"At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults

4 authors, including:

Michelle R Munson
New York University
64 PUBLICATIONS **941** CITATIONS

SEE PROFILE

Victoria Stanhope
New York University
45 PUBLICATIONS **416** CITATIONS

SEE PROFILE

Kendall Atterbury
New York University
6 PUBLICATIONS **1** CITATION

SEE PROFILE

Some of the authors of this publication are also working on these related projects:

Project Mental Illness: The Last Acceptable Stereotype? View project

Project Just Do You -- Changing the Narrative Around Mental Health Care for Young Adults View project
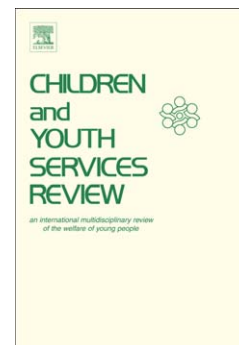
Accepted Manuscript

"At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults

Michelle R. Munson PhD, Victoria Stanhope PhD, Latoya Small PhD, Kendall Atterbury MSW

"At Times I Kinda Felt I Was in an Institution": Supportive Housing for Transition Age

Youth and Young Adults

Corresponding Author:

Michelle R. Munson, PhD
Associate Professor
New York University
1 Washington Square North
New York, NY 10003
mm5174@nyu.edu

Victoria Stanhope, PhD
New York University

Latoya Small, PhD
University of North Carolina

Kendall Atterbury, MSW
New York University

"At Times I Kinda Felt I Was in an Institution": Supportive Housing for Transition Age Youth and Young Adults

Abstract

Housing stability is essential for young adult development. Older youth and young adults transitioning from public systems of care, such as foster care, the public mental health system and residential settings, commonly experience high levels of transience and housing instability. In recent years, supportive housing policies and programs have emerged to address this situation, yet we know little about whether (or not) new programs are meeting the needs of youth in transition, and, if so, *how* they are addressing the unique developmental, social, and emotional needs of this population. This study is one of the first to speak directly with young adults living in a supportive housing program designed specifically for youth transitioning out of children's systems of care. Study participants spoke about both their overall transition experience and their views on the housing program where they reside. The study conducted four focus groups (N=26) with transitioning youth and young adults, ages 18 to 25 (Mean age=22), in order to explore the following three broad research questions: 1) what is it like to make the transition to adulthood from public children's systems of care?; 2) how does the supportive housing model they reside in shape their transition experiences?; and, 3) how do they experience the services and staff who are part of the program? Data analysis included grounded theory coding techniques and constant comparison with four coders. Results suggest that participants feel like they continue to be treated as children, and they receive mixed messages regarding their need to be increasingly autonomous, yet follow the rules. Finally, they reported specific aspects of what they found to be helpful in both staff relationships and overall program components. These themes constitute the results of the study. Findings underscore the importance of both listening directly to service users, and developing young adult supportive housing programming expressly designed to meet the unique needs of marginalized young adults transitioning to increased independence and self-sufficiency.

1. Introduction

1.1. Marginalized Youth and Young Adults in Transition

The Institute of Medicine and National Research Council (IOM & NRC) define marginalized young adults as individuals who are living in poverty, court-involved (i.e., foster care, juvenile justice), those living with disabilities and young parents (IOM & NRC, 2014). There are relatively large numbers of marginalized young adults in the United States. For example, a recent report found that 20.4% of young adults in the US are living in poverty (Ray, 2013). The Adoption and Foster Care Statistics annual report noted that 23,090 youth 'emancipated' from foster care in 2013 (AFCARS, 2014). Child Trends reports that over 337,000 young adults, ages 18 to 24, were in jail in 2012. And, approximately 6% of US citizens ages 16 to 20 live with disabilities (Erickson, Lee, & von Schrader, 2014). These numbers point to a growing public health concern in the United States, namely the need to develop, test, and implement programs and services expressly designed for the needs of these marginalized young adults.

In addition to being a large segment of the population, research has convincingly shown that marginalized young adults are much less likely to have a successful transition to adulthood when compared to their same age cohort who are not marginalized, in large part, due to poverty, family disruptions, and the often abrupt loss of services and supports that may have provided them safety during childhood and adolescence (Osgood, Foster, & Courtney, 2010; Munson, Lee, Miller, Cole, & Nedelcu, 2013). For example, among those who age out of foster care, research has shown that these youth are less likely to graduate from high school and/or go to college (Courtney & Dworsky, 2006; Pecora et al., 2006), they experience elevated prevalence rates of behavioral health disorders (Keller, Salazar, & Courtney, 2010; McMillen et al., 2005); and they have and poorer physical health (Ahrens, Garrison, & Courtney, 2014; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001), when compared to the general population. Similarly, the National Longitudinal Transition Study 2 (NLTS-2; Wagner & Davis, 2006) found

that young adults with emotional and behavioral disorders (EBD) were more likely to dropout of school and not be engaged in the community (e.g., volunteering, working, voting), when compared to those without disabilities. Many of these challenges have been found to be present among youth involved in the justice system (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002), and among young parents (Osgood, 2005). These developmental outcomes are trajectory setting, and without meeting them chances for a successful transition to adulthood may be limited.

