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Building A Better Stepping Stone:
Homeless Youth Perceptions of Transitional Housing Programs

by

Jason Siegel, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial Fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. The project is neither a Master's thesis nor a dissertation.

Abstract

Transitional living programs (TLPs) for homeless youth deliver critically needed services for a vulnerable and disadvantaged population, offering a temporary home while providing participants with the skills and experience they need to become independent. This study utilized a mixed-method design, emphasizing a quantitative approach, to examine the perspectives of youth participants in TLPs through the lens of ecological systems theory. Participants in seven different TLPs in the Twin Cities, MN area were recruited for an anonymous, online survey which asked questions regarding their experiences and perceptions of the services, staff, duration, structure, and policies of their programs. The 27 respondents reported high satisfaction with program staff, placed great importance on their educational goals and accomplishments, and identified greater access to medical and mental health services, including substance abuse counseling, as among their most pressing needs. Foster care youth were more likely to have a connection with a supportive adult than their peers, more likely to have a positive view of TLP staff and more likely to see greater access to staff as helpful. The study concludes with a discussion of the reasons for the low response rate with suggestions for improved study design on this topic.

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Introduction

For most Americans, adolescence and young adulthood is a time to experiment with independence, exploring the world but returning home for safety, unconditional love, and clean laundry. But for a growing number of young people who find themselves living in homelessness, independence is a goal to work towards not only for personal growth, but for basic survival.

Brenda is a 22-year-old woman who grew up in inner-city Detroit. Horrific abuse in her family of origin led to her spending her childhood in the foster care system. After experiencing further abuse in multiple foster homes, Brenda's adolescence was an institutional nightmare, as she was shuffled into and out of over two dozen group homes and treatment facilities, each adding fresh traumas and mental health diagnoses. Finally running away for good at 16, without an education, work experience, or family she could turn to, she became homeless. Two years later, she moved to Minnesota with an older 'boyfriend' who brought her there for the purpose of sex trafficking. Swallowing her pride, she found a bed at an emergency shelter, and they directed her to a drop-in center where she started working with a case manager. Eventually she was able to get into a transitional living program, and, last year, she moved into her own apartment. Yet this was not the end of her story. Like most young people in their first apartment, Brenda needed to learn how to cook, manage her money, and navigate public transportation. And after all that time spent living in homelessness, she also faced challenges that most young adults don't. She found it almost impossible to sleep, unused to going to bed in a place that was so quiet. She felt terribly lonely after so much time spent never having her own space, and struggled with depression. She was besieged by friends and acquaintances who had let her stay with them for a night or a week when she was homeless, and now expected her to violate her lease and give them

a place to stay. This is one reason why transitional living programs are needed, to help young people learn how to move from homelessness to independence and stability. Brenda's story is not unique; in fact, it is far too common. In many ways, she is one of the fortunate ones.

Youth who are experiencing homelessness generally refers to unaccompanied (living on their own, not with any parent or guardian) youth aged 21 or younger. Homelessness might mean staying in an emergency shelter, or on the streets, but sometimes it refers to 'couch-hopping', where a youth is constantly moving from one friend or family member's overcrowded place to another. Most studies have focused on youth aged 14-21, but some researchers include youth as old as 24, to be more in line with current research on adolescent brain development (Burt, 2007; Slesnick, Kang, Bonomi, & Prestopnik, 2008). However, as funding for homeless youth services is generally only available to programs that serve youth through the age of 21 and younger, most of the research excludes the older youth in emerging adulthood (Bantchevska et al., 2011). A national study found 1,682,900 homeless youth in this country (Hammer, Finkelhor, & Sedlak, 2002). Researchers believe this number is almost certainly underreported, due to the difficulty of counting youth who stay in places not readily available to researchers, such as abandoned buildings (Molino, 2007). The prevalence of homelessness among youth has risen sharply over time. In 1975, the numbers of homeless youth nationally were best estimated as between 519,000 and 635,000 (Ringwalt, Greene, Robertson, & McPheeters, 1998). By 1998, estimates put the number at 1.5 million, and despite attempts to address the problem with increased funding and new legislation, it has only increased (Ringwalt et al., 1998). At this time, some researchers believe the most accurate number could be as high as 2.1 million (Burt, 2007).

For these young people, the effects of homelessness can be both devastating and far-reaching. Mental health problems are common, with 45% of youth in one study reporting

suffering from mental health problems in the last year alone (Burt, 2007). Studies have found that homeless adolescents have a higher incidence of many mental health symptoms than their peers in stable housing, including anxiety, attention-deficit disorder, and developmental delays (Thompson, Bender, Windsor, Cook, & Williams, 2010). Depression is another diagnosis with a higher prevalence among homeless youth, and the longer youth stay on the street, the greater risk they are at to suffer the more severe symptoms, including suicide attempts (Saade & Winkelman, 2002). Another common diagnosis is chemical dependency. Homeless youth report much higher levels of drug use than their peers, with one study finding that over 78% meet the criteria for a diagnosis of substance use disorder (Baer, Ginzler, & Peterson, 2003). This is especially true for more dangerous drugs: homeless youth are five times more likely than youth who are housed to use heroin, and seven times more likely to use crack cocaine (Slesnick, Meyers, Meade, & Segelken, 2000). And the dangerous combination of chemical dependency and other mental health concerns is widespread among homeless youth, with Slesnick and Prestopnik (2005) finding the majority of youth in their study met criteria for a dual diagnosis. Homeless youth report more physical health problems as well, including higher rates of sexually transmitted diseases and lowered immune systems, and this is even more concerning as it is common for them to have inadequate health care (Thompson et al., 2010).

There are many areas in which youth experiencing homelessness are at greater risk for problems than other kids their age who live in stable housing. Youth who are homeless face greater difficulties in school, being more likely to fail a grade and four times more likely to drop out (Heinlein & Shinn, 2000). These youth are more likely to have repeated school behavioral problems, inappropriate interactions with adults, and are more likely to be suspended (Thompson et al., 2010). They are more likely to engage in survival sex (trading sex for food, a place to

sleep, or other basic needs) or be forced into paid sex work. The prevalence of this behavior is very difficult to determine, and researchers estimate at least 11%- and perhaps as many as 41%- of homeless youth have engaged in survival sex with the likelihood increasing based on how long or how many times one is homeless (Walls & Bell, 2011). Pregnancy rates among homeless youth are more than four times higher than at-home youth (Thompson, Bender, Lewis, & Watkins, 2008). They are also more likely to be caught up in criminal activity, as they seek to provide for themselves in whatever way they can (Walsh & Donaldson, 2010). Because adolescents who are homeless are too young to access adult assistance programs and too old to receive help from child protective services, they fall into a gap that forces them to cope with these problems alone at a time when they are most vulnerable (Norum, 2000).

These issues have a ripple effect on the community at large, as higher rates of drug abuse, along with increased mental and physical health concerns, tax the health care system. As homeless youth tend to be without health insurance, they frequently end up being treated by hospital emergency rooms, placing a greater burden on a health care system that is already drowning in costs (Ensign & Bell, 2004). When homeless youth end up involved in criminal activities, or joining criminal organizations in search of income or a sense of family, the entire community is affected. When youth experiencing homelessness struggle in the classroom, it affects all the students in the school, as teachers and other school staff must devote time and resources to address their problems. Similarly, pregnancies to young women who cannot economically support these children affect the whole community in a variety of ways.

Additionally, the number of homeless youth who are youth of color, particularly African-Americans, is disproportionately high compared to the population at large (Burt, 2007). About 42% of homeless youth identify as lesbian, gay, bisexual, or transgender (LGBT), a hugely

disproportionate number (National Gay and Lesbian Task Force Report, 2006). When an issue disproportionately affects an underprivileged group, social justice ethics dictate action to eliminate that disparity and assist that group (National Association of Social Workers, 2008).

Another indicator of the need for social workers to address the issue of youth homelessness is the power imbalance involved. When an issue affects children, this is a group with no voice in the political system. There is no powerful special interest lobby to carry the voices of homeless youth to lawmakers. And while the agencies that receive funds to help these youths are mostly nonprofits, some of the companies that benefit from increased numbers of homeless youth are not. For instance, private criminal corrections facilities derive large profits from youth who are forced to turn to crime. With the growth of the for-profit prison industry, as well as the ancillary companies that provide goods and services to these facilities, there is a special interest group that has a profit motive for not addressing these issues. The same could be said for pharmaceutical companies who profit off of the sale of medications to treat mental illness. While these corporate interests may not be directly causing homelessness, they profit from the byproducts and benefit from inaction, and their voices are heard much more loudly by lawmakers than those of homeless youth. The NASW Code of Ethics principle of social justice calls for social workers to pursue social change, particularly on behalf of vulnerable groups (National Association of Social Workers, 2008). One of our most basic responsibilities is to advocate for those who are denied access to the corridors of power.

Attempts to address this problem have taken many forms. The most common types of programs specifically designed to provide services for youth experiencing homelessness are emergency shelters, street outreach, drop-in centers, and transitional housing programs. Emergency shelters' primary purpose is to provide a safe space to sleep for the night, though

many offer ancillary services as well. In the Twin Cities, there are 6 emergency shelters specifically serving youth, and they have a total of 93 beds available between them. To understand that number in proportion to the need, a recent one-day snapshot count of homeless youth in the Twin Cities found 1151 youth without a place to stay, a number that researchers caution is certainly underreporting the problem (Lindberg, Pittman, & Gerrard, 2015). Street outreach is focused on connecting homeless youth to service providers and increasing awareness of programs that serve homeless youth in the community. Due to funding issues, the Streetworks Collaborative, which coordinated services among providers, was recently forced to cease operations, and many of the outreach workers for homeless youth in the Twin Cities were eliminated. The third type of intervention are known as drop-in centers. At these facilities, homeless youths can access services to meet their basic needs (for example, food, laundry, shower facilities), and receive assistance with other goals, such as employment or education. These programs are open during the day, and try to serve as one-stop interventions for a variety of needs. There are two in the Twin Cities, with a few smaller centers in the suburbs as well. SafeZone, the drop-in center in St. Paul, receives an average of over 60 visitors in any given day, and the number of youth who access services at YouthLink in Minneapolis is even higher. However, youth in the Twin Cities are fortunate in regard to drop-in centers, as many major cities do not have any drop-in centers at all (Bantchevska et al., 2011).

Another common intervention applied to the problem of youth homelessness is the assistance of transitional living programs (TLPs.) These programs provide subsidized housing for youth experiencing homelessness, either at no cost or a low rent based on their income. TLPs vary in the populations they serve, the duration of the program (most range from 6 months to 2 years), and the structure. Some have one building where all the participants live (site-based) and

others provide regular rental assistance as the youth finds and maintains their own market rate apartment (scattered-site.) Staff at these programs are typically case managers, who provide assistance with goals such as employment, education, and developing independent living skills, and site-based programs also employ staff who function like resident advisors at a college dorm, insuring residents' safety, modeling healthy behaviors, and enforcing program expectations. The intention is to provide stability while the youth develops independent living skills, attends school or works, and is able to save money. Of the 2 million youth in America who experience homelessness each year, there are less than 4,000 who are able to access these programs (Fernandes, 2007). In 2010, over 6,700 youth had to be turned away from transitional housing programs (Fernandes, 2007). In the Twin Cities, there are 10 different transitional living programs that serve youth who are experiencing homelessness, and they utilize a variety of different models and approaches.

