (6.7-7.8 months)</td>
<td>6.7-7.8</td>
<td>9</td>
</tr>
<tr>
<td>242-298 (8-9.7 months)</td>
<td>8-9.7</td>
<td>14</td>
</tr>
<tr>
<td>307-357 (10-11.7 months)</td>
<td>10-11.7</td>
<td>11</td>
</tr>
<tr>
<td>367-417 (12-13.7 months)</td>
<td>12-13.7</td>
<td>6</td>
</tr>
<tr>
<td>426-484 (14-15.9 months)</td>
<td>14-15.9</td>
<td>6</td>
</tr>
<tr>
<td>489-546 (16-17.9 months)</td>
<td>16-17.9</td>
<td>4</td>
</tr>
<tr>
<td>549-637 (18-20.9 months)</td>
<td>18-20.9</td>
<td>6</td>
</tr>
<tr>
<td>730 (24 months or 2 years)</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>965 (31 months or 2.6 years)</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>1025 (33.7 months or 2.8 years)</td>
<td>33.7</td>
<td>1</td>
</tr>
<tr>
<td>1217</td>
<td>40</td>
<td>1</td>
</tr>
</tbody>
</table>

**Youth’s Stated Critical Issue:**

The table below organizes the youth’s reported critical issue with the number of times each issue was reported, from most reported youth issue to least reported issue. In order to organize these data, they are broken up into 4 tiers:

- **Green Tier:** Critical Issues that are reported over 50% of the time
- **Blue Tier:** Critical Issues that are reported at least 30% of the time.
- **Orange Tier:** Critical Issues reported at least 10% of the time
- **White Tier:** Critical Issues reported under 10% of the time.

<table>
<thead>
<tr>
<th>Youth Critical Issue</th>
<th>Percentage Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>66.6% (n=110)</td>
</tr>
<tr>
<td>Household Dynamics</td>
<td>66% (n=109)</td>
</tr>
<tr>
<td>School and Education</td>
<td>63% (n=104)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>58.2% (n=96)</td>
</tr>
<tr>
<td>Health Issue</td>
<td>Percentage (n)</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Alcohol and Other Drug Abuse</td>
<td>35.9% (n=59)</td>
</tr>
<tr>
<td>Health Issues</td>
<td>35.2% (n=58)</td>
</tr>
<tr>
<td>Abuse and Neglect (by parent or guardian)</td>
<td>34.6% (n=57)</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>29.7% (n=49)</td>
</tr>
<tr>
<td>Pregnant or Teen Parent</td>
<td>13.9% (n=21)</td>
</tr>
<tr>
<td>Family Insufficient Income to Support Youth</td>
<td>12.1% (n=20)</td>
</tr>
<tr>
<td>Sexual Orientation/Gender Identity</td>
<td>9.1% (n=15)</td>
</tr>
<tr>
<td>Incarcerated Parent of Youth</td>
<td>8.5% (n=14)</td>
</tr>
<tr>
<td>Mental Disability</td>
<td>6% (n=10)</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>3% (n=5)</td>
</tr>
</tbody>
</table>

**Services Provided to Youth:**

The NEORHYMIS provided 18 different categories of services offered to youth that caseworkers had to choose from. There was no option to write in additional services not included in the menu of services or to indicate “other.” The following chart shows the services that were provided by both the ILP program itself and other community based agencies not operated by the ILP.

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided by the ILP</th>
<th>Provided by Another Service or Program Operated by the ILP</th>
<th>Provided by other community agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/therapy</td>
<td>28.5% (n=47)</td>
<td>2.4% (n=4)</td>
<td>1.8% (n=3)</td>
</tr>
<tr>
<td>Basic Support Services</td>
<td>52.7% (n=87)</td>
<td>0</td>
<td>0.6% (n=1)</td>
</tr>
<tr>
<td>Peer (youth) counseling</td>
<td>5.5% (n=9)</td>
<td>5.5% (n=9)</td>
<td>2.4% (n=4)</td>
</tr>
<tr>
<td>Education Services</td>
<td>24.2% (n=40)</td>
<td>3% (n=5)</td>
<td>7.9% (n=13)</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>41.8% (n=69)</td>
<td>9.7% (n=16)</td>
<td>1.2% (n=2)</td>
</tr>
<tr>
<td>Service Type</td>
<td>Percent (n)</td>
<td>Percent (n)</td>
<td>Percent (n)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Employment Services</td>
<td>33.3% (n=55)</td>
<td>.6% (n=1)</td>
<td>2.4% (n=4)</td>
</tr>
<tr>
<td>Physical Health Care Services</td>
<td>17% (n=28)</td>
<td>.6% (n=1)</td>
<td>12.7% (n=21)</td>
</tr>
<tr>
<td>Dental Care Services</td>
<td>11.5% (n=19)</td>
<td>0</td>
<td>9.7% (n=16)</td>
</tr>
<tr>
<td>Psychological or Psychiatric Services</td>
<td>18.8% (n=31)</td>
<td>2.4% (n=4)</td>
<td>7.3% (n=12)</td>
</tr>
<tr>
<td>Substance Abuse Assessment and/or Treatment</td>
<td>20.6% (n=34)</td>
<td>14.5% (n=24)</td>
<td>.6% (n=1)</td>
</tr>
<tr>
<td>Substance Abuse Prevention Services</td>
<td>23.6% (n=39)</td>
<td>3.6% (n=6)</td>
<td>7.3% (n=12)</td>
</tr>
<tr>
<td>Legal Services</td>
<td>1.8% (n=3)</td>
<td>2.4% (n=4)</td>
<td>4.8% (n=8)</td>
</tr>
<tr>
<td>Parenting Education for Youth with Children</td>
<td>7.3% (n=12)</td>
<td>0</td>
<td>.6% (n=1)</td>
</tr>
<tr>
<td>Parenting Education for Parent of Youth</td>
<td>2.4% (n=4)</td>
<td>0</td>
<td>Unknown</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>27.9% (n=46)</td>
<td>3.0 (n=5)</td>
<td>Unknown</td>
</tr>
<tr>
<td>Support Groups</td>
<td>5.5% (n=9)</td>
<td>4.2% (n=7)</td>
<td>0</td>
</tr>
<tr>
<td>Community Service/Service Learning</td>
<td>2.4% (n=4)</td>
<td>.6% (n=1)</td>
<td>1.2% (n=2)</td>
</tr>
</tbody>
</table>

**Results: Demographic and Descriptive Data**

**Demographic Data:**

Eleven and a half percent of youth identified as *not* heterosexual, which is about two and a half times greater than the 3.5% (n=9 million) of individuals who identify as gay, lesbian or bisexual in the general United Stated population (Gates, 2015). The youth interviews revealed that multiple youth were kicked out of their homes due to conflict over sexual identity and/or gender expression, which may explain why the percentage of youth who identify as gay, lesbian or bisexual is higher than in the general population.

The data on race show that a majority of the youth in the program (61.8%) are African American, 22.4% are Caucasian and 14.5% are Hispanic. The county in which the ILP is located is comprised of: 73% Caucasian (n=225,853), 11.4% Black (n=35,399), and 5.9% Hispanic.
(n=18,208) individuals. Thus there is an overrepresentation of both African Americans and Hispanics and an underrepresentation of Caucasians (DataUsa, 2016) in this sample.

**Descriptive Data:**

**Services provided to youth:**

Among the services provided by the ILP, the service provided most (52.7%, n=87) comprised basic support services. These services include the provision of food, clothing, shelter and transportation. Life skills training was the second service provided most to youth (41.8%, n=69) and employment services was the third (33.3%, n=55). If the 2 categories of youth who received psychological or psychiatric services are combined with the youth who received substance abuse assessment and/or treatment, that category would be the third most provided service, with 39.4% (n=65) of youth receiving one or both of these services. The mission of the program is in part to help youth “make a successful transition to life on their own.” For youth who are homeless or in foster care, securing housing is critical to a transition to independence. As such, a housing domain should to be included to measure any housing services that youth were offered during their tenure in the program.

Among services provided by another service program operated by the ILP, substance abuse assessment and/or treatment was the most utilized service (14.5%, n=24). Life skills training (9.7%, n=16) and peer/youth counseling (5.5%, n=9) were the second and third most frequently provided services. 35.5% (n=68) of youth received substance abuse assessment and/or treatment from either the agency that operated the ILP or another community provider. This shows that over a third of youth in the program are either actively struggling with addiction or have shown signs that they are struggling with addiction and were referred to be assessed.
In the category of services provided by another agency, physical health care services were most frequently utilized (12.7%, n=21), along with dental care services (9.7%, n=16) and education services (7.9%, n=13). In addition, 7.3% (n=12) of youth were referred to psychological or psychiatric services and substance abuse prevention services.

The table below shows total number of services provided across all 3 service types: 1) services provided by the ILP, 2) services provided by another program of the agency that operated the ILP and 3) services provided by other community agencies. The table reveals that the service that most youth receive from the ILP is Basic Support Services (52.7%, n=87). Basic support services include food, shelter, clothing and transportation. Life skills training was the second service provided most to youth (41.8%, n=69) and employment services was the third (33.3%, n=55).

Among services provided by another service program operated by the ILP, substance abuse assessment and/or treatment was the most utilized service (14.5%, n=24). Life skills training (9.7%, n=16) and peer/youth counseling (5.5%, n=9) were the second and third most frequently provided services. In the category of services provided by another agency, physical health care services were most frequently utilized (12.7%, n=21), along with dental care services (9.7%, n=16) and education services (7.9%, n-13). In addition, 7.3% (n=12) of youth were referred to psychological or psychiatric services and substance abuse prevention services.

The service provided the most across all three service providers was basic support services, with 53.3% of youth receiving this service from one of the provider types. Life skills training is the second most frequently provided services with 52.7% of youth receiving this service from one of the provider types, while employment services were the third most
frequently provided services, with 36.3% of youth receiving this service at one of the provider types.

### Services Provided to Youth by Provider

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided by the ILP</th>
<th>Provided by Another Service or Program Operated by the Agency that Operated the ILP</th>
<th>Provided by other community agency</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Support Services</td>
<td>52.7% (n=87)</td>
<td>0</td>
<td>.6% (n=1)</td>
<td>53.3%</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>41.8% (n=69)</td>
<td>9.7% (n=16)</td>
<td>1.2% (n=2)</td>
<td>52.7%</td>
</tr>
<tr>
<td>Employment Services</td>
<td>33.3% (n=55)</td>
<td>.6% (n=1)</td>
<td>2.4% (n=4)</td>
<td>36.3%</td>
</tr>
<tr>
<td>Counseling/therapy</td>
<td>28.5% (n=47)</td>
<td>2.4% (n=4)</td>
<td>1.8% (n=3)</td>
<td>32.7%</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>27.9% (n=46)</td>
<td>3.0 (n=5)</td>
<td>unknown</td>
<td>30.9%</td>
</tr>
<tr>
<td>Education Services</td>
<td>24.2% (n=40)</td>
<td>3% (n=5)</td>
<td>7.9 (n=13)</td>
<td>35.1%</td>
</tr>
<tr>
<td>Substance Abuse Prevention Services</td>
<td>23.6% (n=39)</td>
<td>3.6% (n=6)</td>
<td>7.3% (n=12)</td>
<td>34.5%</td>
</tr>
<tr>
<td>Substance Abuse Assessment and/or Treatment</td>
<td>20.6% (n=34)</td>
<td>14.5% (n=24)</td>
<td>.6% (n=1)</td>
<td>35.7%</td>
</tr>
<tr>
<td>Psychological or Psychiatric Services</td>
<td>18.8% (n=31)</td>
<td>2.4% (n=4)</td>
<td>7.3% (n=12)</td>
<td>28.5%</td>
</tr>
<tr>
<td>Physical Health Care Services</td>
<td>17% (n=28)</td>
<td>.6% (n=1)</td>
<td>12.7% (n=21)</td>
<td>30.3%</td>
</tr>
<tr>
<td>Dental Care Services</td>
<td>11.5% (n=19)</td>
<td>0</td>
<td>9.7% (n=16)</td>
<td></td>
</tr>
<tr>
<td>Parenting Education for Youth with Children</td>
<td>7.3% (n=12)</td>
<td>0</td>
<td>.6% (n=1)</td>
<td>7.9%</td>
</tr>
<tr>
<td>Peer (youth) counseling</td>
<td>5.5% (n=9)</td>
<td>5.5% (n=9)</td>
<td>2.4% (n=4)</td>
<td>13.4%</td>
</tr>
<tr>
<td>Support Groups</td>
<td>5.5% (n=9)</td>
<td>4.2% (n=7)</td>
<td>0</td>
<td>9.7</td>
</tr>
<tr>
<td>Parenting Education for Parent of Youth</td>
<td>2.4% (n=4)</td>
<td>0</td>
<td>Unknown</td>
<td>2.4%</td>
</tr>
<tr>
<td>Community Service/Service Learning</td>
<td>2.4% (n=4)</td>
<td>.6% (n=1)</td>
<td>1.2% (n=2)</td>
<td>4.2</td>
</tr>
<tr>
<td>Legal Services</td>
<td>1.8% (n=3)</td>
<td>2.4% (n=4)</td>
<td>4.8% (n=8)</td>
<td>9.0%</td>
</tr>
</tbody>
</table>
Youth Stated Critical Issue:

These data show that the most reported youth issue is tied between housing and household dynamics (there is only a .6; n=1 difference between the two categories). The second most widely reported critical issue is school and education, followed by unemployment. What is notable about these top 3 reported Youth Critical Issues is that housing, employment, and education are expected needs of youth that are widely reported on in the literature. However, the high rate of youth who report that household dynamics were their critical issue is more unexpected because it is not noted as much in the literature. It also begs the question: if services were put into place to support a youth and their family, would youth be less likely to need a transitional living program?

The second tier of youth critical issues comprises categories that relate to physical and behavioral health needs. Almost 36% of youth reported that alcohol and other drug abuse was their critical issue, while 35.2% reported health issues and 30% reported mental health issues. The only non-health related critical issue in this tier is abuse and neglect, which 35% of youth reported as their critical issue.

The third tier of youth critical issues includes domains that are reported at least 10% of the time. Included in this tier are the 2 domains: “pregnant/teen parents” (14%, n=23) “family has insufficient income to support youth” (12%, n=20). Many former foster and homeless youth experience families who do not have the financial ability to help support them. However, within the study population, lack of access to financial resources is not as large of an issue as their household dynamics and behavioral health needs.

The fourth tier includes domains that were reported less than 10% of the time. These include: sexual orientation/gender identity (9%; n=15), incarcerated parent of youth (8.5%,
n=14), mental disability (6%, n=10) and physical disability (3%, n=5). Few youth reporting a mental or physical disability is expected, because there are other social service systems where youth with those issues would have greater and more tailored resources. Fifteen youth (9%) are victims of homophobia and stigma.

**Results: Statistical Findings**

Results section II presents the statistical findings from the tests that were used to ascertain whether or not there were any significant associations between positive outcomes for youth and independent variables: employment, education and housing status in order to answer the following research questions:

1) Is there a positive relationship between the number and type of services received and good outcomes?

2) What is the relationship between good outcomes and demographics (sex, age, race)?

3) What is the association between discharge status (planned or unplanned) and program outcomes?

4) What is the relationship between type of placement (scattered site or a 24 hour staffed building) and good outcomes?

5) Do youth who receive services for a longer period of time have better outcomes than those who receive services for a shorter period of time?

Based on data collected from the NEORHYMIS at entrance and exit, participants were classified into either poor or good status in three domains: housing, work, and school. This was done in order to create dichotomous variables for analysis. For housing, participants were considered having good status if they reported currently living in a private residence or residential program. Poor housing status included living in a shelter, on the street, in a
correctional institution, or in a mental hospital. For work, participants were classified as experiencing a good status if they reported being currently employed full- or part-time. For school, good status was defined as attending school regularly or having graduated/received a GED. Finally, work and school variables were combined so that good status meant being employed OR attending school regularly/already graduated. Participants were classified as having poor status if they had not graduated, were not regularly attending school, AND were not employed full- or part-time.

