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## EXAMINING HOMELESSNESS AND ITS EFFECTS ON FUNCTIONING AMONG FOSTER CARE ALUMNI

Silvia Romero

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EXAMINING HOMELESSNESS AND ITS EFFECTS ON FUNCTIONING  
AMONG FOSTER CARE ALUMNI

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Silvia Romero

May 2023

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## ABSTRACT

**Background and Purpose:** Homelessness among foster youths is so dire that understanding the impacts of homeless among this population is imperative. The aim of this study was to examine the nature of homeless using a subsample from the Inland Empire and to examine the effects of homeless on their functioning in the following domains: understanding and communication, mobility (getting around), self-care, getting along with others, life activities (work/school), and participation in society. **Methods:** This descriptive study used a cross-sectional design to gather quantitative data to examine the frequency, duration, and effects of homelessness. Participants were former foster youth between the ages of 18-24 recruited from the general population and a transitional housing program. Participants were recruited using nonprobability sampling. The data gathered was demographics along with the nature of homelessness measured by the number of homeless episodes and the duration of their homelessness as well as the effects of homelessness measured using the WHODAS 2.0 that examined six different domains of functioning. Descriptive statistics were derived to understand the sample, and correlation analyses were conducted to examine the relationship between these variables. Quantitative data was gathered using an online survey. **Results:** The participants in this study were foster youth who mostly attended community college and lived in a transitional housing program. The average time of homeless episodes in this sample was 2.4, with the average duration being 10.6 months. On average, participants did not report high levels of

impairment except in the domain of participation in society. The findings from this study revealed that the frequency and duration of homelessness were not associated with participants' functioning. **Conclusion:** Results suggest the need to examine other domains of functioning not assessed in this study. In addition, findings suggest the need to be more conscious of the psychological effect of homelessness on foster youths' dignity and self-worth.

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## CHAPTER ONE: PROBLEM FORMULATION

### Introduction

This chapter examines the prevalence of modern-era homelessness in the United States. While homelessness impacts all ethnic groups, this chapter focuses particular attention on minority groups and former foster youths who have been emancipated from the foster care system. In addition, this chapter identifies racial disparities and the risks and challenges former foster youths face upon exiting the foster care system.

Homelessness in America has been a persistent and growing national issue since the 1970s. Over the past decades, the U.S. government has tried different approaches to combat homelessness on nearly every level. However, despite the efforts, the struggle to find a solution remains a constant subject matter. A report by the U.S. Department of Housing and Urban Development (HUD) 2020 found that approximately 580,466 people experienced homelessness in the United States on a single night in 2020. This figure is a nationwide increase of 2.2% compared to HUD Annual Homeless Assessment Report (AHAR) of 2019, which marked a rise in the last four consecutive years from 2016. The report illustrates that a staggering half a million individuals experience homelessness in the U.S. on a single night, including families with children. Of the 580,466-experiencing homelessness, 70% were single individuals, and the remaining 30% were families with children (HUD, 2020).

While many find temporary aid in emergency shelters and transitional housing, others are unsheltered. Approximately 39% (226,080) of the 580,466 experiencing homelessness were unsheltered, a 7% rise from 2019 (HUD, 2020). Individuals and families with children sleep in cars, parks, abandoned buildings, and streets, which are not intended for human habilitation.

While homelessness is a nationwide crisis, California is the leading state with the highest homeless population (HUD, 2020). In 2020, California had a homeless population of 161,548 on any given day, making it the leading state with the highest homeless population. This figure represents an increase of 10,270 from 2019 (HUD, 2020). Of the 161,548-experiencing homelessness, 113,660 were unsheltered (HUD, 2020). Research suggests that the leading factor in California's homeless crisis is the availability and pricing of housing, along with the longstanding lack of affordable housing (Quigley et al., 2001). Other factors contributing to homelessness in California include the deinstitutionalizing of the mentally ill, drug and alcohol addiction, unemployment, poverty, and stagnated wages (Quigley et al., 2001; City of Riverside, 2021).

### High-Risk Groups

While reports show that all ethnic groups comprise a portion of the overall homeless population, minority groups are at a higher risk. African Americans are significantly overrepresented among the homeless population in the United States. The Annual Homeless Assessment Report to Congress (AHAR) 2020 revealed that nearly four of every ten (39%) experiencing homelessness in 2020

were African American. Additionally, Native American, Alaska Natives and Pacific Islanders were considerably overrepresented, accounting for 5% of the homeless population in the U.S. While 5% may seem a small figure, Native Americans, Alaska Natives, and Pacific Islanders account for 1% of the total U.S. population. Hispanic/Latinx fell in third place among the overrepresented groups, making up 23% of the homeless population but only 16% of the overall population.

This racial disparity may be due to the long history of oppression and discrimination these minority groups have faced. Native Americans' and African Americans' oppression can be traced back to the creation of the U.S. nation, from the conquest of Indigenous land and the enslavement of African Americans. The disparity in homelessness may also be a lingering effect of historical and systemic racism. African Americans, Native Americans, and Latinx are overrepresented in poverty, housing discrimination, incarceration, and access to health care (National Alliance to End Homelessness [NAEH], 2021), all of which contribute to homelessness. While homelessness disproportionately affects racial and ethnic minority groups, another vulnerable population is former foster youth who have been emancipated from foster care.