The purpose of this study was to explore the perceptions that youth in the Twin Cities who have participated in these TLPs have formed of these programs. This study used an online survey to allow homeless youth to evaluate the structures, benefits, and areas for improvement that they see in the TLPs that they have experienced.

Literature Review

In order to better understand the issues surrounding transitional housing programs for youth experiencing homelessness, a thorough review of the literature was conducted. After studying research regarding homelessness and youth in general, the review narrowed its focus to studies specifically examining the intervention of transitional living programs. The lack of available research on this topic was considered and challenges to conducting these types of studies were explored. The review then examined the relative generalizability of the studies which have been published, and what issues might exist in this regard. There is significant overlap in the literature with studies which explore the experiences of youth who exit from foster care, and these interactions were discussed. Finally, differences in TLPs were considered, from program structure to services provided, and the literature was reviewed for what these differences might contribute toward outcomes.

Obstacles to Data Gathering

One of the great challenges in studying the effectiveness of TLPs for youth is the lack of data on the subject. As other researchers have noted, there are simply very few studies examining the results that these programs produce to be found in the literature (Ausikaitis, 2014; Georgiades, 2005; Jones, 2011). The difficulties inherent in gathering data on a transient population, particularly one that tends to avoid contact with authorities due to legal troubles or mental and chemical health issues, such as homeless youth, are well documented (Burt, 2007; Molino, 2007). Another factor is that independent living programs are a relatively new type of intervention (Georgiades, 2005). Georgiades (2005) also cites “the traditional lack of federal funding to support research on child welfare systems” (p. 420) as a likely cause for the dearth of

available studies. Although there are approximately 150 programs of this type in the country, and most receive federal or state funding, they do not share a consistent set of reporting requirements (Rashid, 2004). As a result, while there is some data to be gleaned from federal reporting requirements, there is no way to simply pool together the outcomes tracked by all these programs.

The outcomes are also difficult to assess due to the measurements that programs use to gauge their own effectiveness. Some programs track only basic exit data, such as whether the youth has a safe plan for where they will go after discharge, while some studies examined over a dozen variables to establish success rates. For instance, Nolan (2006) defines success broadly, as improvement from the condition in which the participant entered the program. Similarly, Mallon (1998) and Rashid (2004) prioritized housing status, employment, and educational attainment as the important outcomes. In contrast, Georgiades (2005) examined 14 different areas of achievement, using a 90-question survey. Kroner (2007) also delineated many additional questions that should be asked to better determine success. Bartlett, Copeman, Golin, Miller, & Needle (2004) noted that each TLP they examined had its own way to measure success, with only a few broad outcomes, such as housing and employment status, in common. While one program tracks employment and housing outcomes, staff at another explained that they view those measurements as unrealistic, and focus on goals such as a few months of sobriety and not attempting suicide (Bartlett et al., 2004). These disparate assessment methods emphasize the difficulty in comparing outcomes across programs.

Issues With Generalizability

Of the studies that do exist, it is difficult to generalize conclusions from their data. One problem is that many of the studies are essentially single system designs, looking at the results

from one specific transitional program (Bridgman, 2003; Georgiades, 2005; Giffords, Alonso, & Bell, 2007; Kroner, 2007; Mallon, 1998; Nolan, 2006; Rashid, 2004; Robinson, 2010). Naturally, with such a focus, the ability to extrapolate the results to a greater population is very limited. There are so many factors that differ from program to program that separating out the variables that may have produced positive outcomes becomes extremely complicated. For example, one significant difference is that some of the TLPs that were studied were located in urban areas (Ausikaitis, 2014; Kroner, 2007; Mallon, 1998; Nolan, 2006; Rashid, 2004), some in suburban towns (Giffords et al., 2007), and some in rural areas (Bartlett et al., 2004). The setting of these programs would dictate that youth in these different TLPs would face very different challenges in terms of important factors such as job opportunities, affordable market rate housing, access to adequate health care, and transportation costs. These variables would have a significant impact on youths' individual outcomes.

The demographics of the populations of the different TLPs studied also should be considered. The studies vary widely in the racial makeup of the participants. Some studies examined mostly non-hispanic white youth (Bartlett et al., 2004; Bridgman, 2003; Van Leeuwen, 2004) and others looked at TLPs that served mostly youth of color (Ausikaitis, 2014; Georgiades, 2005; Mallon, 1998; Nolan, 2006). Additionally, some studies examined participant groups with a significantly higher number of youth who identify as LGBT than the overall population, which could affect their results (Rashid, 2004; Nolan, 2006). Generalizability might also be affected by the participants' genders, as some studies included mostly female participants (Robinson, 2010), and others featured nearly all males (Ausikaitis, 2014).

The small sample sizes presented in most studies also limit the generalizability of their results. Georgiades (2005) designed a very methodologically sound study, but the data set

includes only 18 youth. Ausikaitis (2014) designed a study which takes a very detailed look at the experiences of homeless youth, but it includes only 11 participants. Rashid (2004) studied a group of 23 youths, and Giffords et al. (2007) had a sample size of 44. These numbers are typical of TLP studies. The possibility that individual personal differences colored the results of these studies are much more likely given their small sample sizes and the lack of any corroborative studies with larger groups.

Methodologies

The research on TLPs seems less likely to be conducted with a strictly quantitative design than in many other areas of social work research. While Jones (2011) focuses on a quantitative examination of one TLP, as does Georgiades (2005), this methodology is very much in the minority. Many studies instead employ a qualitative design due to the difficulties associated with the quantitative approach to this topic (Aviles & Helfrich, 2004; Bartlett et al., 2004). Several other studies attempt a mixed methods approach, offering specific figures in some outcome areas while also including vignettes, case studies, focus groups, or interviews with participants (Giffords, et al., 2007; Mallon, 1998; Ausikaitis, 2014; Nolan, 2006; Robinson, 2010). Kroner (2007) includes some hard data gathered from the Lighthouse TLP in Cincinnati, but mostly provides a first-person perspective as the former director of the program. This indicates a need for more quantitative studies in this area to produce a larger pool of data and perhaps more generalizable conclusions.

Another issue related to methodology is the strategies employed to compare results. Many studies simply have significant differences in how they evaluate data. For instance, Rashid (2004) excludes data from youth who stayed in the program less than 2 months, while Nolan

(2006) considers all participants who were ever enrolled. Their studies vary in terms of which clients got included in their sample, and this is not unusual in the literature on this topic.

Furthermore, in most of these studies, there were no control groups with which to compare results. Georgiades (2005) also notes that when comparisons were drawn, they were compared with normative data for this age population. This methodology ignores the fact that youth experiencing homelessness would be expected to differ greatly from the general population in many important life aspects. Only Georgiades (2005) and Jones (2011) designed studies with a methodology that compares the outcomes of youth from the same population over the same time based on whether they did or did not live in a TLP.

Foster Care Youth

The number of homeless youth who have exited the foster care system is significant. Last year alone, over 22,000 youth in America aged out of foster care (U.S. Department of Health and Human Services, 2015). A recent report by Shapiro (2005) estimated that 52% of homeless youth had some experience with foster care. Studies have shown that youth who leave foster care end up homeless at an alarming rate, estimating that somewhere between 25-45% of these youth will be homeless within a few years (Zerger, Strehlow, & Gundlapalli, 2008). The obstacles these youth face are often even more difficult than other homeless youth. Youth who grow up in the foster care system lack the safety net of friends and family, and have missed the opportunity to gain the basic life skills and social capital one needs to manage the transition to independence (Ammerman et al., 2004). There is also evidence that young homeless women who were in the foster care system are more likely to become pregnant at a young age (Slesnick, Bartle-Haring,

Glebova, & Glade, 2006). Foster care youth have an even greater need for the support and education that TLPs can provide.

Some transitional programs are designed specifically to serve youth who have exited from out-of-home placements, and the independent living skills taught in TLPs for homeless youth are very similar to those taught in ILS classes for foster care youth (Georgiades, 2005; Jones, 2011; Mallon, 1998; Rashid, 2004). In most TLPs however, these youth are only part of the population, and their experiences in TLPs can differ greatly from their peers. Nolan (2006) reviewed the files of 40 youth, 90% of whom were youth of color and all of whom identified as LGBT, from a TLP in New York City, and reported that foster care youth were not significantly more likely to be expelled or drop out than youth who had not been in care. But there were some significant differences. A much higher percentage (36%) of foster care youth exited to independent living situations than the non-foster care youth (14%) (Nolan, 2006). While this seems encouraging, it should be noted that non-foster care youth were much more likely to exit to housing situations where they lived with family members or friends, at 45% compared to only 18% for foster care youth (Nolan, 2006). Therefore, these exits to independent living lack the support system and safety net that many of the non-foster care youth will be able to rely on (Nolan, 2006). Bartlett et al. (2004) interviewed staff at four different transitional programs in New England that served both youth from foster care backgrounds and those without. Many of the staff interviewed for that study identified a history of foster care placement as having significant influence on how successful the youth was likely to be in the program, how difficult it would be to get them to engage in the program, and on their post-TLP outcomes (Bartlett et al., 2004). Staff at these TLPs characterized the youth from the foster care system as being “hard to serve” due to their trauma histories and “low trust levels”, and expressed concern that these

youth were being “set up for disaster” by being included in their program (Bartlett et al., 2004).

This is clearly an important factor for TLPs to take into account.

Program Design

In their qualitative study of four TLPs, Bartlett et al. (2004) concluded that one of the most important elements in TLP outcomes is the design of the program. However, neither that study nor the greater body of the literature offer any clear consensus as to what type of design provides the best chance for success.

Site-based vs. Scattered-site Designs

For instance, some research indicates that site-based programs might produce higher success rates. Giffords et al. (2007) considered outcomes from 44 youth, 66% of whom were African-American, in a site-based program on Long Island, finding that participants achieved independent housing afterwards at a rate of 87%, and that 91% of participants exited the program either employed or in school. The TLP studied by Nolan (2006) was scattered-site, and its reported results were much lower in both areas, bolstering support for the site-based design. Similarly, Rashid (2004) studied 23 youth, where 61% of youth were males, 48% of the youth identified as LGBT and 48% also identified as African-American, in a site-based program in San Francisco and reported that 90% of the youth were in permanent, stable housing six months after discharge. Jones (2011) examined outcomes from 106 youth at a site-based TLP in Florida. The sample was comprised of 61% females and 76% youth of color, all of whom had exited from foster care, and compared those in the TLP with others who resided in other living arrangements (Jones, 2011). She found that the youth who stayed at the TLP were more likely to achieve stable housing and employment, and less likely to use drugs and be arrested, than those who did not

participate (Jones, 2011). These studies lead one to conclude that a site-based TLP would be a more successful design.