Based on these classifications, two dichotomous variables were calculated as dependent variables for statistical analyses: good housing status at exit and good work/school status (combined) at exit. Those with a good status were statistically compared to those with a poor status using chi-square tests for dichotomous variables and t-tests for continuous variables. Dichotomous independent variables include gender (male vs. female), sexual orientation (heterosexual vs. other), race (African-American vs. other), residence (supervised vs. scattered site), and discharge type (planned vs. unplanned). Continuous independent variables include age (at study entrance), number of services received, and number of days between entrance and exit dates. This last variable had a skewed distribution and was therefore log-transformed prior to statistical analyses.

| Table x: Changes in status between entrance and exit |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Status at Entrance | Status at Exit | Housing (n=151) | Work (n=143) | School (n=144) | Work/School (n=135) |
| Poor | Poor | 7 (5%) | 51 (36%) | 38 (26%) | 45 (33%) |
| Good | Poor | 8 (5%) | 11 (8%) | 20 (14%) | 27 (20%) |
| Good | Good | 81 (54%) | 42 (29%) | 69 (48%) | 43 (32%) |
| Poor | Good | 55 (36%) | 39 (27%) | 17 (12%) | 20 (15%) |

1 Total N varies by domain due to missing data.
Table x (above) shows the distribution of poor and good status at entrance and exit in each domain. The majority of participants (90%) had a good housing status at exit. Poor status at exit was more common in the domains of work and school. At study exit, over half (53%) were neither working nor in school/graduated.

Table y (below) contains the results of chi-square tests testing for an association between good status at exit and 5 dichotomous independent variables. Table z (below) has the results from t-tests comparing those with good status at exit to those with poor status on 3 continuous variables.

Table y: The association between good outcomes at exit and dichotomous independent variables

<table>
<thead>
<tr>
<th>Housing Status at Exit</th>
<th>Work/School Status at Exit</th>
<th>Poor n=15</th>
<th>Good n=136</th>
<th>Poor n=72</th>
<th>Good n=63</th>
<th>( \chi^2 ) (df)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>9 (9%)</td>
<td>91 (91%)</td>
<td>49 (53%)</td>
<td>43 (47%)</td>
<td>0.01 (1)</td>
<td>.925</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>5 (10%)</td>
<td>45 (90%)</td>
<td>22 (52%)</td>
<td>20 (48%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td></td>
<td>12 (9%)</td>
<td>118 (91%)</td>
<td>62 (53%)</td>
<td>54 (47%)</td>
<td>0.00 (1)</td>
<td>.969</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3 (17%)</td>
<td>15 (83%)</td>
<td>9 (53%)</td>
<td>8 (47%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td></td>
<td>9 (10%)</td>
<td>86 (90%)</td>
<td>50 (58%)</td>
<td>36 (42%)</td>
<td>1.26 (1)</td>
<td>.262</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>6 (13%)</td>
<td>40 (87%)</td>
<td>20 (48%)</td>
<td>22 (52%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised Site</td>
<td></td>
<td>7 (8%)</td>
<td>76 (92%)</td>
<td>35 (47%)</td>
<td>39 (53%)</td>
<td>2.48 (1)</td>
<td>.115</td>
</tr>
<tr>
<td>Scattered Site</td>
<td></td>
<td>7 (11%)</td>
<td>57 (89%)</td>
<td>36 (61%)</td>
<td>23 (39%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Discharge</td>
<td></td>
<td>3 (4%)</td>
<td>71 (96%)</td>
<td>29 (43%)</td>
<td>38 (57%)</td>
<td>5.53 (1)</td>
<td>.019</td>
</tr>
<tr>
<td>Unplanned Discharge</td>
<td></td>
<td>11 (15%)</td>
<td>62 (85%)</td>
<td>42 (64%)</td>
<td>24 (36%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ns do not always sum to the total N due to missing data. Percent’s are of those with non-missing data.

Table z: The association between good outcomes at exit and continuous independent variables.

<table>
<thead>
<tr>
<th></th>
<th>Housing Status at Exit</th>
<th></th>
<th>Work/School Status at Exit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor n=15</td>
<td>Good n=136</td>
<td>Poor n=72</td>
<td>Good n=63</td>
</tr>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td></td>
<td>t (df)</td>
<td>p</td>
<td>t (df)</td>
<td>p</td>
</tr>
<tr>
<td>Age</td>
<td>17.67 (1.11)</td>
<td>17.93 (1.33)</td>
<td>-0.75 (149)</td>
<td>.456</td>
</tr>
<tr>
<td>Number of Services</td>
<td>9.07 (2.89)</td>
<td>8.89 (2.81)</td>
<td>0.23 (149)</td>
<td>.818</td>
</tr>
<tr>
<td>Days until Exit</td>
<td>89.73 (70.08)</td>
<td>225.41 (209.33)</td>
<td>-3.06 (147)</td>
<td>.003</td>
</tr>
</tbody>
</table>

1 Days until Exit had a skewed distribution and was therefore log-transformed for analyses. Mean and SD are from raw data, but t-test statistics are from analyses after log-transformation.

Variables associated with good housing status at exit.

Table y shows that those who had a planned discharge were significantly more likely to have good housing status at exit than those who had an unplanned discharge (96% vs. 85%; p=.023). An unplanned discharge meant one of three things: 1) The youth was involuntarily terminated from the program with no plan or invitation to return; 2) the youth voluntarily left the program to pursue a more beneficial independent living opportunity (e.g. attending college, living with a stable family member); 3) the youth voluntarily left the program but had no definitive plans to return. In contrast, a planned discharge meant that the youth completed the term and plan of service developed together with the case manager, and had enough resources in place to pursue living independently. Table z (above) also shows that those with a good housing status at exit were in the program significantly longer, with an average of 225 days between entrance and exit, compared to 90 days for those with poor housing status at exit (p=.003). Good
housing status at exit was not significantly associated with gender, sexual orientation, race, residence, age, or number of services received.

Variables associated with good work/school status at exit.

As with good housing status, good work/school status at exit was also significantly associated with having a planned discharge (57% had good status at exit compared to 36% of those with an unplanned discharge or poor status; p=.019) and more days in the program (234 for those with good work/school status at exit compared to 189 days for those with poor status, p=.041).

In addition, table z shows those with a good work/school status at exit were slightly older when they entered the program than those with a poor status (18.11 vs. 17.65; p=.050). Good work/school status at exit was not significantly associated with gender, sexual orientation, race, residence, or number of services received.

Quantitative Results Section Discussion

The analysis conducted allowed for answers to most of the research questions that were posed.

1) Is there a positive relationship between the number of services received and better outcomes?

The analysis shows that number of services that youth received is not significantly associated with positive outcomes in either housing, work or school. This may indicate that fewer, more targeted services may better meet the needs of youth, rather than a high volume of services that may or may not be tailored to the needs of the youth.

2) What is the relationship between outcomes and demographics?

Positive outcomes in the domains of housing, school and work were not significantly associated with demographics (gender, sexual orientation, race, age). The only demographic variable that was significantly associated with positive outcomes was age within the work/school
domain, but not the housing domain. That analysis shows that those with a good work/school status at exit were slightly older when they entered the program that those with a poor status (18.11 vs. 17.65; p=.050). There is no way to know why slightly older youth have more positive work/school outcomes. However, because youth typically graduate from high school at age 18, this may simply reflect the fact that these youths were already moving onto work and other educational opportunities before they entered the program.

3) What is the association between discharge status (planned or unplanned) and program outcomes?

Planned discharges were significantly associated with good outcomes in the housing and work/school domains. Youth who had a planned discharge were significantly more likely to have good housing and good work/school status at exit than those who had an unplanned discharge (96% vs. 85%; p=.023 for housing and 57% vs. 36%; p=.019 for work/school).

Conversations with the ILP staff indicated that the high rate of unplanned discharges were of concern to them. Slightly more than 50% (50.3%; n=83) of the youth who exit the program do so with an “unplanned” discharge, while 47.3% (n=78) exit with a planned discharge. Many of the case workers and program administrators thought anecdotally that the youth who left early would have poorer outcomes than the youth who left with a discharge plan and connection to services in place. Such high rates of unplanned discharges could potentially warrant an increase in the use of engagement strategies by staff. The qualitative interviews conducted reveal that, typically, youth who are engaged in the program and feel that the program is meeting their needs, will stay until they have secured housing and have the services that they need in place.
4) What is the relationship between type of placement (scattered site or a 24 hour staffed building) and better outcomes?

Type of placement was not significantly associated with any outcomes—good or poor—in the housing or the work/school domains. Although this could be attributed to multiple causes, the most likely is that the staff at the ILP have an effective assignment (there is no random assignment) process where they assign youth to one or the other setting. Upon intake, staff assess the youth to determine the appropriate level of supervision that they need. This assessment takes into account age, life experiences, level of prior exposure to independent skills training and prior experiences living alone. The finding that youth at the two program sites have similar outcomes, is most likely due to the fact that staff appropriately assign youth to the setting which best suits their needs.

5) Is length in the ILP program associated with better outcomes?

Greater number of days in the ILP program was significantly associated with both good housing and work/school status. Youth with a good housing status at exit were in the program significantly longer, with an average of 225 days between entrance and exit, compared to 90 days for those with poor housing status at exit (p=.003). Youth with good work/school status were also in the program longer that youth with poor work/school status (234 for those with good work/school status at exit compared to 189 days for those with poor status, p=.041).

The number of days in program variable was significantly skewed, ranging from under one month to 40 months. Most youth stayed in the program between one and three months; youth with planned discharges stayed in the program an average of 100 days longer than youth with unplanned discharges (p=.001). Additionally, the findings show that youth need to be in the program for about 7 months (225 days) in order to have a higher chance of obtaining a good
outcome. Given that most youth only stay in the program for between one and three months, program staff may have to increase engagement strategies in order to ensure that youth can remain in the program long enough to get the greatest benefit.

Chapter 5

Qualitative Results Section

Data Collection

Interview Method

This research is exploratory and the data for the analysis were gathered from an semi-structured interview instrument. The instrument was designed to generate qualitative information about the experience of youth who received services from the ILP. In order to collect these qualitative data, face-to-face interviews were conducted by this researcher, a SUNY Albany School of Social Welfare faculty member, and two master’s-level Graduate Research Assistants.

The primary purpose of the interviews was to elicit not only the experience of the youth in the program, but also what the youth would modify about the program if they could and if the youth felt that they were adequately prepared for independent living by the program. The interview process gave youth the opportunity to speak for themselves and to articulate their own experiences as a recipient of services designed to prepare them for independent living.

The literature reviews on both homeless youth and transitional age youth revealed that very few studies have focused on the opinions and experiences of the youth themselves. Only by directly asking youth what they need to prepare for independent living, can social workers and program administrators create programs and services which will meet the stated need of these youth. It is imperative that social workers who work with vulnerable populations ensure that the
voices and experiences of individuals are heard, understood and meaningfully integrated into service delivery and policies governing such services. Face-to-face interviews allow the direct assessment of the experiences and opinions of youth rather than relying on researcher-based descriptions and proxy measures (e.g. ability to obtain employment, housing, education).

Interview questions

While the instrument (see Appendix A) helped guide the interview, it did not take precedence over the open-ended nature of the questions. Allowing interviewees to diverge from the structured instrument permitted them to discuss issues they found important. One implication of this flexible approach was that interview categories are not systematically addressed among the total 23 respondents. Some respondents did not fully address all of the questions asked and others ended up talking about issues that were not specifically included in the survey instrument. Thus, the sample size changes because the interviews were sufficiently unstructured to be responsive to each respondent and to pursue unexpected topics and discussions.

Analysis

Content analysis

Initial analysis relied on the iterative process of content analysis. Data collection and analyses were interwoven as recommended by qualitative researchers (Miles & Huberman, 1994; Straus, 1987). Youth interviews were taped; during the interviews, notes were taken. Upon completion of interviews, notes and tapes were transcribed by the individual who conducted the interview. Data collection and preliminary analysis occurred during the same time period. A post-defined codes approach was utilized, where categories and characterization of responses were developed through data analysis and did not rest on preconceived notions (Becker, 1982; Miles & Huberman, 1994).
Initially, transcripts were read and the location of responses to distinct questions from the interview instrument in the transcript was noted. Next, responses to individual questions were coded. After coding responses according to questions or topic areas (e.g. how did the program assist you, which services did you receive, do you feel prepared for independent living), transcripts were highlighted to locate comments pertinent to the study but were not captured in direct response. After highlighting comments, they were coded.

Organizing the coding by discrete questions was done for two reasons. The first was that it was a means to arrange and simplify the large amount of data collected. The second was that this study can be used to inform the general Social Work literature with the descriptive findings on what services youth find most helpful to prepare them for independent living and, if not, what they think they would need to be able to live independently. Sorting the data was the focus of the first stage of data coding. Grouping data was the focus of later stages of data coding where the goal was to measure a concept which could not be done well with a single indicator. Responses were taken together to create broad conceptual areas such as “services that were the most/least helpful in preparing you for independent living” and “quality of treatment received by program staff”.

The later stages of analysis involved developing themes and patterns that emerged based across an entire interview and across respondents. These became interpretive codes which involve more of the researcher’s understanding and explanatory codes. These comprise primarily the researcher’s own interpretations and input and are used to pull all the material together (Miles & Huberman, 1994).
Limitations of the method

Projecting one’s own beliefs into coding is undesirable and an often cited drawback of qualitative work. During the analysis phase the researcher’s own experiences, research skills, and knowledge of the field may influence response characterization, concept construction, and hypotheses development (Straus, 1987). While these are valid expectations, the same holds true for quantitative work. What researchers believe and expect to find drives what they look for and measure. Further, Straus points out, personal experience and knowledge may be beneficial for qualitative work in that it enables one to mine the vast amount of data collected. An additional limitation may be that coding and analyses were done by one researcher. Several parties may see different concepts emerging or draw different inferences, which foster discussion and revision of ideas. However, coding was reviewed by two Ph. D-level colleagues with expertise in child welfare and transition age youth. While this was not a systematic check of work, it was a balance mechanism.

Another limitation includes the possibility that the responses of the youth could be unreliable. Respondents may withhold information if they did not feel comfortable with the interviewer or if they wanted the interview to be brief, or simply did not want to answer a particular question. As interviews began, youth appeared reticent and were harder to engage. As time went on and interviews progressed, youth spoke more readily and were more generally talkative in interviews. It is possible that youth spoke about the interview process outside of the interviews and in doing so knew what to expect in the interview. This could have reduced anxiety about the interview, or provided them with more time to think about responses prior to the interview.
Demographic Description of Youth Interviewed:

The sample of 23 youth who participated in interviews was closely reflective of the study sample at-large across demographics. The entire study population consisted of 61.8% African American, 22.4% Caucasian, 2.4% mixed race and 1.8% Native Hawaiian or Other Pacific Islander and .6% (n=1) American Indian or Alaska native youth. While there was no one who identified as mixed race or Native Hawaiian on the qualitative portion of the study, 61% of the study population identified as African American and 30.4% identified as Caucasian, which closely reflects the study population as a whole. Ethnicity was not as closely aligned, with 14.5% of the total study population identified as Hispanic or Latino compared to 9% of the qualitative sample identified as Hispanic. Gender was very closely aligned between the qualitative and quantitative portions of the study, with 65.5% of the total study population identifying as female and 69.5% of the qualitative portion identifying as female. This was also true for males, with 33.3% of the total study population identifying as male, and 30.4% of the qualitative portion of the study identifying as male.

Another demographic comparison was the number of youth who entered the program either being pregnant or already parenting. It was reported that 21 youth (8%) of the 165 youth in the study were either pregnant or already a parent at the time they entered the program, whereas 3 youth (13%) who participated in the qualitative interviews were either pregnant or parenting. Because these youths have a whole set of needs that are very different from those without children, it is important that their experiences be captured. Efforts to recruit youth to participate
in interviews were not targeted to particular youth, therefore it is serendipitous that 13% of youth who participated in the qualitative portion of the study were either pregnant or parenting.