Particularly relevant to this study, marginalized youth and young adults experience extensive housing instability and homelessness (Courtney & Dworsky, 2006; Curry & Abrams, 2015; Dworsky, Napolitano, & Courtney, 2013). One reason for this is poverty. Poverty is a barrier to engagement in important opportunities for development, and it mitigates individuals' abilities to meet their basic needs for food, clothing and shelter. Another factor is that supportive housing units can be difficult to access, and they are often not designed to meet the expressed developmental needs of young adults coming from distressed communities and situations (Gilmer, 2016). Further, the economic recession that commenced in 2007 created a challenging context for youth who were already marginalized, as it was suddenly a time when 36% of young adults were living with parents (Fry, 2013). Significant budget cuts, services cuts, and program cuts (Zuehlke, 2009) decreased access and availability to needed services for those who did/do not have a parent's home to return to during difficult economic times.

Multidisciplinary research illuminates compelling reasons for the negative outcomes among marginalized young adults, for example, these young adults often experience fragmentation or discontinuation of their social services, mental health services, and housing services during the transition years; services which were oftentimes their primary source of support during their adolescent development (Osgood et al., 2010). Further, studies show that many marginalized young adults lose critical social support relationships, for example those with important teachers, child welfare staff and foster families, who have been instrumental in their

lives (Munson, Brown, Spencer, Edguer, & Tracy, 2015; Samuels & Pryce, 2008). Finally, these young people are expected to become financially and emotionally independent during what is a stressful time for all who are transitioning to adulthood (Arnett, 2000), a time of tremendous change in social, institutional, and developmental transitions (Schulenberg, Sameroff, & Cichetti, 2004). For these youth, developmental trajectories into adulthood are often complicated by personal, social, and systemic factors that impede their *gradual* entry into self-sufficiency and healthy interdependence, rarely allowing for a period of "emerging adulthood," which includes the privilege of exploring options and possibilities during a time that is, for these young adults, filled with responsibilities (Munson et al., 2013). Taken together, research findings illustrate that marginalized young adults are significant in number, they have tremendous needs, and these complicated needs are not yet satisfactorily addressed (Osgood, 2005; IOM & NRC, 2014).

1.2. Living Arrangements over the Transition to Adulthood

The number of transition age youth in shelters and adult housing programs is on the rise, and these programs, to date, are not designed for youth and young adults and their developmental needs (Aledort, Hsin, Grundberg & Bolas, 2011). One of the most pressing problems facing youth transitioning to adulthood as they leave children's systems of care is housing instability, and the risk of homelessness (Curry & Abrams, 2015). Housing stability is known to be a protective factor among youth and young adults, and providing a base of security from which a young person can explore options for adulthood is essential. A lack of stable housing creates pressures for young people, pressure to provide basic safety and survival for themselves, before most have had time to consider how they will go about providing for any of these basic needs. Housing for adults has been demonstrated as a necessary first step in attaining employment, health and social services (Padgett, Henwood, & Tsemberis, 2015). As many as one quarter of youth who exit children's services face homelessness for some period after leaving care, and many marginalized young adults experience unstable housing including "couch-surfing" and "crashing" with friends or family (Perez and Romo, 2011). Marginalized

young adults are thus at greater risk for homelessness than others in their age cohort (Courtney et al., 2001), and few housing programs are tailored to the specific needs of this group (Curry & Abrams, 2015; Gilmer, 2016). For those who are able to find housing support, program offerings often neglect the unique needs of this transition-age population.

1.3. Supportive Housing Models in Young Adulthood

Of late, states have begun to develop more supportive housing programs for transition-age youth and young adults (Curry & Abrams, 2015), and researchers have begun to explore these models for young adults formerly involved with children's systems of care (Gilmer, 2016; Gilmer et al., 2013). In California, Proposition 63, also known as the Mental Health Services Act (MHSA), provided a natural policy experiment to examine permanent supportive housing for transition- age youth. In one study, Gilmer and colleagues (2013) utilized qualitative methods to interview program managers of full service Housing First partnerships for transition-age youth in California that were designed and implemented in distinct ways from standard adult programs. Results suggest that most programs focused on providing "quasi-independent living" with high levels of support services and supervision and an expectation that young adults were to engage in treatment to maintain their unit; a clear distinction from the original philosophy of Housing First models (Tsemberis & Eisenberg, 2000). Gilmer and colleagues (2013) also found that programs tailored services for transition age youth, focusing on education, employment, and community colleges. Also, they reported that almost half of the programs employed peers on staff to provide social activities for the youth and young adults transitioning to adulthood.