However, there is also evidence to support the claim that scattered-site designs work better. Georgiades (2005) looked at 49 youth from a scattered-site TLP in Florida, which served a sample that was 78% female and 90% youth of color, and concluded that the TLP had significantly improved outcomes in housing, employment, income, and several other measures. Kroner (2007) discussed a TLP in Cincinnati that served only youth aged 19 and younger (he did not include additional demographic data) and concluded that the scattered-site model was very successful in teaching youth independent living skills, and identified that aspect of the design as key. Kroner offered several explanations for this assessment. He theorized that youth learn more from scattered-site programs because they more closely resemble future housing settings, encouraging empowerment and the development of coping tools for loneliness and dealing with neighbors and landlords (Kroner, 2007). In addition, the study conducted by Bartlett et al. (2004) features an agency in rural New England, where the participants are approximately 61% males and 50% youth of color, that utilizes both a site-based program and some apartments that are scattered-site. A staff member at that TLP attributed the positive outcome achieved by one client compared to another to the fact that the more successful client was in placed in their scattered-site program rather than the site-based program (Bartlett et al., 2004). In summary, multiple studies have been published which support both site-based and scattered-site TLP designs. This is a question not easily resolved by a survey of the literature.

Rules and Structure

Another area in which TLPs vary is in the way they structure the program rules and how strictly they enforce those rules. Nolan (2006) evaluated a TLP in which roughly half of the

participants were eventually expelled for rules violations, and considered the program in that study to be successful. This indicates that a high level of rule enforcement might be useful. Giffords et al. (2007) studied a TLP that had a relatively high degree of structure, including curfews and mandatory weekly house meetings, and judged them to be effective programs. These studies argue for a program design with tight structure and rules. However, other studies reported seemingly contradictory results. Georgiades (2005) evaluated a TLP that had a much looser structure, in part due to being a scattered-site program, and reported high measures of success for the program. Kroner (2007) also advocates for less structure, stating that the positive results produced by the Lighthouse TLP were achieved in part due to a more flexible approach, such as allowing overnight guests and only rarely terminating clients for rules violations. Bartlett et al. (2004) examined four different TLPs and the results were almost a microcosm of the overall body of literature on this question. In that study, the staff at one TLP, which serves a population that is 85% White and 40% youth from the foster care system, credited their highly structured design (including regular drug tests, no overnight guests, and mandatory meetings) for greatly helping the youth succeed. Another TLP in the study, with a group of youth that were mostly Caucasian and 75% from foster care, employs a highly structured system of consequences, including 'strikes' and 'personal reflections' for rules violations. Staff at this TLP report that their "well-explained system of consequences and accountability" is helpful. At another program, located in a suburb, which did not provide demographic data, staff emphasized their flexible response to rules violations as a key to their success (Bartlett et al., 2004). This question seems to require further study.

Summary

In summary, the literature poses several challenges for researchers. The lack of previous studies, the difficulty in tracking youth after discharge, and the lack of consistent outcome assessments are serious obstacles. This has led to a more qualitative approach to research in this area, which, along with other factors, limits generalizability. The overlap between the general population of homeless youth and that of youth who have experienced foster care systems also further complicates the picture. Program design has emerged as one important determining factor in success of TLPs, but no consensus has been reached in the literature as to which models are most effective. Therefore, this study attempted to add to the literature by applying a mostly quantitative approach, gathering data from a larger sample of youth in many different types of transitional programs, while seeking to better understand the interaction between program design, the obstacles youth are dealing with, and how they can be successful. This study also sought input directly from youth in TLPs, out of the belief that they are best equipped to speak to their own needs. The question this study asked was, “How do homeless youth perceive the differences in program designs and services in the TLPs they have experienced?”

Conceptual Framework

In the past, research into homelessness, both with adults and youth, has largely focused on trying to determine how people come to experience homelessness. The literature has many examples of studies that attempt to identify risk factors which might correlate to greater rates of homelessness (Alvi, Scott, & Stanyon, 2010; Molino, 2007; Thompson et al., 2010; Dedel, 2006; Wolfe, Toro, & Mccaskill, 1999). Some of these ‘risk factors’ have included racial background, gender and sexuality, educational attainment, family history, mental health, and chemical abuse. Some recent studies have acknowledged that looking at youth experiencing homelessness through that lens can lead to pathologizing these individuals, and even the phrase “at-risk youth” can have a perjorative connotation (Ausikaitis, 2014). This approach has emphasized the importance of individual differences in people experiencing homelessness, a perspective that downplays the significant structural causes of homelessness (Zerger, Strehliow, & Gundlapalli, 2008). However, examining treatment interventions without understanding the role that some common characteristics among the homeless youth population might play in determining more positive outcomes would be a mistake. Therefore this study was constructed utilizing a conceptual framework that incorporates critical *ecological systems theory*.

Ecological systems theory integrates both individual and structural explanations for social phenomena, considering people as the product of the ongoing interaction between themselves and their environment (Hutchison, 2011). Beginning with the work of Robert Park in the 1920’s, ecological theory was originally an attempt to apply the work of ecologists who studied animals’ behavior to the study of human social patterns (Forte, 2007). In the 1970’s, theorists such as Carel Germain expanded the ecological theory to encompass a comprehensive framework for understanding the person and their environment as a series of dynamic interactions (Forte, 2007).

Ecological systems theory views human behavior as a *multidimensional* phenomenon, in which behaviors are understood as having multiple causes (Hutchison, 2011).

Within the perspective of ecological systems theory is a recognition of the different types of systems that affect individuals. In ecological theory, *microsystems* are defined as the interactions between the individual and those one encounters directly in their immediate surroundings (Hutchison, 2011). In the case of youth experiencing homelessness, these interactions might involve the relationships the youth has with his or her family. When a youth runs away from home in reaction to conflict or abuse from their parents, this is an example of a microsystem affecting their behavior. *Mesosystems* incorporate those interactions that bridge multiple settings in a person's life (Hutchison, 2011). When a microsystem is affected by a larger institution, this forms the mesosystem (Hutchison, 2011). An example might be the influence that an individual feels from their family system interacting with their school, or their neighborhood (Hutchison, 2011). For instance, an overly permissive or neglectful parenting style might influence a youth's susceptibility to being recruited by a local street gang, and that decision to join the gang would be viewed through the dimension of a mesosystem. The overarching values and structures of the greater society form the *macrosystem*, and provide the broadest context for examining social phenomena as it affects individuals (Hutchison, 2011). For a homeless youth, one example might be a youth's decision to try illicit drugs considered in the context of the influence of American culture and media's portrayal of drug use, or through the lens of the government's decision to prioritize spending on law enforcement efforts over drug education and prevention.

Contemporary ecological systems theory also makes explicit the power differentials in society, in which those with greater power advance their own interests through manipulation and

control of the nondominant groups (Hutchison, 2011). Under the banner of ecological systems theory, *oppression theory* highlights this aspect of social interaction. Oppression can take many forms in the way that it extends barriers for different groups of people, marginalizing those without access to privilege (Miley, O'Melia, & DuBois, 1998). Those in power create and maintain systems that disenfranchise those outside, influencing legal and economic structures that deny them the ability to control their own fates (Miley et al., 1998).

In terms of this topic, the oppression caused by larger societal factors such as racism, poverty, and economic instability greatly impact youth who come to experience homelessness. Youth who grow up in poverty are more likely to become homeless, and they are more likely to be involved in violence on the street than their middle-class peers (Barron, 2003). The recession of 2009, along with the high incidence of foreclosures at that time, combined with larger economic forces, including a shrinking labor market and weak economic growth, to push many of those families which were already economically most vulnerable, into homelessness (Aviles, 2008). Youth growing up in poverty are more likely to struggle with school attendance, due to transportation challenges, the difficulty of finding time and space to study, as well as nutritional problems that affect learning, and they are much more likely to drop out than their peers (Thompson et al., 2010). Racial and ethnic minorities are disproportionately more likely to be homeless than their white peers, and those youth who identify as LGBTQ are also overrepresented among homeless youth (Durham, 2003). The overarching racial and homophobic biases present in American society are another example of the larger structural forces that affect homeless youth (Zerger, Strehlow, & Gundlapalli, 2008).

The way that these societal attributions for homelessness can be incorporated with individual risk factors is the best argument for applying ecological systems theory to this

problem. Some of these factors include family history. Some research has pointed towards different parenting styles in the family of origin as having a correlation with youth who experience homelessness later in life (Alvi, Scott, & Stanyon, 2010). Other studies have pointed toward conflict in the home as a determining factor (Osgood, Foster, & Courtney, 2010). Parental neglect as well as abuse have been identified as being more prevalent among homeless youth (Tyler, Hoyt, & Whitbeck, 2000; Keeshin & Campbell, 2011). Mental illness has also been identified as being much more common among homeless youth than their stably housed peers (Tyler, Cauce, & Whitbeck, 2004). Substance abuse is another individual risk factor that is well documented in the literature (Aviles, 2008).

Ecological systems theory provides the best framework for understanding how both individual and societal factors interact in determining youth who will experience homelessness as well as providing the clearest lens through which to view the challenges they face in escaping homelessness. In this study, the researcher used the ecological framework to develop the survey questions which attempted to explore the micro-, meso-, and macro-systems that impact how homeless youth experience and perceive services in transitional housing programs.

Methods

Purpose and Design

The literature contains very few studies in which researchers have examined this type of intervention through the lens of those it attempts to serve. Most studies regarding homeless youth in transitional housing programs have examined statistics on outcomes or have considered these programs from the perspective of staff who work in TLPs (Kroner, 2007; Bartlett et al., 2004). Only two studies related to transitional housing for youth sought to include the voices of the youth. One (Nolan, 2006) employed a strictly qualitative design and the other (Ausikaitis, 2014) used a mixed method design to probe youth experiences in TLPs, with focus groups and surveys combining to try to present a more complete picture. While there is merit in the qualitative approach, in that it allows the youth to be heard in their own words, practical considerations dictate that it also limits the number of voices and the variety of experiences that can be expressed. Nolan (2006) studied 40 youth who had been served by one program in New York City, and this program specifically served only youth who identified as LGBTQ. All of the youth studied by Ausikaitis (2014) were served by two transitional programs, and, as she noted, the population for the study was almost entirely made up of male clients. Furthermore, these studies only delineated the experiences of youth from one or two different transitional programs. This approach to studying TLPs is common in the literature, as most studies only examine the outcomes of a single program (Bridgman, 2003; Georgiades, 2005; Giffords, Alonso, & Bell, 2007; Kroner, 2007; Mallon, 1998; Nolan, 2006; Rashid, 2004; Robinson, 2010). While the results of these studies are valuable, there seemed to be a need for a broader approach to gathering data.

This study utilized a mixed-method design emphasizing a quantitative approach to this question in an attempt to generate a maximum amount of data on this under-examined topic. This study employed an anonymous, self-administered online survey to assess how youth perceive the services they receive from a number of different transitional living programs in the Twin Cities. Due to the dearth of research in this subject, the researcher was unable to identify any previously validated survey that met the needs of this study topic. Therefore the researcher designed a survey tool based on material in the research about transitional housing programs and services for youth experiencing homelessness, as viewed through the lens of the ecological systems framework. The survey, which was administered using Google forms, had not been piloted, nor was it tested for rigor and statistical validity. The survey was examined by experts in the field of youth homelessness and assessed for face validity.