<table>
<thead>
<tr>
<th>Youth #</th>
<th>Age</th>
<th>Sex</th>
<th>Race/Ethnicity</th>
<th>Time In Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>18</td>
<td>Female</td>
<td>African-American</td>
<td>12 months</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>Female</td>
<td>African-American</td>
<td>6 months</td>
</tr>
<tr>
<td>3</td>
<td>19</td>
<td>Female</td>
<td>African-American</td>
<td>5 months</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>Female</td>
<td>African-American</td>
<td>16 months</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>Female</td>
<td>Hispanic</td>
<td>3 months</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>Female</td>
<td>African-American</td>
<td>4 months</td>
</tr>
<tr>
<td>7</td>
<td>19</td>
<td>Male</td>
<td>African-American</td>
<td>6 months</td>
</tr>
<tr>
<td>8</td>
<td><strong>18 Had baby while in program</strong></td>
<td>Female</td>
<td>African-American</td>
<td>4 months</td>
</tr>
<tr>
<td>9</td>
<td>18</td>
<td>Male</td>
<td>African-American</td>
<td>14 months</td>
</tr>
<tr>
<td>10</td>
<td>19</td>
<td>Female</td>
<td>Hispanic</td>
<td>21 months</td>
</tr>
<tr>
<td>11</td>
<td>16</td>
<td>Female</td>
<td>Caucasian</td>
<td>18 months</td>
</tr>
<tr>
<td>12</td>
<td>20</td>
<td>Female</td>
<td>Caucasian</td>
<td>34 months</td>
</tr>
<tr>
<td>13</td>
<td>17</td>
<td>Male</td>
<td>African-American</td>
<td>6 months</td>
</tr>
<tr>
<td>14</td>
<td>18</td>
<td>Female</td>
<td>Caucasian</td>
<td>16 months</td>
</tr>
<tr>
<td>15</td>
<td>19</td>
<td>Female</td>
<td>African-American</td>
<td>23 months</td>
</tr>
<tr>
<td>16</td>
<td>19</td>
<td>Male</td>
<td>African-American</td>
<td>9 months</td>
</tr>
<tr>
<td>17</td>
<td>20</td>
<td>Female</td>
<td>African-American</td>
<td>7 months</td>
</tr>
<tr>
<td>18</td>
<td>19</td>
<td>Female</td>
<td>Caucasian</td>
<td>10 months</td>
</tr>
<tr>
<td>19</td>
<td>17</td>
<td>Male</td>
<td>African-American</td>
<td>8 months</td>
</tr>
<tr>
<td>20</td>
<td>18</td>
<td>Male</td>
<td>Caucasian</td>
<td>26 months</td>
</tr>
<tr>
<td>21</td>
<td>20</td>
<td>Female</td>
<td>Caucasian</td>
<td>5 months</td>
</tr>
<tr>
<td>22</td>
<td>17</td>
<td>Male</td>
<td>African American</td>
<td>8 months</td>
</tr>
<tr>
<td>23</td>
<td>16</td>
<td>Female</td>
<td>Caucasian</td>
<td>16 months</td>
</tr>
</tbody>
</table>

**How did youth become a resident in the program?**

There were 6 categories of answers to this question. Twelve out of 23 youth (52%) experienced some kind of homelessness before they entered the transitional housing program. Some of the youth were living on the street with no housing, some were living in a youth shelter that was not run by the ILP and some were living in a youth shelter that was run by the ILP. Youth reported that the youth shelters could only serve youth 18 and under, and once a youth
turned 18, they were no longer eligible to live in the youth shelter. The youth who were previously in the ILP youth shelter all reported that they had help applying for the ILP and that there was a seamless transfer from the youth shelter to the ILP. Youth who came from other youth shelters in the community reported that they did not have smooth transitions, and had to temporarily find places to stay (usually with friends or relatives) before they were accepted into the ILP.

The last 2 categories represent situations where youth were living with a family member (usually a grandparent or a parent) and were told that they could no longer stay with that relative, or decided that the living situation was untenable and wished to leave. Four youth reported that a family member knew about the ILP and suggested the youth apply. Five youth were living with family members who told them that they were no longer welcome to stay because the family member did not have the financial resources, or did not want to spend the financial resources to support the youth.

Three of the youth were referred from a local child serving non-profit organization that operated group homes for female foster youth who have juvenile justice involvement. All three youth lived in group homes, and prior to that resided in private foster homes.

<table>
<thead>
<tr>
<th>Setting Where Youth Were Previously</th>
<th>Number/percentage of youth in setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless on street</td>
<td>3</td>
</tr>
<tr>
<td>Homeless in the ILP’s Youth Shelter</td>
<td>5</td>
</tr>
<tr>
<td>Homeless in other youth shelter</td>
<td>4</td>
</tr>
<tr>
<td>Foster care</td>
<td>3</td>
</tr>
<tr>
<td>Signed up by self on the suggestion of a family member</td>
<td>4</td>
</tr>
<tr>
<td>Was living with family who could no longer help youth</td>
<td>5</td>
</tr>
</tbody>
</table>
I. **What Services Were Youth Hoping to Receive in the ILP?**

The answers to this question mostly reflected the concrete needs of the youth. All 23 youth who were interviewed stated that they needed help with basic needs including housing, a job or food. It was clear from the responses, that without these basic needs being met, youth were not able to obtain anything else that they set as a goal for themselves and their lives. Beyond basic needs, 13 (57%) out of the 23 youth identified other needs, including:

- 4 youth stated that they needed help with tutoring
- 1 youth reported needed help obtaining Medicaid
- 1 youth specifically needed help obtaining a driver’s license
- 1 youth was pregnant and needed help with prenatal care, birth planning and preparing for the arrival of her baby
- 4 youth stated that they needed counseling
- 3 youth stated that they needed help with “independent living skills.” When asked to clarify what was meant specifically, the youth stated: “help knowing how to live on my own,” “how to keep a clean house,” and “how to cook and make doctors’ appointments for myself.”

II. **Have You Received These Services- Which Services Do You Still Need?**

This question was answered in a variety of ways, although all of the answers fell into one of three categories: youth who generally felt all their needs have been met (n=18), youth who felt none of their needs have been met (n=2), and youth who felt some, but not all, of their needs had been met (n=3). Youth who thought that they still had needs that
were not met often referred to wanting to make sure that they had a plan in place for after they leave the program. For example:

“I think I still need I don't know how to put it like some more guidance for the stuff that I need like job wise, like how to go about getting a job like I do but not to the certain extent, it's still not it's pretty much like cuz I feel like once I leave this program because I have been guided pretty much since I've been 15. I'm going to be lost so I just want to make sure that I'm going to have a plan.”

Another youth reported that he “got it all” when asked if there was anything else that he thought he needed:

“No I think I got it all. The only thing is the curfew thing but actually if you are a good student and you keep your apartment clean you can ask for an extended curfew. Like regular curfew is 12am but you can extend it till 4am. You can ask if you want to stay till 4am if you're a good student. But everything else is fine, I've got no complaints.”

Two youth reported that none of their needs have been met by the program:

“I don’t feel like these people help me at all. There are a lot of things I need to do in this program, but I don’t think they think enough about what it is that we really need to make it. It’s a lot and I don’t think that I’m getting it all.”

“I thought that they were going to be able to help me more, but I still don’t think that I can make it on my own without asking my mom for help, and she’s not talking to me. I thought that they would be able to help with rent after you leave the program, but that’s not true. I have no idea how I’m going to be able to do that with the job I have right now.”

Three youth reported that they felt that the program met some, but not all of their needs:

“They are good with like helping to find a job, but I need help with getting a license and trying to get into college and they don’t help me with that.”

“They are ok at some things, but I don’t think they help with everything you need. You still have to find a way to make it on your own because they are not going to be around once you leave and don’t have anyone to fall back on.”

“I honestly thought that they would help more with stuff. They will help you find a job, but I want to go to college and there was no one to help me with that.”

The interviewee who was pregnant also stated that she received the services she was looking for:
“My case worker helped me out with the labor plan to like see who I was going to call on there and like if I'm going to labor who should I call and what should I do when I'm in labor and stuff like that.”

She also stated that she was receiving the independent living skills that she had been wanting to receive:

“They help us by giving us a cleaning chart and having us clean certain things and taking out the garbage, and cleaning the bathroom, clean the kitchen, clean the living room and clean our rooms and my son’s room at the time, that's how they're helping me maintain my living skills.”

Another youth who wanted help finding a job reported that she received help with her resume and job applications from a caseworker. This youth was living in the scattered site apartments, and was sent to the other program site to receive assistance with her job search and preparation:

“They actually have they sent me downtown to another program downtown that is involved with independent living and there is a lady down there she actually helps you make a resume, she helps you apply for jobs online and she actually takes you out to wherever you apply for them to interviews and things like that.”

III. How Do Other Residents Treat You?

Fourteen out of the 23 youth interviewed reported that the other residents treated them well, while three youth stated that they don’t talk to other residents, because they want to avoid conflict. Most youth did not answer this question with a lot of detail. However, there were 2 youth who were emphatic about their responses. One youth compared other residents to family members

“Oh we like brothers and sisters in there. Everybody knows each other there is a lot of babies, I don't have a baby, me and this middle guy we don't have kids everybody else has a baby. We are all downstairs on the computer, talking everyone gets along, everybody treats each other well like I said like brothers and sisters.”
The youth who reported that they don’t talk to people, still reported that other residents were easy to get along with:

“I don't really talk to most people. I only talk to one person in the program. I don't really associate with anybody else. My roommate I say hi to her and that's about it. I don't talk to a lot of people but everybody is nice.”

There were no youth who said anything negative about other residents; their answers all fell within response categories of positive or avoidance/choosing to be alone. This question was one where youth typically did not answer with great detail, even when prompted.

IV. **How Has Staff Treated You?**

All 23 youth answered this question within 4 distinct categories of responses: 1) very succinct, brief, positive responses (n=12); 2) responses that indicated that youth felt that the caseworkers in the program were too intrusive (n= 4); 3) youth who reported that they felt they were unfairly treated by program staff (n= 5) and 4) youth who had emphatically positive responses (n= 2).

The first category of responses to this question comprised short, positive answers, where youth did not care to elaborate. For example: “they treat me with respect,” and “they treat me like I’m an adult,” and “fine for the most part,” and “they are all nice.” Other youth reported that they felt that the caseworkers were too intrusive and asked questions needlessly. One youth stated that she knew it was a part of the caseworker’s job to ask questions, but felt that because they offer housing, that caseworkers take advantage of this and use it as an opportunity to ask intrusive questions:

“They just try to, I know they have to ask you questions and meet with you and stuff. They just do it too much, they think because they are giving us somewhere to live for free and we don't have to pay that they take that too far and think that they can just ask you too many questions and want to know everything and I
really don't like that and they don't like if I speak my mind about it. So that's why I don't get along with those people. But I have to deal with it.”

There were other youth who reported that they did not like staff because staff showed favoritism to particular residents, especially if a youth “spoke their mind.” These youths generally felt unfairly treated by the program staff, and felt that staff were biased in how they formed opinions or made decisions:

“I don't get along with a couple of them. I just don't like them. I don't know what it is. But I just don't. There is a couple I do get along with but the other ones show favoritism or only just are trying to become a mother role to you because you are in this program. But I don't need that because I still have a mother.”

“Ok. I guess. Maybe they think that what they are doing is good. Well I don't think how they treat me is fair. I should say it's not fair the way they treat me. That's what I think.”

“I think all of them you know like when you were younger and you go to school and you get in trouble everybody automatically believes the teacher because the teacher is the authority. That's how it is here. I spoke to Mary which is the head lady of everything here and nothing still got changed. So. Speaking my mind doesn't really get me anywhere in this program. I don't think.”

There were 2 youth who expressed emphatically positive answers. These answers stood out as being much more effusive and positive than the rest of the answers. Both of these youth expressed gratitude for being able to attend the program and have a place to live and someone to ask for help:

“Awesome. I love every staff in there. They treat me well. Whenever I need something they got it, they give it to me, they always checking up on you in your apartment. Unless someone calls someone they come up knock on your door and ask, oh is everything fine. Ok cool. They are such sweethearts. Everybody in there. I love it.”

“I honestly don’t know what I would do without this program. My mother kicked me out because I was fighting with her boyfriend. I didn’t want to be there anyway because I can’t
stand him and we were all fighting a lot. This staff found me a place to live and always check on me to make sure I have what I need and I’m ok.”

V. What Are Your Short-term Goals?

Eighteen of the 23 (78%) youth interviewed reported that finding work was a short-term goal. Sixteen of the 18 youth reported that BOTH finding a job and getting their own apartment was a short-term goal. Short-term goals articulated by the youth interviewed fell into one of 4 categories: work, child care, education and housing. There were two youth interviewed who were pregnant at the time of their interview. Both youth reported that they needed help with preparing for the baby, getting a job after the baby arrived and finding affordable daycare for the baby. Most of the youth reported that they wanted to move out of the ILP- they only saw the program as a temporary situation and would prefer to live in their own place.

Most of the youth reported their short-term goals very simply: “get a job,” “help with finding a job,” “I would like to go back to school,” “I need to find day care for once the baby is born.” There were a few youths who had more specific plans and spoke more extensively when asked what their short-term goals were:

“Well we just sat down yesterday and talked about it. I told her I want to get my license, my driver license. Go to SEFCU to open a checking account. Because you are supposed to have a life skill goal and an educational goal, I want my GED results because I just took it. Once I get my GED results I want to get into like an RN or a LPN.”

“I want to go to school in Winston-Salem North Carolina. Me and my friend were looking up college and we have friends that live in North Carolina and they were telling us about what a college is and we were just like well that might be a good one, we should go there, and we looked it up and that’s a good college.”

When youth spoke about finding housing, it was clear that the majority of the youth did not view the ILP as a long-term situation, and would prefer to be with family:

“I want to go back to school hopefully in January. And I want to get my own apartment cuz I don’t like living with people. Especially people like I don’t know
like that you know. It’s not like a family member or something it’s just a stranger basically.”

“The people here are fine, but it’s strange to live so close to people I just met. I would rather be with someone in my family- I’m hoping that I can go back to live with my grandma.”

VI. Does Your ILP Case Manager Help You Meet Your Short-term Goals?

Four youth out of 23 (17%) reported that their case managers did not help them meet their short-term goals. Two of these youth did not want help from their Case Manager. One youth stated “she can help, but I just prefer her not to cuz I just want to do things on my own.” Another youth was annoyed at the questions that her Case Manager would ask her:

“She just asks dumb questions all the time like how are you and stuff like that. If I told me if I needed her for anything that I can go to her. But if I don't need it then there is nothing you know. Then there is nothing that I need to tell her about all the time.

The other three youth expressed similar sentiments. They said that they know they have to meet with their Case Manager 3 times a week, but that they do not think that they need their case manager’s help to reach their short-term goals.

Thirteen youth expressed that their Case Manager did help them reach their short-term goals, but didn’t care to elaborate on how or why. They all reported that they were happy with their progress towards their short-term goals and found it helpful to meet with their Case Manager.

Six youth reported that they found having a Case Manager extremely helpful, and spoke about specific reasons why this was their experience. These youths cited
very specific details about exactly how their Case Manager helped them, and were open to receiving the help:

“Yes, she is very helpful! They actually help you finish your goals and they ask you how can we help you achieve your goals. She helped me with SEFCU- I’m not from here, so I don’t know my way around, so we going to go on the computer and see where it is. And about the license we are going to find out where I can take my class.”

“She is helpful like in situations like today for example. This last that was helping me to file my taxes but she claimed she didn’t put for me to get any money back, she put zero so I was really mad so I wanted to call and curse her out for real but they were like no, if you act like that, they will hang up on you and you won’t get what you need. I was really mad because I was looking for that money, but I knew they was right.”

“When I was looking for a job she would take me out job searching, when I needed school she worked hard on getting me into school. When I was looking for my mother, she helped me do that too.”

VII. **What Are Your Long Term Goals?**

The long-term goals that youth reported all fell within the same categories that youth reported for short-term goals: housing, employment, education. Most youth answered this question by looking out a few years. For example, if youth stated that a short-term goal was to go to college, their long-term goal was to finish college.

Most youth spoke very generally about long-term goals for employment, but a few were very specific. Only one youth out of 23 spoke about what they wanted to do after college. This youth wanted to get an apartment and go to medical school after college. Another youth stated that she wanted to be a translator, while another youth wanted “to graduate from college and work at the FBI.” It was interesting to note that 6 youth reported that they wanted to go to culinary school and to become a chef. Only one of these 6 youth reported that they wanted to
own a restaurant, not just work in one. This youth planned to get an MBA because his ultimate
goal was to buy and operate a restaurant.

A strong theme that came through without specifically being asked, was the topic of
home. Many of the youth were originally from other parts of the state and wanted to return
home. When youth talked about home, they never referred to the exact home in which they grew
up or lived before they came to the program, they always referred to the geographic location:

“Honestly I don't want to live in this area, I want to go back home. Because the
ILP helps you save up money. Right now I've got like $700 saved because I have to
give them half of my paycheck so I want to do that till I’m 21 cuz you can stay there
until your 21 and then by the time I leave I'll have a lot of money.

“I'm going to graduate from college. And I want to move back to where I was
born in the Bronx and just live my life. I want to become a - I want to go to
school for a lot of things. I went to college already for a year for fashion design
but I didn't finish.”

“I want to move back home and get my nice apartment at home. And at the same
time that I'm going to school I'm going to work at a hospital as an RN.

“Yeah she said she would help me find me a financial counselor to help me with
school and stuff like that.”