Curry and Abrams (2015) conducted a qualitative study among 14 transition age youth, ages 18 to 24, living in transitional housing in California. Young adults reported four major themes related to their housing experiences, namely 1) changing perspective, 2) experiencing newfound independence and control, 3) performing a juggling act, and 4) wanting to move forward, yet feeling unprepared. The process the young adults in their study described included a need to let go of the past, including attitudes and negative experiences. They also described a

tension experienced by the participants of wanting independence, yet knowing, on some level, that they needed supports and services to move forward in their lives. This is the only qualitative study on transitional housing focused on hearing directly from youth in transition about their perspectives on transitional housing program models.

Finally, in a "costing study" on transition age youth and housing, Gilmer (2016) reported increased service costs for young adults in permanent supportive housing when compared to those in a matched control group. More specifically, they found that costs may suggest that when transition age youth become stabilized in a housing program, they finally receive the intensive services (i.e., inpatient, outpatient mental health care) they have needed but had not received earlier for a myriad of reasons, including access issues. Further, the data suggest that the programs that reported higher fidelity to the Housing First model had significantly reduced inpatient admissions, when compared to those reporting low fidelity. This study suggests that the Housing First model could be promising for transition age youth.

1.4. Developmental appropriateness of services for transition age youth and young adults

The Institute of Medicine and National Research Council (2014) summarized young adult research, policy and programming and recommends that the field focus distinct efforts on understanding and developing more appropriate policy, programs and services for those recently entering adulthood. Previous research suggests that transition age youth and young adult programming has not been designed to meet the unique developmental needs of this population (Delman & Jones, 2002; Geenen & Powers, 2007; Brown & Wilderson, 2010). Transition age youth involved with public systems of care, unlike non-system involved youth, have less control over their lives and the choices available to them as they are constrained by program offerings, which are, in turn, constrained by funding criteria (IOM & NRC, 2014). The resulting fragmented support fails to address the complex material, emotional, and identity needs that these marginalized youth in transition deserve to have met. With the increasing recognition of the challenges facing transition age youth and young adults, and the risk of

disengagement from services, policy makers are seeking program models that are tailored to the needs of these marginalized youth (IOM & NRC, 2014). To inform these program development efforts, increased research is needed that explores the needs of transition age youth and young adults from the perspective of the youth themselves.

1.5. Present Study

Addressing the paucity of qualitative research on transition age youth's experiences, particularly in housing, the present study aimed to provide marginalized young adults an opportunity to voice their perspectives on the following research questions within the context of a supportive housing model: 1) what is it like to make the transition to adulthood from public systems of care?; 2) how does the supportive housing model they reside in shape their transition experiences?; and, 3) how do they experience the services and staff who are part of the program model? All of the participants in the study met at least one of the categories described above that would identify them as marginalized, with most meeting criteria for two or more of these categories. We set out to hear from the young adults in the NY/NYIII program, a program initiated in the early 2000's to provide congregate care beds to young adults exiting foster care and/or those leaving mental health residential settings (Coalition of Behavioral Health, 2008), in order to inform programs that are being developed throughout the country to serve this population with needed supportive housing programs.

2. Material and Methods

2.1. Setting

The study setting was a supportive housing program designed for transition age youth and young adults located in a large east coast city. The housing program was a congregate facility with each resident living in a studio apartment. The program provided housing for 46 homeless youth aged 18-25 years old. These youth had spent time in institutions such as shelters, foster care group homes, mental health residential treatment facilities, juvenile correctional centers and homeless shelters. To be accepted into the program youth were

expected to be working or in school and have some type of income, from benefits or employment. Residents paid a third of their income towards rent. The program was funded out of state and city initiatives which specifically targeted supportive housing funds to meet the needs of transition age youth and young adults. Individuals had access to counseling and case management services and programs designed to transition them toward independence such as life skills, technology training, employment services, and health and wellness services. Staff included three case managers and two vocational rehabilitation counselors. The program took a "housing first" approach meaning residents had to abide by tenancy rules, but they did not have to engage in services or maintain sobriety to remain in the program (Tsemberis & Eisenberg, 2000).

2.2. Sample

Investigators recruited participants by posting leaflets in the facility and inviting residents interested in participating to contact the researchers to ask questions and declare their interest in the study. Facility staff members were also made aware of the study and connected researchers with residents who were interested in participating. All residents of the program were eligible for participation. Purposive sampling was used to recruit participants who were living in the supportive housing model, who were between the ages of 18 and 25, and who were transitioning to adulthood from public systems of care (Patton, 1990). The team also intentionally planned for two of the focus groups to be single gender, in order to allow residents who may feel more comfortable discussing their experiences in a group that included individuals of their identified gender to have that option. The other two groups included some individuals who identified as male and others who identified as female. The final sample (N=26) was 46% female, with an average age of 22.4 years. The sample for the present study was comprised entirely of non-Caucasian youth, with fifty-eight percent self-identified as African American, 31% Multiracial, 7% Native American and 4% Asian. The length of time participants had lived in the supportive housing model varied, from 4 months to 42 months, with the average mean length of

stay being reported as 22 months or almost two years. Finally, all participants were either diagnosed with serious mental illnesses and/or were aging out of foster care.