Sampling Method

This study employed convenience sampling, as obtaining the cooperation of this transient population would have been difficult to manage in a truly random study. The researcher obtained support and permission from seven transitional housing programs that serve youth in the Twin Cities area of Minnesota to solicit their clients regarding this study. The only transitional programs for youth that were excluded were one program which only serves youth under the age of 18, and another program run by an agency that the researcher was previously employed by, as there was a concern that there might be a conflict of interest in including that program. There was also one agency that declined to participate in the survey, and one other agency that never responded to efforts to include their program in this study.

Research Setting

These housing programs feature some significant differences in terms of their rules and structure. The scattered site TLP naturally involves less daily supervision and fewer behavioral rules than the site-based TLPs. With residents living in private, independent apartments, the structure of this program is much more relaxed. Participants are able to have overnight guests, there are no curfews or rules around visitors, and this TLP does not test participants for drug use. There are requirements around attending groups and home visits with the case manager, but this TLP has far fewer rules or restrictions than the site-based TLPs. Additionally, the enforcement of the expectations that do exist is designed for more flexibility than the site-based TLPs. With any rule violation affecting only the individual, and no group milieu to manage, interventions are put in place to address problems that arise without terminating participants from the program. Even clients who violate their lease to the point that it results in eviction are often provided with an opportunity to locate a new apartment and continue in the program, utilizing the eviction as part of the learning process.

There are also differences in the structure of the site-based TLPs, as the review of literature alluded to. Some programs have created a more or a less tightly structured environment than others. For instance, some of the TLPs involved in the study do not require drug testing at any point, while others require clean drug screens at admission and then at regular intervals, or when there is cause to suspect drug use, to maintain housing. Some programs employ resident advisors who live at the site, and they may have staff members that are on-call for emergencies, but residents and the facility are not monitored after regular business hours. TLPs with a more highly controlled environment have staff on duty 24 hours a day, including weekends, and this allows for monitoring and enforcing policies regarding visitors as well. All the programs regulate

residents' visitors, but the rules around visitors, such as how late they can stay, whether overnight guests are allowed, how frequently they can stay over, etc. all vary based on the program structure. Additionally, there can be significant differences in how strictly policies are enforced, with staff at a more highly structured TLP emphasizing the need to protect the therapeutic milieu from harm and staff at less tightly controlled programs promoting the need for greater independence and flexibility. It should be noted, whatever type of policies are in place, transitional programs make efforts to offer participants the opportunity to change problematic behaviors, but one measurement of how strictly rules are enforced might be comparing how frequently clients are expelled from the program. These are all factors that are considered when designating a program to be a high or low structure environment for purposes of this study.

Data Collection Process

Youth were provided with an explanation of the survey and what it intended to study. Youth were made aware of the survey by fliers which were distributed to staff at the transitional housing programs, and the case managers and other TLP staff were enlisted to recruit youth for the study. In addition, the researcher was able to attend resident house meetings and skills groups for five different TLPs to introduce the study and make those youth who attended aware of the opportunity to participate. All participants were informed that the survey was completely voluntary, and neither their refusal to participate nor any opinions they might provide would have any effect on the services were receiving. The youth were given a link to the survey. The online survey contained informed consent language, and was taken anonymously. An incentive, in the form of a \$5 gift card for McDonald's, was provided to any youth who completed the survey. This was accomplished through the use of a code that respondents provided to housing program staff.

Measures for Protection of Human Subjects

The study utilized multiple measures to ensure protection of its human subjects. First, a written proposal of this research was submitted to Saint Catherine University Institutional Review Board (IRB) and approved before the data collection process began. Second, study subjects read a letter of informed consent on the first page of the online survey. As the online surveys were taken anonymously, no signatures or signature data were collected. The survey data was kept in a password-protected Google Drive account when it was first received through Google Forms. Once the response was received, it was then transferred to a password-protected flash drive. Third, participation was voluntary.

Instrument

The survey was created in Google Forms and was made available to respondents as a web link. Survey design was based on issues that arose within prior research studies. The survey drew upon ecological systems theory in developing questions, and incorporated both structural and individual factors in assessing the services provided by the TLPs. The questions were developed with feedback from the members of the advisory committee, which included social workers who have experience working with homeless youth in transitional housing programs and with conducting research. Study participants were asked to answer questions about the types of services provided by the program they were enrolled in, and about their views regarding the effectiveness of these interventions. They were also asked about their opinions related to the structure and design of transitional programs, and the types of services they saw as most beneficial. Very little demographic data was collected, so as to both maximize the anonymity of the youth who participated and reduce the length of the survey, which it was hoped would

increase participation rates. Youth were also asked to identify which housing program they were currently living at.

Results

Sample Demographics

The survey was completed by 27 individuals. There was a pool of 158 youth in the age range of this study among the seven transitional housing programs for whom the survey was made available, for an overall response rate of 17%. One respondent identified as being 26 years old, which is older than the maximum age for inclusion in the study. This individual's responses were therefore excluded from the data set. Most demographic data, such as race, gender, sexuality, or educational attainment, were not sought, in an effort to increase the anonymity of participants. Flyers for the survey were provided to seven different transitional housing programs in the Twin Cities. Participants were asked which transitional housing program they lived at. Eight of the 26 respondents lived at a site-based TLP located on the north side of Minneapolis, which will be referred to as TLP-1. Eight of the 26 respondents lived in a scattered-site TLP located in St. Paul, which will be referred to as TLP-2. Six of the 26 lived in a site-based TLP located in the Midway neighborhood of St. Paul, which will be referred to as TLP-3. Two respondents lived at a site-based TLP located just north of downtown Minneapolis, which will be referred to as TLP-4. There was also one respondent who lived at a site-based TLP on the east side of St. Paul, which will be referred to as TLP-5, and one who lived at a site-based TLP in St. Paul near the state fairgrounds, which will be referred to as TLP-6. There were no respondents from the seventh TLP, a site-based program located in south Minneapolis.

Table 1
Age of Respondents

Age	18	19	20	21	22	23	24
Number of Respondents	3	4	8	6	1	1	1

Note. n=26 youth responded to the survey. Mean age was 20.2

Three of the 26 respondents identified themselves as being 18 years old. Four respondents identified themselves as being 19 years old, and eight respondents identified themselves as 20. Six respondents were 21 years old. One respondent was 22, one respondent was 23, and one respondent identified as being 24. Two respondents declined to provide an age, and as mentioned above, one respondent identified as being 26 years old, and was excluded. The ages of eligible participants ranged from 18 to 24 years old, and the mean age of all participants who supplied an answer to this question was 20.2.

Respondents were asked whether they had ever been in foster care or a group home placement. 14 of the 26 respondents answered that they had. 10 respondents stated they had not ever been in foster care. One of the respondents was not sure if they had ever been in foster care, and one respondent did not provide an answer to this question.

Perceptions of Services

Two questions were asked specifically regarding perceptions of the services offered by the TLP programs. The first asked respondents which services they found most helpful and the second asked them to identify services that they believe would have been helpful if their TLP had offered those services.

Nine of the 26 respondents identified case management as the most helpful aspect of TLP services. Seven respondents selected educational assistance as the most helpful type of services. Five respondents chose independent living skills training (defined as how to cook, do laundry, cleaning, etc.) as the most helpful services for them. Four respondents identified assistance with employment, and one respondent chose money management training as the most helpful services. Transportation assistance was not chosen by any respondents.

When asked what additional services they believe would have been helpful, 11 of the 26 respondents identified on-site medical services. Ten respondents felt that cooking and nutrition classes would have been helpful. Six respondents identified mental health counseling services as something that would have been helpful, and another six respondents felt that having staff available 24 hours a day would have been helpful. Four respondents identified substance abuse counseling as a service they would have found helpful, and two identified parenting classes. One respondent stated that their TLP program already featured all of the services suggested and another answered that none of the suggested services would have been helpful to them. Two respondents declined to respond to this question at all.

Perceptions of the Staff

Three questions addressed the participants' perceptions of program staff at the TLPs. The first utilized a Likert scale to gauge how much respondents felt staff had helped or hindered their experience, and the second asked them to identify what the staff did that they found helpful. The third question offered respondents the opportunity to identify what they felt staff had done that impacted them negatively.

Table 2
TLP Staff Helpfulness; n=26

Scores	5	4	3	2	1
Number of Respondents	13	9	0	3	1
From Foster Care Only	10	2	0	2	0
Not From Foster Care	3	7	0	1	1
TLP-1	2	3	0	2	1
TLP-2	7	0	0	0	0
TLP-3	1	6	0	0	0

Note. Overall mean score=4.15. Foster care mean=4.43, not from FC=4.1.
Mean scores by TLP: TLP-1=3.375; TLP-2=5.0; TLP-3=4.14

13 of the 26 respondents ranked the staff's helpfulness at a five out of five on the Likert scale, and another nine reported that staff scored a four. Three respondents felt that staff had made things harder, choosing two as their score, and one respondent reported staff scored a one on the scale. Scores ranged from one to five, and the mean score for all responses was 4.15. None of the respondents chose the neutral position of scoring their staff at three, and all respondents chose to answer this question. 10 of the 14 foster care respondents scored their staff at a five, two scored staff at a four, and two scored staff at a two. The mean average of staff as rated by foster care youth alone was 4.43. The mean score for staff rated by non-foster care youth was 4.1.

Seven of the 26 respondents reported that the most helpful thing TLP staff provided was emotional support and encouragement. Six respondents identified the tangible resources (such as bus cards, financial assistance purchasing furniture or other needed items) that staff provided them with as the most helpful thing staff had done. Five respondents felt that the most helpful thing staff did was to serve as a positive role model for them. Four identified the teaching around how to live independently (defined here as including a broad range of skills, including how to search for housing and employment) as the staff's most helpful actions. Two respondents wrote "all of the above" for their response, and one respondent, who had also rated the staff at their TLP as being a 2 out of 5 on the Likert scale, wrote "nothing" when asked what staff did that was helpful. One respondent wrote a longer statement in the open-ended field in which they expressed their belief that their case manager had been most helpful by showing he cared about the respondent and how they were doing, and also appreciated the case manager's sense of humor.

Among the foster care youth alone, five of these 14 youth reported that the most helpful thing staff did was to provide tangible resources, and four identified staff serving as positive role models. Three of the 14 foster care youth selected providing emotional support as staff's most helpful actions, and one wrote "all of the above."

As indicated above, most of the respondents seemed to feel that staff had a positive effect on their experience in the program, so there were few responses given to the question which provided an open space for participants to share what staff might have done that negatively impacted their experience. 16 of the 26 respondents simply did not respond to that question, while seven more provided answers that essentially denied having any bad experiences with the staff. Only three respondents provided any sort of criticism. One stated that staff at their TLP were rude and had a "stinky attitude all day." One respondent shared that staff were sometimes too busy to help them with certain things. One respondent described a problem with staff in which the staff lied to them, promising to give them a ride somewhere, but never came.

In addition to staff at the housing program, respondents were also asked about the presence of other supportive adults in their lives, such as mentors, parents or older relatives, foster parents, teachers, or social workers. All participants answered this question, with 14 of the 26 reporting that they had such a person in their lives and 12 of the 26 stating that they did not. Nine of the 14 respondents from foster care (64.3%) stated they had an adult in their life that helps and supports them.