VIII. **Does Your ILP Case Manager Help You Meet Your Long-term Goals?**

Most youth reported that since they had not yet started taking concrete steps or planning
for their long term goals, that they would ask their case managers to assist them with this
planning, but had not yet started:

“She can help me to find things about school different I guess like loans and stuff like
that. I don't know yet because I haven't spoken to her about it.”
Two youth reported that they had investigated applying for college and had worked with their case managers on applying for financial aid and on filling out college applications. Both of these youth reported that their case manager was helpful and that they were satisfied with the amount and kind of help they were receiving. Overall, youth did not answer this question with much detail, because they had already discussed their opinions about their case managers in the previous questions about short-term goals, or they were not differentiating between short and long term goals.

IX. Do You Like Living at the Residence Provided to you by the ILP/What Would You Change or Improve About Your Residence?

These two questions were collapsed for analysis, because youth would answer the first question about how they like living at the residence very briefly, then elaborate during the follow up question of what would you change or improve about your residence. The brief responses to the question fell into 3 categories: 1) youth who responded that the residence provided by the ILP was nicer than the place in which they were living before, 2) youth who thought there were too many rules and 3) youth who liked having their own space.

Responses to the question regarding what youth would change/improve showed very distinct themes across all 23 youth. The first theme of program rules was mentioned by 14 (61%) youth during their interviews. The topics that fell into this category were: curfew, apartment checks for cleanliness, drug free regulations, and only being able to have two guests in your apartment at one time.

Youth reported that at the 24/7 supervised residence, weekday curfew was at 10:00pm, and weekend curfew was at 12:00 midnight. At the scattered-site apartments, weekday curfew was at 11:00pm and weekend curfew was at 1:00am. All 14 youth reported that they did not want
or need a curfew, and felt that curfew was counter to learning independent living skills: “I mean, I’m trying to learn how to be an adult, and live like an adult. What adult has a curfew?”

Youth also mentioned not liking the apartment checks, especially because there was not a consistent day and/or time when they would be conducted, so youth never knew when they would happen:

“They do the apartment checks that’s they rule, they got to come in there and make sure the apartment has to be clean and you have to keep it clean. I don’t like it because different staff do it different ways, like some staff checks like once a day, some staff don’t, some like once a week or whatever, three times, and then they can just come in there whenever they want kind of thing.”

Other youth felt like there were simply too many rules, and there were youth who didn’t like that they had to go to mandatory programming as a part of living in the ILP:

“It's alright. It's a lot of rules, but it's nice, it's a nice place to be.”

“Like meetings, you gotta meet with your case manager like three times a week, and you gotta the mandatory groups.”

Although disliking the curfew was mentioned by many youth, living conditions was another topic they cited. Fourteen youth mentioned dirty living conditions, most mentioned that they moved into dirty apartments that had not been cleaned before they arrived. In addition, belongings from previous tenants were often there. In addition, the apartments were extremely hot in the summer months and youth did not have access to air conditioning units. When youth would call maintenance, they very rarely got the assistance they needed. Youth spoke in details about these issues:

“Either way they are both slow because the toilet overflowed like 2 weeks ago and the carpet it went the whole weekend and it was smelly and it was getting hot too. So they came and when I first got there in Feb in that apartment because when I first moved in that apartment the carpet was all black because a mechanic shop use to live there, so they just steamed it this week, and now the problem is the mold is growing on the carpet it’s like a plant
of mold growing up, so now they have to bleach it and put in a new carpet, someone broke the first window the sink is clogged up, something is wrong there are mice running around like they live there. Every day there is just something I don't feel like I got to tell anyone I don't think I should live in those conditions like to be honest. Yep because if I wanted to I wouldn't be living at the ILP you know.”

“They don't give us air conditioning in the summer no more. You just get a fan. So it is like a roof over your heard. I'm not trying to be complaining but if something is given to you it shouldn't be given to you any old type of way.”

“Well when I first got there I was very disappointed, like someone brought me there and sat down in the chair and the bottom piece fell off, and to this day it's still off. There is a whole bunch of stuff in the apartment that wasn't mine when I arrived there... just like random junk, and the apartment was just a disaster. It looked like a hurricane came through. I had to clean everything myself.”

“What I really don't like is that that everyday there is something wrong with that apartment if it ain't the toilet overflowing or the carpet stinking to hmm mold growing in the carpet to someone breaking the window, everyday there is a problem. Like for real I just can't live like that.”

Another topic that youth reported was their dislike for living in basement apartments.

Four youth mentioned that they did not like living in basement apartments (many of the apartments used by the ILP at the scattered-site are basement apartments. In conversations with the program administrator, it was expressed that the program intentionally chooses these apartments because the rent is less expensive than ground floor apartments). In terms of living conditions, one youth reported with detail:

“Even though I know it’s not the ILP’s fault. They put us in the basement. And it gets cold down there. And when I first moved down there it was winter. And then they said they came up and said they can't give us the heaters any more. I forgot what you call them. I would change it so you can live on the top floor, like from the first floor. I would make sure the apartments are all set and furnished everything look nice. Even though I'm not a case manager, I would still check is there anything that is wrong but they really don't do that. Every day there is something wrong. And they tell you to keep calling maintenance and that is all you can do like you can't walk down there and curse at them it won’t get done any faster so it’s like. I don't know. That is what I would change.”
One youth moved from the supervised residence to the scattered site apartments and felt unsafe in the basement apartment to which she was assigned, and suggested installing window gates on basement apartments:

“I recently moved because I lived in the ones downtown and our room was like a closet basically so they moved me to the scattered-site apartments. It's better because the room is bigger but it's a basement apartment just don't feel safe in the apartment because my blinds don't close and the other night I was getting underdressed and there was a guy standing at the window so. I think they should put gates on the window I think if you have a basement apartment they should have gates on the window.”

Another topic that came up across multiple interviews was children. There were 2 youth who were parents, and they were placed in an apartment with a roommate who also had a child. Both youth reported that they would prefer to not live with a roommate who also had a child, especially if there was a significant age difference:

“My roommate she has a son which much older than my son so her son but they share a room, they have the big room but my son really doesn’t like that and neither do I.”

Youth also reported that they would like the program to be more child-friendly in general. One youth reported that, in particular, she felt that staff were not welcoming when she brought her child to common living areas:

“I would make it more child friendly since they do have residents with children here. Like it's really not, like say you come down there with your kids or whatever, like some of the staff is real rude, like they don't want you down there with your kids sometime, and um, like even if you're really watching them, they'll just be like, they don't really want to be around kids and they make you go upstairs or something”

Another youth suggested that the program create a designated room for children or even a daycare center:

“I would just make it a little more children friendly, even if they could have like, a room, like they could make one room for like the office and then have another room for the kids
I think that would be nice, and I think they should have a site where they have a daycare for the residents.”

There were also three youth who did not have children, but were assigned to share a room with a person who did have children. These youths did not like that they had to live with a child:

“And I personally think that if someone has a child or is going to have a child they should give you a single apartment to yourself because I don't feel that anyone should be obligated.”

“When I lived at the residence I had to live with my roommate and her son which was horrible. Very horrible. He was 2 and he would wake up in the middle of the night while she was asleep turn the TV on, lights on, climb on the cabinets break stuff, drop things, come in my room when I was in the bathroom he would come in there he was loud and dirty. His mom never cleaned anything so I was stuck cleaning everything.”

“They should just go out and find a bunch of apartments for people with babies. I know a lot of people that have children in the program but it’s kinda not fair to have to live with a person and have to deal with their child when you never wanted to do that.”

One youth reported that when she voiced concerns to the program staff about living with other people’s children, and that they used it as an opportunity to teach independent living skills. This youth disagreed with this tactic and thought that the program staff should intervene on her behalf:

“And when I told the staff about it. They told me that I have to talk to her about it when this is a program about life skills and they should be telling her about that for when she moves out into the real world she is not going to have roommates in there telling her you should do your dishes and you should mop you should do this. They should have an adult tell her that.”

X. Do You Have Child/Children Living with You? If so, are he/she/their needs being met by the ILP? Is there anything you would change or improve related to how needs of your child/children are being met?

There were three youth who were interviewed who had children or were pregnant. One
youth had a two-and-a-half-year-old son, one youth had a newborn who was five weeks old and one youth was pregnant. All three youth reported that they have very specific needs and that the program was helping meet these needs. Needs that the youth mentioned included: housing, baby supplies (cribs, diapers, strollers, etc.), money, child care, parenting classes, respite care, assistance with service coordination.

The expecting mother reported that the ILP was assisting her by moving her to a larger apartment and helping her to acquire what she needs to prepare for the baby’s arrival. The only help that was declined was receiving used/donated items. This youth worked and wanted to buy new items for her baby:

“Well I don't have a child yet but I will be having a child soon. And I guess they are being-the needs are being met by TLP because they moved me to a bigger apartment with bigger rooms and they try to give me stuff like strollers and cribs but I don't want to take it out I work so I want to buy all of that myself. I just they tell me I should save my money but I want to buy it for my baby I don't want anything donated to me.”

The youth with the newborn reported that she needed a lot of help learning about infant care and respite for when she feels depressed. She reported that her Case Manager will help her care for the baby if she needs a respite:

“My case worker will come over if I'm depressed or something, she'll help me out with the baby, she'll feed him for me, change his diaper, that's what liked about the ILP too. My caseworker, cause when we're upset or seem upset they'll be there for me and they'll come help me out with the baby and I can lay down and take a nap or something or go in the room and just sit there for a little bit and try to cool down.”

“They help you out too there, they teach you about the baby, it's like a family supporter they come to your house, visit with you, see how you and the baby are doing, help you out with some stuff, urn, they take you places to get baby stuff.”
The youth with the two-and-a-half-year-old reported that she buys most things for her son, but the ILP will provide essentials when needed, and that she received baby clothes from her case manager’s mother. This youth recommended that ILP provide daycare services for youth so that they can access free child care when they have to be out of the home to look for jobs:

“The program has given us a place to stay and um, and just recently my case manager, my case managers, mother gave him some clothes. And really like mostly I do everything for him, like, buy his needs or whatever but if he really needs something they'll try to get it for you. They're pretty good like that.”

“Like say you don't have any food in your refrigerator, they're not going to let you go hungry, they'll take you to, they've got a pantry that you can go to and get canned food or whatever and if you need more groceries they'll take you to the supermarket and they'll take you shopping and um, if you need clothes. And you know, one time um, he needed clothes and my case manager's mother gave him a big bag of clothes.

“I would definitely put a daycare in there cause right now it's kind of hard. I could get to watch him while I'm job searching and um, they could refer you to daycares and they could refer you to social services but they don't really do too much that is not their own program.”

XI. What do you think you need to prepare for independent living?

Most of the 23 youth interviewed focused on concrete needs when responding to this question, including: housing, employment, food or money. Fourteen youth (61%) mentioned housing, eight youth (35%) mentioned food, 18 (78%) mentioned employment and 11 (48%) youth said that they needed money and financial stability to live independently. Most youth thought of basic, concrete needs when answering this question: “I guess money, and furniture, and food and basic necessities.” Some youth spoke about the need to learn more about budgeting, because once they had paid all their bills, nothing was left and they didn’t know how to make their money stretch:
“The only thing that I need is budgeting my money. I know how to but if I really want something and I'll just buy it but I think that if I get out on my own and I know how it is cuz I already know how to pay the cell phone bill, I have to pay the loan back for school it leaves you with basically nothing so I'm needing to get better at handling my money.”

There were three youth who mentioned things besides the basic necessities that most youth talked about. One youth talked about needing to know about available resources and having a support system of people who can assist to connect youth to the resources they need:

“For independent living, I think you need, I don't know, there's so much that comes with being on your own, like just knowing about stuff, having a lot of information available. I think you should always know what kind of resources is available and how to get the things that you need. It helps to have people that you know can help you when you need it. People that you can trust and that can help you find what you need.”

A second youth talked about needing money, but also mentioned needing a ‘new mindset’ because she often gives up on herself. She also mentioned needing a support system, of people who can lift her up when she is struggling and doubting herself:

“To be honest I think I will need a new mindset because my mind it’s just like crazy. I give up on myself easily to the point that I just can’t do this. I need a new mindset and a support system and money of course and other than that, then I'll be good.”

A third youth reported that she needs support to assert herself and “speak for myself” in the world. Particularly when speaking with adults in positions of authority, e.g. doctors, teachers, she struggles to communicate her thoughts. She also mentions that having her caseworker come with her to all her appointments does not help her to learn to do things independently, and may actually be hindering her ability to speak for herself:
“Umm probably just more help with learning basic living skills like being able to get out there on my own and speak for myself, being able to go to doctors’ appointments by myself and just learning how to do stuff by myself. Cuz right now it is always when I go to doctor’s appointments my caseworker comes and when I go to school any types of meetings I have my caseworker is there. So just learning how to do all that by myself.”

XI. **Is the ILP helping you to address these needs? If so, how?**

Most youth reported that the ILP helped to address their needs. Eight youth (35%) mentioned that the weekly meetings with their case worker seemed to help most youth stay on task and focus on their goals and concrete steps to achieve their goals. They reported that knowing that they are meeting routinely to talk about their progress helped sustain their ability to focus on their goals:

“Well the fact that you have to meet with your caseworker three times a week that's helping me a lot. Because you sit there, and ask you how are you doing, it's like a survey too. All the residents sit and talk about everything that is going on, so that's another they are helping us.”

Other youth also reported that the meetings with their case workers helped because the case workers were the ones who supported and encouraged them to pursue their goals. They would give youth information and resources to reach goals, but also counseling and emotional support to keep striving towards their goals at times when things could seem overwhelming or impossible:

“They just basically talk to me give me advice about things stuff like that kind of like push me to pursue my goals, especially when I don’t think I can actually accomplish any of them.”

Another theme that came across was that youth wanted more in depth training or real world budget training. Many youths felt that the training on budgeting received from the program was very cursory and that they needed more detailed training for a longer period. One
youth also suggested that the budgeting training should be mandatory for all youth:

“I mean, they don't address budgeting too much, like one time I did budgeting, but, I don't think it was too in depth, it was just like the budgeting while I was shopping or whatever. They didn't do too much. I think we should learn more independent living skills, like how to write a checkbook and how to open a banking account. They should make it mandated, like before you leave this program, like to, that you know how to do some have some life skills kind of stuff.”

“Yea, that the next step, I should know how to do some of this stuff before you get out there and before you have to do it all on your own, you don't want to be all confused and like, you don't want to stumble through something that someone could have helped you with.”

XII. Where Do You Plan to Live Once You Leave the ILP?

There were five distinct categories of answers to this question: nine youth (39%) reported that they planned to live in their own apartment; five (22%) youth planned to go to a housing program to seek assistance with longer term housing; two (9%) youth wanted to move back to New York City; three (13%) youth planned to move in with their mother and four (17%) youth planned to live with a relative who was not a biological parent (one, aunt, one stepfather, one sister and one grandmother). For the most part, youth could identify where they were going to live, but did not have a lot of detail to offer, especially when it came to other housing programs:

“Um, I plan on obtaining my own apartment though I guess, I don't know how it works, but I know that my friend like she went through that program and they pay a percentage of her rent going on her income of her job and um, I plan on living in the same area just with a different program.”

“Um, in probably a housing program. Like, I was talking to this lady and she was telling me that there is another agency that has a good housing program, and um, it's cheap, they go by your income.”

“It’s not really a housing program you just find your own place, and you pay your own rent and the ILP will pay 33% of your rent. But, honestly I don’t really know.”
Youth who reported that they were going to live with their mothers also showed ambivalence because many of them ended up homeless because they were not getting along with their mother:

“I don't know cuz I am thinking about leaving I have another year left to go live with my mom she lives in Fl. But there is reasons why I don't want to leave. We just don’t get along when it comes to living together, so that is the whole problem why I ended up living in placement.”

“We just don't get along. And then I don't want to do that to myself because I'll just be mad with no place to go and it's not like she is going to kick me out because she won't do that but it's just like we can't be together but I'm still thinking about it because I just want my mom to be around because she used to live around here because I have no family over here. I'm not from around here, I'm from White Plains like you know I don't have family here. Like I really just want to leave because I want my mom to be around.”

Youth who reported wanting to move back to New York City mentioned that New York City rents were higher than in upstate New York. Some youth were concerned that they would end up living in upstate New York, even though they wanted to move back to New York City, and some seemed to have no intention of staying in the upstate, New York area:

“An apartment would be nice. I don't think I would want to live in a house by myself. Because I would be scared. I'm probably going to be living in Albany but I don’t want to live in upstate New York. I want to move back to the Bronx. Where I'm from but that is going to take a while cuz apartments are expensive.”

“I'm going back to New York City. Oh, my god, I have got to go I have to leave upstate New York but I have to prepare myself that's what I'm doing preparing myself to be out on my own, you know New York City is expensive. So, you know I need to have a good job, and a nice little apartment in a nice area and stuff like that.”

