



# Homelessness prevention for former foster youth: Utilization of transitional housing programs

Stephanie Brown\*, Dina Wilderson

Larkin Street Youth Services, San Francisco, CA, United States

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## ABSTRACT

This article compares two groups of foster care alumni residing in transitional living programs in San Francisco, California. One group of youth was served in programs geared specifically towards youth aging out of foster care who were referred through a transition planning process. A second group of youth was served in similar transitional housing programs that were not exclusively for foster care alumni but instead served homeless youth in general. Comparisons between these two groups reveal that youth in the population-specific programs have less acute initial presentations than foster care alumni in homelessness intervention programs, who had faced more unemployment, school attrition, substance use, and mental health concerns prior to program admission than their peers in the programs specifically for foster care alumni. The research also shows that youth in the homelessness intervention programs had faced more instability during their years in foster care when compared to youth in the population-specific programs for foster care alumni. The research highlights the need for better understanding of the referral process for youth aging out of foster care so that transitional housing programs for young adult foster care alumni can better serve a diversity of youth with different service needs.

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## 1. Introduction

Past research has shown that the transition to adulthood is particularly challenging for youth aging out of public systems of care such as foster care (Courtney & Dworsky, 2006; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Pecora et al., 2003). Adulthood in the United States is generally accepted to involve greater degrees of independence and self-sufficiency than childhood, and foster care alumni, like all transition-age youth, must negotiate a series of challenges to independent living as they move into adulthood (Arnett, 2000; Courtney & Dworsky, 2009; Furstenberg, Kennedy, McLoyd, Rumbaut, & Settersten, 2004). However, youth transitioning from foster care often make this transition without many of the supports traditionally available to transition-age youth (Osgood, Foster, Flanagan, & Ruth, 2004). These youth are frequently disconnected from family, friends, and other caring adults (Osgood et al., 2004). They may have missed opportunities to prepare for independent living, including opportunities to acquire life skills (Naccarato & DeLorenzo, 2008). They are more commonly disconnected from the worlds of education and employment (Courtney et al., 2001; Pecora et

al., 2003). They may also carry with them mental health challenges relating to their history of abuse and neglect, including depression, anxiety, attachment disorders, substance use, or PTSD (Courtney et al., 2001; Pecora et al., 2003). Further, adolescents in foster care may have been in the system for long periods of time, experienced multiple placement changes (Child Welfare Information Gateway, 2006; Pecora et al., 2005), and been in placements other than family-style foster care (Wertheimer, 2002; Zlotnick, 2009), all of which are associated with increased risks of disconnectedness from family, school, and caring adults (Zlotnick, 2009). This collection of factors means that youth aging out of public systems of care face increased risks of homelessness, unemployment, low educational attainment, incarceration, and substance abuse and mental health problems (Barth, 1990; Courtney, & Dworsky, 2006; Courtney et al., 2005). For thorough reviews of how youth involvement in public systems of care can lead to adult homelessness, see the work of Courtney and colleagues Courtney, & Dworsky, 2009; Courtney, Dworsky, Lee, & Raap, 2010) and the comprehensive review in Avery and Freundlich (2009). For reviews that specifically addresses California youth, see Courtney, Dworsky and Peters (2009), Kimberlin, Lemley, and Byrnes (2008) and Lenz-Rashid (2006).

Programs working to prevent negative outcomes for foster youth provide support for these youth as they age out of public systems of care, assisting with independent living through subsidized housing, case management, life skills development, and employment and

\* Corresponding author.

E-mail address: [Stephanie.brown27@yahoo.com](mailto:Stephanie.brown27@yahoo.com) (S. Brown).

education counseling (Barth & Ferguson, 2004). Federal legislation established Independent Living Programs (ILPs) in 1986 to provide life skills training and educational and vocational support before emancipation, and those programs have developed so that many offer referral to continued support, including housing, in the early years of adulthood (Courtney, 2009). Residential services are now available in many places through either the John Chafee Foster Care Independence Program or the Runaway and Homeless Youth Act. In California, transitional housing is available to foster care alumni through the Transitional Housing Placement Plus (THP-Plus) program. Transitional living programs commonly provide subsidized housing, life skills training, education and employment assistance, mental and physical health care, and interpersonal skill building. Research has shown that youth involved in Independent Living Skills programs and transitional living programs have positive outcomes, including increased work participation, hourly wages, school enrollment, and lower involvement with the criminal justice system (Courtney et al., 2005; Courtney et al., 2007; Kimberlin et al., 2008; Lemon, Hines, & Merdinger, 2005; Lorentzen, Lemley, Kimberlin, & Byrnes, 2008; Montgomery, Donkoh, & Underhill, 2006).