Perceptions of Policies

Participants were asked two questions about the rules and policies in their transitional housing program. They were given a short list of common rules and were asked to identify those policies that they felt were most helpful in providing structure and those which they felt caused

problems for them in trying to follow. Six of the 26 respondents felt that the most helpful policy was a rule requiring participants to save a certain amount of money each month. Another six respondents identified rules around drugs and alcohol (such as mandatory drug testing and zero tolerance policies) as the most helpful policies. Five respondents felt that policies regulating guests in the building were most helpful, and another three similarly identified rules which prohibit guests from spending the night as most helpful. One respondent identified resident curfews as being helpful, and one respondent wrote in “all of the above” policies. None of the respondents selected the option of rules which require participants to work a certain number of hours per week, but one did write in the phrase “rules about productivity” as their answer. Two of the 26 respondents felt that none of the policies were helpful, and one respondent declined to answer that question at all.

As for which policies the participants struggled with, 11 of the 26 respondents identified the rules prohibiting guests from spending the night, and seven respondents selected the similar option about rules regulating visitors. Five of the 26 respondents felt that rules around drugs and alcohol were problematic for them, and three identified curfews as being difficult. One respondent identified rules about working a certain number of hours as a problem, and one respondent felt that the rule about saving a certain amount of money was a problem for them. Three respondents answered that none of the policies caused them problems (one of the respondents who provided this answer had also stated that none of the policies were helpful in the previous question.) Two respondents chose not to answer this question, and two other respondents wrote in their own individual answers for the question. One of these respondents felt that rules requiring they attend groups was a problem for them, and the other respondent simply wrote “drama” as their answer.

Perceptions of Program Duration

Participants were asked about the length of time they had been staying in the program, as well as how long their program allowed clients to be in transitional housing. They were then asked how long they felt clients should be allowed to remain in transitional housing ideally. Three of the 26 respondents reported being in their TLP for two months or less. 10 respondents reported having been in their program for a period between five and nine months. Two of the 26 respondents had been living in their TLPs for one year, and three reported living in the TLP for one and a half years. There were two respondents who reported living at their TLPs for two years. Additionally, three of the 26 respondents did not provide an answer to this question. Two of the responses were unclear, with one respondent simply writing the number “1”, and the other writing “1 half yrs”.

When asked how long youth were allowed to remain in the program that they were in, 11 of the 26 respondents answered two years. Five respondents wrote that their program was open-ended and clients could remain indefinitely. One respondent wrote that clients could remain in their TLP until they turned 21, another stated until they turned 22, a third stated it was until they turned 24, and one respondent wrote either 2 years or until they turned 22. One respondent wrote 18-24 months, and one respondent wrote 6-9 months. One respondent simply wrote “years” for their answer, and another just wrote the number three. Two respondents declined to answer this question. Frequently, respondents from the same TLP gave different answers to this question, and a number of respondents were incorrect about the duration of their housing program.

When asked the ideal length of time a person should be allowed to stay in a transitional housing program, 19 of the 26 respondents selected the choice with the maximum length of time, two years. Three respondents selected the next longest alternative, 18 months, as their ideal

duration. One respondent chose one year as the best length of time, and three other respondents selected six months as the best length of time. None of the respondents selected 3 months, the shortest possible answer, and all respondents chose to answer this question.

Perceptions of Scattered-Site Versus Site-Based Housing

Participants were asked whether their program was site-based or a scattered site program. They were also asked which structure seemed better to them, and were given open space to describe why they chose that structure. 16 of the 26 respondents stated that they lived in site-based programs, with nine reporting they lived in scattered site housing, and one respondent declining to answer this question. Three of those respondents actually provided answers to this question that did not correspond to the program they identified being a part of; in other words, they either misidentified their TLP program or did not understand the question about the type of housing in their program. Two of the respondents who stated they lived in scattered site housing had identified site-based TLPs as their program, and one respondent who selected a scattered site program as their TLP reported living in site-based housing.

When asked which structure they preferred, 15 of the 26 respondents selected scattered site housing as the more helpful type of transitional living program, and 11 respondents felt site-based TLPs were more helpful. None of the respondents left this question blank, although many declined to provide a rationale for their choice in the next question.

Of the 15 respondents who selected scattered site TLPs as more helpful, seven either left the space for explaining their reasoning blank or offered an answer that did not include any specific reason for their choice. Three of the respondents who preferred scattered site structure explained that they liked the greater degree of independence offered by that type of program. One of the respondents answered that scattered site housing was a more “realistic” environment

to develop independent living skills, and one respondent identified scattered site housing as better both because it was more “real” and for the greater degree of independence. One respondent who preferred scattered site housing explained that the ability to choose where they could live from different locations was better because it would make their home more “reachable”, presumably referring to difficulties with transportation or the distance from a job or school. One respondent in favor of scattered site TLPs stated that site-based housing would feel too crowded, and specifically identified scattered site housing as more beneficial to youth aging out of foster care. One respondent who chose scattered site housing structure explained that it had “more options” and “more help.”

Of the 11 respondents who preferred site-based housing, six either left the space for explaining their reasoning blank or offered an answer that did not include any specific reason for their choice. Three of the respondents who favored a site-based TLP cited the fact that staff and helping resources were available to them on-site as the reason for their preference, and one of these also cited the greater degree of structure and accountability as helpful. One of the respondents who chose site-based structure answered “more funding for programming” as their reason, and another of these respondents wrote “more financial support” as an explanation.

Perceptions of Factors That Influence Success

There were several questions that asked participants to evaluate the overarching factors that contributed to their being successful in the transitional housing program, as well as the causes for why some clients in these programs are not successful. Participants were asked to choose from four factors that have played the biggest part in helping them grow and achieve goals, or to write in their own description of a factor that they found most helpful.

Table 3
Factors Influencing Success

	Program Staff	Other Clients	TLP Services	Stable Housing
Number of Respondents	7	1	4	11

Note. One additional respondent chose “all of the above”, and two did not answer.

11 of the 26 respondents identified just having stable housing as the most important factor. Seven of the respondents felt that the staff at their program had the biggest impact on their success. Four of the respondents identified the services offered by their program as being the most important. One respondent felt that the other clients in the program had contributed the most to their success. One respondent wrote “all of the above” as their answer, and two of the respondents declined to answer this question.

Table 4
Factors Causing Struggles

Factors	Drug Use	Boyfriend/ Girlfriend	Family	Mental Health	Hard Finding Job	Poor Education	All/Most of the Above
Number of Respondents	5	3	2	5	4	1	2

Note. Other answers: “Procrastinating”, and “Sometimes people don’t want help because they want to live their life how they want and not be limited”. Two others did not respond

Participants were then asked to choose from six factors that they perceived as having caused the most difficulty for others in their program who have struggled, such as peers who either dropped out of the program early or were expelled from the TLP, or simply did not benefit much from the program. They were also able to write in their own description of a factor that they felt was most likely to have caused those problems for their peers. Five of the 26 respondents identified drug use as the most significant factor for peers who struggled in the TLP. Five other respondents felt that mental health problems were most likely to have caused these

difficulties. Four identified difficulty finding a job as the biggest problem. Three saw problems caused by boyfriends or girlfriends as the biggest obstacle for their peers, and two identified problems caused by family issues. One respondent felt that a poor education was the most likely factor to have created difficulties for peers. One respondent wrote “procrastinating” as the factor they felt was most likely behind others’ struggles. One respondent answered, “Sometimes people don’t want help because they want to live their life how they want and not be limited” for this question. Two respondents wrote “all of the above” or “much of the above” as their answer, and two of the respondents declined to answer this question.

Participants were also given space to describe in their own words what they found to be the most challenging aspect of their experience in the program. Four of the respondents indicated that finding or maintaining employment was the most challenging thing they had to deal with. Three respondents felt that their greatest challenge was in planning for their transition to independence as they reach the end of their program, with one of these noting that it was particularly difficult to manage due to a busy work schedule. One respondent cited the challenge of, “Paying rent and bills every month on a minimum wage job”, with a second respondent agreeing that rent and bills were their greatest challenge also. Two respondents indicated that mental health problems had been the most difficult challenge, and one of these added problems with their boyfriend as an equal concern. One-respondent comments included the following: dealing with neighbors; having to adhere to a regular schedule; getting along with others and developing trust; following program rules; the TLP’s policies around drug use; the need to attend groups; and “having to jump through so many hoops to keep my housing.” Eight of the respondents either denied having any challenges in their experience or simply declined to provide a response for this question.

In part to better understand the participants' perceptions of success, respondents were asked to identify the accomplishment that they were most proud of in their time in the transitional living program. Nine of the 26 respondents identified educational attainment as their greatest accomplishment, with six noting that they had graduated high school and three indicating that they had enrolled in college. Seven of the respondents referred to housing goals as their greatest accomplishment. Six respondents identified employment as the area of their greatest accomplishment, whether from finding a job, maintaining employment for a period of time, or gaining a better sense of career planning. Three respondents felt that achieving and maintaining sobriety was the thing they were most proud of. Two respondents stated that getting a driver's license was one of their greatest accomplishments. One-respondent comments included the following: opening a savings account; buying a car; making new friends; improving their ability to solve problems and manage their anger; and filing for custody of their child. Two respondents declined to answer this question.

Having engaged participants in considering some of the larger factors they perceived as being most responsible for TLP outcomes in their experience, the final question of the survey provided participants with an open space to describe in their own words one thing that transitional living programs should incorporate into their programming. Eight of the 26 respondents focused their answers on services or programming that they felt should be added or increased to improve transitional housing programs. These ideas included an on-site food shelf, a clothing closet, mental health resources, daycare, hiring a Career Specialist, providing more gift cards, increasing the number of resident meetings, having groups that focus more on money management skills such as learning about banking and budgeting, and having field trips. Several respondents offered suggestions related to staffing, such as having "strong staff", "staff that care

about what they do”, hiring more staff for their program, and one respondent who seemed to be advocating for hiring themselves to work as staff at the program on a continuous basis. Two respondents emphasized the need to tailor programming to the individual, with one suggesting increasing individual 1:1 meetings with staff, and one comparing their ideal program to an independent study major in college curriculum. One respondent advocated for increasing the amount of the housing subsidy and the duration of the program. One respondent suggested having more TLP spots available for females with children. One respondent simply answered with the name of the program they live at, presumably indicating that their TLP is already the perfect design. One respondent answered, “Real help, personal help.” One respondent answered, “Food, love, and a place with nothing but acceptance and relatable people. I would show people a different part or perspective of the world they haven’t seen before without treating them like they’re under surveillance or a child. I say as a child because that’s what offended me as I went through the foster program.” Seven of the respondents declined to answer this question.

Discussion

Sample Demographics

While the survey did not yield enough results to warrant valid statistical analysis, the demographic data that was obtained reveals that the sample was heterogeneous in terms of those demographics it measured. Respondents' ages varied from the minimum age of 18 to the maximum of 24, with most in the expected range of 19-21 years old. The duration of time respondents had spent in their programs varied as well, with 10 of the 21 respondents who provided an answer to that question (47.6%) reporting they had been in the program between five and nine months, and another seven (33.3%) having spent over a year in the TLP. About two-thirds of the sample identified as living in a site-based TLP, a number somewhat smaller than would be expected, as there are only three scattered site transitional housing programs in the Twin Cities, and the largest of these was excluded from the study. Nine of the 26 respondents (34.6%) reported living in scattered site housing, so this sample contains a disproportionately larger share of youth from that type of housing program.

The study was designed to gather data from across the spectrum of transitional housing programs in the Twin Cities, but the sample obtained is comprised largely of participants from three TLPs, across only two agencies. Eight respondents (30.8% of the sample) identified TLP-1 as their program, and another eight (30.8%) lived in the scattered site TLP-2, while six (23.1%) lived at the site-based TLP-3. Only four respondents in the sample (15.4%) were drawn from other programs.

Foster Care Youth

14 of the 26 youth in the sample (53.8%) reported having been in foster care or a group home placement at some point. This figure is very much in line with national data regarding the

homeless youth population. As noted earlier, researchers estimate that 52% of youth experiencing homelessness have experienced some type of foster care placement (Shapiro, 2005). This study would suggest that that figure may be accurate, a clinically significant factor for those seeking to addressing the overlapping concerns of youth experiencing homelessness and youth aging out of foster care.

Table 5
Supportive Adult

	Yes	No
Foster Care Youth	9	5
No Foster Care Hx	5	5

It is interesting to note that some of the survey responses provided by participants who reported a background in foster care differ markedly from those who did not. One notable finding is that youth from foster care were more likely than their peers who did not experience an out of home placement to report that they had a supportive adult in their life. Nine of the 14 respondents from foster care (64.3%) stated they had an adult in their life that helps and supports them, compared to five of the 10 youth (50%) who were never in foster care. As the definition of a supportive adult in this survey included parents and family members, one might expect that foster care youth would be much less likely to have such a person in their life (Nolan, 2006). Although these results appear to be counterintuitive, they may suggest that youth from the foster care system are more attentive to establishing supportive relationships with helping adults than their peers who might not have experienced that need.

The data regarding supportive adults is also interesting in light of differences in responses to questions about the TLP staff supplied by those from foster care and those without that background. Some studies of youth from the foster care system have noted that attachment theory suggests these young people would struggle to make healthy connections to adults, due to

trauma in their past (Collins, Paris, & Ward, 2008). As noted earlier, qualitative research conducted with staff at transitional housing programs revealed that staff members perceive youth from the foster care system as being more likely to struggle with developing the crucial trusting relationships that they need to engage in the program and be successful (Bartlett et al., 2004). By this logic, youth from foster care backgrounds would be expected to form less cohesive relationships with TLP staff, or to place less value on these relationships, than youth who have not been through the foster care system.

Data from this study casts a different light on this theory. When participants were asked to rate the staff in their TLP, the results were overwhelmingly positive, as noted above, with 84.6% of respondents scoring their staff at either a four or a five on a Likert scale of 1-5. But within the two 'positive' options (5=staff made things much better for you, and 4=staff made a few things a little better), the vast majority of foster care youth (71.4%) rated the staff at five, while the vast majority of non-foster care youth (70%) chose the more lukewarm four. This might be a small difference, but it would seem to indicate that the foster care youth were more likely to perceive staff in a very positive light. Additionally, when asked about what services participants would like to see added to their TLP, there were very few notable differences between the responses given by foster care youth and their peers, but one data point that stood out was that, of the six respondents who asked for staff to be available to help them 24 hours a day, five were youth who had been in foster care. One respondent, who reported experiencing a foster care placement in their past, wrote that they appreciated their TLP case manager because "he's always wondering how my outside life is going...it's great how he cares so much." There may be some clinical significance to the result that foster care youth seem more likely than those

not from foster care to have formed very positive impressions of staff at their TLP, and that they are more likely than their peers to want staff to be more available to them.

The study also examined what aspects of their interactions with staff were most helpful to the youth, and here we again see some differences between those from foster care and those without that history. The youth from foster care made up the vast majority (nine out of the 11) of those respondents who felt the most helpful things staff did were to serve as a role model or to provide them with tangible resources, while those who thought staff were most helpful by providing emotional support or teaching independent living skills were overwhelmingly more likely to have been youth who were NOT from foster care, with only three of those respondents reporting a history in foster care. Four of the five respondents who cited staff's work as a positive role model were foster care youth, and five of the six respondents who found the tangible resources staff provided to be the most helpful aspect of their interaction were from foster care. While it is impossible to generalize based on the sample in this study, these results could be interpreted as indicating that foster care youth have a greater need for positive role models than other youth. The data which shows youth from foster care had a greater appreciation of the staff providing tangible resources compared to the non-foster care youth, who appreciated the emotional support from staff, would seem to indicate that foster care youth learn to utilize and value tangible helping resources more than other youth, which would make sense for a young person who grows up with a lack of healthy emotional attachments. Further, studies have demonstrated that one area where foster care youth are disadvantaged is in the development of important independent living skills (Ammerman et al., 2004). However, this survey revealed that of the respondents that most highly valued the independent living skills training that staff provided, all were youth who had grown up without being exposed to the foster care system.

Again, the results seem counterintuitive with previous studies (Nolan, 2006; Bartlett et al., 2004; Ammerman et al., 2004).

Perceptions of Services

In examining the results of the survey's questions regarding services, perhaps the simplest way to consider the data is in terms of how youth perceive their needs. For example, more youth reported benefiting from learning skills such as cooking and keeping their home clean than reported benefiting from employment assistance. Cooking and nutrition classes were also the second-most popular choice among options to improve services at TLPs. Although there is not enough data to come to statistically significant conclusions, this appears to be an area of interest for youth in these programs, and one that did not appear in the review of literature.

Respondents also emphasized the benefits of receiving help with their educational goals. About 27% of respondents (seven of 26) felt that educational assistance was the most valuable service they received, and 37.5% of respondents (9 of 24 who answered that question) considered educational achievements to be the most important accomplishments of their time in the program. The youth in this study demonstrated that they value their educational goals very highly, and that TLP programs were perceived to be effective in aiding them to reach those goals. This is an important finding in light of research that youth experiencing homelessness are four times more likely to drop out of school than their peers (Heinlein & Shinn, 2000), as it indicates that these youth might not be dropping out due to a lack of desire to pursue their education but more for practical reasons which TLPs might be a useful intervention for addressing.

Another finding that seems to be reflected in the literature is the need for greater access to medical services. 45.8% of respondents who answered that question (11 of 24) identified an on-

site medical clinic as a service they would most like to see added to their TLP. This was the most popular choice among respondents. It reflects a recognition of the fact, discussed earlier, that homeless youth are more likely to have greater need for medical treatment and a greater likelihood of receiving inadequate health care services than their peers in stable housing (Thompson et al., 2010). Having a medical clinic on-site, even on a part-time basis, would begin to address that disparity.

Similarly, respondents expressed a desire for increased access to mental health and substance abuse treatment. 25% of respondents (six of 24) identified counseling services as a service they would like added to their TLP, and 16.7% (four of 24) felt they would benefit from substance abuse counseling. Perhaps more significantly, when asked to identify problems that had caused others to struggle in the program, the two most frequently chosen issues were mental health problems and drug abuse. 45.8% of respondents who answered that question (11 of 24) identified one of these two issues. The literature also supports the perception that homeless youth are more likely than peers in stable housing to struggle with these issues (Saade & Winkelman, 2002; Thompson et al., 2010; Baer et al., 2003). Expanding access to mental health services, either on-site or through partnerships with another agency, would help to meet that need.

Perceptions of Staff

In examining the data obtained by this survey regarding perceptions of TLP staff, it is worth noting that 84.6% of respondents (22 of 26) rated staff positively. It is possible that, despite significant measures taken to reassure participants of anonymity, respondents may have been influenced by knowledge that staff might see the results of the study to rate staff more positively. However, another indicator of participants' satisfaction with staff can be seen in the number of respondents, 34.6% (or nine of 26), who identified case management services as the

most helpful services offered by their program. This was the most frequently chosen answer to that question. Similarly, over 30% of respondents (seven of 23) identified the staff in their program as the most important factor in their success. Research has shown that the relationships developed by social workers with clients are a better predictor of positive outcomes than use of any individual treatment approach in therapy (Monette et al., 2010). This data would seem to show that perceptions of participants in these TLP programs support the belief that relationships are paramount in work with clients.

A quarter of respondents (six of 24) also felt that adding 24-hour staff at their TLPs would be helpful, and some of the qualitative responses also indicated that greater access to staff would be preferred, particularly for those participants whose jobs keep them from being able to meet with TLP staff during regular business hours. This perception aligns with assertions made in the literature that staff being available 24 hours a day benefits youth in crises (Kroner, 2007).

In addition, there were some interesting findings regarding the scores of staff by program that are more appropriately considered in the discussion of policies.

Perceptions of Policies

One theme that emerged from the literature was the differences in TLP programs and how they constructed their rules and policies, as well as how strictly those policies and expectations were enforced. As noted earlier in the discussion of sample demographics, the data largely was derived from participants in just three TLP programs. These programs feature some significant differences in terms of their rules and structure. One program was the scattered site program, TLP-2, which, as was discussed earlier, is generally the least structured setting of all the programs in this study. Of the two site-based programs that generated the largest number of

respondents, TLP-1 would be considered a highly structured environment, while the other, TLP-3, is perhaps the most flexible program in the area in its policies and enforcement.

The literature is divided as to which structure is most effective, and some of the qualitative responses from the survey provided some interesting data. When given open space to share what aspects of their experience in the TLP have been most challenging, 50% of respondents (three of six) at the more highly structured TLP-1 addressed the program policies in their response. One identified the program's drug policy as their greatest challenge. Another respondent wrote "following rules", and a third stated that their greatest challenge was "having to jump through so many hoops to keep my housing." By contrast, only one of the ten respondents in the other two TLPs who answered that question addressed program policies in their response, stating that attending the groups was their greatest challenge. This would suggest that the participants in this study favored a less tightly structured program, in agreement with studies by Georgiades (2005) and Kroner (2007) that found better results with less restrictive policies and enforcement.

However, responses to questions about which rules were perceived as helpful might also be worth considering. While some participants from TLP-1 identified the policies around drugs to be a challenge for them, others perceived them as helpful. When asked what policies youth found to be helpful at their TLP, those at TLP-1 identified the drug policy in five of the eight responses (62.5%). No other rule was selected more than once. Although opinions regarding which rules were helpful were generally mixed and inconclusive throughout all programs, the drug policy at TLP-1 was the only rule that engendered such a positive response. And when asked to name their greatest accomplishment, there were three respondents in the survey who identified maintaining their sobriety for a long period of time as the most significant, and all

three of these were youth in the high structure TLP-1. These results suggest that youth perceive benefits from some aspects of a more controlled environment. This would support the conclusions drawn by some previous researchers that participants thrive in a more structured setting (Nolan, 2006; Giffords et al., 2007; Bartlett et al., 2004).

As mentioned above, there is some additional data regarding perceptions of staff that seems likely to be related to the enforcement of program policies. There are notable variations in staff ratings based on the program of the respondent. When data on staff rankings is examined by program, staff at TLP-1 score an average of 3.37, with ratings ranging from one to five, staff at the lower structure TLP-3 score an average of 4.14, with ratings that range only from four to five, and the scattered site TLP-2 staff scored an average of 5.0 (all seven respondents from that TLP scored staff at a five.) One might hypothesize that respondents felt they had a better relationship with staff at programs that had less structure and enforcement of rules. So, while some participants at TLP-1 might have appreciated the drug-free environment, they might not have perceived the staff as being positive agents of the rules that were needed to maintain such a setting.

Perceptions of Site-Based Vs. Scattered Site Design

As discussed in the review of literature, research into this aspect of TLP design is mixed, with some studies arguing for a site-based structure and others demonstrating the benefits of the scattered site model (Giffords et al., 2007; Nolan, 2006; Rashid, 2004; Jones, 2011; Georgiades, 2005; Kroner, 2007; Bartlett et al., 2004). These researchers all investigated the question by comparing outcomes from the various programs; this study considered the matter by examining perceptions of TLP participants.

Table 6
Site-Based Or Scattered Site By Program

Preferred Structure	Site-Based	Scattered Site
All Respondents	11	15
TLP-1 (site-based)	7	1
TLP-2 (scattered site)	0	7
TLP-3 (site-based)	3	4

Note. There were four respondents from other TLPs, and three of these chose scattered site.

It is worth noting that respondents preferred a scattered site design by a margin of about 15%, with 57.7% of respondents (15 of 26) perceiving scattered site as more helpful for people like them. It could also be observed that participants in the scattered site TLP universally preferred that program design, with all respondents in that TLP choosing the scattered site option, while seven of the eight respondents (87.5%) from the higher structured TLP-1 preferred the site-based model. Respondents from TLP-3 were almost evenly divided on this question, with four choosing scattered site and three the site-based model. One possible explanation for these results is that participants were generally positive toward their experiences in transitional housing and therefore simply selected the model that they had experienced, with the youth at TLP-3 being outliers due to their greater awareness of the scattered site model, as the agency that runs that program maintains both a site-based and a scattered site TLP.

The rationale behind these perceptions was also mixed, but did reflect some of the themes found in the literature. One respondent who felt site-based TLPs were more helpful expressed a belief that the more restrictive environment was a positive factor in their success. This parallels the reasoning offered by TLP staff in the study by Bartlett et al. (2004) that a “well-explained system of consequences and accountability” was helpful to participants. The more common explanation offered by respondents in this survey who preferred site-based TLPs, that they had greater access to staff and helping resources, was not discussed in previous studies, but seems logical.

Respondents who indicated that a scattered site design was more helpful also offered reasons for their preference that were echoed in the literature. Four different respondents all identified the greater sense of independence found in the scattered site model as an important element in their assessment and two respondents commented on the strength of the scattered site model being that it was a more “realistic” setting that was closer to the type of housing they were preparing for going forward into adulthood. These perceptions are very similar to assertions by Kroner (2007) that scattered-site programs are more effective teachers of independent living skills because they encourage the empowerment of participants and more closely resemble future housing settings. One respondent stated that scattered site housing was more beneficial to foster care youth specifically, a perception that would contradict findings by Jones (2011) that conclude a site-based model produced better outcomes among a population of youth who had exited foster care.

Implications for Social Work Practice

The data gleaned from comparing the youth in this study who have a history in foster care to those who do not produced some interesting findings to consider in clinical practice. Clinicians might note that respondents placed great value on the emotional support they received from TLP staff. When asked what staff did that was helpful to them, this was the most popular response, more important to the youth than any tangible resources or skills training that they provided. A significant number (25%, or six of 24) also identified the staff’s work modeling healthy behaviors as most important. When working with this population, it might be tempting to see their overwhelming needs in areas like education, employment, and independent living skills, and conclude that training and assistance in these areas would be the most crucial services to provide. These are important needs to address, but clinicians should be attentive to the clients’

perceptions that forming caring and therapeutic relationships and serving as positive role models were more helpful to them than resources or skills training.

In considering the data on relationships with staff, there are other conclusions that may be drawn in terms of the interactions with foster care youth specifically. While research on foster care youth (Collins et al., 2008) would suggest that they will struggle to form therapeutic relationships with helping professionals, compared to their peers, the respondents in this study offer a contradictory perspective. Despite the findings by Bartlett et al. (2004), that foster care youth were considered “hard to serve youth”, this study presented foster care youth as being more appreciative of their TLP staff than their peers. They expressed a greater desire for more interaction with staff than their peers who did not experience foster care, and they were more likely to respond to them as role models. This would suggest that clinicians might be more attentive to the possibility of foster care youth responding to reparative efforts to model healthy attachments. In looking at the qualitative section of the study, the respondent who recommended TLPs focus on providing an environment with love and acceptance was a youth from foster care.

One might also infer from this data that foster care youth do not have a realistic assessment of their need to develop independent living skills, as none of the youth in this study reported placing high value on those skills, despite research indicating that this is an area in which foster care youth are at a significant disadvantage to their peers (Ammerman et al., 2004). Clinicians might consider employing motivational interviewing techniques or similar strategies to engage foster care youth in coming to recognize their critical need to develop these skills.

In designing the rules and structure of TLPs, social workers at transitional programs might benefit from the responses obtained regarding perceptions of policies. While participants in less structured TLPs had more positive perceptions of the staff they worked with than those at

more the more tightly structured TLP, there was also a recognition that rules preventing drug use in the program were a benefit to a significant portion of the youth in the high structure TLP. This might lead staff at TLPs to view rules related to drug use as being more important to enforce, while suggesting that they avoid being drawn into power struggles related to some of the other rules of these programs, such as those that require residents' guests to have an ID in order to sign in, or those that restrict privileges such as having overnight visitors based on clients' good behavior or attendance at required groups.

Further research is still needed to determine the optimal structure of transitional housing between site-based models and scattered site programs, but there are implications for social workers to attend to in the qualitative data. For most social workers serving youth experiencing homelessness, their role is to provide appropriate referrals to transitional housing programs. Often this involves determining which transitional housing program is the best fit for a specific youth, something that participants in this study were able to speak to. For example, the respondent who stated they preferred the scattered site model, "Because I am a little more independent and don't need as much support or resources" demonstrates one criteria for social workers to consider in recommending youth for scattered site TLPs. Respondents who felt site-based TLPs were more helpful cited the availability of staff and resources in some of their answers, and their statements regarding the positive benefits of a model which permits the enforcement of rules around drug use should also be considered. Social workers should seek to refer youth to a transitional living program whose structure and design offers the best fit for that client's needs. This might be referring a youth who has less experience living independently and struggles with substance abuse to a site-based TLP or recommending a scattered site program for a young person who has lived on their own before but was evicted due to a lack of steady

employment or poor money management skills. Often social workers see any type of transitional housing as a solution to client homelessness, but matching the youth with an appropriate model of TLP will be more likely to produce positive outcomes.

Implications for Policy

There has been a significant emphasis in recent policy initiatives on working to connect youth exiting foster care with supportive adults (Collins et al., 2008). The data from this study would suggest that these efforts would be well received by foster care youth, but they also point to a need to consider the quality of these relationships. The fact that the majority of the foster care youth in this study reported having a supportive adult in their life, at the same time that they seemed to express a greater need for positive role models and connections to the staff at their programs, would suggest that more attention be paid to ensuring the supportive adults are able to meet the needs of the youth. This argues for more widespread implementation of interventions such as the Permanency Pact, a document that social workers use to emphasize the supports that committed adults can be helpful to youth as they exit foster care (Collins et al., 2008). The Permanency Pact outlines 45 different ways that the supportive adult can provide assistance to the youth they are connected to, encompassing tangible resources such as emergency cash or transportation assistance, as well as emotional support like talking about healthy relationships or parenting challenges. The supportive adult and the youth review each need and both sign the document to signify an intention to provide the agreed-upon supports after the youth exits foster care. Interventions such as this, which emphasize the quality of the supportive relationship, would be beneficial for youth, and should be more widely implemented than those which simply focus on connecting youth to adults in the community without formalizing the ways they can serve the youth's needs.

The widely expressed desire for on-site medical services at TLPs is another area that should be addressed by funding and policy initiatives. The youth in this study are statistically more likely to have medical needs than housed youth of the same age (Thompson et al., 2010), yet over 45% would welcome a new provider on-site at their TLP, which indicates they have a desire to receive services but are not currently connected to consistent providers. Additionally, accessing medical services at their TLP would encourage youth to build more honest and trusting relationships with providers. As one major area of health concerns for this population is sexually transmitted infections (Thompson et al., 2010), it would be greatly beneficial to have a provider on-site, with whom youth can develop some familiarity to promote the trust needed for this topic and encourage more consistent regular testing. Trust is also an essential aspect of mental health services, and on-site mental health and substance abuse counseling, a need identified by over 45% of respondents, would experience a similar advantage for providers and clients. Increasing funding and other efforts already underway to expand medical and mental health services at nontraditional, community-based providers would help to meet this need.

The findings regarding participants' perceptions of staff also offer some implications for funders and stakeholders. As discussed earlier, relationships with staff were viewed as one of the most important factors for success in the TLP. Respondents also expressed a desire for 24-hour staffing in TLP programs, a program change that would require increased funding but would better meet the needs of participants in these programs. Beyond simply increasing staff availability, the need to provide specific trainings may be indicated. Research shows that mental health and chemical dependency diagnoses are extremely prevalent among the homeless youth population (Burt, 2007; Thompson et al., 2010; Saade & Winkelman, 2002; Baer, Ginzler, & Peterson, 2003). This study also reinforced those findings, with respondents identifying mental

health or chemical dependency issues as the biggest causes of clients' struggles in their programs. Staff who work in TLPs would greatly benefit from increased training in these clinical areas. Additionally, this study showed that respondents valued staff who provided emotional support and served as role models more than their work as teachers of independent living skills, or the resources that staff could provide. Staff would likely benefit from training to improve their abilities in areas such as rapport building, trauma-informed care, empathy, and motivational interviewing. Increasing funding for recruitment, training, and employment of qualified staff with these skills would be beneficial.

Limitations / Recommendations for Future Research

Although the study was not able to obtain a large enough sample to draw statistically significant conclusions via data analysis, the lack of responses presents an interesting point of discussion. There are several possible factors that may have contributed to the difficulty in obtaining responses. First, it is likely that youth in transitional housing programs simply do not place a high value on academic research into these programs, as they have little experience in academia and are unlikely to perceive many benefits to their participation. This study attempted to address that issue by providing an incentive in the hopes of increasing participation through a direct benefit. However, the amount of the incentive, five dollars, was necessarily limited by a lack of funding for the study. A more significant incentive might have increased the participation rate.

Second, recruiting participants by introducing the study at resident house meetings and skills groups was a successful strategy when possible, but researchers should be aware of obstacles to employing this method with all TLPs. Some programs did not hold regular meetings, focusing instead on individual work with staff, and others had meetings with very low

attendance. However, the ability to present the study directly to youth was an important tool for recruitment. The three programs whose clients made up the vast majority (87.5%) of respondents for this study were all programs at which the researcher was able to introduce the study directly to a well-attended group of youth. Future researchers might address these challenges by making multiple appearances at resident meetings and groups or by gaining permission to spend time interacting with youth at the TLP sites, a recruitment method that was effective for Ausikaitis (2014), but was not feasible for a larger-scale study design.