XIII. Do You Have Family Members or Any Other Support Persons Who Can Help You with Things like Finding a Place to Live? What Other Supports Can They Provide to you? What is the Person’s Relationship to You?
Eight youth out of 23 (35%) reported that they did not have any other family members in their lives who could support them. Ten youth out of 23 (43%) identified a family member who could support them, while three youth (13%) identified staff members of various social service agencies and two youth identified friends:

<table>
<thead>
<tr>
<th>Family Members/Support Persons</th>
<th>Number of Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>No family member to support</td>
<td>8</td>
</tr>
<tr>
<td>Grandmother</td>
<td>4</td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
</tr>
<tr>
<td>Staff</td>
<td>3</td>
</tr>
<tr>
<td>Friends</td>
<td>2</td>
</tr>
<tr>
<td>Sister</td>
<td>2</td>
</tr>
<tr>
<td>Stepfather</td>
<td>1</td>
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Many of the youth who identified family members, reported that their family members had limited resources themselves, and were not typically able to help them in any significant way on a consistent basis:

“The help they can give me is sometimes financial. Sometimes emotional. They're not always able to help me financially or be there for me financially because they don't have enough for themselves.”

“My support people? Um, my mom she brings me money and she brings me like a couple of things of food and stuff that I need. But that’s only when she can and it’s not a lot.”

Other youth reported that they had family in their lives that they could ask for support from, but that they cannot ask for a lot, and can only ask when they are in dire straits:

“I mean, the little bit of family I do have they don't really help too much but I think that if I really needed something they could help. So, you could say yea, I do have someone I could fall back on, but like my aunt, she lives like, in the area, but that's kind of like you don't want to ask nobody for too much help kind of thing, so, I do have someone in the area I could ask.”

“I can ask my aunt for help. She's a good person, like she has a lot of sound advice like
she, you know I feel like she, she knows what she's talking about most of the time. She is taking care of my cousin and her daughter and I can only ask her if I really, really, really, really need somewhere to stay. I guess I could go there you know, if all else fails kind of thing.”

Three youth identified that they have former and current staff from social service programs who are people they would ask for assistance. One youth identified a staff member at a former employment program she attended, one youth identified a staff member from a local group home where she used to live and one youth identified a staff member from the ILP. The 2 youth, who named former staff as people who they can ask for support, reported that they have a relationship with these staff outside of the agency where they met. One youth attends holidays at the homes of former staff, and one youth lived with the mother of a staff person she met while she was receiving services at Job Corps:

“Yeah the old staff from an agency where I used to live still helps me with anything that I need. When it is the holidays I go to their house they are like my mothers.”

“I use to go to a job program up here, and I met a real, real nice counselor and my mother kicked me out of the house, and I told her about the situation, and she told me to come up here and live with her mother here in Troy, but I wasn't clicking with her mother so I ended up living in a shelter.”

The third youth who identified staff as support, identified a case worker in the ILP. She reported that this person was less judgmental than her mother, and that there were certain topics that she did not want to discuss with her mother, that she could discuss with the staff person:

“There was this one lady that worked at TLP I can talk to her about more stuff than my mother. You don't talk to your mother about everything. Well some people do I don't. So, certain things my mother knows and certain things she doesn’t know. Most of the time when I just needed to talk. Because if I talk to my mother about stuff she most of the time just gives me its advice but it’s more like I told you shouldn’t do that. And stuff like that. I don't want to hear that I just want to talk with someone about something. So, she does that.”
XIV. Have you received job training services at the ILP? If yes, what were these services? Do you feel that these services have prepared you to get a job? If not, why not?

There were four distinct categories of responses to this question. Four youth (17%) reported that they did not want to receive employment services, while 10 youth (43%) were unsure if they were offered services, and were not participating in any employment services. 13 (57%) youth mentioned that the ILP program referred them to a pre-employment program out of these 13 youth, ten reported finding the career program helpful and three reported not finding the program helpful.

The three youth who thought that the career program did not help them, reported that the career program mostly offered only low paying internships and that they wanted full time, good paying jobs. All three youth eventually found jobs on their own, and did not accept the internships that the employment program, had to offer:

“The employment program didn’t work. I got a job on my own. The lady wanted me to do this internship for one year but I turned it down. Because it was only going to be like $50 and that wasn't going to be enough for me.”

“Because every time I use to go there she would just have me fill out paperwork, and I'm like when am I getting a job. So, at the same time I was going there, I was trying to find a job on my own. And then I got a job before they even offered me a job, and everywhere I would go they would give me leads but not actually a job or an application. So, leads, basically a whole list of jobs, and you have to find where they are at, and go there. It's like what is going on.”

“They refer us to the employment program which is like an, um, a place where you volunteer somewhere and get like that job training and then like it could end up it could lead to a job.”

The six youth who were unsure if they received job training exhibited confusion about what job training services include and whether the ILP offered the services to them:
“I was aware of one because I overheard Tracy talking about one but I didn't get too much information on it.”

“What were they? Like I said they sort of helped me find a job and they put me out there”

“No, I never talked to anyone about job stuff. I've been filling out resumes and trying to get a job myself. I've never talked to anyone there about it.”

The four youth who did not want services reported that they were offered services, but rejected them mostly because they could find jobs on their own, and did not need the ILP to help them in that process:

**Interviewer:** Were they offered to you and you said no. or they have never been offered to you?

“They have been offered to me but I just don't do it because I have been on a lot of job interviews and was able to get a job myself, so I know the dos and the don'ts.

**Interviewer:** So, what was it that they offered to you?

“I think they offered to me like interview what you should and shouldn't do in an interview and the other services that they have here like a lady that can help you find a job. So, they have that I haven't spoken to her yet but I'm going to have to because my schedule is not going to work out after I have the baby because of the babysitter and all that.”

The ten youth who found the employment program helpful reported that they were offered a variety of services, and not just low paying internship opportunities. Youth mentioned that one of the most helpful services was transportation. The program staff would drive youth to the location where they were planning to fill out an application, then drive them home afterwards. This helped them because they did not need to plan for transportation to and from various locations throughout the area:

“Umm online they asked me different information, they helped me make a resume. I never had nor knew how to make a resume. They helped me with that and they basically took me to all different places if I filled out an application for Hannaford they would take me there to do my interview and pick me up, stuff like that.”
“They helped me know who is hiring and went with me to different places so that I could fill out an application. The lady was really nice and helped me a lot.”

“They help you to find out who is hiring and will take you to those places and wait until you figure out what you need to do. I like it because they didn’t just tell you where to go, but the lady would actually take you there, so I didn’t have to worry about getting a ride.”

XV. What are your education plans? Will you pursue getting a GED? Will you pursue getting a High School Diploma? Will you pursue going on to a Community College? Will you pursue going on to a 4-year College? Will you pursue vocational training? Do you have any Special Education needs? Did any of the services you received at the ILP help you with your educational goals? How?

Youth stated education plans fell into one of five categories. These were: obtain GED; graduate from high school; attend a four-year college, attend a community college and acquire vocational training.

<table>
<thead>
<tr>
<th>Education Plans</th>
<th>Number of Youth</th>
</tr>
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<tbody>
<tr>
<td>Obtain GED</td>
<td>7</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>6</td>
</tr>
<tr>
<td>Community College</td>
<td>4</td>
</tr>
<tr>
<td>Four-year College</td>
<td>3</td>
</tr>
<tr>
<td>Graduate from high School</td>
<td>2</td>
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Only four youth reported that they had special education needs. One youth reported that she had Attention Deficit Disorder (ADD), two youth reported a general “learning disability” and one youth reported that she was dyslexic. None of the youth indicated that their special education needs impeded their progress in school or in obtaining their desired educational level to date. However, one youth who used to take Concerta for ADD said that she struggles to remember to take her medication:
“I take Concerta to help me pay attention in school. But I haven't been taking it, because I forget. At the agency I used to live at, the nurse would bring it to you, so you have to take it. But now that I'm on my own I forget about it.”

When youth discussed plans to go to a four-year or community college, they spoke much more generally than when they discussed obtaining vocational training. Youth who mentioned vocational training offered specific details about the kind of training: three youth mentioned culinary training, two mentioned beauty/cosmetology training and one planned to become a paralegal through a vocational program. Youth who mentioned attending college were vague about their plans. There were only two youth out of the seven who planned to go to college who could identify what they wanted to study in college and what they wanted to become after college (a nurse and a preschool teacher).

In terms of the ILP program assisting youth to reach their educational goals, there were only four youth who reported that the program was assisting them with educational goals. These youths cited a variety of ways that the program supported their educational goals, including offering encouragement and guidance, tutoring, securing financial aid, following up to make sure they were going to class and working with teachers to help them understand what youth were facing in their personal lives that could potentially act as a barrier to obtaining their education goals:

“They encouraged me to wake up in the morning and go to school. They kept pushing me to go to keep going until they gave me the application to get my GED. And once I applied for it I didn't have to go to school any more. Yeah that's it. And now I'm just waiting for my results, but they are the ones that told me about the place and go and speak to the lady, so I could take my GED.”

“When I was in high school I had a little bit of a struggle towards the end when I very first came to the ILP they made sure I had a tutor for my problems.”
“They made sure they came to my school at one point it was every 2 weeks to have a guidance counselor meeting to make sure I was going to class and everything was okay. And they sat me down with my teachers and kind of explained my situation because my teachers didn’t really know what was going on.”

“Starting college they helped me with my financial aid since I'm in foster care and am in this program that helps me with whatever financial aid doesn't cover they cover, so the ILP got me set up with them so I'm now filling out the ETV grant. So, they helped me with all that. It’s excellent- they helped me with all that concrete services. That is fabulous.”

XVI. **Do You Have any Mental Health and/or Substance Abuse Needs That Would Prevent You from Being Able to Live Independently? What services, if any, did you receive at the ILP to address these needs? Were Services helpful? How or How Not?**

None of the 23 youth interviewed reported that they had any mental health issues that would prevent them from living independently. Six youth (26%) reported that they smoked marijuana, and that the ILP identified that as a substance abuse issue that could potentially hinder their independence; but none of the six youth agreed with this assessment:

“Well I opened my big mouth and told them that I use to smoke weed and that I use to drink but not anymore. So they put me in drug counseling every Thursday which I haven't been to since I've been working. But that won't hold me back because I stopped, but since I told them they said I had to go to counseling.”

“They ask you different little questions like when you were feeling down did you use the drug to make you feel better. I put no because I don't. I just did it because I was like going out to a party and I was around friends and they were doing it. Not saying it was peer pressure but it's just fun sometimes. It’s not like I had a problem with like it was preventing me from going to school or work or anything like that. It wasn't a big problem.”

Six youth reported that they received substance abuse treatment, either from the ILP staff or at another agency in the community. Out of the six youth, only two youth reported that they found this treatment helpful. These two youths also reported that they thought the ILP staff embellished the negative effects of marijuana, and disagreed with the program staff who taught
them that marijuana could impede their judgement at work. However, the youth did acknowledge that a positive drug screen would create a barrier to employment:

“Because he used to scare us I think he was just exaggerating telling us about how weed is so bad for you and how weed is going to do this to you but at the end of the day, people are dying from cigarettes more than they are dying from weed. So, I’m like ok Jim. But yeah it was helpful. Tell me the consequences. And I would say you still haven’t given me a good reason why you have to stop smoking weed and he would sit there and tell me you can’t get a nice job if you keep on smoking weed, because they will drug test you and it will be dirty. Then you’d have to go and that was a good reason. Educational wise it does mess up your mind.”

“All I want to do is get a job. And some jobs have drug screenings and stuff. So, I don’t smoke anymore.”

Other youth reported that the substance abuse treatment in which they participated was focused on alcoholism and was attended by people who had more significant issues than themselves:

“Most of the time they spoke about alcohol and I didn’t have a problem with alcohol. I didn’t even have a problem with weed it was just they asked me a question have I ever smoked it before and I said yes so. And they feel that is a problem if you smoked weed before.”

“It (treatment) wasn’t helpful because there is people in there who are like alcoholics and one guy said he used crack or cocaine, and I only smoke weed.”

One youth who was pregnant reported that she was required to attend substance abuse treatment and anger management treatment, and did not think this was fair. She thought that if someone was pregnant, they should get a urine test, and if the test came back positive, then they should be required to attend substance abuse treatment:

“They should give you a urine test and when it came back clean Everything should have been okay because I'm pregnant. I know people still use drugs when they are pregnant but if you feel that way then they should just give you a urine test all the time instead of having to go to a group every Thursday and sit there. That really made me mad and if you had anger management they make you go to anger management. They told me I need to go to anger management and the drug and parenting classes.”
XVII. **Have you Ever Been Convicted of a Felony or a Misdemeanor in Adult Criminal Court? If yes, Has This Impacted Your Ability to Live Independently? If so, how?**

Three youth reported that they have been charged with misdemeanor offenses, but none of them ended up in court. One youth reported getting tickets for underage drinking, but never went to court. One youth reported being arrested for impersonation, and was sentenced to community service and never convicted of anything and never had to appear in court. The third youth got a ticket for Driving While Under the Influence, and paid a fine to avoid a court appearance. None of the youth reported that any of their experiences impacted their ability to live independently.

XVIII. **What did the ILP Provide that was the Most Helpful to You?**

The responses to this question fell into five categories: access to a caseworker, concrete needs (housing, food), learning how to save money, linkages to employment programs, independent living skills. A majority of the youth (n=18; 78%) reported that the most helpful thing that the ILP provided was housing and food. The second largest response category was access to caseworker. Many of the youth (n=14; 61%) reported that having access to a person who sat down with them on a regular basis was something that they came to rely upon. In particular, one youth who had formerly been in foster care group homes, stated that having access to one person who can sit one-on-one and tailor their work to her particular situation was much better than her previous living situation, where one social worker would be working with a group of girls:
“Actually yeah I have to admit just because I said there was a lot of problems at the foster home and they were really not much of a support none of them thought I was going to graduate so it was kind of like I mean I always had my social worker, she was kind of there to but when the ILP came in it was more of a support because at the other agency you know it was just that one social worker and it was just her and she has so many kids she was working with.”

Youth also reported that the caseworkers helped them take their goals and create little steps to help them reach their goals. Then, the caseworker would check in with the youth every week to see if they had taken the step they discussed. This checking in was something that youth identified as helping them to stay on track to achieving their goals:

“Young caseworker is the one to help out and she is going to help you achieve your goals. That is what I love about it. Then she writes it down. And the next time we meet, she says you accomplished this goal now you have to accomplish this. That's what I like about it, it's so nice and organized.”

“I talked to my caseworker about personal things but I also talk to her about my goals. She does this thing where she breaks everything down and it makes it more doable. I meet with her a lot to make sure I keep going and doing the things I need to do.”

There was one youth who was pregnant during her time in the ILP. This youth reported that staff helped her with preparing for the birth of her baby and with her labor plan. The youth experienced a lot of anxiety around the birth of her son, including the process of birth itself and everything that should be in place to care for a newborn baby. She reported that the program staff helped her figure out where she was going to have the baby, and what to expect from the labor and delivery. They also helped her to get her son’s room ready and fill it with all the supplies that a newborn requires. This youth was grateful for the help and said that “without their help with the labor plan, I don’t know what I would have done.”

Many youth (n=12) stated that the most helpful thing they learned was life skills.
The life skills categories identified included: learning how to cook; learning how to make doctors’ appointments; learning how to obtain a license or ask for official documentation; learning how to manage personal finances and learning how to apply to college, being able to communicate with adults in authority and knowing how to connect to community resources.

Seven of the youth reported that having to open a bank account and save a portion of their paychecks was the most useful thing they learned while in the program. None of these youth had ever had a personal bank account before or any savings. Youth commented that they were surprised at how fast their savings accumulated and how fast they spent them. Things were usually more expensive than they budgeted for and they were beginning to understand the need to save and budget for items that they needed:

“Most helpful what they do is make you save money in a banking account, like you give them your money and they save it for you and when you leave they give it to you so that can help you save up for an apartment.”

“I had no idea about how to go into a bank and what you need to start a bank account or do anything like that. If they had not gone in there with me I never would have done that.”

“I’ve never had savings in my entire life. I feel like I can build it up and not always have to rely on people who can’t help me anyway to get things I need.”

Lastly, eight youth reported that the access to employment services was the most beneficial services they received. These services included: assistance with resume writing, accompanying youth to businesses to fill out job applications; providing transportation to and from job interviews; increasing knowledge about how and where to look for a job. In addition, three youth specifically mentioned that the employment program was extremely helpful with finding internship opportunities that led to jobs.
XIX. **What aspects were the least helpful? What would you change or improve?**

Most youth (n=16; 70%) reported that the least helpful part of the ILP was the curfew.