2.3. Procedures

Four focus groups were conducted at the supportive housing residence aimed at providing affordable housing for young adults who are homeless and/or aging out of foster care. The focus groups were conducted over three months. Each focus group was conducted in a private space with no staff present. The groups lasted between 60 and 90 minutes with 6-9 participants and two facilitators. One facilitator managed the focus group meeting, while the other took notes on process. Participants completed the informed consent process, and then filled out a short demographic survey. The focus groups were guided by a semi-structured script which included questions on five areas related to the broad research questions. The areas, including a sample item, were as follows: 1) Introduction (How are you finding living in the supportive housing program?); 2) Social connection (How do you socialize within the supportive housing model?); 3) Service participation (Why do you (or do you not) participate in activities or groups?); 4) Outcomes (What are your plans for the future?); and 5) Conclusion (Is there anything else you want to share about being at this supportive housing program?). These focus group areas and specific questions were designed to encourage discussion that would produce conversation to answer our three broad research questions: 1) what is it like to make the transition to adulthood from public children's systems of care?; 2) how does the supportive housing model they reside in shape their transition experiences?; and, 3) how do they experience the services and staff who are part of the program? All focus groups were audio-recorded and transcribed verbatim. Approval of the study was obtained from a university Institutional Review Board.

2.4. Analysis

Grounded theory coding techniques were used to construct content categories and identify relationships among categories (Charmaz, 2014). Four researchers read all of the

transcripts and process notes from the focus group meetings on their own. Then, they all individually used inductive coding and constant comparison, both within and between transcripts, to develop initial codes. *Atlas.ti* software was used to sort coded data. Initial codes were related to participant's experiences of being transition age youth and young adults, the housing program, and how they perceived the role of staff in their lives. Researchers then came together multiple times to compare, contrast, and develop codes, generate categories, and construct themes until saturation was achieved. Discrepancies were resolved through consensus. A codebook was developed which was used to illustrate the findings. The final codebook included codes that reflected how transition age youth and young adults experienced the supportive housing program with descriptive, in-vivo and process codes. These codes were then categorized into the three major themes described below. Briefly, theme 1 below squarely addresses research question 1, with themes 2 and three both addressing aspects of all three broad questions. Taken together, they provide a better sense of the overall experiences of transition-age youth in supportive housing programs. Several strategies for rigor were employed including peer-debriefing, independent and co-coding as described, and memo-writing (Padgett, 2008).

3. Results

The three themes which emerged from the focus groups focused on the subjective experience of transitioning into adulthood, how the program model both shaped and reflected this internal sense of their developmental stage, and in what ways staff either helped or hindered their transitional process. The manchild phase theme demonstrated the ambiguity the residents felt about where they were in their lives and the mixed messages theme described how the program model itself contributed to their feelings of ambiguity. The theme of going above and beyond focused on the role of program staff and what they needed from them in their transition process.

3.1. The Manchild Phase

The residents described how they experienced the transition to adulthood in ways that revealed the ambivalence inherent in moving toward independence. One resident summed it up as, "*Everyone's just going through their manchild phase, that's all it is*" suggesting that residents were both men and children at the same time. Simultaneously, they spoke of a desire to be independent and self-sufficient and the need for material, instrumental, and emotional support in order to become increasingly independent. While these feelings are common among all transition-age youth and young adults, there were aspects to this experience that were unique to having been in the child-serving systems of care and still needing support from welfare system(s) in adulthood. While wanting to be left alone, the residents also recognized their own particular vulnerability and needs, the result of spending years in a "system" that has done everything for them. One resident described the effect of growing up in systems of care and not knowing how to do much for oneself,

> "*But part of working at supportive housing [commenting on importance of staff understanding] is understanding that we've been through, probably, like a mental phase. We don't really do much for ourselves. A lot of people die out, you know. A lot of people don't have faith in themselves.*"[1]

However, alongside this recognition that they may need extra help was a strong feeling that they should not be treated as deficient or incapable. The challenge of needing extra help having grown up in the system was perceived as a system failure rather than their own personal inadequacy. They attributed their lack of preparation and knowledge that is needed for independence system, and its limitations. One resident described this sentiment stating,

---

[1] In the manuscript, the first author removed terms from the quotations in the manuscript that were not meaningful, as they interrupted the clarity of the young adult statement. Examples of such terms are the repeated use of terms such as "like" and "um".