While these programs have proven successful in easing the transition to adulthood for former systems youth, only a small number of eligible youth access such programs. In California, for example, a recent review of the transitional housing programs for former foster youth (THP-Plus) found that although the program is serving more youth than ever (over 2,300 in 2008–2009, a 50% increase over the previous year), there is still substantial unmet need (John Burton Foundation, 2009). Many youth do not access these transition services and go on to manage the transition to adulthood independently.

In an effort to better understand both how youth come to these transition services this article examines two groups of foster care alumni in similar transitional housing programs in San Francisco, California. The two groups received services through two similar sets of programs run by Larkin Street Youth Services: transitional housing programs specifically for former foster youth and transitional housing programs for homeless youth more generally. Youth in the former programs received referrals from the local Independent Living Skills Program as they aged out of foster care. The services provided were part of planned exits from foster care and a transition planning process designed to prevent homelessness for former foster youth. In order to qualify for services, youth had to meet criteria set out by the state of California's Independent Living Skills program, based primarily on youth having been in foster care between their 16th and 19th birthdays.

The second group were served in similarly designed transitional living programs, but rather than coming to such programs as part of a transition planning process, these youth sought out services upon becoming homeless or marginally housed after their emancipation, often entering through Larkin Street's emergency shelters. For this second group, transitional living services were administered as an intervention into an already developing series of events such as homelessness, joblessness, mental health crises, and substance abuse. The only criteria for involvement in these programs was need, many of the youth in this second set of programs had in fact had foster care involvement, including, in some cases, involvement that would have met the criteria for participation in the programs for foster care alumni described above.

The two sets of programs are very similar programmatically, as they are similarly based on Larkin Street's comprehensive continuum of care model. Larkin Street offers homeless youth and youth at risk of becoming homeless a diversity of housing options, including several transitional housing programs. These programs all offer subsidized housing, life skills training, education and employment services, medical care, HIV prevention services, and youth focused mental health and substance use services.

This article examines differences among the two groups of youth with histories of foster care receiving transitional housing services through Larkin Street Youth Services with two questions in mind. First, are there any notable differences among the two groups of youth at the time of intake? And secondly, if such differences exist, what might these indicate about who homelessness prevention services for foster care alumni reach?

## 2. Methods

### 2.1. Agency description

Larkin Street Youth Services is a San Francisco-based non-profit organization which provides a continuum of services for youth ages 12 to 24 that are homeless or at-risk of becoming homeless. Larkin Street Youth Services runs 25 programs including emergency services, transitional housing programs, and support services such as education and workforce development. For a full discussion of Larkin Street's program model and continuum of services, see Wilderson, Lee, and Gibson (2007).

Nine of Larkin Street programs are transitional housing programs, and two of these transitional housing programs are part of the statewide THP-Plus system. As such, they provide housing, counseling, employment training, and case management to youth aging out of the foster care system who are referred by the Independent Living Skills Program (ILSP). Larkin Extended Aftercare for Supported Emancipation (LEASE) has capacity to house 45 youth in scattered-site units throughout the city of San Francisco. Holloway House houses 8 former foster youth in a congregate model program. Youth receive referrals into these housing programs upon their emancipation from public systems of care, provided they qualify by having been in care between the ages of 16 and 18 years. Youth may access these services for up to two years anytime between emancipation and their 25th birthday.

Larkin Street's other transitional housing programs are open to youth who are homeless or marginally-housed regardless of whether they have had involvement with public systems of care. Like LEASE/Holloway, these programs offer not only housing but also case management, counseling, employment training, education services, medical care, and HIV prevention services. And like the LEASE and Holloway programs, youth can receive up to two years of services up through the age of 24. Some of these programs are geared towards specific populations—one program, for example, provides services for HIV-positive youth. However, history of involvement in public systems of care is not a prerequisite of entry into any of these transitional living programs. LEASE and Holloway House are the only programs that are modeled on homelessness prevention, with a referral process meant to catch youth prior to homelessness. The other programs intervene into homelessness; youth are largely referred to these programs through Larkin Street's emergency services, including outreach, drop-in, and emergency housing.

### 2.2. Sample description

The present study looks at youth in Larkin Street's residential programs during the period July 1st, 2006 through June 30th, 2009. Two groups were compared: youth with foster care histories who had at least one night of housing in the homelessness prevention housing programs LEASE and Holloway House ( $N = 145$ ), and youth with histories in foster care who had at least one night of housing in one of Larkin Street's transitional housing programs for homeless youth, what we call here the homelessness intervention programs because they are designed to provide services to youth who are already homeless or marginally housed ( $N = 146$ ). The former programs serve exclusively foster care alumni, while the later programs serve a variety of homeless youth, including foster care alumni, but this study compares only youth with foster care histories.

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