Youth felt that the curfew was unnecessary and hindered their personal freedom. There were two youth who expressed that they thought that imposing a curfew would be fair if someone was a parent and had a child to come home to. But, youth who were not parents should be able to come and go as they wish:

“I know it would definitely be good because everyone complains about curfew, but at the same time I’m on my own I don’t have kids. No nothing. Everyone else that has a child and to come home to and that has a child to bring home to. They probably some of them would probably agree to some privacy, but I know that Kevin would agree because he’s like me and he’s got no kids and everybody else says but I have a baby to come home to. They would probably disagree so that I could get the longer curfew but I would.”

“I don’t have anyone to take care of, or be in here for, so why do I have to come home and sit around for no reason?”

Other youth thought that imposing a curfew ran counter to teaching independent living skills. They argued that in the “real world” there is no curfew, therefore a program designed to help youth live independently in the world should not impose a curfew:

“I mean it’s an independent living program. Aren’t we supposed to be treated like adults? That is the only thing I hate for real cuz I be want to stay out they are stopping me from doing that.”

“I really don’t understand the curfew. Adults in the real world don’t have a curfew. And sometimes people just don’t feel like going to sleep. I just think they should be more lenient with that.”

One youth proposed a solution to the curfew problem. She thought that the ILP staff should have a meeting with all the residents to talk about the issue so that staff could know how the youth felt about it. She was hopeful that staff would listen and take their opinions into consideration:
“I would get the kid’s opinions and talk to, we would have a meeting and see how, and I’d see what they want changed, that’s how I would do it...yes, I do think that they would listen to what we had to say about it.”

One youth who had a young son reported that the program was not helpful with finding daycare for her son. This youth had a two-year-old son and was trying to look for a job. She did not have any money for any child care, and did not receive any assistance from the program. She found it impossible to go on job interviews, because she could not bring her son, yet she had no money for child care:

“The least helpful I keep going back to it, is the babysitting thing, because that's like my hardest thing right now, if I have somewhere to go and I need to be somewhere and you know, I can’t always bring him everywhere I want to go like things like a job interview.”

“They could help way more with finding like a daycare. Finding babysitting for a child while you're at the ILP is entirely up to you and if you don't have a job... they don't give you like stipend or anything, like say you're going for a job interview they don't give you a stipend like "oh here you could pay a babysitter" like that would be really helpful.”

Another youth who did not have any children, noticed that there was not a lot for the children there to do, and thought that the ILP could do a better job of engaging children, and that they should consider opening a daycare for youth who are parents:

“Overall, I would change um, overall I would put, I would make it more child friendly and I would put a daycare either inside one of the ILP’s or um, or like make a place for ILP residents to bring their kids to.”

A third youth, who was pregnant, thought that all youth with children should get their own apartments and not have to share with strangers:

“I think when you have a baby they should give you your own apartment like a single or something.”

Youth voiced a variety of ways that the program could change or improve. Four youth talked about how they did not like that there were mandatory groups. Youth thought that the
groups were repetitive and redundant and that the content of what was taught did not help to build independent living skills. One youth mentioned that the groups are mandatory and that because of this, they are not able to work on Mondays. He thought that work should take priority over the group:

“To be honest the groups that we have every Monday that is just a waste of time. We're already adolescents. We already go to school and they just tell us the same thing over and over. It was interesting one day. For example, they talking about voting, and some people can't even vote. Stuff like that is annoying.”

“What I would change is the groups. They should be a little more creative with their groups like every Monday we have groups here and each month they're the same thing. They need to switch it up a little, have people come here and be like "I wonder what we're talking about today." Basically, all the groups are different, we're supposed to be building up our IL skills but people don't want to come and hear about the same thing over and over.”

“Those groups are the worst. They are really boring and you seriously don’t learn anything.”

“Those groups make it so you can’t work on Monday because it’s mandatory. Is the group so important? I don’t think so. I would rather be working.”

One youth thought that the ILP could do a better job of letting program participants know what services the agency that operated the ILP offers outside of the ILP. She found out by overhearing someone talk that they provide services that she was interested in and was surprised that no one let her know about the services the agency that operated the ILP offers outside of the ILP:

“The ILP agency is a whole big thing. Here they have people here but it’s not through the ILP, it’s through the agency that runs the ILP. I wouldn't know about this stuff if I never met the guy Sam who was telling me about everything else you can get at the agency that runs the ILP. And I didn’t understand why no one had told me about it before.”
Another youth found out that a program in the community offered many services she needed, and obtained this information from another program participant, and not from any staff of the ILP program. The participant that she learned about the program from found it herself while walking past the ILP, and got the information by going inside and inquiring herself:

“I got the job because someone told me about it but she can help me. They help you with food stamps, to bring you there, childcare, daycare and stuff like that. And I didn't know about that either I only knew about it because a girl in the ILP told me about it but she only knew about it because she was walking past it coming to the ILP.”

There were six youth who thought that the ILP should focus more intensely on helping program participants to find jobs. One youth thought that the ILP relied too heavily on the employment program, and thought that they should be focused on helping youth find jobs, rather than just referring them to a program in the community where they were mostly linked to unpaid internships:

“Like the employment program is not through the ILP but it’s right down the block from here. So you can go there and speak with a lady, it’s kinda like a temp agency she helps you find jobs and internships and calls around for you. But it’s not through the ILP.”

“I just think that the whole program should help people find job. Because it’s not that I needed help but it’s hard finding a job. I just think they could do way more to help people find jobs. My ex-roommate in the program never even found a job and I haven’t found a job yet either.”

“They needs to have more services to help you find a job or people that come to the program to help you with finding a job. They don't really do that. They'll take you like if you have an interview somewhere far, they’ll take you there but that's about it. They don’t help you apply for the job or find the job.”

Another youth who is a mother thought that the ILP should help youth find jobs that were not low paying, shift work. This kind of job usually entailed evening hours, which made finding child care extremely difficult. In addition, once they paid their child care provider, they did not
have much money left over to pay for anything else. This youth felt trapped in a cycle of low wage earning and high child care costs without the supports or the resources to change her situation:

“It's kinda hard to say that. Because I don't know what they can't or can't do. The boundaries of what they have of what they can do for us. Like I said, just a job. A better job. Because the hours that I work now are late night hours when day care places are not open. Then, when I do find someone, I have to spend all my money on his care. How am I supposed to handle that? ”

Youth also thought that case managers could be more actively involved in helping them. Youth found that they were working around the schedule of the case manager, and were mandated to attend meetings multiple times in one week. These meetings were mostly check-ins to update the case manager about any progress that had been made towards goals:

“Sometimes I have to go 2 times a week because her schedule changes. I was supposed to meet with her today but she had to go to another meeting. When I lived at 59 I had to meet my case manager 3 times a week and she just sits there and looks at you and asks you the dumbest questions and that's the one that I do not like. I don't know what it is. I don't like her at all.”

“Those meetings are not helpful. They ask you how was your doctor's appointment how was this how was that. If you need help with anything, then you tell them and they'll try to help you. But they can’t always even help you, so it's not always a good thing for me.”

“You have to tell them goals that you set for the month. So, you have to think of 4 or 5 goals. I guess she asks about doctors’ appointments and what is my work schedule. Or if something got donated if I want it. That's about it.”

“I feel that they are useless. Because if I need something I have to call and leave a message. I don't feel that we need to meet and sit and talk about nothing because it’s just a waste of my time.”

XX. Did the ILP Sufficiently Prepare You to Live on Your Own?

This was a question that was difficult to get youth to respond to in any detail. It is
possible that because it is asked at the end of the interview, response fatigue may have occurred. Six out of 23 youth (26%) reported that the ILP program did not prepare them to live on their own, and only three youth provided some detail to their answers. One stated that they thought the program only offered common sense advice that he already knew about:

“I don't think they prepared me. I think just like common sense. I think they’ve got common sense, but I don’t think they really do much preparing by themselves, no.”

The second youth talked about the ongoing issues she had with her roommates that were not resolved to her satisfaction:

“I don’t believe so. Because like I said I came into the program already knowing that. But like I said about my ex-roommate and the roommate I have now they just -like I said it’s supposed to be a life skill program where they teach you life skills and the way my roommates lived and the things that they did was a lot that a person should be doing living on their own.”

“And when I spoke to the case manager about it she said she was going to talk with her, but she never did because everything was still the same.”

Interviewer: So, you don't think that the ILP has prepared your roommates in terms of their life skills?

“No, because they just live like old nasty men. Should I say. Just leaving things everywhere.”

The third youth thought that the program only offered him housing, and focused only on him getting a job, and not on teaching independent living skills:

“No, because I know how to live on my own. When I came into this program they didn't teach me how to cook. They didn’t teach me how to clean, they didn't teach me none of that. All they did was gave me an apartment and told me I need a job. That's it. That's it.”

Seventeen of the twenty-three youth interviewed said that the program did help them learn to live independently, but only two youth gave examples of how. One youth reported that
she lived at a group home and was used to the case managers there filling out the paperwork for her at doctor’s appointments. During her time in the program, she went to the emergency room, accompanied by her mentor, who showed her how to fill out the necessary forms. She equated living at the group home with being in jail and forgetting how to live normally:

Interviewer: Has the program helped you to live on your own?

“Yeah, I'm ready to live on my own. In 6 months, they already helped me. I already got the skills. Cuz when my tonsils hurt I went to the emergency room, before when I went to the emergency room with St. Anne’s they wrote a paper explaining what the problem was to give to them. But when I went there I didn't know what to fill out, I went with my friend and she knew what to do.”

Interviewer: So, the life skills training has helped?

“It's like when a person has been in jail and they have been locked up for so long they don't know.”

A second youth reported that the program helped them with budgeting and other independent living skills. His answer shows some of the response fatigue that occurred at the end of the interview, in that he had positive things to say, but could not think of everything when asked in the moment:

“They helped me out to save up for eventually, helped me with a budget, taught me how to keep a nice house clean, taught me a lot of stuff I just can't think of it right now.”

XXI. Have You had a Mentor During Your Time at the ILP? What is the relationship of this person to you?

In response to this question, two youth asked what a mentor is, 18 youth (78%) said that they did not have a mentor, and three youth that reported they had a mentor during their time in the program, and that their mentor was their case manager. Two youth both mentioned the same case manager, by name:
“My caseworker and another staff are my mentors. We are really close and I really like talking to her.”

“My mentor is a staff. But I knew her from the shelter because she used to work at the shelter. And she works at both places now. She used to cook for us at the shelter and now she works at the ILP as a staff. Me and her always became cool and she always encouraged me to do things.”

“He is a great mentor. He is a good listener and helps with a lot of things.”

XXII. What are Some Anticipated Barriers for You After You Leave the Program?

Most youth (n=16; 70%) reported that they are most concerned with being able to support themselves financially once they are living independently. These concerns were mostly focused on being able to keep a job and have enough money to pay all the necessary bills and maintain a household.

In addition, youth expressed that they felt a great deal of fear and anxiety around being able to pay bills and maintain financial stability for themselves. Eight youth used the word “scared” to describe how they feel about the anticipated barriers they face once they leave the program, and many youths talked about feeling of being overwhelmed, anxious and worried.

Most of the youth who reported feeling anxious, scared or worried, and thought they would feel that way upon discharge from the program. However, one youth expressed that even though she is scared, that by the time she left the ILP she would be ready to live independently:

“I worry about the bills. I have to be on point with them. That's all. I'm scared but I feel that by the time I leave the ILP I'll be ready. Because I'm already paying for things the only thing that I'm not paying for is rent. But everything else I'm paying for.”
While one youth thought that she would be ready to live independently, despite being scared, many did not. One youth expressed that he feared having to pay all his bills and wished that he could stay at the ILP forever. He expressed fear about losing his job and his home, and becoming overwhelmed at the prospect of experiencing the negative consequences of not having a steady job:

“"I'm scared to be on my own. That is why I wish I could stay at EquiIlox forever. I am scared of being on my own. But probably by the time I leave the ILP I'll be prepared mentally...I worry about not being able to pay the rent and get stuck and then losing a job. But I think I will be fine because I got no child to worry about. So I think I will be fine. But I'm scared that I'll be overworked. And that I'm going to be overwhelmed and then everything is going to start going down. And yeah. That's what I'm scared of bills."

A third youth reported that she felt scared to live on her own, and that she experiences a lot of anticipatory stress when she thinks about not having anyone to support her. She likened herself to a bird being thrown out of a nest, in that leaving the ILP program she will not have a safe place where she is cared for or supported anymore:

“"I'm so scared to live on my own. I think it's going to be so hard and so much and a lot of stress and a lot of um. I don't know, maybe I'm just over anticipating it, I think I'm anticipating living on my own and I'm scared like, cause you know, when you have somebody, when you used to being supported kind of thing and then like you're just like pushed out of the nest I think that it's scary."

A fourth youth who does not have a job yet, reported that she was scared that she is going to lose her job and not be able to pay the bills that will allow her to live independently. She also expressed feeling overwhelmed at living on her own and feeling that it will be difficult to figure out how to work, pay rent and try to go to college:

“"I'm scared that I'm going to lose my job and I'm not like, whenever I get one, and not
be able to pay my rent or um, I want to go to college at the same time I plan on living on my own and then I'm not sure if I can handle all of that or um. Anticipated barriers, I'm just, I don't know, just a lot. Just me on my own in general.”

Another youth talked about how his mother struggled financially with bills her entire life and this experience led him to believe that he was also going to struggle with bills as well. He recognized that because he does not have his college degree yet, that the jobs that he will get may be low paying and not provide him with enough income to pay all his bills and maintain a stable house. He asks rhetorically how he will be able to be successful at something that his mother has not even been able to do, despite being older and having more experience:

“I'm worried about but the bills. I see how my mother always struggles with the bills. How am I supposed to be able to do something that my mom can’t do? I don’t have my education yet and I’m worried about the kind of jobs I can get and if I will be able to pay the rent with them.”

Youth also talked about the transition from having a parent doing things for them, to having to do everything on their own. For most youth interviewed, leaving the ILP marked the first time that they were going to experience living entirely on their own:

“I've never really been in the situation. I've been used to my mother doing it for me, giving me a ride, but now I've got to do it all on my own. It’s a lot to think about.”

“You got to rely on yourself. You have to be your own person, you are your own boss now. Anything that has to be done, you have to do yourself.”

“Once I’m on my own I will have to get up, go to my meetings, go to my appointments, go to my job, do everything I need to do on my own. I won’t have any help anymore.”

There was one youth who reported that he thought he was going to have a hard time keeping a positive attitude about things once he was living independently. He reported not always being able to control his anger and negative attitude and wanting to be able to
control what he says to people, even if he feels angry internally:

“My attitude like when something doesn't go my way it's not so much like FU but I just can't stand you at that time. I want to be able to not so much control my anger but control my mouth like when something don't go my way just remember you know life happens this ain't Burger King you can't have it your way stuff happens just remembering nothing is the end of the world.”

Another youth reported that she struggles with a great deal of anxiety and worry, and thinks that she may have obsessive-compulsive disorder (OCD). This youth reported waking up a lot in the night with worry and experiencing anxiety about remembering all the things she should do. She reported not being able to remember what she had to do every day, and having to leave herself notes all around her home to remind her about what she had to do that day. She recognized that doing this was not “normal,” but was necessary for her to remember everything she needs to do:

“I have a problem with like maybe its OCD or something that I don’t know if I have because I worry about things too, too much. When I worked at Bank of America in the morning time and I would wake up in the morning to go in the shower, eat, get dressed and all that I had notes- little notes telling me what time I needed to wake up, what time I needed to leave the house, what time I needed to catch the bus, what time I should be getting to work. That's not normal. Most normal people just would just wake up, get dressed, and get to where you are going. I can't do that. I have to think about it like the whole week. It makes me feel crazy."

XXIII. Do you Feel that the Services You Have Received at the ILP Have Made You More Independent? Less Independent? How?

Most youth (n=16; 70%) reported that they thought the ILP helped them to become more independent, while four youth (17%) reported that it was neutral and three (13%) reported that it did not help them to become more independent. The reasons youth reported that they became more independent fell into four categories:

- Case worker- Youth felt that meeting with their case worker every week was something
that helped them because they felt supported, and they had help to break down their goals into accomplishable steps:

“Having my caseworker was huge for me. She helped me remember everything and tried to help me with all the things I needed to do to get into school. It also helped to have someone to meet with every week to check in. It was good knowing that I was going to talk to the same person about my stuff every week.”

“Honestly, having a caseworker talking with me, encourage me is something I need because I’m hard headed and I need motivation. Don't get me wrong, I believe in myself. I do believe in myself but it’s just that sometimes I get so stressed, and I need somebody there telling me to do it, cuz I'm hardheaded, very hardheaded and I say I'm not going to do it. I'm not going to do it. But if somebody there in my ear telling me you should do it then, yeah I'm going to do it and then they tell me congratulations. That motivates me more. But at the same time what makes you weak can make you stronger.”