> *"I came from group home, shelter, and here. You understand!? Even though, I'm growing, I know I'm growing, and I'm not illiterate and I'm not stupid, but housing situations and certain situations, I don't know nothin' about that!"*

The desire for information and support related to housing arose from some of the resident's acute awareness that their current setting was transitional and that they would need to move on within the next few years to permanent housing. Many of the participants had limited support from their families, and thus, this was an intimidating prospect,

> *As of right now I just want to find work, because when you think about it, I'm 23, and you know you can't stay here forever, it is, scary, and you know what I mean? And it has your mind racing on, "Oh, wow," "What am I going to do? How am I going to get this money together?*

While the pressure of finding your own housing is not unique to marginalized youth and young adults, how much they had to rely upon the welfare system during their lives was a particular concern, one that caused distress among participants. This contrasted to other young adults whose reliance is often on their parents which does not carry the same stigma as being reliant on welfare. The residents echoed societal concerns about welfare dependence by describing how public assistance undermines one's motivation to move on, with one resident describing this situation with the phrase, "*living the life of living rent*". Another described it as having been "got",

> *"…So they feel like since public assistance will pay their rent, that they don't allow nothing, that they can chill, they can smoke weed, they can do all of that. I'm not going to fight. At one time I felt like that. "Aw," you know, "public assistance has got me".*

In this context, the marginalized youth and young adults were aware of the dangers of getting too comfortable, and it was in this context that they talked about the need to be *pushed* towards independence and encouraged not to be lazy,

"So when I first come here I don't plan on probably—if I—I don't got a job or nothing, my first thing is not going to find a job. It's probably chilling in my little crib, having fun as much—so if you allow me to get lazy, I'm gonna be lazy."

Therefore, the "manchild" phase for these participants, both men and women, was a mix of concerns common to all young adults in transition and those unique to individuals who have grown up in institutions and reliant on support from children's systems of care. The tension between wanting to be independent and needing support to do achieve that independence is shared by most young adults. But being dependent for these young adults meant reliance on the system which carried a stigma creating a dilemma of needing to garner support from more professional providers but also figuring out how to extract themselves from public assistance and welfare programs. In response, some residents took a self-reliant approach, with one resident saying, "I am my own support".

3.2. Mixed Messages

In many ways, the program model reinforced the confusion residents felt around their developmental stage. Participants' described receiving mixed messages from the program structure and staff which both communicated expectations around moving towards independence but also exerted control over residents with extensive rules and procedures. This perception that the housing program was unduly restrictive also brought back memories of earlier institutional living. There was commonly expressed frustration driven by an awareness that the rhetoric of independence was not matched by the program structure,

"So now, as a younger adult, I feel – I feel like I worked too hard to get to this point to have somebody tell me now 'oh yeah, there's more rules,' you know? And I feel like I been fighting the rules in the group home for so long, now it's like I have to fight again."

The ambivalence they felt was reflected in the supportive housing program model which made them pay rent and also subjected them to institutional rules. A resident described the effect that the housing program rules had on them,

"Well, it makes us feel less of a man. Let's put it like that. Man, woman, it goes vice versa, you know. At the same time as us being an adult, we should live like adults. We should—you know, we still have to live by rules, but, you know, at the same time, it's just gotta—you know, it's gotta give us that certain limit. You gotta limit us to certain things. Because at the same time, it's not—you know, they don't limit us to one thing. They limit us to certain rules. And we're paying, you know, about $244 to live by what? You know, it doesn't feel the same. Like me, I feel like I'm back to, you know, when I was 16 again in the group home situation.

The fact that they now paid rent distinguished this setting from institutional settings of their past, but they found that, despite paying rent, they were still subject to rules and constraints which made them feel infantilized. Particularly symbolic for the young adults was having front door keys and the freedom to come and go as they pleased, but this feeling of independence was often undermined by staff's decision to withhold everyone's keys due to poor behavior of some residents,

We had the key, so on and so forth. But afterwards they took the key from us… It's like I been through the whole system, and it's like I'm going right back to it. Now, them taking the key is not giving us the responsibilities to actually be a grown, like an adult. We can't be that adult. We can't be able to, you know, go on our free will, come back in the building on our free will…But you know, basically, me being here, it's more like a lockdown, Residential Treatment Facility, like a lockdown facility."

Residents constantly referred back to the living situations of their youth, which they referred to generically as "group home", to illustrate how the present program made them feel they had not moved on. Similarly, rules regarding visitors communicated their lack of independence,

In a group home it's the sense of having the guests and you can't have a certain amount of people in your apartment. Just ridiculous stuff like you only have a certain amount of overnights, like that's a killer.

The rules emerged from living in a congregate care setting where if one resident created problems, then invariably they all would be subjected to rules to address these problems. One resident described this as, *"One bad apple spoils the rest, basically".* Overall, the rules took them back to the places of their youth signaling their continued lack of independence and, more fundamentally, making them feel like this place was not their home,

At times I kinda felt I was in an institution. Like I didn't feel like I was coming home. It was like I would dread having to come back.

3.3. Going Above and Beyond

For residents, their impressions of the staff and the role they played in supporting them varied considerably across different staff members. One factor that distinguished staff in their eyes was authenticity which distinguished the staff who they perceived really cared about them from those who were just doing their work for a paycheck. One resident expressed their sensitivity to this, "*It's just you can tell if somebody is a paid concern and then when it's a genuine concern."* Demonstrating the way in which they wanted to help, the residents frequently spoke of how important is was for them when staff took the initiative and expressed a real interest in how they were doing. A resident describes this,

"Well, someone that actually has a great personality, free spirit. Basically, you know, someone that's actually dedicated to their job. Someone that really asks you, you know, "Are you okay? Would you like to talk?"

A resident provides an example of going above and beyond on the part of staff, and illustrates how this quality in their relationship motivated her to engage in school,

> *I kept on telling her that I want to go to school. One day she just kept on ringing my bell, like real early, like 8:00 o'clock this morning, she kept on ringing my bell. I wouldn't answer, she just came, she knocked on my door. I like, "What happened?" She like, "Come on, you said you want to go to school, right?" I said, "Yeah." She said, "Come on, I'm going to take you." I'm like, "You gonna take me out to _____?" She drove me all the way to _____.*

Interestingly, the staff who conveyed this special caring by going out of their way to help residents sometimes violated program protocols in the process. Nonetheless, these acts communicated caring and trust to the youth,

> *"Like he says [referring to another focus group participant's comment on trust], it's a whole big thing of trust too. My whole thing is about staff. Don't go by the book so much. Those are staff that you can tell, that to stay away from them. Oh you – that's a phony person to me. A person who is just, who goes by the book."*

These acts of going above and beyond what was asked were also perceived as something that placed staff at risk for losing their job,

> *"Let's talk about how, how people are on the verge of losing jobs because they're helping people find their job, and try to help people do something with themselves. They don't want you to step out of a box. Like they want you to, this is what you do, This is what you don't do, and what you don't do is things that will basically help us the most."*

The residents gave examples such as staff lending them small amounts of money, giving them a ride or a lead on a job that they knew about personally. All of these actions demonstrated caring to the youth but were in violation of staff boundaries according to the program model. The message that this sent to the youth was put starkly by one resident, *"It's like taboo to help us."*

Going above and beyond often involved staff combining instrumental support with emotional support. The youth felt the pressure of the transition to adulthood and knew that they needed help in navigating these systems. Instrumental support included things such as assistance with housing applications, job and school applications, and benefits. Emotional support involved being available to tenants when they needed an adult, providing a listening ear, encouraging tenants, and believing in them. A resident describes getting help in attending school,

> *"I feel comfortable with her, she helps me with school, with work, with everything… she helped me through everything, giving me books, pens, a, flash drives."*

Another resident, describes the importance of having staff continuing to believe in them and encourage them despite challenges they face,

> *"She's the one that, she, she, I think she cares more about us than anybody else in this building. And she shows it more because of the effort that she makes with helping us get into school. And my number one thing with her, too, is, like, when I did slip up and smoke weed again, she wouldn't judge me, she will tell me, you know, "Yeah, you, okay, you messed up, but don't beat yourself up about it, take one day at a time." And I love that about her."*

However, while a few staff stood out as helpful and committed, they found many of the staff inadequately equipped to give them the assistance they needed to move towards independence. This was particularly the case around housing and getting the information on how to apply for public housing. Young adults reported, repeatedly, frustration that the staff did not have enough knowledge about the housing system and specific processes of applying for and securing public housing. One resident describes getting applications for Section 8 housing and giving them to the staff because nobody knew about them. This perceived lack of knowledge and commitment among the staff on working with residents towards independence

lead to a cynicism about the program. One resident concluded, "*They want us stagnant. They get funding from our being here.*"

4. Discussion, Implications and Limitations

The study findings demonstrated the complexity of supporting young adults in the transition to independence within supportive housing programs. Some of this complexity is inherent with this developmental stage but for these youth, the difficulties were often compounded by their past and present experiences of living within systems of care. On the one hand, the residents still felt controlled by systems in care, particularly by what they perceived as excessive rules, but on the other hand they were aware they had not yet been equipped to live independently. Participants reflected common beliefs around what independence entails, freedom to make one's own decisions and an ability to thrive without relying on other people or institutions. For these youth, attaining full independence meant being free of systems of care but in the short-term, independence was related to their self-determination and choice within their present living environment.

The residents articulated that during their time in care they did not learn what they needed for young adulthood, and, perhaps even more importantly, they didn't take steps to learn how to do for themselves. These findings, which echo previous research on older youth transitioning from foster care (See Geenen & Powers, 2007), can inform independent living program leadership and direct service providers in both child welfare and mental health setting for children and adolescents. They point to the need to for programming that assists young people in beginning to develop self-determination, decision-making and problem solving skills, coupled with building up the internalized attitude and belief that one can do for oneself as opposed to being taken care of in a dependent way by staff at institutions and within systems of care. Indeed, programs such as "Better Futures" have shown compelling positive outcome evidence for marginalized youth in transition on outcomes such as self-determination, mental health empowerment, and hope, among others (Geenen et al., 2015). The process of

preparation for the transition to independence, according to our participants, needs to occur much earlier in the developmental process.