Another strategy that might be helpful for future researchers seeking to recruit among this population would be to devote some effort to connecting with the individual front-line staff members at the transitional housing programs. Spending time discussing the goals and benefits of such research with front-line staff might create a greater sense of investment in the study and encourage these staff to buy in to the process of recruiting participants. Offering incentives to staff members who recruit more participants might also improve response rates.

Third, the flyer itself may have been a poor way to attract attention from this population. The flyer was not particularly eye-catching, and a more dynamic design might have been more likely to draw attention and improve participation rates. A flyer design that places more emphasis on the direct benefit to participants, i.e., the gift card incentive, might be more effective.

Finally, response rates for this survey might have been improved by adding alternate recruitment sites. There are many other sites that might be useful for recruiting among this population. For example, drop-in centers, food shelves, and clothing closets that serve homeless youth would be a reasonable extension of recruitment efforts. Posting flyers at these sites, or seeking assistance from their staff with recruiting participants, might increase awareness of the

study among the sample population, although it would present new challenges for distributing incentives. Future researchers seeking to recruit participants from this population might be well served by considering alternate locations for reaching youth in transitional housing programs.

One important limitation of this study was the lack of a valid survey tool. While the survey tool was reviewed by experts in the field of youth homelessness, it was never assessed for reliability and statistical validity. It was also not piloted prior to use, and after examining the data, areas were identified where the tool could have been improved. Multiple participants provided responses that would indicate misunderstandings of terminology and questions. For example, some respondents identified the same program policies as being both helpful to them and also problems for them. Multiple respondents provided answers to questions about which program they were in which later contradicted their answers about whether they were in scattered site or site-based TLPs, indicating they either misunderstood the question or the definition of site-based and scattered site. Some respondents provided answers to the qualitative questions which seemed to contradict their answers to other questions, and frequently the meaning behind responses to qualitative questions were difficult to decipher. Additionally, many respondents declined to answer multiple questions, another indication that these questions may have been poorly phrased or difficult to understand. Future researchers interested in exploring the perspectives of youth in this population who plan to design their own survey tool (which may be necessary, given the limited number of previous studies on this topic) would be well advised to enlist the aid of experts, both those familiar with constructing surveys and those experienced in working with this specific population. Piloting the survey tool before implementing it with a larger sample would also be strongly recommended.

Additionally, the study was limited to transitional housing programs in the Twin Cities area. Therefore, there may be some data which was specific to youth in this region which may not be generalizable to other cities, or to youth in transitional housing programs in rural areas. Research by Bartlett et al. (2004) demonstrated significant differences between perceptions of the transitional housing programs in their study based on different geographic settings, such as urban settings vs. rural or suburban. This would be an interesting difference to explore for future research. Although the survey tool was online, the ability to include youth from TLPs in other settings was beyond the scope of the project and the researcher. However, future researchers might utilize a similar method to gather data from youth in TLPs in many different geographic areas. There are a number of social service agencies which operate on the national level that offer transitional housing programs in a variety of different geographic settings, such as Catholic Charities, the Salvation Army, and Lutheran Social Services. Future researchers might explore the possibility of partnering with some of these agencies to recruit participants from TLPs in different geographic settings and regions. In addition to seeking to contact youth through service providers, researchers might also consider utilizing social media platforms to expand the reach of such efforts. To gain a better understanding of the full spectrum of the experience of youth in transitional living programs, future researchers should include youth from varying demographic and geographic pools.

This study also limited its participants to youth who were currently enrolled in a TLP program, but for researchers interested in exploring the perceptions of youth participants in these programs, there would be benefits to seeking to recruit former participants to share their experiences of both their time in the TLP and how it has impacted them after leaving the program. There are significant challenges to recruiting among former TLP participants, as this

population is highly mobile and difficult to maintain contact with over time, but their perspectives would greatly add to a fuller understanding of the effectiveness of this intervention.

Another limitation of this study was its emphasis of a quantitative approach in the mixed-methods design. While it was hoped that this approach would permit the researcher to gather data from a larger sample, it greatly limited the depth of those perspectives. As one of the aims of this study was to be more inclusive by seeking out the perspectives of youth participants, employing a qualitative approach utilizing individual interviews or focus groups would have provided youth with an opportunity to share their experiences in greater detail, which might have been a better match for that intention.

Another limitation to consider is that the sample obtained by this study might have been affected by selection bias. As participation was voluntary, it is possible that youth who felt that the housing program had significantly helped them, or who felt a strong connection to the program, would be more likely to opt to participate in the study than those who did not value the program as highly. This bias could have had an effect on the results, such as inflating the positive evaluation scores that respondents gave to the TLP staff.

Data obtained from youth from foster care suggests that the prevailing expectations that these youth would be more likely than their peers from non-foster care backgrounds to lack supportive adults in their lives and would struggle to form relationships with staff in the TLPs might not be accurate. Further research on youth from foster care might wish to examine the ways in which these youth develop therapeutic relationships with social workers and supportive adults in their lives. How these relationships develop and what aspects of the relationship foster care youth are responding to would be two specific areas that this study suggests could be important to better understand for clinical practice.

As was discussed in the review of the literature, researchers are divided as to whether highly structured programs with tighter enforcement of rules were more helpful than those with more flexible policies. Some data in the study seemed to suggest that participants viewed policies and staff more favorably at TLPs with less structure, but those results were mixed, with some respondents perceiving significant benefits from rules that promote a drug-free environment while still rating staff poorly. The results also suggested that there might be a relationship between respondents' perceptions of staff and the type of structure employed by the program. In order to confirm any connection between these factors, further research in this area might focus on more in-depth qualitative research into the perspectives of TLP participants. Conducting a series of focus groups with youth who have lived in both types of programs, for example, would help present a clearer picture of participants' perceptions and provide more definitive evidence regarding a relationship between these factors.

Conclusion

The purpose of this study was to explore client perceptions of their experiences in transitional living programs for homeless youth. It aimed to address gaps in the literature by obtaining data from participants across multiple types of housing programs and by incorporating the voices of the youth who are served by these programs.

One of the strengths of this study was its investigation of a topic that has been underexamined in the literature. Exploring the perceptions of youth participants in TLPs, rather than focusing solely on outcomes reported by programs, adds a perspective that is both fertile ground for more study and has the potential to be empowering for the youth. By including youth from many different transitional programs that were designed with different durations, services,

structures, and policies, and incorporating both quantitative and qualitative elements in the study design, it was hoped that this study would be more likely to reflect the diversity of experiences in transitional living programs than previous studies. Gathering data from multiple TLPs in the same metropolitan area also allowed for comparisons across programs. Finally, the use of an anonymous survey allowed respondents the freedom to share their perceptions without concern for the repercussions of their opinions being learned by the program where they receive services or the judgment of the researcher. It is possible that respondents were more honest by reporting anonymously than they would have been in an interview or focus group approach.

Key findings in this study include data regarding the services that youth valued most highly. They were more interested in learning about cooking and nutrition than would be expected, placed very high importance on their educational goals and accomplishments, and identified greater access to medical and mental health services, including substance abuse counseling, as among their most pressing needs. Youth reported very high ratings for the program staff, indicating that they were able to develop valuable therapeutic relationships, and that this was one of the primary benefits of this type of intervention. The finding that youth reporting strong positive connections to staff might be related to the structure of the program they were in was interesting, as was the data regarding perceptions of the program policies, such as the finding that rules around drug use were seen as the most helpful aspect of high structure TLP policies. Some of the results provided by the youth who had been in foster care were also notable. Findings that foster care youth were more likely to have a connection with a supportive adult than their peers, and that they were more likely to have a positive view of TLP staff and more likely to see greater access to staff as helpful, all seem to run counter to expectations from the literature and suggest a need for more research among this population along these lines.

Youth experiencing homelessness face a daunting array of barriers, but this study illustrates that their potential to overcome these challenges and grow into healthy and self-sufficient adults is equally significant. Improving the services and interventions that are available to aid them in that process is both an important aspect of public policy and a moral imperative for a society that too often devalues and discards its most vulnerable members. Recognizing the primacy of their voices in determining the best ways to build these supports is an essential part of our work, and allowing their perceptions to guide the design and implementation of these services offers the best chance to improve our efforts and their opportunities. And while this study may shed some light on ways to better manage the structure, policies, and services of these programs, it also emphasizes the value of the human element and the relationships we create.

When they were asked to name one thing that a transitional housing program should offer, the young people in this study had many suggestions, but there is one that bears repeating here:

Food, love, and a place with nothing but acceptance and relatable people. I would show people a different part or perspective of the world they haven't seen before without treating them like they're under surveillance or a child.

Appendix A

INFORMATION AND CONSENT

Introduction:

You are invited to participate in a research study investigating how youth in transitional housing programs perceive the services they receive. This study is being conducted by Jason Siegel, a graduate student at St. Catherine University under the supervision of Dr. Michael Chovanec, a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you are receiving services from a transitional housing program for youth. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to see what clients' perceptions are of the housing programs they have lived in and the services they have received. Approximately 50-60 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to complete this survey, asking you questions about your experiences in transitional housing programs. This study will take approximately 15 minutes to complete.

Risks and Benefits of being in the study:

The survey will ask questions about your experience in the transitional housing program. You will also be asked some personal questions about your life. The study has minimal risks, but you may feel vulnerable or emotional during, or after, the survey. If you become too upset or uncomfortable during the survey, you may stop the survey at any time. You can also skip any questions you don't feel like answering. You can discuss your feelings with a staff person at your program at any time, but if you choose to seek help from staff, your confidentiality may be at an increased risk. If you don't want to talk to staff, you can call, or visit, any of the mental health resources listed below:

Ramsey County Adult Mental Health Urgent Care

651-266-7900 402 University Ave St. Paul, MN

The Urgent Care Center provides phone and outreach services 24 hours a day, 7 days a week. Walk-in services are open Monday through Friday from 8:00 a.m. to 9:00 p.m., and Saturday and Sunday from 11:00 a.m. to 3:00 p.m.

Crisis Connection

612-379-6363

Phone counseling available 24 hours a day, 7 days a week.

If you participate, you will receive a \$5 gift card for McDonald's. You do not need to complete every question to get the gift card. You may skip any questions, or stop at any time, and you will still receive the gift card. In addition, there is the indirect benefit of being able to contribute to research which might help to inform the design of transitional housing programs for youth.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept anonymous. In any written reports or

publications, no one will be identified or identifiable and only group data will be presented. This survey is anonymous, and so your identity will not be known to the researcher.

I will keep the research results on a password protected flash drive in a locked file cabinet in my home and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 1, 2016. I will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your status or services in your transitional living program or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Jason Siegel, at 773-351-7207, or at sieg8633@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Michael Chovanec, at (651) 690-8722, or mgchovanec@stkate.edu, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

Statement of Consent:

You are making a decision whether or not to participate. Your submission of the completed survey indicates that you have read this information and your questions have been answered. Even after completing this survey, please know that you may withdraw from the study.

By completing this online survey and submitting it to the researcher, I consent to participate in the study.

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