- Obtaining work- youth reported that they received enough support to obtain employment and that having a job was something that allowed them a modicum of freedom and independence:

“I've got a job, I know what I got to do. I'm focused. I'm so proud of myself you don't understand I didn't think I was going to make it.”

- Escaping a negative home environment- Youth reported that their previous residences were places where they were exposed to multiple negative influences (drugs, abuse, financial/food insecurity). Youth expressed their thoughts about getting taken out of a negative environment and placed in a new, safe and positive environment with strangers who do not distract them by encouraging them to socialize and get involved with drinking and using drugs:

“I know if I was back home, that is where my family and my friends are at and I wouldn't be able to focus at all. I would be so distracted, smoking, drinking probably still doing it. You know but I'm here I don’t really know nobody I'm home and I'm at work, so I don’t have time to be thinking about smoking or drinking or partying or doing all that other stuff so in a way it’s like I'm proud of myself and I like the fact that I got people that care and encourage me.”
One youth told a story about being thrown out of her mother’s house after reporting that her mother’s boyfriend sexually abused her. It was devastating to her that her mother would choose to believe a boyfriend over her own child:

“So there is a lot of things that happened to me in my life that made me stronger like what happened with my mother to make my story short she chose a man over me, basically she decided that she wanted to kick me out of the house because I had said that he did something to me and she didn't believe me, she believed him so she kicked me out. That right there made me so strong, it hurt me you know just thinking ok she chose him over me, it’s ok. But it makes me stronger at the same time cuz later on ill the future when I have my own kids I want to make sure that I have my kids by my side not really choosing no man over my kids. That makes me so much stronger. A lot of things that happen I know everything happens.”

- Having their own apartment for the first time- Youth reported that the ILP was their first experience having their own apartment. This was significant for many youth who never lived on their own or who never had the opportunity to afford their own apartment. Being able to experience living alone for the first time, while having access to the support of program staff, was an effective way to learn how to live alone without shouldering sole responsibility for maintaining the apartment.

“Just you know, me having my own apartment and, you know I don’t have to rely on someone to tell me to wake up in the morning and this and that. Having my own apartment for the first time helped me to feel what it’s like to have to do everything by myself.”

- Financial Independence- Youth reported that paying their own bills helped to foster independence and helped them feel that they had the skills to live independently:

“The program helped me to be very independent. When you have to pay for everything, that means you are independent. I can say I'm independent now,
because I'm not dependent on anyone. I'm on my own. All that they do is meet with me and talk to me. But everything else, I got it. My clothes, my food, my phone bill, my transportation, my needs, everything I got it. I'm on my own. I'm independent.”

There were three youth who reported that the program made them feel less independent. One youth reported that she felt that the program was too hands on and treated participants like children by always asking them questions and reminding them to do things. This youth felt that this checking in was not what it is like in real life, and creates dependence rather than independence:

“I'm still the same as when I first came in because like I said I do everything that I want to do I want to do my things on my own like make my doctors’ appointments they ask me do you want me to do these things, would I like them to take me to my doctors’ appointments no. I would like to go by myself. They kinda would make somebody be less independent because you're always – they make you feel like a child like they always meeting with you and talking and asking me questions and I don't feel like I need to tell them somebody in the program what my doctor’s name is what do you need to know my doctor’s name for.”

The second youth reported that she felt that the program acted like a safety net that youth would not have access to when they living independently. This safety net gives the youth a false sense that there will be people to support them, when in reality a youth may not have this once they leave the program:

“Yea, because you are used to somebody, like, you know, you know how like if you don’t have a job you're still used to having somewhere to go regardless and if you don’t have any food, like kind of leaning on them kind of thing, it-can be like a crutch sometimes. You know that somebody is going to do something for you. And you know it’s not going to be like that when you are really on your own. So that doesn’t really help you learn how to be independent.”
The third youth also voiced that she felt that the program engendered dependence rather than independence. She thought that the rules of the program were artificial and that in real life youth would not have to abide by the same strict rules. She thought that youth should be given more leeway to live their lives closer to how they would live their lives if they were not in a program:

“How are we supposed to learn to live on our own when we have all these rules and curfew to follow? That’s not how real life is and I think that this program should be more like real life. That would give us the best practice for being on our own. Now, it just feels like I have to make sure I follow this program’s rules. It doesn’t feel like I’m really learning how to be independent and do everything for myself.”

Qualitative Results

Discussion

The youth interviews revealed a great deal of insight into the operation of the ILP that was not discernable from the quantitative analysis. Being able to access this kind of information is critical in order to effectively tailor services to the needs of the service recipients. Youth identified aspects of the program that they felt were the most helpful and least helpful, and offered suggestions to improve the program. Not all youth agreed on what program components were helpful, offering evidence that youth have divergent needs and preferences.

There were distinct themes that appeared across most interviews. Most evident was that that basic needs-housing, employment, food and financial stability-were what most youth needed in order to be able to sustain independence. Even when asked in two different ways (what are your long term and short term goals?) the answers were the same: housing employment,
education. Youth did not focus on needing to improve or increase their independent living skills, but rather their access to resources such as affordable housing, good paying jobs, affordable child care, and access to higher education. Many of the youth already exhibited a high degree of independent living skills by connecting themselves to the ILP program directly from homeless shelters. Twenty-eight percent of youth in the program were referred to the ILP by homeless shelters and 22% were referred to the program by either friends or family members. In the absence of supportive families and social connections, these youths pursued the ILP program, and completed the application process which includes an in-person interview, a detailed personal essay and follow up conversations with the ILP staff to answer questions and confirm admission into the program.

The lack of social support was another theme. Many of the youth reported that they came from families where they could not rely on the adults in their home to care for them. One youth disclosed sexual abuse by a stepfather, and another youth spoke about parents who were unreliable and unsupportive. This situation often leaves youth vulnerable to experiencing attachment issues with staff at social service agencies where they received services. One youth in particular reported living with the mother of a former social worker, while another regularly attended holiday get-togethers with the family of a social worker. It is understandable that a staff person would feel empathy towards a youth with no family, especially during the holidays, but it is also in conflict with professional conduct to invite a client to your home. Since many of these youth do not have stable families of their own, they could easily be exploited by staff who have poor boundaries, or worse, intentions to harm or abuse them.
Another theme was youth attitudes towards their case managers. Youth were polarized around their attitudes towards their case managers. On one side, youth reported that they did not like having to keep regular meetings and answer to someone. They felt that this was too much oversight and did more to keep them dependent on the program, rather than improve their ability to live independently. On the other side, youth reported many positive benefits of having a one-on-one connection with their case manager. Many of the youth reported that just having one person whose attention they receive on a regular basis was what helped them the most. Because of their regular sessions with case managers, they knew that they had to account to someone, and they had someone to help them break down what steps to take to get closer to independence. Youth reported that having a reliable person to offer this consistent support was effective in helping them take concrete steps towards meeting their goals on the way to independence.

The discrepancy in attitudes towards case managers is reflective of the fact that not all youth need or want the same things in preparation for their transition to living independently. This makes sense, given that every youth has a unique history and perspective. It is also a reminder that there does not exist a one-size-fits-all independent living program, and that service providers must take a person-centered approach to service delivery. Such an approach would allow services to be tailored to the youth’s stated needs and preferences, rather than working from the assumption that all youth will have similar needs and preferences.
It was clear that very few, if any, of the youth interviewed had positive, stable social support from family or friends and many experienced abandonment and tumultuous family situations, and/or homelessness. Some had not only lack of support, but abusive and traumatic experiences perpetrated by family members. No youth identified having a mental health issue that would prevent them from living independently. Yet case managers reported that for 30% of youth “mental health issues” were the critical issue for youth arriving in their program. And 61% (n=101) received counseling or psychological/psychiatric services. Relatedly, youth reported feeling high levels of fear and anxiety when they thought about living independently, which stemmed from thinking about all of the things that have to be put into place and stay in place to maintain stability, knowing that there is no safety net. If a youth loses a job or misses a rent payment, there is no one to ask to rescue them in this situation. They are alone in solving their problems, and the pressure of this is daunting and creates fear and anxiety.

One reason for the discrepancy that exists between what youth report and versus their actual service utilization, may be that youth are used to experiencing a certain level of fear and anxiety, and do not perceive it as abnormal. In contrast, a youth who lives at home in a stable family and has all of their needs met, may report discomfort at an increase of negative feelings such as depression or anxiety, because it is a departure from their norm. Existing in a state of heightened anxiety for long periods of time can have negative effects on an individual’s overall physical health, as well as mental health.
Most youth were generally positive about their experiences in the program, while offering specific suggestions on how to make the program better fit their needs. One suggestion to improve the program that came from multiple youth was for the ILP program to connect them more to community providers and resources outside of the other programs at the ILP, or the programs to which they would usually be referred. An example that multiple youth used was the employment program. Most of the youth interviewed reported that they were referred to the employment program, which mostly provided links to internships. This is not what youth needed in order to obtain financial stability. When youth were able to find jobs, they usually found low paying, shift work. Youth found that these jobs were relatively easy to get, but difficult to keep, especially for those who had children and had to pay higher rates for after hour child care, or could not secure reliable child care. This created a situation where even if youth worked, they often did not make enough money to afford all of their bills and sustain their independence.

Youth also offered opinions on how the ILP served parents with children. Both parent and non-parent youth thought that parents who lived with children should get their own apartments. Youth without children did not feel comfortable living with other people’s children, and parents did not feel comfortable having their children live alongside a stranger. In addition, youth thought that there should be designated play areas for children, programming specifically for children, and a daycare program on-site. Youth with children reported that they struggled to work and have enough money to pay for child care or find child care during their variable work
hours. For these youth, having child care available through the ILP would allow them to attend work and save more of their earnings.

Both youth who were parents and youth who were not parents reported that often children did not have anything to do and would end up watching television or being disruptive because there were no appropriate activities or play spaces to occupy. Youth recommended designated play spaces for children, that included toys and age appropriate games, so that parents did not have to struggle to know how to entertain their children and that other youth would not be disrupted by children who had nothing to do and nowhere to play.

The tension between the program needing to create some rules and boundaries and the youth wanting less restrictions was an apparent theme that ran through most interviews. Youth reported that the curfew and the rules (e.g. mandatory attendance at group sessions) imposed by the program worked to hinder their independence. Many youths felt that these rules did not approximate living independently, and therefore did not help them to know what it was like be independent. Other youth reported that the rules created dependence upon the program and seemed to be in place to benefit the program and not the youth. Youth reported that being mandated to attend a group they felt they did not need was a waste of time and did not help them to feel that they were making independent choices for themselves. Moreover, they did not actively participate in groups that they were mandated to attend, and therefore did not find the
groups helpful. Most youth attended only because it was necessary to stay in the program and they did not want to lose their housing.

**Generalizability of Study Findings**

In order to address the generalizability of the study findings, demographic data from the quantitative and qualitative study populations can be compared to demographic data from youth in foster care nationally. National data on foster care youth is compiled through the Adoption and Foster Care Analysis and Reporting System (AFCARS), which reports individual-level information from state agencies on all children in foster care, including those who have been adopted with agency involvement (AFCARS, 2018). The latest data available from AFCARS (Report #24, November 30, 2017) is reported below, followed by demographics from the quantitative and qualitative study populations:

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<th>AFCARS (National) DATA</th>
<th>Quantitative Study Sample</th>
<th>Qualitative Study Sample</th>
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<td>Male: 33.3% (n=55)</td>
<td>Male: 30.4% (n=7)</td>
</tr>
<tr>
<td>Transgender, male to female: 0% (n=1)</td>
<td></td>
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</table>
Comparing race across all 3 populations (national data, quantitative and qualitative study samples) shows that there is an overrepresentation of African Americans in both study samples, as compared to the national AFCARS data (23% African American in the AFCARS sample and 62% and 61% African American in the quantitative and qualitative study populations respectively). Conversely, there is an underrepresentation of Caucasians in the two study populations when compared to the national sample (44% in the AFCARS sample and 22% and 30% in the quantitative and qualitative study populations respectively).

Ethnicity across all 3 populations is slightly more aligned, with 21% Hispanic in the AFCARS population and 15% Hispanic in the quantitative study and 9% Hispanic in the qualitative study. The quantitative study population is significantly larger than the qualitative study population, and only reflects a slight difference (6%) from the AFCARS population.

Sex across the study populations differs in that the AFCARS population is comprised of 48% female and 53% male, while the quantitative study population is made up of 65.5 percent female (with n=1 transgender male to female), and 33.3% male while the qualitative study population is 69.5% female and 30% male. AFCARS only reports sex as binary (male/female), and does not capture number of transgender youth in foster care.

Although the two study populations do not align with the AFCARS data, they are more closely aligned with New York State foster care demographic data. In the New York State population of children and youth in foster care, 48% (n=10,070) are African American, 28% (n=5,833) are Caucasian, 13% (n=2750) are unknown race, 5.5% (n=70) are Multiple Race, and 1% (n=250) are Asian/Native Hawaiian. In addition, 9% are Hispanic (NYS AFCARS data, 2016).
Although the demographic data from quantitative and the qualitative study have a higher representation of African American youth than national demographic data, there is a closer alignment with New York State data. This could mean that the study samples are more reflective of the statewide population rather than the United States population, and therefore lends itself to generalizability statewide. It is a serendipitous finding that warrants more investigation that the foster care population in the county where the ILP is located is overrepresented by African Americans when compared both statewide and nationally.

**Implications for Developmental Theory**

Developmental theory offers a framework for understanding how an ILP can enhance the lives of youth using the concepts of risk and protective factors and resilience. Within this framework, the ILP is a prevention program that assists youth with increasing protective factors and decreasing risk factors, while building the competencies and skills (resilience) of the youth. This study showed that the ILP worked to reduce risk factors by helping youth address the crisis situations that led them to the ILP. More often than not, a crisis precipitated entrance into the ILP, as many youths came directly from homeless shelters and/or families who could no longer house and support them. The ILP helped to stabilize them by allowing them a safe place to live and by meeting their basic needs of shelter and food.

The study also showed that youth who stayed in the ILP for a longer period of time had more success increasing protective factors such as obtaining housing, work and employment. However, this was not always what youth wanted for themselves, and therefore not many youths
stayed in the program long enough to fully develop their protective factors. Despite this, youth were able to work on developing their strengths and assets, or resilience. Many youths reported that the ILP helped them to prepare for independence by offering case management services, and linkages to services and educational and employment opportunities. Youth reported that having a case manager to meet with regularly and help them break down their goals into concrete, obtainable steps made a difference in their ability to prepare for independent living.

Inherent in this developmental framework are specific definitions of success. For example, obtaining a college degree is a success that increases a youth’s protective factors by offering them more job opportunities, increased income potential and ultimately increased security and stability. This study shows that the definition of success is not always as straightforward and concrete as obtaining a college degree. For instance, in this study, the ILP viewed any “unplanned discharge” as a negative outcome, no matter what the reason. However, if a youth leaves an ILP because they were offered stable housing with a relative, that is not a negative outcome, even though it would be recorded as such. This study showed that youth leave ILPs for many reasons, some of which are positive. In order to accurately define and capture outcomes, ILPs may have to create more diverse and refined ways to define and measure success. It may be that such unplanned discharges are signs of the inventive and resilient attributes of some youth and not an automatic sign of compounding risk factors.
Qualitative research measures are an effective tool to create new and more accurate ways of developing outcome measures of success for youth in ILP. The qualitative data collected in this study allowed for an expansion of the possible measures of success regarding how often youth leave ILPs and possible reasons (e.g. living with a friend, repairing a relationship with a parent, being accepted into a college in another state). These reasons can be parlayed into outcome measures that add more meaning by more accurately identifying the exact reason why the youth left and where they went. This individual level data will allow ILPs to evaluate their programs with more accuracy and rigor. In turn, this will add to the rigor of the body of research on ILPs and the effectiveness of the services they provide.

Chapter 6

Analysis of discrepancies between the qualitative and quantitative research findings

The qualitative and quantitative findings in this study did not always align, even when findings were proven to be statistically significant. This misalignment creates an opportunity for researchers to assess the discrepancies in order to discover which services, resources and supports most effectively help transition age youth obtain more positive outcomes as adults. It is well established what becomes of these youth once they enter into adult life, but there is a paucity of studies that present effective intervention strategies.