The study demonstrated the challenges in developing supportive housing programs that can meet the needs of transition-age youth. By designing a model that both incorporated aspects of Housing First, which emphasizes self-determination, with more structured housing approaches, residents were left feeling simultaneously unsupported and overly restricted. This finding resonated with previous research (See Gilmer, 2016; Curry & Abrams, 2015) which has found that supported housing programs provide mixed messages about independence. Participants in numerous ways expressed how they felt like they were living in institutions that were not different from the ones they lived in as children. They described how the living in their residence made them feel like an adult and a child at the same time. Evidence is mounting nationwide that the young adult supportive housing models that are emerging need to become more clear on their overall philosophy and program principles so young adults can develop optimally and be given clear guidance on how the program supports their development.

Although there are aspects of the Housing First approach - such as promoting self-determination and choice which are congruent with moving to independence - the model was originally developed to provide permanent housing for adults. Moreover, Housing First is specifically targeted to adults with a history of homelessness who have a preference for less structured housing programs. Whereas when housing is transitional, there needs to be far more onus on providing proactive support particularly in helping people to secure more permanent housing, which appeared to largely absent from this program. Also, many of the rules that irked the residents were the result of regulating a congregate living situation composed of youth with a variety of needs and challenges. Many Housing First proponents argue that congregate living environments are not consistent with the Housing First approach, instead people should live in scatter-site apartments to maximize community integration (Padgett et al., 2015). The program in this study, therefore, had both elements of more traditional housing models and Housing

First, so it was not surprising that this resulted in mixed messages for the residents. Whether marginalized young adults would thrive more in a "purer" Housing First model, which is permanent and scatter-site, or in a more structured program that emphasizes the skills needed to transition out of the program needs to be informed by future research comparing the effectiveness across models for these youth.

Whatever the program structure, residents' views of staff gave clear guidance for improving service quality in supportive housing programs for transition age youth and young adults. First, staff need to be hired and trained to offer healthy relationships in which the staff understand participants' need for someone who will authentically connect with them and go above and beyond to help them with their unique needs and plans for their future. Providing staff the flexibility to respond to resident's needs takes account of the vital role of trust building among youth who have often been deprived of caring adults in their lives. Again, the rigidity of the staff roles reinforced to the youth that they were living in a rule driven environment that felt both infantilizing and unresponsive to their needs. As well as emotional support, residents needed instrumental support. Participants discussed that staff need to be trained on knowledge and skills to address practical outcomes that are key for a successful transition to adulthood, for example, the processes needed to assist a young adult in securing their own housing unit. Young adults reported numerous times that there were few staff who actually knew the specifics of what needed to be done to assist them in attaining subsidized housing and making a successful transition.

These data suggest implications for practice and research. First, the field needs to continue to evaluate supportive housing models that are emerging throughout the US specifically designed for young adults. There is a particular need to adapt existing models for young adult needs and then examine their efficacy for improving young adult outcomes. Further, longitudinal research that follows young adults during the transition from supportive housing into independence could lead to increased understanding around who "makes it" and who continues

to struggle with housing instability. Finally, program models must build on the findings of this and other studies to address the unique developmental needs of this age group, such as the need for support while developing more independence and autonomy.

As is true in all research, the present study has limitations that should be considered. First, while saturation was met with four focus groups, we did examine the experiences of young adults who were all living in one supportive housing program in one region of the country. Additional studies will add strength to these findings. Further, the field could benefit from studies that listen directly to the voices of additional critical stakeholders such as staff, administrators, and state policy makers. Even with these limitations, this timely study is critical in moving forward this understudied area of social service research.

References

Ahrens, K.R., Garrison, M.M. & Courtney, M.E. (2014). Health Outcomes in Young Adults From Foster Care and Economically Diverse Backgrounds. *Pediatrics, 134*(6), 1067-1074.

Aledort, N., Hsin, Y., Grundberg, S., & Bolas, J. (2011). *More than a roof over their heads alert: A toolkit for guiding transition age young adults towards long-term housing success.* The New York City Children's Plan Young Adult Housing Workgroup.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469.

Brown, S., & Wilderson, D. (2010). Homelessness prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review, 32*(10), 1464-1472.

Charmaz, K. (2014). *Constructing grounded theory (2nd Edition).* London. Sage.

The Coalition of Behavioral Health Agencies. (2008). A Chance for Change: Supporting Youth in Transition in New York City. A Report on the Findings of the 2006-2007 Youth Initiative Work Group

Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work, 11*(3), 209-219.

Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), 685-717.

Curry, S. R., & Abrams, L. S. (2015). "They Lay Down the Foundation and Then They Leave Room for Us to Build the House": A Visual Qualitative Exploration of Young Adults' Experiences of Transitional Housing. *Journal of the Society for Social Work and Research, 6*(1), 145-172.

Delman, J., & Jones, A. (2002). Voices of youth in transition: The experience of aging out of the adolescent public mental health service system in Massachusetts: Policy implications and recommendations.

Dworsky, A., Napolitano, L., & Courtney, M. (2013). Homelessness during the transition from foster care to adulthood. *American Journal of Public Health, 103*(S2), S318-S323.

Erickson, W. Lee, C., & von Schrader, S. (2014). 2012 Disability Status Report: United States. Ithaca, NY: Cornell University Yang Tan Institute (YTI).

Fry (2013). A Rising Share of Young Adults Live in Their Parent's Home: A Record 21.6 Million In 2012. *Pew Research Center*, Retrieved from http://www.pewsocialtrends.org/2013/08/01/a-rising-share-of-young-adults-live-in-their-parents-home/

Geenen, S., & Powers, L. E. (2007). "Tomorrow is another problem": The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review, 29*(8), 1085-1101.

Geenen, S., Powers, L. E., Phillips, L.A., Nelson, M., McKenna, J., Winges-Yanez, N. (2015). Better Futures: A Randomized Field Test of a Model for Supporting Young People in Foster Care with Mental Health Challenges to Participate in Higher Education. *The Journal of Behavioral Health Services and Research, 42*(2), 150-171.

Gilmer, T. P. (2016). Permanent Supportive Housing for Transition-Age Youths: Service Costs and Fidelity to the Housing First Model. *Psychiatric Services, 67*(6), 615-621.

Gilmer, T. P., Ojeda, V. D., Hiller, S., Stefancic, A., Tsemberis, S., & Palinkas, L. A. (2013). Variations in Full Service Partnerships and Fidelity to the Housing First Model. *American Journal of Psychiatric Rehabilitation, 16*(4), 313-328.

Institute of Medicine and National Research Council (2014). *Investing in the health and well-being of young adults.* Washington, DC: The National Academies Press.

Keller, T. E., Salazar, A. M., & Courtney, M. E. (2010). Prevalence and timing of diagnosable mental health, alcohol, and substance use problems among older adolescents in the child welfare system. *Children and Youth Services Review, 32*(4), 626-634.

McMillen, J. C., Zima, B. T., Scott, L. D., Auslander, W. E., Munson, M. R., Ollie, M., et al. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *Journal of the American Academy of Child and Adolescent Psychiatry 44*, 88-95.

Mental Health Services Act of 2004. California State Department of Mental Health Retrieved from: http://www.dhcs.ca.gov/services/MH/Documents/MHSAafterAB100.pdf, November 21, 2016.

Munson, M. R., Brown, S., Spencer, R., Edguer, M., & Tracy, E. (2015). Supportive Relationships Among Former System Youth With Mental Health Challenges. *Journal of Adolescent Research, 30*(4), 501-529.

Munson, M. R., Lee, B. R., Miller, D., Cole, A., & Nedelcu, C. (2013). Emerging adulthood among former system youth: The ideal versus the real. *Children and Youth Services Review, 35*(6), 923-929.

Osgood, D. W. (2005). *On your own without a net: The transition to adulthood for vulnerable populations*. University of Chicago Press.

Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *The Future of Children, 20*(1), 209-229.

Padgett, D. K. (2008). Qualitative methods in social work research (2nd ed.). Thousand Oaks, CA: Sage.

Padgett, D. K., Henwood, B., & Tsemberis, S. (2015). *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*. New York, NY: Oxford University Press.

Patton, M. (1990). Purposeful sampling. *Qualitative Evaluation and Research Methods, 2*, 169-186.

Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., ... & Herrick, M. A. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and youth services review, 28*(12), 1459-1481.

Perez, B. F., & Romo, H. D. (2011). "Couch surfing" of Latino foster care alumni: Reliance on peers as social capital. *Journal of Adolescence, 34*(2), 239-248.

Ray, B. (2013). *Poverty rates for young adults: The network on transitions to adulthood.* The John D. and Catherine T. MacArthure Foundation. Retrieved from http://transitions.s410.sureserver.com/2013/11/13/poverty-rates-for-young-adults/.

Samuels, G. M., & Pryce, J. M. (2008). "What doesn't kill you makes you   stronger": Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198-1210.

Schulenberg, J. E., Sameroff, A. J., & Cicchetti, D. (2004). The transition to adulthood as a critical juncture in the course of psychopathology and mental health. *Development and Psychopathology, 16*(04), 799-806.

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, *59*(12), 1133-1143.

Tsemberis, S., & Eisenberg, R. F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services*, *51*(4), 487-493.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). The AFCARS Report. Preliminary FY1 2014 Estimates as of July 2015 (22). Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf

Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the National Longitudinal Transition Study-2. *Journal of Emotional and Behavioral Disorders, 14*(2), 86-98.

Zuehlke, E. (2009). How is the Economic Recession Affecting U.S. Children? The 2009 Child

Well-Being Index. *Population Reference Bureau*. Retrieved from

http://www.prb.org/Publications/Articles/2009/uschildwellbeing.aspx

Highlights

- The first focus group study examining data from transition age youth themselves on their views on a supportive housing model in combination with support services
- Results suggest that staff working in transitional supported housing programs require specific training to support youth in finding permanent housing
- Results contextualize the developmental challenges of moving toward independence from institutional childhood
- Results can provide information to supportive housing models currently being piloted throughout the country