### Former Foster Youths

Foster care provides safe, temporary housing and care for children and adolescents who cannot be with their biological parents or caregiver due to maltreatment, safety concerns, or inadequate care. Children and adolescents remain in the foster care system until the presenting issues are resolved or when

reunification with their parents or caregivers is safe. However, many youths often remain in foster care throughout childhood and adolescence without being reunited with family or adopted. In 2020, approximately 20,000 youth exited foster care in the United States without reuniting with their parents or caregiver (The Annie E. Casey Foundation, 2022).

### Challenges Faced by Former Foster Youths

Once they reach the age of emancipation, 18 or 21 in some states, foster youth find themselves displaced, with little to no money to support themselves and with no family to turn to for help. With emancipation, exiting youths lose access to the services and support previously offered through the foster care system, making them vulnerable to homelessness. Moreover, finding a safe and permanent home is a daily challenge. Often these individuals couch surface or sleep in abandoned buildings, parks, vehicles, or streets. On average, 20% of young adults become homeless after emancipating from the foster care system (National Foster Youth Institute [NFYI], 2021). Another vital statistic is that 50% of the nation's homeless population reports spending time in foster care (NFYI, 2021).

While emerging adulthood for the general population represents a period of development, exploration, and opportunity to pursue post-secondary education and other opportunities with the financial help of their family, former foster care youth do not enjoy the same privileges and level of support. For this population, emerging adulthood is a period of significant challenges. Youths exiting foster

care expressed feelings of uncertainty, worrisome, and increased anxiety compared to their foster peers who returned to their families upon exiting the system (Crawford et al., 2015). Youths who aged out of foster care without reuniting with family are forced to enter adulthood without the financial security and skills needed to succeed and become self-sufficient adults making them vulnerable to housing instability and homelessness (Berzin et al., 2010).

### Laws and Programs

Federal and state governments have developed policies and programs to address homelessness among youth aging out of foster care. The Independent Living Program (ILP) is one such program. ILP assists current and former foster youth with training and services such as money management, employment, decision-making, and financial assistance with college; to help these individuals achieve self-sufficiency before and after exiting the foster care system. A policy enacted to improve youth outcomes in foster care is the California Fostering Connections to Success Act of 2010, also known as AB-12. This law gives youth the time and support needed to gradually become independent adults by extending the foster care service from 18 to 21 years old. AB-12 created California's Extended Foster Care (EFC) program, which allows eligible youth in the child welfare and probation systems to remain in foster care until age 21 (California Department of Social Services, 2021).

The Transitional Housing Programs (THPP) and THP+PC were created under AB-12 to help current and former foster care youth from becoming

homeless upon emancipation. These programs' goals are designed to help current or former foster care participants emancipate successfully by providing a safe environment where participants can receive extended services as they learn life skills to become self-sufficient adults.

### Summary

Homelessness in the U.S. has become a central political issue. Policymakers at every level have focused particular attention on former foster youths, who are at a higher risk of homelessness. Exiting youths lose access to vital services and support that helped meet their basic human needs (e.g., housing, food, clothing, etc.). Many youths find themselves displaced, with little to no money to support themselves and no family to turn to for help, as many do not reunite with their parents or caregivers. Finding a safe and permanent home is a daily challenge. Therefore, it is essential to examine homelessness among this population to find ways to prevent and reduce long-term adversities.

## CHAPTER TWO: LITERATURE REVIEW

### Introduction

This chapter reviews research studies that demonstrate a strong correlation between emancipation from the foster care system and homelessness. This chapter will also review the risk and protective factors that predict homelessness among foster youth, further heightening the risks of adverse adult outcomes. (e.g., lower educational attainment, unemployment, substance use, delinquent behavior, etc.).

Extensive studies have identified a strong correlation between emancipation from the foster care system and homelessness. A longitudinal study of youth aging out of foster care in three Midwestern states found that 36% of former foster youth reported at least 1 episode of homelessness by age 26 (Courtney et al., 2013; Dworsky et al., 2013). Another study of a sample of homeless, foster youth in Los Angeles found that 37% of the participants reported becoming homeless right after emancipation. Moreover, former foster youth are more likely to experience chronic homelessness once homeless. In the same study, Yoshioka and Rice (2020) reported that the average age of 21.11-year participants had been homeless for 2.27 years.



## Risk Factors for Homelessness

A large body of research has examined the risk and protective factors that can predict homelessness among foster youth (Dworsky et al., 2013; Courtney et al., 2010; Shah et al., 2017; Berzin et al., 2011; Farmers et al., 2021). Youths with a history of running away from foster care, having multiple placements, being placed in group homes, being male, experiencing physical abuse, engaging in delinquent behavior, having lower educational attainment, those who struggle with substance abuse, and those who report mental health challenges are at higher risks of becoming homeless (Courtney et al., 2010; Dworsky et al., 2013; Shah et al., 2017; Berzin et al., 2011; Farmers et al., 2021).

### Multiple Placements and History of Runaway

Multiple foster care placements and having a history of runaways while in care are salient factors in homelessness among former foster youth (Dworsky & Courtney, 2009). A study that used data from a large metropolitan county to identify risk and protective factors associated with foster youth and homelessness found that having multiple placements, being placed at a group home, and being a youth with a history of running away are factors that heighten the risk of homelessness among 18–21-year-old (Farmers et al., 2022). The study found out of 486 participants (ages 18-21), 43% reported having three or more placements and 22% had a history of running away from care (Farmers et al., 2021). Another study that used state and local agency data to evaluate the risk factors of homelessness among former foster youth in Oklahoma concluded

that the average youth in their sample ( $N = 401$ ) averaged 13 placements, with youth having at least one runaway (36%). The study determined that multiple placements significantly increase the likelihood of homelessness.

Moreover, the researchers specified that every additional placement result in a 4.1% increase in experiencing homelessness (Crawford et al., 2015).

Together these studies demonstrate that having multiple placements and a history of running away are robust markers of homelessness. Placement instability disrupts youths from fostering strong connections, relationships, and support with their caregivers, peers, and community, limiting youths from establishing a solid support system and heightening the risk of becoming homeless (Dworsky et al., 2013).

#### Substance Use and Delinquent Behavior

Extent research has identified substance abuse and delinquent behavior as risk factors to homelessness among foster youth (Dworsky et al., 2013; Prince et al., 2019). A study that evaluated the adverse risk outcomes of 19-year-olds among a cohort of transitioned aged youth in the U.S. ( $n=6781$ ) confirmed that substance abuse at the age 17 increased the odds of homeless at age 19 by 1.69 (Prince et al., 2019). A longitudinal study examined the predictors of homeless using the finding of the Midwest study ( $n=305$ ) found that there is a 20% increase of homeless in youth who reported delinquent behavior (Dworsky and Courtney, 2009). Lastly another study found that drug use is a major

determiner impacting homelessness among former foster youth (Berzin et al., 2011).

### Effects of Homelessness

Research has determined that when one of the most basic human needs is absent, the chance of youth attaining higher education and employment to achieve self-sufficiency significantly decreases (Rosenberg et al., 2017; Courtney et al., 2010).

### Educational Attainment

A study that used data from Michigan State University to examine whether students with a history of foster care were more likely to drop out of college than their non-foster peers concluded that 21% of former foster care students dropped out within their first year compared to only 12% of their non-foster peers (Day et al., 2011). In the most extensive longitudinal study of foster outcomes (the “Midwest study”), researchers found that by age 24, foster youth had significant educational deficits. Out of 602 participants, 24% reported dropping out of high school, 33.7% reported their highest level of education as high school, and only 6% had achieved a two or four-year degree. Collectively, these studies revealed lower rates of educational completion among former foster care youth. These findings are crucial in examining homelessness among foster youth because of the conclusive link between education and employment/earning outcomes and poverty. Research has shown that individuals with a higher level of education earn significantly more than individuals with no

high school diploma and from those with a high school diploma or some college but no degree (Courtney et al., 2011).

The U.S. Bureau of Labor and Statistics 2021 concluded that those with less than a high school diploma have the highest unemployment rate at 8.7%, followed by high school diplomas at 6.2% and some college degrees at 5.5% rate of unemployment. A lower level of educational attainment is a significant marker of employment outcomes, earnings, poverty, and homelessness. (Okpych & Courtney, 2014).

### Employment

Unemployment is a leading factor in homelessness worldwide, as employment offers the necessary income to afford housing (Axe et al., 2019; CAUF Society, 2023). Unfortunately, former foster youth are more likely to be unemployed than non-foster peers. The Midwest study shows that 84% of youth reported having a job after foster care, but less than 50% remain employed three years after leaving care (Courtney et al., 2011). These figures can be due to housing instability and youth having to move from place to place, making the commute challenging. Moreover, findings from the California Youth Transition to Adulthood Study (Cal YOUTH, 2020), which examined and evaluated the outcome of former foster youth as they transitioned to adulthood, found that out of the 620 participants, 41% reported being unemployed at the time of data collection. The same study reported that 60% of the participants had an income below the federal poverty level (Courtney et al., 2020). Another study

investigated whether aged-out youth experienced less employment and significantly lower wages than peers from low-income families in three states (California, Minnesota, and North Carolina). Findings revealed that lower employment and earning rates persisted among former foster care youth through age 24 in all three states. (Stewart et al., 2014). These studies demonstrate that employment and employment stability are necessary for former youth prevent homelessness and poverty.

### Gaps

Extensive research has established that being in foster care is a risk factor for homelessness upon emancipation and has identified other significant factors that amplify foster youths' vulnerability to homelessness. Research has also documented the adverse effects of homelessness on foster youths' education and employment. This study aims to expand the knowledge by examining the impact of homelessness on former foster youth functioning in other domains, specifically in understanding and communication, mobility, self-care, getting along with others, life activities (school/work), and in participation in society.

### Theory

Past studies have used the Risk and Resilience model to determine risks and protective factors associated with homelessness among foster care youth. The Risk and Resiliency Model supports researchers in understanding risks, adversities, and outcomes. The model focuses on individual risks and protective factors to determine the plan of action and intervention. Risk factors are

characteristics associated with an increase in health risks. In contrast, protective factors are characteristics associated with decreasing vulnerability to a health risk. Resilience is the ability to withstand, adapt, or bounce back from difficult experiences.

### Aim of Study and Research Hypothesis

This study investigated the nature of homelessness (frequency and duration) and its effects (on functioning) on former foster youth. The Risk and Resilience Model helped guide this study's goals by allowing the conceptualization of risk factors as the number of homeless episodes and the duration of homelessness and health risks as the effects of homelessness. Based on the findings of previous studies and the Risk and Resilience model, we expected to find a prolonged duration of homeless among foster youth (at least two years). We also expected that increased risk factors, indicated by longer duration and more frequent homelessness, would be associated with lower functioning levels.

### Summary

Former foster youth are expected to transition to adulthood at a faster pace no matter their elevated risks to homelessness, life challenges, and lack of social support. Research has repeatedly demonstrated that certain risk factors (e.g., lower education, unemployment, multiple placements, runaways, delinquent behavior, and substance use) significantly increase the odds of foster youth becoming homeless after exiting foster care compared to peers from the

general population (Dworsky & Courtney, 2009; Courtney et al., 2010; Crawford et al., 2015; Dworsky et al., 2013; Farmers et al., 2022;). Identified risks heighten homelessness and increase the chances of other adverse effect in adulthood. Hence, further research is needed to expand the knowledge surrounding the effects of homelessness among former foster youth in different life domains (physical, social, emotional, cognitive, etc.) to understand the impact of homelessness on an individual level.

## CHAPTER THREE: METHODS

### Introduction

This study collected data on participants' demographic characteristics, times and length of homeless episodes, and its effects on participants functioning difficulty due to being unhoused. This chapter outlines how this study was conducted by discussing the study design, setting, participants, recruitment, study procedure, measure, and statistical analysis.

#### Study Design

This descriptive study used a cross-sectional design to gather quantitative data to examine the frequency, duration, and effects of homelessness among former foster youth in the Inland Empire. Cross-sectional was used in this study to collect data at a single point across former foster youth and allow researchers to compare different variables simultaneously (e.g., number of homeless episodes and length of homelessness). Given the cross-sectional nature of this study, results cannot be inferred as causation. It is possible that participants with longer lengths of homelessness report have lower functioning abilities.

#### Setting

Prospective participants were reached using various strategies. Social media platforms, mainly Instagram and Facebook pages, form the recruitment sites of this study. These social media platforms were chosen because the study aims to recruit youths (18-24) from the general population. Social media platform



serves as a great avenue to maximize participants' participation in the targeted participant's age range. As of January 2023, Instagram users 18-24 years of age make up the age group with the most Instagram users at 31.8% (Statista, 2023). Social media has the power to target the audience of a specific group based on demographics. In this case, former foster youth from the Inland Empire ages 18-24. Participants were also reached at a non-profit social services agency in the Inland Empire. Specifically, the transitional housing program (THP), as many youths are homeless when applying to the program. Bus stops near community colleges in the Inland Empire were also used to reach prospective participants. These bus stops were chosen because many foster youths attend these community colleges.

### Participants

Eligible participants were former foster care youth between 18 to 24 years of age who were currently experiencing homelessness during the study recruitment period. Homelessness was defined as (1) having resided with a friend for less than 14 days and not paying rent; (2) having resided in a shelter, whether overnight or transitional, or (3) without standard, acceptable shelter arrangements and thus sleeping on the streets, in abandoned buildings, in cars, and so forth. We expected considerable challenges in recruiting former foster youth experiencing homelessness for research participation. After assessing the participation challenges, the goal was to recruit 100 participants during a 2-month period.

## Recruitment

Participants were recruited using nonprobability sampling, precisely convenience combined with snowball sampling. A recruitment flyer describing the study was posted to the researcher's personal social media pages and community pages (Moreno Valley Matters, Perris Matters, City of Riverside Matters, and Everything San Bernardino). Physical recruitment flyers were also posted at several community colleges' bus stops and a non-profit social services agency, serving foster youth. Individuals who read the recruitment and are interested in participating were invited to scan the QR code or click on the link on the flyer, directing them to the online survey.

## Study Procedure

Quantitative data were gathered using a self-report questionnaire to yield demographic characteristics, frequency, and duration of participants' homelessness and functioning difficulties due to being unhoused. The questionnaire was posted to Qualtrics, allowing youths to complete their participation online. Participants completed a screening questionnaire to determine their eligibility and read the informed consent document before completing the self-report questionnaire. The duration of the survey was approximately 15 minutes. Participants were instructed only take the survey once and were not compensated for their time. This study's protocol was approved by the California State University, San Bernardino Institutional Review Board (IRB).

## Measures

Participants were asked to provide demographic data, which included their gender, ethnicity, level of education, school, and employment status. Participants were also asked if they have contact with and receive social support from their biological family. In addition, participants were asked to provide the number of homeless episodes they have experienced along with the length of their homeless (in months). Participants also completed the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0, 2010), which assessed their functioning difficulties across six domains: cognition- understanding and communication (In the last 30 days, how much difficulty did you have in concentrating on doing something for 10 minutes?), mobility (In the last 30 days, how much difficulty did you have in standing for long periods?), self-care (In the last 30 days, how much difficulty did you have in washing your body?), getting along with others (In the last 30 days, how much difficulty did you have in dealing with people you do not know?), life activities (In the last 30 days, how much difficulty did you have in your day-to-day work/school?), and social participation (In the last 30 days, how much of a problem did you have living with dignity because of attitudes and actions of others?).

WHODAS 2.0 is a self-report 36-item measure that asks participants to rate how much difficulty he/she has had in specific areas of functioning during the past 30 days. The original WHODAS 2.0 contained 36 items, but four items were

excluded from this study due to the questions not being relevant to individuals who are unhoused.

The scores assigned to each of the items were 1 (none), 2 (mild), 3 (moderate), 4 (severe), 6 (extreme or cannot do). The scores were averaged for each of the six domains. Therefore, a total of six average scores were generated. Higher scores represent higher levels of impairment. In addition to the average scores, a composite score, was derived by summing the responses across all 32 items, which ranged from 32 through 160. Higher scores represented higher levels of impairment.

### Statistical Analysis

Descriptive statistics (frequency, percentages, mean, standard deviation, or range) were derived for the demographic characteristics, times of homelessness, length of homelessness, and for each of the six domains of WHODAS 2.0 (cognition, mobility, self-care, getting along with others, life activities, and participation in society). The relationship between the number of homeless episodes and each of the six domains from WHODAS were investigated using a Pearson Product-Moment Correlation Coefficient. The relationship between the length of homelessness and each of the six domains of WHODAS were also investigated using a Pearson Product-Moment Correlation Coefficient. The same statistical analysis was repeated with the length of homelessness and the number of homeless episodes as the independent variable and the total score from WHODAS as the dependent variable. A

Scatterplot was generated for each analysis before conducting the correlation analysis to check for linearity between the variables. Analyses were conducted using IBM SPSS 28.0, and statistical significance was set at  $p < .05$ .

## CHAPTER FOUR: RESULTS

### Descriptive Statistics

#### Demographic Characteristics

Table 1 displays the demographic characteristics of this study. The study was comprised of 33 foster youths. Of the 33 participants, 57.68% identified as female and 42.42% as male. The average age in this sample was ( $M=19.9$ ,  $SD=1.9$ , range = 18-24). This sample was ethnically diverse with a balanced representation of major racial and ethnic groups in California. More than one third 39.4% identified as Hispanic/Latino, 30.4% identified as Black/African American, 21.2% identified as White/Caucasian, and 9.1% identified as other. Concerning participants' education attainment, the data suggests that a fair number of participants struggled to remain engaged educationally. Nineteen (57.58%) participants reported graduating from high school, while 14 (42.42%) reported dropping out. When participants were asked if they were enrolled in school at the time of data collection, 19 (57.58%) reported yes, indicating that despite participants homelessness and barriers, these youths are resilient in attaining higher education. In terms of employment more than half (66.67%) of the participants reported being unemployed but actively look for work. This high figure may be due to their housing instability and participants constantly relocating making commute a daily challenge.

### Contact with Biological Family

Regarding participants having contact with their biological family, 22 (66.67%) reported having contact, while the remaining 11 (33.33%) reported having no contact with their biological family. Although the majority of participants remained in contact with their biological family, close to half do not appear to have a strong connection to their biological family as evidenced by the finding that only one in four participants (42.2%) reported their biological family being part of their social support regarding emotional, physical, and financial support.

Table 1. Descriptive Statistics on the Participants' Demographic Characteristics and Nature of Homelessness ( $N = 33$ )

Variables	n (%)
Gender	
Female	19 (57.6)
Male	14 (42.4)
Age, $M$ ( $SD$ )	19.8 (1.9)
Ethnicity	
Hispanic/Latino	13 (39.4)
Black/African American	10 (30.3)
White/Caucasian	7 (21.2)
Other	3 (9.1)
Educational Attainment	
Graduated high school	19 (57.6)
Less than high school	14 (42.4)
Enrolled in school <sup>a</sup>	15 (45.5)
Level of education	
Community College	11 (57.9)
GED	6 (31.6)
Vocational/Trade School	2 (10.6)

Employment Status	
Unemployed (looking for work)	22 (66.7)
Employed part-time (less than 30 hours)	8 (24.2)
Employed full-time (40 hours +)	2 (6.1)
Unemployed (not looking for work)	1 (3.0)
Contact with Biological Family	22 (66.7)
Source of Social Support	
Biological Family	14 (42.4)
Nature of Homelessness' <i>M</i> ( <i>SD</i> )	
Number of homeless episodes	2.4 (2.1)
Total length of homelessness (in months)	10.6 (13.8)

<sup>a</sup>Participants were asked if they were enrolled in school at the time of data collection.

<sup>b</sup>If participants were enrolled in school, they were asked to indicate their level of education.

### Times and Length of Homelessness

The average times of homelessness experienced by participants was 2.4 (*SD* = 2.1, range = 0-8). The standard deviation suggests heterogeneity/variation in participants' experience with homelessness. Some participants experienced several episodes of homelessness (up to eight), whereas others have not been unhoused. Nonetheless, the average times of homeless episodes in this sample suggest that for the most part, participants had some level of housing stability. The average length of homeless experienced by participants was 10.6 months (*SD* = 13.8, range = 0-60). The standard deviation suggests a wide variation in the length of homelessness, suggesting that this sample featured participants who are newly homeless to participants who experienced chronic homelessness



### Average Scores of Each Domain

Table 2 displays the average scores across the six domains. The mean scores suggest that the level of impairment among the participants in this sample was between mild to moderate. Participants experienced more impairment in understanding and communication, life activities (school/work, and participation in society compared to getting around, getting along with others, and self-care.

The average scores for the difficulty level in these domains was the following: participation in society 2.8 ( $SD = 1.1$ ), understanding and communication 2.5 ( $SD = .9$ ), and the level of difficulty for life activities 2.4 ( $SD = 1.1$ ). The challenges that individuals experienced with participation in society are joining community activities, experiencing general problems due to barriers, living with dignity because of attitudes and actions of others, and being emotionally affected by their living situation. In terms of understanding and communication, participants experienced challenges in analyzing and finding solutions in day-to-day problems, concentrating on a task for more than ten minutes, learning a new task, and generally understanding what people say. With life activities difficulty pertained to difficulty in participants doing their day-to-day school/work, performing well in their most important school/work tasks, getting all their work done and getting their work done in a timely manner. This level of difficulty may be due to the effects of homelessness increasing participants' levels of stress, therefore hindering participants' level of understanding, communication, and concentration on important tasks such as work and problem-solving. The

average scores for the difficulty level in self-care, getting around, and getting along were lower, ranging from 1.7-2.2, which indicate that participants had mild level of impairment in these domains. This mild difficulty may be due to participants being in survival mode and learning to be resourceful in getting around and along with others to survive.

Table 2. Descriptive Statistics on the Effects of Homelessness on Participants' Functioning<sup>a</sup> (*N* = 33)

Variables	<i>M</i> ( <i>SD</i> )
Communication	2.5 (.9)
Getting Around	1.7 (.6)
Self-Care	1.9 (1.0)
Getting Along	2.2 (.9)
Participation in Life Activities	2.4 (1.1)
Participation in Society	2.8 (1.1)

<sup>a</sup>Participants' functioning was measured using the World Health Organization Disability Assessment Schedule 2.0 (WHODAS). Higher scores represent more impairment in that specific domain.

### Correlation Analysis

#### Number of Homeless Episodes

The correlation between the number of homeless episodes and each functioning domain can be found in Table 3. Correlation analyses were conducted to examine the relationship between the number of homeless episodes and the effects of homelessness on foster youths' functioning in the

domains of understanding and communication, getting around, self-care, getting along with others, life activities (school, work), and participation in society.

Results of the correlation analyses indicate no to weak relationship between the number of homeless episodes and foster youths' functioning (correlation coefficient range = -.12-.15) except for getting around and participation in society.

A strong negative correlation was found between the number of homeless episodes and difficulties in getting around,  $r = -.37$ ,  $n = 32$ ,  $p = .04$ . As foster youths experienced more episodes of homelessness, they faced less difficulties in getting around. A moderate positive correlation was found between the number of homeless episodes and participation in society, indicating that as the number homeless episodes increase, participation in society increases in terms of challenges also increase,  $r = .23$ ,  $n = 32$ ,  $p = .19$ . Despite the statistically insignificance, this result suggests that as foster youth experienced more episodes of homelessness, they experienced more difficulties joining community activities and living with dignity because of attitudes and actions of others. Additionally, they were emotionally more affected by their living situation and encountered more barriers.

### Length of Homelessness

Pearson's Product-Moment correlation analysis was also conducted to examine the relationship between the length of participants' homelessness and the effects of homelessness on foster youths' functioning. Findings from the correlation analysis indicate a weak correlation between the length of

homelessness and the difficulty level in all six domains. The length of homelessness showed a positive but weak correlation with communication ( $r = .131, n = 31, p = .48$ ), self-care ( $r = .050, n = 31, p = .79$ ), and participation in society ( $r = .027, n = 32, p = .89$ ). These results indicate that longer length of homelessness was associated with higher levels of impairment. However, the correlation coefficients were statistically insignificant.

The correlation analysis for getting around, getting along with others, and life activities indicated a negative but weak correlation. The correlation between the length of homelessness and difficulties with getting around was  $r = -.106, n = 31, p = .57$ . The correlation with getting along  $r = -.141, n = 31, p = .45$ . For life activities, the correlation found was  $r = -.084, n = 31, p = .65$ . The correlation coefficients were statistically insignificant.

Table 3. Pearson Product-Moment Correlation Coefficient Between the Independent Variables (Number of Homeless Episodes and Length of Homeless) and the Dependent Variables (Effects of Homeless)

	Length of Homelessness	Number of Homeless Episodes
1. Communication	0.13	0.05
2. Getting Around	-0.11	-0.37*
3. Self-Care	0.05	0.15
4. Getting Along	-0.14	0.04
5. Life Activities	-0.08	-0.12
6. Participation in Society	0.03	0.23

\* $p < .05$



## CHAPTER FIVE: DISCUSSION

This study examined the nature (frequency and duration) of homelessness and its effects among foster care alumni. On average, the experience of homelessness in this sample appears to be relatively different from other samples in California. This sample seems to be comprised of newly homeless youth or, for the most part, not experiencing chronic homelessness, as evidenced by the shorter durations of homelessness and fewer homeless episodes. Most of the correlation analysis suggests no to weak relationship between the nature of homelessness and its effects on foster youth functioning level with the exception of getting around ( $r = -.37, n = 32, p = .04$ ). Based on the findings from this study it appeared that homelessness did not impact the functioning level on understanding and communication, self-care, getting along with others, life activities (school/work), and participation in society. For the most part, findings from this study did not support the study's hypothesis that the higher number of homeless episodes and homeless duration is associated with higher levels of impairment in participants' functioning.

In this sample, participants had fewer homeless episodes, with an average of 2.4 episodes ( $SD = 2.1, range = 0-8$ ) and a shorter duration of homelessness, with the average duration being 10.6 months ( $SD = 13.8, range = 0-60$ ). These findings differ from other samples, such as the study among homeless former

foster youths from drop-in centers in Hollywood, California, where the average homeless duration was 2.7 years (Amanda & Eric, 2019). This study's findings may be inconsistent with other studies' findings due to the majority of this study's participants being recruited from community colleges and a non-profit social service agency where these youth, in particular, are in some way still connected and receiving support from the community. Another possible reason for the shorter homeless duration in this sample's may be due to the age range of participants. In this study, participants were between 18-24, whereas participants in other studies were between 18-26 (Yoshioka et al., 2019; Courtney et al., 2011). With fewer homeless episodes and shorter homeless duration, these results suggests that participants may have been newly homeless or not experiencing chronic homelessness compared to other samples.

In general, the relationship between the frequency and duration of homelessness and the various domains of functioning were statistically insignificant with the expectation of getting around (mobility). Getting around revealed a strong negative correlation ( $r = -.37$ ,  $n = 32$ ,  $p = .04$ ), which was statistically significant. This finding, which is contrary to the study hypothesis, may be due to participants in this sample being young and physically healthy, therefore not having difficulties in standing for long periods, moving around, and walking for long distances. This study's findings contradict other studies, such as the study that examined the cognitive impairment of homeless youth living in the streets, which found that out of their total participants ( $N = 494$ ) with an average

age of 21, cognitive impairment was evident in 80% of the participants (Barone et al., 2019). The findings may be different in this study due to the participants being newly homeless or, for the most part, not experiencing chronic homelessness, therefore not impacting their functioning as much as other samples with chronic homelessness.

A noteworthy finding relates to participants' participation in society. Despite the statistically insignificant correlation between the number of homeless episodes and participation in society ( $r = .23, n = 32, p = .19$ ), and the length of homelessness and participation in society ( $r = .27, n = 31, p = .88$ ), participation in society was the domain that had the highest means score ( $M = 2.8, SD = 1.1$ ), suggesting the highest level of impairment. This finding suggests that participants in this sample experienced difficulty in joining community activities, experienced difficulty living with dignity because of the attitudes and actions of others, and were emotionally affected due to being unhoused, suggesting that a higher number of homeless episodes and homeless duration impacts youths' self-esteem and self-worth.

#### Study Limitation

In this study, the correlation coefficients might not have been statistically significant due to having a small sample size coupled with the fact that most participants were recruited from a non-profit social service agency. In this transitional housing program, youths were housed, preventing chronic homelessness. For these two reasons, findings cannot be generalized to the



broader foster care alumni population. In addition, given the cross-sectional nature of this study, results cannot be inferred as causation. We found an association between homelessness and impairment; however, the relationship does not imply causation. It is possible that homelessness resulted in higher levels of impairment in functioning; however, it is certainly possible that higher levels of impairment in functioning resulted in a longer duration of homelessness. Lastly, measuring functioning was entirely based on self-report, from the youth's perspective, then objective assessment.

### Conclusion

This study examined the nature (frequency and duration) of homelessness and its effects among foster care alumni. Findings suggest that the frequency and duration of homelessness were not associated with impairment level of functioning. Most of the correlation analysis suggests no to weak relationship between the nature of homelessness and its effects on foster youth functioning levels except for getting around. To enhance better outcomes for foster youths, one recommendation would be to expand the assessment of social support of foster youths. This recommendation comes from the finding that a considerable number of foster youths did not consider their biological parents as part of their social support network despite remaining in contact. Social workers should not rely on one item when assessing but instead ask follow-up questions regarding who makes up their social support and the level of strength of that social support in the domains of emotional, physical, financial, etc. Another recommendation is

that when examining the practical impact of homeless on foster youths functioning, social workers should also be cognizant of the psychological impact on youth self-esteem and self-worth, given that participants reported the highest level of impairment in the domain of participation in society. A future research recommendation would be to have a larger sample size and to expand the recruitment effort for the sample size to be more diverse and generalizable to the broader foster care population. Another recommendation is to expand the measurement of foster youth outcomes to include difficulties joining community activities, living with dignity because of attitudes and actions of others being emotionally affected by their living situation, and encountering barriers.

APPENDIX A:  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate the nature of homelessness and its effects on former foster youth. This study is being conducted by Silvia Romero, graduate student, under the supervision of Dr. Caroline Lim, Assistant Professor of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to investigate the nature of homelessness and its effects on former foster youth.

**DESCRIPTION:** You will be asked to complete an online survey if you volunteer to participate in this study. You will be asked to provide information on yourself (e.g., gender, race/ethnicity, housing status, educational level, employment status). You will also be asked about the number of homeless episodes you experienced and the duration of your homelessness. Then you will be asked about the impact of your homelessness on your well-being.

**PARTICIPATION:** Your participation is completely voluntary. You do not have to answer any questions you do not wish to answer. You may skip any questions. You can also freely withdraw from participation at any time. To do so, simply exit the survey. The alternative to participation is not to participate.

**CONFIDENTIALITY:** We will be gathering anonymous data. This means we will not collect any information that will identify you (e.g., your name, social security number, contact information, video recording). We will present findings from this study in group format only so that no results will be connected to a participant. We will protect the data against inappropriate access by restricting data access to authorized study personnel. We will store the data on computers or laptops secured with individual ID plus password protection. Additionally, the folder containing the data will be protected with a password known to authorized study personnel. We will destroy the data three years after the project has ended.

**DURATION:** Your participation in the study will last approximately 15 minutes. You will be asked to complete the survey only once. **RISKS:** Some of the questions may make you feel uneasy or embarrassed. To minimize harm, you can choose to skip or stop answering any questions that make them uncomfortable. You can also withdraw from participation at any time with no consequences. To do so, simply exit the survey.

**BENEFITS:** There are no direct benefits to the research participants. However, findings from this study have the potential to advance knowledge on effects of homelessness among former foster youth.

**CONTACT:** If you have any questions or concerns about this research study, please

contact Dr. Caroline Lim caroline.lim@csusb.edu or 909-537-5584. You can also contact the California State University, San Bernardino, Institutional Review Board at 909-537-7588.

RESULTS: After the completion and publication of the study, results can be found at California State University, San Bernardino, John M. Pfau Library (5500 University Parkway, San Bernardino, CA 92407; 909-537-5090/5091).

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#### Q6 CONFIRMATION STATEMENT

- I have read and understand the consent document and agree to participate in your study. (1)

APPENDIX B:  
SURVEY QUESTIONS

## Examining the Effects of Homelessness

Q1 What is your gender?

- Male (1)
  - Female (2)
  - Non-binary / third gender (3)
  - Prefer not to say (4)
- 

Q2 What is your age?

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Q3 What is your ethnicity?

- White / Caucasian (1)
  - Hispanic / Latino (2)
  - Black / African American (3)
  - Native American / American Indian (4)
  - Native Hawaiian / Pacific Islander (5)
  - Asian (6)
  - Other (7)
-

Q4 Did you graduate high school?

Yes (1)

No (2)

---

Q5 Are you currently enrolled in school?

Yes (1)

No (2)

Q6 If you answered yes on the previous question, what is your current level of education?

GED (1)

Vocational/trade school (2)

Community College (3)

4-year college (4)

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Q7 What is your current employment status?

- Unemployed (currently looking for work) (1)
  - Unemployed (not looking for work) (2)
  - Employed part-time (but less than 20 hours) (3)
  - Employed part-time (between 20-30 hours) (4)
  - Employed full-time (40 hours +) (5)
- 

Q8 Do you have contact with your biological family members? (parents, siblings, grandparents, aunts/uncles, and cousins)

- Yes (1)
- No (2)

Q9 Do you consider your biological family members (parents, siblings, grandparents, aunts/uncles, and cousins) as people you can count on for social support? (e.g., emotional, physical, financial)

- Yes (1)
  - No (2)
- 

Q10 In this study, homelessness is defined as: (1) having resided with a friend for less than 14 days and not paying rent; (2) having resided in a shelter, whether overnight or transitional; or (3) without normal, acceptable shelter arrangements and thus sleeping on the streets, in abandoned buildings, in cars, and so forth.

How many times have you experienced homelessness according to the above definition?

---

Q11 Considering all the times you have been homeless, how long have you experienced homelessness? Please state in months (e.g., 2 years = 24 months).

---

This questionnaire asks about difficulties due to you not having stable housing. Think back over the past 30 days and answer these questions thinking about how much

difficulty you had doing the following activities as a result of your living situation. For each question, please circle only one response.

Q12 In the last 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or Cannot Do (5)
Concentrating on doing something for 10 minutes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering to do important things? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing and finding solutions to problems in day-to-day life? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning a new task, for example learning how to get a new place? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally understanding what people say? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starting a conversation? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 In the last 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or cannot do (5)
Standing for long periods, such as 30 minutes? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing up from sitting down? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving around? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting out of bed/place of sleep? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking a long distance? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 In the last 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or cannot do (5)
Washing your body? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting dressed? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying by yourself for a few days? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 In the last 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or cannot do (5)
Dealing with people you do not know? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining a friendship? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting along with people who are close to you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making new friends? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual activities? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 In the past 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or cannot do (5)
Doing your most important work/school tasks well? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting all the work done that you needed to do? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting your work done as quickly as needed? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 In the past 30 days, how much difficulty did you have in:

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Extreme or cannot do (5)
Joining in community activities (e.g. festivities, religious, or other activities) in the same way as anyone else? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of a problem did you have because of barriers or hindrances around you? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of a problem did you have living with dignity because of the attitudes and actions of others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much time did you spend on your living situation or its consequences? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How much have you been emotionally affected by your living situation? (5)

How much has your living situation been a drain on your financial resources of you or your family? (6)

How much of a problem did you have because of your living status? (7)

How much of a problem did you have in doing things by yourself for relaxation or pleasure? (8)

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APPENDIX C:  
IRB APPROVAL LETTER

December 19, 2022

**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2023-110

Caroline Lim Silvia Romero  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Caroline Lim Silvia Romero:

Your application to use human subjects, titled "Prevalence of Homelessness Among Foster Care Alumni " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2023-110 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*King-To Yeung*

King-To Yeung, Ph.D., IRB Chair  
CSUSB Institutional Review Board

KY/MG

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