The discrepancies found in this study highlight the importance of using qualitative methods in research on ILPs. Hearing the unique needs and experiences of
youth can assist researchers in designing ILPs that are not only based on statistically significant findings, but also on the utilization patterns and youth experiences. In addition, the qualitative findings provide a context to understand the quantitative findings, and allow for a more comprehensive, complex and through understanding of how to best address the needs of youth.

**Unplanned Discharges**

Despite high rates of youth in the qualitative portion of the study reporting that the ILP services helped them to become more independent (70%), half of the youth in larger study population (n=165) had an “unplanned discharge.” An unplanned discharge indicates that a youth was either discharged from the ILP due to not following the rules, or because they decided to leave before all of their stated goals were accomplished and all of the necessary connections to services and supports in the community were established. This represents a discrepancy in that youth report high levels of program satisfaction, yet leave the program as soon as they have access to an alternative living situation. This discrepancy must be examined in order to more deeply probe these divergent findings and to offer some conjectures about what may account for this unexpected set of unexpected departures of half the youth in ILP.

One explanation for this discrepancy may be found in the options that youth have available to them at a given time. Many youths come to the ILP in crisis, when they have no other options available to them, and choose the ILP over living on the street or living in a shelter. If youth only have a choice of three options –homelessness, a shelter or the ILP- they are likely to choose the ILP over the two remaining options.
The ILP offers more safety, privacy and access to services than either homelessness or a temporary shelter. However, once the youth are in the ILP, they often leave if a more appealing housing option becomes available, such as living with a friend, moving back in with a parent or another family member. When given the options of the ILP versus a private home of a friend or a family member, youth may choose the latter.

Choosing to live in a private and familiar home with a friend or family member is not a surprising choice, especially given the feedback that youth gave of the living conditions during the qualitative interviews. For example, youth cited multiple reasons why they did not enjoy living at the ILP, including the fact that they: encountered dirty living conditions; didn’t think that curfews were helping to enhance independent living skills; didn’t feel comfortable living with other people’s children and conversely, didn’t like living with a stranger and their child; were often placed in basement apartments in which they did not feel safe. Given this, it is not surprising that youth leave as soon as they have a more familiar and comfortable living situation available to them.

Typically, when a youth finds a more appealing housing situation, they leave the ILP without any advanced notice given to their caseworker or anyone at the program. When this happens, the program discharges the youth from the program, and notes that the youth had an “unplanned discharge.” In this way, once youth choose another living arrangement over the ILP, they lose all connection to the program, services and supports available to them. In order to create a more nimble and responsive program design, it would be more beneficial to add flexibility to the program design, by: 1)
being transparent with youth by letting them know that if they choose to live elsewhere that they will not be discharged from the program, and 2) letting youth know that leaving the housing component of the ILP does not mean that they are cut off from the other services and supports that the ILP offers. Being transparent and honest as staff at the outset, given that they know what youth are thinking about and planning as next steps in their lives, will help the program to plan for the needs of the youth. Moreover, this will help the youth feel that they can be honest and not hide their true intentions for fear of being penalized if they decide to leave the ILP housing. This program design is also more in alignment with teaching independent living skills, where youth make autonomous decisions about significant life choices like housing. Moreover, it will avoid creating another precipice where youth get disconnected from the service system and the social safety net. This disconnection from services and supports is common for many youths who have previously experienced multiple foster care placements, homelessness, and a multitude of transitory experiences that accompany insecure housing and lack of familial support. Creating a program design that acknowledges and addresses the diverse needs of youth and that is flexible and tailored instead of rigid and static, will enable ILPs to more effectively serve youth and maintain connections to much needed services and supports.

**Behavioral Health Service Utilization**

Another discrepancy exists between the services that youth use, and how they report the role and significance of negative mental health or substance abuse issues in their efforts to gain independence. In the qualitative portion of the study, none of the 23 youth reported that they had any mental health and/or substance use needs that
would prevent them from living independently. However, in the quantitative portion, it was reported that 28.4% (n=47) of youth received psychological or psychiatric services, and 36% (n=59) received substance abuse assessment and/or treatment. In addition, 30% (n=49) of youth identified “mental health issues” as their critical issue and 36% (n=59) of youth identified “alcohol and other drug abuse” as their critical issue. Moreover, during qualitative interviews many youths talked about the anxiety and stress that they feel on a regular basis when thinking about all they have to do for themselves in order to not only become independent, but maintain their independence. Because most youth did not have family or friends in their lives on whom they could call for assistance, they felt burdened by the reality of knowing that they are on their own without a safety net. What this practically means is that one missed payment to a landlord or a few late arrivals to work could mean the difference between having a safe place to live and living in a homeless shelter. This burden is doubly hard for youth with children, who also have the additional costs of child care and balancing of work, school and child care without partners and/or parents or family to help alleviate the stress and responsibilities.

In addition to the anxiety that youth experience when faced with being solely responsible for their independence, 35% (n=57) of the youth in the quantitative study population identified abuse and neglect as their critical issue upon entrance to the ILP. Experiencing abuse and/or neglect as a child increases an individual’s chances of experiencing mental health challenges and potential co-morbid substance use issues. Traumatic past experiences and the stress of transitioning to independent living alone are factors that greatly increase the risk of youth experiencing mental health
challenges such as Post Traumatic Stress Disorder (PTSD), along with clinical depression or anxiety. Early traumatic experiences can also exacerbate serious mental illnesses such as schizophrenia and bi-polar disorder (Hoagwood, 2015).

Given that youth are at high risk for behavioral health disorders, it is surprising that none of the qualitative study participants identified such disorders as a potential barrier to independence. There are a few plausible explanations for this dynamic. First, it is possible that youth are acclimated to and may even normalize feeling negative mental health symptoms (anxiety, depression). Yet they may not identify them as problematic because they represent a standard and consistent part of their functioning and thus are not out of the ordinary. In contrast, an individual who lives a less stressful life where all of their needs are met, has family and friends on whom to rely, and is gainfully employed, may suddenly know and report a difference if they start to feel similar symptoms.

Second, it is possible that youth are not educated about the importance of good behavioral health and how to identify problem symptoms. Moreover, in many communities, a stigma may exist around acknowledging mental health issues, which keeps youth from talking about them and/or seeking help. Another dynamic compounding this may be that youth may not see the connection between mental health and independence. For example, untreated PTSD or clinical depression can render an individual unable to accomplish tasks of daily living, such as caring for children, maintaining employment, paying household bills or regularly attending school. This type of knowledge is not intuitive and must be taught in order for learning to occur.
Given that transition age youth are at risk for behavioral health conditions, ILPs must offer services that adequately address these needs. ILPs can accomplish this by integrating evidence based screening and assessment tools into their intake processes, providing youth who screen positive with clinical treatment as well as peer support options. Integrating these services into ILPs may help expand opportunities for youth to recover from past traumas, abuse, neglect and perhaps reduce the stigma of talking about and seeking help for behavioral health needs.

Although integrating qualitative methods to incorporate the experiences of youth into research on ILPs may create discrepancies, it also strengthens the research. It does this by adding data that are normally missing, namely youths’ descriptions of what they need, how they use services, and how they think services could be improved. The lack of inclusion of the opinions and experiences of youth into research on ILP could account for the poor adult outcomes that youth who attend ILP services historically experience. In order to move toward the creation of an evidence-based ILP model, researchers must include youth perspectives in subsequent studies. Without this the research will not be robust enough to change the trajectory of negative adult outcomes that most youth currently face.

Chapter 7: Policy and Program Recommendations

Policy Recommendations

Increase Access to Higher Education
In order to be successful in maintaining independence, foster and homeless youth need resources in addition to independent living skills training. These resources include financial support to obtain housing and higher education. Independent living programs should focus on getting youth who express a desire to get into college. The rates of college degree obtainment for foster youth in New York State is extremely low compared to non-foster youth. Estimates show that 18-24% of college-age foster youth are enrolled in college, as compared to 60 percent of the general population (Dworsky, 2008). Out of this 18-24%, only between 2-7% will graduate (Fostering Youth Success Alliance, 2018). Low college degree obtainment rates are not a function of lack of desire to attend college, as national research shows that 90% of foster youth aspire to attend college (Foster Youth Success Alliance, 2018).

In 2015, via the Foster Youth College Success Initiative, New York State invested $1.5 million in the 2015-16 budget to support students who are or were in the foster care system to attend college with additional financial and social support. The 2016-2017 budget included an additional $3 million to continue this support. The funding is for tuition and fees, books, transportation, housing and additional money for ad hoc expenses. Borrowing from a model used in California, New York State plans to embed this funding into their Educational Opportunities Programs (EOP) that already support disadvantaged students. By doing this, foster youth will be able to access the additional resources that EOP programs have to offer, including summer immersion programs, tutoring, peer support, advisors who assist with transition and aging out.
support, along with support to apply to graduate school and obtain employment. Moreover, foster youth will have access to campus resources including housing, food, medical care and counseling services.

**Maintain Access to Health Insurance**

New York State also extended the age at which foster youth can receive Medicaid by expanding Medicaid via the Affordable Care Act. This expansion mirrors the provision allowing young adults to remain on their parents’ health insurance plans until age 26, recognizing that foster youth do not have this option. This allows foster youth to access much needed medical and behavioral health services until they turn 26, or gain access to insurance through an employer. This closes a gap in access to health care, and maintains access for foster youth who have higher levels of need, more complex health issues, and are more likely to face adverse childhood experiences (ACES) that are linked to poor physical health and lifetime health problems (Felitti et.al, 1998).

**Housing**

In New York State, housing options for transition age youth are limited and mostly include an inconsistent selection across the state of independent living programs, shelters, and supportive housing programs, and Section 8 vouchers for low income individuals. Beyond this
system, adult shelter services are open to youth starting at age 18, some which are specifically for young adults within the adult system. Beyond shelters and low income housing, there are not many housing options for transition age youth. Like many young adults, there are no family members or parents to help with rent or security deposits, or moving expenses. As such, a policy that also provides housing subsidies until age 26 would also be recommended as a way to ensure that foster youth have the financial support that they need to maintain their independence and to pursue educational and employment goals that will result in a salary level that can sustain independence. Just as it was recognized that foster youth need the state to provide health insurance until age 26, the state should also recognize that the same youth also have housing needs that mirror non-foster youth in the same developmental phase. Additionally, housing stipends should not only be connected to low income Section 8 housing, but rather be usable towards housing options that are non-Section 8 as well. The cycle of shelters and state-subsidized housing programs generally keep youth living in poor neighborhoods and/or unsafe conditions, and may be ineffective in lifting youth out of poverty and providing resources that will add to their financial stability.

Prepare for Competitive Employment

Young people aging out of foster care are at a disadvantage in the labor market because they lack preparation for employment. Some foster youth receive workforce development
services, in the form of job readiness training and may have opportunities to gain work experience through subsidized job placements. Others exit foster care without knowing how to write a resume, fill out a job application, or arrive at work on time. Moreover, workforce development programs that target foster youth have generally not been the subject of evaluation research, although the few studies conducted to date suggest that workforce development programs do not produce promising results (Dworsky and Havlicek, 2010). Too often, the human capital deficits of former foster youth are compounded by a lack of social capital. Research suggests that access to social networks and resources can be important in efforts to seek employment (Lin 1999; Granovetter 1995). Young people aging out of care may not have had an opportunity to develop relationships with adults who can connect them with employers in a position to offer either entry-level jobs or internships.

Because of these deficiencies, independent living programs must work to provide employment, training, and apprenticeship opportunities for youth so they may obtain jobs that offer health insurance, a living wage and opportunities for promotion. It is not adequate to primarily focus on low paying shift work because this kind of employment may only perpetuate financial insecurity and an inability to maintain housing. Youth need access to programs and resources that will lead to higher wage jobs that offer a full array of benefits, especially health insurance.
Program Recommendations

Based on this research, there is a lot that we can learn about how community based organizations can best serve youth preparing for independent living. As evident from the youth interviews, there is no one-size fits all program structure. Youth reported divergent opinions about various program components because they need different things from their program. Program components like mandatory groups and mandatory check-ins with case workers were services that some youth wanted and some did not. Instead of providing each youth with the same service components, program staff should assess each youth individually to ascertain what they need and want from the program. If youth think that they are getting what they need, they will be more likely to stay in the program, hopefully reducing the amount of unplanned discharges from the program.

It is also important that independent living programs with housing components provide sufficient programming for the children of youth who are living at the program site. All of the youth who were also parents reported that there was no designated area for children, no child care and no programming designed for children. In addition, both youth with and without children did not like it when a child and a parent was placed with a roommate. Programs should address the needs of children living on their premises, and could also take the opportunity to provide parenting classes and early educational opportunities to these children. They should also provide child care services or help fund child care to provide supports for when youth have appointments, job or college interviews. Not providing early intervention opportunities for the children of youth in the ILP is a missed opportunity for these children who are also at high risk for experiencing negative adult outcomes.
Curfews were a topic that came up across the board with youth when asked about what they would change about the program. Most youth thought that curfews were unnecessary and did not help them to learn to live independently. Program staff could consider having youth check in with them to let staff know when they would be returning, and only enforcing a curfew when youth do not stay in touch. This proposed system approximates the way a young adult may touch base with a parent in whose house they are still living, while giving the youth the freedom and independence to stay out later than a time predetermined by the program. In this way, curfews may be a program component that becomes more flexible and that can be used when appropriate for a particular youth.

Although it is important to design a program that is person-centered and tailored to the needs of each youth, it is even more important to give youth access to resources that can change the conditions of their lives, especially related to employment and education. Many youths commented that they were referred to one employment program that did not offer paying jobs, but rather internships. Other youth reported that they acquired low paying, shift work. These jobs did not offer youth the financial stability needed to live independently. They also required youth with children to secure child care, which often cost more per hour than they were earning. Given this, one of the best ways that program staff can assist youth is to help them apply to college, if that is what they wish to do. Once linked to a college and to an Equal Opportunity Program (EOP), foster youth can access an array of services and financial supports. These supports increase their chances of obtaining a college degree and subsequent work that can support independence. In addition, foster youth would have access to mental health treatment, health treatment, tutoring, peer support, assistance with applying to graduate school as well. These are
the kind of concrete services and supports that foster youth need to not only live independently, but to be successful and to build the lives that they say that they want for themselves.

For youth who do not wish to attend college, programs should provide connections to vocational training that would help them learn a trade. This would allow them to secure employment that pays a competitive wage and offers health insurance along with an array of other benefits (time off, paid leave, EAP programs, retirement plans) that some employers provide. This kind of employment is what youth need to gain access to health care, benefits and a living wage and to enable youth to have the financial resources to support their independence.
Appendix

Independent Living Program Evaluation
Interview Protocol

1) Age

2) Sex

3) Time in program

4) How did you end up in the Independent Living Program (ILP)?

5) What services were you hoping to receive in the ILP?

6) Have you received these services? Which ones? What do you still need?

7) How has staff treated you?

8) Does your ILP worker provide you with the help you need?

9) How do you like living at the residence provided to you by the ILP?

10) What, if anything, would you change or improve about your residence?

11) Do you have children living with you? If so, are their needs being met by the ILP? Is there anything you would change or improve related to how the needs of your child are being met?

12) What do you think you need to prepare for independent living?

13) Is the ILP helping you to address these needs? How or how not?
14) Where do you plan to live once you are discharged from the ILP?

15) Do you have family members who can help you with things like finding a place to live?

16) Have you received job training services at the ILP? Do you feel that these services have prepared you to get a job? If not, why not?

17) Have you been in foster care? If yes, for how long? How many placements have you been in?

18) Were you homeless before coming to the ILP? Who were you last living with? Why did you have to leave?

19) What are your plans regarding getting a GED or going to college? Did any of the services you received at the ILP to help you with your educational goals? How?

20) What did the ILP provide that was the most helpful to you?

21) What aspects of the ILP were the least helpful? Overall, what would you change or improve and how?

22) Did the ILP sufficiently prepare you to live on your own?

23) Have you had a mentor provided to you during your time at the ILP?

24) Who are three people who would know where you are living in 5 years? What is your relationship to these people and can you provide their names, addresses, and phone numbers?
References


Casey Family Programs (2003). *The Foster Care Alumni Studies: What Works in Family*
Foster Care: Interviewer Impressions of What Alumni Said Were the Most Important Interventions. Casey Family Programs, Seattle, WA.


personal crime: An empirical foundation for a theory of personal victimization.
Cambridge, MA: Ballinger.


Martinez, T.E., Gleghorn, A., Marx, R., Clements, K., Boman, M., & Katz,


Pecora, P.J., Kessler, R.C., O’Brien, K., Roller-White, C., Williams, J.,


Werner, E.E., & Smith, R.S. (Eds.). (1992). *Overcoming the odds: High risk children*


Zimmerman, B.J., & Schunk, D.H. (Eds.) (2003). Educational psychology: